Background

Traditionally, disaster planning, prevention, and safety measures have been designed for people without disabilities. This holds true in the face of a lack of empirical data on the safe and efficient evacuation of persons with disabilities in disaster planning. Many emergency services departments at the community level are unprepared to assist people with physical disabilities through the potentially devastating natural and technological disasters that regularly occur in this nation (White, G. W., Fox, M.H., Suchowierska, M., & Rowland, J., 2002).

Investigators at the Research and Training Center on Independent Living (RTC/IL) at the University of Kansas have recently investigated 30 randomly-selected United States sites that had a Federal Emergency Management Agency (FEMA)-declared natural or man-made disaster during 1998-2003. The goals of this research study included: 1) examining whether local emergency planning and response systems have policies and practices specifically designed to meet the safety and health needs of people with mobility impairments; and 2) identifying emerging and best practice models for the health and safety of persons with mobility impairments during disasters and emergencies.

Methods

This research focused on county level disaster preparedness and emergency response systems and whether they meet the needs of one segment of the disability population—persons with mobility impairments. For purposes of this research, a person with mobility impairment was defined as someone who has moderate to complete difficulty in walking or moderate to complete difficulty moving around using equipment. (World Health Organization, n.d.). The core of the research was derived from investigators’ phone interviews with the 30 emergency managers of the 30 sites. (See Progress Report #1, Methodology, 1-17-05 for more detailed information on methodology.)

The phone survey’s aim was to determine whether: 1) persons with disabilities were included in local disaster preparedness and emergency response planning efforts; 2) emergency managers received training regarding preparedness and response for persons with mobility impairments; 3) local emergency management plan guidelines were in place to assist persons with mobility impairments; 4) emergency managers were able to assess the prevalence of persons with mobility impairments; and 5) persons with disabilities were included in the local disaster preparedness and emergency response planning efforts.
Research Sites and Disaster Types

The map below depicts the locations of the final sample by region and disaster.

All ten FEMA regions were represented with two or more disaster sites. This sample represents a cross section of disaster types. Twenty of the sites were issued declarations to cover a single disaster, while ten of the sites were issued declarations to cover multiple disaster types occurring during the same time period. The color distinctions in the map above illustrate the disaster types at the 30 sites.

Research Findings

According to Fox, M.H., White, G.W., Rooney, C., and Rowland, J. (2005), the research findings include:

- People with disabilities either were not represented or had minimal representation in the emergency planning process.

- The (G197) FEMA Emergency Planning and Special Needs course pertaining to people with disabilities appears useful in increasing site awareness, though only 27% of
emergency managers reported completing it.

- Only 20% of the emergency managers reported having specific guidelines in place to assist people with mobility impairments during emergencies.

- The surveillance efforts of emergency managers to identify persons with mobility impairments are weak.
  
  - 57% of emergency managers did not know how many persons with mobility limitations lived within their jurisdiction.
  - Of those who claimed to know, most gave broad estimates based on unreliable sources.
  - 18% of counties used Census or self-reported registries to identify this figure more accurately.
  - 27% of the sites used Census or self-reported registries to identify this figure more accurately.
  - Among counties having this figure, the data were primarily used for planning purposes—shelter, education, evacuation, and so on.

- Among jurisdictions not having specific details or guidelines in place, all told us that they were important to have and expressed the following reasons why.

  “Every person’s life is important….” “I have never seen a publication that would address many of these impairments….” “We have it, just not in our particular plan…covered in council on aging and human resource protocols.” “It’s a fact of life. They are out there, they need assistance, and you’ve got to address it.”

Nobody Left Behind: Disaster Preparedness for Persons with Mobility Impairments is a three-year research study funded by a grant to the Research and Training Center on Independent Living at the University of Kansas, from the Centers for Disease Control and Prevention through the Association of Teachers of Preventive Medicine, TS#-0840.

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Any opinions expressed are of the authors and not necessarily those of the funder.

Citations:


U.S. Fire Administration, produced by TriData Corporation under subcontract to Ogilvy Public Relations Worldwide for the U.S. Fire Administration. (October 1999). Fire Risks for the Mobility Impaired. Emmitsburg, MD: Author. 16825 S. Seton Ave., Emmitsburg, MD 21727

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