

## FOREWORD

In the Spring of 2008, the Howard University School Work (HUSSW) entered into an agreement to perform three sets of research required under an Urban Area Security Initiative (UASI) grant that had been awarded to the National Capital Region. Managed by the DC Homeland Security Emergency Agency and under the guidance of Project Director and Principal Investigator, Dr. Carl T. Cameron, HUSSW began work on April 28, 2008, with a deadline of August 31, 2008.

The first volume of this work, *Best Practices Review*, is divided by the Scope of Work and further identifies outstanding examples of practices on behalf of people with special needs, critical guidance documents, and media samples. *Recommendations* follow based on the collection of data for this review.

The second volume, *Meta-Data Review*, covers Ward Eight in the District of Columbia and includes a review of existing census data, as well as data from government agencies, associations and organizations, and service providers. *Recommendations* for needed data collection and suggestions for a proposed template are included in this section.

Finally, the third volume, *Focus Groups*, contains a summary of the ten focus groups held with a variety of special needs populations in Ward Eight. *Recommendations* to HSEMA and DCDOT follow and include specific action items for consideration.

The Howard University School of Social Work wishes to acknowledge our partners and key contributors for their support:

- National Capitol Region Preparedness
- Homeland Security Emergency Management Agency
- DC Department of Transportation
- Prince George’s County Office of Emergency Management
- The Center for Disability and Special Needs Preparedness
- Urban Preparedness, Inc.
- FEMA Emergency Management Institute
- Office of Marion Barry, Councilmember, Ward 8, Washington, DC
- International Association of Emergency Managers – Special Needs Committee
- National Organization on Disability
- EAD & Associates, Inc.
- Far Southeast Family Strengthening Collaborative
- Family Medical and Counseling Services, Inc.
- Ambassador Baptist Church
- Congress Heights Senior Wellness Center
- Bread for the City & Associates, Inc.

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DC EVENT ROUTE  
REFERENCE MAP  
(See it in other documents)

Norma Jones, Ph.D., Principal Investigator  
Blythe Patenaude, MBA, Project Manager  
Charles E. Lewis, Jr., Ph.D., Co-PI, Research Director  
Tamarah Moss-Knight, M.S.W., Graduate Assistant  
Karen Miller, M.S.W., Graduate Assistant  
Shernelle Fullerton, Graduate Assistant  
Claudia Price, Graduate Assistant

**Project Description:**

A team consisting of Howard University School of Social Work (HUSSW) faculty members and graduate students conducted a review of best practices and existing data and information necessary in planning for the evacuation of transit-dependent populations within Ward Eight in the District of Columbia in the event of an emergency or disaster. Ten focus groups were conducted with key stakeholders in Ward Eight. Dr. Norma Jones, Associate Professor, was the principal investigator. Ms. Blythe Patenaude, President of Urban Preparedness, Inc. served as project director and conducted the review of Best Practices. Dr. Charles E. Lewis, Jr., Assistant Professor, was responsible for the research components of the project—the meta-review of existing data and focus groups. The project consisted of three primary tasks:

1. Documentation of Best Practices in planning for the evacuation of special needs, disabled, and transit-dependent populations.
2. Meta-review of existing data on special needs, disabled, and transit-dependent populations within Ward Eight.
3. Focus groups with key stakeholders to understand the needs and scope of effort needed to evacuate special needs, disabled, and transit dependent populations within Ward Eight.

**1. Documentation of Best Practices:**

It is proposed that the Best Practices research be initiated immediately upon agreement by DDOT/HSEMA and the Howard University Office of Research Administration. If inquiries can be initiated immediately, then there will be time for those items that will require lengthier or more in depth research, reading, or review. Among the tasks to be undertaken are:

1. Emergency Management professors – more than 100 colleges and universities across the country have emergency management professionals or degreed programs in their teaching institutions. HUSSW proposes to contact these professionals in order to assist in the identification of quality programs for our target populations.

2. HUSSSW staff has a personal data bank of emergency management and preparedness professionals who will be contacted for advice and recommendations of superior existing programs.
3. International Association of Emergency Managers (IAEM) is the recognized professional association and includes sections on community preparedness. HUSSW will conduct a search of published literature by the organizations as well as networking to identify special populations, documents, and specialists.
4. FEMA/Homeland Security – Dr. Jones has extensive experience with FEMA and will conduct a network search for information and outstanding programs in existence regarding “special populations.”
5. State and local officials of selected jurisdictions will be contacted as part of a search to identify programs and templates in current operation and use. Best practices decisions will be made based on success.
6. National Organization on Disability is a well-known nonprofit organization in DC that has implemented a variety of preparedness programs. Discussions will be held with management to assist in determining which Best Practices exist within the disability community.
7. Emergency managers from other transit organizations, and specific health and special population associations will be contacted to identify special population initiatives.
8. We will also contact the Emergency Management Institute in Emmitsburg, Maryland, to discuss our needs and access their extensive resources.

**Deliverable(s):**

1. White paper documenting findings on best practices for addressing special needs, disabled, and transit-dependent populations.
2. Recommendations for developing a template (protocol) for identifying and planning for the evacuation needs of special needs, disabled, and transit-dependent populations.

**II. Meta-Review of Existing Data:**

A review of existing data sources on special needs, disabled, and transit-dependent populations for Ward Eight will be conducted by contacting various public and private agencies and organizations with responsibility for and ties to these populations. This will include:

- a. Government agencies such as the Department of Aging, Department of Mental Health, Advisory Neighborhood Commissions, Child and Family Services Agency,

- Department of Corrections, Criminal Justice Coordinating Council, Department on Disability Services, Department of Health - HIV/AIDS Administration, Department of Health, DC Housing Authority, Department of Human Services, Department of Motor Vehicles, Office of Planning, etc.
- b. Compilation of Census data and GIS mapping from relevant sources.
  - c. Contact universities, research institutes, consulting firms, etc. that maybe involved or have been involved in research projects that include special needs, disabled, and transit-dependent populations.
  - d. Contact advocacy groups for relevant populations, e.g. Coalition for the Homeless, DC Mental Health Association, HIV/AIDS groups, etc.

**Deliverable(s):**

1. Report on existing data and analysis of gaps in data.
2. Recommendations for needed data collection, including use of template/protocol.

**III. Focus Groups with Key Stakeholders:**

The Howard University School of Social Work research team will conduct a series of focus groups with key stakeholders associated with special needs, disabled, and transit-dependent populations in Ward Eight to identify and document issues related to these populations. Focus groups will consist of consumers, service providers, government officials, members of the faith-based community, and advocates.

**Deliverable(s):**

1. Report on findings from focus groups.
2. Recommendations to the Department of Transportation.

## FOCUS GROUPS

Ten focus groups consisting of key stakeholders for various special needs populations were conducted over the course of the project

**Focus Group:** Homeless and HIV Consumer Group  
**Date:** Monday, July 28, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** People receiving shelter and HIV/AIDS services in Ward 8.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

**Focus Group:** Ex-Offenders Consumer Group  
**Date:** Tuesday, July 29, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Formerly incarcerated people.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

**Focus Group:** Substance Abusers Consumer Group  
**Date:** Tuesday, July 29, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Participants were members of a substance abuse support group.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Claudia Price, Shernelle Fullerton

**Focus Group:** Homeless Consumer Group  
**Date:** Wednesday, July 30, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Participants in this group were homeless from three to 12 months.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton, Claudia Price

**Focus Group:** Case Managers/Service Providers Group  
**Date:** Wednesday, July 30, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Nine staff members representing various target populations, including intravenous drug users, mentally ill, homeless and youth.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

**Focus Group:** Faith-based Service Providers Group  
**Date:** Wednesday, August 6, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Providers who work with various members of the community through their respective churches. They work with the elderly; HIV/AIDS education and HIV/AIDS population; community members who are financially compromised and who are in need of food and clothing; and ex-offenders.  
**Facilitator:** Tamarah Moss-Knight  
**Note Taker:** Karen-Miller

**Focus Group:** Low-Income Transit Dependent Consumer Group  
**Date:** Saturday, August 9, 2008  
**Place:** Ambassador Baptist Church, 1412 Minnesota Avenue, S. E.  
**Participants:** Low-income residents of Ward 8. Mostly seniors who attend Ambassador Baptist Church and have transportation challenges.  
**Facilitator:** Charles E. Lewis, Jr.  
**Note Taker:** Karen Miller

**Focus Group:** Elderly Consumers Group  
**Date:** Monday, August 11, 2008  
**Place:** Congress Heights Senior Wellness Center, 3500 MLK, Jr. Avenue, S. E.  
**Participants:** Senior citizens who receive services and use the facilities at the Congress Heights Wellness Center.  
**Facilitator:** Charles E. Lewis, Jr.  
**Note Taker:** Tamarah Moss-Knight

**Focus Group:** Physically Disabled Consumers Group  
**Date:** Tuesday, August 12, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** People with physical disabilities.  
**Facilitator:** Karen Miller  
**Note Taker:** Shernelle Fullerton

**Focus Group:** Low-Income Transit Dependent Consumer Group  
**Date:** Tuesday, August 12, 2008  
**Place:** Bread for the City  
**Participants:** Low-Income Transit Dependent Consumer  
**Facilitator:** Tamarah Moss-Knight  
**Note Taker:** Shernelle Fullerton

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Homeless and HIV Consumer Group  
**Date:** Monday, July 28, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** People receiving shelter and HIV/AIDS services in Ward 8.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

- Medication and the length of being in a displaced state due to a disaster are of great concern.
- The concerns of the physically-challenged being able to access transportation are important for the participants.
- Most participants focused on getting attacked or “hit” instead of thinking about other disasters such as floods.
- There is a great need for practice drills to be conducted. This would be a Ward level responsibility with the help of ANC as well.
- There are concerns related to weather, injury, and health status during an emergency.
- The people living with HIV perceived that they were considered “second class citizens” and the “last to receive help” because of their health status. HIV stigma is a part of the issue during medical emergencies for this community.
- For those persons living with HIV, many of them thought that their survival was as a result of prayer.
- Many of the participants were physically disabled and since they have limited mobility, there were better at storage habits.
- Participants stated that “God will take care of us.”
- The focus group even concluded with a prayer at the end, led by the group participants.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Ex-Offenders Consumer Group  
**Date:** Tuesday, July 29, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Formerly incarcerated people.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

- There was a major concern among the participants about behavior during a disaster that would not jeopardize their parole or probation.
- “What are we to do that will not jeopardize our parole or probation?”
- ” Should they leave or stay – “What is the protocol?”
- It is important that ex-offenders know what is expected of them, as there are some who would consider an emergency or disaster as an opportunity to “escape.”
- Some participants commented that they would resort to anti-social behavior and steal a car if necessary.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Substance Abusers Consumer Group  
**Date:** Tuesday, July 29, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Participants were members of a substance abuse support group.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Claudia Prices

- Some of the participants stated that they would resort to anti-social behavior such as stealing.
- Other participants felt confident that they would be able to ‘catch-a-ride’ from people they know.
- Participants mentioned that in any event of an emergency, they will be willing to move.
- Most participants did feel that they could rely on public transportation, especially since the September 11<sup>th</sup> attack in the DC area.
- The participants believed that Ward elected officials should lead preparedness initiatives, and residents are willing to participate.
- There is a lack of awareness and procrastination related to emergency preparedness.
- Generally they feel that residents have no financial resources. And people just do not know what to do, nor do they care. Residents are not interested in knowing neighbors.
- Participants were interested in being involved with training in emergency preparedness and registering with DC alert. They will improvise where there is no plan.
- None of the participants talked about suffering from “withdrawal” during an emergency evacuation or disaster.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Homeless Consumer Group  
**Date:** Wednesday, July 30, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Participants in this group were homeless from three to 12 months.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

- The participants who participated in this group were between three months and 12 years homeless.
- The participants were found to be more accepting of walking to evacuate, and less reliance on public transportation compared to other groups.
- Participants were also found to be more self-supporting and resilient than the other groups. They carried their documents, food, and shelter with them at all times.
- Financial ability was a concern for this group.
- The participants were willing to help others, and seemed to know where to go in the event of an emergency.
- This group faced reading and writing limitations (low literacy).
- They did not seem to be worried about medication.
- They had heightened awareness about places that do not have ADA approved access.
- Participants were concerned about their families during an emergency, despite their own status of being homeless.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Case Managers/Service Providers Group  
**Date:** Wednesday, July 30, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Participants were service providers who mainly worked with people living with HIV who were either ex-offenders or newly diagnosed.  
**Facilitator:** Blythe Patenaude  
**Note Taker:** Shernelle Fullerton

- For the facilitation of this focus group, it was important to distinguish between personal and professional response.
- The service providers believed that their clients would work with each other, due to the close knit nature of consumer groups.
- Participants stated that they are not clear on accommodations for clients with special needs, such as physically disabled.
- There is a need for fire and other emergency practice drills, especially on determining ways to transport clients who are wheel-chair and bed-bound
- The participants expressed a lack of organization and coordinated logistics. They believe that there needs to be a designated person to manage emergency preparedness. While they are aware that senior management staffers were the main decision-makers, they were not clear on if an emergency plan is in place.
- The general consensus is that there needs to be food, clothes, water, nurses, emotional care support due to loss for their clients. Most participants were able to identify what would be needed in a kit.
- They are major challenges related to communication, logistics, food and medication.
- Pets are a concern for both service providers and their clients.
- None of the participants discussed the issue of being “locked down” in their workplace and the need for food and water.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Faith-based Service Providers Group  
**Date:** Wednesday, August 6, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** Providers who work with various members of the community through their respective churches. They work with the elderly; HIV/AIDS education and HIV/AIDS population; community members who are financially compromised and who are in need of food and clothing; and ex-offenders.  
**Facilitator:** Tamarah Moss-Knight  
**Note Taker:** Karen-Miller

- Participants had a difficult time distinguishing between their own personal needs and those of clients. Most providers lived in DC.
- The care of pets was also a concern in the even of an emergency.
- Meeting the needs of people living with HIV was very important for this group, as many of the participants were leaders of church HIV/AIDS ministries.
- The participants were not only interested in local elected officials being a part of a planning group collaborative, but also FEMA and PETA.
- The participants saw the role of churches as an important in terms of community outreach, and being a safe space.
- The perception of the service providers was generally that community residents in Ward 8 do not care about emergencies and disasters because they do not think that it would happen to them, especially youth.

## FOCUS GROUP HIGHLIGHTS

<b>Focus Group:</b>	Low-Income Transit Dependent Consumer Group
<b>Date:</b>	Saturday, August 9, 2008
<b>Place:</b>	Ambassador Baptist Church, 1412 Minnesota Avenue, S. E.
<b>Participants:</b>	Approximately 18 low-income residents of Ward 8. Mostly seniors who attend Ambassador Baptist Church and have transportation challenges.
<b>Facilitator:</b>	Charles E. Lewis, Jr.
<b>Note Taker:</b>	Karen Miller

- The participants included 18 members of Ambassador Baptist Church. The pastor, Rev. Roy Settles, Sr., participated as an observer.
- Most of the participants see the church as a primary resource to turn to in the event of an emergency, especially as it relates to transportation. Participants mentioned that the church would have buses to get people out of the District.
- Pastor said he wanted the church to be a resource for the entire community in the event of an emergency or disaster, yet he has had little interaction or planning coordination with government agencies.
- In general, participants knew what would be contained in an emergency kit, which included medicine, birth certificate, food, and water.
- There was a special concern from participants in meeting the needs of the elderly, wheel-chair bound, and children.
- Participants wanted to include Ward leaders, census takers, church leaders, and city council as a part of a collaborative strategy for emergency preparedness.
- Participants reported that a phone tree would be an effective strategy for their community members in terms of people checking-in on each other during an emergency.
- Participants are unaware of the District's evacuation plan or where they should go to seek shelter in the event of an emergency or disaster.
- Suggested that the District use helicopters to broadcast warnings in the event of an emergency since there is the possibility that power would be out. Few had battery-powered radios.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Elderly Consumers Group  
**Date:** Monday, August 11, 2008  
**Place:** Congress Heights Senior Wellness Center, 3500 MLK, Jr. Avenue, S. E.  
**Participants:** 13 senior citizens who receive services and use the facilities at the Congress Heights Wellness Center.  
**Facilitator:** Charles E. Lewis, Jr.  
**Note Taker:** Tamarah Moss-Knight

- Communications, or the lack of, was a primary concern for the group—how would they be notified in case there was a need for evacuation? What about those who are hard of hearing or isolated? Concerned about mobility difficulties.
- Most of the participants received the DC emergency preparedness information in the mail, but they need more specific direction such as what shelter to go to in the event of an emergency.
- They were overwhelmingly not confident that District officials would respond with needed resources in case of an emergency or disaster—overall perception that Ward 8 residents are not high on the government’s priority list.
- They are responsive to a plan, but thoughts are that even if they had a plan, they were still uncertain about information getting to residents.
- Some have family members to help them, although they are not sure who would help them and they are willing to take responsibility to be helped.
- Most vulnerable seniors should have medical alert bracelets with critical information.
- Information should also be available in the form of public service announcements and commercial programming as a media to raise awareness on emergency preparedness.
- This group of participants also wanted the EPA to be a part of a collaborative planning group for emergency preparedness.
- One of the leaders on the Ward 8 Commission on Aging was interested in providing training for emergency preparedness for members at a later date.

- Youth volunteers could be trained to assist seniors as part of the community service credits for school.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Physically Disabled Consumers Group  
**Date:** Tuesday, August 12, 2008  
**Place:** Family Medical Center, 2041 MLK, Jr. Avenue  
**Participants:** People with physical disabilities.  
**Facilitator:** Karen Miller  
**Note Taker:** Shernelle Fullerton

- Major issues with public transportation.
- Many consumers appear that they are willing to help each other.
- While participants complained about transportation, they did not communicate with Medicare directly.
- No mention of medication in the group, but the focus was on mobility.
- They expressed interest about wanting a registry.
- Bring back the system of alerts that were used formerly. One participant talked about how people came into their building and talked about preparedness, and this type of help should occur. While there are trainings occurring, the information is spotty.
- One participant was blind and had special concerns related to being alerted, but he did not have a service animal.

## FOCUS GROUP HIGHLIGHTS

**Focus Group:** Low-Income Transit Dependent Consumer Group  
**Date:** Tuesday, August 12, 2008  
**Place:** Bread for the City, SE Conference Center, 1640 Good Hope Road, S. E.  
**Participants:**  
**Facilitator:**  
**Note Taker:**

- Public transportation was a major concern for this group.
- Their experience of public transportation was that it was not reliable and not sensitive to the needs of people.
- Meeting the needs of younger children and providing training to them and family members via school, home and community organizations would be useful.
- The participants discussed how SE broadly, and Ward 8 specifically is stigmatized by the rest of the District due to issues related to high rates of unemployment, low-income, and school dropouts. One participant felt that no one helps Ward 8 because the residents are "...not future oriented, so why invest?"
- There was also recommendation to turn abandoned buildings into safe shelters in case of emergency. The idea from one participant was to set-up a shelter as if on a war zone with food, water and medical supplies.
- The participants thought that there should be more representation of Ward 8 residents among groups for activities related to DC.
- Ward 8 should be included as a location for emergency preparedness training, and also a place to train local residents to be leaders in their own communities to help others.
- Mayor Fenty and other local elected officials need to be involved.

## FINDINGS & RECOMMENDATIONS

There was a general feeling across focus groups that Ward Eight would not be a high priority for emergency planners in the event of an emergency and disaster. There was also broad concern about communication and transportation. Many participants, particularly the elderly, did not know where they were to go or where to find shelter in the event of an emergency or disaster.

Consumers and service providers alike had significant concern for continuity of medical care during a disaster. This was especially important to HIV+ consumers. Case Managers indicated that a lot of their mental health consumers would be in medical crisis if they did not receive medication for 24 hours. DC Emergency Management planners must address these special needs populations that will be in significant medical distress within 24 hours if they do not have access to medication. Not only does this concern HIV+, methadone maintenance patients, diabetics, epileptics, and mental health patients, but it includes patients with a variety of heart, liver, kidney, and metabolic conditions. Individuals with oxygen or dialysis conditions also need to have support systems in place in medical needs shelters.

People have a low level of confidence in the bus system throughout Ward Eight. In addition to frequent lapses in scheduled services, participants who were physically disabled complained about being treated rudely by bus drivers—who frequently did not wait for them to be seated before driving off. Efforts must be made to increase services, increase customer service, and advise residents whether or not transportation will be made available in the event of an emergency, and where people can access it.

Many service providers in Ward Eight do not live in the Ward or even in the District. Some kind of ongoing assessment might be made as to how many service providers might be

available to help in the event of an emergency—and how many of them may leave to go to Maryland or Virginia to be with their families. A core of volunteer service providers familiar with the community could provide significant support if they are properly trained in disaster support techniques. The HUSSW could hold a forum or several roundtables to discuss this issue and others in how training might impact the District and the region.

It was discovered that many consumers felt that their service providers were not prepared to shelter-in-place or to support them in an evacuation. Some suggested that evacuation fire drills frequently left physically disabled consumers behind or forced them to use elevators. A team could help management assess and address the shortcomings of current emergency plans, as well as to explore options such as storing food and water.

Finally, there is no question that there is a significant substance abusing population in Ward Eight. Emergency planners, police, and health officials should meet to discuss the impact of this population in an evacuation scenario, as well as a shelter-in-place scenario.

✓ **Finding #1**

A primary concern of focus groups participants is the lack of effective communications strategies in planning for and in the event of an emergency or disaster. Many were concerned about how they would be notified in the event of an emergency or disaster. They were particularly concerned about those who would have difficulty receiving messages (e.g. cognitively impaired, hearing impaired, visually impaired). Although most people in the Congress Heights elderly focus group reported receiving an emergency preparedness brochure in the mail from the DC government, they all said they did not know where to find a shelter if they were ordered to go to one. They stated no one communicated to them what evacuation routes should be used out of the city.

**Recommendation #1**

The DC government should employ a range of communications strategies to inform the public about how they would be notified about emergencies, where to locate the nearest appropriate shelter, what route they would take if there was a need to evacuate, and what assistance they should expect for those who have severe disabilities that would hinder their ability to evacuate. Among these suggestions were:

- More specific information should be provided in literature about shelter locations and evacuation routes;
- Town hall meetings should be held in senior centers and community meeting places with representatives from the DC government or other planning agencies;
- Ward Eight should be included as a location for emergency preparedness training and also a place to train local residents to be leaders in their communities;
- Emergency preparedness information and training should be available through other media such as CDs and DVDs;
- There should be more public service programming with information on emergency preparedness and planning;
- People with particularly debilitating disabilities should have medical alert bracelets with critical information about their condition and medication

✓ **Finding #2**

The majority of focus groups participants expressed the belief that Ward Eight would not be a priority for the DC government in the event of an emergency or disaster and they lacked confidence the government would provide needed resources in the event something happened. Without the reassurance that the DC government is seriously concerned about all

residents of the District including residents of Ward Eight, many believe people will feel they were on their own in the event of an emergency and some may panic or give up in despair. A common comment was, *“If an emergency does happen, we are basically on our own.”*

**Recommendation #2**

The DC government must do a better job of communicating and working with community groups in Ward Eight. Residents would like to be more involved with training in emergency preparedness. They would like to see more forums and public events on emergency preparedness conducted in Ward Eight. They would like to see Ward leaders, census takers, church leaders, city council members, as well as FEMA and PETA as partners in a collaborative effort on emergency preparedness. District representative must reach out to Ward Eight community leaders and establish ongoing relationships and communication.

✓ **Finding #3**

Participants were concerned about how people will respond to an emergency or disaster if they are not properly prepared. Would people panic? Members of the Substance Abuse focus group said they might resort to anti-social behavior such as stealing. Ex-offenders were concerned about doing anything that might jeopardize their parole or probation status. Some participants said they may resort to criminal behavior such as stealing a car. Other participants wanted to know who would be responsible for keeping order and reducing the potential for panic and mayhem.

**Recommendation #3**

Emergency preparedness planning must be more than the nuts and bolts of emergency kits, adequate food and water for survival, knowing where to go for shelter or knowing how to evacuate. Planning must also include psychological preparation as well. People must be mentally as well as physically prepared to meet the challenges of confronting an emergency

or disaster. According to a recent review of the literature, 97 percent of the emphasis in disaster psychology focuses on the aftermath of the disaster event. We live in a society that would rather not deal with the emotional trauma of disaster until we must. We do not fix things until they are broken. We are not big on prevention. So, very little is done to prepare people emotionally and psychologically for emergencies and disasters.

Stress reduction techniques and trauma response can be included in emergency preparedness training. There is a Community Emergency Response Team (CERT) training video available on YouTube at <http://www.youtube.com/watch?v=zpfdujyk3eA>.

✓ **Finding #4**

Churches are often overlooked and underutilized as resources during planning and preparation for emergencies. Pastors see taking care of their members as their obligation in the event of an emergency or disaster. They would like to see themselves as coming to the rescue of their communities as well. Yet, there is no ongoing communication with professionals responsible for emergency planning. Pastors and churches develop ad-hoc plans for emergencies. One pastor advises his members to come to the church in the event of a disaster—but is that the best plan?

**Recommendation #4**

Churches and other faith-based organizations can be vital resources in the event of an emergency in “getting the word out”, providing space for storing supplies, in mobilizing people and volunteers, and as places for community training. These issues must be addressed with pastors rather than lay leaders. Once pastors buy into the plan, they will appoint or designate representatives from their churches to be the point persons in emergency

preparedness. Churches can be vital information centers in communities and can help educate the public at large about emergency preparedness.

✓ **Finding #5**

Elderly focus group participants see young people as potential assets in emergency preparedness planning and recommend that young people should be included in strategies to assist older people and other special needs populations. Participants said young people receive credit in school for community service and emergency preparedness and that it would be an excellent area of opportunity to get them involved.

**Recommendation #5**

Emergency planners should contact schools about developing a community service program for youth to be involved in emergency preparedness for special needs populations. Youth would receive emergency preparedness training in working with special needs populations and credit for community service. Students can interact with senior citizens centers, various special needs service providers, community organizations such as the Far Southwest Family Strengthening Collaborative and A.A.R.P. and churches and other faith-based organizations.

**APPENDIX A**  
**FOCUS GROUP PROTOCOLS**

## **FOCUS GROUP GUIDE • SERVICE PROVIDERS**

Note: Probes will be asked as needed

### **Section A • Opening Questions**

- Tell us who you are, how long you have worked in this neighborhood and how you work with the special needs population of clients.

### **Section B • Introductory Questions**

The following questions are related to the special populations with whom you work. The focus of the questions is on access issues and evacuation plans.

- In the event of an emergency, how would the clients you work with access transportation?
- Do you currently have an emergency evacuation to assist the special populations with whom you work with in your facility/organization?
- For those who answered yes, who is the person responsible for an evacuation plan at your facility or organization?
- How well do the special needs population clients with whom you work know what they should do in the case of an emergency that would require them to evacuate their place of residence? (Each person should answer).

### **Section C • Key Questions**

The following questions will ask about disaster and emergency supply kits, shelter awareness, experience with a practice or drill, client transportation challenges, and barriers to having emergency kits and evacuation plans.

- What special accommodations would be required in sheltering your special needs clients?
- Have you ever held an emergency/disaster practice or drill in your facility/organization with the special needs population with whom you work?
- Does your facility/organization maintain a disaster emergency support kit for each of your clients such as water, food, and medicine?

- Do your clients know where to go for shelter in the event of an emergency or disaster?
- What types of transportation challenges, if any, would your clients face in the event of an emergency?
- Of these challenges, what are the top three?
- The general consensus is that it will take 3-5 days for an emergency service to respond in the event of an emergency. What barriers or obstacles would your special needs clients have in preparing an emergency kit?
- What barriers or obstacles might your clients face in developing an evacuation plan?

**Section D • Closing**

- What other agency/organization would you recommend be included in a strategy to overcome these barriers?
- Are there any other transportation concerns that I may have missed regarding the special population clients with whom you work?
- Is there anything else you would like to add?

## **FOCUS GROUP GUIDE • SERVICE CONSUMERS**

Note: Probes will be asked as needed

### **Section A • Opening Questions**

- Tell us who you are, and how long you have lived in your neighborhood.

### **Section B • Introductory Questions**

The following questions are related to access issues and evacuation plans.

- In the event of an emergency, how would the access transportation?
- Would a person in your neighborhood know about emergency evacuation?
- What would a person in your neighborhood need in order to evacuate for an emergency?

### **Section C • Key Questions**

The following questions will ask about disaster and emergency supply kits, shelter awareness, experience with a practice or drill, client transportation challenges, and barriers to having emergency kits and evacuation plans.

- What special accommodations would be required for people in your neighborhood?
- Have you ever held an emergency/disaster practice or drill in your facility/organization where you receive services?
- Do you or your household have an emergency kit which includes items such as water, food, and medicine in one place that is packed and ready to go?
- Do people in your neighborhood know where to go for shelter in the event of an emergency or disaster?
- What types of transportation challenges would people in your neighborhood face in the event of an emergency?
- Of these challenges, what are the top three?

- The general consensus is that it will take 3-5 days for an emergency service to respond in the event of an emergency. What barriers or obstacles would people in your neighborhood have in preparing an emergency kit?
- What barriers or obstacles might people in your neighborhood face in developing an evacuation plan?
- **Section D • Closing**
- What other agency/organization would you recommend be included in developing a strategy to overcome these barriers?
- Are there any other transportation concerns that I may have missed?
- Is there anything else you would like to add?

**APPENDIX B**  
**IRB PROTOCOL**  
**IRB CONSENT FORM**

**IRB-08-SW-07**

PREAMBLE TO OBTAIN INFORMED CONSENT  
For GROUP DISCUSSION PARTICIPANTS  
HOWARD UNIVERSITY  
WASHINGTON, DC 20059

May 21, 2008

Study Title: Emergency Transportation for Special Needs Populations in Ward 8

The following will be read to individuals desiring to participant in the above named research project:

Howard University School of Social Work and the Far Southeast Family Strengthening Collaborative are conducting a study in Ward 8 of the District of Columbia to determine the transportation requirements of special needs populations in the event of an emergency or disaster. This study is sponsored by the DC Department of Transportation and the United States Department of Homeland Security. We would like you to participate in small group discussions that focus on special needs populations. You have been asked to participate because members of the Far Southeast Family Strengthening Collaborative suggested that you are knowledgeable about this community. The group discussion will take no more than two hours. All information that you will provide will be kept confidential.

You can refuse to participate in this project at any time during the project. You can refuse to answer any questions that make you uncomfortable. Your refusal to answer questions or participate in the group discussions will not affect services you receive, or your eligibility to receive services from Howard University, the Howard University School of Social work, the Far Southeast Family Strengthening Collaborative, or any District of Columbia government agency. Your participation will be anonymous and confidential. Your name or any means of identifying you will not appear on any report or documents produced by this project.

**IRB-08-SW-07**

CONSENT FOR GROUP DISCUSSION PROCEDURES  
HOWARD UNIVERSITY  
WASHINGTON, DC 20059

May 21, 2008

Study Title: Emergency Transportation for Special Needs Populations in Ward 8

To Participants:

You are being asked to participate in small (focus) group discussion for a project on emergency preparedness being conducted by faculty members and graduate assistant students from Howard University School of Social Work with the cooperation of the Far Southeast Family Strengthening Collaborative (FSFSC) in Ward 8 of the District of Columbia. The discussion groups will take from 1½ to 2 hours. There are no right or wrong answers to the questions you will be asked by the researchers. Please be aware of the following:

1. Your participation in the group discussion is entirely voluntary.
2. If for any reason you feel uncomfortable or choose not to answer a question, you have the right to refuse to answer at any time.
3. You have the right to leave the group discussion at any time.
4. Your refusal to answer questions or participate will not affect any relationship you have with Howard University or the School of Social Work.
5. Your refusal to answer any questions or leave the group will not affect any services or your eligibility to receive services from the Far Southeast Family Strengthening Collaborative or any other District of Columbia government agency.
6. The discussions will be taped so that researchers can have the group discussion transcribed by a typist. In addition, the interviewer and/or the graduate student will take notes. The notes and tapes will be used to make it easier to have accurate information on what was discussed by the group.
7. The study may cause you some inconvenience because of the time that you will spend answering questions and traveling to the site. While we cannot pay you for your participation, we will provide you with an emergency preparedness kit worth approximately \$25.00 to offset the loss of time caused by your participation.
8. Information gained from this study will be used to assist people with special needs in Ward 8 during times of emergencies.

**Statement of Understanding**

9. I agree to the taping of the discussion for the group in which I will participate

- a.  Yes, I agree to be taped
- b.  No, I do not agree to be taped

Participant Signature \_\_\_\_\_

10. I agree to the have the taped discussion transcribed or typed

- a.  Yes, I agree that the tape can be transcribed
- b.  No, I do not agree that the tape can be transcribed

Participant Signature \_\_\_\_\_

The Howard University Institutional Review Board will have access to the records of this project. In the event I have any question regarding my participation in this study, or I have any other questions or concerns, I can contact Dr. Norma S. C. Jones at 202-806-7300. If I have questions at any time that I would like to discuss with someone other than the investigator, I am free to call the Institutional Review Board at 202-806-4759.

**CONSENT**

I have read the above description of the research project. Anything I did not understand was explained to me by

\_\_\_\_\_ and my questions were answered to my satisfaction. I agree to participate in the above-referenced research project.

I acknowledge that I received a personal copy of this consent form.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

