

Vulnerable Populations Subcommittee | People with Disabilities & People 60+

– (Suggestions by Marissa Rivera 6.18.2020)

Based on my review of page 65 of the 2011 plan that initially addressed the needs of vulnerable populations, it seemed that more specific examples were needed on how Connecticut should address the public health needs to mitigate the impacts of climate change.

Below are specific examples I put together on how to consider the public health needs of people with disabilities. These ideas are not all-inclusive and applies to each person with a disability, as each person’s needs are unique to them. Much of this information is already publically available online, therefore most of these suggestions in here are not original. I am glad to have the opportunity to compile these ideas for submission.

At the end of this document is a list of contacts who may be a good resource for playing an active role in the planning process.

“Many individuals have multiple disabilities and may experience social or medical factors differently depending on their race, gender, culture, language (including sign language for deaf people), nationality, geography and other factors. Each of these sub-populations are complexly impacted with respect to health and requirements for assistance for survival.”¹

People with access and functional needs include:

- Children, adults and older adults with disabilities
- People with temporary chronic health conditions
- Older adults
- Women in late stages of pregnancy
- People with limited English proficiency, low literacy and other communication needs
- People with very low income
- People without access to transportation
- People experiencing homelessness²

When programs, facilities and communication are not accessible, individuals with disabilities may require additional assistance in order to take protective measures to escape or access refuge in an emergency or disaster. They also may need other assistance, accommodations or modifications. This can be accomplished through pre-planning by emergency management, first response agencies and other stakeholders, or in sheltering or other situations, from notification and evacuation, to sheltering, and then returning to pre-disaster level of independence.

“Nothing About Us Without Us” is a common axiom in the disability rights movement. In the context of emergency and disaster planning, this means not just planning for people with disabilities but crucially planning with people with disabilities.

¹ Saxton, Marsha, and Alex Ghenis. “Commentary: Disability and Climate Change-Impact on Health and Survival.” *Environmental Health News*, Environmental Health News, 19 May 2018, www.ehn.org/climate-change-and-disability-2569643231.html.

² PPD-8 Access and Functional Needs Working Group 2014
https://www.dhs.gov/sites/default/files/publications/18_0116_MGMT_DHS-Lexicon.pdf

Suggestions:

1. Access to Healthcare

- a) Knowing what is going on is key. Media outlets need to be able to ensure accessibility for all notifications, updates, and important instructions. These serve as alerts on how people with disabilities should be preparing for their health and safety.
- b) Plan for access to the internet. Many people who are Deaf use the video phone to make calls. Once the internet is unavailable- important information and calls to healthcare providers, such as ordering prescriptions, is completely stalled.
- c) Plan for back up electricity. Some people with disabilities have medical equipment that relies on electricity to run, elevators to transport themselves and necessary equipment, transportation that requires electricity to charge. Once the electricity is not available- many people do not have a back-up plan. Coordination on evaluation, funding, and solutions are very much needed.
- d) Mobile medical units. If people with disabilities are prevented from leaving their dwellings for whatever reason, such as their caregivers cannot provide transportation or public transportation is unavailable- there are no other popular forms of accessible medical care unless calling 911. Towns and municipalities should have mobile medical units ready, planned to meet the needs of a wide variety of people with disabilities.
- e) At home medical visits. Important to outline and disseminate information on expectations when receiving at home medical care and responsibilities of service providers.
- f) Communication with emergency services of needs. Promote stronger connections between emergency medical services and people with needs. There is an emergency 911 form to inform beforehand if a person with a disability such as being Deaf is living at the house. This can help create a more positive experience for both parties.
- g) Promote and host emergency planning workshops. Encourage people with disabilities and caregivers, PCAs, etc. to take workshops to practice decision making, ordering and having on hand a backup of medical supplies, and look for sustainable ways to generate electricity- if it were to go out.
- h) Food is health. Have towns and municipalities plan for how to ensure people who are low-income, mobility impairments, etc. can have access to food- and marked specialty food for people who have specific dietary needs.
- i) Delivery of medications. People who have places to live, people who don't, people who live in congregate settings, all need to have access to medicine. Possibly consider having a mobile medication van, closer connections with shelters and congregate settings, to ensure delivery of medications.
- j) Transportation of medical equipment. Some people may be stuck and unable to leave without their medical equipment. There needs to be identified services that may assist in situations to move medical equipment for emergency shelter, unstable housing, evacuations, domestic violence situations, etc.
- k) More local stores selling medical supplies and low assistive technology. Many people with disabilities have to order through stores or specialized websites to obtain supplies specific to their needs. Hearing aid devices, crutches, wheelchairs, magnifiers, specialized kitchen utensils, ramps, talking calculators, alarms for the Deaf, and more are not seen as "normalized" in stores which make it harder to access these goods for better living.

2. Accessible Housing

- a) Looking more closely at Fair Housing Act and ADA regulations for accessibility. During severe weather, such as flooding, when needing to move about- could affect a person with a disability heavily. There may be times where adaptation measures do not take into account people with disabilities. Architects, planners, stakeholders, and funders need to be working closely and ensuring accessibility every step of the way.
- b) Point of Contact Notice. Not all public facilities or housing is accessible. There are laws that regulate certain places- but quite often inaccessibility is underreported, and usually made known when the situation is no longer bearable. Housing, public facilities, and towns need to have a notice posted of where to contact when it is inaccessible to mediate it fast before it becomes a bigger issue.
- c) Widespread expectations on accessible housing. Municipalities/Towns need to outline and sent to housing units on handling accommodation and modification requests.
- d) Accessible escape routes. Places should survey their own sites to ensure they have an accessible route to escape. If they do not- a point of contact needs to be established to mediate the issue beforehand, not afterwards.
- e) Weatherization programs. These programs need to be looked at to see if there are considerations for accessibility needs. Also, that people working in the weatherization program have disability awareness (i.e. mobility needs, comfortability with strangers in the house, service animals, etc.)

3. Preventing and Removing Physical Barriers

- a) ADA Contact person. For sites where multiple people are living, eating, playing, etc. an accessibility coordinator would be ideal. This role may include being aware of the laws, coordinating with other like accessibility coordinators, looking for inaccessibility issues beforehand, assisting with inaccessibility grievances, and creating more accessible services for the public. Their role may also include scheduling sign language interpreters, mapping out routes where no steps are required, and doing an annual site survey to ensure door openers are working, emergency call buttons are accessible by height, etc.
- b) Accessible cool down stations. As these are used more frequently in Connecticut, we need to review guidelines on how to ensure accessibility.

A review of 18 US heatwave response plans revealed that although people with mental or chronic illnesses and the homeless constitute a significant proportion of the victims in recent heatwaves, only one plan emphasised outreach to disabled persons, and only two addressed the shelter and water needs of the homeless (Ebi and Meehl; Bernhard and McGeehin).³

- c) Snow removal. Snow removal for people who use mobility aids is extremely important. More local coordination adaptation planning must be done to ensure that pathways are clear. Especially, the pathways to identified community hotspots and resources.
- d) Flooding concerns. Continuous evaluations and construction may be necessary to ensure there are accessible sidewalk routes when flooding is a concern.
- e) Emergency and weather announcements. Each town and building, needs to be looked at for accessibility for emergency announcements, ensuring interpreters are not blocked but in people's sights, audio announcements also available visually, captions on all the tvs, and ensure a tag

³ <https://prism.ucalgary.ca/bitstream/handle/1880/47465/wolbringclimate.pdf?sequence=1&isAllowed=y>

includes something along the lines of “This material is available in alternative formats, please contact [ADA@ ct.gov](mailto:ADA@ct.gov)”

- f) Hyperlocal emergency evacuations planning. Include planning for people with disabilities who much execute from multi-story buildings, public transit, hospitals, public events, schools and child care facilities, and other locations in the community.
- g) Accessible sleeping accommodations. Check to ensure that provisions such as universal cots, bed, cribs, and the placement, medication, or stabilization, along with privacy curtains and anything near is accessible.
- h) Avoid “one person” rule. These rules don’t take into consideration of other people’s needs. Ensure accommodations are readily available.
- i) Planning for the needs of people with disabilities at temporary shelters. In planning for assistance for people with disabilities, examples to take into consideration is eating, taking medication, dressing and undressing, transferring to and from a wheelchair or other mobility aids, walking, stabilization, bathing, toileting, and communicating.
- j) Returning to life activities. There may additional barriers to consider when “returning” to a new routine, and that means planning to return to school, return to community living, and rebuilding after disasters.
- k) Utilizing grants for ensuring universal design standards. Utilizing HUD Community Development Block Grant Disaster recovery funds to address accessible and universal design standards in housing including considerations for accessibility considerations in meeting new elevation requirements
- l) Utilizing Paratransit Systems for emergency evacuation planning. These specialized vehicles made to remove physical barriers would be useful in statewide emergencies. If there has not been a plan to include the paratransit system in these discussions, this may be the time.

4. Neglect of People with Disabilities

- a) Emergency disaster hotline for people with disabilities. In the unfortunate circumstance if there is someone in need of supplies, services, or being left behind, is there a hotline to reach out to?
- b) Promote disaster preparedness programs and services for people with disabilities. There is at least one organization funded to provide case-management for people with disabilities who have experienced a natural disaster.
- c) Deaths of people with disabilities. Which entity may be responsible for deaths of people with disabilities due to neglect in disasters? How will those deaths be reviewed?

*[On August 29] her sister-in-law, a quadriplegic woman in New Orleans, had been unsuccessfully trying to evacuate to the Superdome for two days. [...] It was clear that this woman, Benilda Caixetta, was not being evacuated. I stayed on the phone with Benilda, for the most part of the day. [...] She kept telling me she’d been calling for a ride to the Superdome since Saturday; but, despite promises, no one came. The very same paratransit system that people can’t rely on in good weather is what was being relied on in the evacuation. [...] I was on the phone with Benilda when she told me, with panic in her voice “the water is rushing in.” And then her phone went dead. We learned five days later that she had been found in her apartment dead, floating next to her wheelchair. [...] **Benilda did not have to drown. (National Council on Disability, emphasis added)***⁴

⁴ <https://prism.ucalgary.ca/bitstream/handle/1880/47465/wolbringclimate.pdf?sequence=1&isAllowed=y>

The phrase “whole community” appears a lot in preparedness materials, as it is one of the guiding principles. It means two things:

1. Involving people in the development of national preparedness documents.
2. Ensuring their roles and responsibilities are reflected in the content of the materials.”⁵

The responsibility to provide equal access for people with disabilities during preparedness is shared among many stakeholders, including:

- Emergency managers
- First responders
- Public health
- Public safety
- Community organizations
- Transportation providers
- Shelter planners
- Housing providers
- Hospitals
- Medical providers
- Media
- Faith-based organizations
- Government
- Elected officials
- Other Stakeholders

It is also time to reach out to people with disabilities, if this has not already been done and to deepen relationships that have already been forged.

Resources for connecting and collaborating with the disability community

The information below comes from the organizations’ website or literature. For a list of organizations that support people with disabilities go the DRCT website at <https://www.disrightsct.org/resource-center>.

Cross-Disability Organizations

Connecticut State Independent Living Council

In accordance with Federal Statute, the Governor of Connecticut appoints each member of our twenty-three member statewide council. The Council is charged by the United States Congress to advance the principles and philosophy of Independent Living for all citizens with disabilities. The Council, which is funded by both state and federal resources, collaborates with five Centers for Independent Living, located in the communities of Hartford, Norwich, Stratford, and Naugatuck, West Haven.

info@ctsilc.org

860-523-0126

<http://ctsilc.org>

⁵ <https://www.fema.gov/whole-community>

Centers for Independent Living

“Centers for Independent Living are community-based, cross-disability, non-profit organizations that are designed and operated by people with disabilities. CILs are unique in that they operate according to a strict philosophy of consumer control, wherein people with all types of disabilities directly govern and staff the organization. Centers for Independent Living provide: Peer Support, Information and Referral Individual and Systems Advocacy, Independent Living Skills Training, Transition”⁶ support and service

Hartford area

Independence Unlimited
New Park Office & Conference Center
151 New Park Ave. North Annex Suite D
Hartford, CT 06106
860-523-5021
<http://www.independenceunlimited.org/>

Naugatuck area

Independence Northwest
Route 63 Professional Center
1183 New Haven Rd., Ste. 200 Naugatuck, CT 06770
203- 729-3299
203-490-2373 (videophone)
info@independencenorthwest.org
<http://www.independencenorthwest.org/>

Disability Rights Connecticut

At Disability Rights Connecticut, we provide legal advocacy and rights protection to a wide range of people with disabilities. This includes assisting individuals with problems such as abuse, neglect, discrimination, access to assistive technology, community integration, voting, and rights protection issues. DRCT also addresses issues through policy advocacy, education, monitoring, and investigation.
860-297-4300
860-509-4992 (videophone)
info@disrightsct.org
<https://www.disrightsct.org>

Norwich area

Disability Network of Eastern Connecticut
19 Ohio Avenue Norwich, CT 06360
860-823-1898
860-237-4515 (Videophone)
www.dnec.org

Stratford area

Access Independence
300 Long Beach Blvd., Suite #1 Stratford, CT 06615
203-378-6977
<http://www.accessinct.org>

West Haven area

Center for Disability Rights
369 Highland Street West Haven, CT 06516
(203) 934-7077
info@cdr-ct.org
<http://www.cdr-ct.org>

Connecticut Cross Disability Lifespan Alliance

Connecticut Cross Disability Lifespan Alliance is a statewide coalition of over 250 advocates, individuals, and non-profit agencies whose mission is to advocate for the full inclusion and participation of all people with disabilities.
Melissamarshallada@gmail.com

Connecticut Family Support Network (CTFSN)

Heather Solomon, Statewide Deaf/Hard of Hearing Family Support Coordinator
hsolomon@ctfsn.org
(860) 564-7935 (voice)
*Gather and share resources with families of children who are Deaf or Hard of Hearing.

⁶ National Council on Independent Living webpage <https://www.ncil.org/about/aboutil/>

Advisory Board for Persons Who are Deaf or Hard of Hearing

Telephone: Kathleen Sullivan (860) 424-5973

Email: Kathleen.Sullivan@CT.gov

Website: <https://egov.ct.gov/PMC/#agency71>

Deaf-Blind Advisory Committee

Website:

<https://portal.ct.gov/AgingandDisability/Content-Pages/BOARDS/Deaf-Blind-Advisory-Committee>

We The Deaf People

Serves the Deaf Community, advocates for positive change that serves us all, strives to protect the civil and linguistic rights of the Deaf community.

Kevin Ramos, Deputy Director

Email: kramos@wtdp.org or

executivedirector@wtdp.org

Website: <http://www.wtdp.org/>

Facebook: <https://www.facebook.com/wtdp.ct/>

DeafBlind Association of Connecticut (DBAC)

Lisa Flaherty-Vaughn, President

Email: dbacpresLisa@gmail.com

Website:

<http://www.deafwebconnections.org/dbac/index.html>

Connecticut Association for the Deaf (CAD)

“The mission of the CAD as a state association is to promote, protect, and preserve the rights and quality of life of Deaf and Hard of Hearing citizens of Connecticut.”

Luisa Gasco-Soboleski, President

Email: luisasoboleski24@gmail.com

Website: <http://www.deafcad.org/>

Facebook: <https://www.facebook.com/blbwarner/>

Connecticut Council of Organizations Serving the Deaf, Inc. (CCOSD)

Sandy Inzinga, CCOSD President

Jeff Bravin, Secretary

Email: ctccosd@gmail.com

Website: <http://ccosd.org/>

Facebook:

https://www.facebook.com/pg/CCOSD/events/?ref=page_internal

Hearing Loss Association of America – Eastern Connecticut Chapter

Julia, Chapter Secretary

Email: hlaaeasternctchapter@gmail.com

Facebook:

<https://www.facebook.com/HLAAEasternCTChapter/>

Website: <http://hlaaeasternctchapter.org/>

Communication Advocacy Network (CAN)

Providing support and services for people who are elderly and Deaf, and DeafBlind.

151 New Park Ave. Suite 101, Box 83 Hartford, CT 06106

Susan V. Pedersen, Board Chair

CANCoordinator@outlook.com

(860) 566-9489 (videophone)

(877) 884-5159 (fax)

Website: <http://cancorp.org/>

Facebook:

<https://www.facebook.com/pages/category/Nonprofit-Organization/Communication-Advocacy-Network-871040729680989/>

KTP (Keep the Promise coalition)

Keep the Promise Coalition (KTP) is a Connecticut Coalition of advocates (people living with mental illness, family members, mental health professionals and interested community members) dedicated to ensuring that a comprehensive, community mental health system is created and sustained across the lifespan (children, adolescents, emerging adults, adults, older adults and families in Connecticut).

(860) 788-6180

KTP@cahs.org

<http://ctkeepthepromise.org/>

Advocacy Unlimited

Promotes the civil and human rights of people affected by psychiatry, addiction and trauma.

860-505-7581

info@advocacyunlimited.org

<https://advocacyunlimited.org/>

Autism Services & Resources Connecticut (ASRC)

Aims to provide lifelong access to opportunities for persons on the autism spectrum with the goal of being fully-included and participating members of their communities.

203-265-7717

info@ct-asrc.org

<https://ct-asrc.org/>

People First

An advocacy organization run by and for people with intellectual disabilities. We work to help people with disabilities by educating the community about people with disabilities; advocating to protect civil rights and promote opportunities for people with disabilities; and empowering people with disabilities to be included in their communities.

<https://www.facebook.com/Peoplefirstofct/>
<https://peoplefirstofct.weebly.com/?fbclid=IwAR3bjnVJ0R7yUGN4NcFEv6EYGksGnbJlyr91Wp2840cT3gjylmur0u8F9yE>

Connecticut Federation of the Blind

Through our network of blind members, we coordinate programs, services, and resources to defend the rights of blind Americans, provide information and support to blind children and adults.

<https://www.nfb.org/>
860-289-1971
info@nfbct.org

Connecticut Council on Developmental Disabilities

The federal Disabilities Assistance and Bill of Rights Act of 2000 authorized State Councils on Developmental Disabilities to engage in advocacy, capacity building, and systemic change activities that contribute to a comprehensive, coordinated, and self-determined system of individualized services and supports that is centered on and directed by individuals with developmental disabilities and their families.

(860)418-8737
(860) 418-6172 (TTY)
Walter.Glomb@ct.gov
<https://www.ct.gov/ctcdd/site/default.asp>

University Center for Excellence in Developmental Disabilities

Engages in innovative disability-related research, training, and technical assistance to bring about societal change and improvement in relation to people with disabilities. The UCEDD's activities are guided by a belief in individualized supports, inclusion, self-determination, natural supports, and collaboration with organizations to address policy issues and systems change.

860-679-1500
infucedd@uchc.edu
<https://uconnucedd.org>

Connecticut Legal Rights Project

Connecticut Legal Rights Project (CLRP) provides high quality legal services to low income persons with psychiatric disabilities living in Connecticut, primarily on matters related to their treatment and civil rights. One of CLRP's most important goals is to empower people with psychiatric and other labels by increasing their own ability to influence the decision-making processes that, to a large extent, control their lives.

CLRP is a non-profit Connecticut corporation with its principal place of business in Middletown.

info@clrp.org
<http://www.clrp.org>
877-402-2299
860-262-5030 (Outside CT)