When Preparation Requires Extra Steps

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We’ve all heard the familiar preparedness lines – things like “get a kit, make a plan, be informed.” They’re catchy and make preparedness seem less intimidating. However, preparedness is not always a quick three step process. Sometimes, preparing for emergencies requires a few extra steps.

Let’s look at some numbers:

- 25.5% of adults in Michigan have a disability.
- Only 39% of individuals with disabilities have developed a household emergency plan.
- Individuals 75 years and older are less likely to participate in disaster training.
- Individuals with disabilities are less likely to believe that preparing will help in the event of an emergency.

Altogether, that’s some pretty terrifying data. There are clearly some things that need to be addressed before getting a kit or making a plan when working with people with disabilities.

Extra step 1: Educate on the importance of preparedness

According to FEMA, individuals with disabilities believe they are at higher risk for disasters, but less likely to believe that preparing helps. Obviously that’s a problem – individuals who don’t believe preparedness helps are less likely to have a plan. We know from theory that individuals need efficacy to take action.  
There are two efficacy components to address:

1. Response efficacy: help people understand how specifically preparedness can and do help. Preparedness is not a waste of time.
2. Self-efficacy: help people understand that they are capable of preparing.

This may seem simple, but efficacy can make or break health behavior change.

Extra step 2: Find out what a person may need in an emergency.

Getting a kit together is a lot more complicated when you have unique needs or require special equipment that others may not – a standard list of recommendations may not cut it. There is no cookie cutter method for working with people with disabilities. People with disabilities (and, you know, people in general) are all different have unique needs. Someone with diabetes may need access to insulin, a wheelchair user may need transportation, and a person with power-dependent equipment may need access to electricity. Address things like:

- Medication access
- Transportation
- Special dietary needs or adaptive feeding devices
- Needs of service animals
- Assistance needed for evacuation
- Emergency contacts
Take those things into account. Help individuals understand what they can do to address those issues in the event of an emergency. Make sure their kits include those additional things they may need. My go bag has a month supply of prescriptions and a boat load of pureed food, because I have multiple chronic illnesses and a defunct stomach. Those are not needs other people may have, but they are essential to my well-being.

Addressing these two things first will make getting a kit, making a plan, and being informed more effective.