



Commission on Disability AGENDA Special Meeting

**North Berkeley Senior Center
Workshop B
1901 Hearst Ave. (at MLK)
Berkeley, CA 94709**

**Wednesday
11/2/2016
6:30 PM**

The Commission may take a break at approximately 8:00 pm.

A. PRELIMINARY BUSINESS

- 1) Call to Order by Chair Singer
- 2) Roll Call by Secretary
- 3) Public Comment on Items Not on the Agenda. (Up to 3 minutes per speaker)
- 4) Approval the Draft Action Minutes of **September 21 and October 5, 2016 meeting***.
- 5) Approval and Order of Agenda
- 6) Update by Administration/Staff
- 7) Announcements

B. DISCUSSION/ACTION ITEMS

- * Written material included in packet
- ** Written material to be delivered at meeting
- *** Written material previously mailed

The public may speak at the beginning of any item. (Comments may be limited to 3 minutes per speaker)

1. **Universal Design/Visitability in Berkeley***- [Change in City council item template –Commissioner Singer](#)** Council item to add accessibility to the submission template follow up.
2. **Universal Design/Visitability in Berkeley-** council item on automatic door openers for residential multi-unit buildings and other residential access. Alameda ordinance.
3. **Portable Sign Pilot Program and other sidewalk obstacles**
Commissioner Weiss/staff update-review transportation commission report.
4. **Center Street Garage Parking update**
Staff/Commissioner Weiss/Walsh
5. **Bikes on sidewalks/signage***---council item-**
Commissioner Graham/Singer

6. **City of Berkeley access services office update status, hiring- missed opportunity for commission input-**
Staff /Murray
7. **Service Animals Welcome** –information for businesses to go out with business license renewals
Weiss/Staff
8. **Reasonable accommodation for COD**
Commissioner Weiss
9. **Commission Meeting Schedule for calendar year 2017**

C. INFORMATION ITEMS AND SUBCOMMITTEE REPORTS

Information items can be moved to Discussion or Action by majority vote.

1. Subcommittee Reports

- a. Accessible Transportation, Parking, Sidewalk and Pedestrian Safety Impacts of Bicyclists and Bicycle Traffic on Vulnerable Pedestrian Populations Verbal Report by Commissioner Graham. (currently on action agenda)
- b. Rights of Persons with Disabilities (CRPD)

2. Other follow up:

3. Results of City Council Referral Prioritization Process

Complete list of Mayor and Council ratings is in the July 20 packet on the web (40 pages):

http://www.cityofberkeley.info/Clerk/Commissions/Commissions_Commission_on_Disability_Homepage.aspx

4. Follow up rent board item

5. Follow up community health commission item

D. COMMUNICATIONS

1. sidewalk obstructions-on agenda

E. FUTURE AGENDA ITEMS (from adopted work plan, referrals, etc)

1. Universal design and visitability
2. Easy Does It Emergency Services report*
(Report can be accessed on web)

F. ADJOURNMENT no later than 10 pm

Agenda Posted:

A complete agenda packet is available for public review on the web at http://www.cityofberkeley.info/Clerk/Commissions/Commissions_Commission_on_Disability_Homepage.aspx, and at the Public Works/Engineering Division front desk, 1947 Center Street, 4th Floor.

ADA Disclaimer



“This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6346 (V) or 981-6903 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting.”

Communications Disclaimer

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Commission on Disability

Commission on Disability DRAFT ACTION MINUTES

Regular Meeting

September 21, 2016

North Berkeley Senior Center
Workshop B
1901 Hearst Avenue (at MLK)
Berkeley, CA 94709

A. PRELIMINARY BUSINESS

1) Call to Order:

Commissioner Martha Singer (Chair) called the meeting to order at approximately 7:35 PM. The Secretary for the COD was on an approved vacation. The Deputy Director who offered to attend the meeting on her behalf missed the meeting. As such, the staff backup for the Deputy Director arrived late.

2) Roll Call:

Present: Commissioners Graham; Murray, Singer (Chair), Upadhyay; Walsh, Weiss (Vice Chair)

Absent: Leeder (L/A)

Staff: Kenneth Emeziem (Ken), Acting COD Secretary, Office of Access Services

3) Public Comment:

Speaker - Mary Richerson regarding sidewalk safety issues and vegetation overgrowth.

4) Approval of Minutes:

ACTION: It was M/S/C (Weiss/Upadhyay) to approve the draft minutes of the July 20, 2016 regular meeting as amended. Commissioner Weiss will make corrections on the minutes and submit to the secretary.

Motion carried (6-0-0-0)

5) Approval and Order of Agenda:

ACTION: It was M/S/C (Weiss/Murray) to allow Chair Singer to revise the order of the Agenda as the Chair deemed appropriate.

Motion carried (6-0-0-0)

6) Update by Administration/Staff: Staff mentioned that Ms. Carmella Rejwan, COD Secretary, is on vacation until October 3, 2016. As such, he is filling in for her until she returns.

7) Announcements: None

B. DISCUSSION/ACTION ITEMS:

1. Universal Design/Visitability in Berkeley –

The Commission's report went to Council on September 20, 2016.

No Action taken.

2. Portable Sign Pilot program –

The Commission's report is tentatively scheduled to go to Council together with the Transportation Commission report on October 18, 2016. Staff is waiting for Transportation commission to complete their report.

No Action taken.

3. Schedule for Commission Meetings –

ACTION: It was M/S/C (Weiss/Murray) to cancel the Commission meetings of October 19, 2016 and November 16, 2016 and schedule Special Meetings on October 5, 2016 and November 2, 2016.

Motion carried (6-0-0-0)

4. Center Street parking garage –

Commissioner Weiss mentioned that at the September 13, 2016, City Council meeting, Council moved item #43a to Consent Calendar but did not move item #43b. She mentioned that Item #43a was approved with further discussion.

The commission discussed tracking issues associated with the old Center Street Parking Garage. The commission asked staff to explain how tracking is done and how to improve tracking for the new garage to ensure a more accurate tracking method.

ACTION: It was M/S/C (Walsh/Murray) to ask staff for a plan of how to determine utilization and if additional disabled parking spaces are warranted on the street and at the garage.

Motion carried (6-0-0-0)

5. Results of City Council Referral Prioritization process –

- There were several discussions including how the prioritization process will affect staff work-plan in future.
- The commission discussed revising the current City Council item template to include a section which could be a single line to address impact of the proposed project on persons with disabilities and others.

No Action taken.

6. Bikes on Sidewalk/Signage -

ACTION: It was M/S/C (Graham/Weiss) to approve and submit a Council item about recommendation to promote bicycle safety.

Motion carried (6-0-0-0)

7. Community Health Commission Proposal for African American Resource Center in Berkeley--

ACTION: It was M/S/C (Weiss/Murray) to support Community Health Commission's concept for an African American Resource Center in Berkeley and look forward to more information about accessibility resources and inclusion of persons with disabilities in planning and programming.

Motion carried (6-0-0-0)

8. City of Berkeley ADA and access services office status –

- COD discussed the correct name and mentioned that the new name is Office of Access Services. It was formerly known as Disability Access Program.
- Commissioner Weiss mentioned how important it is to record the COD meetings. In the past, she has requested reasonable accommodation together with at least another commissioner. Also, she reminded staff that the City should provide reasonable accommodation when requested.
- Staff informed the COD that the City has purchased a new recording device. The new Disability Specialist will utilize the device to record meetings beginning next year since COD does not meet in December and the new staff will start work after November 2, 2016.
- Commissioners Weiss & Walsh mentioned that at the September 13, 2016 Council meeting, Mr. Phil Harrington, Director of Public Works said that he would like one of the Commissioners to serve on interview panel to select Disability Coordinator Specialist.
- Commissioner Murray mentioned that it is important for a member of COD to serve on the panel. It was discussed that whoever elects to serve on the panel has to be ready to spend the entire day as required by the City's Human Resources office for such interview panels. Staff will inquire from the Director.

No Action taken

9. Service Animals Welcome -

COD asked staff to ensure that the annual mailing packet from the City to Berkeley based businesses included the information about service animals.

No Action taken

C. INFORMATION ITEMS AND SUBCOMMITTEE REPORTS - None

D. COMMUNICATIONS - None

E. FUTURE AGENDA ITEMS –

Chair Singer will send next meeting Agenda items to Ken.

F. ADJOURNMENT –

It was M/S/C (Murray/Upadhyay) to adjourn the meeting at 9:35 PM.

Motion carried (6-0-0-0)

Public Present: 1 Total Speakers: 0

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Minutes on the web:

[http://www.cityofberkeley.info/Clerk/Commissions/Commissions Commission on Disability Homepage.aspx](http://www.cityofberkeley.info/Clerk/Commissions/Commissions_Commission_on_Disability_Homepage.aspx)



Commission on Disability

Commission on Disability DRAFT ACTION MINUTES

Special Meeting

October 5, 2016

North Berkeley Senior Center
Workshop B
1901 Hearst Avenue (at MLK)
Berkeley, CA 94709

A. PRELIMINARY BUSINESS

1) Call to Order: 6:35 PM

Commissioner Martha Singer (Chair) called the meeting to order at approximately 6:35 PM.

2) Roll Call:

Present: Commissioners Graham, Leeder, Singer (Chair), Walsh, Weiss (Vice Chair)

Absent: Commissioner Upadhyay, Murray (L/A)

Staff: Kenneth Emeziem (Ken), Acting COD Secretary, Office of Access Services

3) Public Comment:

Speaker –Ms. Padla Laverde-Levine, Rent Board Commissioner, spoke about updating BMC 19.50.040, duty of building operators to maintain and repair elevator and to provide alternative housing. Ms. Laverde-Levine and the Rent Board are requesting input and support of the COD on their planned request to council to update BMC 19.50.040.

4) Approval of Minutes:

ACTION: It was M/S/C (Leeder/Walsh) to approve the minutes of the Regular Meeting of September 21, 2016 with amendments. Commissioner Weiss offered to make agreed specific corrections to the minutes and submit to the secretary.

Motion carried (5-0-0-0)

5) Approval and Order of Agenda:

ACTION: It was M/S/C (Weiss/Leeder) to move Agenda Item #3 (Easy Does It Services presentation) to Agenda item #1.

Motion carried (5-0-0-0)

6) Update by Administration/Staff: Staff mentioned that the City is conducting interviews for the position of Disability Coordinator Specialist. The City asked a member of the COD to serve on the interview panel. Commissioner Walsh agreed to serve on the interview panel scheduled on Friday October 7, 2016. However, staff mentioned that the interview may have been conducted on October 5, 2016.

Staff mentioned that the City has purchased a recorder for recording future meetings. Staff mentioned the status of Mary Richardson's request regarding shrubs and trees blocking sidewalk.

Kenneth Emeziem/staff confirmed that he will be at the November 2, 2016 COD meeting.

7) Announcements: None

B. DISCUSSION/ACTION ITEMS:

1. Universal Design/Visitability in Berkeley (Change in City Council template)– Council item to add accessibility to the submission template.

ACTION: It was M/S/C (Weiss/Graham) to submit a council report requesting council to adopt a recommended template that includes Impact to Accessibility.

Motion carried (5-0-0-0)

2. Universal Design/Visitability in Berkeley – council item on automatic door openers for residential multi-unit buildings and other residential access.

No Action Taken

The Commission decided to do more research and possibly invite a speaker from Pacific ADA Center regarding automatic door openers in multi-family unit buildings.

3. Easy Does it Emergency Services, invited speaker, Nikki Brown-Booker, Acting Executive Director, update including emergency preparedness survey.

No Action Taken

4. Portable Sign Pilot Program and other sidewalk obstacles (Commissioner Weiss/staff update)

Staff to continue coordinating with the Transportation Commission to ensure timely submission to council. Report is tentatively scheduled to go to Council together with the Transportation Commission report on December 13, 2016. Staff is waiting for Transportation commission to complete their report.

No Action Taken

5. Schedule for Commission Meetings (Leeder/Singer)

ACTION: It was M/S/C (Graham/Leeder) for the commission to meet on January 4, 2017.

Motion carried (5-0-0-0)

6. Center Street Garage Parking update (staff/Weiss/Walsh)

No Action Taken

7. Results of City Council referral Prioritization Process

No Action Taken

8. Bikes on Sidewalk/Signage (council item – Graham/Singer)

No Action Taken

Staff to review and submit council item to council.

9. Community Health Commission Proposal for African American Resource Center in Berkeley–

Staff to send the minutes of September 21, 2016 meeting to the Community Health Commission.

No Action Taken

10. City of Berkeley access services office status, hiring

Commissioner Walsh offered to attend the interviews on October 7, 2016.

No Action Taken

11. Service Animals Welcome (information for businesses to go out with business license renewals)- Weiss/staff

No Action Taken

Staff to inquire status from Finance Department.

12. Reasonable Accommodation for COD – Commissioner Weiss

The City has purchased a recorder for use at future meetings.

The interpreter was not able to attend today. However, the Interpreter is scheduled for the November 2, 2016.

Commissioner Leeder mentioned the possibility of acquiring an I-pad for translation etc. There was a discussion about contacting Demetry Besler, Center for Accessible Technology and California Foundation for Independent Living Centers (CFLC) to inquire about an I-pad loaner program.

No Action Taken

C. INFORMATION ITEMS AND SUBCOMMITTEE REPORTS - None

D. COMMUNICATIONS – None

E. FUTURE AGENDA ITEMS –

Chair Singer will send next meeting Agenda items to staff.

F. ADJOURNMENT –

It was M/S/C (Walsh/Leeder) to adjourn the meeting at 9:35 PM.

Motion carried (5-0-0-0)

Public Present: 1 Total Speakers: 0

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EASY DOES IT

2016 EMERGENCY PREPAREDNESS SURVEY FINAL RESULTS REPORT

*Written by Belinda Stradley
Reviewed and Co-edited by Nikki Brown-Booker*

TABLE OF CONTENTS

REPORT ON EDI EMERGENCY PREPAREDNESS SURVEY RESULTS

I. INTRODUCTION.....Page 3

II. SURVEY DISTRIBUTION AND RESPONSE RATE.....3

III. SUGGESTIONS ON HOW TO UTILIZE AND INTERPRET
SURVEY RESULTS..... 6

IV. DIGITAL DIVIDE – REVEALING UNMET NEEDS.....8

V. SURVEY PARTICIPANT RESPONSES REFLECT A
HIGH LEVEL OF HOPE AND EXPECTATION.....10

VI. IDENTIFYING AND ADDRESSING THE UNMET
NEEDS OF EDI’S MOST VULNERABLE CLIENTS.....11

VII. ONE ANSWER TO THIS UNMET NEED IS
INDIVIDUALIZED, ONE-ON-ONE, HOME-BASED
EMERGENCY PREPAREDNESS ASSISTANCE.....13

VIII. ADDRESSING ANXIETIES.....16

IX. FINDING ALTERNATIVE ENERGY SOURCES
FOR WHEN THE POWER GOES OUT.....17

X. IMPORTANT INPUT FROM COMMUNITY ADVISORY
GROUP.....18

XI. HELPING PEOPLE WITH DISABILITIES ACCESS EXISTING
COMMUNITY PREPAREDNESS-RELATED SERVICES.....19

XII. COORDINATION AND HANDS-ON PRACTICE.....20

APPENDIX - SURVEY QUESTIONS AND RESPONSES.....22

I. INTRODUCTION

EMERGENCY PREPAREDNESS SURVEY MISSION AND GOALS

In early 2015, April Wick and Belinda Stradley from EDI met with Jennifer Lazo and Dave Brannigan from the City of Berkeley to discuss collaborating to create programs to increase emergency preparedness in the Berkeley Disability Community. Goals included soliciting information from the community that would assess preparedness levels; identify community concerns and goals; and utilize the resulting information to design workshops and other preparedness activities.

City staff indicated that they would like EDI to survey clients on their preparedness levels and interests. This would provide information that the city and EDI could utilize in creating training and programs responsive to community priorities. During the Spring of 2015, April and Belinda developed a preparedness survey incorporating extensive input and modifications suggested by Jennifer and BEACON member organizations.

The survey produced 1,010 unduplicated individual responses. This report reflects only a portion of the amount of information generated by the survey.

- All survey questions and full responses are provided in the APPENDIX.
- Italicized participant comments are included throughout the narrative.

II. SURVEY DISTRIBUTION AND RESPONSE RATE

DISTRIBUTION

Starting in the Summer of 2015 the completed survey was sent to all EDI clients in stages. First, the survey was sent electronically to all clients who had online access and had provided us with email addresses. The survey was also posted on EDI's website. Subsequently, the survey was sent in paper form to the remaining clients who had only provided home addresses. A postage paid return-addressed envelope was included with all paper surveys. Ten dollars was offered to participants who returned the completed survey.

In the Fall of 2015, EDI sent a Newsletter to all EDI clients (and other interested parties) providing information about preparedness issues including the survey, information on how to sign up for BENS, and other EDI alerts and news about new programs. EDI continued to receive survey responses into the beginning of 2016. This initial survey was intended to be distributed primarily within the EDI because:

- EDI clients are the part of the disability community we know best;
- There is a long history and high level of trust and cooperation between EDI and clients; and because,
- Though comparatively small, EDI has among the highest concentration of clients who are very low income and face serious challenges to health and independence from area-wide emergencies.

SURVEY RESPONSE RATE

The electronic and paper surveys were sent to the contact information provided by EDI clients. About 38% of these electronic and home addresses combined bounced. After correction, this left a combined active client list of 192 individuals. Client contact information has since been updated through staff efforts to reach each EDI client to confirm their current address and update client files accordingly.

EDI received a combined total of 59 completed electronic and paper surveys, representing a completed survey response rate of 31% of the 192 individuals for whom we had active email and home addresses. Of these completed surveys:

- 34 were electronic responses (58% of completed surveys); and
- 25 were paper surveys via USPS (42% of completed surveys).
- About 69% of clients who had received the survey (i.e. who had active addresses) did not respond to the survey.

ABOVE AVERAGE SURVEY RESPONSE RATE AND CLIENT COMMITMENT TO PERSONAL AND COMMUNITY PREPAREDNESS

According to the Constant Contact online marketing/survey service, the average response rate for surveys is 15%. The higher 31% response rate to the EDI preparedness survey revealed a stronger client interest than anticipated. Most EDI clients have multiple and significant disabilities, including pain issues. Approximately half have difficulty leaving their homes. Given the significant length and complexity of the survey itself, this above average return rate indicates that many EDI clients have a strong dedication to working with EDI and the city to increase their readiness for area emergencies.

This is how **Constant Contact** explains response rates that are greater than the average of 15%.

“To get a good response rate, you need to know your audience. Consider your audience's:

- **Recognition of you**
Potential respondents are more likely to answer surveys if they are familiar with you or your brand.
- **Investment in you**
The more audience members who feel devoted to your organization, the greater your response rate may be.
- **Interest in the survey topic**
More contacts will be motivated to respond to your survey if its topic relates to, or could impact, the participants or something they care about.
- **Examples of participants who are likely to participate** in a survey include: long-time customers ... with a strong ... opinion of the survey topic.”

These factors apply to the “good response rate” by EDI consumers to the survey efforts and point to the foundational strength of the EDI consumer-provider relationship. The amount and quality of consumer feedback to the survey reflects mutual recognition, investment, strength of involvement, and long-term relationships. Like many grass-roots organizations, it could be said that EDI is “small but mighty”.

Because of the time and effort required and the heartfelt responses and personal information shared through the survey, an important program component will be to provide feedback to EDI clients on the survey results. A positive result of the survey will be to give clients the opportunity to learn and utilize the results to improve their ability to survive and thrive through emergency events.

PRESENTATION OF SURVEY RESULTS

In addition to the information represented in the graphs, all electronic and handwritten comments have been included in this document in their entirety. We felt it important to preserve the extensive information captured in this survey to be available for use in future preparedness planning. For a broader analysis of disability community preparedness issues, updated survey tools could later be distributed to wider segments of the community.

For example, a logical future step in this investigation could be to ***collaborate with BEACON member organizations to assist those that want to survey their clients’ preparedness concerns and goals.*** Each of these organizations works with different and overlapping subcultures within the wider and complex Berkeley Disability Community. Developing a comprehensive overview and preparedness collaboration among these different populations would strengthen community and government planning for emergency response.

EDI MODEL FOR REPLICATION

Given the rich history and fabric of our disability community, this deeper understanding is warranted if we want to encourage future replication of our successful models to broader areas. In 2015, EDI and the Alameda County Public Authority took steps in this direction by contracting to utilize EDI’s unique Dispatching model throughout Alameda County, to support the new “Urgent Backup Care” program now available to IHSS recipients.

While “unique” is not an uncommon characteristic of Bay Area grassroots programs, the independent-living, consumer-based emergency services ***Easy Does It*** model that grew out of Berkeley’s Independent Living Movement is still one-of-a-kind. Community members have long said that this model should be fostered to save the lives of people with significant disabilities in other places, because the need exists everywhere. The 30 year proven track record behind this model, along with research of disability community preparedness needs, support us in continuing in that direction.

III. SUGGESTIONS ON HOW TO UTILIZE AND INTERPRET SURVEY RESULTS

UTILIZING FIVE EXAMPLE SURVEY QUESTIONS/RESPONSES TO MEASURE PARTICIPANT PRIORITIES AND UNMET NEEDS

Staff can utilize survey questions in different ways to obtain information from varying perspectives. To show how this may be accomplished, five examples, including actual survey questions 2 thru 6, are provided below to show how survey responses can provide information about: how participants assess their own level of preparedness and their degree of interest in improving their preparedness; in what manner they want to receive preparedness information; their training goals and priorities; discovering unanticipated needs.

Survey Question No. 2. How much do you think about your level of readiness for emergency events?

Answer: “**Occasionally**” was the answer given by the highest number (38%) of participants in this plurality.

Survey Question No. 3. How prepared do you feel?

Answer: “**Average**” was the answer given by the highest number (41%) of participants.

Survey Question No. 4. How much interest do you have in increasing your preparedness efforts?

Answer: “**A lot of interest**” was the answer given by the highest number (65%) of participants.

Survey Question No. 5. What techniques do you prefer to increase your preparedness?

Answer: Responses did not show a significant preference among the options provided, which included: **Reading Materials; Workshops; Classes; Meetings; Hands on Practice**. All options were about evenly selected, i.e. respondents indicated that all of these options were about equally acceptable, and their preference was to utilize them on an annual basis.

PARTICIPANT COMMENTS REVEAL SIGNIFICANT UNMET NEEDS

The training techniques listed in Question No.5. reflect standard kinds of preparedness training and constitute the majority of training provided both within and outside of the disability community. The COMMENTS provided by participants to these training-related questions throughout the survey, however, showed that a significant portion of

participants did not find the techniques included in Question No. 5 to be very helpful or accessible to them. Again and again, **comments indicate that many participants:**

1. are not able to get out of their homes to attend community trainings because of the times of locations of the training sites, transportation limitations, and/or the nature or severity of their disabling conditions;
2. if they can make it to trainings, they cannot do so in the evenings or mornings, saying that afternoons are the only time they can attend;
3. feel that the constellation of their individual needs is too unique to benefit from trainings designed for groups, without access to individual time with trainers;
4. really want to increase their preparedness and feel isolated or left out of what is available to others in the community;
5. strive to increase their preparedness as best they can on their own, even in small increments;
6. requested that service providers come into their homes **to help them strategize** about how to address their individual and/or unique preparedness needs;
7. requested that service providers come into their homes **to physically help them** achieve basic preparedness goals.

Survey Question No. 6. What training topics are you interested in?

(This is a helpful format for individuals who plan preparedness training curricula and want to be sure to include and prioritize topics according to participants' stated preferences.)

Answer: **“Accessible Shelters” (73% of participants wanted this information)**

“Sheltering in Place” (67% of participants wanted this information, and so on)

“Evacuation Equipment” 63%

“How to Prepare Yourself, Household, Neighborhood” 63%

“Food Security” 53%

“Energy for Medical and Communication Devices” 53%

“Medical Care” 53%

“Participate in a Mock Earthquake exercise or Other Emergency Event” 50%

“Accessible Transportation” 43%

“Finances” 40%

“Service Animals” 23%

“How to be a Volunteer or Worker in an Emergency Event” 23%

“Mental Health Services” 20%

“Sight Impaired Issues” 17%

“Child Care” 10%

“Deaf or Hard of Hearing Issues” 7%

Trainers who want to satisfy the greatest number of participants will be sure to include **topics relating to shelter**. And even though most preparedness planners know that **deaf and hard-of-hearing topics** are critically important, the fewest numbers of participants prioritize learning about them.

*If my apartment is rendered unlivable, all of my disability supports will be gone, I don't know how well I'm going to be able to survive in an **emergency shelter**, especially without attendant care to do manual transfers and without my CPAP equipment to deal with sleep apnea.*

IV. DIGITAL DIVIDE – REVEALING UNMET NEEDS

There are two response formats in the survey results.

Responses presented in GRAPH FORMATS:

- Provide a visual representation of the comparative importance to participants of some topics, as well as differing levels of preference for and participation in various activities;
- Digital data was required to create the graphs, so the graphs provided by Constant Contact only contain information obtained electronically from the individuals who completed the survey online. In other words, the responses of participants who did not have the ability to complete the survey online were effectively excluded from the graphs by the Constant Contact method of compiling graphic results.

This was an unforeseen result in the survey process and brings to light how those without online access are excluded from much preparedness research and planning in the digital age, even though they tend to be the most vulnerable and need the most assistance in their preparedness efforts.

Responses presented in TEXT FORMATS (COMMENTS/OTHER):

- All of the verbatim “written” comments provided by the individuals who took the survey both online, and on paper, are included in the Appendix to this document.
- These comments provide context to numerical answers; they paint real pictures of individuals and families and the life situations of EDI clients. They describe the

very real struggles and concerns that EDI clients have about what will occur during and after major emergency events.

Throughout, there is expression of deep-seated awareness and desire to be part of the larger community is taking steps to be prepared, and a hope that others will be prepared. Often, these comments almost exist in a vacuum, the desire is there waiting to be heard and responded to, to receive individualized assistance that will bring them into the movement of communities and neighborhoods toward preparedness.

I have a kit with food, water, first aid. It does not take into account [child's name] special needs i.e. internal feeding bags, formula, meds, etc. the thought of making a separate kit for him is totally overwhelming.

I am handicapped. But I can move some, at least enough to assist someone else.

Feeling like an outsider to the conversation, not knowing where to go that will accommodate our needs. Yes I do want to participate!!

The two modes of survey participation (i.e. whether clients participated in the survey via online response versus on paper surveys using USPS) are distinguished and recorded separately in the comment sections of the survey results:

- These responses show the often stark differences in the functionality and severity of challenges faced by individuals on each side of the digital divide. The differences in these two groups of responses indicate how effectively the participants may be able to advance their emergency preparedness skills, and helps to determine how much and what kind of outside assistance they might need to make that progress.
- The differences reflected in the responses of the online versus non-online users points to ***a need for more intensive assistance to those clients on the other side of the digital divide.*** Namely, those individuals lacking access to online preparedness resources and networking opportunities will be more likely to require greater assistance to make progress in their preparedness efforts.

There was a significant difference between the response rate of clients who had online access and completed the survey online, versus those who did not have e-addresses and relied on USPS mail.

- As noted above, individuals for whom we had current email addresses **with online access** had a response rate of **58%**.
- Individuals **without online access**, for whom we had only current home addresses (USPS) had a return rate of **42%**.

- This discrepancy was an early indicator of the divergence in abilities within EDI's client base to participate in a preparedness program.
- A review of the comments in the Appendix show that individuals having online access provided not only many times more responses, but also longer and more detailed responses. Inability to access online resources can reflect the broader challenges faced in making progress in overall preparedness.

Those who face these greater challenges to advancing their preparedness are the ones who have the greatest unmet needs. These realities call out for more intensive and the most immediate support for their efforts to help them survive and thrive through emergency events. Through the survey responses, these individuals are telling us they want and are waiting for this support. This **digital divide** (i.e. the discrepancy in response rate between those clients who have online access and those who don't) is closely related to factors including income/resources, age, and extent of disability, among others. The majority of EDI clients are very low income and have multiple and significant disabilities.

Those at the poorest and most disabled end of EDI clientele are most likely to be reflected in the lower and lowest response rates to the survey. The comparatively few responses they provided should, therefore, be weighed not only higher than the online responses in reflecting unmet client needs, but perhaps several times greater. It is possible that the greatest proportion of individuals who want and need help are rendered "voiceless" by the many barriers they face to participating in the survey at all.

IMPROVING ACCESS TO THE INTERNET

The extent to which the off-line community continues to fall behind in preparedness undermines the ability of the disability community as a whole, to respond to emergency crises. The challenge, like that for the general population, is to prioritize increasing efforts to bring those who are the most vulnerable into the preparedness arena, by addressing the significant barriers they face to participation. One way to help achieve this is to support more individuals to achieve access to the internet.

Many don't know that not all computers are equally or very expensive to obtain, and that there are now programs that refurbish used computers and subsidize their purchase for low income individuals. Once individuals have computers, they can be supported in accessing many training programs available through community colleges and adult learning centers, senior centers, and also through free online tutorials. Providing correct and updated information to the community about such programs and how to use them could help those who thought that online access could never be available to them.

V. SURVEY PARTICIPANT RESPONSES REFLECT A HIGH LEVEL OF HOPE AND EXPECTATION THAT RESULTING PREPAREDNESS PROGRAMMING WILL GET TO THE HEART OF REAL NEEDS IN THE COMMUNITY

As outlined above, a great deal of participant effort is reflected in the answers, personal stories, and hand written comments provided by individuals, some of whom overcame significant limitations and pain issues to complete the survey. This topic is of great importance to these individuals and their families. Their participation expresses an array of hopes and fears, as well as planning and determination, about what will happen to and around them in future earthquakes, and in other events exacerbated by global warming such as fires, flooding and water scarcity.

By expending this effort, participants are presenting their expectations that EDI and the City of Berkeley will utilize the detailed information they've provided to expand preparedness programming that is responsive to their feedback. Community members who do not feel that results truly address their concerns may feel less motivation to participate in future information-gathering or other preparedness activities.

As described below, a significant portion of survey takers clearly and repeatedly describe below how, due to the severities of their disabilities, they are excluded from participating in the community-based public trainings currently provided by city and community agencies. They describe that they are unable to attend or do not benefit from these public and generalized trainings, and will continue to be excluded from the benefits of these preparedness programs until these programs make changes that address their needs and make accommodations to their disabilities. These changes would include individualized, home-based, one-on-one, hands-on services that address their unique challenges to increasing their emergency preparedness.

VI. IDENTIFYING AND ADDRESSING THE UNMET NEEDS OF EDI'S MOST VULNERABLE CLIENTS

Examination of the comments in the survey results reveal that many of the clients who have the greatest need to prepare for emergency events because they are the most vulnerable receive little or no assistance because the extent of their disabilities make it difficult or prevent them from getting out of their homes to attend public preparedness trainings and other activities. They are rarely able or are not able to participate in the community and group-centered preparedness activities and workshops that are currently being held in the disability community.

This result may be counter-intuitive to many who take pride in seeing the vibrant and active disability community involved in all aspects of Berkeley community life.

EDI clients present a large continuum of abilities and challenges, which in a variety of combinations result in a spectrum of independence and community involvement. At one end of the continuum are many individuals with disabilities who are in good health and very active and visible in the community. We see them all the time on the streets of Berkeley and surrounding areas. They attend and often present preparedness activities.

There is a middle spectrum of individuals who can come to preparedness events but who face limitations. They don't go out at night. They can't be out for long. Their access needs are extensive. They may only be able to manage an afternoon program.

It's difficult to get to trainings early in the morning (9:00 AM) for a person with a severe disability.

I would attend an afternoon workshop.

The classes are too early in the morning. It would all depend on my health, where and what time it meets.

I would like to have any workshops/trainings held in the afternoon because my extensive day care routine doesn't allow me to participate in meetings in the morning.

Mornings don't work for me as my routine is long, most trainings are in the morning.

Too early.

At the other end of this spectrum is a **significant proportion, perhaps a third, of EDI clients who are home-bound and/or significantly isolated**. Many of these individuals struggle daily with managing their health, their lives, and their attendants. They are often very low income with no resources beyond public benefits. They may not be able to afford to get as much attendant service as they need. They may be frequent users of EDI services because it is their last resort. They may end up in the hospital and/or in skilled nursing facilities multiple times a year.

Their health is often fragile and they usually have multiple disabilities. Some have multiple chemical sensitivities which prevent them from leaving their homes. Many rarely go out in the community. Consequently, we do not see them at community preparedness trainings. This can render them (as well as their realities and their preparedness needs) "invisible" to preparedness programming.

The availability of excellent community preparedness trainings and the many people with disabilities who attend them hide the reality that there is also many others for whom this support is difficult or impossible to obtain.

The survey format provided a venue for these individuals to communicate their experiences to us. Perhaps it wasn't easy for many to express the extent of their frustration or anxiety, others were probably unable to do so. Otherwise, we might never have been able to adequately assess their situations, recognize the extent to which their preparedness needs go unmet, **or hear what kinds of services they are asking for because many really want to become prepared for area emergencies.**

Noting the similar responses and recurring themes, here is a sampling of what they say about it.

Unable to attend workshops or meetings due to health problems.

My fatigue is overwhelming, I rarely go out, I just need to know how to get some electricity if the power goes out.

Not physically able.

Transportation and health are issues.

Transportation and physically unable.

I only go outside the home using transportation services/gurney to go to medical appointments.

I'm unable to attend events outside of my home.

Physically not able to attend.

I can't get there. I'd like to but then I don't have the energy.

There is so much that I must deal with each day for basic needs because of stroke/Rheumatoid Arthritis/Crones; I have scant time/energy for anything else but writing, reading, meetings, friends-family.

I am unable to go more than one block from my home without help from others as well as needing a gurney.

VII. ONE ANSWER TO THIS UNMET NEED IS INDIVIDUALIZED, ONE-ON-ONE, HOME-BASED EMERGENCY PREPAREDNESS ASSISTANCE

While these individuals may express their desire to take steps to be more prepared, they are unable to make much progress in doing so because they don't have the necessary individualized assistance. Many are less likely to have online access. Their communication may be through USPS mail, and a landline. Like others who are on **the "wrong" side of the digital divide**, their limited access to online networking and informational resources can foster isolation.

I just need help getting rid of projectiles and batting things down.

I'm not only isolated, but, at age 91, am out of the loop and have difficulty moving fast – especially with the onrush of panicking people.

What I really need is 1:1 consulting for my specific situation, Should wheelchair life have a back-up generator so we can get out of the house? How do I get insurance to send me extra pump supplied to build my kit, etc. I don't have time to look into this.

These individuals may be very motivated and interested in increasing their preparedness, but unable to do as much toward these goals as they would like. **Many commented that generalized trainings do not help them. They are asking for people to come to them, one-on-one, to get them started and to take them thru a process of developing preparedness strategies that will actually address their needs as individuals.**

Every special-needs person is so different, it's unlikely a group workshop would really be helpful.

Trainings don't work for me, my needs are too individualized. I don't get a chance to talk with one-on-one with trainers.

Yes I need someone to come to my residence and assess for me.

Support for my specific situation which is atypical.

Despite their challenges, many of these individuals have achieved enough knowledge about preparedness issues to know they need and want more. They say they need individualized time with staff who are significantly knowledgeable about preparedness issues. These EDI clients want their homes to be assessed for earthquake protection needs. They cannot afford and are not physically able to achieve the most basic home preparation. They want people to come into their homes to help them strategize about how to become more prepared. They need people to come into their homes to identify, bolt, and strap tall or heavy furniture.

I wish there were services that could come to my house and help me make it safer, I don't have people I can talk to about this. Could do all of the above but still need hands on help. Other barriers to earthquake-proofing my apartment are figuring out what needs to be done.

I am also concerned about earthquake proofing my apartment before a large earthquake, and I am unsure where I would stay if my apartment building is red-tagged.

I can't hire people to come to assess and outfit my home with safety measures. I wish some organization(s) would provide this

function as I'm worried about what will happen to me in an earthquake."

These EDI clients are describing services that will reach out to, assist, and develop ongoing one-on-one relationships with this most vulnerable segment of the disability community. These services will address identified unmet needs by increasing preparedness, and reducing vulnerability, and by engaging in creative problem solving that targets unique individual needs.

It would be nice if someone could sign me up for BENS.

I need preparation for comfort.

Help me locate a good place for my [emergency] supply locker. Currently my locker is metal and there are wires that string from my building and I worry if they are loosened it will electrify the locker and I will be unable to use it. So I need a different system.

These individuals, because of their challenges and limitations, may be “off the radar” for preparedness providers and managers. Unfortunately, this can result in those with the least resilience being more likely to suffer adverse effects during and after emergency events. Clients completing the survey is evidence of a desire to find assistance and resources to address their individualized needs. Many express a strong desire to do whatever they possibly can to have better preparedness, and may express significant frustration and fear as a result of not being able to move forward because there is no help for them.

Some say they would like, because they can't get out much or at all, to participate in phone seminars and training and wish more were available. They are asking EDI, the city and the community to help them feel safer, to benefit from the government and media dialogue that says “we are taking steps” to help our citizens survive through inevitable emergency events. Instead of merely hearing about what others are doing to increase preparedness, **these individuals don't want to feel left out, they want to be active and become part of the process as well.**

[I want] Education in advance in what to expect from the city. How to organize with neighbors, how to get emergency medical help if someone is injured.

Perhaps

a packet with info, plus a sticker for the window that can be taken with me (like parking placard) that tells police, fire, ambulance that there's a disabled person inside.

I'm ready to start!

Keep the \$10 for your good work.

VIII. ADDRESSING ANXIETIES

Clients want to know, who will come and help us during a disaster? Or put in the alternative, will anyone come to help me in a large emergency event? How will I be evacuated, if at all? Will I be totally on my own, for how long? Can I count on EDI? These kinds of feelings are expressed repeatedly in clients' comments. For example:

- **Do you expect or think that EDI will be able to assist you in an area-wide emergency event? (Survey Q No. 14)**

..no they don't have the resources; EDI will be completely overwhelmed;

Yes I think so. As I understand it, EDI keeps a list of people and what their needs are.

I think we will mostly have to fend for ourselves and would hope EDI would be there for the most serious problems.

While I don't expect it, I wouldn't mind a personal visit I would appreciate it.

During 2015, EDI staff attended a series of excellent CARD trainings which touched on methods for preparing non-profit organizations for long term survival after an event. A significant percentage of organizations fold within a year, which could be life-threatening to many EDI clients. EDI will be the last resort for many clients who will be looking to us for help for some time during and after events. **EDI staff still maintain the 911 Registry** which includes information provided by seniors and people with disabilities about what they anticipate their needs will be during emergency events.

In the spring of 2016, an energy "black out" left many households dark in the Berkeley area. EDI keeps the 911 Registry of EDI clients current and it was used to check in on all clients who had signed onto the registry. Depending on the size of an event, EDI's goal is to reach out to as many of our most vulnerable clients as we can to see if they are all right or what kinds of help or service they might need. As long as our staff are not otherwise helping their own families, staff will strive to provide to EDI clients the same array of services we do every day, emergency attendant and transportation services to as many clients as possible.

Power outage – Need electricity for my wheelchair charging. Battery backup for my ventilator.

EDI as an organization (and ultimately clients) would benefit from receiving training on how to develop a comprehensive Continuity of Operations Plan (COOP) to further

develop strategies for continuing to provide services during and after emergency events such as a more serious “blackout” and other future emergencies.

“Following a serious incident, seamless cooperation and communication between the community agency and those they serve, agency staff, volunteers, and government offices is essential for long-term mission continuity!” CARD

IX. FINDING ALTERNATIVE ENERGY SOURCES FOR WHEN THE POWER GOES OUT

Maintaining electrical power to keep medical and life-dependent machines operating during power outages is a source of concern and anxiety to many.

- **Survey Q No. 25 - If there is a power outage and there is no electricity, do you have a generator or back-up battery for any essential medical equipment you require?**

Where in god’s name would an apartment dweller store a gasoline powered generator, much less use it safely here.

Perhaps you could give out radios with batteries and replace the batteries every year. Replacement batteries are a must.

Is there any way to get emergency power?

Assist me in securing a generator to keep my ventilator running and charging my batteries.

There are no businesses or community services in the area that provide centralized information about existing power options for life-sustaining medical equipment for very low income people. **Because this kind of information has life and death ramifications for many individuals, development of programming to address this UNMET NEED should be added to preparedness community goals.**

I am all electric. I have water and food, but I’ll need heat. I am very interested in finding a way to fix that. Also, if I have no power I have no way of knowing what is going on. I need to figure a way to get information.

There are gasoline powered generators that are expensive, cannot be used in doors

because of CO emissions, take up more space than I have, and would need some sort of DC/AC conversion. How one is supposed to use a CPAP while sleeping next

to one of these in operation, I do not know.

Keeping my ventilator (life-support system) operating so I don’t die.

I have a generator but keeping fuel is tricky and there might not be any available in an emergency. We should have a city depot for such a situation.

X. IMPORTANT INPUT FROM COMMUNITY ADVISORY GROUP

EDI staff met with a small group of community leaders to brain-storm creative new ideas that would address community goals and concerns related to emergency preparedness activities. Here are some of the results of that conversation:

- ❖ **People want “grab and go bags”** (including e.g. a flashlight; whistle; crank radio; local maps; spare money; contacts list; phone card for phones that don’t take cash; duct tape; personal records; spare medications; bandages and antiseptic; comfortable shoes; etc). They want to learn how to use them and what to include. They cannot afford to get the bags or the items to go in them, or they simply can’t get to the events where grab bags are assembled or distributed. This is a great source of frustration for many, who constantly hear the community around them talk about this part of preparedness and it seems like everybody is able to obtain grab bags but them.

As a person who receives no direct cash income because I receive a rent subsidy from General Assistance Welfare, I would benefit from a free starter emergency kit of some kind. I don’t have money to fill a grab bag.

- ❖ **They want to know about how to have emergency food, water, and prescriptions on hand.** The basics that so many take for granted are not readily available to many people with disabilities.
- ❖ **To meet individuals’ need for hands-on help to make their homes more prepared for emergencies,** it was suggested that such help be provided in exchange for those individuals participating in preparedness trainings. This idea could be expanded to enable individuals to receive this hands-on assistance in exchange for “giving back” their time and expertise to the community by providing outreach and other service activities.
- ❖ **Another issue stressed was that many people with disabilities live in apartment buildings, particularly above the first floor.** Almost universally people say there are no meaningful or universal protocols that outline how to include people with disabilities in evacuation procedures, both in residential and business high-rises. They hear about special evacuation equipment, but there’s no indication that they will have access to this technology during any event.

They simply don’t know what will happen to them and it’s widely known that many people with disabilities died in 9/11 because there was no knowledge or preparation

about evacuating them from taller buildings. **City offices can use their influences and resources to promote policies that cover how people with disabilities should be evacuated from multi-level buildings.** One member of this group described what was needed.

Printed materials to give property owners, and city emergency preparedness staff that includes what must be done to help people with disabilities in a disaster. Right now, in the building I live in, if there is a fire at one end of the building, we are to go to the other end and wait for the fire department. This is Not a plan! Evacuation equipment I'm especially interested in since we're on the 3rd floor, one of us is a wheelchair-user and one doesn't do steps unless absolutely necessary and would be in a lot of pain after doing that.

Many **survey participants** also expressed concerns and anxieties about lack of plans or consistency in evacuation policies and procedures for getting out of buildings that are on fire or damaged in an earthquake.

I would like to know how to get property owners and managers to invest in an emergency preparedness plan that includes people with disabilities.

Disabled people who live in high rises and multileveled dwellings who depend on an elevator as the means of access, are of great concern to me. These people could be trapped and their needs not properly taken into consideration.

Knowing where to evacuate, whether the shelter is wheelchair accessible. How to exit my apartment as both myself and husband are chair users.

XI. HELPING PEOPLE WITH DISABILITIES ACCESS EXISTING COMMUNITY PREPAREDNESS-RELATED SERVICES

NEIGHBORHOOD ASSOCIATIONS

This includes building networks in neighborhoods. Many people don't know about neighborhood associations, or whether they could participate in one. They don't know about community events where they might meet and network with people who may live nearby, e.g. Great Shakeout; progressive dinners; National Night Out; neighborhood block parties; hands-on incident command exercises. Preparedness support to the disability community can include helping people connect with their local neighborhood associations and vice versa.

This is a two-way street and **neighborhood associations** can use support and education about how to include members of their community who have significant challenges. Many associations attempt this by learning about the needs of their neighbors and getting to know them. Even if it's just once a year, meeting one's neighbors can make a difference in whether a person will be looked-in-on when the need arises.

Some of my neighbors have my lockbox combination and hopefully will remember to check in on me.

I am actively working with other residents on my block to create a disaster preparedness organization.

Outreach and education to neighborhood associations could be an appropriate and important part of city and non-profit organization preparedness activities. People who join their neighborhood associations want to help the people who live nearby. This can be a golden opportunity for people with disabilities to **connect with a neighbor or three who will be “buddies”** to them when something happens in the neighborhood that requires checking in to see if everyone is all right. Buddies could each have a two-way radio phone to be in contact with each other even after earthquakes or other events when cell or land-lines aren't working. These associations generally want to keep track of who lives where and what their living situation entails. This is a win-win scenario. Its also a way to promote healthy living for all concerned and to counter isolation.

Many people with disabilities would benefit from learning more about the variety of programs and activities through which they can build their preparedness skills, or call upon in an emergency. Examples include Regional Center programs; Public Authority “urgent need backup” programs; IHSS protocols for a government employee to attempt to contact recipients after an event; Independent Living Centers; senior centers; BEACON member organizations, to name a few.

I need general preparedness knowledge as well as information that is specific to preparedness info for people in wheelchairs, resources in the area available to people with disabilities in an emergency etc.

XII. COORDINATION AND HANDS-ON PRACTICE BETWEEN CITY EMERGENCY PERSONNEL AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE EMERGENCY SERVICES TO MEMBERS OF THE DISABILITY COMMUNITY

There is a need to outline and practice communication protocols that will be employed among agencies in an emergency event. What kinds of assistance can the city expect from EDI? EDI staff have unique and extensive experience that other providers do not have in working with people with significant disabilities, including those in crises.

Preparedness requires building relationships, including practicing how to

coordinate response in different kinds of scenarios before they occur. Preparation would include developing teamwork between the people who will respond to people with disabilities in a variety of events.