

Pacific ADA Center
Emergency Management and Preparedness-Inclusion of Persons with Disabilities
Research On ADA Coordinators Involvement in Accessible Emergency Management
Thursday, April 9, 2020
2:10-4:00 p.m. ET

>> LEWIS KRAUS: Welcome to Emergency Management and Preparedness: Including People with Disabilities Webinar Series. I am Lewis Kraus from the Pacific ADA Center, your moderator for this series. This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of ten regional centers that are federally funded to provide training, technical assistance and other information as needed for the Americans with Disabilities Act. . You can reach your regional ADA Center by dialing 1-800-949-4232.

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I do want to remind everybody that the webinar is being recorded, and it will be accessed on -- it will be able to be accessed on the ADAPresentations.org website in the archives section of the emergency preparedness region next week. This is the seventh year of this Webinar Series, which shares issues and promising practice in emergency management, inclusive of people with disabilities and others with access and functional needs. The series covers topics on emergency management and disaster response, recovery and mitigation, and accessibility and reasonable accommodation issues under the rehabilitation act of 1973, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws. upcoming sessions are available at ADAPresentations.org under the schedule tab in the emergency management section. Monthly webinars occurred 2nd Thursday of the month. 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. You can follow along on the webinar platform with the slides. If you are not using the webinar platform you can download a copy of today's PowerPoint presentations at ADAPresentations.org web page in the schedule section. 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 speaker 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 session. To submit your questions, you can type them into the chat area text box or you can press alt-H and enter text in the chat area. If you are listening by phone and not logged into the webinar, you may ask questions by emailing them to ADAtech@ADAPacific.org.

Today's ADA National Network learning session is titled "Research On ADA Coordinators Involvement in Accessible Emergency Management."

ADA coordinators assist state and local governments in making the agency's programs and services accessible as required under the Americans with Disabilities Act, the ADA. emergency management has been identified in case law as a program and service that must be accessible under the ADA. This webinar will examine the results of recent research on ADA coordinators' role and efforts in the programs and services of emergency management in Federal Region 9. You also cover overlap with previous research which looked into the knowledge and efforts of local offices of emergency management in the same region. Today's speaker is Robyn. Robyn is clinical researcher at the college of public health at New York University, NYU. She developed and teaches asynchronous online disaster courses, most recent on healthcare disaster management. Dr. Gershon's research focuses on barriers and facilitators to disaster preparedness, especially with respect to vulnerable populations and essential workers, including the healthcare and public healthcare workforce. Her research is designed to inform policy and practice as exemplified by her landmark World Trade Center Evacuation Study which helped lead to the changes in the New York City high-rise safety code in 30 years. Along with Lewis Kraus she conducted a large national study of disaster preparedness for people with disabilities. Recently they completed a study to determine the degree to which the needs of people with disabilities are addressed in local emergency management and FEMA Region 9, disaster planning and response activities. And this research on ADA coordinators built upon that body of work with the goal of reducing disaster related morbidity and disparities with people with disabilities. I will now turn it over to you, Robyn.

>> ROBYN GERSHON: Okay, thank you so much, Lewis, and thank you to all of you out there taking time out of your day to come and listen to us. We are delighted that you're here. I'm delighted to be here. Believe me in more ways than one I am very delighted to be here, because I am in Manhattan right now. So I'm going to go to the next slide. I may need Gabriel to help me with that, Lewis.

Okay, I see you have it up.

And on the next slide you can see we are acknowledging not only Lewis, of course, our project statistician Qi Zhi and Patty Medina, a research assistant, and funding from NIDILRR to help us support the research. On the next slide, we also very much are grateful to our expert consultants who helped us enormously. These are people with deep knowledge of this field, practical field, including Ali Everett from Pasadena, Laney Davidson from Marin County and Kristen Darmody from Department of Health in Oregon. Thank you to all of them. On the next slide...

So today what we're going to do is talk a little about the roles and responsibilities of ADA coordinators and disaster preparedness and response. We'll review why it's important to know the ADA-C are prepared to meet responsibilities under ADA. We'll talk about our survey. And then hopefully in our discussion we'll talk about how we might apply these findings. On the next slide...

Our learning objectives today are quite straightforward. We're going to determine the roles and responsibilities of these coordinators. We'll identify some of their barriers to their ability to influence other entities that are charged with insuring ADA access with respect to emergency management. And we'll discuss at the end some strategies for improvement. On the next slide...

These are the responsibilities in general under title II of the ADA that all state and local governments must comply with. Therefore under Title II of the ADA, all emergency programs, services, activities and facilities must be accessible to people with disabilities. And this applies not only to them, but it applies to any third parties that are involved, such as the American Red Cross or private non-profit organizations and region entities. on the next slide...

So under Title II of the ADA, state and local governments with 50 or more employees must appoint an ADA coordinator. This coordinated implements ADA compliance activity in that local jurisdiction. And as you can imagine as many ADA coordinators, which is a huge undertaking. They also conduct self-evaluations and develop plans. They monitor the implementation of those plans and also handle requests for AIDS and services. So they have a very large role, very broad role and set of responsibilities. On the next slide...

They also provide information about accessible programs and services in their jurisdiction. They serve as an ADA resource and they receive and work to resolve complaints from the community members. They work with a wide variety of officials and administrators to ensure new facilities or alterations are all accessible. On the next slide...

So the OEM, just to reiterate -- and by the way, we do have a paper that is now under submission, and as soon as that paper is accepted, I know that Lewis will be very kind and put that up on their website and we'll have that available to you. Our findings from that study were quite interesting and, to our knowledge, the first study of its kind. And we did find some very severe, I would say suboptimal preparedness for people with disabilities at the OEM level. But in any case, the OEM is the agency, the local or state level, that is responsible for all planning, responding and recovering from disaster events. They can vary in size from very small, a single person or two, to well over 200 professionals with diverse backgrounds and areas of expertise, including the individuals that made be assigned from other agencies. These emergency managers are responsible for managing the resources before, during and after a major disaster or emergency event. They conduct activities related to key components of emergency management such as drills and education, exercises, and they coordinate with all the various partners in the emergency management process. On the next slide...

You can see here... and this comes right to us from the National Response Framework and plan. By the way, on a lot of these slides we have some extensive notes and hyperlinks and

various documents that may not be that easy to access normally. So we try to make them easily available to you. But here is the bottom line, and this is absolutely the case in the disaster we're undergoing right now with COVID. This is the case for every single type of large-scale disaster. Everything starts local. Everything moves up the chain of commands. For instance, at the Department of Health level they go to their state Department of Health. When that is not enough, they go to federal resources, which is HHS and CDC and so forth. So everything goes up the chain. We start local, we use the resources at hand, we try and resolve the problem locally. When we cannot, we look to the state. If the state cannot, we look to the federal government. On the next slide...

And here is where all of this is spelled out. this is the most recent edition from October 28, 2018. It's a lengthy document, a dry reading document, but I urge you, if you have not taken a look at this document, this is the national plan for responding to disasters, and it works quite well when we're dealing with all kinds of on the logical or environmental type disasters. We are seeing some of the gaps right now in terms of a biological disaster or pandemic event. On the next slide...

And to that end, very recently, about less than -- I guess it's three weeks ago, this document came out, which is our government response plan. These plans are very difficult to write and prepare. Typically they take years of development, so there must have been -- I know there was a national pandemic plan already, some kind of boilerplate, and so it was quickly revamped to become the COVID-19 Response Plan. I must confess I haven't read the whole thing yet, but I certainly will. And I urge all of you to take a quick look-through or scan-through this document, and we have a link here. On the next slide...

So in emergency management, people with disabilities are considered to have access and functional needs, and there are a whole host of different inclusion criteria, and these include people with physical, developmental or intellectual disabilities. We have been going back and forth earlier today about some very disturbing news reports of developmentally disabled people in group homes and how they have been incredibly hard hit by COVID to the point at least in several places in the greater metropolitan area where their caseworkers, their aids are sick themselves, and there have been several deaths, but the ones not sick are afraid to come in. So it's becoming a very critical situations at least here, and I think also on the west coast. So it includes people with all kinds of visual impairments, mental health conditions, physical disabilities, cognitive. Any kind of chronic condition or injury. People with limited English proficiency, older adult, children and people who are low income, homeless or transportation disadvantaged. It also includes pregnant women. Next slide, please.

So why is it important to know how well the ADA coordinators are doing in terms of meeting the needs of people with disabilities with respect to emergency management? On the next slide...

The main thing for all of us is that the true and absolute fact, absolute clear fact is the fact that we have major and converging trends that are increasing the risk of disasters. Not only in our country but throughout the world. On the next slide...

We are one, unfortunately, of five countries, the top five countries with the greatest frequency and severity of disaster events. This includes China, India, Philippines and Indonesia. But we are usually number two on this list right behind China. And that's because of our geography. It's where we are in the world. It's our coastal areas that have felt that. There are quite a few reasons for it. It's also large population base. On the next slide...

These are some of the increasing concerns that we have for these, especially climatological. Most of the large-scale disasters are driven by meteorological or climatological changes and threats, including bioevent disasters, and these risk factors are listed here for you, and it's very well documented. There is no question that these are the risk factors that are increasing these disaster events. Number one, of course, is human population growth followed by climate change, globalization, organization and coastal development, land use and practices that facilitate zoonotic transmission which increases the risk of vector-borne diseases and animals human transmission. And healthcare systems even in the U.S., we had a robust public health system, we still do for the most part, and for many years it was kind of a known fact that the U.S. served as the disaster responder for the rest of the world. Here we have some kind of event that impacts the entire world, so it's very hard for us to now help other countries. We also have increasing threats because of declining vaccination rates and overuse of antibiotics. Lastly we have on this list mass migration and displacement of refugees, many of them staying in refugee camps, and that increases the risk of disaster, if a disaster happens in that area, say a hurricane, but also for any kind of biological disaster. On the next slide...

Let me take a sip of water. Especially now, readily and rapidly spread novel pathogens are a threat. On the next slide...

You can see here just a small sampling from the last two or three decades, we have had over 80 different brand-new novel pathogens, or reemerging, such as measles you could say would be in this category. The most recent, of course, is COVID-19. So since I began my studies in public health disasters, I worked on SARS in the early days, and I did some research around -- and, of course, HIV, early days, HIV and VRTV. And SARS, Ebola. I did studies on H1N1 and also we are wrapping up for studies on COVID most recently. We'll be doing research around the transit workers and their risk and risk factors and the occupational safety controls that were put in place for them or not. Next slide, please.

So the other reason we're concerned about whether or not ADA coordinators are ready and are able to fill their roles is because we have a very large percentage of people in the U.S. with disabilities. This number is growing. The last numbers I saw from the CDC, I think it's on the next slide, please

Yes, the last number I saw was 25%. These numbers vary depending on who is collecting the data. Lewis, of course, prepares the annual report and typically those numbers are probably most accurate in the country. But you can see here it's a very large proportion of people in the country, and unfortunately on the next slide, as you can see, this population is going to be growing. It is growing already, and that's because of the U.S. aging population. I'm showing a slide here, a graphic that is showing that the age distribution of people with disabilities

increases dramatically with age. And as we get to people over 65, this slide is showing that 35% of our population of people 65 and over in the United States have one or more disabilities. So this is a growing concern for the disability community as well as for public health and pretty much every other sector in the U.S. On the next slide, please...

We also found in that early study, a 2011 study, so now going back almost ten years, we found in that study that people with disabilities would generally not -- were generally not well prepared for disasters. We had a seven-item preparedness measure. That score was only 2.3 out of a range of 0 to 7. So if you can do the math quickly, it was about 30%, I think, that, if it was a test, that would have been their score. Only 32% had emergency supplies available at home. Only 29% said that they could communicate with their personal assistant or aide in an emergency event. And only 26% had backup plans for the PA, and that was only the sample that actually had a PA. on the next slide, please...

Only 47% had a rudimentary emergency plan and only two-thirds had included their PA when they had made that plan. 4% involved some of their PAs and 10% involved none of their PAs. And these are some of the reasons on the open ended part of the questionnaire they gave, for instance, my PA will be busy to the needs of their own family. My PA is just not that dependable. Or I might not be with my PA when there is an emergency. To the extent during our most -- our current disaster, I do not have any data yet on how well it's working that the PAs can be with their caregiver, but they would be considered an essential service and they would be allowed to be out and about and using the sub ways, but to the extent that that is happening, I simply don't know at this point. On the next slide, please...

More recently we conducted a study on elderly care relationships now in San Francisco with a sample size of 50. They had a low score with only 4.7 mean on a 13-item scale. These are elderly fairly disabled, I would say, all of them had home care. Some of them just -- a few hours a week, but some of them a couple of times a week and some maybe a full day each of those days. In our sample they were all living alone and they depended on their caregiver, their home caregiver. Only 56% -- and this is in 2014 -- had extra medications on hand. 44% had backup power for the powered equipment that they actually depended upon. Only 38% had made plans for their caregiver backup plans and only 26% had plans for transportation to shelters or had any idea of how they would get there. And only 19% had someone who lived in their building that could help them evacuate if the elevators were not working. But remarkably 70% that had a pet had extra supplies on hand for their pets.

On the next slide, please...

And these were some of the barriers we identified. These were in-person interviews conducted in their homes. They were qualitative in nature. There was a survey attached, but we could talk to them about what was some of the reasons, and some of the reasons that they felt they could not prepare was a lack of self-efficacy. the government should help me. Risk awareness was high. They certainly knew they were at risk for earthquakes, but many were fatalistic and felt they lived a long life and they were ready to go. In a sense of community, it was surprisingly low. There's an interesting thing happening both in San Francisco and certainly in New York City, I'm sure many other cities, where there is a generational divide.

There is still quite a few elderly people living in all kinds of buildings, walk-ups, high-rise, low-income housing. There are also younger millennials moving in and they are not mixing yet. Now, this particular disaster, we're hearing of really a much better outreach to people who live near some of these millennials who can't go out, and they're going to get groceries or check in on them every day. So that's kind of a new development, which is very, very positive. And also these people in the sample, they had a large lack of trust in the authorities and did not feel that you could depend on anyone in the city or the country at least. Next slide, please.

We also have data that tells us about people with disabilities that is disconcerting, I would say is the report here. This was a general population base, very robust kind of sampling, very well-done. 21% of the sample in this survey said they were not planning to do any disaster planning whatsoever. 46% said preparedness was not on their radar at all. And cost and not knowing what to do, how to do it were major barriers. However, people who thought they were at risk thought they could do something to prepare and thought that preparing would help them were more likely to be prepared. And the interesting thing about the FEMA study is that only small differences in preparedness were noted for participants with a disability, which mirrors what Lewis and I have found in our earlier studies. On the next slide, please...

To recap, why is it important to know if coordinators are ready to meet the needs of people with disabilities? It's because disasters are increasing in frequency and severity. Vulnerable population is large and growing and individual level preparedness is low. And finally, on the next slide, please.

This is absolutely the case. People with disabilities, and we are absolutely seeing this play out right now in realtime, people with disabilities are disproportionately affected by disaster events. Some data suggests as high as 30 to 50% risk of morbidity associated with a disaster event. And COVID-19 is clearly exposing some additional potential vulnerabilities, including access to limited resources and we have I believe on this slide some links to some information regarding that. On the next slide, please...

So we conducted the study and went into January and had key stakeholder input including input from June Kill and Marcie Ross, other folks prominent in this field who are gracious in sharing expertise and knowledge with us. This was a confidential web-based survey, it was multi-modal recruitment and convenience sample and we included 10 to 20 minutes to complete. We had clean results we could use because actually we had a much larger sample, close to 200 people but many of them kind of -- we took them out of the sample because after the first question about "Are you employed as an ADA coordinator?" and they said "no," they came out of the sample. So the final sample was 131 from region 9. California, Nevada, Arizona, Hawaii and the Pacific islands. Next slide, please.

So most respondents came from California, followed by Arizona. About 25 -- about a quarter had estimated jurisdiction size of 1 million residents. 20% had 100 to 500 and so forth. And then about 40% of the respondents had at least one major disaster event in their jurisdiction in the last five years. Only 18% of the sample knew the. Number of people with disabilities in their jurisdiction. On the next slide, please. The demographics of the sample are as follows.

56% female. 35% had a disability. More than half were 50 years and older. Very educated group with 86% having a college degree or higher. Yet 30% or less than 50,000 a year with only 20% earning 90,000 or more per year. On the next slide, please...

Their employment information is as follows. 44% were working full time as an ADA coordinator. More than half worked as an ADA coordinator for less than three years, and 20% worked in that role for less than one year. Most of them were based out of either the ADA coordinators office or public works, and the majority reported to the city manager or their assistant or the director of planning, and a few reported directly to emergency management. On the next slide, please...

Only 32% held any kind of ADA-related job prior to their ADA coordinator job, and 28% had previously held some type of emergency planning. A majority, 69% held jobs with other job titles. So they had more than one title, in other words. They were the ADA coordinator and something else in their jurisdiction. More than half of them, 56% worked alone in the role that they played as ADA coordinator. And less than half, only 43% have backup to their emergency management duties if they are not on duty. Think about that right now in America. 70% said they spent less than 10% of their job on insuring ADA compliance in emergency management. That is worth repeating. 70% spent less than 10% of their job time on ensuring ADA compliance. Next slide, please.

This is an interesting set of questions. And I believe this came from one of our consultants that told us to put this on. And I'm really glad they did. Because we asked them "What qualifications or special training are needed for this job?" In your estimation. And 26% said none. 19% said you need to complete an ADA basics course. 11% said you need to complete the 40-hour training credits for certification program. And 7% said "I don't know ." Next slide, please.

We asked them a lot of questions about what do their job duties involve, what are they responsible for. 56% said they are currently responsible for insuring ADA access with respect to emergency management. 39% said they do it by providing technical assistance. 34% do it themselves directly. 28% say they make sure it is simply in the plan. 24% provide technical assistance. 24% said they serve on the EOC. And 13% said "I do not ensure ADA access with respect to emergency management."

Next slide, please.

We ask them, who is responsible for insuring access with respect to emergency management? And 56% as we saw before said "I am responsible." But we often in our surveys embed a similar question that we think is important in another area of the questionnaire to kind of get like an internal, you know, validity check on it. So we did that again, and in the latter part, when we asked that question, this time they said 45% said it was OEM. 11% said first responders are responsible for insuring access. First responders. Right? 9% said it's ADA coordinator. And 8% said no one is responsible.

So here again in the second part 9% ADA coordinator whereas earlier 56% said I am responsible. In between this asking of this twice, we had a whole host of questions of what the job would really entail. And so perhaps that helped them understand what was really involved, and that's when their thinking about it changed. On the next slide, please...

So this was an important set of questions, really important. The capabilities. What are their own sense of capabilities? 22% said they felt knowledgeable with respect to ADA requirements for emergency management. 16% said they felt influential in terms of influencing other entities. And 36% felt that they had had adequate training in this area. We did some correlations with these items and as you would expect, of course, these were highly correlated. People who felt knowledgeable felt they were more influential and that they had had adequate training.

The next slide, please. So what are they specifically responsible for? We have quite a list of quick items that they could just say yes or no or "I don't know," or somebody else. So in terms of reading the Emergency Operations Plan to ensure ADA compliance, 27% of the ADA C said they are specifically responsible for that, but 26% said they are not sure who is responsible. When it comes to writing and updating the Emergency Operations Plan, only 12% of the ADA coordinators said they are responsible. Again, a large number -- I think it's large -- 12% said they're not sure who actually writes and updates the plan in their jurisdiction. Providing oversight to ensure ADA compliance, 16% of the ADA coordinators said it was them. A whole bunch, 15%, said they're not sure. And then this is so critical. Involving people with disabilities to help identify their needs, ADA coordinators, 23% said they are the one that helps to involve people with disabilities, and 18% said they're not sure. On the next slide...

When we N to insuring all communications are accessible -- and I have seen over the past three weeks communications on national and local TV, and I can tell you, I think local TV definitely does better for American Sign Language, because I definitely have noticed that our governor Cuomo and our Mayor de Blasio, they always have -- and you can see them -- they always have American Sign Language, but I don't always see it other places. So ensuring accessible communications. 11% of the ADA coordinators said it was them that is responsible. And 11% said they're not sure who is responsible. This was important, ensuring accessible transportation. Only 9% of the coordinators said that is their responsibility, and 14% said they are not sure. Another important one, who is insuring that shelters are accessible. Only 13% of ADA coordinators said their responsibility, and 16% said they don't know who is responsible. And involving people with disabilities in all drills and exercises, 15% of the ADA coordinators said they are responsible. And 18% said they are not sure. Next slide, please.

Specific to shelter operations that are so critical, especially if you're in a place where there's climatological or meteorological disaster events like hurricanes. On the next slide, please...

So ensuring refrigerators for medications are available. 6% of the coordinators said they are responsible. 20% said they do not know who is. Ensuring access to personal assistance to the shelters. 5% of the ADA coordinators said they are responsible. 15% said they don't know who is. Ensuring that there's oxygen at the shelters, 4% coordinators said they are responsible. 16% said they don't know who is. Ensuring there's back-up power for powered

equipment at the shelters, 5% of the coordinators said they are responsible. 13% said they do not know who is. Providing access to service animals to shelters, 9% of the coordinators said they are responsible. 15% said they're not sure who is. And finally, accessible communications at shelters, the ADA coordinators said they were responsible in 9% of the cases and 12% were not sure. On the next slide...

So insuring accessible transportations and insuring shelters are accessible and including disabilities, these are up here again because these are critical elements. Somebody has to be in charge of these elements. A lot of times, of course, it's the OEM. But in terms of making sure all of this is accessible, it was very low percentage of the ADA coordinators' engagement. Next slide, please.

This was interesting. Insuring that people with disabilities are not sent to medical shelters unless indicated. 18% of the ADA coordinators said they are responsible to ensure they are not sent to medical shelters. 16% said they're not sure who is. And insuring that people with disabilities are not turned away from shelters if their personal assistant is not with them, 8% of the coordinators said they're responsible to ensure they're not turned away, and 15% said they're not sure who is in charge of that. Next slide, please.

This is interesting about the recovery. So providing input to after-action reports, which can be critical, especially if they then really are implemented and written into plans and turned in, you know, operationalized, turned into con ops. But 28% of coordinators said that they did provide input into after-action reports and 13% said they're not sure who does. The ADA coordinators said they're responsible for involving people with disabilities in preparing those after-action reports, but 24% said that, but a whole bunch, 15% said they are not sure who helps involve the people with disabilities in those reports. And helping to change policies based on the results of after-action reports, how critical is that? 31%, the coordinators said they are responsible. And 14% said they are not sure who is responsible. On the next slide...

So we're wrapping up here. We'll end up with the few slides. These are open ended questions, and I put in caps when I saw it in open ended as caps, because I know it was important to them. I asked them what limits your effectiveness? And all caps, somebody said lack of time with an exclamation mark. Lack of awareness was next. Lack of resources. Lack of staff and competent staff. Lack of knowledge and training. Lack of authority in my role as an ADA coordinator. And this was interesting... changes in administration makes it hard for me to develop relationships. Several people had that same train of thought. On the next slide, when we asked them, what would increase your effectiveness, again, more training. All in caps, exclamation, exclamation. More support from other entities, including OEM. More involvement with OEM and more collaboration with Red Cross. OEM came up over and over again. They would like more coordination with disability organizations and stronger work relationships with other ebb entities and a more supportive work environment in the offices that they are in. On the next slide, please.

So we asked them, what specialized training, we had this up earlier, and if you recall, large -- I think a large proportion -- 26% said there's no specialized training needed for my job as an ADA coordinator. Clearly that's really not the case. But when we did the OEM survey,

interestingly, 17% of the OEM directors said that there was no specialized training for that type of job. On the next slide, please. So, in conclusion -- and these are still preliminary data, we'll definitely do more analyses before this paper goes out and before it's posted by Lewis, but I think we can see there's clearly some under-utilization of specialized skills that many, if not most, ADA coordinators can bring to emergency management. Clearly there was an interest in improvement and increasing that role and playing a larger role and having a more effective role. And there can be no question that disability expertise and knowledge of ADA is absolutely essential at all levels of disaster response. On the next slide...

I have put our preliminary recommendations additions. These are still being developed but we would love to get your input. We clearly think that this is a... it's a job, but it's really a profession. And I think Lewis would agree. I don't know, we haven't talked about it that much, but I think it's important that we professionalize this role. These are professionals in emergency management and of course ADA. I think their role needs to be clarified as part of the whole team, and I think they need standardized tools and resources and, of course, just in time tools that they can apply right now to any disaster event. And on the next slide, I believe that maybe the end... yes, it is. I thank you. And the last few slides are some wonderful resources that Lewis has kindly put together for us, and I believe if you go to the next slide, you can see the link here. And so you can get to this center and other webinars on there. They have fabulous webinars on there. And the next slide I think has checklist and tools, some great tools that go out wide, wide to all kinds of folks, all out, and maybe not even in this country, and on the next slide I think he has put a resource on the next slide for information that has to do with COVID that is up now on there, on their website. So I think we will... here it is. So I think we will end here and start taking questions, okay, Lewis?

>> LEWIS KRAUS: All right, thank you very much, Robyn. All right, everyone, please remember to submit questions in the chat window and we'll get to those in a moment.. I wanted to -- if I can step out of my role as the moderator for a moment and into my role as part of this, I do want to emphasize that in the data that you saw that Robyn reviewed, I think it gets hard to do this when she -- when you present like she had to do there. But the word "only" is really important when you saw all of those numbers. So it's only 20% or only 15% or only... these numbers were extraordinarily low and demonstrated that the ADA coordinators were really not that involved in emergency management, which is particularly problematic because in the previous research on emergency managers, their numbers were also very low. Which meant that emergency management office wasn't paying attention, didn't feel it was their responsibility. And they weren't using the ADA coordinators to help them. So how is it getting done? And I think we know how that might be answered.

All right, let's move to the chat. And while we're doing this, Gabe, you put back up Robyn's email address if they want to ask questions? The first question here was about: Can we address why effective communication is not happening for people that use ASL and even those using captions, the captions are not done well at all, what can we do to address this changing laws in the future in response to the issues? I don't know, Robyn, if you want to take that, or I can take that.

>> ROBYN GERSHON: That is the million-dollar question. Why is it not happening when it is the law? so I'll let Lewis take it from there.

>> LEWIS KRAUS: Yeah, I think, you know, in terms of this research, I think what you saw was how much people were not necessarily -- you saw that responsibility section. Who is responsible for that? And the ADA coordinators didn't think it was their responsibility. Now, that's a huge gap, because the emergency managers are involved in that. So it could be that this is an interpretation and maybe it's a chief information officer who does have the responsibility in the parlance of an organization, but I think that ADA coordinators ought to really consider that that is a key element of what they ought to be making sure gets done. Next question... this is a technical ADA question, and I'll briefly answer it, but I do want to encourage everybody to reach out to an ADA Center with your ADA-related questions that may have come up in listening to this presentation. This question had to do with if an organization has less than 50 employees, who assigns as an ADA coordinator and is there a different title than ADA coordinator for less than 15 employees?

So I'm going to use this as a demonstration for all of you. I think this is an ADA question. And there are ten regional centers across the country who have a responsibility or have the ability to answer your ADA questions. Together we're known as the ADA National Network. And you can reach any of us with free confidential information at 1-800-949-4232. If there was a question that popped up to you about this, around the ADA, I would encourage you to call the centers and ask those questions. And they'll be able to tell you what the ADA says about these items.

All right, the next question... Robyn, this is when you were referring to the government plans, the response plans. And one person wanted to know if there's a clickable link to the government plan.

>> ROBYN GERSHON: I couldn't figure out how to put the hyperlink, so I put the web address. So I think you just copy it and put it in your browser, you can easily go to it. But maybe at some point, it may be before you put up these slides, you can have one of your folks make a hyperlink to it.

>> LEWIS KRAUS: So the slides are available. What Robyn is referring to is the slides, these slides are available at ADAPresentations.org in the schedules section, today. As of tomorrow it will move over to the archive. And the slides are there. And in the notes section for each of the slides, you will find the links that she is referring to. And that will be...

>> ROBYN GERSHON: The front of those national response plans, it's right on those slides. So you just copy it and put it in, you know, your Chrome or Firefox and go to it, because they're really... I mean, to me they're fascinating reading. But it could be kind of dry, but I think they're really useful to look at.

>> LEWIS KRAUS: Okay. The next question had to do with -- I think in the listing of access and functional needs, I believe is what the person is referring to. Is the penal system included in the listing for risk factors?

>> ROBYN GERSHON: Yes. I have seen homeless and prisons, they are considered a vulnerable group and that's why it should be fixed. They are considering and, of course, we are seeing that right now.

>> LEWIS KRAUS: Okay. So, Gabe, can you move back to slide 44 and 45 where -- somebody had a technical question about what is the difference between the two data points on providing technical assistance on 44 and 45.

>> ROBYN GERSHON: This is a generic question on this 45, which was also on 44, and that is who is responsible. That was the question. Who in your jurisdiction is responsible for insuring access with respect to emergency management? And earlier on in the survey, 56% said, I am, the ADA-C said, I am. But later when we buried it in some other items it dropped to 9%. That came after the questions that I go through on, do you do this, do you do that. So, I mean, we'll never know what exactly was in their mind, but I have a feeling when they actually started to see, oh, my goodness, this is what is really involved in insuring access, they thought, oh, wait a second, I guess I'm really not. They were being maybe honest. And maybe they were being honest at first but they didn't simply know what it entailed.

>> LEWIS KRAUS: Okay. There was a comment in the chat about -- from someone at Niagara University who has done a disability awareness training program for first responders and emergency management, and just wanted to let people know that there are many, many disability awareness programs that are out there that you can find through your ADA Centers. The point here -- I think it was made in the research that these ADA coordinators, these jurisdictions may not have been taking advantage of knowledge that is in the field and out there for people to become more aware and are able to get their ADA coordinator, their emergency management offices, the information that they might need.

Next question: I serve as an ADA coordinator for a correctional facility in Georgia. What are the primary responsibilities for facility ADA coordinators? Okay, that one I'm going to ask that you call your ADA Center. I don't want to take the time from this session to go over all the detail. But you do have the general facility issues of physical access, equal opportunity is the fundamental way to think about the ADA. And you also have effective communication and modification of policies procedures, and you can talk to your regional ADA Center more to get more detail about that at 1-800-949-4232. Well, Robyn, somebody wrote and said that Governor Cuomo has not had an ASL interpreter at his side the entire pandemic and there was a DOJ complaint that was filed by disability rights of New York. So there you go.

>> ROBYN GERSHON: He has all the times -- well, I've started watching him, I would say closely. You know, he comes on at 11:30, and that's like right in the middle of the day, so pretty regularly I'm watching him. And the -- all the times that I have seen him, he has had -- now, I notice they have a little -- they're not next to him anymore. I think they may be in a separate room completely. So it's like a little box that I'm seeing now up on the screen. In the beginning they were right next to him or right behind him. Now they're in a little box. But that's disturbing.

>> LEWIS KRAUS: I will also let people know that if you are involved or concerned about press conference accessibility, we do have a fact sheet on that, a checklist on that at ADAPacific.org, and Gabe maybe you can scroll down to that. That is a checklist for you to use for making press conferences accessible.

>> ROBYN GERSHON: I'm going to...

>> LEWIS KRAUS: Right at the bottom, press conference checklist.

>> ROBYN GERSHON: I want to take that, Lewis to send it to Cuomo and de Blasio. Also, in a smaller box, but I can't believe they don't have access to that kind of checklist. But I'm going to send it. I'm going to send it today.

>> LEWIS KRAUS: Next question or point: In thinking more about this, to increase effectiveness, we need a seat at the table. And "we" being ADA coordinators. Can the people who create the best practice EOC models -- emergency operation center models -- include logistics planning, etc. add in a coordinator, access and functional needs coordinator role or something similar? This is a great point and, in fact, we have just signed up another webinar for -- I believe it is June, where someone who has done that has gotten themselves a seat on the Emergency Operations Center will go over how that was achieved and done. And so all of you can look forward to coming back for that to find out how you can get on the EOC or how someone else got on the EOC.

Here is someone who actually answered the rule. I answered the survey that I have a role in the EOC. I'm learning in the current scenario that I might not. Only portions of the EOC has been activated and I have not. I'm also now not sure my role is even identified in the EOC structure. So there is an ADA coordinator because not even sure how they're actually in the EOC if they are.

>> ROBYN GERSHON: They should be. They should be. And they should absolutely be right now. That is not right. And what I would do is I would call the director's office, OEM office and say I notice that I'm not activated, I'm not at the table, and I need to be. I need to be. I mean, that just makes no sense whatsoever.

>> LEWIS KRAUS: Pardon me. So next question: What would be your suggestions as to not only education and awareness of the importance of emergency management as a whole but specifically targeted to the disability population? There are a variety of issues or efforts, I should say, going on about emergency preparedness specifically for people with disabilities and the disability community has been working very hard at getting that information out into the communities. I know in California we have a very large effort that has been going on through the state through what is called Least Oaks, California, where the efforts are really aiming at getting people with disabilities, seniors, others with access functional needs up to speed about their own personal emergency preparedness. You might want to look that up.

Next question: As part of solutions are you proposing an elaboration of the professional role for ADA coordinators in emergency management specifically or elaboration of further professionalization of the ADA coordinator role more generally?

>> ROBYN GERSHON: I'll take a stab at it, Lewis. We can see that these people are highly educated, right? They're coming from all kinds of backgrounds, I would imagine. I think it would not be remiss to think that at some point they need to have some kind of certification. I know there is an active group towards that. I think they need -- I don't know if I want to say "license," but some kind of a professional certification. I'm not saying o back to school and now get a master's in ADA coordinator position, although one day that may come. We already are seeing it happen with emergency managers more and more. So it will probably come, is my guess. I don't know yet any place that is really doing it outside of the ADA coordinator organizations, but I think... I think these people can do a lot more. And I think they're not being utilized to their full capacity. And maybe credentialing is a way in

>> LEWIS KRAUS: And I would add that in the context of this subject that whatever efforts the ADA coordinators are undergoing to learn more, they certainly need to understand how they can improve their role in the emergency management services and programs being done by their jurisdiction. The next question: Each agency has over 50 has an ADA coordinator -- I think they means employees -- has an ADA coordinator as an additional function as their job. Is that acceptable?

I'm not sure I understand your question completely, but let me say that it sounds like your ear saying that -- and I think Robyn referred to it, that the ADA coordinator sometimes is given that role in addition to other tasks on their job. And I think we discovered in this research that that is somewhat of a hindrance to some people being able to do the complete job. And so there is something that needs to be looked at there by jurisdictions.

>> ROBYN GERSHON: It has to be valued. They have to be paid appropriately for their expertise. They have to have a seat at the table. And they cannot have multiple different jobs and also not have any backup. Because a lot of people are out sick right now. And that's a critical role, being the ADA coordinator, if they happen to be one of the people out sick, that is not good. I definitely think you need to have cross-training and backup. But they -- this is such a big job. I have been going to the ADA conferences, the Pacific ADA and other centers are sponsoring, and I'm really learning so much about -- from so many angles, including all the issues in healthcare facilities and issues in schools and transportation, bus stops, bathrooms. Everything. And that's a huge portfolio for the same person to have, and on top of it to really be on top of shelters and transportation, accessible transit. It seems like a lot for one single person. So having any additional jobs sounds really -- I don't know how you could do it.

>> LEWIS KRAUS: The next question... Robyn, you mentioned having this role as a profession. When I was an ADA coordinator, when I was the ADA coordinator working with emergency management agencies, it was difficult to gain any credibility as a subjects matter expert. What suggestions do you have to include ADA coordinators as an equal member of the emergency management team?

>> ROBYN GERSHON: This makes no sense whatsoever. If anyone is the expert, it's them. So that's why I kind of alluded to licensing, certification you know, having these -- this kind of you are the expert. Why aren't they respecting that? I think it's going to change, because the whole OEM area is changing and professionalizing with college degrees in emergency management, master's degrees, and now a few doctoral programs. These people are -- they know that National Response Framework inside and out. They know the local jurisdiction codes and their plans. And as that professionalizes, they can only help but understand that your role is critical. And it's -- it must be influential. So, you know, it may take time, but perhaps when you're doing trainings or running drills or stuff like that, writing stuff, writing the memos, they can see what you can bring, and it would be fool hardy not to listen to this advice. So I hear you and I empathize with you.

>> LEWIS KRAUS: And I would just say -- and we don't like to go here, but since the case in Los Angeles effectively said that emergency management services and programs need to be accessible to people with disabilities, there is an ADA precedent now and so jurisdictions need to be aware of that, and if the ADA coordinator is one of the key elements of a jurisdiction, getting the ADA information to their programs and services, this needs to be brought to bear in jurisdictions -- in all the jurisdictions' programs, including emergency management. Next question: VRI, video remote interpreting, was not set up at COVID-19 screening sites. Why all sites until finally federal and state agencies intervened and made it mandated? Wide fights. We're going to have to -- this is a philosophical issue, and one in which you're raising that has to do with how people do anything related to the ADA until there is pushback from the community, and I think sometimes you know, we have learned that sometimes it's people not being aware of anything, of being aware of the ADA or of the needs of people with disabilities. Sometimes it's... well, it's mostly about that. And so that's why ADA Centers are around. That's why others are around trying to make sure that everyone is aware of the requirements and the basic understanding and tenets of the ADA so that people don't have to fight all the time to get their rights understood and dealt with.

Next question: For COVID-19, the CDC suggests that local health departments provide alternate care sites for homeless populations. Are you seeing that happen? Where would funding and staffing come from for that service?

>> ROBYN GERSHON: I definitely am seeing it here in New York City. They have been putting homeless up in some hotels that are empty. And they're doing it in several other states and I'm sure they're doing it in San Francisco, but I think the money for that is coming out of like the emergency fund. I'm really not exactly sure where that is getting paid for, but that's what my guess is. Lewis, maybe you know more about that.

>> LEWIS KRAUS: Yeah, I'm not sure. I'm looking at the number of messages we have backing up here and I want to make sure we get to as many as possible. There's a question here from -- is there any landmark case -- legal cases or technical assistance from the USDOJ to provide additional guidance for Title II entities responsible for emergency management? Yes, there are. This is a good opportunity to point out if you go to ADApresentations.org in the emergency section and go into the archive, you will see summaries of those cases in more than one webinar there, as well as -- so you can actually hear summaries of those. There was

also -- Pacific ADA Center has a paper that was written about the cases and a summary of all the cases involved in emergency management, and you can find them that were Title II cases, and you can find it at that link up on the screen, ADApacific.org /emergency.

Beth, captioner, I want to let you know that somebody is saying -- just wants to mention how great the captioner has been throughout this event.

>> CAPTIONER: Thank you!

>> LEWIS KRAUS: So... so there's a few... so there's a few people who have clarified the issue about slide 44 and 45. Can you go back to 44, Gabe?

On slide 44, technical assistance is repeated at two different percentages. I see... yeah. You see that, Robyn? That might have been a typo.

>> ROBYN GERSHON: I think so. Technical assistance?

>> LEWIS KRAUS: 39% provide technical assistance of...

>> ROBYN GERSHON: Technical assistance, they are acting as the consultant within like for OEM. So they're providing technical. Which is, you know, an appropriate role. But who is responsible overall for insuring that there is access with every aspect of emergency management. And a lot of them originally said "yes," more than half.

>> LEWIS KRAUS: So for those of you who have been asking about the ADA Pacific.org emergency link, it's the wrong one. It's the new one. It's in the... it actually looks like we didn't put that into the entire -- for the entire audience. Gabe, can you repost that to everyone? You sent it to the panelists.

Another question. I guess I was asking more about the people who create the general model. If all EOCs, emergency operation centers use the same general framework, logistics, planning and operations and finance or admin, that model came from somewhere. Can someone talk to that model creator to add in access and functional needs? Do you know?

>> ROBYN GERSHON: That model came directly from the national framework from the Department of Homeland Security, and it started right after 9/11 and the 2002 framework that was published. And so that's a very standard model. The problem that I have with the model is I don't really see the ADA coordinator in that model. That is a gap in the model. I think if that was in that model of leadership, and it should be, right? It's so important. It should be. Then these problems would not be happening. So that -- maybe that will change. I mean, I'm hearing a lot of murmurs from the people I know in the field of emergency management, very high up that are saying, we need a major reboot of our entire emergency management system in the U.S. After COVID, we need a major revisit, and that definitely would be something I would recommend up the chain of people who are really in charge. But it should be absolutely in there. But it really isn't in every single OEM can do -- they vary tremendously in their

capabilities and their size and what their trainings are. So they vary, even though we have that framework, they pretty much are on their own in many ways.

>> LEWIS KRAUS: The next question ask: Where can ADA coordinators find funding for training products, etc., for their jurisdiction?

>> ROBYN GERSHON: That's a great question. I hope you have the answer.

>> LEWIS KRAUS: I am going to say that there's not necessarily a location to find that, but I do think that in your jurisdiction or jurisdictions need to consider ahead of time as they set up a budget, that that is a consistent line item, that the ADA coordinator... it's of value, and I suppose the answer should have come from... if you don't do it, and the jurisdiction then ends up getting sued for it, it would end up being there through a settlement probably anyway. So it's probably best to argue to get that money set aside before anything happens.

>> ROBYN GERSHON: I think, Lewis, you're absolutely right, but I think I'm going to send you some links that I know of for foundation funding. And sometimes they are for things of that nature. It would probably just be funding, and those are usually typically small, under 100,000. But there may be some way to budget that to make it spread over a couple years. So I'm going to send you those links, Lewis, if you'll be kind enough to put them up someplace.

>> LEWIS KRAUS: That sounds good. And, Gabe, it was the emergency preparedness website publications link.

You need to send it to everyone, not all panelists. Next question: When today's webinar is made available to download next week, the chat text will also be made available and you can copy and download all the links to the resources then? And thanks for raising that issue to us. We just want to make sure -- a lot are concerned about the links. The links will be there. You'll have the -- you'll have it all, all the information will be available to you. Okay, we realize that many of you may still have questions for Robyn or any of the rest of us, and I apologize if you didn't get a chance to ask your question, but, again, I would encourage you to call your regional ADA Center at 1-800-949-4232, to ask questions especially if they are specifically around the Americans with Disabilities Act. You will receive an email with a link to an online session evaluation. Please complete that evaluation for today's program as we really value your input and we want to emphasize the importance of this work to our funder. We want to thank Robyn today for sharing her time and knowledge with us. And a reminder to you all that this session is recorded. It's being recorded and will be available for viewing next week at ADApresentations.org in the archives section of the emergency management area. On our next webinar, on May 14th, we will be joined by California Foundation for Independent living Centers and another Independent Living Center for presentation on "Using the California Power Safety Power Outages for Inclusive Emergency Planning." And we hope that you can join us. Watch your email two weeks ahead of time for the announcement of the opening of that registration for that webinar. So thank you for attending today's session. Thank you again, Robyn.

>> ROBYN GERSHON: Thank you, all. Please stay safe.

>> LEWIS KRAUS: All right. And have a good rest of your day, everyone! Bye-bye!