Situation

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- Approximately sixty-one million adults in the United States have some type of disability (CDC, 2020) and more than seven million students receive special education services (National Center for Education Statistics, 2021). Yet, people with disabilities are typically not considered in community and personal safety education and planning.

- Individuals with disabilities are at an increased risk of preventable harm, sexual violence, avoidable death, and reduced life expectancy.

- Municipal leaders and safety stakeholders are typically unaware of safety issues that affect disabled residents. As a result, disabled residents are often overlooked in safety planning and emergency management and have insufficient exposure to relevant safety information and guidance to support their access and functional needs.

- There is no current standardized best practice to identify priority safety issues or to develop and implement strategies for injury prevention and mitigation inclusive of disabled residents.

- Often, those involved in public safety have not had sufficient education, experience, or interactions with people with disabilities in order to ensure that the access and functional needs of that population are adequately addressed.

Background

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- Disability inclusive community planning is most effective when it involves residents with disabilities in all development processes and outcomes.

- There are physical, communication, sensory, cognitive, and other barriers, including intersectionality of race, ethnicity, income, and gender identity that prevent people with disabilities from equitable public safety services and supports. There has been little data collected and made available on the diverse community experiences and safety issues of disabled residents that could help inform safety planning.

- People with disabilities are diverse, and thus their needs are diverse. Some residents identify as being disabled, others have access and functional needs but prefer not to identify/disclose impairments and others may not recognize or characterize themselves as having a disability. Additionally, characteristics of a specific disability does not generalize across all people with the same disability. For example, while social communication impairment is considered a characteristic of autism, the form and severity of that impairment may vary widely across autistics.

- Disabled people have experienced in preventable injuries due to hazards in their homes and daily life which fail to accommodate their special needs. Physical limitations, cognitive impairments, conditions affecting balance and the inability to adapt to the environment contribute to the increased threat of harm. People with disabilities share many risk factors with young children and older adults who are also at higher-than-average risk for injury. Poor lighting, especially on stairs as well as lack of handrails and absence of smoke alarms and CO detectors, open fires and slippery floors are some factors that contribute to the increased risk of injury.

- Communities are mandated to include disability within the description of the intersectional diversity of the community, yet municipal safety programs typically are not inclusive of and accessible to people with disabilities. This may result in insufficient planning and programming to maintain safety of disabled residents.

- With focus on inclusive community planning, there is a need to collect, analyze, and respond to data representing the experiences of all residents, including those who are disabled.

Assessment

- To ensure safety of all community members, residents with disabilities should be included in community planning processes. In the context of safety, disabled residents should be stakeholders in identifying and incorporating strategies to improve safety for all residents inclusively.

- Inclusive community planning processes seek to ensure that residents with disabilities are fully included in all aspects of their communities, in the process of development, and as beneficiaries of community programs. Addressing safety barriers requires understanding the experiences of disabled residents and those with access and functional needs. Without this understanding, community planning strategies risk contributing to lack of appropriate resources, injuries to people with disabilities, and the implementation of ineffective public safety policy and practices.

- Exclusion from community planning has contributed to the lack of existing reliable data about aspects of disability in community needs assessments. As a result, these needs assessments typically exclude the needs of people with disabilities.

- Municipalities and healthcare providers use Community Needs Assessment surveys to gather individual perspectives of the needs within their communities and to develop policy, practices, and programs to address these needs. It is crucial that all members of the community are empowered to be safe and prepared for emergencies. Inclusive community needs assessments support an ongoing broader community improvement process.

- Consideration of environmental access is only one aspect of municipal safety. Aspects of communication, interactions, attitude, transportation, and technology are equally important.

- Those involved in public safety planning have the opportunity to consult with disabled residents and community service providers to identify best practices and develop standards for inclusive community safety programs. Outreach to disabled residents is vital particularly in identifying the full scope of community needs and perspectives at every stage of development, implementation, and evaluation of community safety. Since there are many distinct types of needs (mobility, sensory, cognitive, mental health, etc.) it is important to involve a variety of disabled residents.

- Information to help inform community needs can be collected in varied ways with assurance that collection is universal, inclusive, and respectful. Formats for gathering input include but are not limited to inclusive and accessible surveys, questionnaires, focus groups, public meetings, direct observations, and interviews. Secondary data sources such as demographic data, vital statistics, hospital records, morbidity and mortality reports, and literature reviews also provide valuable information.

- The decision whether, how, and how much to disclose disability and intersectional identities is an individual, voluntary choice. People elect not to disclose for many reasons, including fear of discrimination and not wanting to be seen as vulnerable. Disclosure supports reasonable accommodations for disability and access and functional needs.

Recommendations

- Use and adapt current community surveys to be more inclusive and accessible; develop a survey specifically for disabled residents to identify needs; conduct interviews with local and regional organizations and agencies who are stakeholders for community needs.

- Collect and use data on disability to inform inclusive development. Community needs assessment data can be collected from a variety of sources. Individuals with disabilities/caregivers/direct support professionals; civic organizations; public school systems; chambers of commerce; community colleges and local universities; the employment security commission; faith-based groups, health departments; hospital and healthcare providers; law enforcement, emergency responders, and others involved in public safety; local businesses; public libraries; non-profit organizations; and family support organizations; disability organizations and advocacy groups. Caution is required where caregivers, service providers, and or family members are respondents as they may not reflect the input/perspective/needs/preferences of the disabled resident.

- Include disabled residents in developing the community plan for analyzing community issues and needs and identifying policy, systems, and environmental strategies for change.

- Place people with disabilities on all major municipal boards and committees, not solely on a disability advisory committee. Involve people with disabilities within all public and emergency safety commissions and planning teams. This will help municipalities understand the scope of both emerging and ongoing needs of all residents and to develop strategies to meet those needs inclusively. Ensure appropriate communication methods are used, meetings are in accessible locations, and that people with disabilities feel comfortable participating and contributing.

- Develop community coalitions with local/regional disability organizations.

- Provide opportunities for interaction and sharing input on various aspects of community need including but not limited to inclusive and accessible surveys, questionnaires, focus groups, public meetings, direct observations, and interviews.

- Include aspects of disability in data collection, conducting public forums and listening sessions. Involving disabled residents in windshield and walking surveys can help to explore, describe, and define community safety needs more inclusively to assess safety issues and service utilization among disabled residents. There is no single method or tool that will provide all the information needed by a project to inform disability inclusive practice and measure outcomes.

- Within community planning processes, evaluate each of the domains of social determinants of health (SDOH): Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context in order to understand the total needs of the community. Include people with disabilities in the design and analysis of this data as each aspect of SDOH impacts safety. Economic instability impacts ability to pay utilities and secure safe housing. Additionally, food insecurity impacts nutrition which places a person at health risk. Difficulty accessing quality education impacts functioning and training, resulting in increased vulnerability to hazardous situations as well as difficulty knowing how to plan for and reduce harm. Difficulty accessing quality health care impacts health which increases risk of injury and death. Living in an unsafe neighborhood increases the risk of being a crime victim or being injured in a fire, accident, or disaster. Lack of reliable and accessible transportation impacts ability to access food, job, health care, education or other services. It may also increase risk of transportation accident and resulting injury. Issues related to social support may impact mental health and place the person at increased risk of depression and suicide.

- Since every resident has different needs, universal design principles can help to guide the design of safety resources, communications, environments, safety programs and services in order to be usable by all residents, to the greatest extent possible.

- Educate community residents and leaders about ~~the~~ identified safety needs and provide recommendations policy, systems, and environmental change.

- Develop and implement a method for all community residents to communicate safety concerns on an ongoing basis.

- Ensure aspects of disability are included within health and safety policy initiatives.

- Strengthen and configure the infrastructure and capacity of local Operations of Emergency Management (OEM) to support planning, response, recovery and mitigation that is inclusive of the needs and interests of disabled residents.

- Improve access and relevance of local safety education and emergency preparedness among residents with disabilities.