



The Ready to Roll Study

Project Summary

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New Zealand wheelchair users' preparedness for emergencies

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Background:

People with disabilities are disproportionately affected by emergency situations compared to the general population, with higher mortality rates and increased vulnerability to disrupted infrastructure and services¹⁻¹¹. The 2010-2011 Canterbury earthquakes highlighted issues regarding personal and organisational preparedness for people with disabilities in New Zealand (NZ).

According to the latest census figures, nearly a quarter of New Zealanders identify as having at least one disability¹². Previous investigations have highlighted the difficulties experienced by people with disabilities but no previous study had specifically looked at the issues faced with regards

to emergency preparedness amongst this group.

The Ready to Roll (RTR) study was undertaken to gain greater insights into the issues of emergency preparedness by a subgroup of people with disabilities in NZ, namely full time or part time wheelchair users. The survey aimed to find out how ready for emergencies wheelchair users are and what they think about the concept of a Disabled Persons Emergency Response Register which could be used for planning and response to emergencies.

A Disabled Persons Emergency Response Register (DPERR) has previously been suggested as a way of helping to improve the planning and response for people with disabilities in NZ^{13,14}

Aims:

This study focused on four key questions:

1. What is the current state of emergency preparedness amongst NZ wheelchair users?
2. What are their perceived barriers to emergency preparedness?
3. What is the level of support for, and concerns about, a Disabled Persons Emergency Response Register in this group?
4. What types of ICT, able to support emergency planning and response, are currently being accessed and used by this group?

Method:

A nationwide survey of adult, community dwelling wheelchair users was conducted using SurveyMonkey™ or a postal questionnaire. Survey questions were developed through a process of engagement with disabled people. Participants were recruited through advertisements or notifications provided by Disabled Persons Organisations and disability service providers.

Results:

101 people completed the survey either online (84) or via postal questionnaire (17).

The key findings to have emerged from this study include:

1. Fewer than 30% of participants in this study have an existing emergency plan.
2. 'Prepared' participants were most commonly stockpiling food, water and other supplies in line with general emergency preparedness messages but very few were planning for their disability related needs.
3. Over 80% of participants with no plan in place had thought about it but had not yet moved from thought to action.
4. Half of all participants needed, or would need, help from another person to make preparations and over a third felt there was a lack of information relevant to people with disabilities.
5. There was a high level of support amongst participants for the concept of a DPERR and a majority indicated that they would contribute reasonably detailed personal information but wanted to be able to do this themselves or check its accuracy.

5. Security of personal information stored and who can access it were the major concerns expressed by participants, about a potential DPERR.
6. There was a high level of access, use and confidence with ICT devices and applications amongst study participants. Using social media or online financial transactions were associated with the lowest levels of confidence but were still being used by nearly half the participants.

Conclusions

RTR participants reported much lower levels of personal emergency preparedness and a higher incidence of barriers to preparedness than that reported for the general NZ population. This a finding of concern given the increased vulnerability of people with disabilities in emergencies. Findings of this study indicated that adjuncts to assist emergency planners respond to the needs of people with disabilities such as a register system or ICT enabled tools could be useful, well utilised and accessible to this group of participants. However there are

significant technical and practical difficulties associated with register systems and therefore considerably more investigation into the scope, purpose, funding and practical aspects of such a system would be required before embarking on this approach.

The small scale and limitations of the study produce an inability to generalise findings beyond RTR participants to people with disabilities more broadly. Despite this, the study has highlighted a number of issues that require further investigation in order to confirm and better understand the issues relating to emergency preparedness of and for people with disabilities.

Finally, as people with disabilities comprise nearly one quarter of all New Zealanders it is argued that there is a critical need for a comprehensive plan of further work and research to enable a truly inclusive emergency planning approach to future emergency events in NZ. In order to achieve this outcome it is essential to ensure that government legislation, emergency planners, responders and researchers partner with disabled people to ensure that planning meets the needs of, and improves the outcomes for, disabled

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