

**National Preparedness Month 2023**  
**Webinar #1 September 7, 2023: Introduction to Disability and Access & Functional Needs**  
**Follow-up on Questions and Answers**

1. Who is responsible at the local level if the city does not have a health department?
  - a. Response from attendee: “Such a great presentation, thank you! We’re in a rural area and our EMS was willing to do home visits for COVID vaccines for our community members who are homebound. That was under the public health emergency order. We’d like to keep being able to provide home COVID (and flu?) vaccines to folks who are homebound but we need to likely figure out different strategies. Note: here in New Mexico we do not have local health departments. I would love to learn of how other communities provide people who are homebound with their fall vaccines. Thanks so much!”
  - b. Response from NACCHO: During local public health emergencies and disasters, the coordinated emergency management response involves the directed efforts of a variety of emergency support functions (ESFs). Some ESFs include Fire and Rescue, Search and Rescue, Mass Care, Emergency Assistance, Temporary Housing, and Human Services, Transportation, and Public Safety and Security. Many state or local government agencies and law enforcement agencies are on the front lines of responding to emergencies and coordinating preparedness and recovery efforts. In addition, non-governmental recipients often are integrally involved in emergency management. Many of the services they provide – including emergency housing and shelter, access to transportation, food banks, childcare services, and public health programs, as well as long term housing and support – are not only essential during emergency situations, but also in the preparedness, response, mitigation, and recovery stages.
2. Would you please share the link to the video on your Three Rivers site that you were referring to?
  - a. [We Prepare Everyday FEMA](#)
3. June Kailes says registries such as are being promoters here are dangerous and misleading. Any response?
  - a. Response from NACCHO: Registries have been used by local emergency planners and responders to gather additional information on the needs of community members. However, during public health emergencies and disasters it can be ineffective because resources and response capacity fluctuate, and registries provide a false sense of public expectation and perception for search and rescue. Additionally, as a public database, there are issues with participant privacy and confidentiality, data quality and standards and accuracy of demographic and actual service need within a jurisdiction. Instead of using registries, one recommendation is to develop and increase the capacity of local jurisdictions to respond to emergencies and disasters. One way to do this would be to

foster partnerships with disability-led organizations and to include the disability and access and functional needs population in accessible drills and exercises.

- b. Here is a webinar that discusses the issues with registries:  
<https://www.youtube.com/watch?v=mexNCwt1lw8>
4. Hi Rosheen, can you provide the organizations you just mentioned?
  - a. Response from attendee: Arc of King County, Open Doors for Multicultural Families, The Alliance of People with Disabilities, InterCultural Children and Family Services, KC Disability Consortium and Ryther.

## **Webinar Series #2 September 19, 2023: Disability Inclusive Disaster Planning**

### **Questions and Answers**

1. Could you please share the reference to the Harvard study? (line 9)
  - a. Response from WID: Webinar 2 referred to a research study out of Harvard that identified the persistence of ableism as an implicit and explicit societal and industry bias. This study is: Charlesworth, T. E., & Banaji, M. R. (2021). Patterns of implicit and explicit attitudes II. long-term change and stability, regardless of group membership. *American Psychologist*, 76(6), 851–869. <https://doi.org/10.1037/amp0000810>  
  
It can be retrieved at  
[https://www.researchgate.net/publication/357109239\\_Patterns\\_of\\_implicit\\_and\\_explicit\\_attitudes\\_II\\_Long-term\\_change\\_and\\_stability\\_regardless\\_of\\_group\\_membership](https://www.researchgate.net/publication/357109239_Patterns_of_implicit_and_explicit_attitudes_II_Long-term_change_and_stability_regardless_of_group_membership)
2. What are some other options in place of a registry?
  - a. Response from WID: Voluntary Registries are frequently offered to provide emergency management and public health planners with a glimpse into the needs of people with disabilities in their communities. There are many challenges and concerns related to the use of voluntary registries that are well documented. Alternative and more effective ways to understand and plan for the actual needs in the community are embedded in core planning assumptions.
    - i. An overarching alternative to voluntary registries that meets planning needs but does not endanger community members or promote unrealistic expectations is modifying planning strategies from ‘planning for’ the community in a closed (or silo) environment to ‘planning with’ the community in a mixed expertise collaborative team. Disability community engagement in planning, evaluating, exercising, and revising plans will provide a more accurate and actionable plan

than an incomplete registry list that does not provide a complete picture of the need or real-time solution.

- ii. A second strategy that supports responder planning needs and citizen response assistance needs is the establishment of formal partnership MOUs, vendor contracts, or other intentional and structured arrangements with disability subject matter experts from a variety of fields who are involved in developing and delivering community capabilities and supporting community functions before a disaster. Establishing formal agreements with local providers from a variety of sectors aligns with disaster planning recommended practices, utilizes what works best daily, accommodates for agency limited resources and capacity, and leverages known trusted sources of information for disability stakeholders.
- iii. A third strategy that bolsters community resilience and engagement rather than encourages dependence on responders is the active development and promotion of individual and household planning that is tied to local natural supports (such as local geographic communities, networks birthed from interest groups, support groups, program participants, recreational interests etc.). Building interconnected and disability inclusive community network planning strategies increases potential viable resources for individuals to receive and provide assistance and decreases the erroneous misperceptions that individuals will be prioritized by agency response systems in a disaster.

An additional resource that is available on this topic can be found at <https://domesticpreparedness.com/articles/beyond-registries-better-solutions-for-people-with-disabilities>

3. How do we change the mindsets of current emergency managers from preparing for the majority of the population (e.g., 50%, which means most able-bodied people) to the whole community (100%)? One answer is to have more individuals with disabilities as emergency planners, not just a liaison to the office.
  - a. Response from WID: A meaningful and ongoing training and technical assistance exchange between disability inclusive emergency management subject matter experts working alongside and collaboratively with emergency management and public health is an essential component to creating systemic and strategic change in the approach to disaster planning. This might be evidenced by integration of people with disabilities into agency personnel and placement in decision-making positions, application of accessibility and inclusion practices in daily processes and practices, inclusion of technical assistance expertise in the emergency response structure, and a requirement to complete training that builds knowledge and skills for agency staff.

4. I have read that asking people to turn on cameras is not necessarily accessible.
  - a. Response from WID: There is no one answer for all people with disabilities or even all people with the same disability. Accessibility for virtual spaces, like accessibility for physical spaces and communication includes a commitment to provide multiple methods and flexibility for individuals to engage in a virtual meeting. For people who read lips, people who rely on visual cues, including facial expressions, and people who benefit from having a visual focal point to maintain engagement, turning cameras on when speaking is an improvement to an accessible meeting environment. It is also important to provide flexibility in meeting environments to allow individuals to leave their individual cameras off as an accommodation.
  
5. Can you get a certification for Emergency Management in this area of planning?
  - a. Response from WID: There is not currently a FEMA certification for inclusive emergency management planning.
  
6. Do you have links for the workbooks?
  - a. Response from WID: For health departments: <https://wid.org/strategies-for-equitable-access-to-vaccinations-and-inclusive-disaster-response-doh/>  
  
For disability-led organizations: <https://wid.org/strategies-for-equitable-access-to-vaccinations-and-inclusive-disaster-response/>