

Dangers in disaster evacuation

What does APS need to know?



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Dangers in disaster evacuation

What does APS need to know?

Disasters are increasing in frequency, intensity and duration. People with disabilities and older persons are disproportionately impacted during disasters and this impact includes an increase of abuse that is well known but rarely discussed.

The role of Adult Protective Services is underappreciated however there are simple strategies that can significantly improve the safety and positive outcomes for disaster impacted people with disabilities and older persons.



Introduction



Message from the NAPSA director:

This webinar will help you recognize some of the hidden dangers that come with sheltering and responding to the unique needs of persons with disabilities during disasters.

And, it will clarify why APS professionals need to be part of every state and community's planning for disasters. I am so glad you have chosen to learn more about this important topic.

Lori Delagrammatikas
Executive Director



World Institute on Disability



The World Institute on Disability (WID) was co-founded in 1983 by Ed Roberts, Judy Heumann and Joan Leon.

Thanks to a MacArthur Fellowship “Genius Award” given to Ed, WID was the world’s first public policy center controlled by people with disabilities, dedicated to the promotion of independence and full inclusion in society of people with disabilities and committed to public education and to converting policy into action.



Board Resource Center (BRC)

Making Complex Ideas SimpleSM

*We work
toward an
interconnected
world where
people with
disabilities live
safe, valued
and self-
determined
lives.*

BRC was founded in 1994 to provide consultation, training and develop effective tools to increase full community inclusion for people with disabilities.

Focus areas include advocacy, self-determination through the life span, inclusive emergency preparedness and personal health and safety.



Objectives

Understand:

1. Frequency, intensity and duration of disasters
2. Increases in abuse and neglect throughout the disaster cycle
3. APS role in serving existing and new clients before, during and after disasters

Disproportionate Impact

Children and adults with disabilities and older adults are 2-4 times more likely to be injured or die in a disaster due to a lack of planning, accessibility and accommodation, most are not due to diagnostic labels or medical conditions.

Evacuation and Assistance

According to the Sacramento Bee “Many of the at least 85 people who perished [in the raging Camp Fire](#) on Nov. 8 were elderly, infirm or disabled”.

“There are no statistics that show how many disabled people in the U.S. say they could easily evacuate in an emergency, but around the world, just 20 percent of disabled people say they would be able to do so. Only 31 percent said they would have someone to help them in an emergency, according to a 2013 United Nations [global survey](#)”.



Evacuation and Assistance

Interruption of medical care and disability services were the primary cause of almost 3,000 deaths following hurricane Maria

Almost 15% were attributed to an inability to access needed medications

Almost 10% were caused by unmet needs for respiratory equipment requiring electricity.

Most of these individuals had disabilities related to chronic health conditions.

New England Journal of Medicine , Harvard University and George Washington University



Crisis is an opportunity riding on a dangerous wind

Crisis

危機

Danger

Opportunity

Prevalence

Disability Impacts **ALL of US**

COMMUNITIES



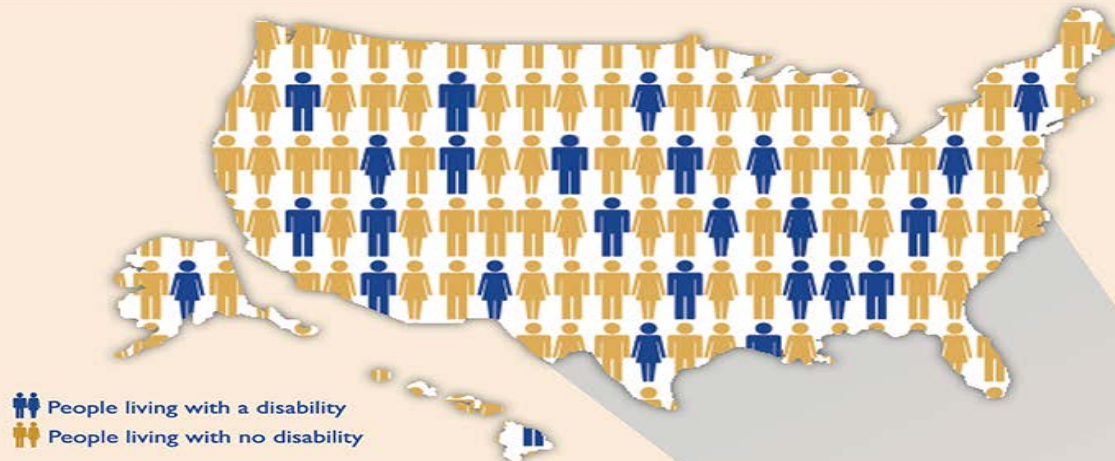
HEALTH



ACCESS



61 million adults in the United States live with a disability



26%
(1 in 4)

**of adults in
the United States
have some type
of disability**

The percentage of people
living with disabilities is
highest in the South



**Join CDC and its partners as we work
to improve the health of people living with disabilities.**

For more information go to www.cdc.gov/disabilities



Disability Definition

Major life activities:

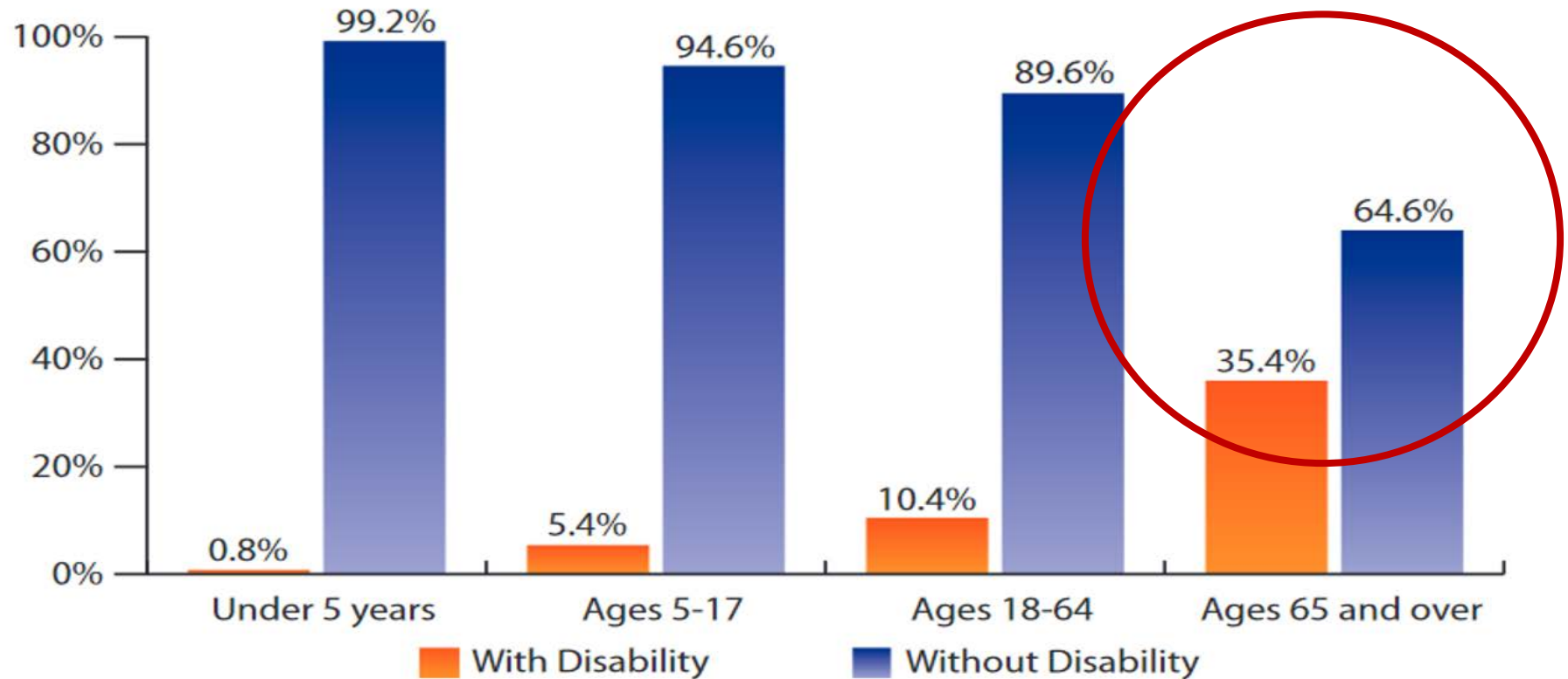
Include but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions :

Include but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

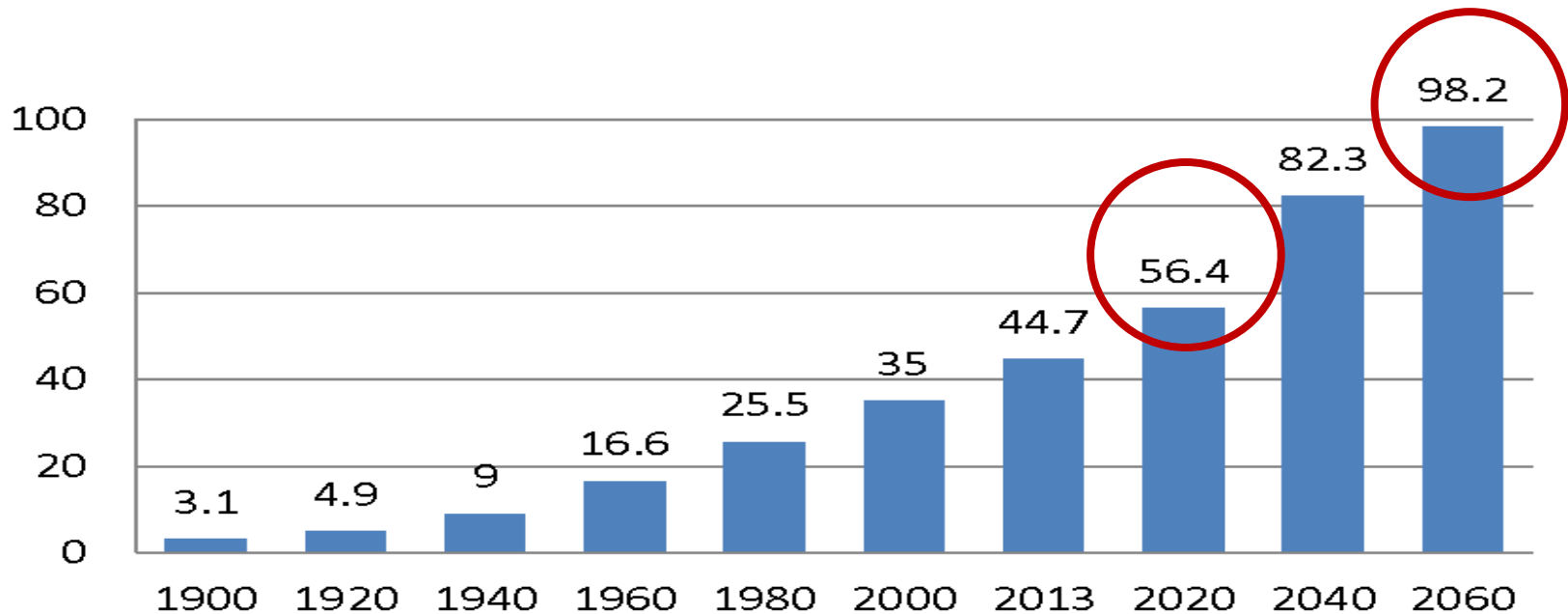


% with Disability Across the Life Span



Population Changes 65 years +

Number of Persons 1900 to 2060 (millions)

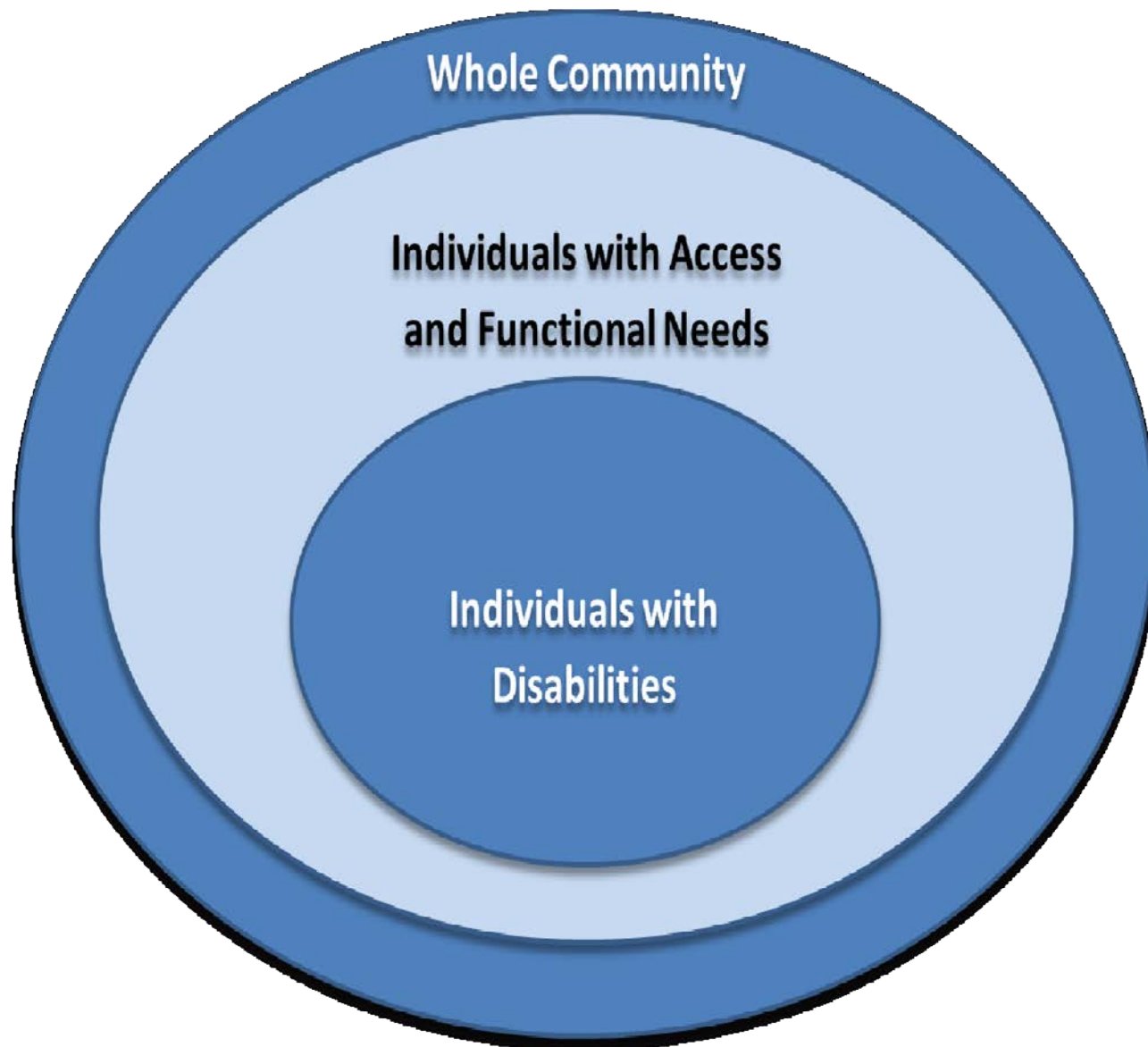


Access and Functional Needs

- Children and adults with physical, mobility, sensory, intellectual, developmental, cognitive, or mental disabilities
- Infants and children without disabilities
- Older adults
- People with chronic or temporary health conditions
- Women in the late stages of pregnancy
- People with limited English proficiency, low literacy or additional communication needs
- People with very low incomes
- People without access to transportation
- People experiencing homelessness
- Others



Whole Community



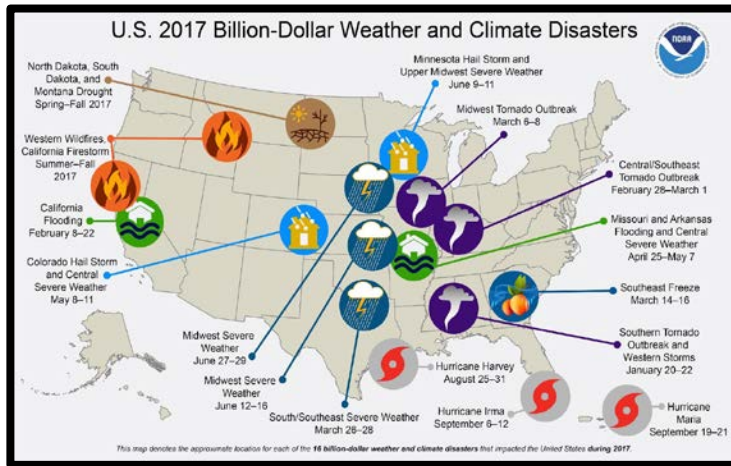
Whole Community Impact

What happens to people with disabilities has a direct impact not only on them but on the rest of the society, especially their families and communities.

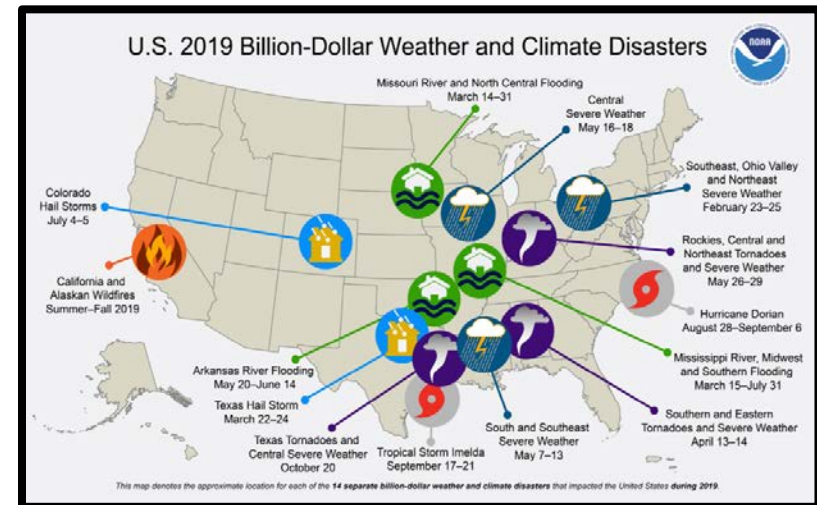
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U.S. 2017, 2018 & 2019 Billion-Dollar Weather and Climate Disasters

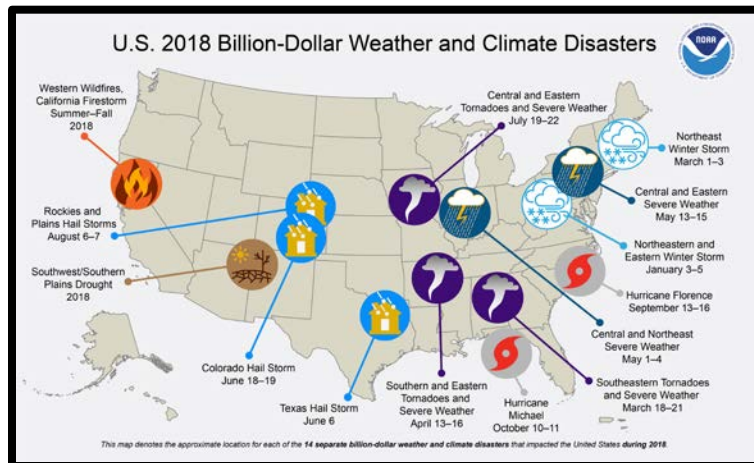
2017



2019



2018



Notice and No-Notice Disasters



Tornado



Fire



Flood



Earthquake



Tsunami



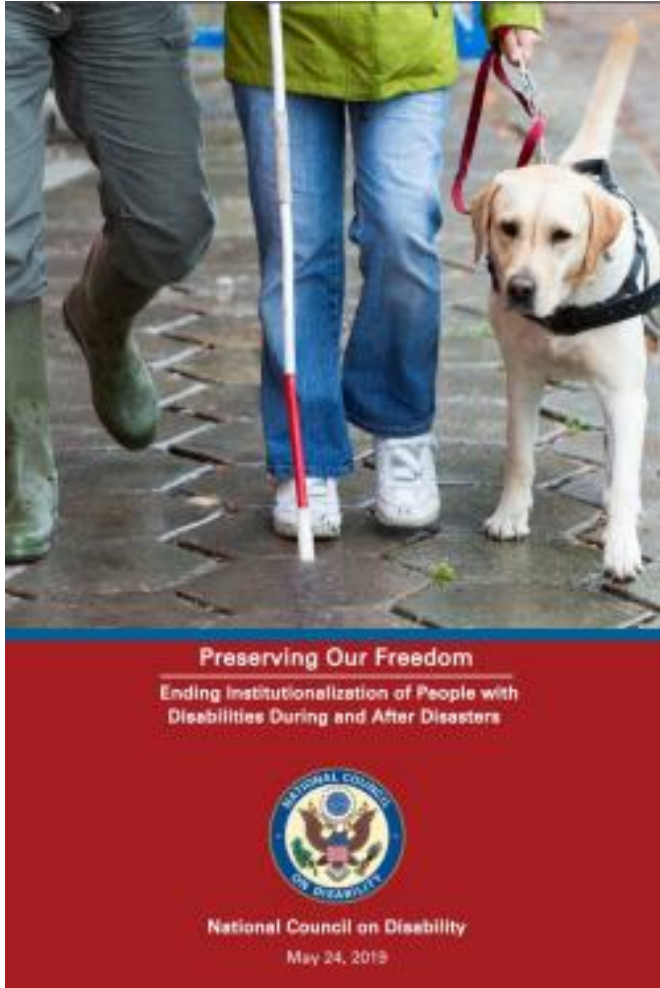
Mud/Rock Slide

Electricity (Life Sustaining Power) Needs



Over 2.5 million people use medical equipment and devices that require electricity (HHS)

Institutionalization and Disasters



Data shows it is more cost-effective to provide community-based services like accessible shelters vs. institutionalization.

Comparing the Cost of Institution vs. Community-Based Services, the average annual expenditure for a state institution was \$188,318 compared to \$42,486 for Medicaid funded home and community-based services.



Case Examples

1. People dropped off at Emergency Room and hotels
2. Abusive situations come to light
3. Existing support system disruption
4. Congregate housing – moved to shelter, staffing issues

Key Question

What makes disasters disproportionately unsafe for people with disabilities/older persons?

Pre disaster homeless issues, sex offender registry issues, complaint process

Key Question

What are the promising practices?

1. Engaging people with disabilities to develop processes utilized in sheltering – inclusive respectful strategies
2. CMIST (Communication, maintaining health, independence, safety, supervision and self-determination and transportation)
3. Inter-agency collaboration (APS/Red Cross/Volunteers)
4. New legislation

Key Question

1. What is the complaint process while in a shelter?

Who is responsible?

2. What are their roles?

FEMA, CMS, HUD, Red Cross, Volunteer Orgs



Key Question

What are the opportunities for APS to contribute to improving outcomes?

Training

Internal and external readiness

Exercises

Stakeholder collaboration

Key Question

How “safety” can become a trap!

Institutionalization – what happens when a person can’t get out after the disaster?

- Strategies to prevent/decrease institutionalization
- Inter-agency collaboration: APS, Independent Living Center Services, Protection and Advocacy, Local agencies
- How do people leave an institution after a disaster?

Key Question

Future Planning:

1. Inclusive community planning: What is the role for APS at the table?
2. What does success look like during evacuation, sheltering and temporary housing?

Federal Law: The Americans with Disabilities Act

- **The Americans with Disabilities Act of 1990** prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.
- In order to ensure compliance, recipients must provide program access, ensure effective communication, and provide physical access for persons with disabilities in developing budgets and in conducting programs and activities.
 - The US Supreme Court decided in it's 1999 Olmstead decision that the Americans with Disabilities Act requires provision of services to individuals with disabilities in the "most integrated setting".



Federal Law: The Rehabilitation Act

- Protects the civil rights of persons with disabilities. It prohibits discrimination on the basis of disability by the federal government, federal contractors, and by recipients of federal financial assistance
- **Any recipient or sub-recipient of federal funds is required to make their programs accessible to individuals with disabilities. Its protections apply to ALL programs and businesses that receive ANY federal funds.**
 - This applies to all elements of physical/architectural, programmatic and effective communication accessibility in all services and activities conducted by or funded by the federal government.



Civil Rights

There are no “waivers” to civil rights obligations
in disasters

Community Resilience

- Resilience is the ability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution, and growth in the face of turbulent change.
- True resilience is only achievable with a full commitment to equal access and whole community inclusion.



REAADI For Disasters Act

HR 3208 & S1755

The Disaster Relief Medicaid Act

S 1754 & HR 3215

www.reaadi.com



2 minute video

<https://youtu.be/THaeYVYQPCw>

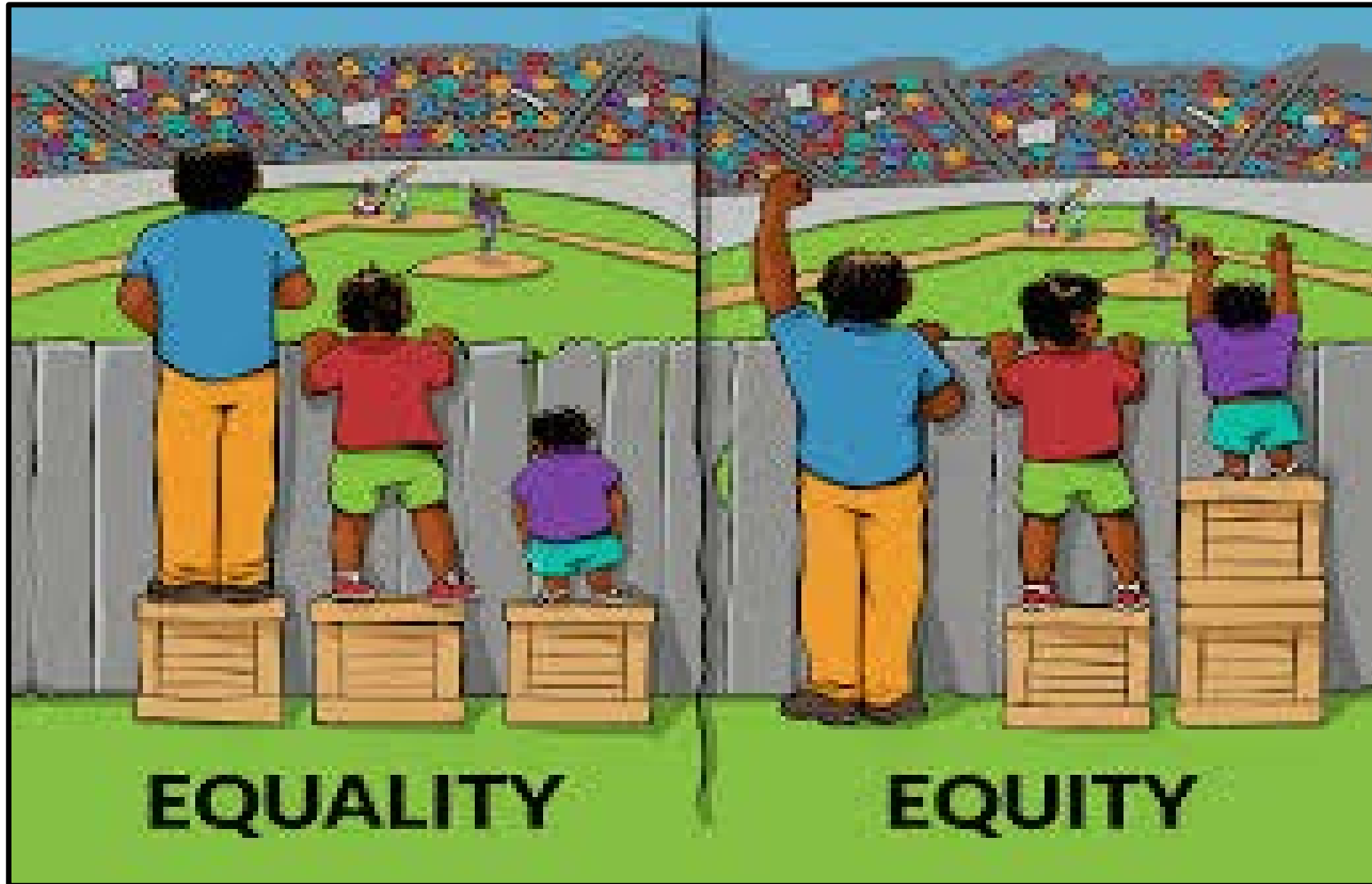


Resources for Disability Inclusive Emergency Planning and Disaster Resilience

<http://www.disasterstrategies.org/index.php/news>

(scroll down to Disability and Disaster Resources)

Equality and Equity





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