10/11/11

Dear Potential Participant:

My name is Rob Dawalt, and I am a D. P. A. student in the Department of Public Administration at the University of Baltimore. I am inviting you to participate in a research study. Involvement is voluntary, so you may choose to participate or not. This cover letter will explain the study to you. Please feel free to call me at (315) 443-2605 or e-mail me at [robdawalt@me.com](mailto:robdawalt@me.com) If you have any questions about the research – I will be happy to elaborate on the details! You can also contact my faculty advisor, Dr. Lenneal Henderson 410.837.6198, for questions about the research or the University of Baltimore Institutional Review Board, 410.837.6191 or [mlennon@ubalt.edu](mailto:mlennon@ubalt.edu) or Eric Easton, Chair, University of Baltimore Institutional Review Board, 410.837.4874, [eeaston@ubalt.edu](mailto:eeaston@ubalt.edu) if you have questions, about your rights as research participants even after completing the interview.

I am interested in knowing more about how emergency managers (EMs) plan and react to emergencies and how they work with people with disabilities and health care providers. This is one component of a larger project assessing emergency preparedness and response by emergency managers. I am asking for your help by responding to interview questions such as the ones below, which should take about 1 to 2 hours of your time. In order to keep track of who responds, your questions have been numbered. However, your replies will be kept anonymous and confidential. This means your name will not appear anywhere and no one will know about your specific answers. In any articles or presentations about my findings, I will report results in the aggregate or in vague terms that prevent identification, such as “an emergency manager in rural Ohio said…” If you do choose to participate let me know when we could meet or talk on the telephone and discuss the questions.

The benefit of this research is that you will help assess the level of preparedness by EMAs in regard to incidents, and your responses will help me offer suggestions for improvement. Another benefit is that the community will better understand your needs and be better able to provide more useful emergency response information. The risk to you for participating in this study is that as a result of the questionnaire, you may realize that you are underprepared for emergencies. If a storm or other incident occurred and outsiders learned about your lack of preparation, you could face criticism. However, this risk will be minimized because no one will know your exact answers. Additionally, the results of my survey will almost surely provide new insights and ideas that may help you. Despite this, if you no longer wish to continue, you have the right to withdraw from the study, without penalty, at any time.

Your participation in this case study is invaluable in order to understand the issues involving communication and collaboration among emergency managers, people with disabilities and health care providers. Nonetheless, I understand that I am asking for some of your time (probably 1 to 2 hours), and you may choose not to participate for a variety of reasons. However, without your participation the expected benefits of this research will not be realized. Please participate! As a token of my appreciation, I will send you a brief summary of the results within three months of receiving the completed questionnaires. You will then get a sense of how your actions relate to those of other EMAs throughout the Midwestern United States primarily in Indiana & Ohio. To receive the summary, check the “Yes” box on question 23.

Sincerely,

P. Robert Dawalt M.S. CJ, J.D. D.P.A. (ABD)

765-506-7322

robdawalt@me.com

**General comment:** The term “county” as used in this survey is meant to refer to the commonly used term for that level of local government.

*Section 1: General Information about You*

**1. Are you the county emergency management director (or equivalent)?**

* Yes **🡪** Skip to 3
* No **🡮**

**2. (If No) What is your title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. How long have you worked in emergency management for your present county?**

\_\_\_\_ years

**4. How many years have you worked in emergency management (for all employers)?**

\_\_\_\_ years

*Section 2: Your Opinions about Hazards in General*

**5. How seriously does each of the following hazards threaten your county?**

*Please circle the number that best describes your opinion of each hazard threat.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hazard Type** | **Not Applicable** | **Not Seriously** | **Somewhat Seriously** | **Seriously** | **Quite Seriously** | **Very Seriously** |
| 1. *Chemical Spill* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Flooding* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Hurricane winds* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Ice storm* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Snow storm* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Storm Surge* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Terrorism* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Tornado* | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. *Wild land fire* | 0 | 1 | 2 | 3 | 4 | 5 |
| **Others. Please specify:** | | | | | | |
|  | - | 1 | 2 | 3 | 4 | 5 |
|  | - | 1 | 2 | 3 | 4 | 5 |

**6. Since January 1, 2000, how many times have each of the following hazards caused sufficient damage to warrant state or federal assistance (or disaster declarations)?** *Please write the number of times for each hazard, even if zero. If unknown, leave blank.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard Type** | **Number of Times** | **Hazard Type** | **Number of Times** | **Hazard Type** | **Number of Times** |
| *a. Chemical Spill* |  | *e. Snow storm* |  | *i. Wild land Fire* |  |
| *b. Flooding* |  | *f. Storm Surge* |  | Others. Please specify | |
| *c. Hurricane winds* |  | *g. Terrorism* |  | *j.* |  |
| *d. Ice storm* |  | *h. Tornado* |  | *k.* |  |

*Section 3: Recent Incidents:*

7. Since you began working for your present county, in what year did the most emergency incident affect people with some type of disability and/or cause a “surge” in use of health care facilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(if no incidents have occurred, skip to the next section).*

8. Since you began working for your present county, in what year did the most damaging emergency incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(if it’s the same storm as #7, write “same”)*

**9. Briefly describe the negative effects of the most damaging storm and the relationship to the people with disabilities and health care providers.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Section 4: Emergency planning*

10. Does your county have an emergency plan which makes provision for people with disabilities and health care providers?

No. 🡪 *Skip to question 14*.

* Yes, it is part of a general plan dealing with *all* hazards.
* Yes, it is part of a general plan dealing with some hazards.
* Yes, it is a separate plan.

*Please attach a copy of your plan*

*to this questionnaire, if available.*

11. (If yes) When was your plan for incidents involving people with disabilities and health care providers initially written?

* Currently being written
* Less than 5 years ago
* 6-10 years ago
* 11-20 years ago
* 21 or more years ago: \_\_\_\_ *(write number if known)*
* Unknown

12. When was your plan involving people with disabilities and health care providers last updated?

* Currently undergoing revision
* Less than 5 years ago
* 6-10 years ago
* 11-20 years ago
* 21 or more years ago: \_\_\_\_ *(write number if known)*
* Unknown
* Never Updated

13. Approximately how many pages in your emergency plan deal with people with disabilities and health care providers?

* Less than 5 pages
* 5-10 pages
* More than 10 pages: \_\_\_\_ pages

**14. If your county does not have a plan for people with disabilities or health care providers, what is the primary reason?** *Choose ONE answer below. If your county has a plan for people with disabilities and health care providers, please skip this question.*

* Very few or no people with disabilities live here.
* Our resources are insufficient to plan for people with disabilities and health care providers.
* My predecessor did not have a plan.
* It is currently misplaced.
* I don’t know.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14b. Have you ever met with people with disabilities to discuss or plan for emergencies?**

* No
* At least 1 time
* At least 5 times
* We have regular meetings.

**14c. Have you met with health care providers to include them in planning for emergencies?**

* No
* At least 1 time
* At least 5 times
* We have regular meetings.

*Section 5: Emergency response*

**15. If a moderate or severe emergency occurred tomorrow, regardless of whether your county has a plan or not, please indicate the importance of each of the following actions that you or your staff might engage in.** *Please circle the number that best describes the behavior for each possible action.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action | Not at all important | Important | High Importance | Highest Importance |
| 1. Opening shelters | 1 | 2 | 3 | 4 |
| 1. Speaking with the National Weather Service | 1 | 2 | 3 | 4 |
| 1. Speaking with other emergency managers | 1 | 2 | 3 | 4 |
| 1. Opening a central command center | 1 | 2 | 3 | 4 |
| 1. Requesting state assistance | 1 | 2 | 3 | 4 |
| 1. Requesting federal assistance | 1 | 2 | 3 | 4 |
| 1. Surveying damage | 1 | 2 | 3 | 4 |
| 1. Holding press conferences | 1 | 2 | 3 | 4 |
| 1. Speaking with utility companies | 1 | 2 | 3 | 4 |
| 1. Speaking with political leaders | 1 | 2 | 3 | 4 |
| 1. Speaking with community organizations (e.g., churches) | 1 | 2 | 3 | 4 |
|  | | | | |
| 1. including special needs (ADA type) of shelters. | 1 | 2 | 3 | 4 |
| 1. other: describe below | 1 | 2 | 3 | 4 |

16. If a moderate or severe emergency occurred tomorrow, how much assistance would you expect from the levels of government listed below DURING the emergency? Assume the storm lasts less than 48 hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | None | A little | Moderate | A lot |
| Local (towns, cities, etc.) | 0 | 1 | 2 | 3 | 4 |
| Adjacent Counties | 0 | 1 | 2 | 3 | 4 |
| State Agencies | - | 1 | 2 | 3 | 4 |
| Military (e.g., National Guard) | - | 1 | 2 | 3 | 4 |
| Federal Government | - | 1 | 2 | 3 | 4 |

17. If a moderate or severe emergency occurred tomorrow, how much assistance would you expect from the levels of government listed below AFTER the incident?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | None | A little | Moderate | A lot |
| Local (towns, cities, etc.) | 0 | 1 | 2 | 3 | 4 |
| Adjacent Counties | 0 | 1 | 2 | 3 | 4 |
| State Agencies | - | 1 | 2 | 3 | 4 |
| Military (e.g., National Guard) | - | 1 | 2 | 3 | 4 |
| Federal Government | - | 1 | 2 | 3 | 4 |

18. Has your county ever engaged in a drill to prepare for emergencies and included people with disabilities?

* No**🡪** *Skip to the next section.*
* I don’t know**🡪** *Skip to the next section.*
* Yes**🡪** *Go on to the next question.*

**19. (If Yes) When did this drill most recently occur?**

* Fewer than 5 years ago
* 6-10 years ago
* 11-20 years ago
* 21 or more: \_\_\_\_ *(write number if known)*
* Unknown

**20. What other governments or organizations including health care agencies or professionals participated in this drill?**  *Please mark all applicable answers.*

* Local governments (towns, cities, etc.)
* Adjacent government (other counties)
* State government
* Federal government
* Meteorologists
* Media
* Utility Companies
* Community organizations
* Hospitals
* Clinics
* Doctors
* Paramedics
* Nursing homes

21. How would you characterize the helpfulness of this drill?

* I was not a participant in the drill.
* Not helpful at all.
* Marginally helpful.
* Helpful.
* Very helpful.

**22. Please provide one or more information for your answer to the previous questions. Describe the types of disabilities that participated in the drill.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Section 6: Additional Comments (optional)*

Thank you for completing in this questionnaire. If you would like to clarify or elaborate any answers, or if you have general comments or feedback, please use the space below. You can also e-mail me or telephone me using the contact information on the front of this questionnaire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.S. If you have not already attached a copy of your emergency plan to this questionnaire (assuming you have one), please do so now. Thank you!

23. Would you like a summary of the results?

* Yes
* No

**24. May I contact you if I need I wish to ask you a few simple follow-up questions?**

* No
* Yes **🡪** Contact phone number or e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you;

Rob Dawalt [robdawalt@me.com](mailto:robdawalt@me.com) 765 506 7322.