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Emergencies affect everyone and without proper preparedness and prevention efforts disasters can occur. A one-size-fits-all approach for emergency planning and response does not work to prevent disasters. Over half of the population in the United States experiences some form of access or functional need (Schaad, FEMA). In the 2006-2007 Behavioral Risk Factor Surveillance System report, people with disabilities were more likely to report not being prepared at all in the event of an emergency compared to people without a disability (Smith & Notaro, 2009). Those with access or functional need(s) (AFN) often experience additional barriers to their safety and well-being, especially during a disaster. In the nation’s history of disasters those who had an access or functional need, such as a mobility disability, did not receive such aid and unjust outcomes occurred for those people and such outcomes have been a significant contributor to increased efforts that countless groups and organizations have acted upon to prevent injury and lost lives for people with an AFN. Groups such as the American Red Cross, Federal Emergency Management Agency (FEMA), the National Council on Disabilities (NCD), the Department of Public Health and Human Services (DPHHS), and countless non-governmental organizations (NGO) have prioritized the importance to meet the needs of all people by supporting and developing inclusive emergency preparedness guidelines and materials.

Individual’s risk and vulnerability increases during an emergency (Levac, Toal-Sullivan, & O’Sullivan, 2012; Smith & Notaro, 2009). To better engage individual’s preparedness efforts, Levac et al (2012) recommend people be aware and acknowledge the urgency attributed to a disaster, believe they are capable to execute what is needed of them during an emergency, and that they have a sense of connectedness to their community. Emergency planning and training activities often do not include minority populations by not taking into account the varying access and functional needs different populations require (Kailes & Enders, 2007). To promote inclusiveness emergency planning and training we propose to adopt a function-based approach
for emergency preparedness guidelines and materials. Kailes and Enders (2007) recommend a function-based approach where everyone involved addresses the varying needs based on the type of disability and functional limitation. These authors further discuss the primacy of including disability and functional needs into emergency preparedness in general based on the fluidity and temporality of acquiring a disability or a functional need. Through increased efforts, sustained partnerships and capacity development among individuals with disabilities, inclusive emergency planning can set the groundwork for disaster readiness among individuals with disability.

Planning and preparing for an emergency can increase individuals’ safety and instill a sense of independence by being able to take care of their self and their loved ones during an emergency. Emergency preparedness involves the following: 1) be informed; 2) make a plan; 3) assemble a kit; and, 4) maintain the plan and kit (FEMA, American Red Cross Preparing for Disaster for People with Disabilities and other Special Needs). People reduce their and their family’s risk of being hurt or worse during an emergency by being prepared during the advent of a disaster. Preparation at the individual level is the primary focus where emergency preparedness can work and allow for improved aid and service from emergency responders and disability service providers when needed. Through these efforts, we anticipate that a person with an access of functional need does not rely on the “wait-for-help” practice; yet, is active through the entire emergency preparedness process.

Montana and Disability Health Program 2012-2013

Strategic Plan: Emergency Preparedness

Purpose
The outcome of this packet is to improve communications that promote the involvement and safety of persons with access and functional needs during emergency preparedness, action, and recovery.

This development and dissemination of this packet aligns with the Montana Disability and Health Strategic Plan’s (2012-2015) General Outcome Goal:

Reduce/eliminate disparities experienced by populations with disabilities in Montana and to improve/promote/maximize emergency preparedness.
This goal also aligns with the Intermediate Outcome Goal to Improve Access to Community Environments, and the related SMART Objective 4A:

Through June 30, 2015, support the Emergency Preparedness program of the MDPHHS and its partners (Montana Disaster and Emergency Service and Hospital Preparedness Program) to assure that Montanans with disabilities are adequately represented in state and county Emergency Preparedness (EP) plans.

MTDH partners identified four key strategies for achieving this objective:

1. Build capacity of the MTDH program and partnerships.
2. Reach out to partners.
3. Improve access to community environments, ensure civil rights of persons with disability, and improve community planning to optimize resilience of the disability community (e.g. emergency preparedness).
4. Improve community planning to optimize resilience of people with disability for emergency preparedness.

Rationale

A National Preparedness Goal was adopted in September 2011 and establishes the 35 core capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk. Threats to human health and national health security in Montana include: avalanches, chemical/biological warfare, dam failure, drought and extreme heat, earthquakes, floods, hazardous materials, landslides, nuclear attacks, tornadoes, vector-borne diseases, violence and terrorism, volcanic fall out, and wildfires.¹

MTDH will support Montana’s Emergency Support Function (ESF) #8 partners to take a “Whole Communities” approach to prevent, protect against, respond to, mitigate, and rapidly recover from these threats’ while attending to the needs of At-Risk/Special Populations (ARSP), defined as “those with critical functional health needs that are beyond their capability to maintain during an emergency.”²

Tactics/Activities

MTDH Staff

- Partner with existing networks to assist persons with disabilities to:
  - Create a personal support network or self-help team that can help identify needs and obtain necessary resources for meeting those needs during and after an emergency, and
  - Create a personal emergency preparedness plan.

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¹ Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness
² Public Health Preparedness Capabilities, National Standards for State and Local Planning
Montana Department of Public Health and Human Service (MTDPHHS) Staff

- Develop tools and materials to assist local administrators in accomplishing deliverable goals.
- Identify and commit public health personnel for ARSP emergency preparedness/awareness training.
- Provide EP information to special, vulnerable, and at-risk populations that have disabilities or are vulnerable due to age.
- Collect information that:
  - Identifies strengths, weaknesses, and gaps in EP efforts in local communities;
  - Demonstrates work already done at the local level for ARSP.
- Assure that a description of how Local/Tribal Health Departments will serve ARSP in the event of an emergency is included in all emergency response plans.
- Assure that all Local/Tribal Health Department EP plans include ARSP, their caregivers, and service animals.
- Partner with Montanan’s Area Agencies on Aging to address the needs and concerns of older Montanans at the local level.

The tactics and activities of this communications plan include direct target group communication, kick-off events, community events, and advertising and public relations initiatives. These include partner-run and initiated activities, as well as developed inclusive activities and tactics created and implemented by the American Red Cross of Montana, Department of Homeland Security and FEMA partnership. We will maintain consistent communication with our partners to support, expand and track activity and dissemination efforts.

In addition to collaborating with our partners to promote inclusive adapted emergency preparedness materials and training using a function-based approach, we plan to execute additional efforts. These include the following:

1) Increase awareness of emergency preparedness planning and resources for persons with disabilities;
2) Adopt a function-based approach to develop emergency preparedness materials for people with access and functional needs;
3) Promote involvement of persons with disabilities in the planning stages of emergency preparedness training to better enable responders to meet the needs of those who may require assistance in the advent of an emergency situation;
4) Facilitate change using what FEMA describes as the “6x6” rule to promote the materials and resources six times in six different ways to reach the target audience;
5) Use SurveyGizmo to develop a community outreach and media activity tracking form to report the number, type, and dates of activities promoting inclusive emergency preparedness planning and training;
6) Conduct accessibility assessments at designated general population shelters to determine compliancy with ADA accessibility guidelines (ADAAG);
7) Disseminate information for local accessible shelters using the above described “6x6” rule;
8) Print and mail out “Inclusive Emergency Preparedness Interest” card to provide and re-supply American Red Cross of Montana materials to our current and potential partners to use during their existing trainings and events;
9) Develop radio public service announcements using the CDC/AIR MP3 audio files of emergency and disaster survivors testimonies;
10) Conduct an informal survey in Montana to assess the degree of a function-based approach to emergency planning in public health Emergency Operations Plans (EOP);
11) Provide developed materials for an inclusive EOP to public health programs to support accessibility for all staff;
12) Develop a Montana tribal-based Emergency Preparedness website with state-wide resources for emergency preparedness planning, resources, locations of accessible shelters, and link to the American Red Cross of Montana site where all the materials would be available for download;
13) Generate original news articles that can be published with the Functional Approach Emergency Preparedness advertisements in various magazines and newsletters;
14) Place Functional Approach Emergency Preparedness media on public buses in the form of interior transit queens; and
15) Provide special focus on health fairs, media outlets and events that will reach tribal populations within Montana.

An official kick-off of the health communications plan will take place during the Emergency Preparedness month (September) of 2013 (this is contingent upon receipt of the materials) and punctuated campaign promotion and materials dissemination will take place in October-November of 2013. This will include press releases, kick-off and special events, and media blitzes.

<table>
<thead>
<tr>
<th>AREA</th>
<th>PARTNERS</th>
<th>STRATEGY 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td><strong>MT ARC, MT DES</strong></td>
<td>Leverage locals sports, art, health and community events to promote and highlight emergency preparedness messages;</td>
</tr>
<tr>
<td>Statewide</td>
<td><strong>MT DPHSS</strong></td>
<td>Engage emergency and disaster survivors with physical, sensory, or developmental disabilities, local celebrities and health care service providers.</td>
</tr>
<tr>
<td>Missoula, Missoulian Service Area</td>
<td>Summit, Missoulian, MTDH, School of Journalism</td>
<td>Highlight community event in local newspaper (Front page news story in the Missoulian).</td>
</tr>
<tr>
<td>Statewide</td>
<td>SUMMIT ILC, MILP, NCILS, LIFTT, MTDH</td>
<td>Reach regional emergency response management teams one-on-one through the credible channels/associations that traditionally communicate to them.</td>
</tr>
<tr>
<td>Statewide</td>
<td>SUMMIT ILC, MILP, NCILS, LIFTT, MTDH, MT and local DES</td>
<td>Build relationships with regional disability service providers and response management teams so that they will disseminate information to persons with disabilities and also become more informed on the issue.</td>
</tr>
<tr>
<td>Statewide</td>
<td>SUMMIT ILC, MILP, NCILS, LIFTT, MTDH, MT and local DES</td>
<td>Increase awareness among persons with disabilities, emergency responders, and disability service providers of the importance of adopting a functional approach to emergency preparedness.</td>
</tr>
</tbody>
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**Logic Model**

Acknowledge that all impairments, disabilities, and health problems are dynamic experiences. In interaction with environmental barriers, these factors result in more isolation and less community participation for people experiencing them. Removal of such barriers is one way to support people with long-term disability and chronic conditions to live more independent lives and to find the resources they need to be healthier. Adding design features that facilitate community participation is a proactive strategy that is often a direct outcome of people with disabilities’ involvement in community planning.

**Partners**
This publication was developed in collaboration with the Montana Disability and Health Program, FEMA, American Red Cross of Montana, Montana Department of Public Health and Human Services, the Centers for Independent Living, and the Montana Primary Care Association.

**Primary Partners:**

- Department of Homeland Security
  - FEMA
- U.S. HHS
  - Centers for Disease Control and Prevention
  - HRSA
- Montana Disasters and Emergency Services
- Local and Tribal Disasters and Emergency Services
- Montana Department of Public Health and Human Services
  - Murphy, Jim. Communicable Disease Control and Prevention Bureau:
    - Public Health Emergency Preparedness
    - Hospital Emergency Preparedness
Secondary Partners

We have also established relationships with partners that we consider to be “secondary partners” because their service areas are specifically statewide or in select counties of this region. We will provide opportunities to collaborate with and support these secondary partners in training and materials dissemination efforts. This list will change for each county region that dissemination occurs based on existing organizations and community-based groups. In addition, we will have a list of additional dissemination sites within Montana that will be compiled from our regional research and with input from our primary and secondary partners. These sites are expected to provide additional dissemination opportunities to reach our target audiences in Montana.

- Four Montana Centers for Independent Living
- Representatives from Centers for Independent Living (CILs)
- Developmental disability service programs
- Disability advocacy organizations
- Disability & Health Community Planning Group (DHCPG)
- Affordable Housing
- Other CDC Disability and Health State Grantees

Tertiary Partners
Inclusive Emergency Preparedness for Individuals with Disabilities, Emergency Responders, and Disability Service Providers

A plethora of emergency preparedness resources that target people with an access of functional limitation have been made available to the public. Materials range from a general disability framework to a more specific and context-based framework where different checklists are given based on the type of disability, context, situation, or emergency. The following section covers the basic content of different emergency preparedness guidelines and plans in relation to people with disabilities.

Resources for Individuals with Disabilities / Disability Service Providers

**American Red Cross**

Materials for the American Red Cross (http://www.redcross.org/prepare/location/home-family/disabilities) include separate resources for people with disabilities such as a two-part training titled “Serving People with Disabilities Following a Disaster” and disaster plan checklist. The checklist includes questions for general emergency contact information and pet information, plans of action for likely disasters to impact the individual, escape routes from home, emergency meeting place near home if separated from others, emergency meeting place outside of the neighborhood if evacuation is required, and emergency contact information of someone outside of the immediate area. The checklist also provides questions on general escape route information, general evacuation questions for child(ren), location of where in a home is a person’s “shelter in place” where the “shelter” is considered accessible and safe, and includes emergency broadcasts for instructions. Last, the checklist provides questions on family member responsibilities. A family member is assigned to the following tasks: disaster kit, be informed, family medical information, financial information, pet information, sharing and maintaining the plan, and other information. The (http://www.redcross.org/prepare/location/home-family/disabilities) general guidelines for disaster preparedness for people with disabilities focuses on disability status in general.
Public Safety Canada

Public Safety materials for Canada (http://www.getprepared.gc.ca/index-eng.aspx, 2010) covers separate emergency preparedness guidelines and plans for people with disabilities and special needs. An inclusive disaster plan checklist is given that covers what the person is able to do (i.e., “I am able to hear, see, walk without help, etc.”, p. 26) and is not able to do so an emergency responder can better assist someone during an emergency. The checklist also includes personal information such as, if applicable, name(s) of doctors, prescription number and purpose, equipment use, sanitary aids, allergies, diet, general pet care, general information of emergency contacts from one’s personal support network.

The Personal Safety for Canada (http://www.getprepared.gc.ca/index-eng.aspx, 2010) guidelines includes additional items checklists based on the type of disability. Tips are given based on special needs: mobility, non-visible disabilities, hearing, vision, seniors with a disability/special need, and high rise safety. For example, a person with a visual disability, additional items include having an extra white cane that is longer in length. For emergency responders, focus is given on individual needs based on their disability. In the same example for a person with a visual disability, an emergency responder would be asked to draw an “X” on the back of the individual to indicate that they can help.

Federal Emergency Management Administration

FEMA Smartphone App

FEMA Smartphone App (http://go.usa.gov/ZAYV) contains an interactive emergency kit list, emergency meeting location info and more to help you get started. It’s available for Apple, Blackberry and Android devices. Increase your technological know-how by joining the text message program (http://go.usa.gov/ZAYH) to receive regular safety tips for specific hazards and to search for open shelters and disaster recovery centers. The App has a new Disaster Reporter feature (http://go.usa.gov/ZAg4) where you can take and submit GPS photo reports of disasters so they can be displayed on a public map for others to view.

National Council on Disability

The National Council on Disability (http://www.ncd.gov/policy/emergency_management, 2009) provides emergency preparedness information for people with disabilities in general emergency management situations. Scenarios are discussed based on type of hazard/disaster (e.g., natural, technical, or terrorist), geographic area (e.g., urban, rural), situational concerns (e.g., high-rise buildings), type of disability (e.g., mobility, sensory, development/cognitive, intersecting disabilities), understanding “disability” does not necessarily mean “incapacitated”, and implications for emergency management practice. Following the scenarios section is the
preparedness section. Topics cover preparedness in general, during the planning and training phase (e.g., inclusive and participatory), warning systems that reach everyone, evacuation planning (e.g., rapid onset evacuation, sheltering made accessible), and ends with recommendations for research, practice, and policy. The resource also includes content that covers information during and after an emergency.

**National Organization on Disability**

The National Organization on Disability (NOA) (http://www.nod.org/research_publications/emergency_preparedness_materials/for_people_with_disabilities/) provides emergency preparedness materials for differing situations that include mobility, sensory, development or cognitive, and owners of service animals.

A NOA guide is also available for emergency managers, planners, and responders to better assist, and meet the functional and access needs people with disabilities may require during an emergency (http://nod.org/research_publications/emergency_preparedness_materials/, 2009). The NOA focus on specific efforts for emergency responders to better assist people with disabilities. General areas include working at the community level, understanding new legislation and policies, the importance of developing a partnership and involve the disability community, communication strategies, evacuation planning, service animals and pets, and the inclusion of people with disabilities in all phases of an emergency.

**Substance Abuse and Mental Health Services Administration**

The Substance Abuse and Mental Health Services Administration (SAMHSA) (http://www.samhsa.gov/dtac/dbhis/dbhis_pfan_intro.asp) provides access and functional needs resources aimed for individuals with disabilities, emergency responders, and service providers. Links to resources for emergency managers and responders provide recommendations for accessible emergency shelters. Providing accessible cots, providing extra food for service animals, and training staff to contact appropriate disability agencies (http://www.citycent.com/dp2/shelters.htm) are a few examples for creating an accessible shelter for all individuals. For service providers, links to resources cover communications after a disaster and information on resources, policies, and access to specific care needs before and after a disaster. Last, links to resources are given for persons with a disability. One resource covers role relationships (e.g., personal networks, neighbors) and the benefit of strengthening neighborhood connections. A separate resource is available for people who are deaf or hard of hearing with information that covers American Sign Language tutorials, information on emergency communication systems, and the importance of emergency kits and plans. A short pamphlet discusses recommendations to ensure personal readiness for persons with a
disability. Last, a resource is provided on recommendations for creating an emergency kit for people with functional needs. (http://www.samhsa.gov/dtac/dbhis/dbhis_pfan_bib.asp#first)

**National Center for Accessible Media**

The National Center for Accessible Media (NCAM) (http://ncam.wgbh.org/invent_build/analog/alerts/) discusses access to emergency alerts for persons with a disability. Information requirements for emergency alerts must encompass a multi-modal accessible message where messages must be made available in text, audio, image or other visual, and multiple languages that are appropriate to the needs of the individual recipients. Furthermore, appropriate language for comprehension by the at-risk audience is required and text must be in an accessible font, contrast, etc. during a presentation.

**Additional Resources**

For additional information on inclusive emergency preparedness, please visit Emergency Preparedness at the Montana Disability and Health website: http://mtdh.ruralinstitute.umt.edu/