



NCR disability preparedness

Emergency preparedness for individuals with disabilities and other special needs

National Capital Region Disability Preparedness Initiative

NCR Needs Assessment On Disability Preparedness



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National Capital Region Disability Preparedness Initiative NCR Needs Assessment on Disability Preparedness

EXECUTIVE SUMMARY

The Disability Preparedness Center (DPC) started activities under the National Capital Region Disability Preparedness Initiative (NCRDPI) in January 2005, including the NCR Needs Assessment on Disability Preparedness. The Initiative is designed to implement a series of activities that will enhance current Urban Area Security Initiative (UASI) emergency planning in the National Capital Region (NCR) by integrating into existing plans new preparedness planning focused on individuals with disabilities and persons with other special needs. Nearly 20 percent of all people in the NCR have disabilities that may limit their ability to hear or see warnings, to leave their home, or to care for themselves. This needs assessment is a key step in the series of NCRDPI activities that will address the needs of this population under existing UASI objectives.

For the assessment, DPC conducted telephone interviews during February 2005 with 58 participants who were individuals with disabilities and/or officials of emergency or disability-related organizations throughout the NCR. Participants included emergency planners, emergency responders, elected officials, governmental agencies involved with disability programs, service providers, businesses and advocacy organizations. Family members of persons with disabilities also participated.

The NCR Needs Assessment on Disability Preparedness revealed the following:

- There is strong agreement among all participants that more should be done to improve emergency preparedness for NCR residents with disabilities.
- Some disability-focused preparedness efforts already exist in the NCR, and should be coordinated with each other, expanded and strengthened.
- Survey participants want more information about how to include people with disabilities in emergency preparedness.
- Emergency planners and responders and disability-oriented organizations approach the problem of inclusive emergency preparedness in noticeably different ways. Emergency planners and responders favor adapting general plans and processes that are already in place to include people with disabilities. Disability advocates and service providers tend to favor disability-specific approaches. For our region to improve emergency planning for people of all needs, these approaches need to be better integrated.

When asked how we can move forward emergency planning for persons with disabilities in this region, participants identified the following top three priority areas:

- ***First, communication among key groups (people with disabilities, disability advocates and service providers, emergency planners and responders) should be facilitated, and what is learned from that widely publicized.*** People with disabilities, emergency professionals, and the public need to know about easily accessible ways to receive and initiate communications about emergencies and about inclusive emergency preparedness. In the NCR we need training, education and public awareness campaigns about including persons with disabilities in emergency plans and planning processes.
- ***Second, survey participants want coordinated emergency planning that includes persons with disabilities.*** Persons with disabilities should be included in coordinated planning processes, whether that means modification of general plans to be inclusive of everyone's major needs, or persons with disabilities making their own plans and then reaching out to connect with more general public plans.
- ***Third, for both planning and communication to be effective, more information is needed on what persons with disabilities should do in emergencies and in preparing for emergencies.*** Relevant information has been gathered by emergency professionals and by disability advocates and service providers throughout the region, but it needs to be shared more effectively and further developed.

Results from this needs assessment indicate that there are various activities related to emergency preparedness for persons with disabilities already occurring in the National Capital Region, and widespread interest in developing emergency plans that are more inclusive of people with disabilities. There is broad agreement that more should be done to make emergency preparedness, response and recovery in the NCR more inclusive of people with disabilities or other special needs.

Through our snowball sampling technique we were able to identify a network of organizations and individuals throughout the region working on emergency and disability preparedness. What we found in surveying the participants is a great deal of expertise and enthusiasm. People appear to know a lot, but have just begun to communicate their knowledge and expertise among themselves and to others who would most benefit.

Our findings suggest that different groups in this region have much to offer. Persons with disabilities or with relatives with disabilities have experience learning about emergency preparedness and in teaching other people with disabilities about emergency preparedness. Disability advocates and service providers have experience in developing emergency plans specifically for people with disabilities. Emergency planners and responders have experience in planning and responding to the general population.

For our region to move forward emergency planning for people of all needs, these approaches should be combined. Plans that are already in place should be reviewed to see how they can be adapted for people with disabilities in the NCR, and, at the same time, disability-specific plans need to be integrated with broader, community-wide plans.

National Capital Region Disability Preparedness Initiative National Capital Region Needs Assessment on Disability Preparedness

In February 2005, the Disability Preparedness Center conducted the National Capital Region Needs Assessment on Disability Preparedness. The assessment was designed to elicit information from experts in disability issues, emergency response and planning, and related disciplines from across the region. The survey was completed by 58 participants, many of whom either have a disability or are family members or advocates of someone with a disability.

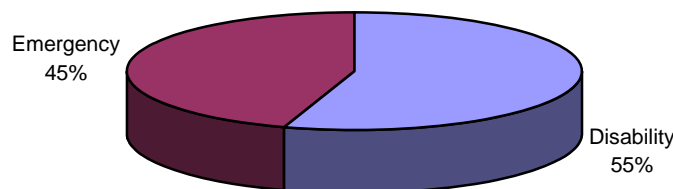
The survey (a) asked for information on the participants (their background); (b) gave them an (open-ended) opportunity to describe the top unmet needs in emergency preparedness for people with disabilities in the NCR; and (c) asked for (closed-end) responses to a list of emergency preparedness activities, reporting both their organization’s level of activity and the level of importance they ascribe to each activity. The survey also allowed participants to share, in their own words, what they think about the current state of emergency planning in the National Capital Region. The following report presents the results of this survey.

The Participants

The Disability Preparedness Center initiated the assessment with a list of approximately 60 names that formed the basis of a snowball sample in the National Capital Region’s 22 jurisdictions. Snowball sampling asks interview participants to recommend additional participants for the study, which serves as an ideal way to identify a range of diverse experts in related fields.

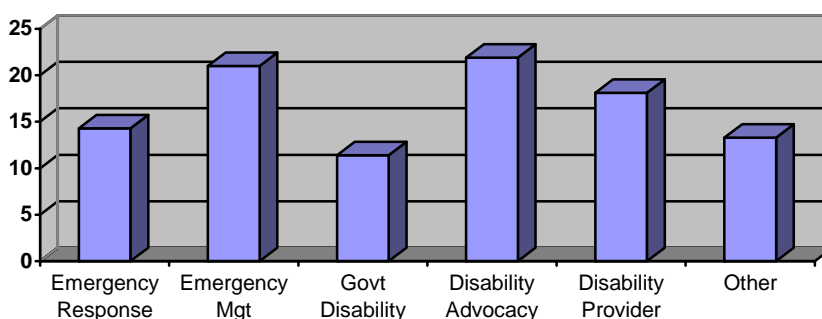
The initial list was selected to be representative of a wide range of emergency organizations, disability advocacy groups, and disability service providers across the region. Emergency planners and responders included representatives from fire/EMS, police departments, public health, volunteer organizations, government emergency planning agencies, and members of the National Capital Region Council of Governments Board of Directors. Disability advocates and service providers for a wide range of people with disabilities were interviewed, along with representatives of government agencies that plan and administer services for persons with disabilities. In addition, our initial list of names was selected to include organizational representatives who are also persons with disabilities or family members of persons with disabilities. (For a complete list of participants and their organizational affiliation, see the Appendix).

Figure 1. Participants in the Needs Assessment, by Type of Organization (n=58)



After contacting a total of 110 people across the region, DPC completed 58 interviews. Of these completed interviews, forty-five percent (45%) were with representatives of emergency planners and responders and fifty-five percent (55%) were with representatives of disability advocacy organizations and service providers. Participants were asked to indicate the range of services that were available through their organization (if applicable) and most selected several of the following categories: emergency response, emergency management and planning, government disability agency, disability advocacy, and/or disability service provider. While participants were representative of this range of activities, the majority indicated emergency management/planning and disability advocacy as major activities performed by their organization. “Other” activities included, for example, policy setting, volunteer coordination, and information/referral.

Figure 2. Organizational Focus of Needs Assessment Participants (n=58)



Many study participants also indicated that they had personal experience with disability and/or emergency planning. Nineteen percent (19%) of all participants indicated that they are a person with a disability and forty-three percent (43%) indicated that they are a family member, friend or advocate of a person with disability. Also, thirty-one percent (31%) indicated that they have had some experience with emergency planning for a person with a disability (themselves or a family member).

Top Unmet Needs in the National Capital Region

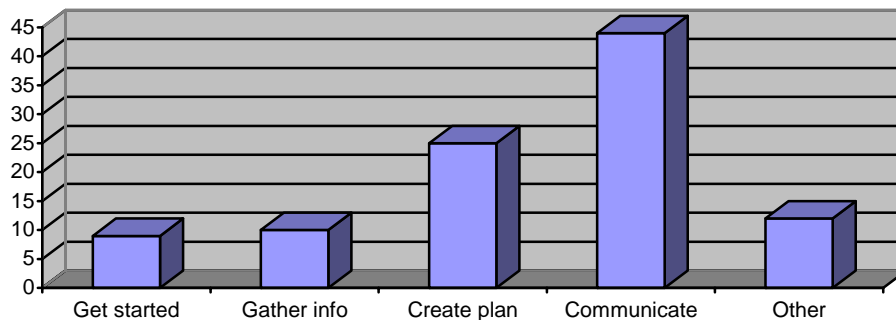
Participants were asked to identify the top three unmet needs that should be addressed in order to improve emergency planning for people with disabilities in this region. This question was asked as an open-ended question, allowing participants to identify what they thought the unmet needs are (instead of responding to a preconceived list of needs). Their responses were numerous and detailed, but clustered in a few main areas.

KEY POINTS
Top three unmet needs in the National Capital Region are: <ul style="list-style-type: none"> • Need more information on what to do • Need to make emergency plans that include people with disabilities • Need to communicate plans to the public

Responses were grouped by the following topics:

- Forty-four percent (44%) said that we need to **communicate** what we know about disability preparedness through training and public awareness campaigns;
- Twenty-five percent (25%) said that we need an **inclusive emergency plan** that includes the perspective of people with disabilities and is a coordinated response;
- Ten percent (10%) suggested that we need to **gather more information** about how best to prepare for people with disabilities;
- Nine percent (9%) of participants said that we just needed to “**get started**” by identifying resources and resolving conflicts among agencies; and twelve (12%) had “**other**” suggestions (including addressing transportation needs, conducting drills, and making sure medical supports are available). (See Figure 9).

Figure 3. Top Unmet Needs for Disability Preparedness in the National Capital Region (n=58)



Top Unmet Need: Need to Facilitate Public Communication

Most participants (44%) indicated the need to focus primarily on communication in the NCR. One in three of those who recommended focusing on communication suggested using public information campaigns to communicate issues related to emergency preparedness for persons with disabilities. Several participants suggested, “keeping the message simple.” One in four suggested that some kind of accessible warning system should be developed.

One in five suggested focusing communication efforts on education and training, then gave various suggestions for who should receive this training: agency staff, persons with disabilities and their families, emergency responders or the general population (which includes people with disabilities who are living independently). Finally, the remainder of participants who listed communication as a top unmet

Public Awareness

Most important is an awareness campaign, to push that there are not parallel worlds (one disabled and one not) but only one world and that people with disabilities should not have a separate preparedness activity or system, but should be fully included in the regular emergency preparedness system. Persons with disabilities are not only sometimes more vulnerable, but also sometimes have important strengths they can contribute, like experience overcoming strange obstacles and dealing with their [different types of] disability.

– Nancy Mercer, The Arc of Northern Virginia

need suggested that communication activities could focus on identifying persons with disabilities and their emergency needs through a registry or emergency cards. Several participants from disability advocacy groups and service providers warned of the difficulties in identifying persons who are not yet “in the system,” i.e., those who have disabilities but have not sought organizational assistance, public or private.

Second Most Indicated Need: Need Emergency Plans for Persons with Disabilities

The second most indicated need in the National Capital Region was for coordinated emergency plans that include persons with disabilities. Twenty-five percent (25%) of all participants indicated the need for better emergency plans that include contingencies for people with disabilities. Almost half of those who suggested inclusive emergency plans suggested that people with disabilities must be included in the planning process.

The remainder of participants who recommended inclusive emergency plans were somewhat divided on how to go about developing these plans. Most called for an inclusive, coordinated approach that integrated needs of persons with disabilities into emergency plans for the general population. A few, however, suggested that persons with disabilities may need to create their own plans, knowing that in the event of a widespread emergency it is likely that they will need (at least initially) to take care of themselves.

Participation in Inclusive Planning

People with disabilities need to have participation in the process and must be self-initiating in their efforts to be better served in such cases of national emergency. They must be actively involved in their destiny as it pertains to these types of major, long-term and comprehensive events. They need to be advocates for themselves. Groups who represent people with disabilities should be heavily involved to help their constituents help themselves. People with disabilities need to recognize how important this is and have a voice in it.

-- Luther Reynolds, Montgomery County Police Department

Overall emergency planning for the National Capital Region has to be inclusive of persons with disabilities, instead of having a separate plan for them and us. The plan needs to have accommodations built in and the planning process requires participation of persons with disabilities to ensure a sense of ownership, otherwise people won't pay any attention to it.

– Earl Copus, Melwood

Third Most Indicated Need: Need More Information

Ten percent (10%) of all participants indicated the importance of gathering more information about the needs and appropriate responses for persons with disabilities in the event of an emergency. Most people said that we need to figure out “what to do” for people with different disabilities and needs. Several participants also

Need for Baseline Information

The first need is to establish and communicate a baseline level of information about preparedness for individuals with disabilities. We need to know what kind of assistance they need and what organization they spend their time with. We've got to have a baseline of what we want people to know to be self-sufficient during an emergency.

– Jim Resnick, Montgomery County (MD) Office of Emergency Management

had more specific questions, such as how to shelter in place, how to do an evacuation, or what to do about medications during an emergency.

Other Unmet Needs

Nine percent of responses (9%) suggested that before we gather any information or attempt to put it together into plans or public information campaigns for persons with disabilities that we need to “get started,” to take the first steps in emergency planning. This includes identifying resources and funding supports for disability preparedness, and resolving conflicts over policy or regulations that might stand in the way of emergency preparations.

Finally, twelve percent (12%) of all participants had “other” suggestions that did not fit any of the above clusters of responses. The largest majority of these suggestions included focusing on transportation needs, conducting drills, and making sure there are adequate medical supports for people with disabilities in the event of an emergency.

Emergency Planning Activities

Participants were asked to respond to a list of activities related to emergency preparedness for persons with disabilities, indicating (1) how active their organization has been in the activity, and (2) the importance of each activity from the perspective of their organization. The list identified 12 major current activities in emergency preparedness generally, and in preparedness

Locating People with Disabilities

The most important issue is knowing where people with disabilities are located. We generally know where the special needs populations are that are institutionalized (because they have developed plans), but we also need to know where to locate our special need residents who are living independently in apartments or are with families. Not only do we not know where they are located, but what their needs are. How can we properly prepare for a major disaster if we are unaware of their needs?

–Reggie Parks, Director, Prince George’s County
 Office of Emergency Management

inclusive of persons with disabilities. Participants provided valuable information on the current level of emergency planning activities in the National Capital Region.

The following is a description of each of the 12 major emergency planning activities specified in the needs assessment and the findings associated with each activity:

- **Conference (general public)** – attending workshop or conference on emergency preparedness

Attending general conferences and workshops on emergency preparedness is the most frequent activity named by emergency planners and responders with just over sixty percent (60%) of all emergency planners and responders reporting that they are “very active” in (general) conference attendance. This is not, however, a frequent activity of disability advocates and service providers. This item received one of the three lowest ratings for importance to disability advocates and service providers, and only twenty-one percent (21%) of disability advocates and service providers reported being “very active” in (general) conference attendance.

- **Conference (disability)** – attending workshop or conference on emergency preparedness that includes information related to disability preparedness

Attending conferences or workshops that include emergency preparedness information for persons with disabilities is more popular with disability advocates and service providers, but is not an activity that either emergency participants or disability advocates and service providers frequently engaged in. Evidence suggests that this type of conference is not often available in our region. Disability advocates and service providers rank this item as the third most important activity for their organizations, but only twenty-five percent (25%) of emergency planners and responders and thirteen percent (13%) of disability advocates and service providers reported being “very active” in (disability) conference attendance.

KEY POINTS

Top three selected activities of emergency planners and responders:

- Attending conferences on general emergency preparedness
- Doing emergency drills with the general population
- Working on local communication networks (like an emergency phone tree for people with disabilities)

- **Emergency plan** – developing a plan for emergency preparedness that includes issues related to persons with disabilities

Both types of organizations think that developing emergency plans that include persons with disabilities is an important activity and both groups rate the item similarly in terms of how active their organizations have been in developing inclusive plans. Emergency planners and responders rank it the third most important activity, disability advocates and service providers rank it the most important activity, and thirty-nine percent (39%) of both emergency and disability advocates and service providers report being “very active” in developing inclusive emergency plans.

KEY POINTS

Top three selected activities of disability advocates and service providers are:

- Developing emergency plans that include persons with disabilities
- Working on community events that include activities on emergency preparedness for people with disabilities
- Working on local communication networks (like an emergency phone tree for people with disabilities)

- **Responder training** – providing information or training on issues related to disability preparedness for emergency responders

Responder training does not rank high in importance or in activity level for either emergency organizations or disability advocates and service providers. It ranked as the sixth most frequent activity of both emergency and disability advocates and service providers.

- **Provider training** – providing information or training on issues related to disability preparedness for agencies or service providers

Provider training does not rank high in importance or in activity level for either emergency or disability advocates and service providers. It ranks as the eleventh and the eighth most frequent activity of emergency and disability advocates and service providers, respectively.

- **Training persons with disabilities** – providing information or training on issues related to disability preparedness for persons with disabilities

Disability advocates and service providers ranked training persons with disabilities in emergency preparedness higher than most emergency planners and responders did. Training persons with disabilities was the second most important activity of disability advocates and service providers and ranked as the fourth most frequent activity of disability advocates and service providers. For emergency planners and responders, training persons with disabilities ranked as the seventh most important activity and the seventh most frequent activity.

- **Public awareness** – conducting a public awareness campaign on preparedness that includes persons with disabilities

Emergency planners and responders are more active in conducting public awareness campaigns that include information related to emergency preparedness for persons with disabilities, but neither group ranked this item particularly high in terms of importance. Thirty-nine percent (39%) of all emergency planners and responders report being “very active” in conducting public awareness campaigns. Twenty-seven percent (27%) of disability advocates and service providers report being “very active” in this category.

- **Drills (general public)** – developing or staging emergency response drills or exercises

KEY POINTS

Emergency planners/ responders and disability advocates/service providers ranked all emergency planning activities high in importance.

Emergency planners and responders rank general emergency response drills high in importance and they engage in this activity frequently, compared to disability advocates and service providers who ranked this item low in importance and in frequency. Emergency planners and responders ranked emergency response drills second in importance overall and second in terms of level of activity, with sixty percent (60%) of emergency planners and responders reporting being “very active” in this category. Disability advocates and service providers, on the other hand, ranked this item eighth in terms of importance and seventh in terms of activity level.

- **Drills (disability)** – developing or staging emergency response drills or exercises that include persons with disabilities

Neither group was very active in emergency response drills that include persons with disabilities, although both groups rated the item as relatively important. Emergency planners and responders ranked emergency response drills with persons with disabilities fourth in importance and ninth in terms of activity level. Disability advocates and service providers ranked this item fifth in importance and eighth in terms of activity level.

- **Community project** – participating in community-based projects (long-term or on-going) that test ideas related to emergency preparedness for persons with disabilities

Participation in community projects that test ideas related to disability preparedness does not rank high in importance or in activity level for either emergency organizations or disability advocates and service providers. It ranks as the tenth and the ninth most frequent activity of emergency organizations and disability advocates and service providers, respectively.

- **Community event** – participating in community events (short-term or one-time) that include activities related to disability preparedness

While participating in community events that include activities related to disability preparedness is not ranked high in terms of importance for either type of organization, it is the second most frequent activity of disability advocates and service providers. Emergency organizations and disability advocates and service providers rank this item 10th and 7th in terms of importance, while nearly 27 percent of disability advocates and service providers consider themselves “very active” in community events.

- **Communication network** – participating in local emergency communication networks (like an emergency phone tree, for example) that include persons with disabilities

Participating in communication networks that include persons with disabilities ranked high in terms of importance and activity level for both types of organization. Emergency planners and responders ranked communication networks 1st in importance and 3rd in terms of activity level. Disability advocates and service providers ranked this item 3rd in importance and 4th in terms of activity level. Forty-eight percent of emergency planners and responders and 24 percent of disability advocates and service providers reported their participation in communication networks as “very active.”

Comparisons – Participants and Organizations

Participants

We wanted to see if there were any differences in responses when participants were distinguished by personal experience with a disability. When we divided the sample into (a) persons with disabilities or a relative with disabilities (n=36) and (b) persons without disabilities and those who are not related to someone with a disability (n=22), several differences were revealed.

First, participants with disabilities (or with a relative with disabilities) were more active in training persons with disabilities in emergency planning than were their non-disabled counterparts. Thirty-two percent (32%) of persons with personal experience with disabilities

KEY POINTS

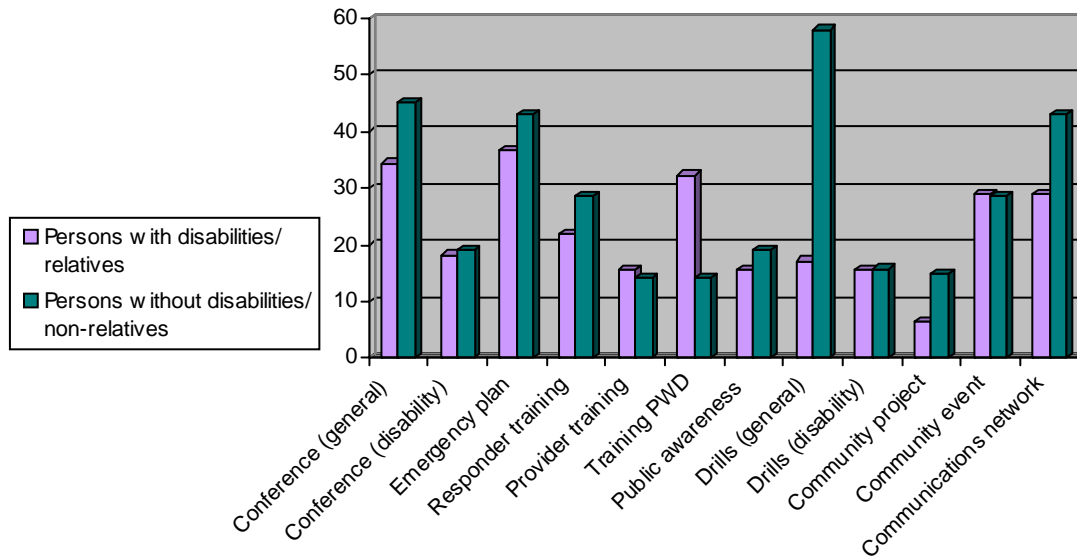
Participants with disabilities (or with relatives with disabilities) are:

- More active in training other persons with disabilities in emergency planning; and
- Find training persons with disabilities more important than their non-disabled counterparts do.

were “very active” in training people with disabilities versus fourteen percent (14%) of participants without such personal experience. This was the only category in which participants with personal experience of disability were significantly more active than their counterparts without such experience.

Second, non-disabled participants were significantly more active in developing or staging drills for the general population than their counterparts with disabilities. Fifty-eight percent (58%) of non-disabled participants (and participants not related to someone with a disability) were “very active” in staging drills for the general population, while only seventeen percent (17%) of participants with disabilities (or with relatives with disabilities) were “very active” in this category. This is a difference of forty-one (41) percentage points and ranks as one of the largest differences between any two groups in the study. (See Figure 10.)

Figure 10. Percentage of Participants with Disabilities or with Relatives with Disabilities “Very Active” in Emergency Planning Activities Compared with Participants without Disabilities and non-Relatives (n=58)



Third, participants with disabilities (or with relatives with disabilities) and participants without disabilities (and those who are not related to someone with a disability) ranked the importance

KEY POINTS

Participants who are not disabled (and are not related to someone with a disability) are:

- Much more active doing emergency response drills with the general population; and
- More likely to rank drills for the general population and drills that include people with disabilities as “very important” than their counterparts with disabilities do.

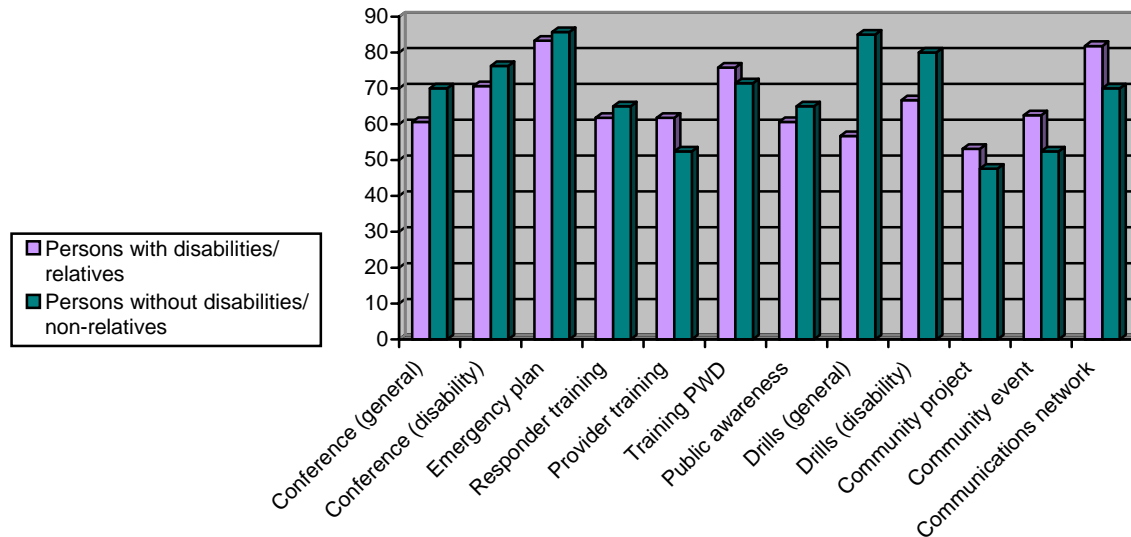
of emergency planning activities with very few differences. Eighty-two percent (82%) of participants with disabilities (or relatives) ranked communications networks as “very important,” compared to seventy percent (70%) of their non-disabled counterparts – a difference of 12 percentage points.

Fourth, non-disabled participants (and those without a relative with a disability) ranked drills for the general population and for persons with disabilities as more important than their counterparts with disabilities did. Eighty-five percent (85%) of participants without personal experience of disability ranked drills for the general population as “very

important than their counterparts with disabilities did. Eighty-five percent (85%) of participants without personal experience of disability ranked drills for the general population as “very

important,” and eighty percent (80%) of this group ranked drills that include persons with disabilities as “very important.” This was higher than participants with disabilities or with a relative with disabilities by 28 and 13 percentage points, respectively. (See Figure 11.)

Figure 11. Percentage of Participants with Disabilities or Relatives of Persons with Disabilities Who Think Emergency Planning Activities are “Very Important” Compared with Participants without Disabilities or Non-Relatives (n=58)



Organizations

To see if there were any differences between organizations we divided the sample into two groups: (a) disability advocacy and service providers (n=32) and (b) emergency planning and response (n=26). When participants were distinguished between emergency-focused and disability-focused organizations, results revealed several significant differences.

It is not surprising that emergency-focused organizations were significantly more active in emergency planning activities than their disability-focused counterparts, and tended to be more active in emergency planning activities that were for the general population. Emergency planners and responders were significantly more active in at least three activities: staging emergency response drills for the general population; attending conferences on general emergency preparedness; and participating in communications networks.

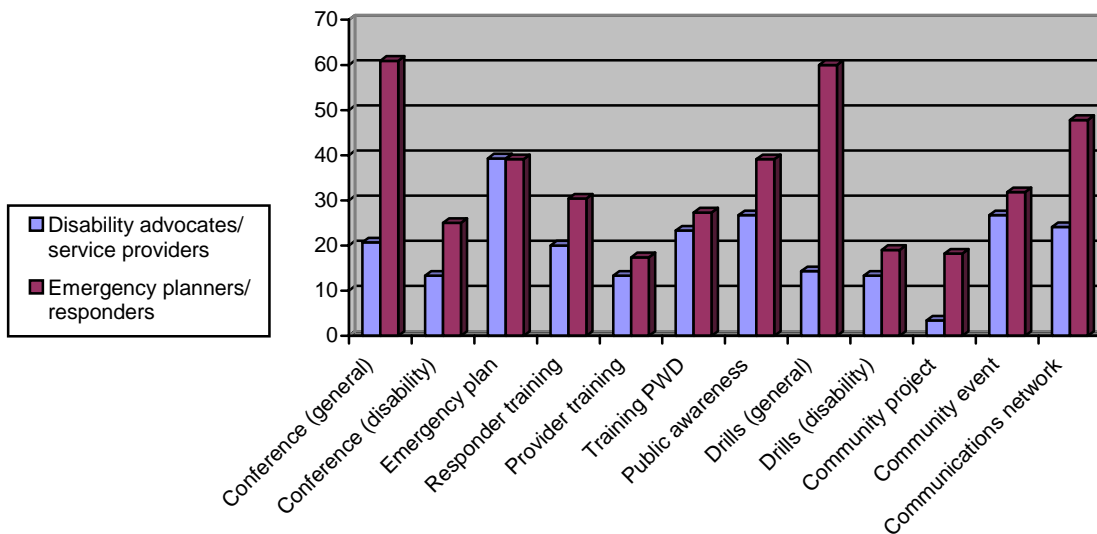
KEY POINTS

Emergency-focused organizations were more likely to be active in all emergency planning activities, except for developing emergency plans that include people with disabilities.

Emergency-focused organizations are more likely to participate in emergency planning activities for the general population and to adapt these approaches for persons with disabilities.

The only emergency planning activity in which disability-focused organizations were as active as emergency-focused organizations was in developing emergency plans that include issues related to persons with disabilities. (See Figure 12.)

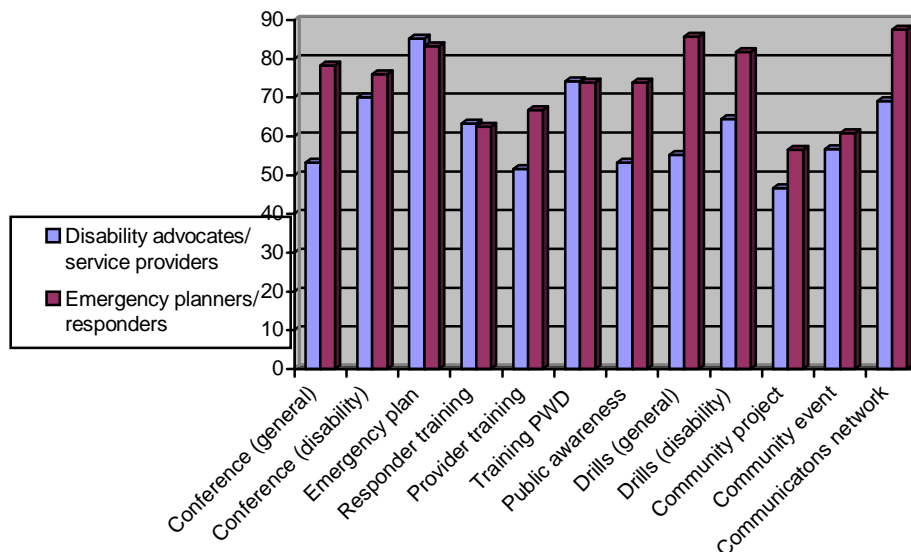
Figure 12 Percentage of Disability Advocates and Service Providers “Very Active” in Emergency Planning Activities Compared with Emergency Planners and Responders (n=58)



Both disability-focused and emergency-focused organizations ranked most emergency planning activities as “very important.” Emergency-focused organizations ranked several items as more important than disability-focused organizations ranked them, including attending general conferences on emergency preparedness, staging drills (both general and inclusive of persons with disabilities), participating in communication networks, and conducting public awareness campaigns.

Disability-focused organizations found only a few activities more important than emergency-focused organizations did. They were emergency planning that includes issues related to persons with disabilities, responder training, and training persons with disabilities in emergency planning. (See Figure 13.)

Figure 13. Percentage of Disability Advocates and Service Providers Who Think Emergency Planning Activities are “Very Important” Compared with Emergency Planners and Responders (n=58)



Both emergency-focused and disability-focused organizations are attending more conferences on general emergency preparedness than they are attending conferences that include information related to disability preparedness. In talking with participants, it is clear that they would attend conferences that included information on preparedness for people with disabilities, but there are few such conferences available. More information on preparedness for people with disabilities or other special needs is desired.

Emergency organizations cited communication networks, drills for the general population, and emergency planning that includes issues related to persons with disabilities as their top three most important activities. Disability-focused organizations cited emergency planning, emergency training for persons with disabilities and attending conferences that include information related to disability preparedness as their top three most important activities.

Both groups were reluctant to say that any emergency planning activity was “not important.” Still, emergency planners and responders ascribed the least importance to responder and service provider training, and disability advocates and service providers gave the least importance to drills in the general population and service provider training.

Summary of Findings

Results from this survey indicate that there are various activities related to emergency preparedness for persons with disabilities already occurring in the National Capital Region, and widespread interest in developing emergency plans that are more inclusive of people with disabilities. There is broad agreement that more should be done to make emergency

preparedness, response and recovery in the NCR more inclusive of people with disabilities or other special needs.

Through our snowball sampling technique we were able to identify a network of organizations and individuals throughout the region working on emergency and disability preparedness. What we find in surveying the participants is a great deal of expertise and enthusiasm. People appear to know a lot, but have just begun to communicate their knowledge and expertise among themselves and to others who would most benefit.

Our findings suggest that different groups in this region have much to offer. Persons with disabilities or with relatives with disabilities have experience learning about emergency preparedness and in teaching other people with disabilities about emergency preparedness. Disability advocates and service providers have experience in developing emergency plans specifically for people with disabilities. Emergency planners and responders have experience in planning and responding to the general population.

For our region to move forward emergency planning for people of all needs, these approaches should be combined. Plans that are already in place should be reviewed to see how they can be adapted for people with disabilities in the NCR, and, at the same time, disability-specific plans need to be integrated with broader, community-wide plans.

When participants were asked how to move forward emergency planning for persons with disabilities in this region, they identified the following top three priority areas.

First, communication among key groups (people with disabilities, disability advocates and service providers, emergency planners and responders) should be facilitated, and what is learned from that widely publicized. People with disabilities, emergency professionals, and the public need to know about easily accessible ways to receive and initiate communications about emergencies and about inclusive emergency preparedness. In the NCR we need training, education and public awareness campaigns about including persons with disabilities in emergency plans and planning processes.

Second, survey participants want coordinated emergency planning that includes persons with disabilities. Persons with disabilities should be included in coordinated planning processes, whether that means modification of general plans to be inclusive of everyone's major needs, or persons with disabilities making their own plans and then reaching out to connect with more general public plans.

Third, for both planning and communication to be effective, more information is needed on what persons with disabilities should do in emergencies and in preparing for emergencies. Relevant information has been gathered by emergency professionals and by disability advocates and service providers throughout the region, but it needs to be shared more effectively and further developed.

Appendix – Needs Assessment Participants

Hilda Barg, Metropolitan Washington Council of Governments, Prince William County Board of Supervisors, Woodbridge VA

C. Douglas Bass, Emergency Coordinator, Annandale VA

Dr. Roger Biraben, Division Director Department of Mental Health, Mental Retardation and Substance Abuse Services, Leesburg VA

Debbie Brown, President, Federation of the Blind, Sligo Creek Chapter, Rockville, MD

Mary Burger, Director, Loudoun Community Services Board, Leesburg VA

Joan Cassidy, Northern Virginia Resource Center for Deaf and Hard of Hearing Persons, Sterling VA

Carlene Cheatam, Mental Retardation/Developmental Disabilities Administration, Washington DC

Susan Cohen, Group Home Licensing Coordinator, Montgomery County Dept. of Health and Human Services, Rockville MD

Patrick M. Collins, Emergency Coordinator, Prince William County, Manassas VA

Earl Copus, President and CEO, Melwood, MD

Steve Dale, Executive Director, Community Alternatives of DC, Washington DC

Mary Ann Friis, Prince George's County Health Department, Largo MD

Mickey Gomez, President of Maryland VOAD, Howard County, MD

Steve Gorman, Chairperson, Mayor's Committee on Persons with Disabilities, Washington DC

Kimball Gray, Commissioner, Montgomery County Commission on People with Disabilities, Silver Spring, MD

Karen Griffin, District of Columbia Public Schools, Washington, DC

Penelope Gross, Metropolitan Washington Council of Governments, Fairfax County Board of Supervisors, Annandale VA

Steve Hall, Deputy Director, Arlington County Emergency Management, Arlington VA

Lise Hamlin, Regional Specialist, Northern Virginia Resource Center, VA

Doreen Hodges, CEO, DC Downs, Washington DC

Kim Jones, Executive Director, Advocates for Justice and Education, Washington DC

Dr. Jay Kenney, Chief, Aging and Disability Services

Karen Kuker-Kihl, Commissioner, Montgomery County Commission on People with Disabilities, North Bethesda MD

David Lambelet, Loudoun Community Services Board, Leesburg VA

John Lovell, Metropolitan Washington Council of Governments, Frederick County Board of Commissioners, Frederick MD

Allan Lovell, CEO, CHI Centers, MD

Jennifer Malas, Program Director, Abilities Network, Silver Spring MD

Jack Markey, Director, Emergency Preparedness, MD

Beka Martinez, President, Autism Society, Northern Virginia Chapter, Alexandria VA

Major McCoy, Executive Officer, Fire/EMS, Department Headquarters, Largo MD

Dennis McFeely, Emergency Services Board, VA

Lt. Sharon McInnis, Reserve Corps Coordinator, Metropolitan Police Department Headquarters, Washington DC

Nancy Mercer, Executive Director, The Arc of Northern Virginia, Falls Church VA

Paul Meyer, Deputy Director, Division of Environmental Health, MD

Ivan Myles, Prince George's County Department of Family Services, Camp Springs MD

Kimberley Njowusi, Director of Quality Assurance, The Arc of Prince George's County, Largo MD

Reggie Parks, Director, Prince George's County Office of Emergency Preparedness, Landover Hills MD

Mark Penn, Emergency Coordinator, Alexandria City, Alexandria VA

Michelle Penick, ADA Coordinator, DC Emergency Management Agency, Washington, DC

Susan Quast, Nurse Administrator, Montgomery County Dept. of Health and Human Services, Rockville MD

Trish Redmond, Incoming President, Northern Virginia VOAD, Manassas VA

Jim Resnick, Battalion Chief, Office of Emergency Management, Montgomery County, MD

Luther Reynolds, Captain/Director, Personnel Division, Montgomery County Police Department, Rockville MD

Bea Rodgers, Resource Connections, Lanham MD

Paul Rohde, Emergency Planner, Lockheed Martin Corporation, Bethesda MD

Bruce Romer, Director, Montgomery County Division of Emergency Management, Gaithersburg MD

Marcie Roth, Executive Director, Spinal Cord Injury Association, Rockville MD

Rebecca Salon, Executive Director, Lt. Joseph P. Kennedy Institute, Washington DC

Elaine Senft, Parents and Associates of the Northern Virginia Training Center, Fairfax VA

Maret Sisas, AmeriCorps, Goodwill Industries of Monocacy Valley, Inc., Frederick MD

Calvin A. Smith, Sr., Metropolitan Washington Council of Governments, Human Services, Planning & Public Safety, Washington DC

Sue Swenson, Assistant to the Executive Director, The Arc of the United States, Silver Spring MD

Sherie Takamoto, President, Parent Educational Advocacy Training Center, Springfield VA

Eleanor Voldish, Executive Director, The Arc of Loudoun County, Leesburg VA

Reverend Marilyn Washburn, Pastor at Faith United Methodist Church of Christ, Citizens Corps Council of Frederick County, Frederick MD

Raymond Clive Watson, Prince George's County Department of Family Services, Camp Springs, MD

Tim Weins, Jubilee Association, Kensington MD

Traci S. Winfree, Director of Emergency Services, American Red Cross, Leesburg VA