Whole Community Inclusion in Medical Countermeasure Dispensing

2013 Southeast Michigan CRI/SNS Workshop

Tuesday, November 12, 2013

Taylor, MI

Public Health
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NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Presenters

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About NACCHO

- The National Association of County and City Health Officials (NACCHO) represents the nation's 2,800 local health departments.
- These city, county, metropolitan, district, and tribal departments work everyday to protect and promote health and well-being for all people in their communities.
- **NACCHO's Mission:**
  To be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

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Figure 1. Appropriations: State Grants for Public Health Preparedness, FY2002 Through FY2012

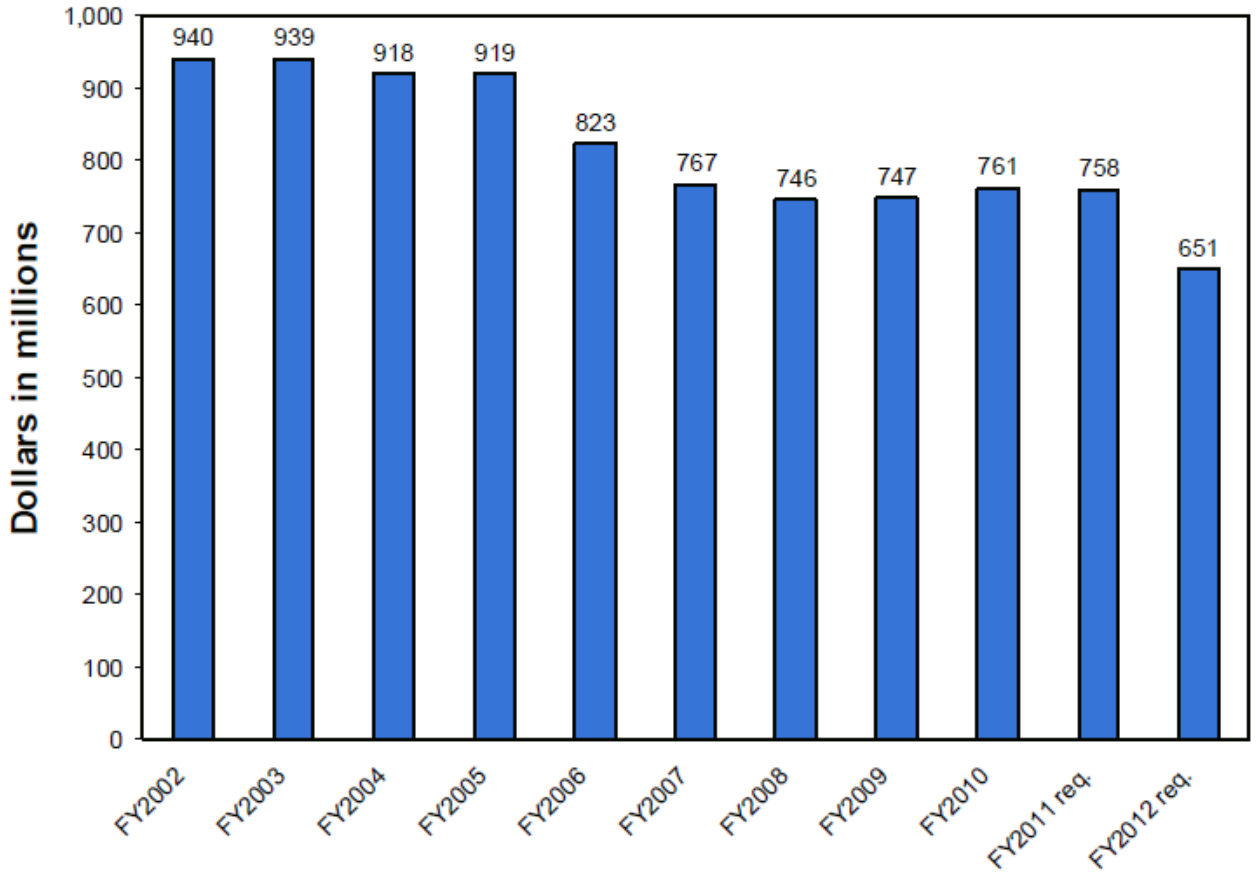

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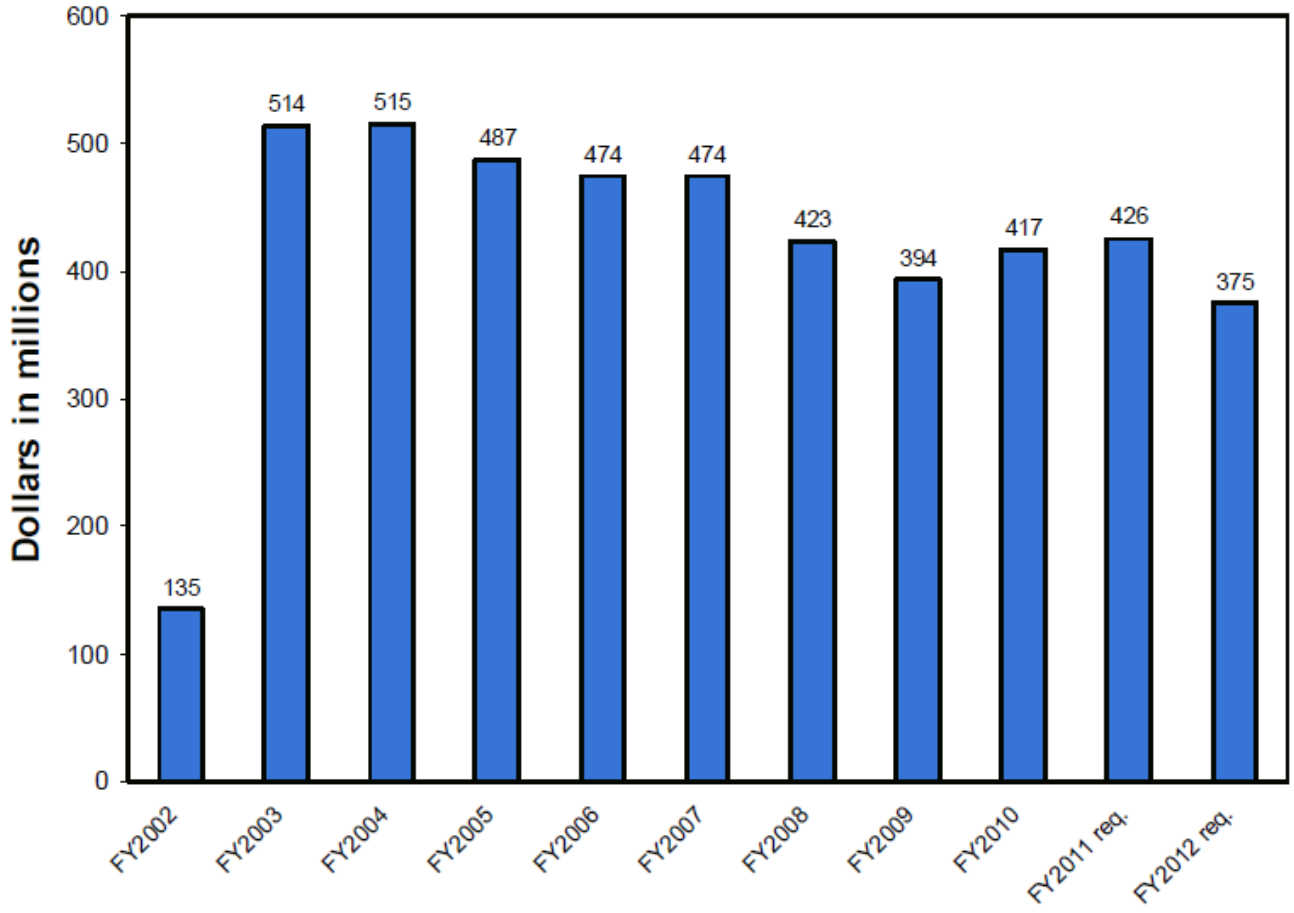
Figure 2. Appropriations: State Grants for Hospital and Health System Preparedness, FY2002 Through FY2012



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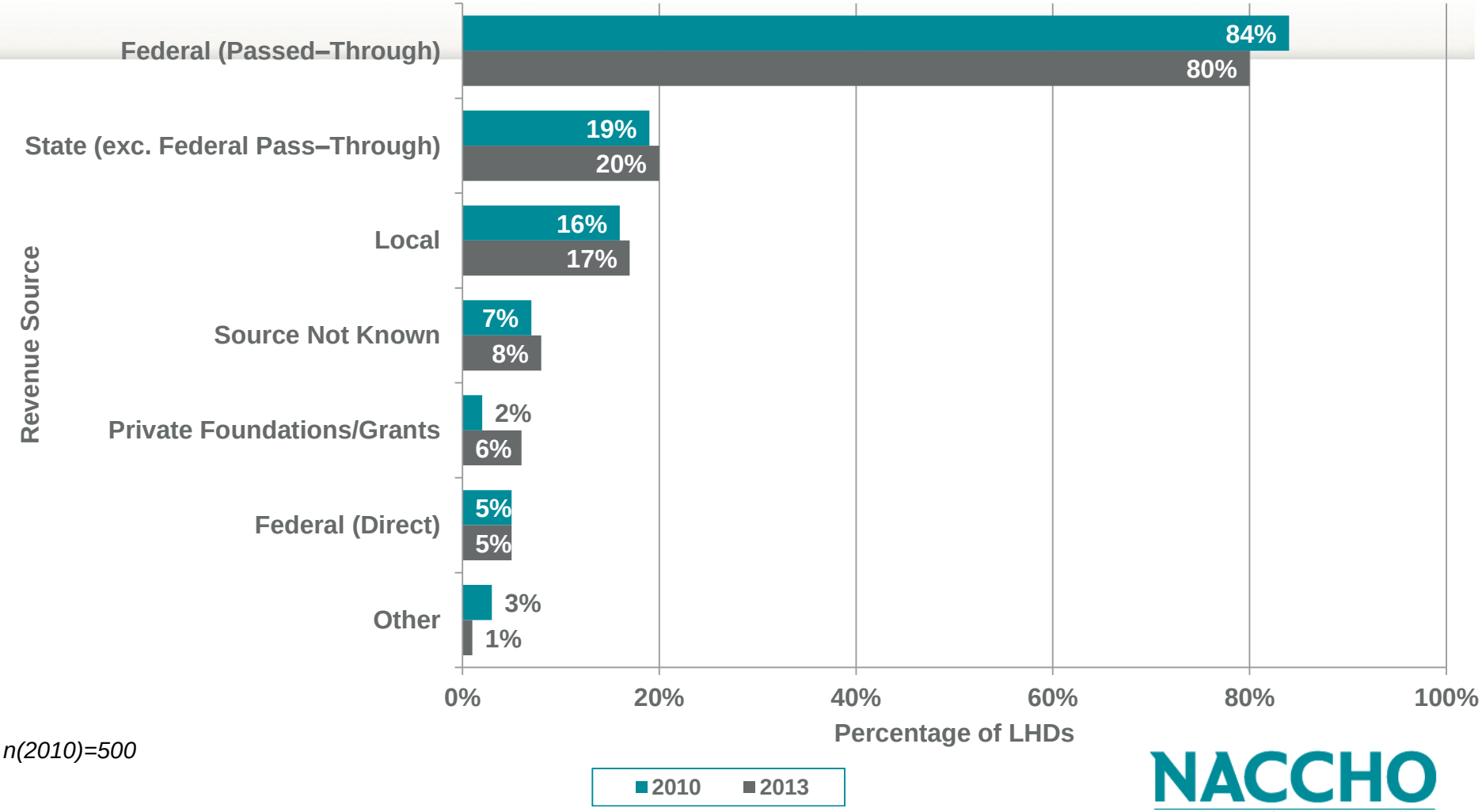
Percentage of LHDs with Specific Sources of Revenue for Preparedness Activities for the Most Recently Completed Fiscal Year (2010 and 2013)



n(2010)=500

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Budget Impact on Local Health Departments

Since 2008, local health departments have lost nearly 44,000 jobs.

In 2012, almost 1 out of every 4 local health department eliminated or reduced services in public health preparedness.

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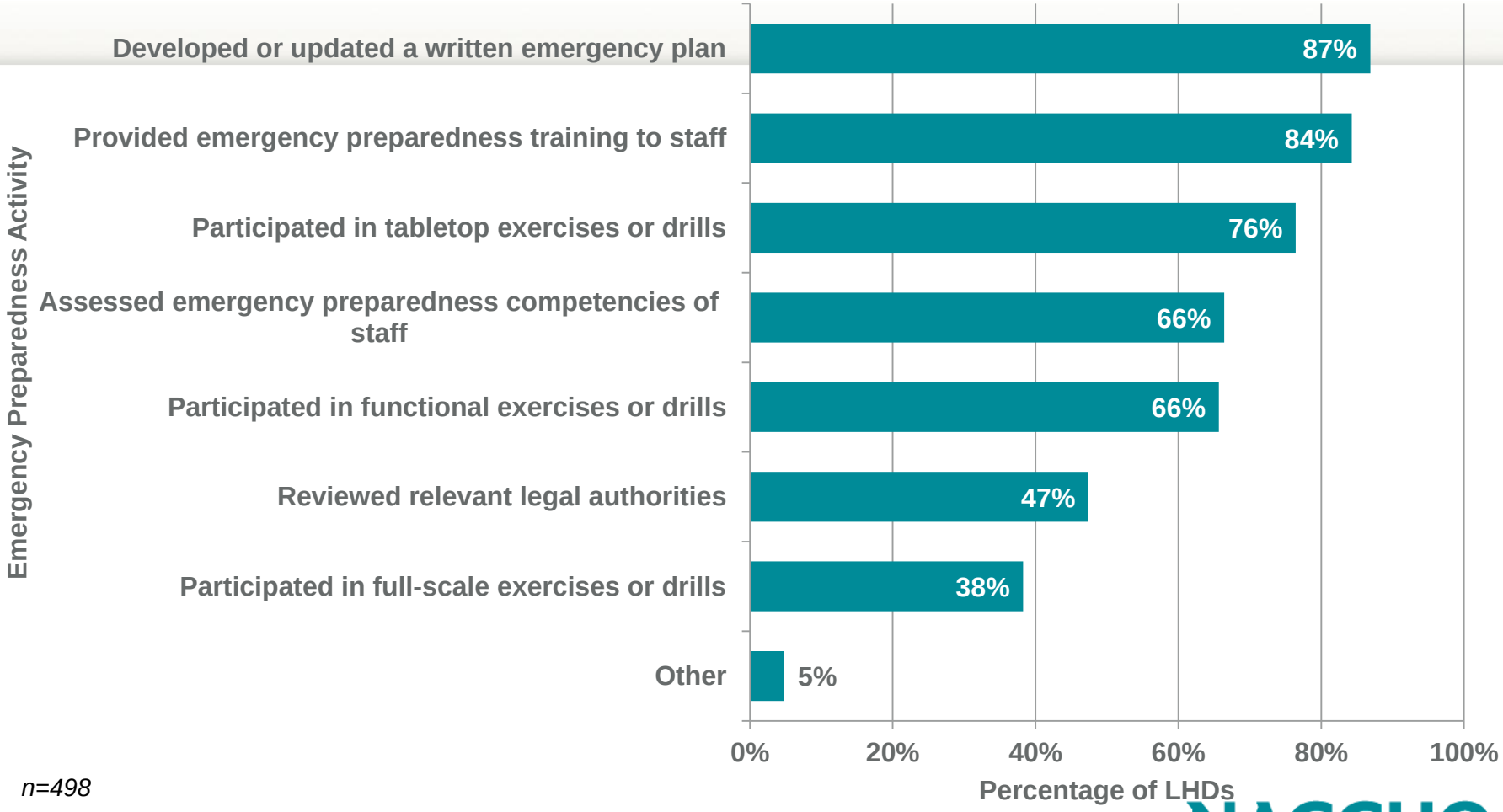
Percentage of LHDs Performing Select Emergency Preparedness Activities Within the Past Year



n=498

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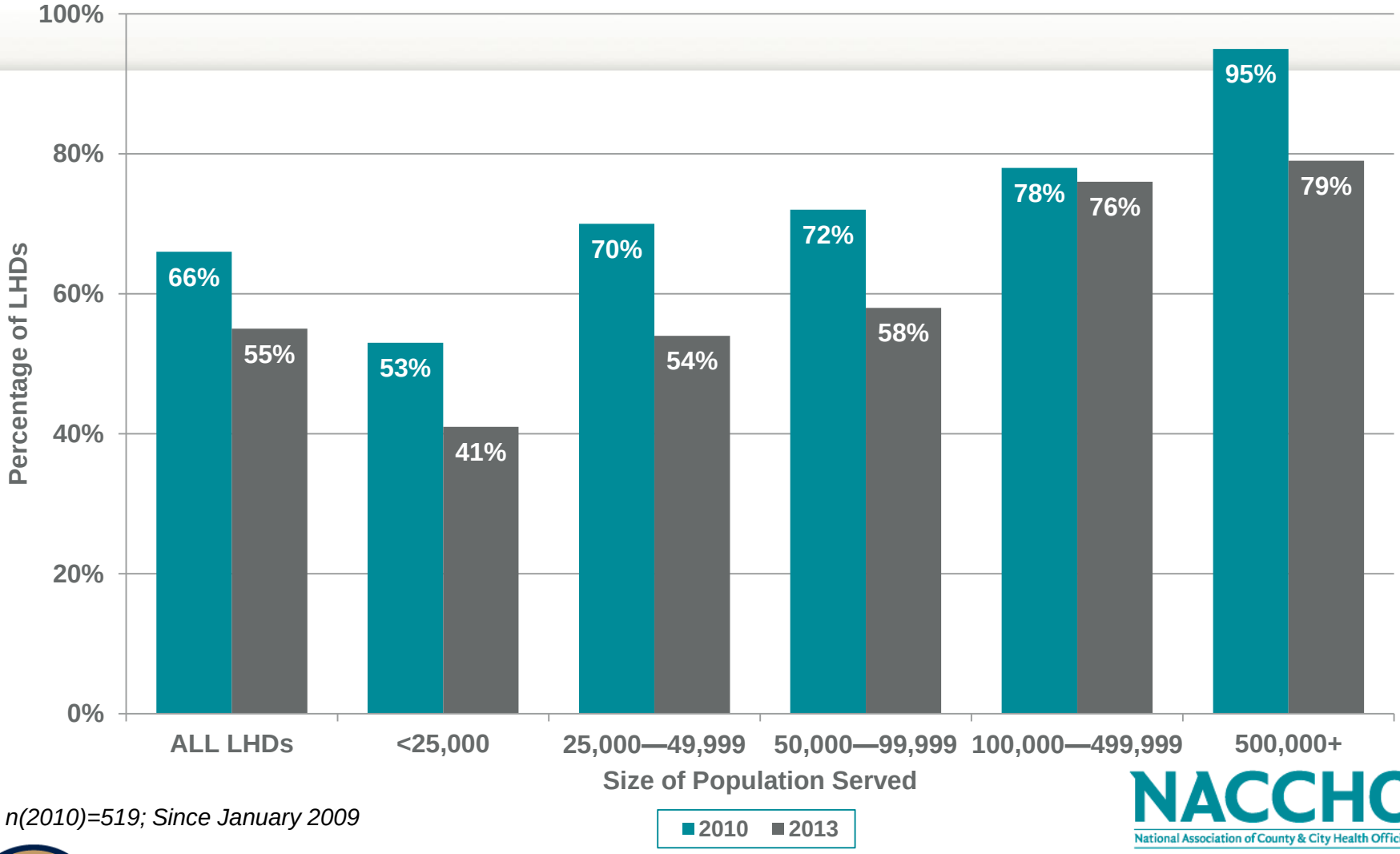
Percentage of LHDs That Responded to an All-Hazards Event (2010 and 2013), by Size of Population Served



n(2010)=519; Since January 2009

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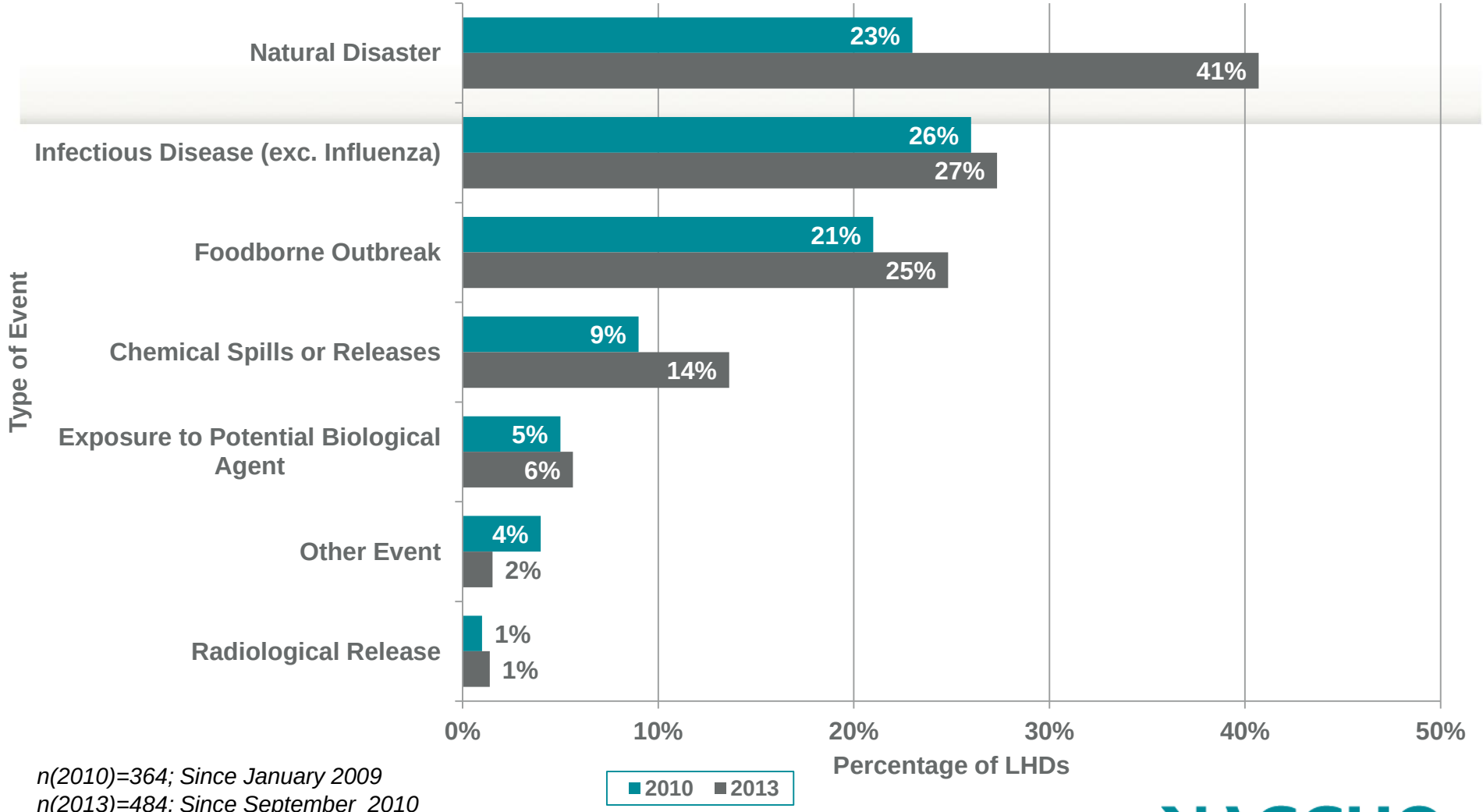
Percentage of LHDs That Responded to a Specific All-Hazards Event (2010 and 2013)



n(2010)=364; Since January 2009
n(2013)=484; Since September 2010

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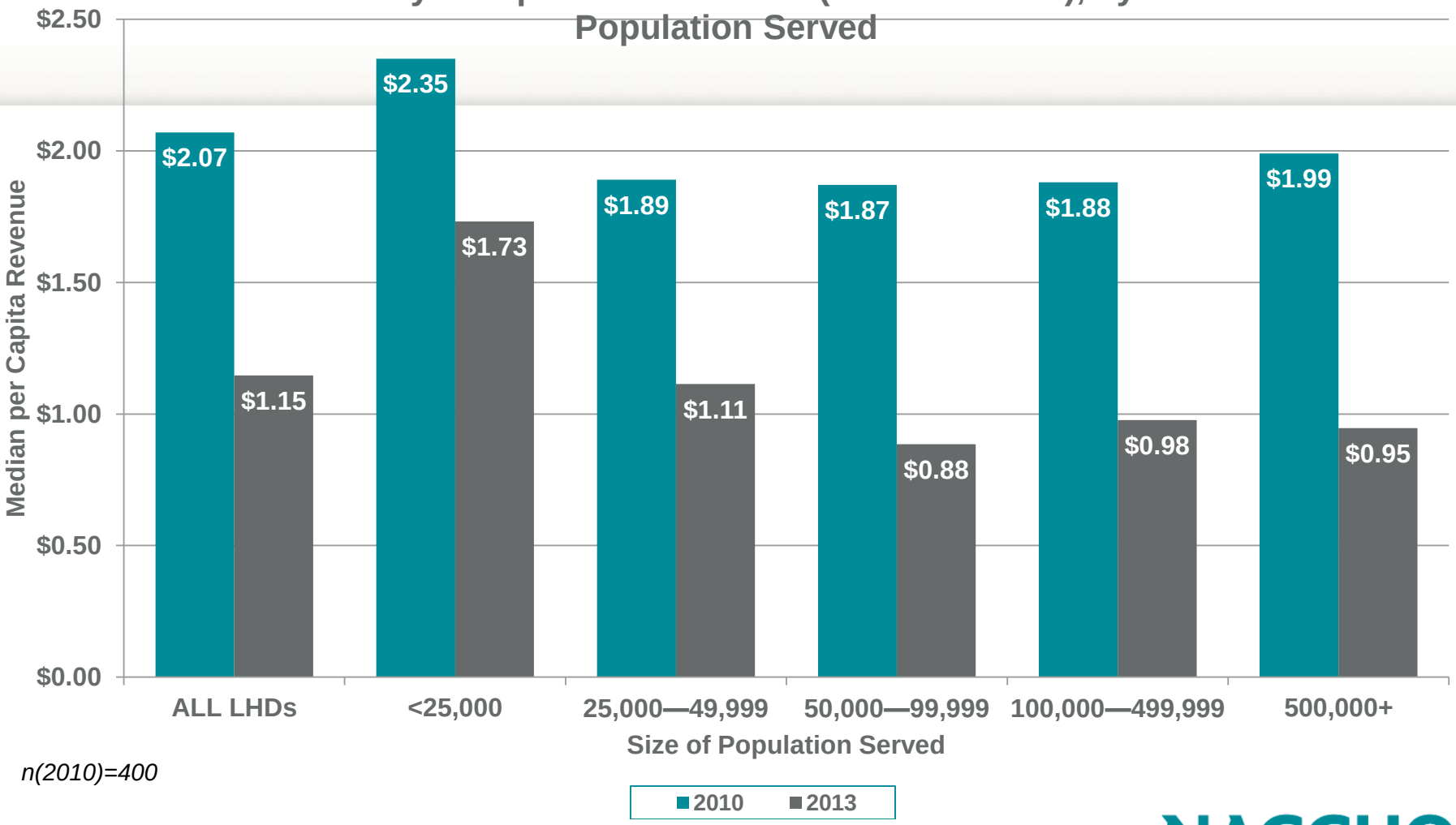
Median Per Capita Revenue for LHD Preparedness Activities for the Most Recently Completed Fiscal Year (2010 and 2013), by Size of Population Served



n(2010)=400

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People with Disabilities

- Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. (World Health Organization)
- Disability does not preclude health
- According to the US Dept of Health and Human Services, an estimated “one in every five people” have some type of disability.
- Approximately 54 million people with disabilities in the United States – number is increasing with the aging population
    - Physical
    - Cognitive
    - Sensory
- Prevention of secondary conditions
    - Obesity
    - Diabetes
    - Tobacco use
- Addressing functional and access needs in emergency or disaster
    - Personal preparedness
    - Integration into community plans

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Health Disparities

- Adults with disabilities are **58%** more likely to be obese than adults without disabilities
- Children and adolescents with disabilities are **38%** more likely to be obese than their peers without disabilities
- **30%** of people with disabilities are current smokers, as opposed to **21%** of people without disabilities
- Fewer women with disabilities have mammograms as recommended than women without disabilities
- Children and adolescents with disabilities are almost **twice as likely** to have unmet oral health care needs as their peers without disabilities (source: Surgeon General)
- Adolescents with disabilities are just as likely as their peers to be sexually active, but are **less likely** to use contraception.
- People with disabilities are unprepared for and often left behind during disaster

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Health Data Sources

www.cdc.gov

Disability and Health Data System (BRFSS data)

www.factfinder2.census.gov

American Community Survey

www.healthypeople.gov

Healthy People 2020

www.surgeongeneral.gov

U.S. Surgeon General Reports

www.disabilityandhealthjnl.com

Disability and Health Journal (AAHD)

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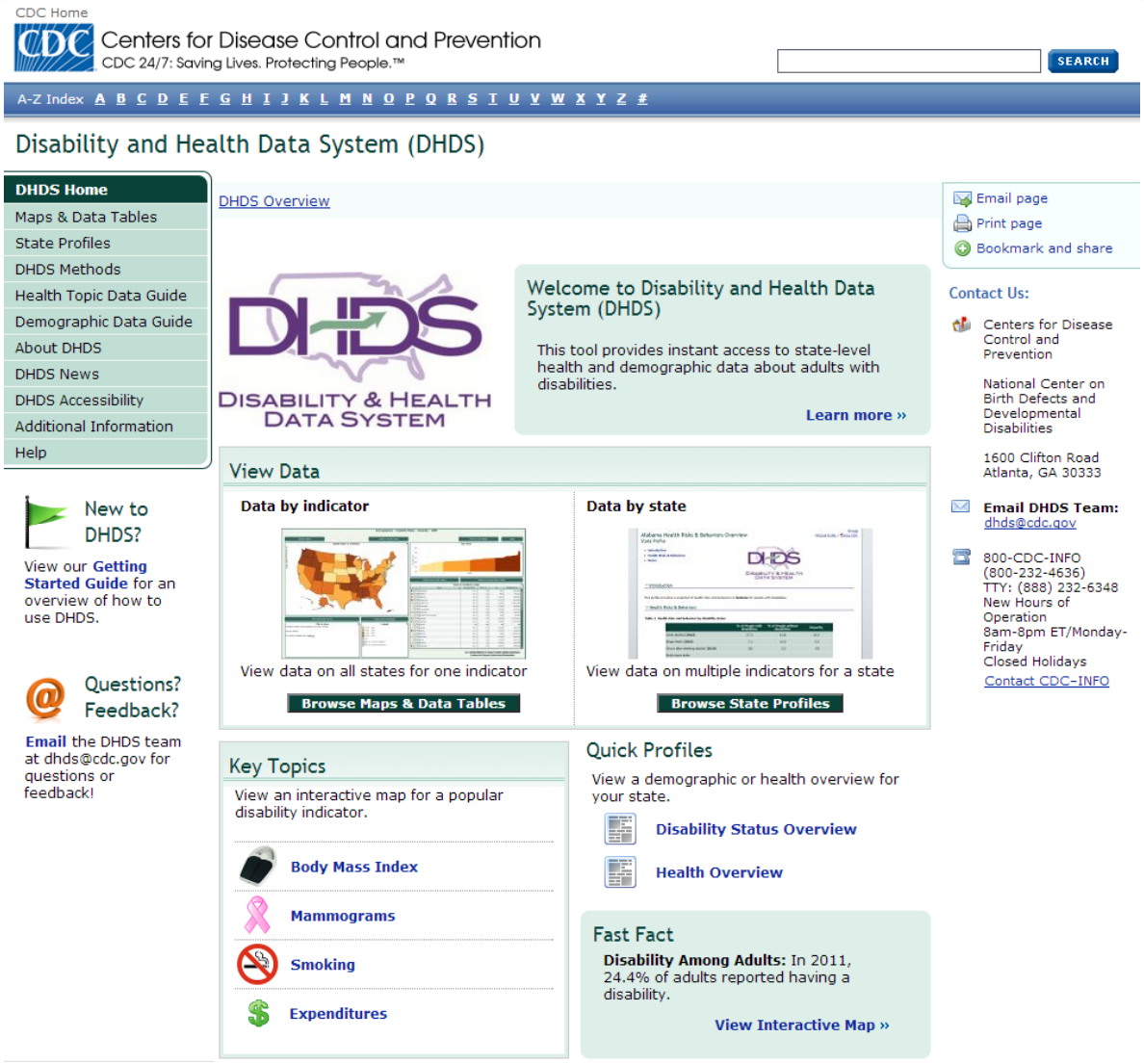
Disability and Health Data System



- Online CDC data tool
- Uses Behavioral Risk Factor Surveillance System (BRFSS) data
- Provides health data on adults with and without disabilities by state
- Provides disability-specific information on a variety of health indicators
- Customizable data tables and maps
- Identify health disparities and opportunities to include adults with disabilities into programs and policies
- dhds.cdc.gov

Michigan Disability Status Overview

State Profile

DISABILITY & HEALTH DATA SYSTEM

Introduction

In **2011**, **27.0**% of adults in **Michigan** reported having a disability, compared with **24.4**% in the **United States and Territories**. The tables in this profile provide information on the percentage of adults with and without disability by age, sex, race/ethnicity, and veteran status. All data are from **2011**.

Age

Table 1. Disability status among age groups

This table shows the percentage of adults in different age groups with and without a disability. For example, in **2011**, **19.0**% of adults 18-44 years of age, **33.6**% of adults 45-64 years of age, and **40.3**% of adults 65 years of age or older had a disability.

	18-44 year olds	45-64 year olds	65+ year olds
Disability	19.0%	33.6%	40.3%
No disability	81.0%	66.4%	59.7%

Sex

Table 2. Disability status among males and females

This table shows the percentage of men and women with and without a disability. For example, in **2011**, **25.3**% of men and **28.6**% of women had a disability.

	Men	Women
Disability	25.3%	28.6%
No disability	74.7%	71.4%

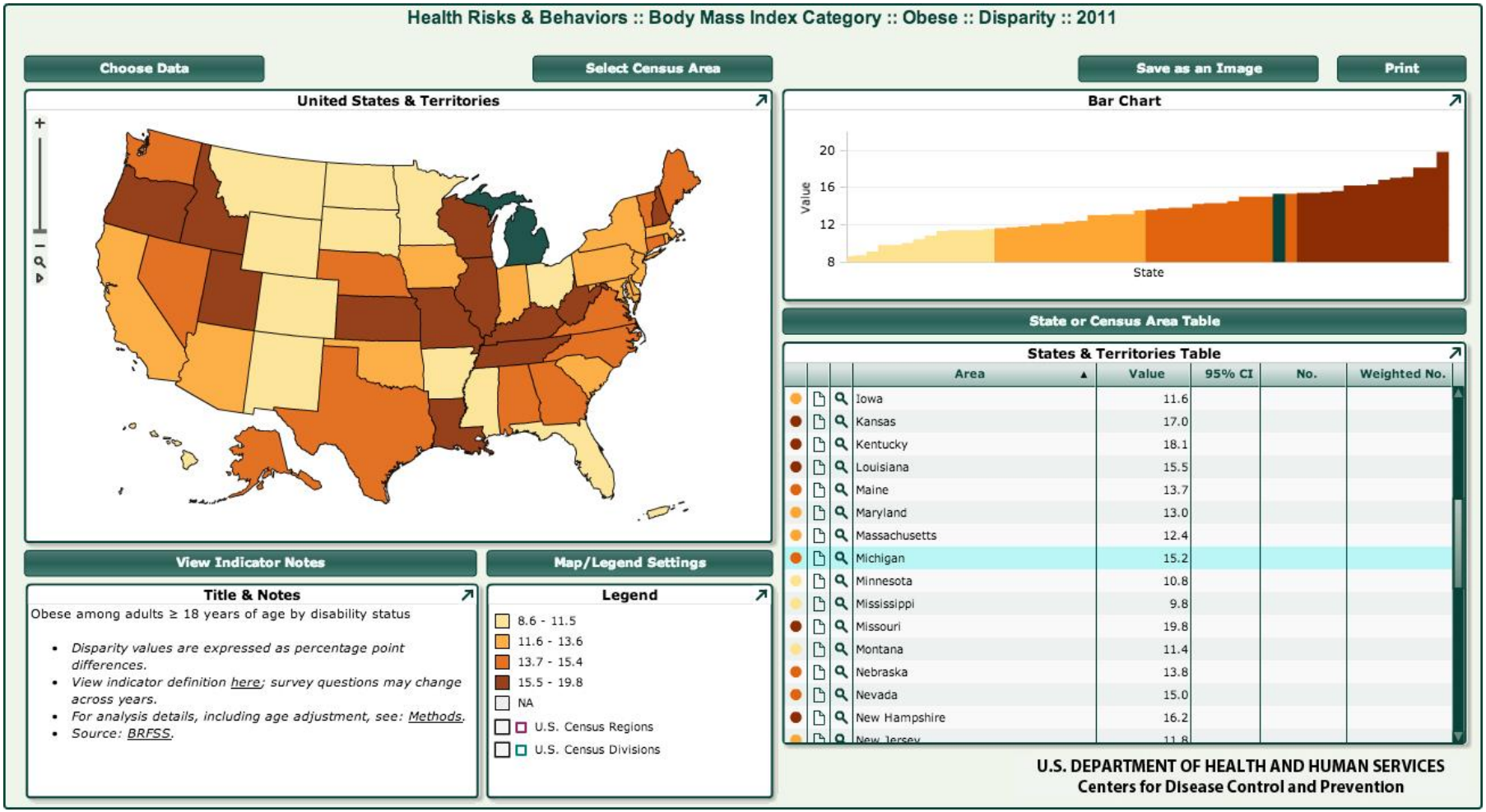
Race/Ethnicity

Table 3. Disability status among racial/ethnic groups

This table shows the percentage of adults in different racial/ethnic groups with and without a disability. For example, in **2011**, **27.3**% of white, **25.9**% of black, **28.3**% of Hispanic, **13.0**% of Asian, **DS**% of Native Hawaiian or other Pacific Islander, **33.2**% of American Indian or Alaska Native, and **42.4**% of other/multirace adults had a disability.

	White	Black	Hispanic	Asian	NHPI	AIAN	Other
Disability	27.3%	25.9%	28.3%	13.0%	DS%	33.2%	42.4%
No disability	72.7%	74.1%	71.7%	87.0%	DS%	66.8%	57.6%

Disability and Health Data System



Health Promotion Programs

- HealthMeet®
  www.thearc.org/healthmeet
- Healthy Lifestyles
  bit.ly/1dyD9Sm
- Health Matters Curriculum
  www.healthmattersprogram.org
- National Center on Health, Physical Activity, and Disability (NCHPAD)
  www.nchpad.org

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People with Disabilities in Disaster

- Hurricane Katrina
- ~~Special needs~~, ~~Vulnerable Populations~~
- Functional and Access Needs
- Functional Needs Support Services (FNSS)
- C-MIST: What needs will people with functional and access needs have in the following functional areas:
    - Communication
    - Medical
    - Independence
    - Supervision
    - Transportation

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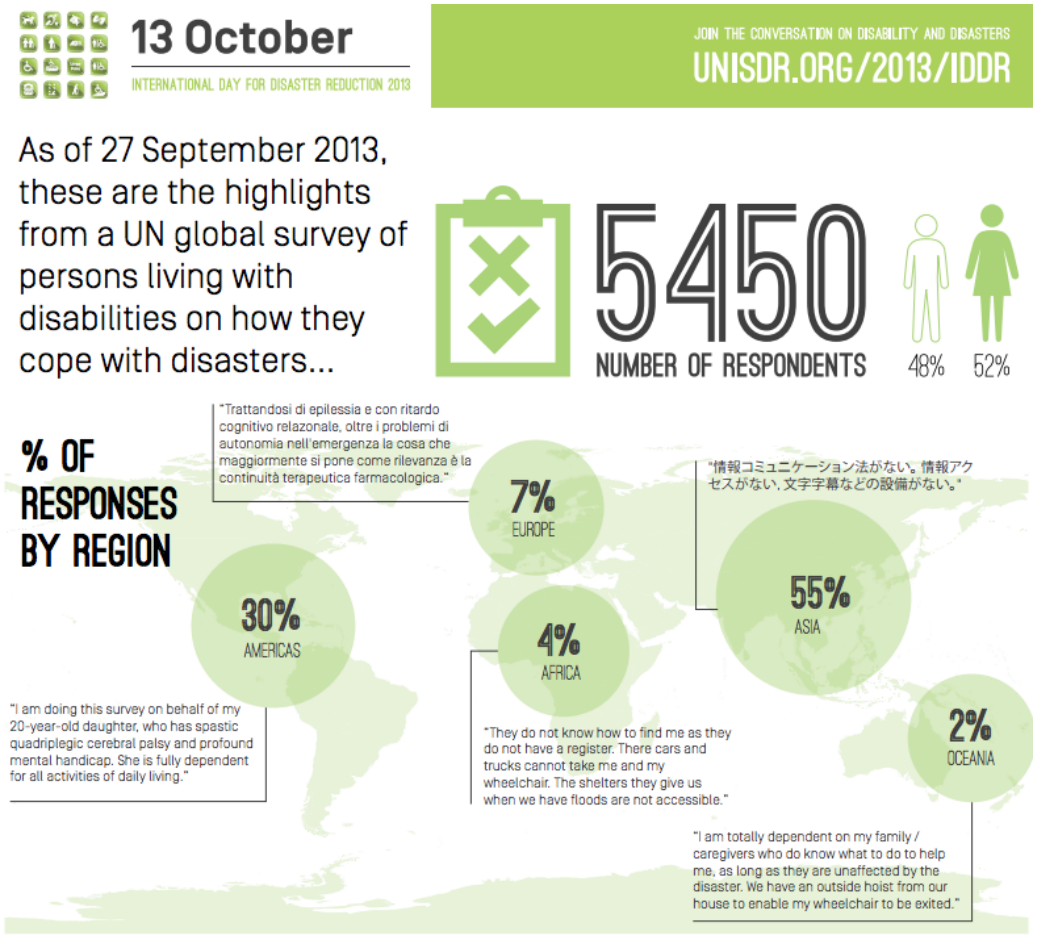
People with Disabilities in Disaster



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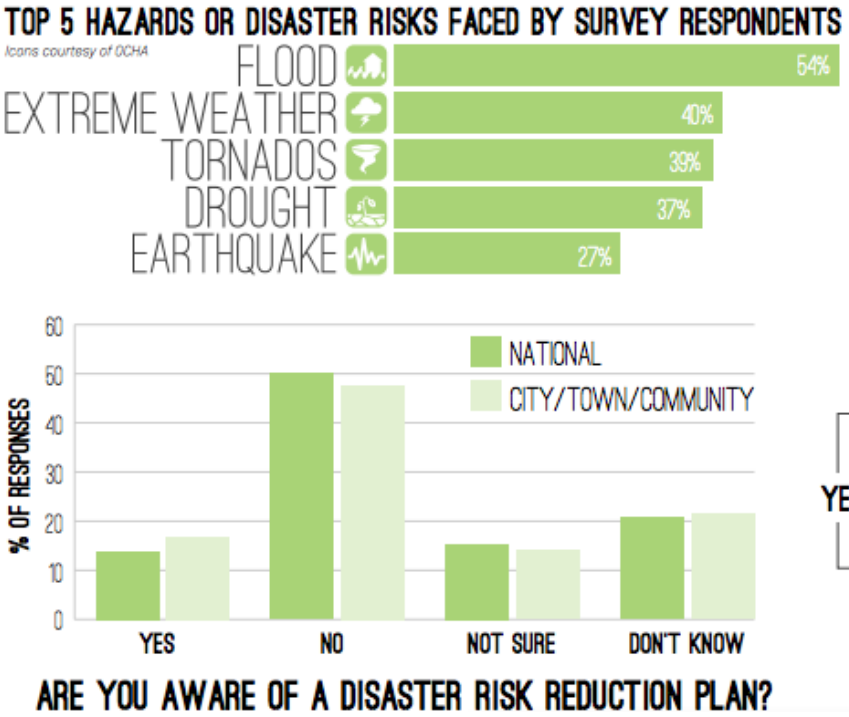
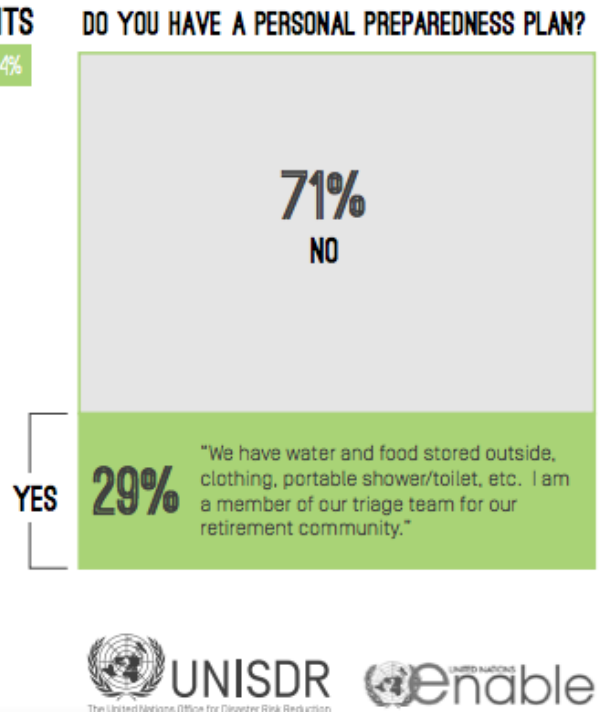
People with Disabilities in Disaster





UNISDR

enable

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Emergency Registries

- Registries offer people with disabilities and others with access and functional needs the chance to pre-register for emergency assistance before and/or during an emergency.
- Often mentioned as a key component and model intervention
- Controversial:
    - Should emergency planners and managers use or need registries to know that people with disabilities exist?
    - What type(s) of emergency?
    - Size/scale
    - Who manages data? Privacy? Updates?
    - Sustainability?
    - Voluntary – outreach? Recruitment?
    - Disclaimers
    - Planning vs. Response
    - Individual preparedness responsibilities?
- "**Nothing about us without us**"

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Inclusive Sheltering

- FNSS enables children and adults to maintain usual level of independents in general population shelters
    - Reasonable modifications
    - Durable medical equipment/consumable medical supplies
    - Personal assistance services
- Partner with community organizations to plan and to make referrals when people with functional and access needs cannot be safely accommodated, "**Nothing about us without us**"
- Intake and Assessment Tool → Health and mental health assessments
- Community Partners
    - Centers for Independent Living
    - The Arc
    - Easter Seals
    - Meals on Wheels
    - FEMA Office of Disability Integration (ODIC)
- Things to consider:
    - ASL interpreters
    - Quiet spaces for people with Autism and/or mental illness

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New York City:

- About 11 percent of the city's residents, 889,219 individuals, have disabilities
- Roughly 180,000 people have a serious hearing difficulty
- 210,000 have serious vision difficulties, and
- 535,000 have difficulty walking or climbing stairs

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Class action – contended that the NY City's emergency preparedness program fails to accommodate their needs by, among other things,

- inadequately planning for the evacuation of people with disabilities, from multi-story buildings and generally;
- failing to provide a shelter system that is accessible within the meaning of the ADA;
- ignoring the unique needs of people with disabilities in the event of a power outage;
- failing to communicate adequately with people with special needs during an emergency; and
- failing to account for the needs of people with disabilities in recovery operations following a disaster.

Sought declaratory and injunctive relief under the ADA, Title 42, United States Code, Section 12131, et seq.; Section 504 of the Rehabilitation Act of 1974, Title 29, United States Code, Section 794, et seq.; and the New York City Human Rights Law ("NYCHRL"), New York City Administrative Code, Section 8-101 et seq.

Court Says New York Neglected Disabled in Emergencies

Ruth Fremson/The New York Times

After Hurricane Sandy, Judith Rodriguez, above, who is blind and unable to walk, could not leave her 10th-floor Brooklyn apartment.

By MARC SANTORA and BENJAMIN WEISER
Published: November 7, 2013

New York City has violated the rights of about 900,000 of its residents with disabilities by failing to accommodate for their needs during emergencies, a federal judge ruled on Thursday.

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TWITTER
GOOGLE+

Title II of the ADA provides in relevant part that "[n]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." 42 U.S.C. § 12132.

Similarly, Section 504 of the Rehabilitation Act states that "[n]o otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." 29 U.S.C. § 794.

The ADA seeks to prevent not only intentional discrimination against people with disabilities, but also — indeed, primarily — discrimination that results from "thoughtlessness and indifference," that is, from "benign neglect." Alexander v. Choate, 469 U.S. 287, 301 (1985); see H.R. Rep. No. 101–485(II), at 29 (1990).

Thus, it is insufficient for a program to be offered on equal terms to those with and without disabilities; the law requires "affirmative accommodations to ensure that facially neutral rules do not in practice discriminate against individuals with disabilities." Henrietta D., 331 F.3d at 275; see also Tennessee v. Lane, 541 U.S. 509, 511 (2004) ("Recognizing that failure to accommodate persons with disabilities will often have the same practical effect as outright exclusion, Congress required the States to take reasonable measures to remove . . . barriers to accessibility."); 42 U.S.C. § 12112(b)(5)(A) (defining discrimination to include failing to "mak[e] reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability").

As the Second Circuit has put it, "[i]t is not enough to open the door for the handicapped; a ramp must be built so the door can be reached." Dopico v. Goldschmidt, 687 F.2d 644, 652 (2d Cir. 1982)

"Although the city's evacuation plans are intended to apply to all residents, the plans plainly — and unlawfully — fail to take into account the special needs of people with disabilities," he wrote. "Hurricane Sandy dramatically demonstrated the consequences of this failure. Plaintiffs provided substantial evidence that people with disabilities ... remained trapped in high-rise buildings for days after the storm."

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In sum, the Court concludes that the City has violated the ADA, the Rehabilitation Act, and the NYCHRL by failing to provide people with disabilities meaningful access to its emergency preparedness program in several ways. In particular:

(1) The City's evacuation plans do not accommodate the needs of people with disabilities with respect to high-rise evacuation and accessible transportation;

(2) its shelter plans do not require that the shelter system be sufficiently accessible, either architecturally or programmatically, to accommodate people with disabilities in an emergency;

(3) the City has no plan for canvassing or for otherwise ensuring that people with disabilities — who may, because of their disability, be unable to leave their building after a disaster — are able to access the services provided by the City after an emergency;

(4) the City's plans to distribute resources in the aftermath of a disaster do not provide for accessible communications at the facilities where resources are distributed;

(5) the City's outreach and education program fails in several respects to provide people with disabilities the same opportunity as others to develop a personal emergency plan; and

(6) the City lacks sufficient plans to provide people with disabilities information about the existence and location of accessible services in an emergency.

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Shelter Plans

The ADA does not require that every shelter be accessible. See 28 C.F.R. § 35.150(a); see also Tennessee v. Lane, 541 U.S. at 531-32. But the City cannot even identify which, or how many, of its shelters and evacuation centers are accessible. There is no way, therefore, for the City to ensure that there are sufficient shelters and evacuation centers to meet the needs of people with disabilities or for it to direct people to accessible shelters and evacuation centers.

Finally, Defendants argue that the City's shelter system as a whole is sufficiently accessible to people with disabilities because, if a particular shelter does not meet a person's needs, the City will provide accessible transportation to relocate that individual to one that does. But there is nothing in the City's sheltering plan about accessible transportation between shelters.

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Communications

First, the City fails to accommodate the communication needs of people with disabilities. Department of Justice regulations provide that "[a] public entity shall take appropriate steps to ensure that communications with [people] with disabilities are as effective as communications with others." 28 C.F.R. § 35.160(a)(1).

Such steps may require the provision of "appropriate auxiliary aids and services." Id. § 35.160(b)(1). And while "[t]he type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place," the regulations provide that, "[i]n order to be effective, auxiliary aids and services must be provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability." Id. § 35.160(b)(2).

Los Angeles Case

Communities Actively Living Indep. & Free v. City of Los Angeles (“CALIF”), No. CV 09-0287 (CBM) 2011 (C.D. Cal. Feb. 10, 2011).

In that case, the court found, on summary judgment, that the emergency preparedness program of the City of Los Angeles failed to “include provisions to notify people with auditory impairments or cognitive disabilities of an emergency, or evacuate, transport, or temporarily house individuals with disabilities during or immediately following an emergency or disaster.” Such failures, the court held, violate Title II of the ADA and Section 504 of the Rehabilitation Act.

Open PODs- Whole Community Inclusion Practices

Communication

Visual - functional signage, graphics, iconography

Translation (transference of meaning from text to text - written or recorded - with the translator having time and access to resources)

•Low Literacy

•Community-based languages/ Limited English Proficiency (LEP)

•"Language line“, 211

Interpretation (choosing the most appropriate vocabulary in the target language to faithfully render the message in a linguistically, emotionally, tonally, and culturally equivalent message)

•Simultaneous

•Consecutive

•Whispered

Can be used with ASL, non-English languages, bureaucratese, etc.

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Open PODs- WCI Practices

POD Location - Locate near the affected population

Mass Transit Availability

Free transportation

POD Site - Fully Accessible

Secure/Safe

Familiar to the community

Enhanced Services - Personal Assistants

Wheelchairs Available

Provisions for Service Animals

Climate Controlled/Sheltered Waiting Areas

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Health Department Examples

Kent County, MI

- Kent County Disaster Mental Health and Human Services Committee
- Individuals from agencies and organizations serving our citizens most likely to need assistance in a community emergency
- Meet regularly to plan and share information on preparing citizens with functional and access needs
- Exercise together

Northeast Texas Public Health District

- www.accessibleemergencyinfo.com

Schenectady County, NY

- Public Health Services partnered with Schenectady ARC to develop closed POD
- Serves people with intellectual and developmental disabilities in case of emergency requiring MCM dispensing
- Exercise together

States of Rhode Island and Delaware

- Rhode Island Special Needs Emergency Registry
- Delaware Emergency Preparedness Voluntary Registry

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Whole Community Inclusion Project

WCPHEP.ORG

Whole Community Inclusion Project, a joint effort between NACCHO, ASTHO and the CDC.

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Communications

Northeast Texas Public Health District

http://www.accessibleemergencyinfo.com/

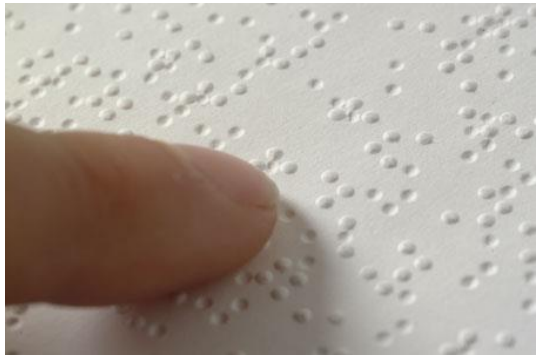
Large Print Documents, Braille Documents, Videos

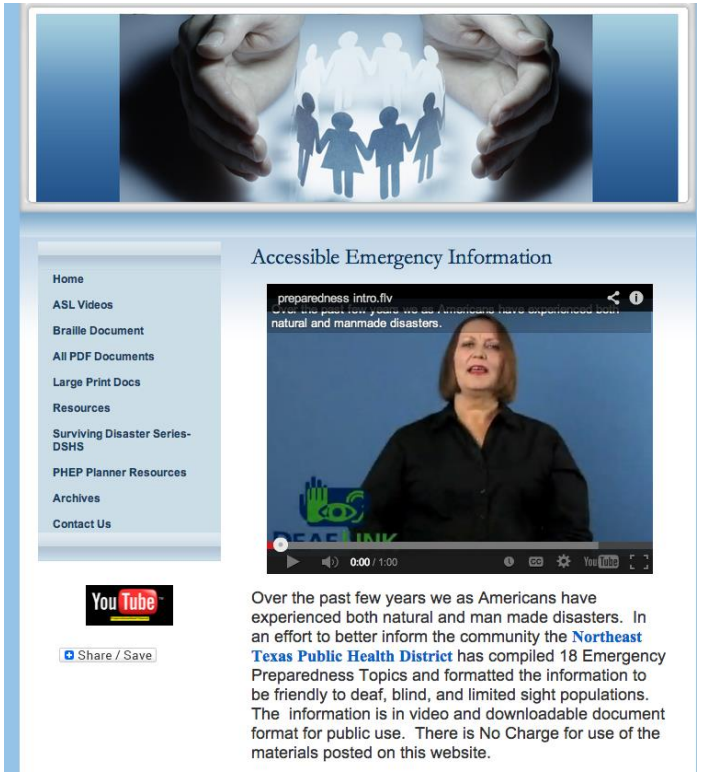
CDC FACT SHEET
Smallpox

Smallpox Overview

The Disease
Smallpox is a serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination. The name smallpox is derived from the Latin word for "spotted" and refers to the raised bumps that appear on the face and body of an infected person.

There are two clinical forms of smallpox. Variola major is the severe and most common form of smallpox, with a more extensive rash and higher fever. There are four types of variola major smallpox: ordinary (the most frequent type, accounting for 90% or more of cases); modified (mild and occurring in previously vaccinated persons); flat; and hemorrhagic (both rare and very severe). Historically, variola major has an overall fatality rate of about 30%; however, flat and hemorrhagic smallpox usually are fatal. Variola minor is a less common presentation of smallpox, and a much less severe disease, with death rates historically of 1% or less.





http://www.youtube.com/watch?v=MdLZH_6S0Vs&list=PLD8ED37595799069C&noredirect=1#t=141

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Kentucky – Pictogram Signage

http://chfs.ky.gov/dph/epi/preparedness/pictograms.htm

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Kentucky
UNBRIDLED SPIRIT

Pictogram Signage

- Home
- Emergency Preparedness
- History of CHFS Emergency Planning
- Branch Contact Information
- Kentucky Health Emergency Listing of Professionals for Surge (K HELPS)
- Links to Other Resources
- Materials and Publications Available
- Newsletter
- Pandemic Influenza
- Strategic National Stockpile Program
- You Can Help
- What You Can Do To Be Prepared
- Preparedness News

A complete listing of the signs included in the pictogram signage package are listed below. Click here to view a condensed grid of the pictogram signage available. Each pictogram sign is available in the following different dimensions and layouts (with and without border).

- Large horizontal (24" x 18")
- Small horizontal (11" x 8.5")
- Large vertical (18" x 24")
- Small vertical (8.5" x 11")

These dimensions are the minimum sizes in which the signage can be produced. Local health departments (LHDs) are permitted to produce the signage in larger sizes as long as the integrity of the design is not compromised in any way. When producing the signage, The Cabinet for Health and Family Services/Kentucky Department for Public Health (CHFS/DPH) requests that the size of the pictogram and accompanying text not be altered from its original design. To learn more about the different pictogram files included in this package, click here.

The pictogram signage files are available in the following formats:

- JPEG (jpg)
- PDF (pdf)
- PowerPoint (ppt)

Other languages listed to the right of each sign are also available. These languages are the most commonly spoken languages in Kentucky (Arabic, Bosnian, French, Russian and Vietnamese) with the exception of Spanish, which is listed on each of the sign templates.

Click here to access the complete pictogram .zip file containing all of the files listed below.

Walk-In PODs

Enter Here - Other Languages

- Enter Here (jpg)
- Enter Here Border Horizontal Large (pdf)
- Enter Here Border Horizontal Small (pdf)
- Enter Here Border Vertical Large (pdf)
- Enter Here Border Vertical Small (pdf)
- Enter Here Horizontal Large (ppt)
- Enter Here Horizontal Small (ppt)
- Enter Here No Border Horizontal Large (pdf)
- Enter Here No Border Horizontal Small (pdf)
- Enter Here No Border Vertical Large (pdf)
- Enter Here No Border Vertical Small (pdf)
- Enter Here Vertical Large (ppt)
- Enter Here Vertical Large Blank (ppt)
- Enter Here Vertical Small (ppt)
- Enter Here Vertical Small Blank (ppt)

Follow Arrows and Signs - Other Languages

- Follow Signs Arrows (jpg)
- Follow Signs Arrows Border Horizontal Large (pdf)
- Follow Signs Arrows Border Horizontal Small (pdf)
- Follow Signs Arrows Border Vertical Large (pdf)
- Follow Signs Arrows Border Vertical Small (pdf)
- Follow Signs Arrows Horizontal Large (ppt)
- Follow Signs Arrows Horizontal Small (ppt)
- Follow Signs Arrows No Border Horizontal Large (pdf)
- Follow Signs Arrows No Border Horizontal Small (pdf)
- Follow Signs Arrows No Border Vertical Large (pdf)
- Follow Signs Arrows No Border Vertical Small (pdf)
- Follow Signs Arrows Vertical Large (ppt)
- Follow Signs Arrows Vertical Large Blank (ppt)
- Follow Signs Arrows Vertical Small (ppt)
- Follow Signs ArrowsVertical Small Blank (ppt)

No Food or Beverage - Other Languages

- No Food or Beverage (jpg)
- No Food or Beverage Border Horizontal Large (pdf)
- No Food or Beverage Border Horizontal Small (pdf)
- No Food or Beverage Border Vertical Large (pdf)
- No Food or Beverage Border Vertical Small (pdf)
- No Food or Beverage Horizontal Large (ppt)
- No Food or Beverage Horizontal Small (ppt)
- No Food or Beverage No Border Horizontal Large (pdf)
- No Food or Beverage No Border Horizontal Small (pdf)
- No Food or Beverage No Border Vertical Large (pdf)
- No Food or Beverage No Border Vertical Small (pdf)
- No Food or Beverage Vertical Large (ppt)
- No Food or Beverage Vertical Large Blank (ppt)
- No Food or Beverage Vertical Small (ppt)
- No Food or Beverage Vertical Small Blank (ppt)

Tools and Resources

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

November 2013

Tools & Resources for Inclusive Planning, Preparedness, and Response

Accessible Emergency Information
www.accessibleemergencyinfo.com
- Videos in American Sign Language
- Braille and large print documents

Illinois Emergency Management Agency: Together We Prepare American Sign Language Videos
www.illinois.gov/ready/multi-media/Pages/AmerSign.aspx

Kent County Disaster Mental Health and Human Services Committee
www.accesskent.com/Health/EmergencyPrep/disaster.htm

Jefferson County Public Health: Preparedness course outline and materials
naccho.org/toolbox/tool.cfm?id=2679
naccho.org/toolbox/tool.cfm?id=2680

AFN-TIPS Mobile App for First Responders
www.cds.hawaii.edu/tips

State of Rhode Island Emergency Registry
www.health.ri.gov/emergency/about/specialneedsregistry/index.php

State of Delaware Emergency Registry
www.de911assist.delaware.gov/

State of Texas Functional Needs Support Services Tool Kit
naccho.org/toolbox/tool.cfm?id=2578

Oregon Health & Science University Ready Now! Tool Kit
naccho.org/toolbox/tool.cfm?id=3297

FEMA Office of Disability Integration & Coordination (ODIC)
www.fema.gov/office-disability-integration-coordination

FEMA Region V Disability Integration Specialist Jessica Mitchell
jessica.mitchell@fema.dhs.gov
312-408-5499

FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

DeafLink
www.deaflink.com
- Internet-based interpreting services
- Accessible Hazard Alert System

Smart 911
www.smart911.com

Department of Justice Americans with Disabilities Act Guide for Accessibility During Emergency
www.ada.gov/emerprepguideprt.pdf

Nothing About Us Without Us

Community Organizations

The Arc
www.thearc.org
www.arcmi.org

Easter Seals
www.easterseals.com
mi.easterseals.com

Centers for Independent Living
www.ncil.org
www.misilc.org

Meals on Wheels
www.mowaa.org

Special Olympics
www.specialolympics.org
www.somi.org

Goodwill Industries
www.goodwill.org

National Disability Rights Network
www.ndrn.org
www.mpas.org

National Alliance on Mental Illness
www.nami.org
www.namimi.org

Autism Speaks
www.autismspeaks.org
michigan@autismspeaks.org

AARP
www.aarp.org

Other Community Partners

- Service providers
- Group homes
- Nursing homes
- Special education
- Developmental Disabilities Council
- Deaf and blind service agencies

Additional Reading and Reference Material

- U.S. Department of Education Emergency Management Research and People with Disabilities: A Resource Guide: http://www2.ed.gov/rschstat/research/pubs/guide-emergency-management-pwd.pdf
- United Nations Global Survey of People Living with Disabilities in Disaster: http://www.unisdr.org/archive/35032
- June Isaacson-Kailes, Why & How to Include People with Disabilities in Your Emergency Planning Process? http://bit.ly/19jwOsZ
- C-MIST: June Isaacson-Kailes and Alexandra Enders, Moving Beyond "Special Needs" A function-based framework for emergency management and planning, JDPS, 2007. 17: p. 230-237. http://www.jik.com/KailesEndersbeyond.pdf
- Enders, A. and Brand, Z. (2007) Using Geographic Information System Technology to Improve Emergency Management and Disaster Response for People with Disabilities. Journal of Disability Policy Studies Spring 2007 vol. 17 no. 4 223-229 http://dps.sagepub.com/content/17/4/223.full.pdf
- National Fire Protection Association: Information for People with Disabilities: http://www.nfpa.org/safety-information/for-consumers/populations/people-with-disabilities

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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments.

POD Exercise

Looking for INNOVATIVE approaches for POD operations

NACCHO
National Association of County & City Health Officials

Public Health
Prevent. Promote. Protect.