



of the Mid Ohio Valley



*Seeing the Possibilities,
not the disabilities.*

**Serving children and adults with
intellectual, cognitive, and related
developmental disabilities and their
families for 50 years.**



of the Mid Ohio Valley

The Arc's Goal

To make a critical difference in the lives of the citizens we serve, with consumers, parents, friends, and other family members relying on us to encourage, assist, and empower them to live, work, learn, worship and play in the community.

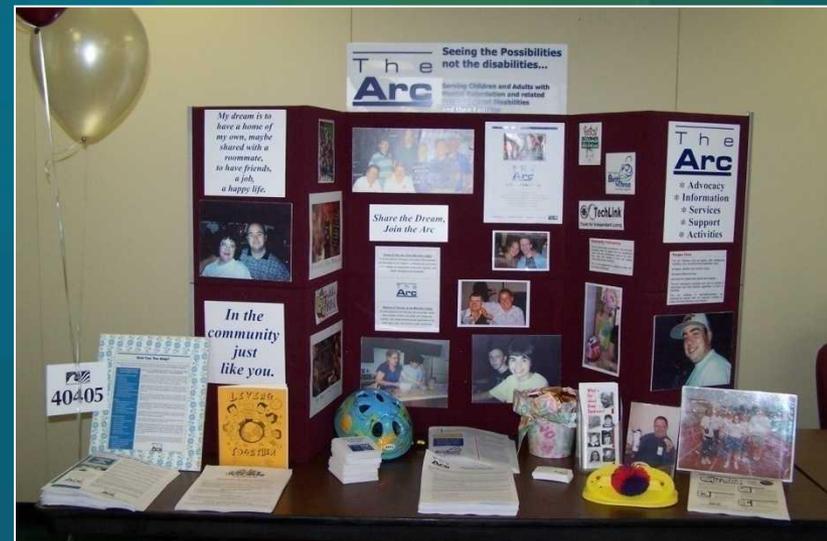


The Arc of the Mid Ohio Valley

- Serve approximately 3000 families per year
- 10-County Region & Statewide
- 28 programs and services
- Serve ages birth to the end of life



of the Mid Ohio Valley



Defining Special Populations

In the context of emergency preparedness, a broad definition of special populations include any individual, group or community with any physical, mental, emotional, cognitive, cultural, ethnic, socio-economic status, language, or other circumstance that creates barriers to understanding or acting as expected or requested.

Greater Impact

People with special needs are impacted greater:

- Disrupted continuum of care
- Delay in equipment supply, delivery, repair
- New geography/transportation issues
- Effective communication issues
- Identification of post-disaster needs impacting their special needs

**Special needs in our
society result from
various types of
challenges:**

Language

- Common language barriers include:
 - the limited English speaking
 - those for whom English is a second language
 - those who are illiterate
- The deaf and the hard of hearing community is a large segment of our population, but because they have learned many coping strategies, their needs are not always apparent.

Mobility

- Some mobility challenges are obvious, such as those who use wheelchairs or canes.
- Other challenges are not as obvious, such as those with artificial limbs, knee or hip replacement, spinal conditions, or severe arthritis.



Developmental

- Every community has citizens who have developmental delays, have a mental health disability, or have difficulty understanding and comprehending written and/or spoken information.

**Various factors influence
how people in special
populations react
during emergency
situations:**

Income

- Low income or limited resources can affect a family's ability to react and participate in emergency procedures.
 - lack of a family vehicle or reliance on public transportation
 - inability to pay for private shelter
 - lack of health insurance or underinsurance
 - inadequate housing
 - lack of finances for emergency supplies.

Age

- The young or elderly in dependent situations face numerous challenges, such as physical, cognitive, mobility/transportation, or financial limitations.

Barriers to Communication with SNP in WV

- Cell Phone
 - “Dead Zones” due to geography
 - No discretionary \$\$ to purchase
- Internet
 - No discretionary \$\$ to purchase computers
 - Non-accessible websites
 - No or very limited access due to geography
- Television
 - No cable or local TV coverage due to geography
- Radio
 - No discretionary \$\$ to purchase transistor radios
- Newspaper
 - Not able to read/comprehend contents
 - No discretionary \$\$ to subscribe

Crisis Communication: PWD

- Getting the message out
 - Communities take care of their own
 - Churches know their congregations
 - Local Volunteer Fire Departments
 - Rural Route-Postal Carriers

Ethnicity

- Different cultures and ethnic backgrounds can effect how a person processes information and reacts to guidance.

Religion

- Religious beliefs provide a value system through which information and concepts are processed, and these beliefs and values may not be compatible with emergency operation procedures.

Kaiser Family Foundation Study

Interviewed evacuees from New Orleans evacuated to the Astrodome and other large facilities in Houston

“Which of these was the biggest reason you did not leave?”

- 37%: “I just didn’t want to leave.”
- 22%: “I was physically unable to leave.”
- 23%: “I had to care for someone who was unable to leave.”

Understanding Barriers and Vulnerabilities

Special populations tend to be especially vulnerable in emergency situations, when existing barriers can have an even greater impact on their ability to participate and respond.

Understanding Barriers and Vulnerabilities

- *Dependence on support services*
 - People who depend on community support services or others to function or perform daily activities are vulnerable.
- *Residence in high-risk areas*
 - People who live in the older or lower income parts of towns are exposed to more physical structural damage from disasters.

Understanding Barriers and Vulnerabilities

- *Limited resources or support*
 - People lacking money, education, jobs, or other resources have fewer coping mechanisms with which to prepare for and recover from disasters.
 - People who lack resources, knowledge, or ability to access traditional systems may not have adequate support systems pre- or post-disaster.

Barriers for Special Populations include:

- *Communication*
 - For special populations, all forms of communication can be complicated or difficult, including written or spoken information, guidance, or directives.
 - People who communicate with special populations should, in general, be careful so as not to cause confusion or evoke anxiety.

Barriers for Special Populations include:

- *Transportation*
 - The barriers to getting to a particular site, for some special populations, are significant.
 - Some may not have money for public transportation or the transportation may not be accessible for their disabilities.

Barriers for Special Populations include:

- *Access*
 - Distances, stairs, slick floors or uneven surfaces may constitute barriers.
 - Many individuals will be overwhelmed with the anxiety of the situation, will not travel alone, or might need assistance.

Functional Needs Categories

Functional Need – Restriction or lack of ability to perform activities considered part of an everyday routine that result primarily or secondarily from an impairment

Cognitive Impairments	Physical Impairments	Sensory Impairments
Memory	Walking	Blindness
Problem-solving	Climbing stairs	Deafness
Visual comprehension	Reaching	Vision impairment
Attention	Lifting	Hearing impairment
Math comprehension	Carrying	Olfactory impairment
Reading and verbal comprehension	Confinement	Sensory integration disorder

Defining and Distinguishing Special Needs Populations

- Disability as a functional limitation
 - Interference with a person's ability to walk, lift, heal, and learn
 - A functional approach integrates diverse concepts about special needs
 - Emergency plans should address functional needs in order to benefit special needs populations during emergencies.

What is a Disability?

A physical or mental impairment that substantially limits one or more of the major life activities:

- Walking
- Standing
- Working
- Hearing
- Thinking
- Seeing
- Breathing
- Learning
- Self-Care
- Speaking
- Sitting

Some disabilities are clearly visible.

Other disabilities may not be visible at all.

Fast Facts:

- West Virginia has the highest per capita rate of disabilities in the United States.
- 26.8% of the state's population, or more than 1 out of every 4 WV'ians have a disability.
 - That's enough people to fill Mountaineer field 9 times!
 - That's 7 times the population of Charleston.



- The U.S. Census determined that 54 million people in the United States have a disability (1/5 or 20% of the population).
- It is the only minority group that anyone might become part of at any time.
- Some people become part of the group at birth, others in a split second of an accident, others by illness and the aging process.



Who are People with Disabilities?

- People with disabilities can be anyone.
- They are friends, classmates, co-workers, supervisors, employees, and family members.
- People with disabilities attend churches and schools, they work, shop, play sports, vote, take vacations, fall in love, get married, and do all of the activities that people do in everyday life.
- Found in all levels of society – no group is exempt.

- People with disabilities are increasingly moving into the mainstream of society, which contributes to the diversity that has been this country's strength.
- Further, we cannot predict when anyone of us may need assistance, such as in the case of a broken leg or the development of heart or lung disease.

Basic Statistics

- Nearly four million people require the assistance of another person for daily life activities such as getting dressed, eating and bathing (Source: U.S. Census)
- More than eight million Americans have limited vision; 130,000 are totally blind (American Foundation for the Blind).
- 28 million Americans have hearing loss; 500,000 are completely deaf (National Assoc. of the Deaf).

Basic Statistics

- There are 1.5 million wheelchair users. An additional four million people require mobility aids such as canes and walkers (U.S. Census).
- More than seven million people have mental retardation (U.S. Department of Health and Human Services).
- Many individuals have more than one disability.

Emergency Preparedness

Key Objective: Special Needs Pop.

- 1 Ensure that the special needs of people with disabilities are adequately addressed prior to an emergency in order to minimize the adverse impact on people with disabilities and their communities.
 - enables emergency responders to make informed decisions for the best use of available resources during emergencies.

Emergency Preparedness

Key Objective: Special Needs Pop.

- 2 Ensure that people with disabilities are included in the emergency planning process at all levels of government and the private sector so they can offer their insights, knowledge, and resourcefulness.
 - People with disabilities can contribute greatly to the effectiveness of local emergency management planning.

Why Are These Important?

- In 2001 58% of people with disabilities did not know whom to contact about emergency plans in their community. In 2003, the result had only increased to 53%.
- 61% of people with disabilities still have not made plans to quickly and safely evacuate their homes.

A nationwide survey by Harris Interactive, commissioned by the National Organization on Disability, and funded by a grant by the U.S. Department of Homeland Security, of emergency managers in states, and large, mid-size and small cities throughout the nation, has found that:

Why Are These Important?

- 69% said they had incorporated the needs of people with disabilities into their emergency plans.
- 22% said they have a plan under development.
- among those who currently have a preparedness plan in existence or under development, only 54% had plans for dealing with schools for students with disabilities;

Why Are These Important?

- 50% did not have a special needs registry that includes people with disabilities;
- 59% did not have plans for pediatric populations; and
- 76% did not have an expert to deal with emergency preparedness for people with disabilities.

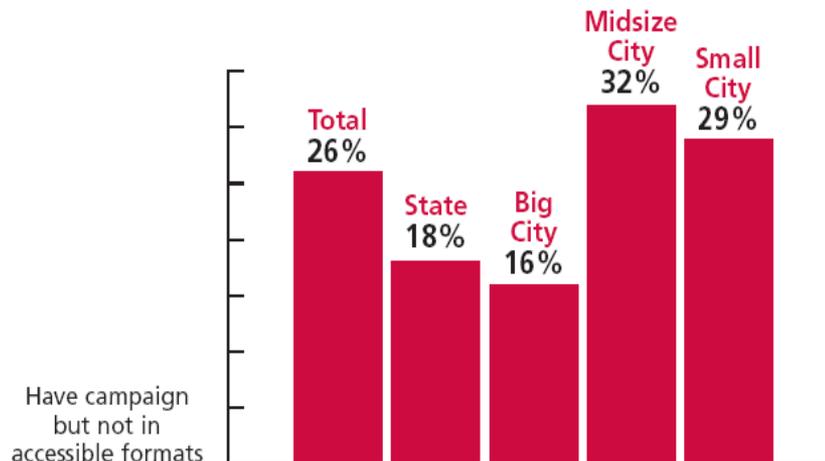
Why Are These Important?

- Among all respondents, 39% had not purchased specialized equipment
- 36% said no special training had been offered, and
- 73% said no funding had been received to address emergency planning for people with disabilities.

Why Are These Important?

- Only 42% said they had a public awareness campaign directed at providing emergency information to people with disabilities
- Only 16% of those with a campaign made the plan available in accessible formats (i.e. Braille, cassette, large type, etc.)

Have Public Awareness Campaign Directed at People with Disabilities, but not in Accessible Formats



Emergency Managers, Planners & Responders

- Customize awareness and preparedness messages and materials for specific groups of people
- Put them in alternative and accessible formats thereby increasing the ability of these individuals to plan and survive in the event of an emergency
 - Allows appropriate allocation of critical personnel, equipment and assets during the response period, and reduces 911 call volume.

Emergency Managers, Planners & Responders

- Identify those in the community who might have special needs before, during and after a disaster or emergency.
 - Doing so ahead of time results in an improved emergency plan, a better determination of resource needs, and more informed actions and decisions.

Emergency Managers, Planners & Responders

- People with disabilities, including those with sensory, physical, mental, and cognitive disabilities, should be fully included throughout the policymaking and implementation processes regarding emergency preparedness at all levels.
- Federal, state and local authorities, including non-governmental relief organizations, must consult with and utilize the expertise of people with disabilities, their advocates, and community –based organizations (CBOs).

Disability-Specific Community Based Organizations

- Are able to assist in preparedness planning and disaster assistance because they know and can protect best the specific interests and needs of groups that they assist on a daily basis.
- Know best how to reach out to the populations they assist.
- Have the most current records.

Disability-Specific Community Based Organizations

- Are accessible in terms of design and layout of facilities, environmental needs such as indoor air quality and temperature, and communication
- Are able to distribute supplies and administer emergency aid.
- Can serve as satellite distribution sites to provide alternatives, for some individuals, to traditional shelters.

Disability-Specific Community Based Organizations

- Because effective disaster response always takes place locally, the challenge for emergency management professionals is to integrate the CBOs' skill and knowledge into the emergency service plans and strategy, and connect them to local government.
- Emergency managers need to recognize, recruit, encourage, and provide funding and incentives so that CBOs can participate in disaster

Importance of Training

- CBOs lack understanding of emergency planning
- CBOs lack urgency for large-scale disaster/pan flu
 - “fire drill” mentality

Collaborations & Planning

- Develop Local Advisory Boards
 - Advocacy Organizations
 - Disability Service Organizations
 - Direct-Care Providers
 - Sheltered Workshops
 - Rehabilitation Programs

Select a range of people in terms of both affiliation and disability. Involving people with all major types of disabilities, including sensory, physical, mental and cognitive disabilities, helps to ensure the most complete picture possible of the effect of disasters on people with disabilities.

Collaborations & Planning

- Develop Memos of Understanding
 - Local Health Department
 - LEPC
 - American Red Cross
 - County Commissions
- Boards & Committees
 - Nothing About Us...Without Us!

First Response – Critical for PWD

- First responders must be prepared to accept and assess the needs of people with disabilities during the frenetic first hours of relief operations, which will ultimately provide the path towards recovery.
- People with disabilities must be assessed at the very earliest time possible by experts with the skills to recognize various disabilities and ensure proper assessment of their needs.

First Responders & Relief Volunteers

- Must be trained to deliver services and supports that are not only competent, but culturally sensitive. First responders must know:
 - What to do and how to interact with people with various disabilities (e.g. what do they do if the person has a mental illness or can not communicate without technology)
 - How to make shelters and relief operations accessible to people with physical or cognitive disabilities
 - How to comply with and enforce civil rights laws and ordinances, including fair housing laws
 - How to access public and private entities, including nonprofit organizations, that provide services and supports to people with disabilities

2nd Edition

Tips for First Responders

- Seniors
- People With Service Animals
- People With Mobility Impairments
- People With Autism
- People Who Are Deaf Or Hard Of Hearing
- People Who Are Blind Or Visually Impaired
- People With Cognitive Disabilities
- People With Multiple Chemical Sensitivities
- People Who Are Mentally Ill

Seniors

Always ask the person how you can best assist them.

- ◆ Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- ◆ Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- ◆ Older people may fear being removed from their homes – be sympathetic and understanding and explain that this relocation is temporary.
- ◆ Before moving an elderly person, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- ◆ Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn’t, can you get a new battery to make it work?

People with Service Animals

Traditionally, the term “service animal” referred to seeing-eye dogs. However, today there are many other types of service animals.

- ◆ Remember – a service animal is not a pet.
- ◆ Do not touch or give the animal food or treats without the permission of the owner.
- ◆ When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- ◆ Plan to evacuate the animal with the owner. Do not separate them!
- ◆ Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. However, if the animal is out of control or presents a threat to the individual or others, remove it from the site.

People with Mobility Impairments

- ◆ Always ask the person how you can help before attempting any assistance. Every person and every disability is unique – even though it may be important to evacuate the location where the person is, respect their independence to the extent possible. Don't make assumptions about the person's abilities.
- ◆ Ask if they have limitations or problems that may affect their safety.
- ◆ Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance. Ask!
- ◆ Here are some other questions you may find helpful.
 - “Are you able to stand or walk without the help of a mobility device like a cane, walker or a wheelchair?”
 - “You might have to [stand] [walk] for quite awhile on your own. Will this be ok? Please be sure and tell someone if you think you need assistance.”
 - “Do you have full use of your arms?”
- ◆ When carrying the person, avoid putting pressure on his or her arms, legs or chest. This may result in spasms, pain, and may even interfere with their ability to breathe.

Accommodations

- A person using a mobility device may be able to negotiate stairs independently. If the stairs are crowded, you can act as a buffer and run interference.
- Clear pathways, doorways, etc. to make the 36" wide for a wheelchair to pass or crutches to be used.
- Provisions of adaptive equipment like reachers, evacuation chairs, etc.
- Alternative battery supplies for motorized wheelchairs and scooters.
Tire patch kits.



People With Autism

Communication

- ◆ Speak calmly - use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- ◆ Allow extra time for the person to respond.
- ◆ The person may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
- ◆ Avoid using phrases that have more than one meaning such as “spread eagle” “knock it off” or “cut it out”.
- ◆ Visually check to see if there is a wallet insert or i.d. bracelet that identifies the person as having an autism spectrum disorder.
- ◆ Some people with autism don't show indications of pain - check for injuries.

Social

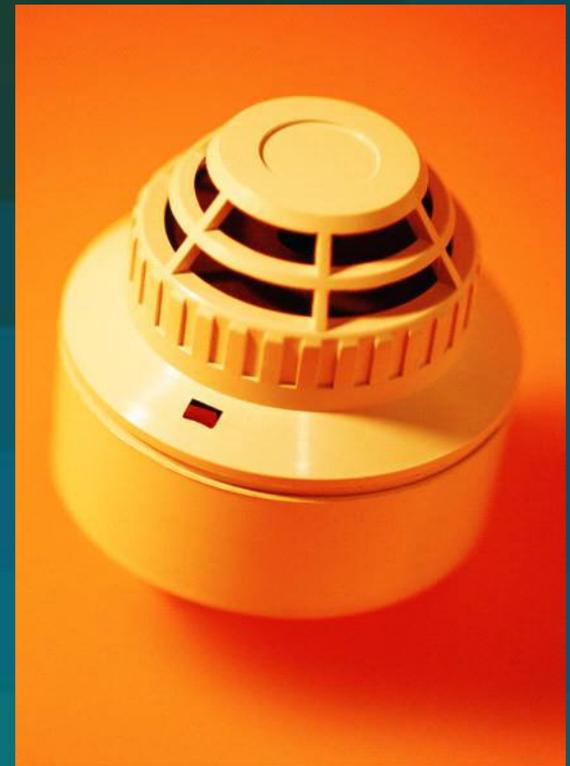
- ◆ Approach the person in a calm manner. Try not to appear threatening.
- ◆ The person may not understand typical social rules, so may be dressed oddly, invade your space, prefer to be farther away from you than typical, or not make eye contact.

People Who are Deaf or Hard of Hearing

- ◆ There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.
- ◆ Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
- ◆ If possible, flick the lights when entering an area or room to get their attention.
- ◆ Establish eye contact with the individual, not with the interpreter, if one is present.
- ◆ Use facial expressions and hand gestures as visual cues.
- ◆ Check to see if you have been understood and repeat if necessary.
- ◆ Offer pencil and paper. Write slowly and let the individual read as you write.
- ◆ Written communication may be especially important if you are unable to understand the person's speech.

Accommodations

- Sign language interpreters are typically placed next to the speaker and across from the person using the interpreter.
- Install both audible alarms and visual smoke alarms. At least one should be battery operated.
- The TTY (TeleTYpewriter) and TDD (Telecommunications Device for the Deaf) are specially made telephones for people with hearing impairments.
- Provide the person with a flashlight signaling their location in the event that they are separated from the rescuing team and to facilitate lip-reading in the dark.

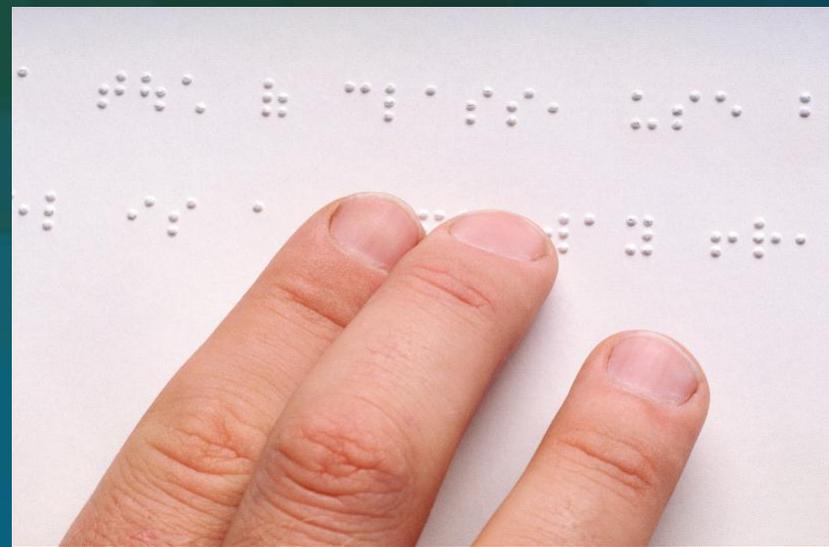


People who are Visually Impaired

- ◆ There is a difference between visual impairment and blindness. Some people who are “legally blind” have some sight, while others are totally blind.
- ◆ Announce your presence, speak out, and then enter the area.
- ◆ Speak naturally and directly to the individual.
- ◆ Do not shout.
- ◆ Don't be afraid to use words like “see,” “look,” or “blind.”
- ◆ State the nature of the emergency and offer them your arm. As you walk, advise them of any obstacles.
- ◆ Offer assistance but let the person explain what help is needed.
- ◆ Do not grab or attempt to guide them without first asking them.
- ◆ Let the person grasp your arm or shoulder lightly for guidance.

- Accommodations

- Provide information in alternate formats whenever possible, such as Braille, large font text, and color contrasts.



- Emergency Planning

- Discuss building emergency evacuation plans and codes and areas of refuge for people with disabilities.
- Be specific with disability distinctions.
 - There is no reason that a person who is blind or deaf cannot use the stairs to make an independent escape as long as he/she can effectively be notified of the need to evacuate and can find the stairway.

People with Cognitive Disabilities

◆ Say:

- My name is.... I'm here to help you, not hurt you.
- I am a ... *(name your job)*
- I am here because ... *(explain the situation)*
- I look different than my picture on my badge because ... *(for example, if you are wearing protective equipment)*

◆ Show:

- Your picture identification badge *(as you say the above)*.
- That you are calm and competent.

◆ Give:

- Extra time for the person to process what you are saying and to respond.
- Respect for the dignity of the person as an equal and as an adult *(example: speak directly to the person)*.
- An arm to the person to hold as they walk. If needed, offer your elbow for balance.
- If possible, quiet time to rest *(as possible, to lower stress and fatigue)*.

- Accommodations

- Use a computer, word board or TTY (TeleTYpewriter) to carry on a conversation.
- Have paper and writing materials, copies of a word/letter board, pre-printed messages and key phrases specific to an anticipated emergency, in emergency kits or suggested for the individual's wallet or purse.
- Acquire an alternate power source (i.e. power converter, batteries) if a computer or laptop is used as a means of frequent communication.



- Emergency Planning
 - Practice what to do during and after an emergency with people with developmental or cognitive disabilities.
 - Practice leaving places where he or she spends time (job, home, school, etc.) until he or she feels comfortable and feels confident that he or she will know what to do during and after an emergency evacuation.

People With Multiple Chemical Sensitivities

- ◆ Reassure the person that you understand he or she is chemically sensitive and will work with him or her in providing care. Be sure to ask what the person is sensitive to, including his or her history of reactions to various drugs you may have to administer.
- ◆ Flag the person's chart or other written information that he or she is chemically sensitive.
- ◆ Whenever possible, take the person's own medical supplies and equipment with them, including oxygen mask and tubing, medications, food and water; bedding, clothing, and soap - he or she may be sensitive to these items if issued at a shelter or hospital.
- ◆ If you do administer drugs:
 - Administer low doses with caution.
 - Use IV fluid bottled in glass without dextrose if possible - many people react to corn-based dextrose.
 - Capsules are generally better than tablets - they have fewer binders, fillers and dyes.

People Who Are Mentally Ill

- ◆ You may not be able to tell if a person is mentally ill until you have begun the evacuation procedure.
- ◆ If a person begins to exhibit unusual behavior, ask if they have any mental health issues of which you need to be aware. However, be aware that they may or may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- ◆ In an emergency, the person may become confused. Speak slowly and in a normal, calm speaking tone.
- ◆ If the person becomes agitated, help them find a quiet corner away from the confusion.
- ◆ Keep your communication simple, clear and brief.
- ◆ If they are confused, don't give multiple commands – ask or state one thing at a time.
- ◆ Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.
- ◆ If the person is delusional, don't argue with them or try to “talk them out of it”. Just let them know you are there to help them.
- ◆ Ask if there is any medication they should take with them.



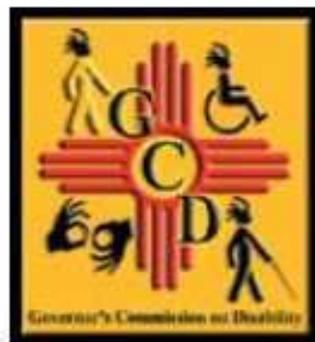
Center for Development and Disability
University of New Mexico



Office of Health
Emergency Management



American Association on
Health & Disability



New Mexico Governor's
Commission on Disability



RESEARCH AND
TRAINING CENTER ON
INDEPENDENT LIVING

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The opinions expressed in this material do not represent the official positions of these agencies.

Communication: PWD

- Clear communication is the cornerstone of all successful planning and response. It should be simple, direct, realistic and accurate.
- Imperative they receive information immediately in accessible formats to respond properly and minimize false expectations.
 - Access to emergency public warnings, preparedness and mitigation information and materials, must include those for people who receive their information: orally, visually, and alternative formats to access print materials.

Communication: PWD

- The best strategy to assure most accessible communication to the widest range of persons is to present information in the most direct and straightforward manner possible, to present it auditorially, visually, and multiple times.
- Will allow persons with visual, hearing, cognitive, and physical disabilities to have the greatest opportunity to access the information.
- Multi-media approaches will work well for other groups of persons such as the elderly, the non-English speaking, and those whose concentration is affected by the great stress of the disaster situation.

Crisis Communication: PWD

- Important considerations to keep in mind when directing communication in partnership with the media:
 - Television stations must be responsible to all viewers and not run a text message “crawl” across a television screen in any area reserved for closed captioning as this will make both sets of messages unintelligible for deaf or hard of hearing viewers.
 - The sign language interpreter should be in the picture if one is interpreting next to the official spokesperson presenting emergency information.
- Those setting up emergency hotlines during an event should include TTY/TDD (text telephone, also known as telecommunication device for the deaf) numbers when available, or the instruction “TTY callers use relay.”

Crisis Communication: PWD

- Make sure the same information is provided by the official spokesperson and is used on television and radio.
- Frequently repeat the most essential emergency information in a simple message format those with cognitive disabilities can follow.
- Use the reading level function key available on most word processing systems and pictures when possible.
- The median reading grade in the USA is 4th grade.

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Help Your Family In an Emergency

Be AWARE! Know what has happened and what to do!

- Stay Informed
- Know Who To Call For Help
- Know What To Do If Someone Is Hurt

Be PREPARED! Have these ready:

- Flashlight With Batteries
- First Aid Kit
- Lots Of Water
- Canned Food And Can Opener
- Matches
- Cash

AWARE PREPARE
KNOWLEDGE IS POWER

The Mid Ohio Valley Chapter of The Arc

Crisis Communication: PWD

- Print text with the highest possible contrast, such as light letters on a dark background, or the traditional black on white. The colors used in these slides are examples.
- Use 18 point size or larger.
- Leading, or spacing between lines of text, should be at least 25 to 30% of point size.
- Times New Roman typeface is easier to read than decorative, cursive and condensed fonts.
- Use extra-wide margins, at least 1-inch.
- Use non-glossy papers, since glossy finishes can lesson legibility.

Barriers to Communication with SNP in WV

- Cell Phone
 - “Dead Zones” due to geography
 - No discretionary \$\$ to purchase
- Internet
 - No discretionary \$\$ to purchase computers
 - Non-accessible websites
 - No or very limited access due to geography
- Television
 - No cable or local TV coverage due to geography
- Radio
 - No discretionary \$\$ to purchase transistor radios
- Newspaper
 - Not able to read/comprehend contents
 - No discretionary \$\$ to subscribe

Crisis Communication: PWD

- A Disability Phone Tree
 - With a well-designed phone tree system, a consistent message is communicated, and members of the disability community have the opportunity to identify any emergency service gaps that may exist.
 - However, even with the best-organized phone tree, it is very important – as well as being standard practice in emergency communication – to identify backup communication measures and not just to rely on telephone or fax capability.
 - E-mail and secure access to web sites have emerged as viable options.

Crisis Communication: PWD

- Getting the message out
 - Communities take care of their own
 - Churches know their congregations
 - Local Volunteer Fire Departments
 - Rural Route-Postal Carriers

“Include disability experts in every planning meeting that you have. You don’t have to learn everything there is to know about disability issues if you reserve a seat at the table for those who know the issues.”

Sandee Winchell

Louisiana Council on
Developmental Disabilities

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References

- www.nod.org/emergency
- Consortium for Citizens With Disabilities
- University of Minnesota Center for Public Health Preparedness (UMNCPHP)
- <http://cpheo.sph.umn.edu/umncphp>
- FEMA First Responder Guidelines.pdf

Communicating With & About People with Disabilities



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Who are People with Disabilities?

According to stereotypical myths, they are lumped together into categories and labeled and called:

“The blind”

“The mentally retarded”

“The autistic”

“The deaf”

etc., etc., etc.!

The Power of Language & Labels

- Words are powerful. Old, inaccurate, and inappropriate descriptors perpetuate negative stereotypes and attitudinal barriers.
- When we describe people by their labels or medical diagnoses, we devalue and disrespect them as individuals.



What is People First Language?

- Puts the person before the disability and,
- It describes what a person *has*, not what a person *is*.



People First Language is all about the words you use and the order in which you use them.



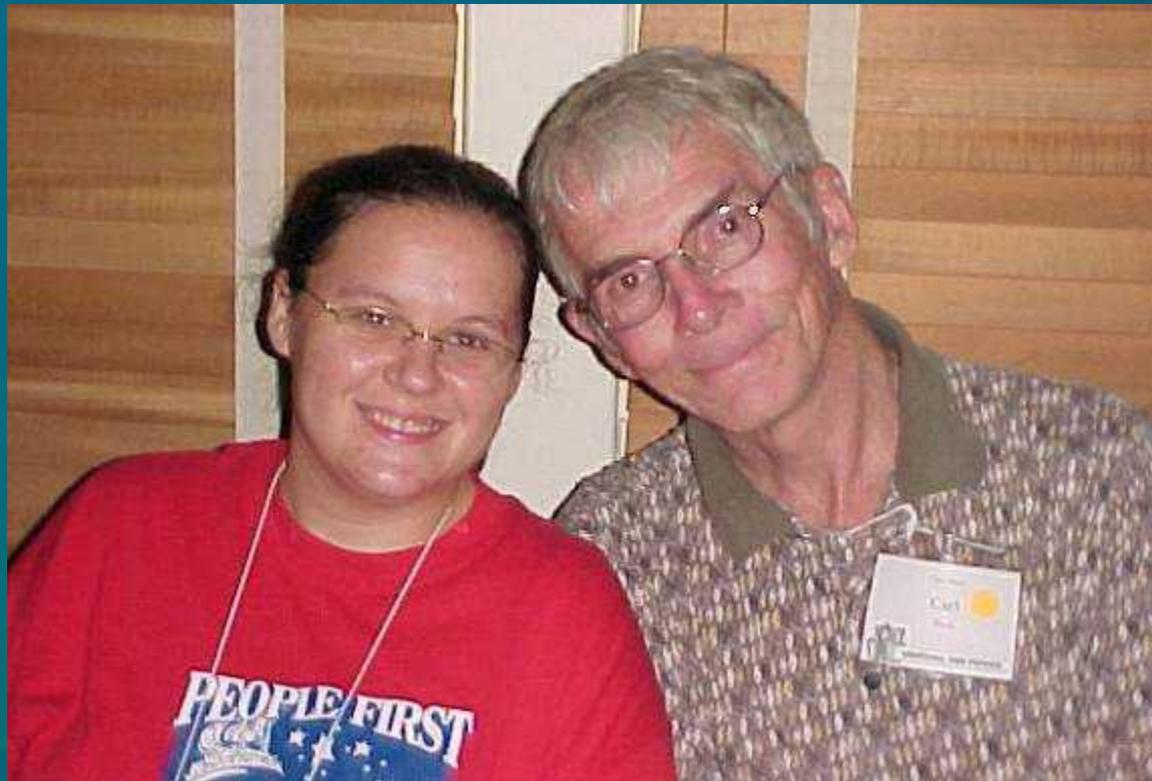
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It reflects that...

People with disabilities are people.

They are people ***First.***



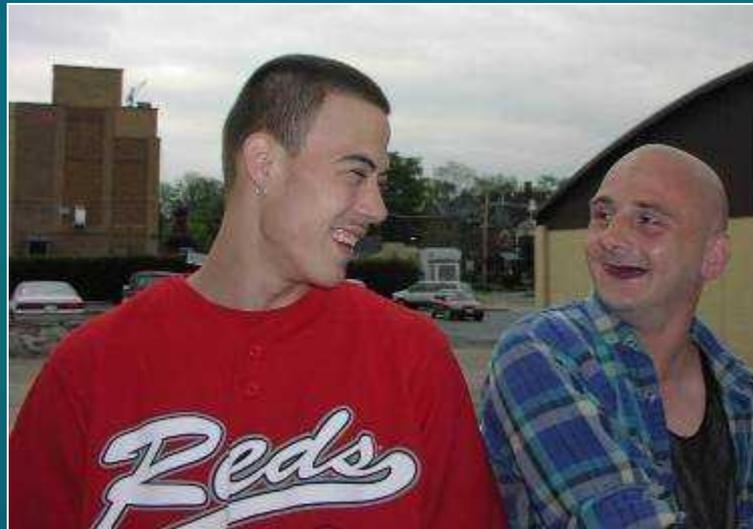
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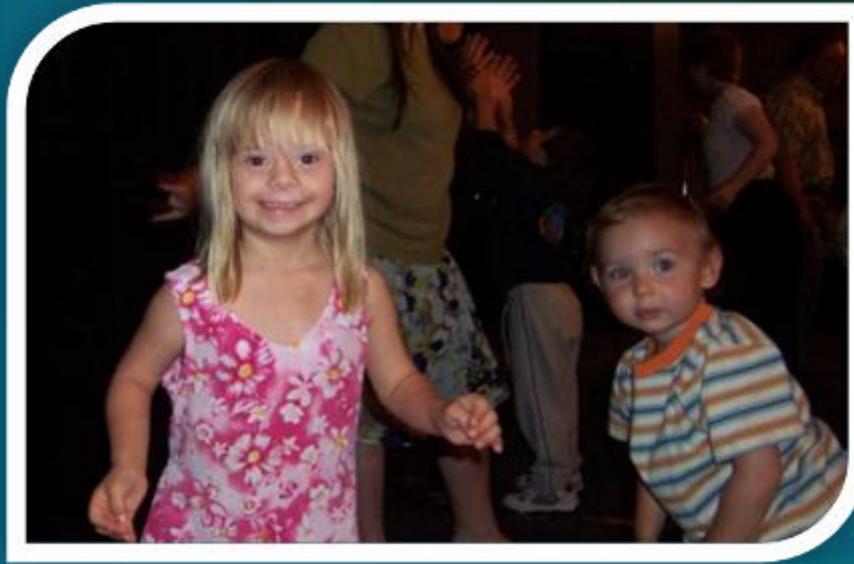
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Their disability is **secondary.**

Do's & Do Not's of People First

Remember -- There are NO acceptable replacements for judgmental or stereotypic words or phrases.





Eliminating the bad words is as important as using the good words.

Terms & Expressions to Avoid:

*handicapped

*cripple

*crip

*deaf mute

*insane

*defective

*deformed

*deaf and dumb

*retard/retarded

*invalid

*lame

*poor unfortunate

*wheelchair-bound

*confined to a wheelchair

*afflicted with/victim of

*spastic/spaz

Instead of:

Say:

'The' handicapped or 'The' disabled'



People with disabilities

Handicapped Parking



Accessible parking

She is a dwarf/midget.



She is a little person.

She's learning disabled.



She has a learning disability.

He's mentally retarded/retarded.



He has an intellectual disability.

He's a "sped".



He receives special education svcs.

The wheelchair bound man.



The man who uses a wheelchair.

An autistic boy....



A boy with autism...

The blind girl...



The girl who is blind...

The aspey...



Person with aspergers.

Preferred Terms & Expressions

- **First and Foremost..... The Person's Name**
- **Person with a Disability**
- **Man who has a Hearing Impairment**
- **Boy w/Intellectual Disability**
- **Girl with a Vision Impairment**
- **Children who are Typically Developing**
- **Person with a Developmental Disability**
- **Person who Uses a Wheelchair**
- **Lady with a Psychological/Emotional Disability**
- **Son With Cerebral Palsy**
- **Sister Who is Paralyzed**
- **Person who is Blind**
- **Woman who is Deaf**

“People without disabilities” is the appropriate term for people who do not have a disability.

“Normal,” “able-bodied,” “healthy,” “regular”, or “whole” are inappropriate.



People First Language is not about being “politically correct”. It is, instead, about good manners and respect.

Through your words and attitudes you have the power to change the perception of the lives of children and adults who have disability diagnoses.

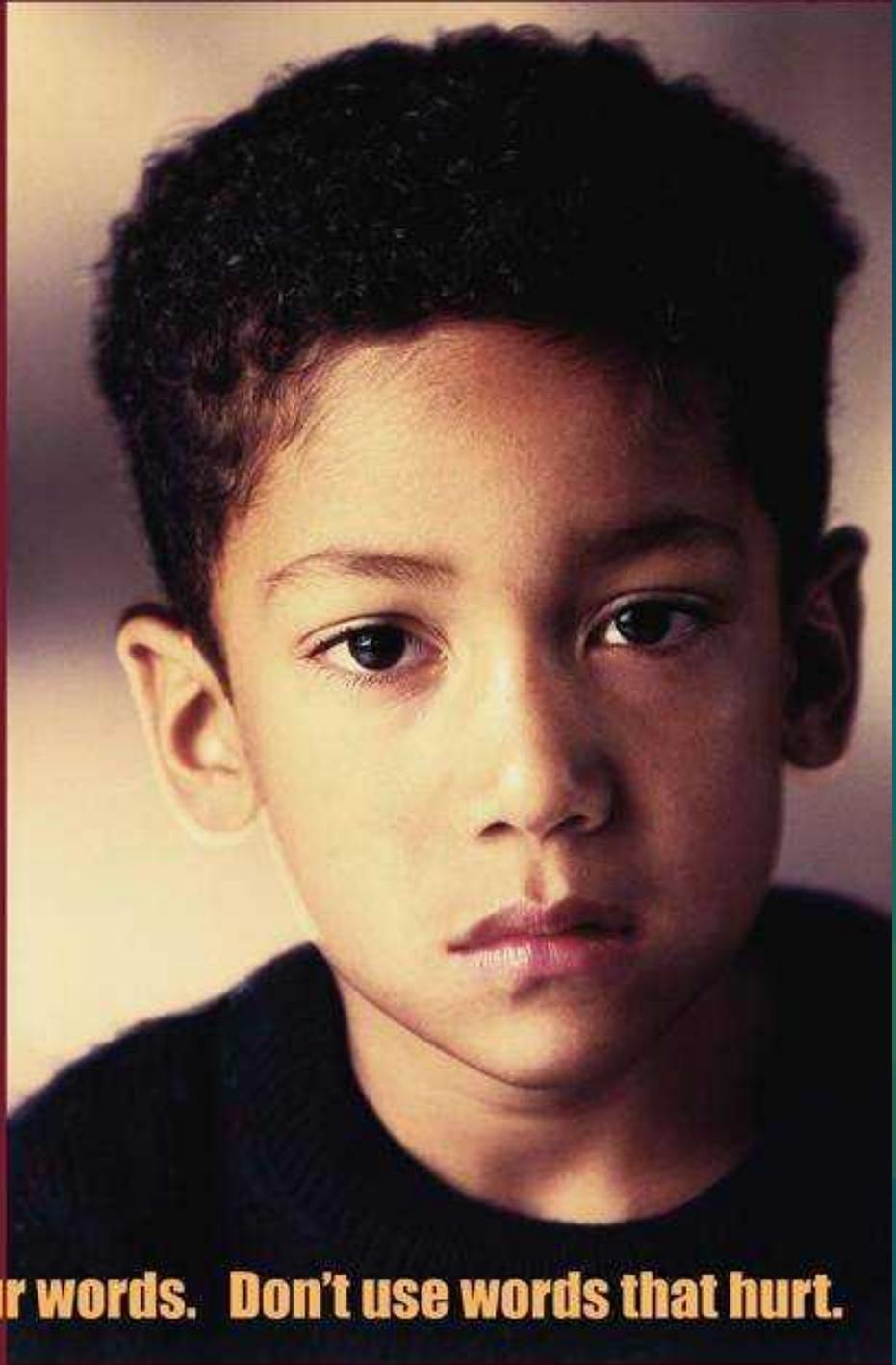


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Some words do hurt

Using the word
"retard" is not
cool, funny or
hip - it's just
thoughtless. No
matter how the
word is used, it is
hurtful to people
with disabilities.



Think about your words. Don't use words that hurt.

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“Though clearly sensitive to slurs against other groups, the general population does not see the derogatory use of “retarded” as offensive - using the word as slang in entertainment venues, daily conversations and children’s play. Though a child would be reprimanded for making a racist comment in most schools, it is not uncommon for students – even teachers – to use the word as a replacement for something they consider negative or inappropriate.”

"My dream is that there will be no more labels. All people will be called by their name."

--a person with a disability



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Think about the words you use, when you are at work, in the mall, on the playground with your kids, at home.... and promise not to use words that are hurtful or ugly.

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The difference between the right word and the *almost* right word is the difference between lightning and the lightning bug.

Mark Twain

The biggest barriers that people with disabilities face, and the hardest barriers to remove, are other people's negative attitudes and wrong images of them.





of the Mid Ohio Valley

Christina Smith, Executive Director

521 Market Street, #17 / Parkersburg, WV 26101

304-422-3151, ext. 106 / www.arcwd.org / info@arcwd.org



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