PACIFIC ADA CENTER

WEBINAR: ADA NATIONAL NETWORK LEARNING SESSION INCLUDING PEOPLE WITH DISABILITIES IN EMERGENCY PLANNING – PROJECTS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

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>> Lewis Kraus: Welcome to the Emergency Management and Preparedness Inclusion of Persons with Disabilities webinar series. I'm Lewis Kraus from the ADA Center, your moderator for this series.

This series of webinars is brought to you by the Pacific ADA Center as a collaborative effort between the ADA National Network and FEMA's Office of Disability Integration and Coordination. The ADA National Network is made up of 10 regional centers that are federally funded to provide training, technical assistance, and other information as needed on the Americans with Disabilities Act. You can reach your regional ADA Center by dialing 1-800-949-4232. FEMA's Office of Disability Integration Coordination covers the same 10 regions with regional disability integration specialists. More information about FEMA can be found at www.fema.gov. Then type odic into the FEMA website search. Both of those contacts are in the room, chatroom, window for your use.

This is the third year of this webinar series which shares issues and promising practices of emergency management inclusive of people with disabilities and others of access and functional needs. The webinars provide an opportunity for emergency managers, people with disabilities, and others with access and functional needs, first responders, planners, community organizations, and other community partners to exchange knowledge and information on promising practices in inclusive emergency preparedness and management for the whole community. The series topics will cover

emergency preparedness and disaster response, recovery, and mitigation as well as accessibility and reasonable accommodation issues under the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws. The series alternates Monday between ADA National Network Learning Session and FEMA Promising Practices. We encourage you to review the series website and familiarize yourself with the full array of sessions available in this year's series at www.adapresentations.org/schedule.php.

These monthly webinars occur on the second Thursday of the month at 2:30 eastern, 1:30 central, 12:30 mountain, and 11:30 a.m. Pacific time. By being here you are on the list to receive notices for future webinars in this series. The notices go out two to three weeks before the next webinar and open that webinar to registration.

For those of you who are new to this webinar series and its software, we will review some of the features of the platform before we begin the session today.

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Also remember that this webinar is being recorded and can be accessed on our website in the archive section next week.

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detached using the icon with the several lines and arrow pointing down in the upper right-hand corner of each panel.

At the conclusion of today's presentation there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform. The speakers and I will address them at the end of the session so feel free to submit them as they come to your mind during the presentation. To do that you choose the chat area text box or press control m and enter your text into the chat area. If you're listening by phone and not logged into the webinar, you can ask questions by e-mailing them to adatech@adapacific.org.

If you're experiencing any technical difficulties during the webinar, send a private chat message to the host by double clicking Pacific ADA Center in the participant list, a tab titled Pacific ADA Center will appear in your chat panel, and type your comment in the box and enter. You can choose F6, arrow up and down to locate Pacific ADA Center, and select to send the message. You can also send us an e-mail at adatech@adapacific.org or you can call our phone number, 1-510-285-5600.

Today's ADA National Network Learning Session is titled, Including People with Disabilities in Emergency Planning - Projects from the Centers for Disease Control and Prevention, CDC. At the federal level, while FEMA gets most of the attention for doing work around emergencies, the CDC is also involved. CDC funds projects that include people with disabilities and others with access and functional needs in emergency planning and preparedness. Today's session will review some of the efforts of those projects including a presentation from one of the grantees at the Iowa Office of Disability and Health including people with disabilities in disaster drills and exercises. Do note that this information presented in this webinar is intended solely as informal guidance and is neither a determination of legal rights or responsibilities by NIDILRR or FEMA.

Our first speaker today is Maleeka Glover. Maleeka is a Commander in the Public Health Service and a Senior Epidemiologist at the Centers for Disease Control and Prevention in Atlanta, Georgia. Dr. Glover is currently the Lead for vulnerable populations planning for pandemic influenza with the Influenza Coordination Unit, the ICU, at CDC in this role she provides leadership and coordination for the planning and response activities for seasonal influenza and during a pandemic. She also leads related projects with experts and external partners. Dr. Glover is a trained social epidemiologist and holds a Doctorate in Health and Social Behavior from the Harvard School of Public Health where she majored in Social Epidemiology and minored in Biostatistical Methods for Community-Based Research.

Maleeka, I am going to turn it over to you now.

>> Maleeka Glover: Thank you so much. Good afternoon, everyone.

I just wanted to kind of briefly go over some of the things that CDC is doing with regard to population that may need extra help and also some resources that may be useful to you or your organization as well. So I'll go ahead and get started.

I'm going to talk about public emergency management and response. We'll discuss the population, who they are, which federal agencies focus on them, and how you might incorporate them in preparedness planning and specifically I'll talk about persons with disabilities.

Before I get started, I did want to say that you will see the terms vulnerable populations and also the term at-risk populations, which is used interchangeably. But I did want to notate that it is not a negative term. We don't mean anything negative by it. Anyone really could be vulnerable in a population. And we use this as a means to identify populations for which we may not have the expertise and we need to reach out to partners who have expertise and communities that are parts of the population to help us figure out the best way to plan for the needs of these populations when an emergency happens, which includes a natural disaster as well as a public health emergency. So I did want to say I will be using the word vulnerable populations quite frequently but it is not meant to be in a negative way.

So what is CDC's role and why is this important to talk about emergency preparedness? CDC is the nation's health protection agency. We're here 24/7 to protect America's health and safety. And that includes threats that are both foreign and domestic and also health security for our nation. So a strong public health system is a critical investment.

When people think about emergency preparedness, they tend to think about bomb threats or natural disasters, which we talk about a lot, but there's also public health emergencies as well. So I'll just kind of go through a few of those things starting with Hurricane Katrina. 140,000 persons that were involved, impacted, by Hurricane Katrina were -- who were displaced were poor, 44% of those individuals were African American, 88,000 were older adults who were displaced, and 183,000 were children who were displaced.

During Hurricane Sandy, 85% of the population affected was a minority, 45% were below the federal poverty line, 26% had asthma, 18% had diabetes. And all of these are population that we consider quote/unquote vulnerable or at risk because there are needs we need to provide, public health needs, and medical needs, specifically from our perspective that we need to provide for these populations.

Who is vulnerable? As you can see from this picture, again, anyone can be vulnerable. You can have a woman and her baby, small children, older adults, persons who are disabled or persons who have chronic conditions. Really anyone who requires extra help or extra assistance or specific specialized assistance can be considered quote/unquote vulnerable.

So, just as a basic definition, vulnerable populations or at-risk populations are a group of people who may need help during a disaster or public health emergency. We just went over several of those examples. But, again to reiterate, for example, Hurricane Katrina, people without cars couldn't get out of New Orleans. That's an access issue. When there's tornado alerts, people who have difficulty hearing may not be able -- may not know that there's a tornado because of the siren. So that's a functional need. So these are just examples of persons or populations or groups that may need extra help during a disaster or a public health emergency.

There's multiple official definitions. CDC has one. The Department of Health and Human Services has one. They are all very similar. We also talk from the perspective of populations as a whole, or we can define them by functional needs. So just to kind of discuss a little bit about CDC's definition, when we talk about emergency preparedness planning for vulnerable populations, we use terms like preparedness, what do we do in advance of an emergency, response efforts, what do we do during an emergency; and recovery and mitigation, which is what we do after the emergency.

Again, populations may have additional access and functional needs which does include persons with disabilities, people who live in institutionalized settings such as homes or even jails and prisons, thus considered an institution, persons from diverse backgrounds who might have limited English proficiency or just may not be as engaged in what the government does during an emergency, persons who need transportation, individuals with chronic medical disorders who require pharmaceutical needs or other issues. These are all things we take into consideration when we're defining populations that may need extra help or vulnerable populations.

So CDC has a plan which we call an All Hazard Plan which lays out what we will do every time there is an emergency. And it doesn't matter what the hazard is. It could be a bomb. It could be a hurricane. Or it could be something like Ebola or H1N1. So in this plan we have sections that address these populations, for example, which include children, adults with disabilities, persons with mental illness, individuals who might have limited English proficiency, tribal populations, other racial and ethnic minorities, and also persons that could potentially be homeless.

As we further discuss the population, you can think about it as population-based as well. So persons could be put in groups based on their geographic region, demographics, biological differences or social economic differences.

Often, we use public health and social services to address the unique needs of that population. So for example, again, children, pregnant women and individuals with disabilities will be focused on based on these other issues that might be of importance for those populations. Children need supervision. What do we do if a disaster happens while kids are at school? How do we get them to their families? Pregnant women from a health perspective, be more at risk or more susceptible to

something than persons who may not be pregnant. So just some examples of how we think about these populations in terms after dressing their needs based on what the disaster might be.

Functional needs-based definitions include communication, medical care, independence, supervision and transportation. These terms are often used by emergency management. They characterize individuals according to service that they need. So, for example, individuals who have difficulty with independence and cannot accomplish activities of daily living without support we would work with organizations that support those activities and make sure that those things are in place during an emergency.

This is an example of what we would call a public health and emergency management crosswalk; you know, how do we communicate with emergency managers about planning from a public health perspective for these particular populations. So we might say the functional need is communication. How do we get messages to kids while they are at school or older adults who may be alone or live in homes, persons who have limit the English proficiency and may need translations. What about individuals who their functional need is around medical care, such as individuals with chronic medical conditions or independence, individuals with disabilities potentially? Supervision, we talked about children and what might we need to do if we need to get them while they're in school. And also transportation, older adults who may not drive, who live by themselves, don't have vehicles. And potentially individuals with disabilities who require additional assistance with transportation. This is only an example, one of many examples of how we try to do this crosswalk with public health and emergency management.

How do they incorporate populations into preparedness planning? So from the planning phase we ensure that plans include these populations the a fundamental base of doing this, if the populations are not included, we can't plan for them. So we ensure that we have people such as myself who are at the table anytime we're doing emergency preparedness planning so that these populations are addressed. We also have what we call exercises where we basically practice an emergency and we exercise a plan that includes these population scenarios which actually include reaching out to organizations as well as needs who service these populations to get them involved in the exercise and also in the planning because we don't have all of the answers and we don't want to miss anything.

So, for example, if the plan is to use school buses for evacuation, then we need to make sure that we are actually reaching out to the companies that own those school buses and provide that service for a particular city or state so that they are aware that we intend to use school buses for evacuation and there's a plan for getting in touch with them and how we're going to schedule picking up people who need to be picked up.

Again, just to reiterate that example if we're using school buses for evacuation, what do we do about individuals who may be in wheelchairs or use walkers or children who do not have their parent? One of the solutions is to ensure the bus is wheelchair accessible; have someone at each bus who can assist with loading and unloading and assisting persons on and off the bus as well as creating a plan for unaccompanied minors. How do we maybe tag the children so that they are identified with their name, their parents' name and have someone be responsible for tracking those children so that no one is given to an adult that is not their parent?

Just more examples of incorporating vulnerable populations into public health emergency such as the Ebola response, for example. We had thousands of staff participating in the response. It was very complex. And there were a number of activities happening at once.

We made sure that there were staff available in the response who could be the voice of vulnerable populations, which basically means that we ensure that the needs of those populations were being recognized and we made sure that the right people were involved in the response that could address those needs.

So this is how we usually proceed with ensuring that we always have someone available during a response or exercise to ensure that that voice is being heard. We consider this individual a vulnerable populations officer. They are dedicated to doing the task, doing the response. And they have a seat in our emergency operations center so that they are in the middle of everything that's going on and they are able to be a part of the discussions and ensure that the populations are represented.

Again, they serve as a voice during plans and briefings and also serve as a liaison to our Subject Matter Expert so that we can reach back and ensure that the expertise that is needed for the populations is present and are able to represent a collective expertise for subject matter experts.

I'll go passed this. We've talked about the vulnerable population officer. Basically what that person does is on an annual basis, we ensure that we know who CDC's experts are with regard to these population and maintain a list and contact list for how to get in touch with them. So when we need to, we can reach back to the correct person. And that individual can then reach out to the external partners to collaborate and coordinate and ensure that we have the right information, as well as coming in and going out as needed. And what this ensures is that we have an increased capacity to address the needs of vulnerable populations during a response.

Let's just move on and talk about persons with disabilities and disability and health as it pertains to emergency preparedness.

What I provided were some helpful links that are actually on said stead's website. First is emergency readiness for people with disabilities. And basically CDC outlines some of the things that would be important for a person with disabilities to think about and consider for you, your family, or your

caregivers when it comes to emergency preparedness. And it talks about emergency preparedness in a setting of a storm or a health emergency in a variety of other things.

We also provide tips for first responders. There are things that people who tend to show up for emergencies who are really there to help should think about when they're interacting with populations that we would consider vulnerable or at risk. And they need to consider when they're participating in response activities.

There's also some information there on disability preparedness and some specifics of things, again, that will help you plan and prepare. Preparing for and responding to pandemic influenza in particular, an article that was written after the flu response to give some insight as to some of the issues we saw with regard to persons with disabilities or independent influenza sponsor H1N1.

The last link is effective emergency preparedness planning which, again, focuses on addressing the needs of employees with disabilities. This is from a perspective of what employers should do to ensure that their companies are addressing the needs of their employees that have disabilities appropriately.

We also have what we call a Disability and Health Data System, DHDS. Some of the things we use this for are to figure out, for example, what percentage of adults with disabilities are in each state. So what it does is it helps us also plan with the state to be prepared with the appropriate capacity to accommodate the number of adults or the percentage of adults in that particular state that has disabilities and the kinds of disabilities so that the right resources are available.

You can also use this to figure out what the percentage of adults with select functional disabilities, for example, and then those types of disabilities by each state. So there's a number of ways you can look at the data to get at specifically what it is that you would need as an emergency manager or an emergency planner for your state or for your city or for your county to be prepared for emergencies in your particular area.

So, what can you do with this data? Again, identify differences and key health indicators between adults with select functional disability types. And you can orient the data in a variety of different ways but it does help you identify patterns across the country and across the state. And there is a mapping capability that's there as well so that you can map how these populations are distributed across your area.

We also have a page that's called People with Disabilities - You Can Be Prepared. And this focuses on planning ahead and protecting yourself. There's a couple of links there for toolkits, two of them for toolkits, Ready Now toolkit, and also the Get Ready toolkit. There's also a link there for Smart911. And that focuses on the 911 system and ensuring that it's accessible to all, including those who are hearing impaired or vision impaired so that they are able to call 911 and also 911 can provide

services to ensure that those individuals know that there's an emergency and what to do and can have messages for individuals that call the 911.

Which federal agencies are specifically tasked to address these populations? So FEMA. Lewis gave you the information for FEMA earlier today. The Administration for Children and Families, Centers for Medicare and Medicaid Services, Veterans aAfairs, as well as the CDC in which we focus on multiple vulnerable populations.

Here's a couple of other helpful links. One is for ASBHCR, At-Risk Behavioral Health and Community Resilience program. We coordinate with them quite a bit for planning for emergency responses.

Our Office of preparedness also is here, the CDC OPHPR. We have what we call a Social Vulnerable Index which I think would be pretty interesting for you to take a look at. And basically the Social Vulnerability Index looks not just at one thing that might make an individual or a community or a group of people vulnerable but where in the population or where in the city or county or state there might be population that have multiple vulnerabilities and how we might prioritize some of the things that we need to make available for those particular areas.

We have another link here which is CDC preparedness resources.

Again, there's another link to a specific document on FEMA which specifically addresses adults with disabilities.

And also, there is a page on the American Red Cross which focuses on how to be prepared and how to support during a sponsor a disaster persons who have disabilities as well.

So I will stop there. I wanted to make sure I kind of did a brief overview so that we could leave it open for questions if anybody has some. That's just a general overview of CDC's role, which is to provide health and safety for the community and ensuring that we're involved in making sure the population that are considered vulnerable or at-risk have their needs, specifically their health and medical needs, met.

Lewis, I'll turn it back over to you.

>> Lewis Kraus: Great. Thank you so much, Maleeka. I really appreciate that. That was really nice overview for people about CDC and the role in emergencies and how people with disabilities sort of fit into the planning and efforts that CDC is undertaking around that.

Now, for those of you who are writing and for those who are just watching thinking, oh my gosh, you have so many great links, always, we have the slides available at the ADA presentations website, go to it. It's at the schedule page today. By tomorrow it will be on the archives page. And you will be able to get those at any time.

All right. Now we move from the general to the specific. Now we're going to get to Karin Ford, a Community Health Consultant at the Office of Disability and Health for the Iowa Department of Public Health. She's a member of the Iowa Crisis Response Team and has an Iowa Certification in Emergency Management and has responded to numerous disasters including a 21-day deployment to the Gulf Coast following Hurricane Katrina. She has extensive knowledge of the Americans with Disabilities Act and its compliance, completing over 700 site visits throughout her state. She's active in disability advocacy groups and councils and presents on inclusive disaster preparedness and accessible sheltering at the local, state, and federal level. She's going to talk about her project here in Iowa.

Karin, it's on to you.

>> Karin Ford: Well, thank you, Lewis. Good afternoon, everyone. Coming from the beautiful state of Iowa, it is sunny and 70 here. So it's great here today.

I'm going to talk to you about including people with disabilities in disaster drills and exercises. And for those of you that can't see the picture, the picture that is showing now is from the 2012 exercise that we completed at the airport. It has our actors. I don't like to call people victims. I call them actors in these drills and exercises. We have responders and we have evaluators.

For some background on the disability and health program, we have had the program funded through the CDC since 1996. We have a real robust program. Initially our role was to prevent secondary conditions in people with disabilities. What that means is we were trying to prevent like obesity and hypertension and improve the health for people with disabilities. It expanded to ADA compliance and universal design. And then after 911, it moved into the emergency preparedness and response phase.

I joined the department in 2005. My background, I have 20 years in social work. I worked mainly with adults and children with disabilities. A lot of that was in mental health. And when I joined the department, I had to develop a background in ADA compliance. I had the big fortune to work with an ADA guru here in Iowa who knew it backwards and forwards. And I traveled across the state with him and got firsthand knowledge by what that meant to really understand the ADA and how to apply it and not use it as a stick but use it as -- we would go out and try and educate the public and help them become in compliance with the ADA. So we were non-threatening.

I took it as this is my job to help you come into compliance, not tell you you should be in compliance, figure it out yourself. If I couldn't help them solve that problem, then I wasn't doing my job. So fortunately I had someone travel with me for the first few years who could get me over that hurdle of understanding what the ADA was all about. And I would jokingly say -- when people asked me what I did for a living, I would tell them I measured toilets for a living and I actually rather like it. But I got good

at it and it's kind of fascinating because I didn't realize that I would become such an advocate in this arena.

Along with that, I've responded to many, many disasters here in Iowa. We seem to flood a lot. So since the early `90s I've been on the end of responding to and trying to respond to those entities where I could be a support service to them. So I was in that emergency response piece. And then after Katrina, I joined the department.

And with my years of social work -- I'm a natural planner because I was always writing case plans for families on how to reunify those families, how to better serve folks, how to make their lives better. So the planning piece kind of folded into the disaster planning mode. So I was kind of like in my own natural habitat only it was apples and oranges. I was just doing a different type of planning. And after you blended that all together, I realized that I had a knack for looking at a physical space that could be used for accessible sheltering.

So I traveled around the state of Iowa, working with county emergency managers and I would look at their locations that they identified, that they would use for disaster sheltering. And I'd go through it from an ADA compliance, from an accessibility piece, awareness. And I would show them ways to make that space meet minimum compliance for the ADA. So they were doing the whole community planning with their planning instead of this is our shelter and this is all we got. I would show them way that they could make that site accessible.

You know, very often we would run across buildings that it was just not possible that they would meet compliance. And I never told them to not use that shelter but we made a plan for the shelter that they would use and have that one in the back if they needed that -- if they had such an event that they had to evacuate that many people.

I don't know if you're familiar with Iowa but we only have 3 million people here and we generally don't shelter in large numbers because we tend to go to families. So we haven't experienced the mega shelters that some of you have on the coast and the larger disasters simply because we just don't have the numbers. We haven't had an event that would require that and thankfully so.

So that's my background. My job kind of fell into place into the job that I have now.

For those of you who can't see the picture on the screen, it is a picture of an American Red Cross person standing with his back to us in a shelter setup.

When I talk about the grant activities for the disability and health program, we originally started out and our main focus was on individual preparedness. But how is it that we as public health partners, how do we measure that because we're data driven? We want to know what we're doing is making a difference and the only way we could do that is if we went to those people after a disaster and asked them were they able to use the skills that we trained them on, was that successful.

That really wasn't -- that wasn't achievable. One, the people that we were training really weren't involved in any type of disaster. So it was difficult to show progress or show success. Even when you have the best laid plan, if you have or you're involved in a large-scale disaster, it could eliminate any personal claim that you have. That's not to say that we don't plan. We must always do that. We must always do what we can as individuals to be prepared but we have to recognize that there's the potential that all the planning that we have done is for not.

So it evolved into that whole community planning piece. And that's how I would talk to the county emergency managers and our state level planners that we have to look at this differently instead of trying to meet an individual need. We have to look at it from a broader, more cohesive, more inclusive planning process.

Current grant activities. We were just finishing up a three-year cycle which was extended to four. So in 2012 we started a new grant cycle. And one of the targets was to promote people participating in emergency planning and exercise planning. So we wanted to have people with disabilities actually involved in disaster drills. And that would include their caregivers. That would include their family members if they had them.

We had the first airport exercise in 2012, in August of 2012, and then another in 2016 at the Des Moines International Airport. And the initial exercise I provided technical assistance on the exercise and identifying participants. I read over the plan and helped the county emergency manager who was writing that plan on how to better achieve and have people with disabilities included in that exercise.

Now, in the August -- you know what I just realized? I've got the date wrong. The last exercise was 2015 not 2016. I really apologize about that. So it was last August that we had the follow-up exercise. I'm going to have to go in and change that slide because I have that wrong.

I participated as an evaluator for the disaster drill. So me as an evaluator, I was supposed to be the fly on the wall, if you will, observing how people were responding to people with disabilities. Keep that in mind. Remember that, for the folks that want to become involved in disaster drills. If you are a better than a disability or a family member, remember that term "evaluator" because you have lots and lots of skills that you can provide to the disaster drill.

Just for our purposes I'm going to be talking about disability aspect of this exercise. The main scenario for this was an airplane crash. The FAA requires that all International Airports have a full-scale exercise every three years to continue to get their license and their certification to operate. So we have these scenarios and simulate passenger crashes every three years. Keep that in mind, too, when you're trying to find an opportunity to be involved in an exercise. If you're near a major hub, a major airport, that is an option for you to participate.

The purpose really for the exercise is to test and evaluate the plan that the airport has, the capabilities, and how that meshed with the state and county and local emergency responders. We also had local hospitals involved, the ME, county ME, and public and private entities including service providers. So we had a large number of people from all types of backgrounds.

So, well, now I've got the date right on this. I only have to worry about one slide that was wrong. So the full-scale exercise that was held in August of 2012, we had 351 participants and 110 actors, six of which were people with disabilities. And that included developmental, mobility, low to no hearing and communication disabilities.

The following exercise that was in August of 2015, we had over 300 people participate. I don't have the exact numbers. There was probably more like 400. It was a large number of people. And we had 152 actors, eight of which were people with disabilities.

To give you an idea of the agencies in the 2015 exercise, we had two federal agencies that would have been CDC and FEMA; we had two state agencies two county agencies, eight municipal agencies, that would include firehouses and EMS from across the state. We had eight hospitals. We had two public entities, and three private entities. So we had a large, large group of folks involved in this. The planning took over a year and a half really to get this thing off the ground.

For those of you in emergency management, you know after each exercise or table top or event you have a hotwash. What that means is everybody that was involved in that exercise, that response, that table top sits around a table or gets in a large group and it's almost open mic. You talk about what happened. You talk about the issues. You talk about what went right, what went wrong. It's a no-blame kind of scenario. You want people to talk honestly as you can without attacking each other.

It was very eye-opening for me to sit and listen to our response personnel because they openly admitted that they had struggles responding to people with disabilities. And one firefighter in particular stood up and said they found it highly unlikely to believe that a person with a disability would even be on a plane. They had trouble understanding how to communicate with people with disabilities, evacuating them from the crash site.

At one point in the 2012 exercise there was a downpour. So they decided to delay the exercise. And thinking, while I'm going to help this woman with a disability who is using a power wheelchair, he ran out, scooped her up, and brought her into the airplane hangar but he left her power wheelchair out in a downpour. They did get the chair into the airport hangar but it was that moment that the light bulb went on for them realizing that you take away the assistive technology, you've created just another disaster. And oftentimes during this event, or exercise, responders would speak to caregivers and not the actors. So they weren't even making an effort to communicate with people with disabilities.

In the 2015 exercise, they didn't secure the crash site. So people with disabilities could meander over into a burning plane. When we had the 2015 exercise, all the announcements were made overhead. There was no alternate method so people with low to no hearing were unable to get the information, low to no vision was not addressed. Responders even believed power chairs would not be on a plane. It got almost blurred at points. They thought they were almost using day-to-day response to an event instead of a major event.

And what I mean by that is responders were thinking while I'm going to get them to the hospital and I'm going to hand off these folks. But when we're planning for a major event when we're looking at an event that's going to wipe out infrastructure, it's important for responders to understand that may not be an option right away or it may not be an option at all. We may be setting up medical shelters. That's how we may need to take these -- transport these victims -- I hate saying victims, but these actors and they've got to be able to communicate with them and then communicate in the pass-off instead of thinking, well, I'll get them to the hospital and my piece is done. So we had to help them understand that even though in a day-to-day routine event, and they do do a fabulous job, you have to look at it differently in a major disaster, that it's going that one step further and your piece isn't done because severing going to happen out there on that runway. So they are going to have to garner that information.

So the exercise provided different ways to look at response for folks, the outcomes. So it was quite a teachable moment. When I'm talking with folks when I'm hearing responders say it's not thinkable, not doable that a person with a disability is going to be living independently, they are not going to be on an airplane. And remarkably it wasn't me that came forward and said that's not accurate. There was another responder in the room that stood up and said, “Now, I take issue with that. I was just on a plane last week and I was chatting it up with a person next to me and it was time for us to exit the plane and I got up to leave and as the person sitting next to me got up to leave, their service animal got up from underneath the seat.” And he was so surprised to find he didn't know that dog was underneath the seat in that airplane the whole ride. So it changed his mind on how he looked at people with disabilities.

When I was working with the county emergency manager in Polk County, they moved office buildings and he fell off the truck and tore his knee all up had to have surgery and had to use a wheelchair for six weeks. At that moment he realized even though his disability was temporary, at that moment he realized how many times I had told him unless you work with people with disabilities, unless you have a disability or have a family member or a loved one or know someone, disability tends to be off the radar for you.

That happens to all of us. But it's experience and it's these exercise that make it so valuable for people to understand what that means. So that teachable moment didn't come from me at that moment with those responders, it came from another responder who had been involved in that, enmeshed in that. So it's understanding that piece.

Along with that was the county emergency manager. He had personal experience with that. He learned at that moment that he could no longer set up a shelter, a special needs shelter for people with disabilities, because had they had a big event in Des Moines when he was in the wheelchair, he would have been separated from his family. So at that moment the light bulb went on for him. It was a teachable moment.

And during that time we were able to talk with these responders about asking people what they need during that response time and they agreed that they needed more training on how to effectively communicate with people with disabilities. And I was able to provide recommendations for training, and how to modify their plans.

All the players involved in this exercise, people with disabilities, the evaluators and the responders understood that they needed a clear understanding of their expectations and their role in the exercise. For example, when the responders were talking with the care provider and not the person with the disability, I did call in to command and say: Can I redirect this responder as an evaluator? You know, I'm not supposed to say anything but I don't feel as though this responder is getting what he can get out of that. And I was able to speak directly with the responder and say, you know, the care provider right now isn't here.

It's your job to communicate with this person with disabilities. You've got to figure out what -- if this person has any injuries and how best to help him right now. So that was a learning tool.

One of the things that I would really offer before you have an exercise is to have those really clear expectations down what they need to be doing so that that doesn't happen during the exercise, so I am not interfering, so I'm actually being an evaluator, so I'm actually figuring out what it is -- they are figuring out what it is they need to do.

So from disability experience, the folks with people with disabilities that were involved in these exercises, they got a much better understanding of the role of emergency management. It's kind of this ominous job. And much like public health, you don't know that we're there until you need us. And then we kind of go away when the event is over. They understood what that was like.

For example, in the beginning of the exercise, the one last August, it looked like just chaos when the event started. We had all of these players, these response personnel from different entities trying to communicate. For about I would say 40 minutes the exercise was not going as planned, it was not going anywhere, things were not happening. Finally we called in the red hat man. He was a

firefighter from a smaller community, just stepped up and took the role as the incident commander and, boom, the exercise started working. And people with disabilities expressed the awareness of then they understood what that meant. And then -- people with disabilities that were involved in this understand a personal role in what preparedness is and what it isn't.

We also had a private partner -- they're called Lincoln Associates. They work with people with developmental disability. They do provide transportation throughout the city because they do a lot of work programs with them so they transport them. They have lots of accessible vans. And Polk County Emergency Management uses them and has used them in a lot of events that we've had to evacuate. They use them in exercise. The actors that were quote/unquote injured in the exercise, they were just transported to the hospital. A piece of this was to get large numbers into the hospital to see if they could manage it.

What they learned was they reported that the transportation partners really knew what they were doing. They felt very comfortable in those buses. They felt very safe in those buses. That was a great response because for them to understand that, yes, indeed, we have the capabilities to evacuate and people that know how to do this -- so that was good for them to understand as well.

The partnerships. I've worked with Polk County Emergency Management, the 11 years that I've worked at public health, real extensively on disaster planning, and response recovery. I go through all the plans and I make sure there's that inclusive piece. That's one county out of 99 in this Iowa. Again, we're not a large state but we have three million people. Roughly, oh, 300,000, 368,000 report they have some type of disability. So we have the numbers there. So that inclusive piece is really important.

When I mentioned earlier about Lincoln Associates, they're a nonprofit organization and they have been really invested in the response entity. They believe that the community has given them a lot so they want to give back. And that's how they give back, too.

So that partnership that really has provided a robust accessible transportation piece, capability to Polk County Emergency Management. So those partnerships are so important because we look at this -- we have to look at this as a whole community planning and see who can do what best and have them do that because it makes it easier.

When you're talking about opportunities for participation, keep in mind that airport exercise. You know right now that every three years they have to have some type of a drill. Becoming involved in that would really expand their ability to respond to people with disabilities in every type of emergency, in every type of setting, everywhere we're at.

County emergency managers and planners, come to them, tell them that you have subject matter expertise in disability. You could help them, help them be aware of what would make -- help

them be successful in their job. Hospitals and care facilities have disaster plans. Even if it's a table-top exercise, your input is valuable. Any providers. You might be able to get if you use a provider, as a person with a disability, you might be able to get your provider interested in having a table-top exercise.

And you could ask the county emergency manager to participate in that. Then he becomes aware of who you are and where you are and what you have to offer. Because all of us have something to offer. I always say that I believe that people with disabilities are their own little emergency manager because on a day-to-day basis they have to plan to navigate a hostile environment just to get around and they have to take with them what they need. So they are their own little planners. They have so much expertise and so much to offer. So you want to include them in planning whenever you can.

I talked about the role of an evaluator. That's what I did because I had the background in ADA compliance because I have the background in disability, I observed and documented the response element. How did they interact? How did they do this? How were they doing? I provided feedback on how they could improve.

So as people with disabilities, you could come to the table and you can solve problems. Here's what I can do for you, county emergency manager. I can show you how you can include people with disabilities in your exercise planning, include people with disabilities in your overall planning, and help responders on day-to-day emergency response.

So you have a very, very important role here. It's like you have all of this information. You should be gung ho to share it because you're the expert.

These are some options for county emergency managers that are on the phone to find some partnerships. I know that local county, state, public health offices, most have disaster planning and planners right in their offices, areas on aging, Easter Seals, any disability councils and boards would have people with disabilities on them or they would know people who are active in the community who would participate and be an asset to those county emergency managers and those planners.

A local VOAD may have people on the VOAD or know of people. And if you are really struggling with this and just don't know where to start, you have my contact information and we can look where you're at and I can help you navigate and say contact these people. In all likelihood, I may even know some people that are involved in that arena that might be able to help you.

This is the contact for the Polk County Deputy Director, Jon Davis. This is who I worked extensively with. He is more than willing to speak with the county emergency managers about exercise planning, about including people with disabilities. He's very good about sharing templates and plans. We have done this back and forth, given each other information. And he's more than willing to do that as well.

So if you are thinking about doing this or thinking about how do I do this or you're just not sure of it because you want to talk to one of your own, he's more than willing to talk to you. You could either e-mail him or pick up the phone and talk with him. He's a great resource. Again, he would share his information with you.

So we are at the end of my presentation. I think I've gone maybe not quite long enough but for any questions or comments.

For those of you who can't see the photo, this is a picture of the rain delay from the first exercise in 2012. All the folks came in the airport hangar and they were just hanging around from the victims to the evaluators to the response personnel because it was pouring down so hard they couldn't do anything.

And I also want to add that I have an awful lot of templates that include people with disabilities. I'd be happy to give them directly to you or to Lewis so he can post them at any time. I'm of the mindset that I throw in everything but the kitchen sink and you take from what you want. So if you feel as though you're using something that has been copywritten, no, I want information out there. And if I have something that you can use, I'm more than willing to give it to you. So let me know, let Lewis know, if there are specific things that you think you need. I can get those posted for you.

So I really appreciate the opportunity to speak to you today. I hope this was helpful.

>> Lewis Kraus: Great. Thank you so much, Karin. That was really informative. I thought it was fabulous, by the way.

For all of you who are out there listening, this is the time for you to write in the questions in the chat box window and I will read them out for everyone to hear and we will get them into the caption and the transcript and then we can move forward from there.

We have our first question that came in. Are there any national or local organizations, speakers or groups that could come speak to first responders or emergency managers to gain a better understanding of those with functional needs?

Before either of you answer, let me just say that this is like a classic for those of us in the ADA National Network. That is exactly what we are funded to do. There are 10 regional centers around the country. You simply need to call that 800 number, 800-949-4232. Ask them and they will be willing to come out and talk about the needs of people with disabilities.

Beyond that, Karin and Maleeka, if you want to add, you can do that.

>> Karin Ford: I could throw in that FEMA has the disability advisors in every region. And they're very knowledgeable on people with disabilities. Those are two resources to start.

I offer, again, if you want to call me, I could help you navigate through that. As a public health person I navigate through data as a planner so that will help as well. You have to great resources in the ADA Center and the FEMA disability specialists.

>> Maleeka Glover: Yeah, I was going to say the same thing. We are always available. We can provide you with the lead person at CDC who primarily is focused on adults with disabilities as well if that would be helpful.

And I realize looking at Karin's slide, now, that I forgot to give you my e-mail address as well. Lewis, I can provide that and you're welcome to share with the participants.

>> Lewis Kraus: Sure that would be great. All right. Yes.

And thank you, Karin, for noting the FEMA disability integration specialist. You can find them at fema.gov and type in odic in their website search. And they have 10 regional integration specialists, the same 10 regions that the ADA National Network covers.

Next question. In your experience -- I think this is to Karin, I believe. In your experience, how does the fire department respond to having people with disabilities participant in exercises or drills?

>> Karin Ford: In the two drills that I was involved in we had lots of fire --

>> Lewis Kraus: Are you there?

>> Karin Ford: Yes, I am here. Can you hear me? Uh-oh. Oh dear.

>> Lewis Kraus: Go ahead. Go ahead.

>> Maleeka Glover: I can hear you.

>> Karin Ford: Sorry. Sorry.

We had fire from I think eight localities and they were hesitant, if you will, because their day-to-day response is get them in the ambulance and get them to the hospital. So they had to switch from the big disaster -- or from day-to-day handing off to the hospital to a big disaster. So it was a learning curve for them. Initially they were not -- they weren't supportive of it. But when they got into it and realized that, yes, indeed, people with disabilities live in the community, they realized they had to learn to communicate with them.

You know, you're talking about folks that respond to a house fire or an accident and EMS arrives and they get them in the ambulance and off they go. So their interaction with folks is limited. They get them out of the house. They get them out of the car. But in a large-scale disaster it's important that they learn that communication piece. Because they may be it. That may be all they have to do.

It's kind of -- this is a double-edged answer, I guess. Initially they were not wanting to but after they got into it, they realized the response of it. So it's an experience that is eye-opening for everyone. It's eye-opening for the people with disabilities because they learn how to talk with the responders. It's

eye-opening for the responders, for the firemen, to understand their role of what they need to do. But it's just one of those things. You've got to jump in the water and learn how to swim.

>> Lewis Kraus: Ok. Great.

Maleeka, did you have anything to add to that?

>> Maleeka Glover: No, I didn't.

>> Lewis Kraus: Ok.

Next question, then. Do you have, quote, volunteers who are in charge of retrieving their friends who are mobility challenged in times of emergency evacuation? If so, can you describe the program initiative?

And Karin, before you answer that I'm going to take a crack at this, too.

A lot of what we've been hearing in the whole webinar series is that you need to plan for yourself. You need to do your own planning for your own as far as you can get it. You can't depend on somebody coming to get you. So if you are looking for and you're needing emergency evacuation or thinking that you might need it, you may want to start figuring that out with people that you know yourself, now, before there's a need. That's what we've heard so far.

Karin, do you have anything else you want to respond to that question?

>> Karin Ford: You know, I had someone contact me today from Massachusetts on registries and having that network. If we had the infrastructure to make that happen, it would be perfect but we don't. I think that we have to look at it from what you could do as an individual, how can you be prepared, how can I evacuate and make that happen so the people that don't or the people that get hurt or the people that don't have that opportunity we have as responders can go in and make that happen.

The biggest thing -- my ADA compliance comes into play when I think about this. It's simply this. What if we had to evacuate 3,000 people from an area, let's say 1,000 of them had access and functional needs. Who do you evacuate first? There's no common sense way to make it happen equitably.

And I don't want people to believe that because we have this that all I have to do is wait for the cavalry to come. It's not going to happen. In the breakdown, like in Des Moines, we have over 300,000 people and we have 300 firefighters. They do shift work. So now you've got it down to 150. Well, you also have slots that aren't filled. You have people that are out on medical leave. You have people that are on vacation. You have people that just plain aren't there. They're not going to send out every person they've got because you always hold some back in your firehouses on other parts of the city. So you're looking at maybe, maybe, 38, 40 responders to evacuate 1,000 people. And you always have more than three responders in a truck.

When I talk with people, I don't tell them that responders -- if they want to -- they want to come get you. If they evacuate 999 and they leave one behind, they feel they failed because that's their job. But it's not a doable job. That's why we have to help people see that the numbers just aren't there. They'd love to have it but the numbers aren't there. It's very important to have that individual plan.

Now, it may not always work that way but it's really imperative that individuals do that. And for me, I want the response personnel doing the big job. I want them putting out the fire. I want them securing the area. I want them doing what they do. So for that part I can take care of me. And that makes them feel better about doing their job.

Does that make sense?

>> Lewis Kraus: Yeah. And I think it might be in the question the use of the word volunteer as opposed to the staff, the fire or first responder staff. I think that indicates an awareness there. But I do think that, still, a volunteer is best going to be your own volunteer that you're going to be able to set up yourself.

Ok. The next question. What percentage or mix do vulnerable populations of people with disabilities do you target to have in an exercise or drill?

>> Karin Ford: I think that could be really open to what the evaluator is trying to achieve or the exercise designer is trying to achieve. If you're evacuating a group home of people with disabilities, that would be an entire cast. So again, it would depend on the drill, on what you were trying to achieve.

The drill for Des Moines, for the airport, was transportation and to see how the hospitals handle that large number of volume coming in. So within five minutes they were just getting slammed with people coming in. And day-to-day emergencies were going on at the same time. So that would really be up to the planners. But if you can do at least 10% that would be fabulous.

>> Maleeka Glover: I would agree. I think it does depend. We will sometimes do drills that are strictly focused on the vulnerable population. For example, we did one for Alaska where the population is so remote they have to be evacuated via helicopter or someone had to get in before the snow gets too high or there were a couple of scenarios. Sometimes we do do exercises that are strictly focused on a particular population that we know would be challenging to coordinate movement for or coordinate services for based on, you know, just the location, or a number of other things. So I think I agree with Karin, it depends on what your goals are for that particular exercise.

>> Lewis Kraus: Ok. Great. I'm going to ask a question myself. Karin, in particular, if you were to tell the listeners here kind of a way to replicate, is there a way to replicate what you guys have done or is there some learning -- I know you went over several slides about how to make connections in the community and what not, which is always helpful, but is there a way to replicate what you've achieved there in Iowa?

>> Karin Ford: Well, that's why I gave you Jon's contact because I am sure he would provide the after action report and he would give specifics on how he got there. I am confident that he would talk with emergency managers and planners because I asked him if he would and he said sure, that he had no problem. And he has no problem sharing material. So he could say this is what worked, this is what didn't, and this is how we achieved that, this. So he could put pen to paper and would give you that material.

>> Lewis Kraus: Yeah. And I put his contact back up on the screen for those of you who have an interest in contacting him.

Maleeka, I know that Karin's group was part of one of the fundees or the grantees from CDC but I believe they are now moving on to a new phase of funding. Do you know whether there's going to be an emergency preparedness focused in the grantees that come out of NCDDD, Office of Disability and Health, going forward?

>> Maleeka Glover: As far as I know, the plan is to continue. I do know that they have things that are specific to children as it relates to emergency preparedness. I don't know all of the other projects that are there. The leadership is very much interested in ensuring that emergency preparedness is one of the focus areas.

>> Lewis Kraus: Ok. Great.

All right, everyone. I think we are going to end there. If you still have questions for our speakers and you didn't get a chance to ask them, you can contact them at their contact information or if it's a general question, you can also contact your regional ADA Center at 1-800-949-4232.

You are going to receive an e-mail with a link to an online session evaluation. Please complete the link for today's program. We really value your input and want to demonstrate to our funder the effectiveness of what we have been putting out there.

I want to thank both Karin and Maleeka today for sharing their time and knowledge with us.

A reminder to all of you, this session was recorded and will be available for viewing next week at www.adapresentations.org/archives.php.

Thank you for tending today's session. We look forward to seeing you on May 12 for our next webinar, FEMA Promising Practice, FEMA Promising Practice: Disability Inclusion in Planning and Hawaii Personal Preparedness.

Have a good rest of your day, everyone.

Bye-bye.

>> Maleeka Glover: Thank you.

>> Karin Ford: Thank you.