The Social Construction of a Special Needs Program for Hurricanes

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The Social Construction of a Special Needs Program for Hurricanes

by

Robert E. Tabler Jr., M.A., C.H.E.S.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy
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Dedication

This dissertation is dedicated to my father Robert E. Tabler, my stepmother Betty Ann, my mother Doris Stratton, and my grandmother Mary Tabler.
Acknowledgements

I would like to thank those people who helped and supported me through this process. My committee stuck with me, even through it seemed I would never finish. I am thankful for the mentorship and support, provided over the years by: Dr. Elizabeth Gulitz, Dr. Wayne Westhoff, Dr. Howard Jacobson, Dr. Arron Smith, and Dr. Larry Polivka.
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The Social Construction of a Special Needs Program for Hurricanes

Robert E. Tabler Jr.

ABSTRACT

The overall purpose of this exploratory study was to comprehend how in the event of a hurricane Hillsborough County, Florida protected its elderly and disabled residents with special medical needs. This study used Social Constructionist Theory as a framework and Grounded Theory methodology in the collection of qualitative data.

To understand stakeholder knowledge and how they constructed the SpNP, three focus groups were conducted, with representatives from agencies on the Planning Committee. Through 30 in-depth, semi-structured interviews, clients of the SpNP, provided insight into their knowledge of the program and how society influenced evacuation decisions. Finally, 10 in-depth, semi-structured interviews were conducted with elites or directors of agencies in the SpNP (bosses of stakeholders), who functioned as key informants to verify results.

Examination of how SpNP stakeholders, perceived the meaning of community responsibility for people with special medical needs identified three themes: disaster experience, coalition building, and collective moral responsibility. Examination of how SpNP clients, constructed their meaning of the SpNP, identified five themes: registration barriers, SpNP knowledge, support
systems, cultural expectations, and the media. Examination of societies influence on the evacuation decision of SpNP clients identified three themes: risk perception, evacuations barriers and the media.

The study highlighted the importance of forming community coalitions to address the needs of vulnerable populations. It is also obvious that the state legislation needs to specifically define special needs and standards of care that must be provided at public and special needs shelters. Implications for public health practitioners, suggest the need to be more involvement with the media, in efforts to promote policies and the perception of risks due to hurricanes. Public health nurses need to receive training on caring for chronic illnesses. Mandatory training for social workers, nurses, and physicians who provide health care to the general population should be considered.

There is a need for all agencies that provide services and advocate for individuals with special needs to participate in the SpNP, by registering and educating their clients. Many SpNP clients were confused as to the services provided, which could be partially solved by separating the programs transportation and SpNS components.
CHAPTER I:
STATEMENT OF THE PROBLEM

Introduction

This exploratory qualitative study seeks to understand Hillsborough County, Florida provides for the protection of its most vulnerable populations, those individuals with special medical needs in the event of a hurricane. Grounded theory methodology and a social construction theoretical framework were used in an effort to understand and describe the Hillsborough County Special Needs Program (SpNP) through the language used by community stakeholders and program participants. A second purpose of this study was to describe the social concept of special needs and develop a description of the process that resulted in the decisions as to what services the community provides to this population during evacuations for hurricanes.

Hurricane Threats

Destruction of coastal communities by tropical cyclones is a worldwide public health problem. Developing over warm tropical waters these storms also known as cyclones in the Australasia and Indian Oceans, typhoons in the western Pacific, and hurricanes in the North Atlantic, Caribbean Gulf, eastern North Pacific
and western coast of Mexico. In North America, coastal communities along the Gulf of Mexico and Atlantic coastlines are particularly vulnerable to hurricanes.

According to the United States National Hurricane Center, Florida is the most vulnerable of all the coastal states (National Hurricane Center, 2005). Florida forms a large peninsula separating the Atlantic Ocean and the Gulf of Mexico. With 8,400 miles of tidally influenced shoreline Florida’s landmass at its widest is within 100 miles of a coastline (Culliton, 1990). Between 1950 and 2000 Florida coastal communities experienced a 487 percent population growth (U.S. Bureau of the Census, 2006). In 2002, 12.3 million Florida residents lived along the coastline, at particular high risk to the efforts of a hurricane (Florida Department of Community Affairs, 2005).

Since 1884, when the National Weather Service began keeping weather records, Florida has been affected by over 114 hurricanes (National Weather Service, 2008). Following two decades of low hurricane activity, North American is currently in the middle of a very active hurricane period. In both 2004 and 2005, four hurricanes made landfall in Florida causing great damage, affecting the lives of many residents. A record season the 2005 Hurricane Season spawned 27 hurricanes six more than the previous record set in 1933 (The Weather Channel, 2006). This was followed by two quite hurricane seasons, 2006 and 2007 in which Florida was not struck by any hurricanes.

In the past, hurricanes would strike coastal communities with little or no warnings, often leaving behind vast destruction of infrastructure and at times killing or injuring residents. With the invention of radar in the 1940’s, some warning of
approaching hurricanes became possible. On April 1, 1960, the National Oceanic
and Atmospheric Administration (NOAA) launched the world’s first weather satellite
(NOAA, 2005). Over 45 years later, tropical systems are tracked as they develop
into hurricanes, by a network of weather satellites. Using complex prediction
models, meteorologists can now make predictions days in advance a storms
potential geographic landfall.

Evacuating a Community’s Special Needs Population

Once a community is identified as a probable location for a hurricane’s
landfall, it is the responsibility of community leaders to decide if and when to order
residents to evacuate for safe shelter. The evacuation of a community comes at
great personal and economic cost as businesses are forced to close, buildings and
homes in flood zones evacuated, and city workers forced to work overtime. The
ordering of an evacuation can come at great political cost. Order an evacuation
and the hurricane strikes elsewhere, decision makers face the anger of a
community who were needlessly ordered to close businesses and/or leave homes.
If community leaders wait too long to issue evacuation orders, there may not be
time for all residents to evacuate, forcing some to ‘shelter in place’. Possibly in
structures vulnerable to the damaging effects of the hurricane.

The need for communities to integrate procedures into their emergency
plans for caring for those in the community with special needs, received national
attention on September 11, 2001, after the terrorist attacks on New York City. The
City of New York lacked procedures in its disaster plan to care for or evacuate
those individuals unable to evacuate themselves. Unable to evacuate themselves, many disabled, ill, and elderly individuals were trapped in their homes without access to medical services. In response, the National Organization on Disability (N.O.D.) developed an emergency preparedness initiative, for individuals with disabilities. Its objective was to help communities integrate into local emergency plans procedures for meeting the special medical needs of residents during a disaster or emergency. According to N.O.D., “… people with disabilities have a great stake in the effectiveness of public programs aimed at preparing for and responding to all types of disasters” (N.O.D., 2002, p. 2). N.O.D. advocated that by integrating the needs of this vulnerable population into local regional emergency plans, community leaders would be better situated to make informed decisions in utilizing available resources, to diminish the adverse impact of a disaster on the community.

A community evacuation plan needs to address the movement of three types of special needs populations not able to transport themselves (Perry, 1991). The largest of these population categories, are those not owning or having access to private vehicles, which could be used for transportation to safe shelter. The second population category, resides in institutions such as schools, prisons, jails, hospitals, nursing homes, or convalescence centers. The final category includes those residents, with special medical needs, who are unable to physically transport themselves without assistance. While the majority of individuals in this final category require only minimal assistance during transportation, others may be bedridden or obese, requiring transportation by ambulance.
Although the literature on evacuation is expansive, very little has been published on issues concerning the evacuation of one of the community’s most vulnerable populations, those with special medical needs. For the purpose of this research study, ‘special needs population’ only refers to those individuals with needs, medically related. Those individuals with special needs related to language barriers and those healthy individuals lacking transportation were not considered in this study.

One evacuation study, completed after the 1985 Hurricane Elena, included questions concerning health status and services received (Nelson, Kurtz, Gulitz, Hacker, Lee, & Craiger, 1988; Brown, Kurtz, Turley, & Gulitz, 1990; Gulitz, Kurtz, & Carrington, 1990). Because of Hurricane Elena, more than a million coastal residents living in west-central Florida, including Hillsborough County evacuated their homes. It should be noted that Hurricane Elena did not make landfall in Tampa Bay. Rather, it hovered off coast for three days, before making landfall in Florida’s Big Bend area. During the evacuation period ARC shelters housed 84,000 people (Nelson, Kurtz, Gulitz, Hacker, Lee, & Craiger, 1988). After Hurricane Elena, managers of ARC shelters reported problems dealing with the many demands related to the specific medical needs of the disabled/elderly shelterees. Their demands included toileting, special diets for diabetics, oxygen, electricity for medical monitoring devices, and a lack of medications required for treating a variety of chronic diseases (Gulitz et al., 1990; Brown, Kurtz, Turley, & Gulitz, 1990). These researchers also learned that during Hurricane Elena, hundreds of individuals with special needs were stranded in their homes for the
duration of the storm, because of the inability to evacuate themselves. Those individuals with special medical needs, who were able to evacuate to ARC shelters, found facilities neither equipped nor staffed to deal with their special medical problems. This happened because shelters operated by the ARC are designed to provide food, temporary shelter, the most basic first aid, and do not guarantee a continuous supply of electricity.

In response to outcries from the community after Hurricane Elena, Hillsborough County Commissioners mandated that its Emergency Operations Center (EOC) integrate into the community’s evacuation plan, procedures for dealing with the special medical needs of the elderly/disabled population. For that reason in 1985, the Hillsborough County SpNP Planning Committee was developed; to give community stakeholders the opportunity to develop a comprehensive evacuation plan for the special medical needs population.

The SpNP Planning Committee conducted its first meeting in January of 1986, to review and update the county’s plans for sheltering residents with special medical needs, during hurricane evacuations. Current participants in the SpNP Planning Committee include stakeholders represented by: public companies; government agencies; organizations that advocate for the elderly/disabled; government officials and other power brokers in the community.

The SpNP was designed to identify county residents who have special medical needs and require some form of assistance from the community during the evacuation process, and to provide safe shelter with access to electricity and medical support (Hillsborough County, 2005). The planning committee decided
that admittance into a special needs shelter (SpNS) would be restricted to individuals needing medical attention and/or assisted living requirements. Individuals needing care at the hospital level, would not be admitted to the SpNSs, but would be admitted to a hospital. At the SpNSs there would be nurses (sometimes a doctor) and support personal that help provide physical assistance (e.g. serving food, helping people go to restroom).

Assistance to evacuees registered with the SpNP may be provided in the form of transportation to safe shelter before the hurricane, sheltering during the hurricane, transportation home after the hurricane, or long term sheltering if necessary. Further, the SpNP attempts to insure that a community’s special medical needs population have access to health care during and after a hurricane. This health intervention will help to manage chronic diseases and/or disabilities.

During the 2004, Hillsborough County issued evacuation orders for hurricanes three times, testing the capacity of the SpNP and exposing its weaknesses and strengths. After the 2004 hurricane season, the Florida State Legislature transferred the responsibility for operating and staffing the SpNSs from the county EOCs to the county Department of Health (DOH), which up until then was only responsible for providing each SpNS with a public health nurse, to supervise volunteer nurses. This transition period was an opportune time to qualitatively examine the program and the knowledge of its stakeholders, as they evaluated and redesigned the program.
Theoretical Perspective

A review of the literature, found no study of how or why a community develops a SpNP. This lack of scientific knowledge on SpNPs suggested that a qualitative study was warranted for this study.

Applying Social Construction to Evacuation Studies

Social Constructionist Theory was the conceptual framework for this study. The social constructionist approach places priority on the phenomena of knowledge and sees both data and analysis as created from the shared experiences of participants and researcher and the relationship they built (Charmaz & Mitchell, 2001). Constructionists are considered to be more adept at entering public discourse and participating in cultural dialogue concerning important timely matters (Jost & Kruglanski, 2002).

Social constructionists examine how people develop through personal experiences and social interactions knowledge, attitudes, perceptions and behaviors about a subject (Loseke, 1999). An important component of social constructionism was the context of the social problem and the premise that reality and the phenomena of daily life are socially constructed (Berger & Luckmann, 1967).

Constructionists, in their analysis of the processes people use to assign meaning to their world, generally acknowledge three principles (Burr, 1995). The first principle was that a person’s process of understanding was a product of their culture and history and was dependent upon the culture’s contemporary social and
economic measures. The second principle was the way people currently develop understanding and knowledge is dependent on social processes, not an objective observation of the world. The third principle was that people perceive the world though a multiplicity of possible ‘social constructions’ as socially agreed upon understanding and knowledge can take many shapes and change over time.

According to Ibarra and Kitsuse (1993), the social construction model makes two assumptions. The first was that there was no such thing as indispensable truth. What was asserted to be true should always be treated as a product of power relations among members in a community. The second assumption was that knowledge and its application are not neutral, all knowledge being the product of social relations and therefore power relations, was subject to change.

*Theoretical Implications of Social Construction*

Social Constructionist Theory examines how people in a community develop an attitude about a topic as a result of their experiences and social interactions, knowledge, perceptions and behaviors. A social constructionism framework can be used to study: social relationships such as friendships, neighbors, and family relationships and the support that they provide; shared physical artifacts in the community such as shelters; shared social goals and projects such as helping the elderly/disabled; and shared cultural norms and traditions such as the strong caring for the weak. For example, the social constructionist researcher would be interested in how society creates and understands concepts of special needs as it
relates to sheltering and then develop ideas of community responsibility for the disabled, rather than seeking to find an exclusive biological basis for the concept of special needs (Loseke, 1999).

Qualitative Analysis Using Grounded Theory

There is a duel purpose in using grounded theory methodology, in that there was little information concerning SpNSs in the scientific literature and there was a need to assess how a community protects the special medical needs population during a hurricane evacuation. The intent of using Grounded Theory, in this study was to generate or discover themes in the data, which could be developed into a model that represented in abstract explanatory diagrams the development of the SpNP in Hillsborough County. Grounded theory was selected as it has methods that contain a set of guidelines that helped the researcher examine social constructions and social processes, directed the collection of data, conducted the analysis of data, and explained the process being studied in the form of an abstract theoretical framework (Charmaz, 2000).

Purpose of the Study

The purpose of this exploratory study was to understand how a community socially constructed its plan to protect the local special medical needs population during a hurricane evacuation. This study also examined how a community continuously contributed to the development and implementation of health policy by illuminating the effects of class, language, technology, culture, political
economy, institutional structure, and professional norms that constrained or influenced the process (Brown, 1995).

This exploratory qualitative study focused on the use of the SpNP in the event of evacuation for a hurricane. Therefore, only evacuation for hurricanes was examined by this study, as it is one of the few disasters, which could strike Hillsborough County and provide an extended period for community evacuation.

This study was designed to help the researcher develop a comprehensive understanding of the community values that went into the development of the SpNP in Hillsborough County, Florida. Using social constructionism as the theoretical framework and following a qualitative research approach based on grounded theory, the study provided information on preparation, evacuation knowledge, sources of social influence, cultural beliefs and attitudes, experiences with the SpNP, reasons for not evacuating, community verses individual responsibility, and reaction to local media information on hurricane evacuation.
Research Questions and Objectives

The objectives (alphabetical) listed below were selected to direct the investigation of the research questions (numerated) in the effort to understand the social construction of the SpNP in Hillsborough County. Of particular interest was how community stakeholders perceived the need for a SpNP, what the SpNP clients knew about the program, and social influence on the decision by SpNP clients whether to evacuate or shelter-in-place. The research questions enumerated below served as guidance to aid in accomplishing each objective.

1. Understand how community stakeholders in Hillsborough County, Florida perceived the meaning of community responsibility for individuals with special medical needs in the event of a hurricane evacuation, and what factors affect the development of the Hillsborough County SpNP.
   a. Who were the community stakeholders (agencies and businesses) that served as members of the SpNP Committee?
   b. What social norms affected the community stakeholders understanding of the needs of individuals with special medical needs before, during, and after a hurricane?
   c. What were the stated goals reported by the different community stakeholders in the SpNP?
   d. How was sustainability of the SpNP understood by the involved stakeholder groups? What were the implications of this understanding?
   e. What determined the parameters of the SpNP (e.g., inclusion criteria, equipment, staffing)?
2. Understand the meaning of Hillsborough County’s SpNP as constructed by those individuals registered in the program.
   a. What was the registration process?
   b. What was the SpNP?
   c. What preparations, if any, were made to shelter in place?
   d. Did people understand evacuation warnings?
   e. Were the SpNSs considered to be a safe place?
   f. What factors encouraged or deterred evacuation to a SpNS before a hurricane?
   g. What preparations for evacuation were made?
   h. What were the past experiences with hurricanes and/or evacuation from their homes?
   i. What was it like during and after an evacuation for a hurricane?

3. Understand social influences on the decisions the individual registered in the Hillsborough County SpNP made regarding evacuation to a SpNS.
   a. What was the living situation (e.g., type of home, married, live alone, pets)?
   b. What was the social support network?
   c. What social norms affected the decision whether or not to evacuate to a SpNS?
   d. Whose opinions most influenced attitudes regarding evacuation to a SpNS?
- What was the reaction to information presented by the media concerning evacuation to a SpNS?

- What were perceptions of the county’s responsibility for their safety in the event of a hurricane?

- Where was information obtained regarding hurricanes, sheltering, and evacuating procedures?

- What was the perception of what was available (equipment/materials) in the SpNSs?

**Delimitations**

Delimitation of the study included the following:

1. Only individuals with special medical needs residing in Hillsborough County, Florida and who were registered in the SpNP.

2. Selected community stakeholders in Hillsborough County.

3. Only individuals who voluntarily agreed to participate.

4. The results of this study were based on personal events and their interpretation of those events and may not reflect everyone’s experiences.

**Limitations**

1. Results of the study might not be generalizable, as the participants in this study, may not be representative of those living in Hillsborough County. Nonetheless, the use of a theoretical framework can offer a platform for the
results to inform what may occur in similar situations (Grbich, 1999; Malterud, 2001; Morse, 1994).

2. The study was based on self-reports.

3. Individuals who agree to participate in the study may have been different from those who did not agree to participate in the study.

4. This study was limited to English speaking participants.

**Disaster Management Definitions**

1. *Disability.* A person is defined as having a disability if: 1) a person with a physical or mental impairment that substantially limits one or more major life activities; or 2) a person with a history of physical or mental impairment; or 3) a person who is regarded as having such impairment (American Disabilities Act, 2005).

2. *Disaster.* Any event that causes damage, ecological disruption, loss of human life, deterioration of health and health services and which exceeds the capacity of the affected community on a scale sufficient to require outside assistance (Landesman, 2001, p. 172).

3. *Disaster Cycle.* For the purpose of this study the disaster cycle is the continual intertwined process of preparing for, responding to, recovering from, and mitigation for a disaster.

4. *Disaster Response.* The phase in a disaster when relief, recovery, and rehabilitation occur. Relief is those actions focused on saving lives such as: search and rescue, medical treatment, feeding and emotional care. Recovery
is those actions that help return an affected community to normal.

Rehabilitation is the long-term development following a disaster that reconstructs a community’s infrastructure to at least pre-existing levels (Landesman, 2001, p. 185).

5. *Elderly.* For the purpose of this paper, the term elderly will be used to identify those individuals age 60 or older.

6. *Emergency.* Any natural or man-made situation that results in severe injury, harm, or loss to humans or property (Landesman, 2001, p. 173). Unlike a disaster, emergencies are adverse events that do not have communitywide impact or do not require extraordinary use of resources or procedures to bring conditions back to normal (Drabek & Hoetmer, 1991, p. xvii).

7. *Emergency Management.* Emergency management is the discipline and profession of applying science, technology, planning, and management to deal with extreme events that can injure or kill large numbers of people, do extensive damage to property, and disrupt community life (Drabek & Hoetmer, 1991, p. xvii).

8. *Emergency Management Agency.* That government agency (city, county, state, or federal), which is responsible for planning for and coordination of response and recovery efforts to an emergency or disaster.


10. *Hazard.* The probability that a natural, technological, or civil threat to people, property, and the environment will occur (Landesman, 2001, p. 175).
11. *Hurricane.* Hurricanes are rated Category 1-5 rating based on the intensity of the hurricanes as outline by the Saffir-Simpson Hurricane Scale. Category one has wind speeds between 74 and 95 miles per hour (mph), a category two has wind speeds between 96 and 110 mph, category three has wind speeds between 111 and 130 mph, category four has wind speeds between 131 and 155 mph, and category five has wind speed at or over 156 mph (National Hurricane Center, 2005b).

12. *Mitigation.* Measures taken to reduce the harmful effects of a disaster by attempting to limit the disaster’s impact on human health and economic infrastructure (Landesman, 2001, p. 182).


15. *Preparedness.* All measures and policies taken before a disaster occurs that allow for prevention, mitigation, and readiness (Landesman, 2001, p. 184).

16. *Prevention.* Primary, secondary, and tertiary efforts that help avert an emergency. In emergency management this is commonly referred to as mitigation. In public health this refers to actions that prevent the onset or deterioration of disease, disability, and injury. *Primary prevention* is the act of preventing the occurrence of death, injury, or illness in a disaster, such as the
evacuation of residents from flood-prone areas or substandard housing.

Secondary prevention is the act of mitigating the health consequences of disasters, such as evacuating to safe shelter when disasters are imminent.

Tertiary prevention shields persons with health conditions from negative health effects relating to a disaster, such as providing electricity to operate medical equipment (Landesman, 2001, p. 184-188).

17. Recovery. Actions of responders, government, and the victims that help return an affected community to normal by stimulating community cohesiveness. The recovery period falls between the onset of the emergency and the beginnings of the reconstruction period (Landesman, 2001, p. 185).

18. Risk. Risk is the probability that a hazard will occur during a particular time period. Risk is often represents as a product of hazard and vulnerability: Risk = Hazard x Vulnerability (Landesman, 2001, p. 186).

19. Shelter in Place. Remains where one is during a disaster (Tierney, Lindell, & Perry, 2001, p. 87).

20. Special Needs Program (SpNP). A SpNP is a comprehensive and organized approach that seeks to integrate local service organizations, home health agencies and government entities, and transportation facilities into a workable system to identify, locate and, when necessary, assist residents who cannot evacuate without assistance (Daines, 1991, p. 179).

21. Special Needs Shelter (SpNS). A SpNS is a temporary emergency-type facility capable of providing ‘special medical/nursing care’ to individuals whose physical or mental condition exceeds the capabilities of the ARC
shelters but is not severe enough to require hospitalization (Hillsborough County, 2007, p. 1).

22. **Vulnerability.** The susceptibility of a population to a specific type of event (Noji, 1991, p. 13).

23. **Warning and forecasting.** Monitoring events to determine the time, location, and severity of a disaster (Landesman, 2001, p. 190).

**Grounded Theory Definitions**

1. **Axial Coding.** The process of relating categories to their subcategories, termed ‘axial’ because coding occurs around the axis of a category, linking categories at the level of properties and dimensions (Strauss & Corbin, 1998, p. 123).

2. **Category.** A concept that stands for a phenomena (Strauss & Corbin, 1998, p. 101).

3. **Code notes.** Memo containing the actual products of the three types of coding: open, axial, and selective conceptual ordering. Organizing (and sometimes rating) of data according to a selective and specified set of properties and their dimensions (Strauss & Corbin, 1998, p. 217).

4. **Coding.** The analytic processes through which data are fractured, conceptualized, and integrated to form theory (Strauss & Corbin, 1998, p. 3).

6. **Conceptual Ordering.** Organizing (and sometimes rating) of data according to a selective and specified set of properties and their dimensions (Strauss & Corbin, 1998, p. 15).

7. **Constructivist Grounded Theory.** Researchers believe that human beings do not find or discover knowledge so much as construct or make it (Denzin & Lincoln, 2003, p. 305).

8. **Content Analysis.** The identification of certain words, coding them on the basis of different categories and counting them (Phillips & Jorgensen, 2002, p. 122).

9. **Deductive Analysis.** As used in quantitative studies, the researcher advances a theory, collects data to test it, and reflects on the confirmation or disconfirmation of the theory by the results (Creswell, 2003, p. 125).


11. **Dimensions.** The range along which general properties of a category varies, giving specification to a category and variation to the theory (Strauss & Corbin, 1998, p. 101).

12. **Discourse.** Discourse is the general idea that language is structured according to different patterns that people’s utterances follow when they take part in different domains of social life (Phillips & Jorgensen, 2002, p. 1).

14. *Document Analysis.* Written documents are studied by analyzing the practical social contexts of everyday life in which the material is constructed and used (Miller, 1997, p.77).


16. *Generalizability.* There are two types of Generalizability, internal and external. Internal generalizability is where a conclusion can be used to describe the group studied. External generalizability is where a conclusion can be used to describe beyond the group being studied to other populations (Maxwell, 1996, p. 96-97).

17. *Grounded Theory.* A means of collecting qualitative data whereby the researcher attempts to derive a general, abstract theory of a process, action, or interaction grounded in the views of participants in a study. This process involves using multiple stages of data collection and the refinement and interrelationship of categories of information (Strauss & Corbin, 1998, p. 12).


19. *Microanalysis.* The detailed line-by-line analysis necessary at the beginning of a study to generate initial categories (with their properties and dimensions) and to suggest relationships among categories; a combination of open and axial coding (Strauss & Corbin, 1998, p. 57).
20. **Negative Case Analysis.** Analysis of cases, which do not support the hypothesis ((Patton, 2002, p. 95). This may result in the revising of the current hypothesis.

21. **Objectivist Grounded Theory.** Objectivist grounded theory accepts the positivistic assumption that there is an external world that can be described, analyzed, explained, and predicted. This theory assumes that as different observers discovered the world they will describe it in similar language (Charmaz, 2000, p. 524).

22. **Open Coding.** The analytic process by which concepts are identified and their properties and dimensions discovered in data (Strauss & Corbin, 1998, p. 101).

23. **Open-ended Questions.** The process by which the research asks questions without categories selected beforehand so that the participant is allowed to present their point of view in their own terms (Patton, 2002, p. 21).


25. **Participatory Action Research.** Refers to the process by which the researcher becomes part of the social change under investigation. The investigator influences the outcome of the study (Tedlock, 2003, p. 167).

27. **Qualitative Research.** Any type of research that produces findings not arrived at by statistical procedures or other means of quantification (Strauss & Corbin, 1998, p. 10-11).

28. **Reflexive.** The researcher who reflects on who he or she is in the inquiry and is sensitive to his or her personal biography and how it shapes the study. This introspection and acknowledgment of bias, values and interests typifies qualitative research today (Creswell, 2003, p. 182).

29. **Researcher Bias.** When the researchers selects data that fits the existing theory or preconceptions or selects data that appears to stand out (Maxwell, 1996, p. 90).

30. **Reactivity.** The influence of the researcher on the setting or individuals studied (Maxwell, 1996, p. 91).

31. **Selective Coding.** A last pass at coding qualitative data in which a researcher examines previous codes to identify and select illustrative data that will support the conceptual coding categories developed (Neuman, 2003, p. 544).

32. **Semi-structured Interviews.** Open-ended questions asked by the research when there is some knowledge about the subject matter but all categories have not been identified. Provides detail, depth, and an insider’s perspective while at the same time allowing quantitative analysis of the interview process (Leech, 2002, p. 665).

33. **Sensitivity.** The ability to respond to the subtle nuances of, and cues to, meanings in data (Strauss & Corbin, 1998, p. 35).
34. **Structure.** The conditional context in which a category (phenomenon) is situated (Strauss & Corbin, 1998, p. 123).

35. **Theory.** A set of well-developed concepts related through statements of relationship, which together constitute an integrated framework that can be used to explain or predict phenomena (Strauss & Corbin, 1998, p. 15).

36. **Theoretical Notes.** Sensitizing and summarizing memos that contain an analyst’s thoughts and ideas about theoretical sampling and other issues (Strauss & Corbin, 1998, p. 217).

37. **Theoretical Sampling.** Sampling on the basis of emerging concepts, with the aim being to explore the dimensional range or varied conditions along with which the properties of concepts vary (Strauss & Corbin, 1998, p. 73).

38. **Theoretical Saturation.** The point in category development at which no new properties, dimensions, or relationships emerge during analysis (Strauss & Corbin, 1998, p. 143).

39. **Triangulation.** Since each source of data (e.g., focus groups, interviews, media, and professional literature) has strengths and weakness in defining a topic, triangulation helps compensate for the weaknesses of one source by collecting data from a variety of sources (Marshall & Rossman, 1989). Triangulation is the display of multiple refracted realities simultaneously (Denzin & Lincoln, 2003, p. 8).

40. **Validity.** The correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account (Maxwell, 1996, p. 87).
Social Construction Definitions

1. **Claimsmaker.** Those individuals who say or do things to convince the community that a social problem exists (Loseke, 1999).

2. **Context.** Places findings in a social, historical, and temporal context; careful about, even dubious of, the possibility or meaningfulness of generalizations across time and space emphasizes instead careful comparative case analyses and extrapolating patterns for possible transferability and adaptation in new settings (Patton, 2002, p. 41).

3. **Emergent Norm Theory.** The collective behavior of humans is regulated by norms based on distinctive behavior that emerges from an initially normless crowd without prior planning (Aguirre, Wenger, & Vigo, 1998, p 301).

4. **Epistemology.** Epistemology is the theory of knowledge and is concerned with the principles and rules by which an individual decides whether and how social phenomena can be known, and how knowledge can be demonstrated (Mason, 1996, p. 13).

5. **Functionalism.** A broad school of thought that American Psychologist developed in the late 19th century, which emphasized the total organism as it endeavors to adjust to the environment (Britannica Concise Encyclopedia, 2006).

6. **General Systems Theory.** An interdisciplinary theory that examines the system being characterized by the interactions of its components and the nonlinearity of those interactions (Walonick, 2008).

8. *Protective Action Decision Model.* The process that one goes through when making a decision to take action to protective oneself from a disaster (Tierney, Lindell, & Perry, 2001, p. 89).

9. *Rational Choice Theory.* All action is fundamentally based on reason in character and that people calculate the likely costs and benefits of any action before deciding what to do (Tobin & Montz, 1997).

10. *Social Process Theory.* Behavior is a function of individual socialization and the interaction people have with the various organizations, institutions and processes of society (Siedel, 2005, p. 156).

11. *Utility Theory.* From the field of economics is a measure of the happiness or gratification that is obtained from consuming goods and services (Tobin & Montz, 1997).
CHAPTER II:
LITERATURE REVIEW

Introduction

The literature review is divided into eight main sections: (1) disaster cycle, (2) disaster research as it relates to the evacuation of communities in response to natural disasters, (3) special needs population, (4) theoretical frameworks used in previous disaster research, (5) Social Constructionism Theory, (6) social constructionism in public health research, (7) Targeted Populations, and (8) summary of the material presented in this chapter.

Disaster Cycle

This section reviews the disaster cycle or the stages that a community goes through in planning for future disasters. When studying disaster policies developed by a community, the researcher must be aware of what stage in the disaster cycle they are interested in studying. Figure 1 illustrates how the disaster cycle is broken down into four overlapping stages: preparedness, response, recovery, and mitigation (Platt, 1999). The disaster cycle is also referred to as the hazards cycle by some researchers (Tierney, Lindell, & Perry, 2001).
Preparedness measures enhance the community’s ability to respond when a disaster occurs. The preparedness process involves the attempt to anticipate what community problems are likely to emerge in future disaster situations and then to devise actions to address those problems. It should be apparent that a community’s plan for preparing for a disaster and determining what sectors of the community must be evacuated should occur well in advance. These preparedness activities include: formulating emergency plans; testing and exercising those plans; providing training for disaster responders and the general public to improve their understanding of what to do in a disaster; communicating with the public; and other related activities (Tierney, 1993).
In the case of a hurricane, response activities commence just prior to the event in the form of population evacuation and infrastructure protection. Response activities continue during a hurricane in the form of sheltering and feeding of evacuees. Immediately after the storm search and rescue response activities continue providing medical attention, protection from looting, and damage assessment (Perry, 1991).

During the response phase of the disaster cycle, one of the most critical decisions that community leaders must decide is whether or not to order local residents to evacuate. The actual issuing of evacuation orders has political overtones. Even with today’s modern tracking technology hurricanes are often known to suddenly change directions and strike elsewhere. For community leaders to decide whether or not to evacuate is a gamble. If they do not issue evacuation orders, they risk being held responsible for injury to community residents if the hurricane strikes. If evacuation orders are issued and the hurricane changes direction and misses the community, leaders can be blamed for an unneeded disruption of community life. After evacuation orders have been issued and the hurricane does not strike, people will tend to ignore subsequent evacuation orders, this is referred to as the ‘crying wolf syndrome’ (Breznitz, 1984).

The line between response and recovery activities blend together as immediately following the hurricane a diverse range of recovery activities commence, which are designed to bring the community back to normalcy (Rubin, Saperstein, & Barber, 1991). These recovery activities include but are not limited to caring for displaced residents, restoring flow of transportation (roads, railroads,
airfields, and ports), restoring electricity and water/sewage, and repairing infrastructure. Recovery efforts from a disaster may take only few days or continue for years after the disaster depending on the severity of the damage.

Mitigation has been defined as “any action taken to permanently eliminate or reduce the long-term risk to human life and property and the negative impacts on natural and cultural resources that can be caused by natural or technical hazards” (Interagency Flood Management Review Committee, 1994, p. 3). For a hurricane, mitigation activities, such as evacuating before impact and continue through the recovery period by rebuilding infrastructure that it is better able to survive the next disaster (Lillibridge, 1997). Other mitigation activities continue during the preparedness stage as actions such as reviewing plans, applying lessons learned, developing stronger policy are developed to reduce a communities vulnerability to disasters (Platt, 1999, p.71). A comprehensive disaster policy blends together the stages of the disaster cycle, so it creates a seamless plan, for protecting a community from the negative effects of a natural disaster.

Risk of Disaster

Disaster and ‘risk of disaster’ differ in significant ways. When studying disasters the researcher examines an event occurring in the past. On the other hand, an examination of the risk of a disaster is about an event occurring sometime in the future. When disasters are studied, researchers ask people what
they did. When studying risk, researchers ask people what they are doing in the here-and-now and about an uncertain future (Tierney, Lindell, & Perry, 2001).

When assessing the risk of a community three variables are taken into consideration: (1) the probability frequency of a hazard occurring in that community, (2) the level of community exposure to the hazard, and (3) the negative outcomes or eventual cost of this exposure to the community (Haddow & Bullock, 2003). Local emergency managers judge the possible impact of a disaster by knowing which areas of a community are more socially vulnerable to disasters. Communities can prioritize where and how they want to begin mitigation efforts in the effort to reduce potential disaster impacts. For example, it would not be sensible for communities in Florida to spend money on equipment used for snow removal. Rather, these communities would be wise to spend tax dollars in mitigation efforts related to hurricanes, a yearly threat.

**Disaster Evacuation**

This section begins with a review and interpretation of the historical scientific literature, as it relates to, the evacuation of communities in response to or anticipation of a natural disaster. As many consider a natural disaster to be a sociological concept, disaster researchers have historically abided by the same methodological framework applied by sociological researchers (Kreps, 1984; Mileti, 1987). “Strictly, we cannot speak of the methods of disaster research; there are no special methods unique to this field. Its methods are the methods of social research …” (Cisin & Clark, 1962, p. 23).
Nigg (1997) promoted that as sociological concepts, disasters should not be defined by physical characteristics, such as damage caused, but rather on the basis of the disruption experienced by society. Thus, from a sociological point of view, a disaster only occurs when a community’s infrastructure and social environments are so disrupted that the available resources are overwhelmed to the point of being incapable of meeting the population’s demands for goods and services. Viewing disasters as discrete events, the classic theoretical approach was to study disasters using Social Systems Theory, which focuses on assumptions that disasters involve demands that exceed community capabilities called functionalism and social system perspectives (Tierney, Lindell, & Perry, 2001).

Evacuation Research

Fritz and Marks (1954) conducted the first large-scale sociological investigations of individual and group behavior in natural and technological emergencies and community crises in Chicago. Fritz and Marks interviewed victims and emergency managers from more than 70 disasters. They found that the interviewees believed that weaknesses in human character and tensions of social organizations experienced in disasters caused social chaos, when in fact the opposite is true. Studies of human behavior responding to natural disasters confirmed this theory, as it was evident that people neither panicked nor become immobilized with fear. Rather most people behave in a reasonable manner (Bourdeau & Green, 1989; Lavine, 1989).
Studies in the mid-1950s mostly focused on the responses to disasters by individuals, groups, and larger social units (Barton, 1969). Burton, suggested that the results to these studies indicated the reasons that disaster plans are not acted on when disaster strikes is due to the failure to provide appropriate resources (funding, manpower, facilities, time to exercise plans, supplies, equipment) necessary to respond to the disaster.

Much of the early research about how individuals respond to evacuation orders used Rational Choice and Utility Theories as the basis for explanation (Tobin & Montz, 1997). Rational Choice Theory attempts to explain the connection between individuals and entities that can be economically valuable. A means of examining negotiations that arise when choosing from a number of potential courses of action rationally is used to select the course of action bringing the best return.

In a review of the literature, Peacock, Morrow, and Gladwin (1997) found a number of factors, which influenced household members decide whether or not to evacuate. The results of their review suggested that households were more likely to evacuate if: ordered by authorities, the evacuation warning was given in person rather than from the media; there were young children in the household; household income was higher than average; numbers of people in the household was small; the household was in a multi-unit structure; and the household had made prior preparations to evacuate. The study also suggested that households are less likely to evacuate if: individuals in the household had prior experience with that
type of disaster; there were older individuals in the household; and the household members were ethnic minorities.

In contradiction, some studies reported that prior disaster experience is a powerful predictor of preparedness (Norris, Smith, & Kaniasty, 1999; Hutton, 1976). Individuals who have experienced a similar disaster are more likely to have made pre-event evacuation plans and have already bought supplies needed for evacuation. These studies provided no follow-up to determine if these prepared individuals actually evacuated during the next disaster. Nor did they report on the seriousness of the disaster.

It has been argued that the same socio-economic factors that put some social groups at greater risk from disaster threats and events also make them more vulnerable to the negative and disruptive consequences of disaster events (Miller & Nigg, 1993). Individuals with low social economic status possess fewer resources to spend on mitigation or preparedness activities and have less access to institutional sources of information on hazards. Being poor may mean not having the means to relocate to safe shelter.

Other research has suggested that women are more likely to perceive a disaster event or threat as serious or risky (Cutter, 1994; Fothergill, 1996; Riad, Norris, & Ruback, 1997). One of the few evacuation studies that conducted pre- and post-evacuation interviews found the best predictors of a person’s intentions to evacuate were a higher perception of risk and the belief that others can influence one’s behavior (Riad, Waugh, & Norris, 2001). Research has also suggested that individuals with strong social support groups are more likely to evacuate and
individuals who are not physically well, may have trouble evacuating their homes. Another reason many households do not evacuate is because American Red Cross shelters cannot accept pets because of health and safety regulations and other considerations, such as allergies (Riad et al., 1997).

Much of the previous research in evacuation demonstrates that when individuals of a community are ordered to relocate even temporarily, to a shelter, the individual will often resist and attempt to stay as close to home as possible (Oliver-Smith, 1991). Evacuation, is largely a result of people perceiving themselves as being in danger and believing that leaving the area in question is both necessary and beneficial (Fitzpatrick & Mileti, 1991). Perry, Lindell, & Greene (1980), argued that there are three issues critical in the decision-making process to evacuate one’s household: "First is the threat perceived to be real? Second, what does the individual perceive their level of personal risk? Third, does the person have a preexisting evacuation plan?" (p. 151).

A person’s ability to evacuate on short notice may depend on two different types of preparedness behavior: proactive and reactive. Proactive behaviors take place beforehand in anticipation of a possible threat and include developing an evacuation kit containing food, water and other supplies needed in an evacuation. On the other hand, reactive behaviors take place when the threat is immediate. Examples of reactive behaviors are filling the gas tank, boarding windows, and a last minute trip to the grocery store (Faupel, Kelley, & Petee, 1992; Norris, 1997).

The relationship between awareness of risk levels and preparedness is not at all straightforward (Tierney, 1993). To be effective, preparedness activities must
be based on correct assumptions about post-disaster needs. Preparedness in the form of general knowledge and information should facilitate evacuation, by enabling more appropriate response behaviors (Faupel et al, 1992). Both hazard awareness and preparedness are associated with socio-demographic characteristics of individuals and households, particularly income and education (Tierney, 1993).

Theoretical Models of Evacuation

A causal model was used to help explain evacuation decisions made after the 1979 Three Mile Island nuclear power plant accident (Sorensen & Richardson, 1984). Using this model, researchers determined that the decision to evacuate was influenced by ten different factors: hazard characteristics, perceived threat, situational constraints, concern over risk, information provided, coping ability, demographic characteristics, attitudes towards risk managers, social ties, and risk sensitivity.

Quarantelli (1984) developed a general analytic model of evacuation behavior, suggesting five sets of factors were important in developing an understanding of evacuation behavior. The first factor is the community context, i.e. the available local resources and components of the existing preparedness plans. The next factor is the threat conditions, i.e. the characteristics of the storm that present a danger to the community. The third factor is whether or not the residents of the community define the storm as a threat. The fourth factor, which is strongly dependent on the first factor, is the response-related social process at the
community and organizational levels (threat communication, issuance of warning, evacuation activities, and sheltering behavior). Finally, the consequences evacuation actions might have for future preparedness and response activities are considered.

In a study of the evacuation for Hurricane Elena, researchers developed a model with 10 independent variables, to predict if a person would evacuate when mandated to by local authorities (Nelson, Coovert, Kurtz, Fritzsche, Crumley, & Powell, 1989). The model contained five exogenous variables: geographic location (evacuation zone), health problems, income, age, and other hurricane experience. The model also contains five endogenous variables: knowledge of tabloid (Hurricane Guide), tabloid use, pets, type of home and evacuation behavior. Because of the appearance of tabloid twice it might seem that there were 9 independent variables. But the researchers found that awareness of the tabloids existence and people actually using it were separate variables. Evacuees used the tabloid more often than non-evacuees.

Variables associated with the likelihood of evacuating included: living in an evacuation zone; living in small homes or mobile homes; having health problems; higher income: without pets; younger in age; no prior hurricane experience; and using the tabloid (Nelson, Kurtz, Gulitz, Hacker, Lee, & Craiger, 1988; Nelson, Coovert, Kurtz, Fritzsche, Crumley, & Powell, 1989). The most important variables found to predict if a person would evacuate were: living in an evacuation zone and the type of home (smaller or mobile). Researchers reported that when they asked people why they did not evacuate, most replied that they did not think the storm
was severe, they lived on high ground and if the storm did hit their house was a safe haven. Others responded that they had transportation difficulties or were new to the area and did not know what to do. A few responded that they just did not feel like it.

Finding that some individuals’ evacuation actions do not always seem to be in their best interest, the ‘Protective Action Decision Model’, was develop based on Emergent Norm Theory and General Systems Theory. This model uses a decision tree of four questions an individual must address when deciding if to evacuate (Lindell & Perry, 1992). First, the individual must decide if the threat really does exist. Next the individual must determine if some sort of protection from the threat is required. Then the individual must decide if protection from the threat is feasible. Finally, the individual must believe that protection from the threat will reduce negative outcomes. Other variables in this model include characteristics of the decision-maker (experience, education, personality traits, resources), environmental factors (social behavior, risk communications, physical cues), and social factors (social network, age, ethnicity, socioeconomic status).

Quarantelli (1992) has long argued that disasters should be understood and depicted in social terms rather than physical. Social construction looks at how a community develops disaster plans to mitigate the impact of disasters and how disasters disturb social order and cultural expectations (Horlick-Jones, 1995; Dynes, 1998; Porfiriev, 1998; Tierney, Lindell, & Perry, 2001). Kreps (1989) argues, that disasters are socially constructed, thus disaster events do not exist but are products of social definition. Community plans designed to diminish the
impact of disasters are also socially produced through claimsmaking activities. From this perspective, what could happen in the physical world, such as death and destruction are not important. What is of importance for a theoretical understanding of natural disaster’s impact on society is the Social Process Theory, where groups promote their definition of the disaster (Tierney, Lindell, & Perry, 2001). Stallings (1995) believed that earthquake threats are socially constructed, being the product of promotion and stakeholder’s claims. Social actors frame the earthquake problem as accepted and the social constructionist describes the social process involved in the formulation and use of recommended solutions to the problem.

**Special Needs Population**

In 1985, Hurricane Elena resulted in the evacuation of more than a million coastal residents in west central Florida, many of whom were retired and individuals from nursing homes. American Red Cross shelters housed 84,000 people and with 23.7% of the respondents reporting that at least one member of their party had a health problem, it is not surprising that shelter managers were overwhelmed by demands related to the specific needs of the disabled/elderly occupants (Nelson, Kurtz, Gulitz, Hacker, Lee, & Craiger, 1988). These demands included special diets, oxygen, electricity for monitoring devices, and a range of medications needed to treat a variety of chronic diseases. Disabled individuals were forced to sleep on small cots or on the floor, as there were no hospital beds in the shelters. Many individuals living in the community, with special medical
needs, were stranded alone in their homes during the storm. Those who did receive help in evacuating arrived at a facility neither equipped nor staffed; to deal with the problems presented by the special medical needs required by individuals, with chronic conditions (Gulitz, Kurtz, & Carrington, 1990).

In a 2004 study, after the state of Florida had been struck by Hurricane Charley, the Florida Department of Health conducted a rapid assessment of the health status and general needs of older adults in the three counties hardest hit: Charlotte, DeSoto, and Hardee (Center for Disease Control, 2004). Results indicated that older residents reported decrease in their quality-of-life status and experienced disruptions in medical care for preexisting chronic conditions. In Charlotte County, hardest hit by Hurricane Charley nearly 93 percent of the households structures were damaged. Among those Charlotte County households having at least one older adult resident, one-third reported that their social support network had been disrupted, one-third reported a worsening of a preexisting medical condition, and 28 percent could not receive routine medical care for a preexisting condition. Rapid assessments after each of the four hurricanes found, that a total of 12.7 percent of those persons living in the hurricanes paths had problems with access to necessary medical equipment, such as oxygen or dialysis (Center for Disease Control, 2005a).

Having limitations in mobility can generate severe problems for older people in an emergency. The stress may worsen an already unstable medical condition or an otherwise stable disability. This need for more intensive medical intervention, will further overload a community’s hospital and medical systems, which may be
dealing with persons newly injured by the disaster. It is important that there be some idea of the special medical needs of a community, so that emergency managers can incorporate it into evacuation plans. When developing emergency plans for a community, the planners must appreciate the chronic problems of older people. Particularly how their difficulties become acute in emergencies as the support they rely is overwhelmed, damaged or destroyed, decreasing their ability to cope with the situation (Fernandez, Byard, Lin, Benson, & Barbera, 2002).

Over the past decade, state and federal policies have actively promoted the provision of in-home services as a way to allow disabled and elderly individuals to live independently in the community, rather than placement into a facility (Florida Department of Health, 2004). One of the most important roles of local government is the protection of their residents from harm, including providing education and assistance in helping people prepare for and respond to disasters. A critical part of this responsibility as required by the American with Disabilities Act of 1990 was for local governments to provide disabled individuals access to preparedness and response programs. In 2001, a N.O.D. and Harris Poll Survey found that 58 percent of Americans with disabilities did not know who to contact in their community, to obtain information concerning local emergency plans (N.O.D., 2002).

State of Florida’s Special Needs Legislation

Florida Statue (F.S.) requires that each of the 67 counties, maintain a municipal special needs registry of people with disabilities, who voluntarily register
their names. It is the responsibility of emergency managers to develop a viable program to update registration and to provide assistance when necessary (Daines, 1991). Comprehensive SpNPs integrates local social service organizations, home health agencies, and transportation agencies into a workable system to identify, locate, and assist residents who cannot evacuate on their own.

Special needs registration Program 252.355, F.S., states:

In order to meet the needs of persons who would need assistance during evacuation and sheltering because of physical or mental handicaps, each county emergency management agency maintain a registry of disabled citizens located within the agency’s jurisdiction. The registration should be utilized to determine who would need assistance and plan for resource allocation to meet these identified needs.

As of October 1, 2000, all Home Health Agencies (HHA) were required to develop an emergency management plan. Each HHA was required to collect registration information for special needs patients, who will need continuing care or services during a disaster or emergency. This registration information should be submitted to the county emergency management office. Florida’s Agency for Health Care Administration developed emergency management planning criteria to be followed by HHAs. Section 400.492 of the Florida Statutes (F.S.), outlines the HHAs responsibilities prior to and during an emergency. In order to keep its license, each HHA must have an emergency management plan.

After Hurricane Charley hit southern Florida it, was evident to Governor Bush that county emergency management agencies were being overwhelmed,
with their responsibilities and issued the Governor’s Executive Order Number 04-192. This executive order directed the Florida DOH to take over the staffing and operation of the states’ SpNSs (Executive Order of the Governor, Number 04-192, Section 8, Paragraph C, September 1, 2004). In 2005, Florida Statute (Section 381.0303) required that the DOH be the lead agency for coordination of the staffing of SpNSs. This statute also makes local emergency management agencies statutorily responsible for identification and operation of SpNSs.

During the 2004 hurricane season there were approximately 55,000 persons registered for county SpNPs statewide. However, it was demonstrated that the county SpNP registry was not very useful for several reasons: 1) many eligible persons were not aware of the registry, 2) many registered did not want to shelter at a SpNS, 3) just prior to a hurricane’s landfall, many of those unregistered wanted to register, and 4) the lists were not updated and many of the registrants had either died, moved, or no longer met the requirements (Florida DOH, 2004).

During the 2004 hurricanes, the ability of the different counties to operate SpNSs differed greatly (Florida DOH, 2004). In some cases, the SpNSs were under-staffed and many workers were faced with shortages of medical support equipment and medications. Many shelters did not have cots appropriate for an elderly, disabled, or obese population, nor were there adequate quantities of linens, pillows or blankets. Several of the SpNSs experienced roof damage and in one case, the shelter had to be evacuated during the storm. Some shelters did not have generators or experienced problems with generators. Many facilities used for SpNSs did not have appropriate sanitary facilities for the number of evacuees and
in some cases the plumbing broke down. Several SpNSs reported a lack of adequate food supplies and in many cases the food provided was not appropriate for an older adult population. After the hurricanes, some special needs evacuees were discharged even when their home environment was not safe or without electricity (Florida DOH, 2004).

Currently, Hillsborough County has three SpNSs that can house 3,500 persons. These SpNSs are reserved for people, whose medical conditions are not serious enough to go to hospital, but require a level of care not offered at ARC’s shelters. Operated by the Hillsborough County DOH, the SpNSs are staffed mainly by volunteer medical professionals and county social service organizations.

**Special Needs Programs**

Because of the chaotic nature of responding to a disaster, it is critical that advanced planning and coordination of existing resources for persons with disabilities be conducted. Historically such programs identify only a small percentage of the residents requiring assistance, as many disabled persons prefer to keep their circumstances private and will seek assistance only when an emergency occurs (Daines, 1991). As a result, those individuals who refuse to register with the SpNP will often wait until the last minute to learn what to do during a hurricane. For the local government it may be very difficult or impossible to get help to a disabled individual who needs help evacuating to safe shelter just before or during a hurricane. Before the storm, all available resources may be busy transporting registered disabled individuals and during the storm the local
emergency management agency may refuse to send help due to safety issues for
the responder.

Quarantelli (1995) suggested distinguishing between four different uses of
disaster sheltering and housing. First, is ‘emergency sheltering’, people only take
shelter outside of their permanent homes for short periods (hours to a few days)
during the duration of an emergency period. Second, use of sheltering is
‘temporary sheltering’, here displaced people remain outside of their permanent
homes until roads are cleared and basic utility services are returned. Third,
residents may have to move into ‘temporary housing’, where people resume
household responsibilities and activities in the new quarters but ultimately return to
repaired or rebuilt original homes. The fourth and most extreme situation occurs
when people are forced to find new ‘permanent housing’, as their pre-disaster
residence is not rebuilt.

*Theoretical Frameworks in Disaster Research*

Any given set of data can be explained by many theories (Reichardt &
Rallis, 1994, p. 88). Previous disaster research has been conducted following
many theoretical frameworks, for example: Theory of Reasoned Action (Ajzen &
Fishbein, 1980); Subjective Expected Utility Theory (Sutton, 1982), Protection
Motivation Theory (Rogers, 1975), Theory of Planned Behavior (Riad & Norris,
1999), and Ecocultural Theories (Smith & Schwartz, 1996).

Subjective Expected Utility Theory was used in an attempt to explain the
effects of fear-arousing communication about evacuating for a hurricane on
decisions to evacuate (Sutton, 1982). This theory assumes that the fully informed decision maker is most likely to make an accurate rational decision. According to this model the strength of a person’s intention to evacuate depends on three factors: (1) the possible damaging effects of the hurricane; (2) the perceived reduction in risk to personal injury by evacuating; and (3) the subjective probably of successfully avoiding the hurricane. Sutton also found, that the amount of fear aroused by the news media had an independent effect on intention to evacuate.

*Social Constructionism Theory*

As Social Constructionism was the theoretical framework for this study. This section: (1) reviews the history of social construction, (2) describes the social construction model, and (3) discusses the applicability of social construction to the study of a SpNP.

Theory, as constructed in sociological terms, is an endeavor to make sense of the world by applying a compilation of frameworks to describe man’s epistemology and ontology. While researchers have proposed many models in the effort to explain evacuation behaviors, there has been no research into the community’s self-prescribed role in identifying and evacuating its vulnerable populations in disaster situations.

*History of Social Constructionist Theory*

In the nineteenth and twentieth centuries, while many cultures were struggling with the transition from a rural to an industrial society, sociologists were
enthralled with the problems of social order. In the early 1900’s, a new theoretical framework ‘symbolic interactionism’ began to compete with science’s positivist-empiricist approaches, which emphasized biological determinism (LaRossa & Reitzes, 1993). During this time, sociology in America was greatly influenced by European sociologists and especially by: Karl Marx’s work on types of authority in society; Max Weber’s work on contradictions, change, and conflict in society; and Emile Durkheim’s work on social cohesion (Bart & Frankel, 1986).

Under the influence of Marx’s work and Max Scheler’s phenomenology, Mannhein coined the term ‘sociology of knowledge’. It was Scheler’s contention that social and political forces produced all knowledge and beliefs. Mannhein realized that if this was true, then the same social and political forces also produced the interpretations of data by a researcher. Thus, the research had no persuasive force or claim to truth. Mannhein escaped this paradigm of thought, by exempting ‘free-floating intellects’ that loosely grounded in social traditions and somewhat detached from the social class system, were capable of avoiding the pitfalls of total ideologies and could develop dynamic synthesis of the ideologies of other groups (Bart & Frankel, 1986).

The sociology of knowledge, involves the study of the social roots of ideas and the effects that prevailing knowledge has on societies. In the sociology of knowledge, tradition or what seems real to members of a particular social class (capitalist or working), rises from the situation of the class. This is especially true, with respect to the economic fundamentals, affecting that class. Socially
constructed reality forms a concept within the sociology of knowledge and the social constructionist strand of postmodernism (Hacking, 1999).

In the 1930's, Mannheim promoted the idea that a researcher could mitigate, but not completely escape ideologizing influences though the systematic analysis of as many of the varying socially grounded positions, as possible. The object of thought becomes progressively clearer with the accumulation of different perspectives (Berger & Luckmann, 1967). One of the differences that separate their theoretical perspective from Marx's was that both Weber and Durkheim believed that a scientist could and therefore should remain free of personal values, when conducting research (Bart & Frankel, 1986).

One of the concepts separating the sociological theories developed by Weber and Durkheim was their efforts to untangle the role of science and politics when solving social problems. Weber believed that science could not substitute for politics. While Durkheim promoted that politics could not substitute for science. Durkheim positivism functionalism and focus on social control, greatly influenced early American sociological thinking. The focus of functionalism was on how social needs are fulfilled, by the social institutions developed. Social constructionist theorists, believe that the weakness of functionalism's theoretical framework, was that it ignored the concept of power (Bart & Frankel, 1986).

Social Constructionism and Special Needs Programs

The possibility of a hurricane striking an area can present community leaders with a number of arduous problems. During the storm, roads, telephone
lines, and other transportation and communication links may be destroyed along with public utilities such as water/sewage services and energy supplies (e.g., gas and electricity) being disrupted. Disasters may destroy or seriously limit local health infrastructures, such as hospitals, at the time that their services are most required. After the storm casualties may require medical care and people may need long-term shelter. Damage to food sources and utilities may create significant public health threats (Malilay, 1997).

Social Constructionism Comes of Age

The sociology of knowledge, involves the study of the social roots of ideas and the effects that prevailing knowledge has on societies. Socially constructed reality forms a concept within the sociology of knowledge and the social constructionist strand of postmodernism.

Existing for many years on the periphery of mainstream, the sociology of knowledge was reinvented into social constructionism and introduced into sociology by Peter Berger and Thomas Luckmann, with their 1966 book on The Social Construction of Reality. The interest of researchers using social constructionism, is the discovery of the different ways individuals and groups create a shared perceived reality. As an approach, it involves examining the ways social phenomena are created, institutionalized, and made into tradition by people. Social constructionism focuses on the description of the institutions and their actions, not on analyzing causes and effects. Socially constructed reality is seen

1 Berger and Luckmann’s book “The Social Construction of Reality” was originally published in 1966. The version of their book used in this study was published in 1967.
as an on-going dynamic process, where reality is continuously re-produced by people, acting on their interpretation and their knowledge. Social construction describes the subjective, rather than the objective. That is, reality as we can perceive it, rather than reality as defined by society separate from our perceptions (Berger & Luckmann, 1967).

Berger and Luckmann (1967) suggest that: (1) Social interactions play an important part in the development of an individual’s current belief about reality. (2) Social interactions between individuals create social institutions and individual personalities. (3) Beliefs about reality, constructed during social interaction, plays an important role in the (re)construction of institutions and people’s beliefs. This third point is important, as it demonstrates that as people develop a new sense of reality in the world, they recreate their institutions.

_Dialectical Method_

Man and his/her social world interact with each other in a dialectical relationship. As conceptualized by Berger and Luckmann’s (1967), ultimately the product itself, acts back upon the producer. Broadly speaking, dialectics is an exchange of propositions (theses) and counter-propositions (antitheses), resulting in a disagreement. The aim of the dialectical method, often known as _dialectic_ or _dialectics_, is to try to resolve the disagreement through rational discussion. Berger and Luckmann assert that there are three dialectical stages in the process of constructing of social reality: externalization, objectivation and internalization.
In the first stage, externalization, individuals through their own activity, create their social worlds (Berger & Luckmann, 1967). The creation of social order is an ongoing production as the individual is constantly creating and maintaining family relationships, new friendships, and new social institutions. Though social their interactions, people create social products. These social products may be material artifacts, social institutions, or values or beliefs concerning a particular group. When these products are created, they become external to those who have produced them they become products exterior, to the physical self. A situation defined as real, thus becomes real, in its consequences. For example, boys and girls are thought to be different, so society treats them differently. This teaches the children to act differently and they do (Ore, 2003).

In the second dialectical stage, objectivation, there is an objective reality to the social world that is created and language gives meaning to our experience (Berger & Luckmann, 1967). Objectivation occurs when the products created in the first stage, appear to take on a reality of their own, becoming independent of those who created them. People forget that they themselves are the creator of their social and cultural environment and of all interpretations of reality. The products have developed an objective existence and they become another part of reality, to be taken for granted. For example, most of us develop and take disability categories for granted, employing an essentialist perspective that views disability categories as the result of biological or genetic factors (Ore, 2003).

The third and final dialectical stage, internalization, initially occurs through socialization of a child by the social world it was born into (Berger & Luckmann,
1967). The ontogenetic process of internalization is the never-ending induction of the child into the objective world of a society. Primary socialization is the process, through which people learn the objective facts about the cultural products created. After primary socialization is secondary socialization, were institutional values or institution based 'subworlds', are internalized. Socialization is the process of social interaction, where one learns the ways of society and ones specific roles in that society (e.g., son, husband, father, boss, long distance runner). With each role, part of an individual's subjective consciousness absorbs a different set of rules and expectations attached by society to that role (Ore, 2003). In America, as in many countries, the mass media operates as a very important socialization mechanism. What we see/hear from the media, and how it is presented, delivers important messages about whom and what is or is not valued. Internalization is the foundation for comprehending the behavior of others and understanding of the world as a social reality (Berger & Luckmann, 1967).

**Social Construction Framework**

The social constructionist anticipates that when studying a social program, the different stakeholders will possess dissimilar perspectives of the program, due to their personal experiences with the program. The researcher, using a social constructionist framework, endeavors to describe the diverse perceptions utilizing open-ended interviews and observations. When examining the different realities and implications for the program, the researcher does so without judging which of the realities is more real (Guba & Lincoln, 1989; Ibaera & Kitsuse, 1993).
Reflexivity is the effort of: questioning one’s own beliefs abandoning what appears to be evident, paying attention to diverse framings of reality, and laboring to understand the end results of multiple standpoints (Gergen, 1999).

Realizing that the goal of an ‘assumption-free’ sociology is an elusive goal, social constructionists do not believe in the possibility of value-free foundations or sources of knowledge, nor do they conceptualize a clear objective-subjective distinction, or a clear distinction between ‘knowledge’ and ‘reality’ (Ibaera & Kitsuse, 1993). It is the focus on the interpretive processes of a constructed social world and the substantive meaning, contexts, and conditions that shapes inhabitants’ actions. Through the use of social constructionism, the researcher attains the freedom to take part in the social change itself, referred to as ‘participatory action research’ (Gergen, 2003).

Social constructionists accept that there are general standards of scientific inquiry, but they are only used as rough guidelines, that may be interpreted in different ways according to demand (Knorr-Cetina, 1981). Every new research project raises new questions, which the researcher has to be decided whether, the existing rules should be applied. Social constructionists argue that even the most certain knowledge (self-knowledge) is open to contextual variation, multiple interpretations, momentary fluctuation, skepticism, and doubt leading some social psychologists to argue that it is fundamentally impossible to develop an accurate representation (Gergen, 1982).

Theories and methods used by constructionist’s are concerned with the analysis of how people assign meaning to their world generally accept that (Ibaera
& Kitsuse, 1993): (1) the process of understanding is a product of culture and history, and dependent upon existing social and economic arrangements within a culture; (2) the current acceptable ways of understanding are not due to objective observations of the world, but rather to the social processes and interactions when people are engaged with each other; and (3) these ‘negotiated’ understandings can take many forms and consequently there are a variety of possible ‘social constructions’ of the world.

Researchers using social construction are trying to explain, “… the process by which people come to describe, explain, or otherwise account for the world in which they live” (Gergen 1985: p. 3-4). By examining words used by people to explain how they understand the world, the researcher can identify social and political processes influencing how people define words and explain events. The implications of the definitions and explanations provided by people, often determine who benefits or loses in society. Social constructionism has been influenced, modified, and refined by other intellectual movements such as the social study of science, ethnomethodology, feminism, post-structuralism, narrative philosophy, post-foundational philosophy and post-positivist philosophy of science among others (Burr, 1995).

Constructionists argue that there were two major flaws with defining social problems as an objective condition: subjective judgment is required to identify a social condition as problematic and objectivism did not provide foundations for more general theories of social problems, due to the labeling of conditions as social problems when the relationship was not significant (Best, 1995).
Constructionists focus on subjective judgment to characterize social problems in terms of claimsmaking by stakeholders. This approach offers a foundation for developing new concepts – about claims, stakeholders, connections among claimsmaking campaigns, and social policies.

**Constructivism vs. Constructionism**

Gergen (1994) distinguished social constructionism from social constructivism in that neither the mind nor objective knowledge (truth) is possible. Easily confused, an important distinction between the two is that constructivism focuses on the “meaning-making activity of the individual mind” and constructionism focuses also include “the collective generation [and transmission] of meaning” (Crotty, 1998, p. 58).

Constructivism examines the unique experience of how an individual makes sense of the world, with the conviction that each view of the world is as valid as anyone else’s. Social constructionism, examines the bigger picture as it emphasizes the way our culture or community shapes us. Everything is socially constructed as to what is acceptable and there is no set of fixed rules that would determine scientific action. Scientists manipulate the very reality that forms the object of their discourse, in anticipation of the findings that they would like to obtain. Stam (2001) reminds us that there is no single social constructionist position.
Strict vs. Contextual Social Constructionism

Best (1989) proposes that a distinction be made between what he terms ‘contextual’ and ‘strict’ constructionism. Contextual constructionists, focus on the process of claimsmaking and responding, but are willing to make some assumptions about objective reality. Meanwhile, strict constructions equate social problems with processes of claimsmaking and responding to claims about putative conditions, make no assumptions about objective reality.

The strict social constructionists, makes no assumptions about social conditions. A major assertion of strict constructionists is that research should be focused on the constructions, not on the reasons the constructions have arisen or how constructions differ from objective reality (Spector & Kitsuse, 1987). When researching social problems, the researcher should avoid making assumptions about social conditions and avoid using official statistics, as they are not a complete illustration of objective reality (Holstein & Miller, 1993; Ibarra & Kitsuse, 1993).

According to this view constructionist should restrict their examination to the perspectives of stakeholders, policymakers, and other members of society. The genuine conditions in society are immaterial; what matters is what the members say about those conditions. Strict constructionists focus on claimsmaking; seeking not to judge, but to understand. Jenkins (2001) disagreed with Gergen’s proposal that for social constructionist researcher: “…the chief locus of understanding is not in the psyche but in social relationships. All psychology traces to mental origins,
might be explained by social constructionists, through micro-social processes” (Gergen, 1997, p. 724).

Sismondo (1993) suggested that a ‘mild’ or contextual constructionist approach accepts that ‘distinctly social’ processes are involved in the construction of institutions, knowledge, and subjective realities, and draws attention to these social processes. Contextual constructionists, argue that understanding claims concerning social problems, often depends upon understanding their context in the culture and social setting (Best, 1993, 1995). Claims emerge at particular historical moments in particular societies; they are made by particular claimsmakers, who address particular audiences. Claimsmakers have particular reasons for choosing particular rhetoric to address particular problems. The issue is if these assumptions somehow damage the analysis, the constructionist must be prepared to acknowledge and defend the assumptions made. Viewing official statistics as socially constructed, the contextual constructionist is likely to enquire as to how they are used by s. A review of empirical studies using the constructionist approach, indicate that the majority of studies employ a ‘mild’ or contextual constructionism (Burningham & Cooper, 1999). According to Best (1995), by default all constructionist analysis becomes a form of contextual constructionism.

Criticism of Social Constructionism

Social construction is not without its critics. Some sociologists argue that constructionists’ focus on claimsmaking ignores a far more important subject: the
harmful social conditions that are the real social problems. Constructionists contend that social conditions are harmful, only because someone made persuasive claims to that affect (Stam, 2001).

Objective sociologists point out that constructionist theoretical assumptions are contradictory. Scientists guided by the traditions of positivism, choose research methods consistent with the construction of human beings, as passive organism (Sarbin & Kitsuse, 1994). Human behavior is in principle, predictable from knowledge, of the person and situation. In defense of their belief that objectivism is the sole scientific paradigm, some sociologist attack constructionism for their use of subjectivity, or they argue that objectivism and constructionism can be reconciled. Best (1995), argues that these individuals misunderstand the nature of constructionism, which goes beyond just acknowledging that definitions of social problems are subjective. By defining social problems in terms of claims making, constructionists set a new agenda for those who study social problems.

Some sociologists argue that constructionism is internally inconsistent (Woolgar & Pawluch, 1985a). Noting that while constructionists identify their focus as subjective judgments, their analysis usually assumes some knowledge of objective condition. Woolgar and Pawluch (1985b), hold that researchers of constructionist theory must be devoid of social and cultural presumptions, having no interpretive frame in which to record their observation. Otherwise they are ontologically floating in midair (i.e. ‘ontological gerrymandering’).
It has been argued that constructionism often involves the selective application of skepticism, allowing or denying the existence of phenomena according to the analyst’s attitude towards them (Woolgar & Pawluch, 1998). The concept of ontological gerrymandering, forced constructionist to split ranks into two camps: strict and contextual constructionism.

According to Ore (2003), Berger and Luckmann were actually examining the reciprocal relationship that exists between people and society. Through their creative activity, humans construct the realities of society. Once created social realities become the external, objective reality to individuals in that society. The individual then internalizes this reality, so that it becomes part of their consciousness. “People create society, but society, in turn, creates people” (Ore, 2003, p. 62).

Social constructionists and experimentalists theorists fundamentally agree, with the notion that people are very active in the creation of symbolic understanding of the world. The main difference between the two viewpoints is that social constructionists have adopted the postmodern thought that depicts reality as arbitrary and relative; whereas experimentalists believe that processes of social construction are dependent on the person’s cognitive method and by the current social context (Jost & Kruglanski, 2002).

A social construction, or social construct, according to the school of social constructionism, is an idea, which may appear to be natural and obvious to those who accept it, but in reality is an invention or artifact of a particular culture or
society (Gergen, 1985). The implication is that social constructs are human choices, rather than laws of God or nature.

Shotter (1993a, 1993b) focuses on the dynamic, interpersonal processes of construction, which he refers to as ‘joint action’. Members of a group provide the linguistic productions and activities (first order constructs), which can in turn be subjected to theoretical scrutiny (second order constructs). A construct is an abstract statement, about relationships involving intangible processes, which refer to underlying psychological realities (Tzeng, 1991). Each construction can invite a different kind of action from human beings, thus some constructions of the world can help maintain some patterns of social action and exclude others (Burr, 1995; Gergen, 1985, 1994). Two constructs that are substantial in this theoretical framework are culture and society. Culture refers to the shared and learned knowledge, beliefs, values, norms, attitudes and behaviors that people within a society share. Society consists of people bound together by social and cultural commonalities. A society also includes people within a geographical location that interact with each, other guided by their culture (Loustaunau & Sobo, 1997).

Our modes of description, explanation and representation are derived from relationships and all understandings of relationships are an interchange of history and the culture’s existing social conditions (Gergen, 1999). Driven by the researcher’s worldviews or belief systems, research turns out to be a socially negotiated process (Guba & Lincoln, 1994).

According to Burr (1995), social constructionism asserts that, because people are products of social processes and since these social processes and
conditions are constantly changing throughout history, people are forced to constantly change as well. Since there is no ultimate truth, we must try to understand where our current ways of understanding come from. In a recent review of the literature, on attitudes and social judgment, it was concluded that researchers have moved increasingly toward a conceptualization of attitudes as temporary constructions (Schwarz, 2000).

**Discourse**

Discourse is a way of talking about and understanding a particular aspect of the world. Foucauldian theory suggests that discourses can be powerful, in the sense that they can lead to the 'normalisation' of some ideologies and the 'abnormalisation' of others, thus legitimating some actions over others (Burr, 1995; Darier, 1999). The crucial issue, being that the groups involved in discourse, are differentially empowered. The focus is on discursive practices and how they are embedded in social relations of power and ideology. How some will give authority to certain discourses, while subverting others. Thus, revealing the possible implications for future policy and practice (Ibaera & Kitsuse, 1993). So it should be possible to explore the social power and legitimacy of a particular discourse (Demeritt, 1998). Discourse analysis is just one among several social constructionist approaches, but is one of the most used approaches within social constructionism (Phillips & Jorgensen, 2002).

Kitsuse and Spector challenged conventional approaches with their vision of social problems as social constructions, that is, the products of claimsmaking and
constitutive definitional processes (Kitsuse & Spector, 1973, 1975; Spector & Kitsuse, 1974). Claimsmaking is a process where conditions are turned into problems through active promotion. Claimsmaking consist primarily of participation on expert panels and committees, appearing in the news, and giving testimony at government hearings. In Ibarra and Kitsuse’s (1993) view, constructionist studies of social problems discourse can gainfully continue by distinguishing between four analytically discrete rhetorical dimensions that share common characteristics: rhetorical idioms, counterrhetorics, motifs, and claimsmaking styles. Claimsmaking activities are directed at problematizing specific conditions and developing rhetorical idioms to reference the unique ways, in which their problematic status deserves public attention.

Rhetorical idioms use language that places condition claims in amoral context (Ibarra & Kitsuse, 1993). The effectiveness of the rhetorical idioms is drawn from the discursive materials they provide to claimants to structure and lend urgency to their claims. If rhetorical idioms produce claims that are both rational and moral, then the community must either express sympathy or has acceptable reasons for being unsympathetic. There are two types of rhetorical idioms: entitlement and endangerment. The rhetoric of entitlement brings attention to the righteousness of ensuring that everyone has equal institutional access. The rhetoric of endangerment is applied to condition-categories that can be expressed, as threats to the health and safety of the human body.

Counterrhetorics are approaches taken by the community to argue against the depictions made by stakeholders (Ibarra & Kitsuse, 1993). Here the
community either makes an attempt to deny the problematic status of the condition and/or prevent the call to action. Using sympathetic counterrhetorics, the community accepts that there is a problem in part or whole, but will block the request for corrective activities. There are five categories of sympathetic counterrhetorics (Spector & Kitsuse, 1987): naturalizing, cost involved, declaring impotence, perspectivizing, and tactical criticism. In naturalizing the problem, the community accepts the existence of the problem, but there is no call to action because the problem is accepted as inevitable. When the cost involved in correcting the problem outweighs the perceived benefits, there is no call to action due to budgetary constraints. A community declares impotency, when it really does want to solve the problem but cannot due to lack of resources. When perspectivizing, the community takes the stance that the claim is the claimmakers opinion, separate from the actual state of affairs. Using tactical criticism, the community acknowledges the claims made but object to the methods s used in communicating the problem.

The community uses unsympathetic counterrhetorics, when denying that there really is a problem and there is no need for corrective activities. There are four categories of unsympathetic counterrhetorics: antipatterning, telling anecdote, counterrhetoric of insincerity, counterrhetoric of hysteria (Spector & Kitsuse, 1987). Using antipatterning, the community maintains that the claim identifies isolated incidents, not a full-blown social problem. When using a telling anecdote, the community denies the generality of the problem. When the community uses counterrhetoric of insincerity, it is suggesting that there is a hidden agenda. By
using counterrhetoric of hysteria, the community is implying that the claimant’s claims are not rational or are emotional bases, rather than being based on a proficient evaluation of the state of affairs.

The third type of rhetorical dimension, motifs are figures of speech operating as shorthand descriptions/evaluations of condition-categories (Spector & Kitsuse, 1987). The complex relationships between idioms and motifs require empirical explanation. Claimsmaking styles, refers to the public rhetoric and the politics of claimsmaking. Claimsmaking styles are analyzed in the myriad circumstances in which social problems construction take place including demanding services, filling out forms, lodging complaints, filing lawsuits, calling press conferences, writing letters of protest, passing resolutions, publishing exposes, placing ads in newspapers, supporting or opposing governmental practice or policy (Spector & Kitsuse, 1987).

Constructionist employs narrative as the root metaphor and looks at language and the use of rhetoric and how it influences people’s perceptions of reality (Sarbin & Kitsuse, 1994). Using a construction agenda Best (1987) suggested that ‘truth’ claims, whether they be scientific or not should be analyzed contextually and in terms of the claims themselves, the stakeholders, and the claimsmaking process. By doing this Gergen (1994), followed Wittgenstein’s notions of terms acquiring meaning from their function within culture, suggesting that the researcher can critically analyze such claims by focusing on: how they function, in which rituals are they essential, what activities they facilitate and what activities they impede, and who is harmed and who gains by such claims.
Claimmakers want to convince others that there is a social problem or that they have the solution (Best, 1995). Claimsmaking is an act of communicating to different audiences: some try to identify and organize those directly harmed by the conditions described in their claims; others try to educate the general public; and still others approach the policymakers who can do something about the conditions. If the mass media can be convinced that their claims are newsworthy, the media will help spread their message. Use of the constructionist perspective requires focusing on the claims themselves, the stakeholders, and the claimsmaking process (Best, 1995). Claimsmakers must be identified along with whom they represent.

*Social Constructionism and Public Health*

Spector and Kitsuse (1987) define social problems, “… as the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions” (p. 75). Social constructionism shifted from a normative to an interpretative paradigm, wherein they were concerned not with the condition itself, but with the people who engaged in claimsmaking activities about the particular condition.

Social construction theory has been used by a number of public health researchers in the past. This research includes but is not limited to: missing children (Best, 1987), child abuse (Pfohl, 1977), wife abuse (Loseke, 1987), elder abuse (Baumann, 1989), gangs (Zatz, 1985), drug violence (Brownstein, 1991),
alcoholism (Reinarman, 1988), and breast cancer (Mathews, Lannin, & Mitchell, 1994).

In the mid 80’s, the problem of missing children was brought to American’s attention through the appearance of photographs of those missing children on milk cartons, grocery bags, billboards, as well as televised coverage. Emerging rapidly, the social problem of missing children received extensive coverage in the media, congressional testimony, and written material creating a rich source of data that allowed the analysis of the claims-making process (Best, 1987). Best found that claims-makers, presented the missing children as a social issue to the general public. Ultimately the general public demanded official policies with respect to public awareness, prevention, and control on a social basis to lessen or stop the problem.

Social Construction Theory was used in a study of how social forces gave rise to the labeling of child beating as child abuse in the 1960s, which resulted in legislation banning child beating (Pfohl, 1977). The study gave consideration to three main data sources. The first source of data was an historical investigation of the social reaction to child beating. The second source of data was social values as related to the protection of children, when society discovered abuse of children as being deviant. The final source of data was factors associated with how the medical profession reacted to the new deviant labeling. In his results, Pfohl pointed out that the discovery of the ‘battered child syndrome’ in the sixties greatly benefited pediatric radiology and concluded that by labeling child abuse as a disease criminals were being protected from prosecution.
Using a social constructionist framework to study violence against women, Loseke maintained that the definition of abuse given by shelter workers, were different from the subjective reality of the abused women (Loseke, 1987). Shelter workers often pinned the abused label on women who did not consider themselves abused and at times women viewed themselves as having been abused, to the disagreement of the workers.

According to Baumann (1989), when it comes to constructing social problems the role of experts is becoming more and more important. In his study of the construction of elder abuse he asserts, “… claimsmakers seek to persuade readers to accept their conclusions about the necessity for intervention and the appropriateness of the proposed intervention schemes” (p. 65). The claimsmaking by professionals about social problems can limit the ability of those affected making them powerless to meaningfully participate in and contribute to the making of policy.

From his studies of Chicago youth gangs, Zatz (1985) suggests both the social problem of gangs and the response by police developed due to the historical composition of social, economic, and political relationships developed over the years. Using a variety of data from the media, interviews, and court records to explore the gang problem, Zatz found that when gang presence became undeniable, school, police, and other local officials became claimmakers of an interpretation of the situation that promoted their vested interest (Zatz, 1987). For example, the police department used the gang problem to obtain federal funding for a specialized division. By blaming gangs for a variety of social problems the
policy were allowing the community to avoid its responsibility for finding solutions to problems associated with why people join gangs.

Brownstein’s studies of drug violence in New York City, illustrated how the news media can be in command of the construction of a social problem and influence responses considered by the community (Brownstein, 1991). The images presented by the media, projected a perception of rising violence and random attacks, until an increasingly fearful middle-class demanded a get-tough response. Brownstein suggested that the news media, as gatekeepers of information, have the power to influence the public perceived reality of social problems. The problem arises when the media is used by official claimsmakers, whose goal is to distort that reality to their benefit.

In his article ‘The Social Construction of an Alcohol Problem’, Reinarman (1988) provides an interpretation of how in the 1980s claimsmakers, Mothers Against Drunk Drivers (MADD), made drunk driving a major social issue. Founders of MADD admitted that the grassroots movement did not happen in response to any increase in the number of drunken driving cases. Rather MADD members attribute their success in bringing drinking and driving into the public policy spotlight because, as a social problem, legislators and the court system had for too long neglected the issue. Reinarman suggested that part of the success of MADD as an organization occurred because American public policy was beginning to systematically switch, from a paradigm of social welfare to that of social control.

In a study of the social construction of the meaning of a personal diagnosis of advanced breast cancer, by rural black women, researchers interviewed 26
women after they entered the medical system in North Carolina (Mathews, Lannin, & Mitchell, 1994). Analysis of narratives provided insight into the process that occurs, when an individual tries to understand their personal experience with a disease, in relation to the pre-existing models of that disease maintained by their culture. The study also provided insight, into how individuals modify personal disease models, in response to new knowledge and how conflicts in the interpretation of the meaning of illness are dealt with.

**Targeted Populations**

Feminism, Functionalism, and Conflict Theories all approach social problems as objective conditions of the real conditions in the social environment that causes harm. Approaches focusing on social problems, as objective conditions, looked at the actual conditions existing in the real world and did not focus on what people actually perceived as problems. Each approach to social problems as objective conditions, started with its own vision of what was moral, with the researcher often feeling they could inform their audience as to how the world should work. Approaches to social problems as objective conditions, categorize a condition as a problem, because it violated theoretical beliefs about what behavior was appropriate in society.

Constructionist perspectives focus on how people come to hold one or another set of beliefs. The constructionist approach focuses on what humans believe the world is. They ask questions such as: “In shaping the world, which people did what, and where did they do it?”
For example, the researcher using an objectivist approach when studying disability would view disability as a social, condition to be measured. Statistics would be gathered on variables, such as, the size of the disabled population or what caused people to become disabled. Using a constructionist approach, the researcher would focus on what claims stakeholders were using to bring disability to the publics attention, how those claims personified the disabled, and how the public and policy-makers responded to these claims (Strauss & Corbin, 1997).

The philosophy of social constructionism looks at how beliefs and understandings taken to be objectively real by people in their daily encounters are subjective constructions of public thoughts, words, and interactions. “Social constructionism emphasizes the centrality of language, thought, interaction, politics, history, and culture in the making of human meaning in lived contexts” (Danforth & Rhodes, 1997, p. 359). The social construction of a target population refers, to the cultural characterizations or popular images of people or groups, whose behavior or well-being are directly affected by public policy. There is a recognition that shared characteristics, become socially meaningful in distinguishing or targeting a population of people, from the rest of the community. These characterizations are normative and evaluative; portraying groups in positive or negative terms through symbolic language, metaphors, and stories (the attribution of specific, valence-oriented values, symbols, and images to the characteristics (Edelman, 1988).

In contrast to traditional approaches, the social model of disability has argued, “…people with accredited (or perceived) impairments are disabled by
society’s blatant failure to accommodate their needs” (Barnes, Mercer, & Shakespeare, 1999, p. 2). This approach does not deny that there are differences, either physical or mental, between people, but rather argues, “...the nature and significance of these differences depend on how we view and interpret them” (Began & Taylor, 1994, p. 8). Disability, in this case, is considered to be a social construction.

Social constructions about particular groups of people are stereotypes created by politics, culture, socialization, history, the media, literature, economics, and religion (Schneider & Ingram, 1993, p. 335). “Positive constructions include images such as deserving, intelligent, honest, public-spirited, and so forth. Negative constructions include images such as undeserving, stupid, dishonest, and selfish” (Schneider & Ingram, 1993, p. 335). Social constructions of target populations are empirical observable facts can be measured. Data can be generated by analysis of the symbols contained within texts, such as legislative histories, statutes, guidelines, speeches, media coverage, and analysis of the symbols contained therein. Social constructions can also be ascertained from interviews of stakeholders, policy-makers, media representatives, members of the general public, and persons within the target group itself. For the social constructionist any pertinent data is important in the examination of the process by which social, economic and political forces shape and give meaning to categories.

Target populations are assumed to have boundaries that are empirically verifiable and to exist within objective conditions, even though those conditions are subject to multiple evaluations (Edelman, 1988). All conceptions, assertions, and
accounts of ordinary members express their understanding of their everyday world and must be entertained without regard to validity (Sarbin & Kitsuse, 1994).

"Being seen as the object of medical treatment evokes the image of many ascribed traits, such as weakness, helplessness, dependency, regressiveness, abnormality of appearance and depreciation of every mode of physical and mental functioning" (Zola, 2003, p. 440). These traits become permanent characteristics when associated with individuals having chronic illnesses and/or disability (Longmore, 1985). According to Longmore, the person with a chronic disability is seen as incurable and is considered by society to be helpless and dependent on others. In looking at the reality of being a person with a disability the social constructionist views 'disability', not in physical terms, but rather as social designations made by people through their interactions and relationships (Danforth & Rhodes, 1997).

Fundamentally, disability is defined by public policy. In other words, disability is whatever policy says it is. This observation embodies an authoritative recognition, that a disability implies a problem or a disadvantage that requires compensatory or ameliorative action. The concept does not seek to specify, whether the problem is located in the individual or in the environment. Nor does it attempt to identify the rationale, for measures that are taken in reaction to the perceived disadvantage. Nonetheless, such policies represent an official belief, that a disability constitutes a disadvantageous circumstance that obliges a public or a private agency to offer some type of response (Hahn, 1985).
The U.S. Bureau of Census identifies disabled individuals as having an activity limitation, who use assistance, or who perceive themselves as having a disability. The Americans with Disabilities Act, defines a person with a disability as (American Disabilities Act, 2005): 1) a person with a physical or mental impairment that substantially limits one or more major life activities; or 2) a person with a history of physical or mental impairment; or 3) a person who is regarded as having such impairment.

When speaking of the disabled population we are talking about a very diverse group of persons, not only in terms of type and severity of disability but also in age, race, ethnicity, socio-economic status, personality, and preferences. In 1994, 54 million people in the United States, or roughly 21 percent of the population, possessed some level of disability (U.S. Bureau of the Census, 2004). For some this disability is of limited duration, such as a broken arm or leg but for many the disability is chronic, such as a missing limb or breathing problems requiring oxygen.

Data obtained in the 2000 Census reports, that one percent of Americans aged 25 through 54 requires some sort of assistance, to live in the community. As presented in Table 1, as age categories increases so does the percentage of individuals requiring assistance (U. S. Bureau of the Census, 2000). For those individuals who were 80 years of age or older, 34.9 percent needed assistance to live in the community.

While not denying that policy definitions play an important role, in the social construction of disability, it is clear that these definitions are themselves socially
constructed. And further, core and peripheral ideologies have influenced this
social construction to the point where disability has become a problem of individual
disadvantage, to be remedied through the development of appropriate social
policies (Oliver-Smith, 1986).

Table 1
Disability Among Individuals Aged 15 and Older by Age and Severity: 1997
(Percent of population in each age group).

<table>
<thead>
<tr>
<th>Age range</th>
<th>Percent needing assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>1.0</td>
</tr>
<tr>
<td>25-44</td>
<td>1.9</td>
</tr>
<tr>
<td>45-54</td>
<td>3.6</td>
</tr>
<tr>
<td>55-64</td>
<td>5.9</td>
</tr>
<tr>
<td>65-69</td>
<td>8.1</td>
</tr>
<tr>
<td>70-74</td>
<td>10.5</td>
</tr>
<tr>
<td>75-79</td>
<td>16.9</td>
</tr>
<tr>
<td>80+</td>
<td>34.9</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 1996 Panel of the Survey of Income and Program
Participation, August - November 1997. Found 10/09/05 at

Societal values are directly influenced, by everyday experiences in changing
ecological and sociopolitical contexts (Smith & Schwartz, 1996). Cultural values
are used in deciding and justifying to others, which behaviors are appropriate. From a political point of view, cultural values create priorities, affecting how a community allocates its social and financial resources. Cultural values as promoted by powerful community leaders are critical in the planning process, when serving target populations, such as the disabled or vulnerable.

Social movements have assumed a variety of forms and levels of organization, ranging from formal social movement organizations to informal social movement communities to loosely structured collective action (McCarthy & Zald, 1977; Buechler, 1990; Oberschall, 1993). These different forms are similar in that they allow conflict with an established adversary, and challenge the limits of the system, in which action occurs (Melucci, 1996). As a result of these dynamics, social movements have played an integral part, in the making of the modern world (Buechler, 2000). Consequently, it is important that stakeholders for people with disabilities make their voices heard, by those in the community involved in developing social policy. When deciding between two forms of conceptualization, the winner will often depend on having the power, to impose your definition of reality onto others (Berger & Luckmann, 1967).

Summary

An investigation into the qualitative literature suggests that social construction theory, if applied properly, can provide a better understanding of how communities target their vulnerable special needs population as being worthy of special consideration during a disaster. This is accomplished through the study of
the voices of program participants, community stakeholders, and key-informants in the community.

It has been argued that a qualitative approach can be utilized, to capture the richness, of the decision process to evacuate (Quarantelli, 1992). Most of the disaster and evacuation studies, found in a review of the literature were post hoc. Thus researchers have studied post-disaster populations that will never quite return to a normal pre-disaster state (Stallings, 2002). Stallings (2002), in his book, Method of Disaster Research, refers to the neglect of disaster researchers in conducting exploratory studies into problem areas, where little empirical research currently exists.

Lombardi (2001), in a review of the implications of using a constructionist methodology when studying the news media coverage of disasters; suggests that researchers look at risk and events associated with risk, as the process about events not as objective facts. In order to understand risk, the researcher first must understand the interactions among the general public, experts, and policy-makers. This understanding of risk can only be accomplished, by studying the interactions that occur in discourse about risk, rather than on the content of the media’s information about risk.

The protection of vulnerable populations living in the community with chronic health conditions, from the harmful effects of a disaster, is a social and public health issue. Stakeholders for the various vulnerable populations are becoming more aware of the need to advocate that disaster plans at the local, state, and federal levels to include procedures for protecting these populations during a
disaster. For those elderly and/or disabled individuals, who have chronic conditions requiring constant medical attention, community planners will have to develop ways of providing access to continuing healthcare even in the event of a disaster.
CHAPTER III:

METHODS

According to Stallings (2002), while qualitative research is useful for describing the individual's subjective experience of disasters, researchers tend to use it to document objective features of disasters such as interorganizational relationships. To the social constructionist, language actively produces, constructs and shapes our experience. From the social constructionist point of view, when examining risk, the researcher looks at the process of communication about disasters, rather than as objective facts reported by the media (Stallings, 2002). Different types of social construction focus on: (1) Social relationships such as friendships, neighbors, and family relationships; (2) shared physical artifacts such as shelters; (3) shared social goals and projects such as helping the elderly or disabled; and (4) shared cultural norms and traditions such as care of family members (Mathews, Lannin, & Mitchell, 1994).

Introduction

This research study was designed to develop an understanding of how stakeholders in Hillsborough County, Florida constructs a definition of special needs, develops knowledge of people with special needs, and provides for the
special needs population in the event of an evacuation for a hurricane. Using Social Constructionist Theory as a framework and Grounded Theory methodology, data were collected using published literature, media materials, focus groups, and in-depth, semi-unstructured interviews to provide insight into those social interactions influencing knowledge and perception of the SpNP, among stakeholders and program participants. Unlike previous studies, were researchers examined the evacuation of a community’s population as a whole, this study specifically examined community behavior in evacuating those individuals with special needs.

Delineating the methodology used in this qualitative study, this chapter has been divided into seven sections: (1) a description of the study design implemented, (2) a review of the Grounded Theory methodology used to direct data collection, (3) a depiction of the qualitative tools and procedures used for data collection, (4) a portrayal of the study sample and recruitment procedures, (5) tools used to collect qualitative data, (6) data management procedures, and (7) an explanation of how data for this study were coded, analyzed, and interpreted.

**Study Design**

This research study utilized Grounded Theory methodology for the purpose of collecting, managing, coding and analyzing qualitative data gathered from a series of focus groups and in-depth, semi-unstructured interviews. For the purpose of this exploratory study, Grounded Theory methodology had several advantages over other qualitative traditions of inquiry or a quantitative design.
Also, the theoretical framework as proposed by Social Construction Theory contains advantages over other contemporary theories used in public health research. The theoretical framework from Social Construction Theory guided the evolution of a description of the social concept of a special needs population and the portrayal of the processes that resulted in the decisions, as to what services the community provides to the special needs population, during an evacuation for a hurricane.

1. Application of Grounded Theory methodology enabled the researcher to begin the building process, that was used in the effort to describe how Hillsborough County developed its definition of special needs and how stakeholders and claimsmakers negotiated what services to provide through the SpNP, in the event of evacuation for a hurricane. Using a methodology that helps build the foundation of information permitted the development of new theoretical models as opposed to testing a theory is important in this situation, where there is very little empirical information on the efforts taken by a community, to protect the special needs population during evacuation for hurricanes. In contrast to previous studies of evacuation, which have focused on the population as a whole this study focused only on those individuals having special needs, limiting their ability to evacuate with the general population or shelter in their homes.

2. Following Grounded Theory methodology, several qualitative tools were utilized in the process of collecting data on the SpNP, from a number of different sources. There was a review of the published literature and media materials;
40 in-depth, semi-unstructured interviews; and three focus groups. This triangulation of data, allowed the examination of the SpNP from the views of a variety of community stakeholders, increasing the validity of the data collected.

In contrast, previous research into evacuation has either been quantitative in nature or utilized only the qualitative technique of asking predetermined open-ended questions (Creswell, 1998).

3. A Social Construction Theory framework helped provide insight into how a person’s understanding of the need for an SpNP, is a product of that individual’s culture and experiences; and how society’s current social and economic situation shapes program development. The social constructionist approach helped the researcher understand the reality of a SpNP as socially constructed by a community by examining personal experiences, opinions, knowledge, attitudes and behaviors.

4. Using Social Construction Theory facilitated access to the public discourse concerning important and timely matters such as community development of a SpNP. By understanding Hillsborough County’s experiences in developing a SpNP, it may aid other communities, in the development of their own program.

5. An advantage of combining Grounded Theory methodology and a Social Construction Theory framework is that both accept the existence of multiple realities, held by the various stakeholders in the community, which facilitates a richer description of the program through the different definitions of the SpNP. Stakeholders such as the media, program participants, and community claimsmakers all have their concept of special needs and what services should
be provided in the event of evacuation. Both theories also maintain that because of the multiple realities held by researchers, there is always more than one way to interpret any qualitative data collected.

6. Another advantage of combining Grounded Theory methodology and a Social Construction Theory framework is both promote the belief, that what is being studied is subject to change over time. With this in mind, the results of this study are similar to taking a snapshot of the SpNP, a program that will continue to change over time as social conditions, economics and knowledge change.

**Grounded Theory Methodology**

Qualitative research is generally inductive, rather than a deductive form of analysis, such as quantative research. In deductive analysis, the researcher creates a hypothesis about a problem and then collects data to test that hypothesis. The analysis of the data, informs the deductive researcher if the pre-established thoughts, on the problem were correct or erroneous. Whereas the inductive researcher, without developing pre-established thoughts, collects data to explain the problem. Analysis of data, then guides the inductive researcher, in the development of theory to explain the data. Inductive analysis is a very important tool to use when there is little or no theory on a particular problem, such as how a community provides for the protection of its special needs population, during hurricane evacuation. Once enough inductive analysis on a problem has been performed, the research community can then begin the deductive research process, of testing the newly established hypotheses and theories. In his definition
of qualitative research Creswell (1998), emphasized the need to develop a multifaceted, holistic portrait exhibiting all the complexity of the social problem under study:

Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting. (p. 15)

In quantitative studies, statistical power is the standard used to guide the evaluation of the sampling techniques. The sampling techniques used by the researcher in a qualitative study are evaluated by their ‘clarity’, which is the goal of allowing others to understand the exact details of: how the study’s sample was accrued, what different theoretical theories were considered during the analysis process, and how constraints influencing the selection the sample were identified and worked through (Labors & Rubinstein, 1995). The responsibility of the qualitative researcher is to provide a lucid, explicit understanding and definition of all constructs used in the development of theory (Neuman, 2003). Ultimately, clarity is contingent on the researcher using analytic tools that are powerful and flexible enough to collect knowledge that is creditable.

When conducting a qualitative study, “research design should be a reflexive process operating through every stage of a project” (Hamersley & Atkinson, 1983, p. 28). The practice of being reflexive helps qualitative researchers be more self-conscious, so that the research procedure actually constructs reality as much as
describes it (Gubrium & Holstein, 1997a). Because qualitative research requires a
good theory of inquiry that is on going and remains flexible enough to
accommodate new evidence, it can never be considered a finished product
(Tzeng, 1991).

For the researcher Grounded Theory methods have guidelines that must
be followed by the researcher in their: (a) examination of social process under
study, (b) collection of valid data, (c) management of the data analysis procedure,
and (d) development of an abstract theoretical framework as an explanation for the
social process under study (Charmaz, 2002). Grounded Theory allows the
researcher the freedom to use several methodology tactics during the collection
and analysis of data (Glaser & Strauss, 1967; Charmaz, 2003).

There are two major forms of Grounded Theory methods: constructivist and
objectivist. The constructivist approach postulates that data are created by the
shared experiences of the researcher, study participants, and the relationship that
they develop during the study directs analysis of the data and its interpretation
(Charmaz, 2000). Grounded theorists following the objectivist approach assume
that data exist in the world as objective facts and the researcher’s goal is to
discover these facts through the careful application of rigorous methods (Glaser &

Grounded Theory method is followed as new theoretical concepts are
discovered during data analysis or there is the need to clarify categories, the
researcher has the freedom to redirect future inquiry through ‘theoretical sampling’
(Creswell, 2003). Through constant comparison of the categories and properties,
followed up by theoretical sampling the researcher redefines categories and the interrelationships between those categories. Grounded Theory requires that the researcher take control of data collection and analysis, by looking for ideas in the data, developing new analytic questions and then returning to the field to gather focused data to fill in conceptual gaps are discovered. Consequently the ongoing simultaneous process of data collection, data analysis, theory development and modification, expansion or reframing of the research questions, and identification of threats to validity, each have an effect on the other. Thus, when using Grounded Theory the research design is something that continues during the entire study and it is very possible that the research questions presented, when a study was proposed will change and/or be added to as the study progresses over time (Maxwell, 1996).

Data Collection Procedures and Tools

Grounded Theory Data Collection Tactics

Several grounded theory tactics, were used in this research study. Analysis of data began immediately and continued to as long as the project was active. Another tactic used in order to discover wide-ranging patterns in the data, was to cultivate themes or categories and generate theory, as it became apparent from the data. During data analysis, as the presence of different basic social processes were identified the researcher was able to inductively develop theoretical frameworks through the construction of new abstract categories, which then were merged in the effort to clarify causes, current conditions, and ultimate
consequences (Strauss & Corbin, 1998). The advantage of being able to progressively focus interviews, allowed change in theoretical standings according to what information was presented by new data, giving the study ‘theoretical sensitivity’ (Glaser, 1978, 1992). Glaser and Strauss (1967) suggested, “Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research” (p. 6).

Another grounded theory tactic was to perform the coding process during data analysis. There are several steps when coding the collection of raw text; selection of relevant text, recognition of repeated ideas, discovery of themes, development of theoretical constructs, writing of the theoretical narrative, and identification of research concerns (Auerbach & Silverstein, 2003). During the coding process the researcher moved from the raw text to research concerns in small steps, each step slowly building theory. First the raw text was read and cut down into small, manageable chunks. Chunks of text were examined for content related to research concerns. Relevant text was kept for further observation and the rest of the text discarded. Examination of the relevant text across participants in the study, presented similar words and phrases used to express the same ideas. When groups of repeating ideas having something in common were discovered, they were then organized into themes. The researcher then took the themes and organized them into more complex theoretical constructs. Finally, the researcher organized the theoretical constructs into a summary of what had been learned.
about the research topic of interest, a process referred to as a theoretical narrative (Creswell, 1998).

Another tactic used by grounded theorist is combining several qualitative data collection tools; focus groups, interviewing, and document analysis. As each source of data has strengths and weaknesses, using a combination of different types of data collection tools or triangulation increases the validity of the study, as the strengths of one approach compensates for the weaknesses of another approaches (Marshall & Rossman, 1989).

**Written and Media Material**

The media plays an important role in the construction of meaning in our daily lives, to popular beliefs, and how the public responds to a social issue (Lantz & Booth, 1998; Loseke, 1999). Media refers to the major channels of communication – audio, visual or print distribution – systems that can simultaneously reach large numbers of people with the same message.

Public and media discourse can create, sustain, or dissolve a collective definition of a situation and the collective identities associated with that definition (Buechler, 2000). By collecting documents from many sources, recording interactions, and then combining this with more directive interviewing, it is possible to build up much more comprehensive ideas of the way participants’ knowledge and beliefs on a topic are organized compared to using just one source alone (Potter & Wetherell, 1987). The number of publications providing emergency procedures for disabled persons, seniors and emergency managers is voluminous.
(e.g., Florida Department of Elder Affairs, 2005; American Red Cross, 1994, 1995; National Organization on Disability, 2002; Florida Department of Health, 2003).

**Strengths and Limitations of Written and Media Materials**

Materials from the media, are beneficial in allowing the researcher to capture the widest possible variation in accounts on a social issue. The reviewing of official records provides information on actions taken by an agency, along with the agencies justification for and defense of those actions. One of the most important advantages of collecting naturalistic records and documents is the almost complete absence of researcher influence on the data. Transcripts of everyday conversations, news reports, maps, legal documents, community plans, scientific papers, letters, and official documents are features of the social fabric that the researcher has had no part in producing.

However, when using material not self-generated, the researcher must be aware, that many individuals will misuse statistical results to support their position (Patton, 2002). Patton maintains that the researcher must keep in mind that the media has a tendency to perpetuate the myths of a culture and that the media is a forum, that competing interests manipulate in their effort to gain the public's backing.

**Focus Groups**

A focus group is an interview with six to eight people simultaneous in a permissive, non-threatening environment (Krueger & Casey, 2000; Morgan, 1997).
A focus group provides information about people’s opinions, attitudes, experiences, and perspectives on a pre-selected topic in an effort to discover not only what knowledge participants have about a concept, but also how they think about it, and why they think in the particular way they do (Morgan, 1997). The goal of the focus group is ‘saturation’, or the point at which additional data collection no longer generates new understanding (Glaser & Strauss, 1967). Use of a more structured form of interview is the quickest path to saturation, helping to decrease the number of focus groups required.

**Strengths and Limitations of Focus Groups**

Focus groups can be a useful starting point for developing questions that will later be used in individual semi-structured interviews. Through focus groups the researcher can learn about people’s opinions, attitudes, experiences, and perspectives and observe interpersonal interactions on a topic. The trademark of focus groups is the use of a small group of people, to produce data and insights that would not be as accessible without group interaction, as participants respond to the comments of other group members (Morgan, 1997). During the focus group, comparisons that participants make among each other’s experiences and opinions are a valuable source of insights, into complex sets of behaviors and motivations (Morgan & Krueger, 1993). Since the researcher can direct discussion in a focus group, a large amount of data can be collected, in a limited period of time.

Focus groups do have limitations, in that they are limited to verbal behavior, in what is an unnatural social setting (Morgan & Krueger, 1993). Focus groups
provide less depth than a personal interview, on a given participants’ experiences and opinions. Since the interaction is created and managed by the researcher, one cannot be sure of how natural the interactions are. The presence of the moderator affects the behavior of the participants and the environment is not like that of sitting at the lunch table, discussing the topic. The group itself may influence the nature of the data it produces, as there is a tendency toward conformity, in which some participants withhold things that they might say in private (Morgan & Krueger, 1993).

**Semi-structured Interviews**

An in-depth interview is used, when the researcher seeks information and knowledge that cannot be obtained in surveys, informal interviewing or focus groups (Johnson, 2002). For this study the SpNP client sample could not be interviewed in focus groups, due to their lack of access to transportation, or the fact that it was difficult for them to leave their homes, due to physical limitations.

As there is a need to get the participant’s perspective of the situation under study, the use of qualitative interviews allows the researcher the opportunity for active intervention. Through the personal interview, the researcher to free to deliberately question an entire sample of people on the same issues, allowing greater comparability in responses (Potter & Wetherell, 1987). When conducting qualitative interviews researchers ask focused open-ended, questions and carefully listens to what the respondent conveys ‘so as to hear the meaning’ of what is really being communicated (Rubin & Rubin, 1995). According to Spradley
(1979), “…the qualitative interview allows the researcher the opportunity to analyze
thick descriptions of a given social world for patterns and themes used in the
development of cultural inferences” (p. 8).

There are three main types of interviews used in qualitative research: structured, semi-structured, and unstructured (Kvale, 1996). For structured interviews, predetermined questions are closed-ended and given in a strict formatted order. In a semi-structured interview, the researcher knows what questions will be asked, but they are asked in a predetermined order. Questions are not prepared for the unstructured interview and a participant’s response to one question provides the material for follow-up questions, making the process flexible.

The researcher in qualitative interviews asks three different kinds of questions: main, probing, and follow-up. Pre-developed main questions, are used to start and guide the interview. When a respondents’ answer to a main question needs to be elucidated or the researcher wants additional examples, probe question are asked. When a response to a main question presents other implications, the researcher can ask follow-up questions, to redirect the interview to gather information on the newly discovered topic (Rubin & Rubin, 1995).

The researcher conducts semi-structured interviews, when there is little information about the research topic. Semi-structured interviews, differ from structured interviews in that: (a) while a questionnaire is prepared before beginning data collection all participants in the study are not asked the same questions in the same order, (b) probe and follow-up questions are freely asked, (c) areas that the respondent have covered in answering previous questions are skipped, and (d)
data are collected and analyzed simultaneously (Gubrium & Holstein, 1997b). The semi-structured interview is different from the unstructured interview, in that there is a prepared list of questions developed before collecting data (Merton, Fiske, & Kendall, 1990).

**Strengths and Limitations of Semi-structured Interviews**

The strength of the semi-structured interview, are the opportunities it offered the interviewer for flexibility, spontaneity, and responsiveness. Questions could be personalized to deepen communication to increase the concreteness and immediacy of the interview questions (Patton, 2002). Unlike a formatted list of questions the semi-structured interview, allowed the researcher to identify and pursue topics as they emerge during the interview (Rubin & Rubin, 1995). Using a semi-structured format, the participant respondent is able to reveal themselves, by opening up and providing their perspective on the issue.

Limitations of the semi-structured interview are that there can be three possible sources of non-sampling errors, attributable to how the researcher administers the questions (Bradburn, 1983). The first of the possible non-sampling errors is due to the behavior of the respondent, as they may try to please the interviewer, by answering questions according to what they think the interviewer wants to hear. Also, the individual being interviewed may try to hide something personal from the interviewer or they could make errors in their response, due to a faulty memory.
The second and third sources of non-sampling errors are due to the actions of the researcher. The second error is the method of questionnaire administration or the sequence or wording of the questions during the interview. The third source of non-sampling error is the interviewer’s characteristics or questioning techniques, which could impede proper communication of the questions. Because different questions produce different responses, data obtained from informal conversational interviews, can be hard to pull together and analyze (Patton, 2002). It should also be noted, that semi-structured interviews are both time consuming and labor intensive and boredom and interviewer fatigue can become an issue (Bernard, 2002).

**Study Population**

For this research study participants included individuals from three different populations: stakeholders or representatives of agencies that were members of the SpNP Planning Committee, clients who were participants or their caretakers in the SpNP, and elites or directors of agencies holding membership in the SpNP Planning Committee (the stakeholder’s boss). This section provided: (1) a description of Hillsborough County, (2) information on the characteristics on the study populations for the three focus groups, (3) characteristics on the study population for the SpNP client semi-structured interviews, and (4) characteristics on the study population for the elite semi-structured interviews.
Description of Hillsborough County

One of 64 counties in Florida, Hillsborough is located in the central portion of the state along the Gulf Coast (see Figure 2). With a population of 1,133,152 in 2005, Hillsborough County is considered one of the more progressive counties in the state (U.S. Census, 2006). While English is the official language, many of the residents of Hillsborough County are Spanish-speaking, along with a number of other languages. There are three incorporated cities in Hillsborough County: Temple Terrace, Plant City and Tampa, with Tampa being the largest and the county seat. With 1,048 square miles of land and 24 square miles of inland water, Hillsborough has an unusually high number of unincorporated communities covering 909 square miles and an unusually high percentage (66.2%) of its residents living in these areas (Hillsborough County Planning Commission, 2005).
Figure 2. Map of the 64 Florida Counties, with Hillsborough Colored Red.

Characteristics of SpNP Stakeholder Population

Community stakeholders or claimsmakers were those individuals who worked for agencies in Hillsborough County that were members of the SpNP Planning Committee. They represented the disabled in the development of the SpNP or had a role to play when the evacuation plan is operational (See Appendix A). The majority of these representatives were middle to upper level management, whose job responsibilities included disaster response planning for their respective agencies. Those agencies or business in Hillsborough County, which did not provide services to the homebound and were not members of the SpNP Planning Committee, were excluded from participation in the focus groups.
Characteristics of SpNP Client Population

It is difficult to provide a reliable accurate picture of the special needs population in Hillsborough County. Registration in the SpNP was voluntary and many in the community who qualify for participation have not registered for one reason or another. It is felt that approximately one-half of the 10,000 individuals in the community who would qualify for the SpNP have actually registered. Also, those who register for the SpNP may or may not need the services for an extended period of time. Another problem, especially for those registered to be sheltered in a hospital is the high mortality rate. This makes sense, as many of these individuals have health needs serious enough, that they need services offered by a hospital.

Characteristics of Elite Population

The elites were those individuals who were directors of agencies that were members of the Hillsborough County SpNP Planning Committee, which represent the disabled or other special needs groups or had a role to play when the evacuation plan is operational (See Appendix A). The majority of these individuals were senior executives whose responsibilities include the overall operation and vision of their respective agencies. Those agencies or business in Hillsborough County, which did not provide services to the homebound and were not members of the SpNP Committee, were excluded from participation in the elite in-depth, semi-structured interviews.
As an academic endeavor and due to the rigor required for a dissertation, this research study used the more rigorous objectivist approach of Grounded Theory as proposed by Strauss and Corbin, as outlined in the second edition of their book “Basics of qualitative research: Grounded Theory procedures and techniques” (Strauss & Corbin, 1998). This study used three qualitative data collection tools: review of written and media material, focus groups, and in-depth, semi-unstructured interviews. Table 2, outlines the steps taken to collect data, for this study. The study commenced with a focus group of stakeholders in the SpNP Planning Committee. The focus group was followed by 10 semi-unstructured interviews with clients of the SpNP. After the analysis of data collected, from the first focus group and 10 interviews with SpNP clients, the second focus group with SpNP stakeholders was conducted and analyzed, followed by a second wave of 10 semi-unstructured interviews with SpNP clients. After analyzing the data from the second focus group and 10 interviews, the third and final focus group with SpNP stakeholders was conducted and analyzed, followed by the third wave of 10 semi-unstructured interviews with SpNP clients. After analysis of data, from the three stakeholder focus groups and 30 SpNP client interviews, there were 10 semi-unstructured interviews with the elite.
Table 2

Outline of Data Collection Steps for Proposed Study of the Special Needs Program.

Step 1: Review of written and media material. This is an ongoing process throughout the duration of the study.

Step 2: Stakeholder Focus Group 1.

Step 3: Random selection of 10 SpNP clients for in-depth unstructured interviews.

Step 4: Stakeholder Focus Group 2.

Step 5: Purposeful Sampling of 10 SpNP clients for in-depth unstructured interviews.

Step 6: Stakeholder Focus Group 3.

Step 7: Purposeful Sampling of 10 SpNP clients for in-depth unstructured interviews.

Step 8: Elite In-depth, Unstructured Interviews.

Written and Media Material

During this study, as part of the analysis of community discourse concerning the concept of a special needs population and the development of a SpNP, there was an on-going review of news reports, maps, legal documents, internet sites, community plans, scientific papers, and official documents. By combining documents obtained from many sources and then using this information to help
directed future interviews, it was possible to create a richer idea of the participants’ knowledge and perceptions of the SpNP.

**Stakeholder Focus Group**

The Hillsborough County EOC provided the setting, for the focus groups with the community stakeholders, who were claimsmakers for the special needs population. Permission was obtained, to use the EOC’s media room, a medium size conference room. The three focus groups were scheduled, at a date and time when the media room was available. Participants were contacted by email three weeks in advance, to request their participation (see Appendix B).

Though each of the three focus groups were designed to last 90 minutes, participants were told that the discussion would run two hours, to help cushion the disruption of the groups dynamics from either those who arrived late or those who left early. Chairs were arranged in a large circle, with the tape recorder placed on a small box, placed in the center.

All focus groups followed a semi-unstructured platform with the assistance of an interview guide. The interview guide for the first focus group was developed during the proposal stage, of this research study (Appendix B). The interview guide for the second focus group was not developed, until data from the first focus group and the first wave of SpNP client’s semi-unstructured interviews had been analyzed. The questions for the second focus group were designed, to answer those questions that came out of the analysis of the first focus group and the first wave of 10 semi-unstructured interviews with SpNP clients (Appendix C). This
was also true, for the interview guide for the third focus group, which was not
developed until data from the second focus group and the second wave of 10
semi-unstructured interviews with SpNP clients had been analyzed (Appendix D).

As participants arrived they were greeted, given a nametag, and asked to
sign a consent form (Appendix E). At this time, each participant was given a
business card, providing the researchers e-mail address and home phone number.
Since the focus groups were taped, issues of privacy were very important. At the
start of each focus group, participants were reminded that confidentiality was
important and what was said in the focus group should stay in the focus group. At
the conclusion of each focus group, participants were asked to contact the
researcher, if they had any further insights. In the event that someone wanted to
talk on a one-on-one basis, after each focus group the researcher remained in the
room, until all participants departed.

Sample Size and Participant Recruitment

To serve as a sampling frame, an updated list of members in the SpNP was
obtained from the EOC. The first focus group was conducted with HHAs that serve
the Hillsborough County area and were members of the SpNP. Only HHAs were
included in the first focus group, due to the overwhelming number of HHA agencies
represented in the SpNP and because of their face-to-face contact with the SpNP
clients. There were 53 HHAs, operating in Hillsborough County, during this study.
Ten HHAs were randomly selected from the SpNP membership list and contacted
by email, to request their participation. Those agencies reporting that they could
not participate, in the focus group, were replaced by randomly selecting another agency from the list who had not previously been contacted.

For the second and third focus groups, the remaining agencies in the sampling frame were partitioned into 9 groups or strata, so that random sampling could occur in each stratum. To protect the confidentiality of participants in this study, the agencies in these 9 strata will not be identified. One representative from each stratum was then randomly selected, to participate in the focus group. In an effort to provide voice to advocates for the special needs population, two representatives were randomly selected, from the stratum containing not for profit agencies. A total of 10 stakeholders, were invited to attend each focus group.

Recruitment for focus groups was accomplished, by emailing representatives from selected agencies and businesses involved with the SpNP and requesting their participation. The format of the email sent to all potential focus group participants, was the same except for the date and time to meet (Appendix F). Every effort was made, to ensure that both the second and third focus groups had a representative, from each stratum. Monetary incentives were not provided to focus group participants.

Non-Participation

Stakeholders declining to participate in the focus groups, were asked what their reasons were for not participating, so that they could be systematically tracked. This information was tabulated and analyzed for patterns, since the reasons given for non-participation in the study, might provide further insights.
Twenty-five HHAs were contacted before eight representatives committed to participating in the focus group. There were two main reasons given by the HHAs, for not participating in the focus groups. Most HHAs claimed that they were so short staffed, that they could not afford to send a representative. Three HHAs offered to send a representative, but it turned out that they had scheduling conflicts, which did not permit them to attend. Even the eight HHAs that were represented in the focus group, mentioned they were also short staffed and manpower was a serious problem for their agency. In the second and third focus groups, three agencies (individuals) originally selected declined to participate, due to conflicting schedules and were replaced by another random selection, from their stratum. While it was hoped that focus groups would contain 10 participants, there were two cancellations in both the second and third focus groups at the last minute, limiting the focus groups to eight participants each. Even so each stratum had at least one member participate in a focus group, except for stratum number eight, which represented suppliers and businesses.

_SpNP Client Semi-unstructured Interviews_

With three waves of 10 interviews, there were a total of 30 interviews, conducted with individuals with special needs who were registered in the SpNP. The SpNP clients were instructed to respond to questions and were asked follow-up questions, to elaborate on his or her responses. All interviews were conducted, in a setting and time, chosen by the SpNP client. All but two participants chose to be interviewed in their homes. Two participants chose to be interviewed in a
coffee shop. Before starting the interview, each SpNP client was asked to read and sign a consent form (Appendix G). After signing the consent form, participants were given 20 dollars and asked to sign a form, affirming they had received payment (Appendix H). The in-depth interviews followed a semi-unstructured format, with the assistance of an interview guide (Appendix I). The interview guide covered general topics, such as: knowledge of the SpNP, knowledge of evacuation shelters, past experiences with disasters, and how they made their evacuation decisions.

**Inclusion and Exclusion Criteria**

Participants included in the study, were those individuals with special needs, who were registered in the SpNP. If the individual with special needs was unable to communicate, in a coherent manner, their caretaker was asked to respond for them.

Those SpNP clients unable to speak English were not included in the study, due to lack of funding for translation. There was one case, where the participant spoke a little English and provided a translator, a bilingual friend and was allowed to participate in this study. Individuals with special needs living in a residential institution (nursing homes or Adult Living Facilities) were not included in the study, as Florida State laws require that these facilities have a disaster plan and management is legally responsible, for evacuating residents.
Sample Size and Participant Recruitment

Recruitment for the first 10 semi-unstructured SpNP client interviews was accomplished through random selection from the DOH’s SpNP database. It was expected that some SpNP clients would choose not to participate; therefore 30 potential participants, were selected from the database. To comply with Health Insurance Portability and Accountability Act for the protection of an individual’s right to privacy, a letter was sent to potential participants rather than contact by telephone, thus reducing the pressure to participate in the study.

Each selected participant was then sent a letter requesting his or her participation in the research study (Appendix J). A participant number placed in the upper, right hand corner of the letter, was used to identify and track potential participants. Information concerning the proposed study was provided in the letter. All potential participants were asked to call the researcher, give their participant number and state whether or not they wished to participate in the study. Those not wishing to participate were asked to call, give their participant number, and a ‘no’ response. Those who wished to participate in the study were asked to leave their participant number, their name, and a phone number so the researcher could call to arrange an interview. In order to insure that they would not be included in any future mailing, those individuals expressing a desire not to participate in the study, had their names removed from the list of potential participants. Individuals refusing to participate could only be tracked, if they voluntarily left a reason as to why they did not want to participate, in the study.
After one week, individuals not responding to the first letter were sent a second letter. If there were non-respondents, one week after the second letter, a third letter was sent. After four attempts, SpNP clients not responding were not contacted again. At this time new potential participants, were randomly selected from the SpNP database and more letters were sent out, until the quota of 10 participants was met. All interviews were conducted during daylight hours. After the interview, participants were thanked for their time, given the researcher’s business card and asked to call if they had further insight on the topic.

After the first wave of 10 SpNP clients had been interviewed and the data analyzed identifying areas of interest, future SpNP participants were selected, through theoretical sampling techniques. In the first wave of SpNP clients selected from the SpNP individuals under the age of 18 were not included. Thus, the second wave of SpNP clients included children who were assigned to Shriners, in the random sample. The third wave of SpNP clients, were selected only from individuals registered to be evacuated to a hospital, due to their being under represented in the sample interview in the first to wave of interviews (Table 3).
Table 3

Participation in the Three Waves of SpNP Client Interviews by Database Samples and Mailing.

<table>
<thead>
<tr>
<th>Client Interviews</th>
<th>Sample 1 Mailings</th>
<th>Sample 2 Mailings</th>
<th>Sample 3 Mailings</th>
<th>Sample 4 Mailings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1</td>
<td>1 1 1 1</td>
<td>2 2 1 X</td>
<td>X X X X</td>
<td>X X X X</td>
</tr>
<tr>
<td>Wave 2</td>
<td>X X X 1</td>
<td>X X X X</td>
<td>2 3 X X</td>
<td>4 X X X</td>
</tr>
<tr>
<td>Wave 3*</td>
<td>X X X X</td>
<td>X X X X</td>
<td>X X X 1</td>
<td>2 4 1 X</td>
</tr>
</tbody>
</table>

* Wave 3 of the client interviews has one participant who registered for the SpNP during the study and one participant who, though they would qualify for the program services, has never registered.

Elite Semi-structured Interviews

In-depth, semi-unstructured interviews were conducted among individuals in the positions of power in Hillsborough County. Accuracy of the researcher’s interpretation of the data, collected from the focus groups and SpNP client interviews was accomplished when the results were presented to elites in the community, who reacted to discoveries. Elites provided a second examination of the data, to help validity and reliability requirements. All interviews were conducted in the office, of the elite being interviewed. Before starting the interview, elites
were asked to read and sign a consent form (Appendix K). The elites were instructed to respond to the information presented, then probed to elaborate on their responses. Monetary incentives were not provided.

**Inclusion and Exclusion Criteria**

Elites were directors of those agencies or businesses, associated with the SpNP Planning Committee. Interviews with elites, were arranged after the all the data from the stakeholder three focus groups and the 30 SpNP client’s semi-unstructured interviews, were analyzed. This gave the elites, the opportunity to give their opinion of the results, found to that point. Those directors of agencies or business who were not stakeholders in the Hillsborough County SpNP were excluded.

**Sample Size and Participant Recruitment**

Elites chosen to participate were contacted either in person, telephone, or email and asked if they would consent to be interviewed for the study (Appendix L). A total of 10 elites were interviewed. Only one of the elites selected declined to participate in the study, saying that their workload was too heavy to participate, at that time.
Maintenance of Qualitative Data

Audiotaping

To insure richness of data, all interviews were transcribed verbatim, to make sure that the data was detailed and complex enough for a full picture. Before each focus group, SpNP client semi-unstructured interview, and elite semi-unstructured interview began and after obtaining oral consent to participate in the study, participants were asked if they would permit the use of a tape recorder. After agreeing to be tape-recorded, a small Panasonic RR-QR180 tape recorder was used, to record the interview. This digital tape recorder could hold up to 18 hours of conversation. No one refused to be audiotaped, after agreeing to be interviewed, for this study.

The researcher transcribed the audiotape recording, of all interviews and focus groups verbatim, to assist in the elimination of bias and to start generating insight into the data. Due to the time factor, a professional transcriber was used to transcribe, five SpNP client interviews and four elite interviews. Once finalized, all transcriptions were read by the researcher, while listening to the audiotapes, to ensure accuracy of transcription. After the accuracy of transcription was authenticated, the audiotapes were erased, to protect the identity of the participant and free up room on the tape recorder for future interviews.

As this study was based in Grounded Theory, the analysis of data was started immediately, after finishing the first interview and continued throughout. The ongoing collection of data, data analysis, theory development and
modification, reframing of the research questions, and identifying validity threats occurred simultaneously

Data from audiotapes, were typed into a Word Document and stored on a secured laptop computer, owned by the researcher. Access to this data on the computer was restricted, through use of a password, known only by the researcher. All interviews were erased, off the tape recorder, after transcription. All hardcopies made of the data are stored along with the individuals' Statement of Personal Consent, in a locked filing cabinet, to which only the researcher has access.

*Analysis of Qualitative Data*

After data was transcribed into a Word Document, it was entered into NVivo 7. After a review of the qualitative data analysis packages available, NVivo 7 was selected, both for its price and ability to handle a variety of data. Open, axial, selective coding process and memoing according to Strauss and Corbin (1998) was executed on the data collected.

*Management of Qualitative Data*

In the development of qualitative theory, coding is the strategy used to facilitate the comparison, of the data collected. The coding process is actually two concurrent procedures, performed by the researcher: the thoughtful reduction of data into categories and the reorganization of categories into themes, which are used in the development of theoretical concepts. During this process of exploring
the connections between the different categories of data, the researcher used a variety of lens, to expose the elaborate entwined patterns and themes of the social process under study (Morgan, 1997). It is during the coding process, that the qualitative researcher must be aware of personal biases and not code explanatory variables, in such a way that they support preconceived views or theoretical positions (King, Keohane, & Verba, 1994).

Data Analysis and Interpretation

In Grounded Theory, the unit of analysis can be a single word, a phase, a theme, or even a scenario. Each code had five parts: a name or label, a definition of the code’s meaning, the code’s ‘flag’ or description of how it was recognized in the data, any exclusion or qualification issues, and an example (Boyatzis, 1998). During the coding process, the researcher distinguished four characteristics of the content of the text: frequency, direction, intensity, and space (Boyatzis, 1998). While coding the data, the researcher: (a) studied the data then consulted the scholarly literature, (b) coded the data line-by-line, (c) defined data with active terminology to illustrate what people were doing and what was happening, and (d) executed theoretical sampling to follow leads presented by the initial coding (Glaser, 1978).

In their version of Grounded Theory methodology Strauss and Corbin (1990), provide a set of instructions on how to identify constructs by systematically developing content from data, using three modes of coding: open, axial and selective. A line-by-line analysis, open coding was the first pass through the
database, to generate initial categories and the suggested relationships among categories (Strauss & Corbin, 1998). Here initial codes or labels were assigned in a first attempt to condense the mass of data into categories, characterizing the social process being explored, referred to as preliminary concepts (Strauss & Corbin, 1990). This process, of taking a property and breaking it down into its dimensions, is referred to as ‘dimensionalization’ (Strauss & Corbin, 1990, p. 61).

Focusing less on raw data and more on the preliminary concepts produced by open coding, axial coding provides a collection of actions, whereby data was reorganized by the identification of existing links between categories and subcategories (Strauss & Corbin, 1990). These subcategories include: conditions that produce the category, the context in which the subcategory was rooted, the approach by which it was handled, managed, carried out; and the consequences of using those strategies (Strauss & Corbin, 1990). During axial coding, the researcher started organizing ideas and themes and identified the relationships, linkages and clusters of key concepts and categories (Kelle, 1995).

After the application of axial coding there was a need to start the development of a theoretical model to visually portray the interrelationships of the different categories formed. By identifying and validating one category’s relationship with other categories, selective coding helped to expand categories, as the researcher attempted to adjust the study around a core category (Kelle, 1995). Memoing was a principal technique used for recording identified relationships between themes. Three types of memos have been identified: code notes, theory notes and operational notes (Strauss & Corbin, 1990, p. 18). Code notes, were
used, to describe the concepts discovered during data analysis. The researcher, to summarize ideas concerning what was happening with the data, developed theory notes. Finally, operational notes were about practical matters.

Content analysis was an analytic step that provided the groundwork, for a more rigorous examination of the material, identified by the selective coding process. The determination as to when it was time to stop collecting and processing data, was made according to the four criteria proposed by Lincoln and Guba (1985): exhaustion of sources; saturation of categories, emergence of regularities, and overextension.

Rigor in Qualitative Research

In qualitative research ‘rigor’, refers to the systematic approach to the research study and credibility was enhanced through the application of rigorous techniques and methods, which resulted in the collection of high-quality reliable data (Patton, 1999). The researcher established procedures that would leave a clear trail, allowing others to know with reasonable precision how and why decisions were made, at each stage of the study. In qualitative research, the studies rigor will be determined by principles of reflexivity, validity, reliability, and transferability.

Reflexivity

In a qualitative study, “research design should be a reflexive process operating through every stage of a project” (Hammersley & Atkinson, 1983, p. 28).
To be reflexive, the researcher has to understand what they know, how they know it, and take ownership of their perspectives; these preconceptions are not biases, unless the researcher fails to mention them (Malterud, 2001). At each stage of the research process the effect of the researcher’s presence was assessed and recorded. These audit trails traced the conceptual development of the study, as it develops from raw data, through data reduction, analysis, and reconstruction (Grbich, 1999). Praxis was obtained by the researcher acting in the world with an overall appreciation for and recognition of how his actions inherently express social, political, and moral values that were developed over a lifetime (Schwandt, 2000).

Validity

In qualitative studies, researcher bias poses two serious threats to the validity of conclusions: selecting data that fits existing theory or preconceptions, and the selection of data that stand out to the researcher (Miles & Huberman, 1994). Four guidelines have been presented, to help the researcher gather quality data (King, Keohane, & Verba, 1994, p. 23-26). The first guideline required, the researcher to honestly and accurately record the methods, used in generating data. The second guideline promoted the researcher, to collect data in as many diverse situations (contexts), as possible. Each different situation, found to support the theory increases the power of the explanation, of the results. Guideline three, was for the researcher to maximize the validity of the measures, with the intent to insure they measure what they think is being measuring. The fourth guideline,
was that from the write-up of the data collection procedures, other researchers should be able to replicate the data collection and thereby track the logical used by the researcher, in developing theoretical conclusions.

The influence of the researcher, on the setting or individuals studied, was a problem known as reactivity (Hammersley & Atkinson, 1983). The researcher made an effort, to understand the influence of his very presence on what the informant said, and how this affects the validity of the inferences drawn from the interview. To help control for reactivity in the interviews the researcher did not ask leading questions but instead ask only open-ended questions. The goal was not to eliminate the influence of the presence of the researcher, but to understand it and to use it productively.

Triangulation was the process used, to combine of methods to collect information, from an assorted selection of individuals and settings (Fielding & Fielding, 1986). The goal of triangulating methods was to increase the validity of the reported findings, from the different methods used, by offsetting bias and measurement error through congruence or the consistency of results (Greene & McClintock, 1985).

To help insure validity of the results, all rival hypotheses to the study were examined, to dispute plausible alternative explanations to the results of the study (Maxwell, 1996). Validity can be improved and the researcher can better understand patterns and trends, by taking into consideration the negative cases, not fitting the model. Analysis of negative cases was very useful, during the process of modifying hypotheses and conclusions (Patton, 2002). Once a model
started to develop, the understanding of patterns and trends, were expanded by investigating negative cases not fitting the model.

Reliability

Reliability or trustworthiness was a qualitative concept used as a substitute for many design and measurement issues associated with quantitative techniques (Lincoln & Guba, 1985). Collectively four criteria (credibility, transferability, dependability, confirmability), were combined to determine the level of trustworthiness of the results of this inquiry.

Reliability of results was also insured, by many of the techniques used to insure validity such as: use of triangulation techniques, key-informant or elite debriefing, negative case analysis, and the development of rich data by providing a detailed description of all information. Elite debriefing and negative case analysis helped to perform a confirmability audit to attest that the findings and interpretations were supported by the data and were internally consistent. Finally the keeping of a reflexive journal, a daily diary, helped with a dependability audit where the appropriateness of inquiry decisions and methodological shifts were discussed.

Transferability

Transferability was related to external validity and to generalizability. While internal validity, was being able to generalize within a group or setting; external validity is the ability, to generalize the results of a study to other persons, settings
and times (Charmaz, 2002). Transferability of qualitative studies helps the
development of a theory, which can be extended to other cases. Triangulation of
data collection tools, in a study of a communities program helps, increase the
transferability of results to other communities

Patton (2002), states that triangulated reflexive inquiry involves three sets of
questions. First, self-reflexivity challenges the researcher to reflect on personal
epistemologies, the ways knowledge was understood and how knowledge was
constructed. Second, there should be reflexivity about the epistemologies of those
individuals being studied. And finally, there should be reflexivity about the
epistemologies of those who will review and evaluate the research findings, the
audience.

Before each interview and focus group, the confidentiality policy was
reviewed, with all participants verbally. Participants were then asked to review the
Informed Consent Form, approved by the University of South Florida’s Internal
Review Board. All participants were given the opportunity, to ask any questions
about the consent form and express any concerns about participating in the study,
which they might have. Participants were asked to sign the informed consent form,
before proceeding with the interview. To further ensure confidentiality all
information such as names, addresses, data and demographic information was
stripped of any identifiers that would aide in the identification of the interviewees.
CHAPTER IV:

RESULTS

Introduction

The purpose of this qualitative study was to develop a model, explaining how Hillsborough County, Florida developed a program addressing the community’s special needs population, in the event of an evacuation for a hurricane. This chapter describes the results and is divided into four sections. Beginning with a historical overview of the Hillsborough County’s SpNP, which lead to the development of current procedures, policies, and resources. The second section provides a detailed qualitative analysis of the three focus groups, where 24 stakeholders in the SpNP describe their agencies roles in the program and organizational and personal collaboration; identifies barriers to program development; and provides interpretations of what characteristics describe the development of the programs. The third section analyzes data collected from 30 semi-structured interviews, with clients registered in the SpNP. Section four of this chapter, describes the results of 10 semi-structured interviews with elites or directors of agencies active in the SpNP.

To help enrich the information provided in this section, a comprehensive depiction of the qualitative data collected, from focus groups and interviews with
SpNP clients and elites will be provided. Throughout each section, “italics” are used to distinguish commentary, taken verbatim from participants in this study. Where appropriate, field notes are also provided verbatim. Field notes are identified by a title, the date written and will appear as indented, single-spaced text.

History of the Hillsborough County Special Needs Program

Information for this section was obtained, by piecing together fragments of stories told by people who worked the shelters during Hurricane Elena, research articles written on the topic, and current information found in the Hillsborough County SpNP Handbook. In 1985, with Hurricane Elena hovering in the nearby Gulf of Mexico Hillsborough County had no procedures in their emergency plans to care for evacuees, with special medical needs. People came to ARC shelters with numerous medical issues, ranging from needing help with personal care and hygiene, to requiring electricity for medical equipment and oxygen. Currently, as in 1985, ARC shelters located in Hillsborough County are only equipped to provide shelter to people, capable of self-care or have brought a personal caregiver. There are no cots, no medical supplies, and no generators to guarantee of access to a continuous supply of electricity. ARC shelters then as now are usually located at county schools, staffed by the school’s janitor, security person, and the principal trained by ARC as a shelter manager.

Soon after Hurricane Elena, state laws were passed requiring county EOCs to keep records of individuals, with special medical needs. The laws did not mandate how EOCs should prepare to provide for the needs of vulnerable
residents, nor did the laws provide information as to what qualified a person as having special medical needs. In Hillsborough County, a grass roots effort evolved at the community level and working with county agencies, a SpNP was developed. The plan was operational through the Hillsborough County’s EOC. In 1987, a means of registration was developed and an effort was made to register people in the community whose condition was not serious enough for admittance to a hospital, but whose condition could not be handled at a typical ARC shelter. With a lack of funding and no direction, SpNP registrations were kept in a file drawer at the EOC.

The initial legislation was vaguely written and under-funded and legislation, has yet, to indicate inclusion criteria for SpNP participants or the minimum program criteria. Each county was left to develop their own program, purchase their own equipment, and provide operational funding. Consequently, there is no consistency between county plans; ranging from no plan, to what is considered to be a model plan for the country.

In 1992, Hurricane Andrew devastated the southeast section of Florida around Homestead, located just south of Miami. Again ARC shelters were unprepared for the influx of people with special medical needs. There was no plan for dealing with the aftermath of the storm, and the need for sheltering and meeting medical needs. As a result, the state passed another law requiring counties to not only to register people and make lists, but to actually have resources to provide for their care. At first Hillsborough County tried to get the ARC to provide the shelters,
but for liability reasons, ARC chose not to staff SpNSs. Thus, the county became responsible.

May 22, 2007
There seems to be a large gap in institutional memory, concerning the Hillsborough County SpNP, from 1987 to 1993. During this period, no major hurricanes threatened Florida. Disaster amnesia seems to have set in and the SpNP kind of just fell by the wayside. No documentation can be found on the program, during these seven years. Hurricane Andrew and the problems it created for the elderly and persons with disabilities, once again brought forth to public attention, the issue of sheltering people with special medical needs.

In 1993, the EOC hired a new planner who was assigned as part of his duties, the management of the SpNP. The new planner found about 5,000 registration forms, stashed away in a desk drawer. Only 40 people had actually been assigned to shelters, a task assigned to the Hillsborough County DOH. A volunteer was found to help start a database and the registration forms were simplified, making them easier to complete. The volunteer spent a year, calling the over 5,000 registrants, to ascertain who was still in need of the services. About half the people registered, were deceased or could not be located and were removed from the list.

At the time the DOH personnel were assigned to staff the three facilities used as SpNSs. The University of South Florida’s (USF) College of Public Health (COPH) offered to provide volunteer staff for a SpNS located on campus. In 1994, Hillsborough County evacuated for Tropical Storm Gordon, which while causing little physical damage to the area highlighted many weaknesses in the SpNP such as lack of medical supplies, medical personnel, generators, proper shelters, lack of clear eligibility guidelines and lack of cots. Soon after in 1994, the DOH reported
that they would only provide six nurses, who would serve as shelter managers. Two nurses were assigned, each working 12 hour shifts for each of the three shelters that would hold up to a combined total of 4,000 people. The local HHAs, Dialysis Agencies and Hospice were approached and asked if they would provide staff to the SpNS. Only Hospice stepped up and offered to move their command center, into one of the shelters. The COPH also made a commitment, to recruit more students, to staff the shelters. Arrangements were made with local hospitals and nursing homes to shelter those individuals who conditions required medical attention, not available in the SpNS, or who were obese and because of their weight had to be placed on a hospital bed.

For several years, the EOC struggled to staff the SpNSs. Hospice took care of their clients, but other special needs evacuees were placed in a shelter staffed only with a nurse from the DOH, a handful of students from the COPH, and a few COPH professors who happened to be registered nurses. SpNSs were opened once in 1994 for Tropical Storm Gordon, twice in 1995 for Hurricane Eric and Tropical Storm Jerry, once in 2000 for Hurricane Gordon (tropical storm names are kept until they are used to name what becomes a hurricane that makes landfall), once in 2001 for Tropical Storm Gabrielle, and then three times in 2004 for Hurricanes Charley, Frances, and Jeanne.

The arrangement with the COPH slowly fell apart, as it became difficult to get students or any student from USF to volunteer. Representative of fraternities and sororities, as well as, student representatives and professors from Gerontology, Psychology, Social Work, Nursing, and Medicine programs were
asked by a COPH student representative to volunteer to work in the SpNS. In 2000, the only volunteers for Hurricane Gordon were personal friends of the COPH student representative.

November 18, 2007
As the COPH student representative to the SpNP I was out of the country and actually had my return flight into Tampa cancelled by Hurricane Gabrielle in 2001. The SpNS was opened for only a Category 1 evacuation. It is my understanding that only a couple of volunteers showed up, but luckily neither did many evacuees.

After Tropical Storm Gabrielle the DOH decided that they would again provide personnel to staff the shelters, this commitment was tested the next year 2004 with evacuations for three hurricanes. After Hurricane Charles created a special needs crisis in southern Florida, the state legislation mandated that DOH take over management of every county SpNS. After the 2004 hurricane season, it was apparent that the County EOCs were under staffed and not properly trained, to manage SpNSs.

June 02, 2006
The researcher had the privilege of working the storms in 1995, 2000, and 2004. This gave me the opportunity to observe shelter operations six times. The first three times, the SpNS at USF was only able to operate due to the efforts of volunteer students from the COPH and several COPH professors who were registered nurses. There was little assistance from the DOH, other than two nurses who took turns managing the shelter and there was no assistance from any other agencies other than the Area Agency on Aging, which provided someone to help register people as they arrived. In 2004, I saw vast improvement in staffing the shelter, as the DOH stepped up. Staffing improved with each of the three hurricanes. One issue I would mention here is that Hillsborough County was spared a direct hit by hurricanes over the years and many people began to believe that the evacuations were unnecessary. This was truly an issue in 2004 with the three evacuations. For the first evacuation the SpNS at the Sun Dome was packed and the upstairs area had to be utilized. During the second evacuation, about half that number evacuated and about half of that number evacuated for the third hurricane, as apathy set in. There would have been major problems, if Hillsborough County had experienced a direct hit during
Hurricane, as many people with special medical needs were sheltering in the community.

In both 2004 and 2005 Florida was hit by four hurricanes, creating corridors of destruction that crisscrossed the State of Florida sparing Hillsborough County, except for some power outage. One of the 2005 hurricanes that hit Florida was Katrina, which went on to create great damage in Louisiana and Mississippi. After these events, interest peaked in the SpNP and agency representation greatly increased. Currently, stakeholders in the SpNP include local, state, and federal government agencies advocates, adult living communities, individuals with special needs, disability groups, not-for-profits (NFP), private businesses (utilities and transportation), health care agencies, HHAs and hospitals (See Appendix A). The 2006 and 2007 hurricane seasons, produced no hurricanes that made landfall in the U.S. As a result, fewer and fewer agency representatives are attending the SpNP meetings. This is especially true, of many of the small NFPs. But the program continued to grow, adding an Americans with Disability Act (ADA) subcommittee and has address training issues on serving the needs of persons with disabilities.

Over the years as money became available, the EOC bought resources for the three SpNSs. Facilities have been, with more wind resistant material and have been connected to large generators, to insure a constant supply of electricity. More equipment such as medical cots, disposable blankets, and medical supplies has been purchased. The new cots purchased are of a better designed more accommodating to today’s body style, adjustable to a 45-degree slant, and able to
hold a person weighting up to 250 pounds. Much of the money used to purchase supplies for the SpNSs, was obtained thru Homeland Security Grants.

**Stakeholder’s Focus Groups**

**Focus Group 1**

The participants in the first focus group, were all representatives from HHAs, which provided services in Hillsborough County and are members of the SpNP. Of the 53 different HHAs registered in Hillsborough County, 20 were contacted before 10 agencies, agreed to send a participant. Those 10 HHAs who declined to participate in the focus group, explained that they could not send a representative, due to a current shortage of staff and consequently did not have anyone available to be interviewed.

Two of the 10 HHA participants who did agree to participate, called at the last minute canceling, also due to shortage of staff. Of the eight HHA representatives who participated in the focus group, all were Caucasian (See Appendix M). Two participants were Hispanic, one of whom was the only male, in the group. The job titles of the participants were: three Social Workers, two Directors of Nursing, a Director of Patient Services, a Clinical Director, and a HHA owner. The age of the participants ranged, from mid-forties to early sixties.

When asked to describe how the community identifies the criteria that must be met for enrollment in the SpNP, participants identified most of the medical needs that qualified a person to be admitted into a SpNS, or if necessary a hospital. All participants realized that one of their roles as HHAs, was to register
people, for the program. Only two participants, were able to identify the differences between an ARC shelter and a SpNS, which is operated by the EOC. Only one of the participants knew that ARC, had no part in staffing SpNSs.

Much concern was expressed, for their "patients" in the event of a large evacuation, because of the lack of "special needs beds" in the shelters. Expressing feelings of responsibility for their patients, participants felt that as health care workers they were presented with a "moral dilemma". What do you do with patients who do not qualify for the program? "Do we take them home with us?" This fear is based on the fact that every person who registers for the SpNP is not accepted into the program, as they do not meet the qualifications. These individuals may still need personal care, assistance transferring from a wheelchair, or a special bed, resources not available in ARC shelters. In fact, there are more people registered in the SpNP than there are special beds or cots, available in the shelters.

May 30, 2006

It is unrealistic to expect any county government, to have in reserve enough "special needs beds" to accommodate everyone in the community, in a mass evacuation. Not only would the beds be expensive, where would you store everything? Because of high humidity the mattress, pillows and sheets would have to be stored in a climate-controlled environment.

One participant expressed concern that the county, had not properly addressed the issue of dialysis residents, because they only made plans to ensure that everyone received dialysis during the days leading up to evacuation. "We did not talk about, if these residents were going to have to be off of their dialysis for a week or longer". Participants expressed, they felt dialysis centers, were not addressing the issue. A representative of Network 7, a national dialysis advocacy
group, discusses this issue in more detail in a later focus group. Currently in Hillsborough County, all dialysis patients registered in the SpNP are assigned to the SpNS, located at the Sun Dome or a hospital. As of November 5, 2007 there were 506 dialysis patients, out of the 3,951 individuals, registered with the SpNP.

November 29, 2006
Truth is, the State of Florida still has not defined what criteria constitutes special needs and have left it up to each county to determine who qualifies for it’s SpNP. As a result, the services provided between counties differ. Many HHAs provide services to more than one county and their service providers, may not be aware, as to what services each county provide. In Hillsborough County, all dialysis patients who apply are accepted into the program and are assigned to one SpNS, the Sun Dome, which is located near several dialysis centers.

Participants reported that some of their patients would need transportation to a SpNS and wondered what arrangements were in place. The participant whose HHA operated an adult community stated that Hillsborough County sends a bus to their facility, to transport patients. When finding out that reporting to work during an evacuation was in the job description of county bus drivers, one participant replied, “So we are talking about our general public and we are asking them to leave their families?” A participant responded by saying that workers jobs were dependent on their reporting to work, during an emergency. Several of the other participants expressed surprise at this point, as this was not the policy at their agencies. When asked how they managed to get their workers to show up, they were informed, that arrangements were also made to shelter and feed the worker’s family. When probed about what was done about pets, the participant stated that workers were responsible, to make alternative arrangements to shelter their pets.
It turned out, that the HHA that required their staff to work disasters, was affiliated with an Adult Living Facility (ALF). This ALF, recently built a new building that is considered, the strongest building in Hillsborough County. Because of their experiences in taking their residents to SpNSs and ARC shelters in the past, they felt it was in their best interest to build their own shelter. “A big reason why we built our own building, was because you take the elderly out of their environment they psychologically get extremely confused and hostile, become extremely anxious, they begin to wonder”. Representatives of the other HHAs expressed how great it was, that the staff went to the shelters, with the patients.

Some of the HHA expressed concerns, about mandating that their nurses staff shelters, during an evacuation. For example, the HHA nurse may be a single parent and have children or parents who need to be cared for, while she was working. Yet there was no procedure for taking care of the nurse’s dependents, while she worked at a shelter. As one participant replied, “And I accept my responsibility and what I have to do, but you know most nurses are women and it is just one more thing that they expect us to have to do. Ok let’s divide you again and see who comes up first? Do you care about these people? Do you care about your family? Who do you care about? You know, what are you going to do? And the bottom line is that it is always going to come down to women to split and make the choice, between their job and their family”. All female participants in the focus group expressed feelings of being: frustrated, overwhelmed, overworked, and underappreciated. The only male participant kept quiet, during this discussion.
There was general agreement, among the six participants who were managers or owner of HHAs that they would be working, because of their positions, but felt they really could not require their employees to work for a variety of reasons. “I tell you when I was a mom and had young kids there was no way in the world you could convince me to either drop my child into a situation like that, nor would I have left my child at home and walked into a situation like that. Now that my child has grown and that my husband will not leave the house, because of the dogs and he understands, that there is no way in the world I can leave my job or my patients and he has accepted that. He is not happy about that, but he accepts it. And I accept my responsibility and what I have to do”.

“The other issue that I bring up is, if you are going to have a situation where you are going to say to people you must do this and you can bring your family – who is going to take care of the kids, while they are over there taking care of the patient? There has to be some process, some structure set up, to help these caregivers. It is one problem after another. Maybe there is a solution to that”.

“I do not think we are going to know the answers until we really have to go through something”. As far as being forced to do something I do not think we will ever find the right or wrong answers to it. And the bottom line is that it is always going to come down to women, to split and make the choice between their job and their family”.

Focus group participants considered pets, to be a major issue. They knew some patients, whose pets were the one thing consistent in their life and would not evacuate, because they could not bring pets. One participant when talking about
lessons learned from past evacuation stated, “I think we learned a lot, especially with regards to the shelters accepting pets, because that was a big issue of a lot of families, was the pets”.

Another agency reported that, while it was not mandatory that employees report to work, many did and arrangements were made for both family and pets. Employees were required to bring pets in a cage and supply their own pet food. Two HHAs reported that providing for family and pets, helped to decrease employee turnover rates after an evacuation, an action that saved the agency money.

Another issue raised by the HHA was the tracking of the patients. Concern was expressed, that individuals signed up may no longer be their patients and may move. They were worried these individuals were not being tracked and might fall through the cracks, in an evacuation. Consequently, these individuals may be forced to shelter in an environment, not safe from the power of a hurricane.

The next question asked of the focus group was: “What social norms and values determine who get services and which needs are met by the SpNP?” One of the respondents replied, “There was a discussion by somebody and probably a group of people in the county government within the medical community, there was probably some joint decision that people were worth saving and so they put the process in place and got the facilities in place to do that”. Another participant said that she believed, “… caring is the primary value. Caring for people. Bring your sick and needy”.

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The group discussed how the destruction caused by Hurricane Katrina forced not only their agencies, but also whole communities to address plans for caring for people with special needs, in an emergency. The group seemed to come to a consensus that “denial”, was a major issue in accounting for why people did not evacuate, when requested. This was especially felt to be true, in New Orleans where people believed that the levies would hold back the water, as they had in the past.

Several in the group admitted that many people in the community didn’t learn the lessons of Katrina; believing that unless a person had directly experienced the effects of a direct hit by a major hurricane, it is difficult to imagine the destruction. As one participant put it, “But we are getting flooded with so many people that were never exposed to a hurricane that think, oh really, its party time”. Now the county’s population is estimated to be 1,177,060 (Hillsborough County Government, 2007). With an increase in population, development, and with over 40,000 mobile homes in Hillsborough County, a major storm like Camille or Katrina will be catastrophic.

As a group, the participants believed that if a Hurricane Katrina hit Florida we would be better prepared as a state, because our communities have developed evacuation plans. In 2004, many communities in Florida had to address their plans, due to the four hurricanes that landed that year. It was felt that Hillsborough County, really had its plans tested and they agreed that there was room for refinement. One plan brought up, was the Medical Watch Program run by the Tampa Electric Company (TECO), which implements a priority system. If you have
medical needs requiring electricity, you would be on a priority list, to have electricity turn back on after a power outage. An application is sent out once a year, with a monthly bill. None of the participants had ever seen one with their bill, because as most people, they throw out the excess paperwork and just address the statement. Several Participants complained, about difficulties contacting TECO to get forms and believed that being signed up does not guarantee services will be received, thus making the program ineffective.

When probed if they had tried to access the information over the Internet, several of the participants expressed anger. “Why do we always have to presume that the computer, is going to solve the problem?” Another replied that the state is doing that now with Medicaid forms. “You need to apply online. They do not have workers to work with you”. Another participant replied, “… and three-fourths of the people that need it, don’t know how to work a computer. Let alone recognize it from the TV”.

A major issue addressed by the HHAs, was that they all knew there were many people in the community, not receiving assistance from some agency and a lot of them would have no clue what to do in an emergency. It was felt that the community or the state, needed to “identify the special needs population” to get an understanding, of just how big the issue is.

When asked what are the responsibilities of the HHA during an evacuation, every agency responded that they have a plan for tracking the whereabouts of all their clients, before and after a storm. “We call every one of our patients and ask if
they need help in evacuation. Where they are going to be, a number where we can reach them”.

When asked the question: “As a Home Health Agency representative, what have been your experiences with the special needs program, in this county?” One participant stated, “… we did not have to do this in past years. This is my first year of experience”. The remainder of the participants expressed that over the years, they had a good working relationship with the EOC and they had attended SpNP meetings, in the past. Agencies participating in the SpNP, reported that this on-going interaction with the EOC and other agencies involved in the SpNP, had helped their agencies to improve their Emergency Operating Procedures. “You get the notices of what is happening. Where things were going. How much time you had. What level they were at. And if we had plans, what we would do at each level that came out. You acted on each of those levels”.

When probed as to their experiences with working with emergency management in other counties, all the agencies reported that they had had very little contact with emergency management, in the other counties. One agency representative reported that her only involvement with another county was in 1985, during Elena, when she opened a shelter with no plan. She said, “… I put my foot down when they walked in with a patient on a stretcher, with an IV going and fully catheterized. I said go to the hospital. I think I sent six to the hospital”.

June12, 2006
It is known that over the years HHAs have resisted EOC requests, to provide nurses to help staff the SpNS. All but one HHA has refused, even though the county has offered to provide reimbursement for the nurse’s time, as well as, covering all insurance liabilities.
When asked about House Bill 7149, which would require HHAs to provide nurses to those shelters to which their clients evacuated, it was met with a universal negative reaction. It was made clear, that one HHA could have one or more clients evacuate to every shelter in the county and still have the majority of their client’s sheltering elsewhere in the county, creating major manpower issues. It was made clear that there is a critical shortage of nurses and those HHAs along with other health care agencies, are fighting over nurses. The issue was also raised, that some nurses actually work for several agencies, at any given time. A suggestion was made, that each HHA licensed in the county be made responsible for staffing one or two shelters.

“I may be taking care of her clients and she may be taking care of mine, but we are not dying to try and cover all the different people. The reality is that all of my people who go to a shelter do not need 24 hour care. They may need someone to help them toilet, someone to help them keep clean and make sure they get their medicines and are feed. They do not need one person concentrating on them at all times, and so the nurses and CNAs I send can handle more than one person”.

Responding to this comment, several of the HHA representatives expressed concerns, about legal liability issues. Many expressed concerns, that their agency or they themselves could personally be sued, if something happened. Every participant expressed fears of being sued, for not knowing another agency’s “plan of care” for the patient.
“The only potential problems with that is, say I send one of my nurses and one of your patients is on whatever legally there would have to be a disclaimer. I don’t know this person and if I touch them I might be sued. Legally, that would have to be taken care of”.

Only one of HHA represents was aware of the fact, that any nurse working at a shelter, would legally be considered a Hillsborough County employee and would fall under the county insurance program. In fact, the nurses would receive their regular pay, from the county, for their time spent in the shelters. I was surprised that only one of the representatives knew anything about the program, especially since I have seen letters sent to every HHA announcing the program for the past two years.

All of the participants agreed, that it was a good idea for each agency to adopt a shelter, by sending a nurse and a CNA. But again a participant raised the issue of liability. "The only potential problem with that is say I send one of my nurses and one of your patients is on whatever legally, there would have to be a disclaimer. I don’t know this person and if I touch them I might be sued. Legally that would have to be taken care of”.

At this time, the HHAs brought up the issue of sheltering individuals with mental health problems, who may have difficulties coping in an unfamiliar environment. They believed that this was one of the weak points, in the SpNP. The HHAs suggested, having mental health professionals stationed at the each of the shelters in the county, to help people deal with their fears of not knowing what is happening next and of losing their homes and possessions.
Past efforts to recruit volunteers with mental health training, has been difficult. Though during one of the three hurricanes in 2004 one mental health counselor did show up at the SpNS, for a few hours. But to cover all three of the SpNS in Hillsborough County and be able to rotate in eight hour shifts, would take at least 9 trained volunteers.

There is also the problem of individuals recently discharged from a hospital and do not qualify for the SpNP but they are still dealing with health problems. The hospital will not readmit them as they would not be covered by insurance thus not having time to fully recuperate the individual is not able to provide for their personal care needs in an emergency situation.

One issue brought up, was SpNP restriction that only one caregiver could accompany a person, evacuated to a SpNS. Three of the participants thought that this caused undue stress on everyone, as other family members must shelter elsewhere, splitting up the family unit. One participant reported that one of her clients had 5 kids at home and stated, “I have to get somebody to go with the client, but her kids can’t come with her”. Another participant replied, that she had a client with three kids and only she was allowed to go with her sick child to Shriners. She had to leave her other two young children with their father. One participant replied that, “I understand the human component and certainly I am in this because I care about people. But I care about all people. I care about my clients. I care about my caregivers”.

At this time one participant stated, “My understanding is that all can come to the shelter. And they can bring their pets”. While true this is information that has
not been released to the general public, too which there is a good side and a bad side. If you allow people in the SpNP to bring pets to the SpNS, then everyone in the general public will expect that they can also bring their pets to shelters for the general public, which does not accept pets. Also by not letting people in the SpNP know that they can bring their pets, they may make the decision not to evacuate thinking that they will not be able to bring their pets, when in fact they can.

Another issue raised, was the difficulty in getting patients an extra month's supply of medication, in case of an emergency. The insurance companies resist paying for extra medications and many people cannot afford to pay out-of-pocket, for back-up medications. “There is also the problem of everybody getting a months supply of if the pharmacy has the supply”. “You call your pharmacy and say hey, I need a months worth of meds. But you are not due for another 3 or 4 days. We are running into that right now with a carrier. They are afraid – Oh no you might take them all at one time”.

"Medicaid not part B will never be able to get their medicine, because they do not know who in the heck to call anymore. Have you ever tried to call Medicaid, anybody on Medicaid?” “Nobody knows who you are supposed to talk to. These people have to sign up for something Monday and they do not know what to sign up for. I am getting calls now and I cannot make the decision for you. What are they going to do?”
Focus Group 2

Participants in the second focus group, were mid-level executives and were their agency’s’ representative, to the SpNP Planning Committee. Eleven agencies were contacted, to reach a minimum of 10 participants. The one agency that declined to participate stated that there was a time conflict and a staff shortage. The day before the interview, participants were contacted, to remind them of the next day’s focus group. Representatives from two agencies called at the last minute to cancel. One explained that he had forgotten about his boss’s retirement party, which was at the same time as the focus group. The other participant who cancelled did so, due to an emergency meeting at their agency. There was no time to contact other agencies, to see if they had staff that could participate, so the focus group was conducted with eight participants.

Participants in the focus group ranged in age, from their mid-thirties to early sixties (see Appendix N). Three of the participants were male and five were female. Of the eight participants in this focus group, seven were Caucasian and one African American.

The focus group participants represented three Hillsborough County agencies, four NFP organizations, and one national agency. Three of the NFPs were national organizations and provide information and/or services to people enrolled in the SpNP. The third NFP, represented one of the three facilities utilized as a SpNS, which under normal conditions functions as an auditorium for sports, concerts, and other activities. Of the eight agencies, only two do not provide any direct service to clients of the SpNP.
When participants of the focus group were asked if they had evacuation plans for their families, only one replied that they did not. “As far as an evacuation plan goes, I am developing it currently”. Even though hurricane season was only a few weeks away, only four of the eight participants had a supply of non-perishable foods at home. Common replies were, “Food supplies are not in place yet, but that is one of the things that as you get closer to it, you start stocking up” or “I have water and I have batteries”.

When asked, if the agencies represented had developed internal detailed plans to respond to a hurricane, all participants replied that they had. Participants reported that their agency had an Employee Phone Tree, which ensured that every worker was contacted and informed of the implementation of the hurricane plan. Participant 4 replied, that their agency’s hurricane plan was, “… umpteen pages long. I am in the process of updating it now, for this year. It is very extensive, we work hand and hand with DOH and the EOC”. All agencies expect for the one, reported that they had worked with the EOC, in the development of their hurricane plans.

Upon execution of their hurricane plans, each of the six agencies that provide services contact their clients to find out what evacuation plans have been made, so that they can be located post-event. As Participant 2 replied, “We make sure that we know where all the clients are going for the disaster”. According to Participant 8, “For our patients, our plan is to start contacting those for appointment, as soon as possible, to let them know that we are closing at least on
these days and stay tuned for further information. And then to make sure that any of the new prescriptions or whatever is taken care of”.

Five of the agencies represented, provide staff for the SpNSs. Of the eight agencies represented when speaking of individuals registered in the SpNP four referred to them as patients, two referred to them as clients, and two called them people.

July 07, 2007
Those registered in the SpNP are referred to either as patients, clients, or people depending on their relationship with the agency speaking about them. For example, in the focus group all the HHA representatives referred to this population as patients. In this focus group those agencies providing health care services, also refers to this population, as clients. Meanwhile, the two NFP who provide information and referral services to this population, refer to them as clients. The two agencies, which have no real relationship with this population, call them people.

All agencies, except for two agencies, were active in registering people for the SpNP. Three of the agencies represented, while active registering people for the SpNP, do not actually provide staff to the shelter.

One agency provides staff to the SpNS, where their patients are sent, but their staff only provides care for their patients and do not assist with the care of other evacuees. Participant 4 stated, “We bring a lot of staff. We bring nurses, councilors, aides, and chaplains. We bring the gambit. And some non-clinical staff also because they can be runners, helps with getting people to the bathroom or whatever”.

One agency usually provides a social worker and a case manager to each of the three SpNSs, but they have been known not to show up, or to leave after people have been registered into the shelter. When it comes to staffing the SpNS,
the management of the facility, supplies a small staff to operate the facility and provides janitorial services. While most of the staff shelters elsewhere when the SpNS is closed, they quickly return, “… we have to get back to our day-to-day business. Cause once emergency management moves out, we have other events”.

Representatives from two agencies revealed that their focus this year, is educating people to develop alternative plans and evacuate to a public shelter, only if absolutely necessary. The emphasis being, that the SpNS is not a fine hotel and it is not the place to be, unless there is no other alternative. “It’s a life raft not a cruise ship”. One agency, helps people with disabilities put together evacuation kits appropriate for their special needs and offers training to shelter workers on disability issues critical to the health, safety and welfare of the evacuee.

The participants were asked, how their agency’s commitment to the SpNP was different or similar to sister agencies, in other counties in the State of Florida. Representing a NFP, Participant 5 replied that they were completely independent and did not work or correspond with other agencies that provide similar services. “There are other agencies in the State of Florida, but they are separate identities. We do not correspond or anything with the other agencies. So I would have no idea, how we compare”.

The representative from the SpNS, Participant 6, reported going to conferences where loss of stadium roofs was an issue. Currently the SpNS is designed to withstand a Category 3, but they are working with the EOC and Hillsborough County to get funding to retrofit the building, to the extent that it could
withstand a Category 5 hurricane. “It will support 130-140 mile per hour winds, but the Super Dome about the same thing”. They are also going after grant money, to purchase a 17-50 Kilowatt generator for the SpNS that would provide enough power to operate the facilities air-conditioning. “We do as much networking as we can. The groups that we are involved with have panels and committees and volunteer groups that share a lot of thoughts”. “We just got an EMPA grant approved for $250,000. I just went in front of the Board of County Commissioners and got $450,000. So all these different grants are adding up to this big project to come in and it will be a portable unit just a plug and go type situation”.

Participant 7 commended that his agency has sent staff to help post-hurricane rescue in other parts of Florida, Mississippi, and Louisiana. A lot of lessons-learned were brought back, particularly concerning leadership and control over NGOs, that come from places unknown set and try to make a name for there organization. Many of these NGO and animal humane groups, “… just sweep in and pick up all the little fu-fu dogs and leave the pit-bulls that nobody wants”. The suggestion was also made, that there needed to be a time-period where people can come and find their animal before they are given away. As far as comparison with other counties in the state, it was stated, “Some of the counties in the state are pretty rural, pretty – animal issues are pretty low on their agenda, but it is coming”. Currently there are State Agricultural Response Teams and Disaster Agricultural Response Teams being developed, but the two groups do not communicate with each other.
Participant 8 informed the group, that though her agency was in each of the 67 counties in Florida, they were in fact a state agency. “With that in mind we have regional public health preparedness folks, who cross-counties and they are constantly in conference with each other. During the event, there are conference calls going on between directors of the health departments, Ph.D. folks and so a lot of sharing going on”. Going on to explain that each county agency, had a different relationship with the local EOC, often dependent on how advanced the county’s emergency management system was.

Representing their patients statewide, Participant 3 retorted that the relationships between dialysis centers and local EOC varies greatly between counties. “There is all the way from won’t contact you back, to the relationship that Hillsborough County has”. This was agreed upon by several of the other representatives. According to Participant 1, whose agency works with three other counties, “There is no comparison at all. They are much behind times as far as their thinking even and their planning”. The representative went on to mention, that over the past several months, things had begun to change and most EOCs were becoming more responsive.

Participant 1 informed the group, that there were 17 similar agencies in Florida, three were awarded grants to conduct outreach to the persons with disabilities community and provide information on personal preparedness. The agency serving Hillsborough County was awarded the most money, as they are to develop in conjunction with the local ARC, a program to educate shelter workers on how to interact with and provide services to evacuees with disabilities. Also, to
be developed is a guide for persons with disabilities, as how to prepare themselves and their families to survive emergency situations.

November 20, 2007
As it turned out the author of this dissertation, was hired as a consultant to help develop the training course and the disaster preparedness guide for persons with disabilities, living in Florida. A three-hour training course was developed, for use on a statewide basis. The course was designed to be a model for training shelter volunteers and managers as to the needs of persons with disabilities, in the different Florida counties. The concept was that representatives should teach the course from the counties agencies, which would change material to reflect local policy and available resources. The preparedness guide developed for persons with disabilities was limited to those emergencies that affect Florida Residents such as hurricanes, flooding, chemical leaks, structural fires, and wildfires. The guide walks the reader through how to perform a self-assessment, of what their needs would be under every possible emergency scenario. Once identifying their needs the individual, would be educated on how to develop emergency plans of action and building personal networks for assistance needed, in the home or work environment. The guide also was designed to help people develop emergency grab-and-go bags for their place of work, car, and home.

The next question asked of the focus group was: "What effect has the last two hurricane seasons, had on your agencies policy and how does this compare to the policy, in other counties?" Participant 6 commented that because of their role as a SpNS, they had seen an increase in funds allowing them to make structural adjustment to the building, so that it could withstand stronger winds. As far as affect on policy, "I can’t imagine that it hasn’t changed everyone’s policy, thoughts and approach". The other seven participants expressed similar comments.

Participant 7 made a comment that over the past couple of years, they had learned that each hurricane brought along with it different problems, depending on its strength, amount of rain, and whether the area affected was urban or rural. Accordingly, reactions to the storms have been different they have learned
something from every storm and hopes that in future storms his agency is, “... able to bend enough to work those things out as they go”.

Several of the other agencies, that had also deployed employees to other areas post-hurricane to assist with the recovery, reported bringing back valuable lessons learned. Participant 8 stated, “As a matter of fact, a couple of weeks ago we were meeting trying to get information from folks that deployed to Mississippi and Louisiana. And some of the things we talked about, were the 800 number that we have will get flooded. If you cannot man the phone lines, then what will the employees do? So we have to take that next step. If you can't be reached, what do you do?” As a result of these lessons learned, agencies were forced to address their plans, to ensure that they did not repeat the same mistakes.

Participant 8 brought up that before someone is now hired in her agency, they are informed that working at a SpNS was part of their duties and failure to show up during an evacuation, was grounds for termination. This had also become the policy of Hillsborough County, with the three county agency representatives replying that their workers were also required to report to work, during a hurricane.

One of the NFP representatives, Participant 4, commented that employees for some time have been required to staff SpNS, but over the past couple of years a change in attitude concerning the training had occurred. “When I went around and did the training in May, which we do every year. This time they’re watching and they are learning. It is not just that you had to mandate it and you had to sit
through it. *This time they are listening, they are asking questions and so that is the biggest difference with what I’ve seen across with all of our staff*. 

One of the other representatives from a NFP, Participant 1, commented that in the past they had just closed the office as a response to a hurricane evacuation. They were now in the process of developing an internal plan, for protects equipment and office records. Also, because of the last two hurricane seasons they had changed policy, to include registering clients who were eligible to participate in the SpNP. One of the other NFPs, Participant 5, responded that they also had just developed agency plans and that the biggest change in the community served was the “shock value”. Most employees had not been through a hurricane and were affected by what they saw/heard in the media, after Hurricane Katrina.

It was revealed to participants in the focus group, that interviews with the first wave of SpNP clients, indicated that few understood how the SpNP actually worked and did not know what services were provided in the different shelters. This raised the question, as to how to better educate these individuals, on what to expect at a public shelter. All participants strongly supported, that the issue of education, was important. Participant 1 expressed, that the EOC has been doing a lot of education in the community, on the issue of what to expect in a SpNS.

Participant 8 replied, “*I cannot emphasize enough the importance of the education. It is all about empowering the patient to take responsibilities for themselves*”. To this Participant 1 replied, that part of their mission had become, the issue of trying to get people to prepare and plan. “*What do you need to bring*?
What’s important? If you’re dependent on a caregiver, trying to ensure that you got a caregiver that is going to be able to be with you”. Participant 1’s agency is educating their clients, as to what they should expect in a public shelter and stressing the importance of having an alternative plan.

Participant 5 stated that they emphasize to their clients, the importance of being prepared and have a two or three month backup supply of all medications. They try to get their clients to understand that at a public shelter, they are not going to be able to do the things you do at home, because it's totally different. Adding that many of their clients, reported seeing Hurricane Katrina evacuees in shelters on TV and this brought the issue home. To this Participant 3 replied, that they had conducted a drill at one of the local dialysis clinics and conducted some patient interviews. Expressing that, “… it was amazing after the past two years the mentality of people that someone will take care of me”. Reiterating that her agency was trying to get patients to understand, they needed to be responsible for themselves. Participant 4 supported this stating, “There is some kind of - we haven't figured it out, but if somebody does, a kind of a block. You talk to them, give them pamphlets and all kinds of you know the hurricane guides and all of that. One of the things that we have an issue with, is oxygen dependent patients and making them really understand that when that power goes out, so does their oxygen source. They think that they can just call up to a company, our company, and say bring me eight more tanks and that just is not going to happen”.

Participant 8 replied, “… education doesn’t necessarily work unless it hits you full force”. She referred to it as the “ostrich syndrome”, because most people
feel that they are not affected by the problem. “It’s the old story of it’s not raining so why fix the roof and when it’s raining I can’t get up there to fix the roof now. We have seen people that oh, I am not going to worry because somebody is going to take care of me. And you tell them that there is nobody, that’s going to take on your portion of the responsibility. Will I have everything I need packed, so if it gets bad enough I’ll leave”. Participant 1 replied that there would always be, “… people who just don’t get it. And so you have got to keep hammering. You’ve got to have a plan and that is frankly what our job is. You have got to tell them that they have got to have a plan. They’re not – a lot of these people are not going to get it on their own”.

The next question for the focus group, was why they thought that Hillsborough County had put so much effort into its SpNP. Several factors were raised, but most agreed that EOC leadership played a large role, especially when it come to networking with the agencies and trying to get all the players involved to talk on their roles. Consistency of EOC staff over the past decade was considered a positive. Participant 2 replied, “Who wants to be a Miami or a Homestead? And the percentages are that we are going to get hit. So we have got to be ready”.

Participant 5 brought up the issue, of Hillsborough County geography and the fact that inland counties had a different mindset, thinking that they would avoid the direct force of any hurricane. Participant 8 supported this, stating that being a metropolitan area, with a large population brings more funding and key players. This participant also expressed, that Hillsborough County was better prepared, partially because of its population density and the fact that it hosted a lot of theme
parks, sporting events, and other events that took planning and coordination and there was some carry over from that. Some of the rural counties, with much smaller population do not have the staff, to put the system into place. Participant 3 retorted, that it could not be entirely geography or population density as many large coastal communities in Florida, still had not developed extensive plans like Hillsborough County.

Participant 1 said that, until we actually get hit by a hurricane and have to open the shelters for an extended period of time, we do not know if Hillsborough County has a good plan. Pointing out the issue that many SpNS workers were not experienced, when it comes to working with the special needs population, he also complained that there was a lack of equipment in the shelters, especially appropriate bedding. According to Participant 1, without the proper bedding and trained personnel after a few days, there would be major issues with pressure sores.

Another issue that came out of the interviews with SpNP clients, was the media coverage of the forthcoming hurricane season and how a couple thought they were using scare tactics. Most participants responded, that the coverage was adequate and proactive in their efforts to try to get people to develop a hurricane plan. “I don’t have a problem with scare tactics. I think that sometimes they are necessary”. Everyone seemed to agree with this statement and that the media was definitely having an affect on increasing public awareness. Participant 1 stated, “I think the word education has probably come up more than anything. I
won’t say all the people, but TV is what people do these days that is people’s hobby for the most part. That is the easiest and quickest way to reach them”.

The last question of the second focus group, was how the participants thought that the SpNP could be made better. Participant 2 replied that, “Until the plan is but to task? I honestly do not know how to respond to that. I guess that we will just have to wait and see”. All of the participants made similar comments such as, “I think that until it happens we are not going to be able to plug all the holes”. It was clear, that participants believed that no amount of pre-planning or previous disaster experience with another community could completely prepare any community, for a pending disaster.

Focus Group 3

Participants in the third and final focus group were all mid-level executives, in the agencies they represented. Again 11 agencies were contacted, to reach a minimum of 10 participants, for the focus group. The one agency declining to participate in the third focus group was the same agency that could not participate, in the second focus group. Again a conflicting meeting and lack of staff was given as the reason, for not participating in the focus group.

As happened in the first two focus groups, at the last minute two participants called to cancel: one due to illness and the other to a conflicting meeting.

Agencies represented in the third focus group were: three NFPs, three county agencies, one city agency and one state agency (see Appendix O).
Four of the agencies represented, were actively involved in registering people in the SpNP. There were only two agencies in this focus group that would provide staff to the SpNS, in an evacuation of Hillsborough County for a hurricane. Two of the agencies represented, during an evacuation, would provide transportation to shelters for SpNP clients. One agency represented, does staff the public shelters. One agency, while not having direct contact with people registered in the SpNP, does help provide education to the community on the program.

Participants in the focus group ranged in age, from mid-thirties to later fifties. As in the second focus group, three of the participants were male and five were female. Of the eight participants in this focus group: two were African American, and six were Caucasian, one of Hispanic heritage.

When asked if the participant agencies had developed an internal response plan to a hurricane evacuation, the six participants required to work during an evacuation, all replied that they did. In the process of answering this question, six respondents revealed that they would be working at the EOC, during an evacuation for a hurricane. Six of the focus group participants, were assigned to represent their agencies at the EOC. During an evacuation, the EOC operates as the command center for the county, from where agencies representatives direct the actions of their personnel and use of resources.

Many of the NFPs had weak emergency plans, while two had no internal plans. The representative from one NFP, replied that she was the agency and all records were on her laptop, which she keeps with her. With a car for an office, she
was completely mobile. A second NFP was a family operation, head-quartered in Pasco with two branch offices in Hillsborough and Orange counties also had not developed an internal plan, for responding to a hurricane evacuation. As the Participant 2 explained, “… depending on where the hurricane hits, it’s pretty much come back when you can come back. We don’t have a set plan, saying ok this is what we are going to do”.

According to Participant 6, her county agency had just recently started development of their internal hurricane plan. Currently, departmental personnel had assigned roles and knew where to report during an evacuation. She went on to explain, that one of the agencies weaknesses was that there was no detailed business contingency plans, on how to prepare offices and what to do with vital records.

Participant 8 explained that her agency’s internal hurricane plan, was very mission driven in its focus, “… our agency works the shelters and we are the ones who do the going out after and doing recon in different areas. Going to different counties depending on the shape we are in”. She went on to explain, that all staff is expected to have developed plans, for caring for their families and pets. “It is just like when I was in the military. You have a job to do. We are mandated and we work in shelters, but we are supposed to make sure that our families are taken care of. You can’t work, if your families are not taken care of”.

According to Participant 3, his agency’s plan was more operational or focused on business contingency, such things as how to close offices, duties during the hurricane, and how to reopen facilities. “We also have a plan on
securing our records, storing them, getting them out of the way putting them where they are safe”. He went on to explain, that their plan did not deal with very well with what to do with employees after the storm; otherwise it was mainly operational, ignoring the human factor.

When participants were asked if they had a personal or family evacuation plan, everyone in the focus group replied that they did. But when asked if they had supplies stored, three admitted that they did not, even though it was already a full month into the 2006 hurricane season. Two participants cited financial reasons for not storing supplies and a third said, that as a worker in a SpNS food and water would be provided. Of the five participants who reported having supplies, none had their supplies collected together in a box or even in one location. Comments such as, “… as he said I have sort of stored supplies that we keep on hand at all times. And we have a propane stove and things like that we bought and stuck in the garage, so they are there. But the stuff is not in a particular box”.

Responding to the question concerning caring for families during evacuation, Participant 4 reported that this year, for the first time, a shelter has been identified for the dependents of people who worked for his agency. A school has been identified, as a place for family members to go. A school administrator, a custodian, and an ARC representative will staff the school open to the general public. Participants 5 and 8 reported that their dependents would either shelter at home or accompany them to their assigned shelter. One participant who would be expected to work during an evacuation was single and had made an arrangement for his pets to be sheltered, with his veterinarian. Two other participants who were
required to work evacuations had spouses, who would shelter at home with their families. One of the NFP representative plans to shelter with parents and another NFP representative plans to evacuate with family to a nearby ARC shelter, if necessary.

When asked what their role was with the SpNP, Participant 4 admitted that theirs was very limited and the SpNSs were staff by DOH employees. She said that they are currently working on training volunteers for public shelters on how to, “… recognize the person who’s coming in that maybe is inappropriate for a public shelter, so that they can divert them to a SpNS immediately. You know before they actually get registered and get in with the masses. At which point hopefully somebody else, picks up on the fact that they are in the wrong place”. Participant 4 then raised the issue, that part of the SpNP was plans to transport many people with disabilities requiring help with personal care to public shelters. She commented that, while the public shelters were required to meet certain ADA standards such as handicapped accessible restrooms, the shelters did not have the manpower nor were they properly trained to provide assistance to people needing help with personal care. “The criteria that has historically been in place is that a person who comes to a public shelter has got to be able to pretty much handle, take care of themselves and function independently”.

January 14, 2006
It was apparent from my interview with several people with disabilities who were registered with the SpNP and were to be transported to a public shelter, they expected there to be people available to help them. Help required, ranged from some help transporting from a wheelchair onto a cot, to help with personal hygienic needs.
Participant 6 stated that her agency’s role was to keep the public informed, with the mission of getting everybody in the community to develop and know their emergency plan. “So throughout the beginning of the season and prior to the start of the season, we are putting out information whether it’s through the county’s access channel or on the website. Or in any informational materials, printed materials urging people to register if they are a special needs situation. And we give the information as to how they can do that”.

During the focus group it was made apparent that Participant 2 was a new member of the SpNP, when she made the comment that her organization was, “…trying to do is come up with a picture that that person can put in their window and it well help people know that they need to evacuate, when the cops go by or the EMS program. We want to have some kind of picture in the window, that lets emergency response people know that they can’t hear you. They are not going to know to evacuate, unless you knock on the door”. She was surprised, when one of the other focus group participants, informed her that the SpNP had an ADA subcommittee that was already in the process of developing such a sticker. A person requiring special assistance was to place a sticker that had a six-inch in diameter red dot, on their door or a window.

January 14, 2006
This shows the problems that arise when organizations in the community don’t work together and are not aware of the activities of the SpNP. After the 2004/2005 hurricane seasons, it was made apparent that something needed to be done to solve the problem of how people with disabilities, would inform officials that they needed help evacuating in an emergency. Here a NFP and members of the SpNP independently came up with the idea of developing a sticker, which when placed on a door or in a window would inform emergency personnel that there was an individual inside, who needed assistance evacuating. If agencies do not work together in
developing a common emergency symbol, a community might end up with a number of emergency stickers, which could create confusion among emergency personnel.

The next question asked of the focus group was: “What was the effect of the last two hurricane seasons on your agency’s policy and the policy of comparable agencies in other counties?” First to respond was Participant 6, “From an agency’s standpoint, I can tell you I think that no agency wants to be known, as not having learned the lessons of Katrina. Nobody wants to make the mistakes in getting the word out to the citizens and reaching all pockets of the community”. She also explained that the storms of 2004 and 2005, highlighted weaknesses in many Hillsborough County agencies. This was especially true for her agency, which admittedly in the past had not provided emergency management with the attention and resources it deserved. She admitted her agency was probably in the middle of the pack, when it comes to comparison to similar agencies in other Florida. Because of the 2004 and 2005 hurricane seasons, where Florida was hit by eight hurricanes, there has been a shift in paradigm at her agency. “There is a lot more emphasis, placed on what is happening with emergency management and with emergency response overall”.

Participant 7 commented that she felt some other counties, were better prepared than Hillsborough County for hurricanes now, because they were recently hit by hurricanes forcing them to address identified weaknesses. Participant 8 responded that immediately after every event her agency had a “hot wash”, where they examine what worked, what did not work, and what changes needed to be made.
When Participant 8 was probed about how her agency compared to others in the state, she replied that due to their long-term relationship with the local EOC, their hurricane plan was far ahead of others. “We really had a good head start through our working with the EOC. And I don’t think other counties were as far ahead as we were. Hillsborough County I think had a giant head start on this. We were very ready for 2004”. She explained that her agency had sent workers to assist counties in the state, who had been hit by hurricanes and their plans were not as developed as ours. She also informed the group, that other states had asked if they could use their plan as a model.

Participant 1 also revealed that their agency’s plan was considered a statewide model. Although he admitted that his agency’s hurricane plan, still had some weaknesses. Post-storm issues needed to be addressed e.g., getting employees back to work and how to care for employees at work and child care issues.

According to Participant 3, 2004 was an eye opener for that agency even though there was no direct effect felt in Hillsborough County. Like several of the other agencies, his agency sent personnel to help those affected by the hurricanes. Lessons learned from hard hit areas like Punta Gorda and Arcadia, allowed his agency to observe the amount of destruction a hurricane can cause in a community. Weeks, even months after the storms people were still living in the damaged housing, many without roofs, because there was no place else for them to go.
Because of this experience, Participant 3’s agency decided that it must develop a plan, to address the issues that evolved out of their experiences in other counties. His agency worked closely with the EOC, over the past couple of years, to make sure that their plan coincided with the county’s plan. Currently, other agencies in the state are requesting Participant 3’s agency plan and it is possible that it will be used as a national model.

Participant 1 added that since Katrina the city’s transportation department had worked with Tampa Housing Authority (THA) and the EOC in the development of emergency routes, that would take buses into the grounds of public housing located in evacuation zones, so that no one is left stranded if they want to evacuate. Unlike New Orleans, every available bus in Hillsborough County would be used in the effort to evacuate people. One of the other participants asked, what would be done for those individuals living in public housing, not in an evacuation zone. Participant 3 replied that if not living in an evacuation zone THA would be asked to ‘hunker down’ and shelter-in-place. “… even if they are not in an evacuation zone, they should have a plan and should be prepared to be self-sufficient for a week”. He added that since buses would be keeping their regular routes, THA residents did have the option of riding on a bus to a public shelter.

Participant 5 commented, “That’s something that a lot of people don’t do. You need to be ready for 72 hours minimum”. Because of safety concerns for volunteers, they will not be sent into an area until it is considered safe because if a volunteer agency gets the repetition of not protecting their volunteers, soon people will not respond. Part of the problem is that local volunteers, are affected just like
everyone else in the community and it takes time to bring in volunteers from other counties and states. “Preparing to respond takes time and I don’t think that people understand that”.

Participant 4 stated that “I think we’re very, very strong and probably a lot stronger than a lot of other departments, with the caveat that we have been tested in going to other places and helping without having to deal with a situation here”.

Due to experiences in 2004 and 2005, where county personnel were sent to other locations, a great deal of experience was gained on issues related to search and rescue. They now provide tactical training to other Fire and Rescue Departments, in Florida. Because of the expertise gained by helping other communities, Hillsborough County personnel now provide tactical training to sister agencies in other counties. Although he admitted that every disaster and every city is different, Hillsborough County would have problems that were not an issue in other communities, hit by a hurricane. He added, that his main concern was communication during and after the event within the county. In past, small field events within the county, communications had been an issue and that was with the cell towers up and operating.

Participant 5 admitted that if anyone learned a lot about their weaknesses, in 2004 and 2005, it was their NFP. One of the more importance problems, was how to expand and contract their volunteer side. She spoke of the difficulty in knowing how many people would be available at any given time, because volunteers can decide not to go or leave when they want to. She admitted that part of the problem, was the agencies inflexibility when interacting with volunteers. For
example, in many cases the volunteer must go through about three days of classes before being deployed. This is a problem as many people show up wanting to go out and help immediately. When told it takes, three days of training they volunteer with someone else, who will put them to work immediately. New training programs were now being developed, so that spontaneous volunteers could be ready to go, within about a four or five-hour period.

Participant 5 also admitted, one of the other things her NFP had learned the hard way, was the importance of appropriate risk management. As an example, she said that not all volunteers have a background check done and some inappropriate people were allowed to work with the public. Also volunteers needed to have health checks, to ensure that they were physically able to accomplish their work assignment. She added that while working on the recovery effort for Katrina, one of the volunteers had to have a coronary bypass, making him part of the problem not part of the solution.

In the past, according to Participant 5, her NFP had been a very fixed culture and rigid in how they reacted to a disaster. She believes it is now understood, that a different culture develops around each disaster and the NFP is developing the flexibility to adjust to each situation. She admitted that there was a lot of resistance to change within the system, from long-term staff. “You have people, who sometimes are a little too old to think out of the box and you end up with head-butting. The two sides argue over how you can get these things accomplished”. She admitted, though the problems have been recognized by the NFP, they have not necessarily been resolved yet.
When probed as to how this NFP compared to sister NFPs in the Florida, the reply was that each NFP covers different set of needs, depending on the needs of the population in their jurisdiction. She mentioned, while at a meeting of the Florida Hospital Association, they were discussing roles and responsibilities when one representative mentioned that not every EOC has hospital or NFP representatives participate when they activate. She said that she was surprised and stated that she thought all counties had representatives from the NFPs and local hospitals, on their disaster planning committees. The response she got was, “Oh, yea. I forgot you’re in Hillsborough County and you know everybody wants to grow up and be Hillsborough County”. She added that she thought, “Around the State of Florida the planning done in Hillsborough County is highly respected and that the Tampa Bay ARC chapter’s plan was awesome and was respected nationally”.

Participant 2 admitted that in the past, her NFP had no plan and only passed on information to clients. When addressing how her agency compared to sister agencies in the state, she admitted that they had little interaction with the other NFPs. She went on to add that the few times there were interactions between the sister NFPs, conversations tended to focus around what was being charged for their services.

When probed further as to how her agency compared to other sister NFPs in the state, Participant 2, replied that despite lack of government funding her agency was internally strong. Adding, that she had never heard other agencies discuss emergency preparedness issues and could not say what the other
agencies did during hurricane evacuation. But she did know, some agencies in the state, only provided basic services to clients.

November 20, 2006
To me the fact that these sister NFPs do not communicate with each other says a lot about the services offered by this agency. It seems that they are only interested in obtaining money for their services and let their clients fend for themselves in an emergency. They then complain that their clients received no services in the shelters and demand to know why they were not asked to provide services. Of course they want to be reimbursed, at the rate of 150 dollars per hour.

The next questions asked of the participants was concerning educating the population, especially those with special needs and language issues, as to what services should and should not be expected at the shelters. In the first two waves of interviews with clients of the SpNP, it became apparent that the expectations were extremely high as to what services would be provided, especially in the public shelters. Participant 7 replied that was one of the biggest concerns, was that the message was not reaching people, who did not speak English. She called attention to fact that most people, are leery when someone knocks on the door and says, “Hi, we’re from the government and we’re here to help you”. This was especially true when addressing the migrant population where people, many of whom are undocumented, are fearful of what the government was going to do with the information.

Participant 7 added that lately there had been an increase in efforts to get the information out through respected sources such as the church, Hispanic businesses, and the Spanish media. But she added that only a few weeks ago, the Spanish media did not show up, when EOC became operational for Tropical Storm Alberto. To this, Participant 5 stated that her NFP and the EOC had
materials in the Spanish language, but the problem was locating the hidden pockets of Spanish-speaking people. Participant 6 stated that reaching the Spanish-speaking population was also a problem for her agency and they were really worried about the elderly, those who had no transportation, and people who were homebound.

According to Participant 7, in the rural areas there exists a large population of non-documented Spanish-speakers, who did not want to be identified. Many of these families have children born in the U.S., who have access to social services, but these services were not available to the undocumented adults. Often these children act as their parent’s translators, without knowing that their parents were in the country illegally.

Participant 7 went on to add that it was part of the Spanish culture, to care for your own and during an evacuation for a hurricane whole families will shelter in one home, often a trailer. “But as far as evacuating, going to a shelter? No! You wait in line for shelter. I won’t have a comfortable bed. I can’t take my espresso. I would rather stay home. It’s a shame that our pride won’t let us evacuate. They are not going to give me what I need. I have luxury at home and I’m not giving that up”. She suggested that the majority of the Spanish population were less attached to material goods and placed more emphasis on life (family, friends, and pets), than the English speaking population. So they are less affected by loss of material goods, as they would be by the loss of a pet or family member.

Participant 2 complained that at the last SpNP Planning Committee, she heard talk that the Hurricane Guide would come out in May just weeks before
Florida’s week-long sales tax break on buying hurricane supplies, the first week in June. “I am thinking that people are not going to have enough money to buy supplies and that got me heated; because I know that I wouldn’t be able to buy supplies just like that”. In response to this dilemma she developed a list of items that her clients could cheaply buy over time. “It is the first year that we have actually done anything to try and help individuals in the community”.

Participant 7 raised the issue that people on disability, get approximately 500 dollars from Social Security and around 10 dollars in food stamps each month. Which the client must cover rent, electric, telephone, and everything else. As they must ration everything, the client cannot afford to purchase food and water for future use. She added that majority do not have cars and are dependent on care from parents or children. According to Participant 7 many of her elderly clients were shut-ins and the only caregiver they see is from an HHA, who comes twice a week to clean or provide personal care.

Participant 4 suggested that a lot of people did not register for the SpNP, they did not have need of a shelter, because they had a both a plan and people to take care of them. As a consequence, he believed that there were many individuals in the community with special needs that were unknown, to the public health system. He added, “… as you know our whole population is getting bigger. There are a lot more of those folks in the community than there use to be. … have stretchers that can accommodate up to 650 pounds. That’s not to say, that it is easy to get a person that weights that much into the back of an ambulance. Both AMR “American Medical Response” a private service and Tampa Fire and Rescue,
now both have what they call a Bariatric Unit, which has that same capable stretcher. It actually has like a wrench and a ramp that can be used to pull people up. So there are specialized vehicles for that. Hillsborough County Fire and Rescue don’t have one, but are getting a hydraulic stretcher, which will help a great deal”.

Others in the group agreed that there was a need to identify the people with special needs in the community, who under normal situations do not need assistance from the community, but who may need help after a hurricane. This may be especially true, if electricity is lost for an extended period of time. To this Participant 7 replied, that a lot of people did not understand the issues, with being disabled. Emphasizing the dependency on the family, to the point where you become fearful, you might become a burden. She explained that the mentality of the person with a disability was a mixture, of embarrassment and fear. They feel embarrassment, at having to ask for help from strangers and they fear that their needs will not be met at the shelter.

Participant 7 said that many of the agencies, actually discouraged people from signing up for the SpNP, by saying that they should rely on family first. She added that families could not always be depended on to provide assistance. All of the other participants insisted that this was not the case and that they wanted people to register, even if they had no intention of using the services.

Participant 5 felt, as a whole the community did a pretty good job at getting the word out about the SpNP, but people pretty much ignore it. “You never think that it is going to happen to you, it is always going to happen to somebody else.”
It’s just the American mentality that it is not going to happen to me, it’s always somebody else. And we go on with our lives”. Most of the other participants thought more outreach was needed, to educate people. Participant 2 emphasized that many in the deaf community, will not evacuate to a shelter, unless an interpreter is always available. She then added in the deaf community many do not evacuate, because they also live in a state of denial, hoping the hurricane does not affect them.

Participant 3 pointed out that it was the responsibility of DOH, to make sure that people were educated and that his agency helps by passing on that information to residents. He stressed that his city agency, people meeting the qualifications to be in the SpNP register for the program, with the caveat that if they did not want to evacuate they did not have to. “Our philosophy is to have you register, rather than have you not registered at all. At least we know who they are and that they are registered. And it becomes their decision whether or not to go. But then nobody can come back to us and say you didn’t register so-and-so”. He added, his agency went to the point of helping to fill out the paperwork and faxing it to the DOH.

Participant 8 replied that locally the DOH does not do a lot of education, as that was the function of the state office, in Tallahassee. In Hillsborough County, once a person is registered with the SpNP they are sent a list of items they should bring to a SpNS, but the same service is not provided to people not accepted into the program or assigned to public shelters or hospitals. She went on to add that the issue was not education, but rather it was convincing people to plan. To
support her point, she referred to that whenever a hurricane appears to be headed for the Tampa Bay area, the registration forms for the SpNP suddenly pour in. “It is not like people do not know about the program, it is just a level of compliancy, until they feel directly threatened”. The whole group expressed frustration, at getting the special needs population to register and prepare for evacuations. “You can talk to them till the cows come home, but if they aren’t motivated to act on it, it ain’t gonna happen”.

Participant 8 stated “We try to tell them year-round, to please register. Do not wait until the last moment, because the last minute is a bad time. That’s the time that we are getting staff together, we are preparing, and we are getting our resources together in the shelters. We are getting people out. That is not the time for us to be waiting by the fax machine, for your form to come through. You know, at that point we got to get the information to transportation. We got to get the information to whomever so they can come get you. So what is happening when we get those forms when we go to the shelter it’s like – well shoot – ok – it’s like this one doesn’t need to go to a shelter. This one goes to Red Cross shelter, needs transportation, needs, needs and you are by hand at that point. And that’s a prime time for somebody to get missed. And that is not what we want, that is not our goal. We want to take care of people”.

Participant 2 stated that she thought that using scare tactics is a good way to motivate people. To which the Participant 3 replied “Speaking of scare tactics after Katrina I was watching … I think that it was one of the fire Captains who said: People won’t evacuate and people won’t leave even though we had asked them to.
Then he came up with the tactic of telling people to take a permanent marker and write their phone number … social security numbers down on their arms so that when your body is found, they know who you are. I thought that that was a pretty good scare tactic”.

Participant 5 informed the group, that in New Orleans after Hurricane Katrina, she learned that before working with a community the cultural brokers needed to be identified and their support obtained. For instance, she mentioned that religious leaders, as what they say is taken seriously by that population. Stressing the importance of educating people as to what the conditions in a shelter will be, what they need to bring to protect themselves, and the need of developing a plan before the crisis. "Maybe what we need to do even more than education is if somehow you could teach them motivation. Even like a Dale Carnage kind of environment. Because that is really what it comes down to”.

November 23, 2006
Everyone in the group seemed frustrated with the fact that no matter how hard they try to get the word out, many people with special needs refuse to register or prepare personal plans for evacuation. How do you teach motivation? How do you motivate people to prepare for a hurricane that may not come during their lifetime? Public health has been unable to convince people to avoid high-risk behaviors (e.g., smoking, lack of exercise bad nutrition, wearing seatbelts). We still have not convinced the government to develop better mitigation steps for hurricanes (e.g., not building in flood zones, building hurricane proof buildings,)

According to Participant 5, after Hurricane Katrina, her NFP learned that some people chose not to evacuate, because of pets and farm animals. She added that service animals couldn't be turned away from public shelters, as it is against the law. But it creates a whole new step, in that there is a need to get people with service animals to pre-register for shelters. "Because we just need to
know that they are coming. Many of these individuals are self-sufficient, can take care of themselves and do not need to be placed in a SpNS. But it would sure help, if we knew that they were bringing service animals with them. The emotional service animal is another big issue”.

As the time scheduled for the focus group was about to expire, a couple of questions in the interview guide were skipped and the focus group was asked: “Why Hillsborough County put so much effort into its SpNP over the years, while some other counties have not?” To which Participant 3 replied, he believed that Hillsborough County is in the forefront of dealing with disasters and emergencies because the EOC staff, “... saw the need and are doing whatever they possibly can to meet the need”. Several other participants agreed with this and expressed the belief that Hillsborough County had some forward thinking people in emergency planning.

Participant 1 stated that he thought that the SpNP is where it is today, because of the actions of community political leaders. “That’s why we put them into office, it’s the right thing to do I guess. They have to have the foresight. One of the few things that they had the foresight on, I might add. They just didn’t have the political hit on them if things went wrong”. He added that with the EOC staff we are very lucky, because not only are they good at what they do, most have been here a really long time. “That’s what happens when you have a good staff they start working together and become eventually a really good team”.

As time was running out and people were beginning to leave, a last question was asked, concerning what they thought could be done to make the SpNP better.
Participant 3 replied that he did not know how the program could be made better, except that we should be communicating to people, that they should be registered even if they decide not to evacuate in the future. Tell them, “Nobody is coming to drag you out of your home and tell you that you have to go”. When probed as to how to communicate that to people. He replied, “I don’t know. I think aside from going door-to-door and registering everybody that has special needs. I don’t know”.

When asked how to improve the SpNP, Participant 5 replied; “What can we do better? The two of us (referring to the representative from deaf services) can get together, now that we have met each other. I think that there are some agencies that are involved who work fully with the SPNS, but I think we definitely need to have better communications”. She added that she thought that member agencies of the SpNP, needed to improve their communications with each other to improve the program.

Participant 7 suggested that if the SpNP involved more people with disabilities and respected them, as regular everyday people, then there would be more information out there. She added that the disabled community was scared. “We’re scared. We’re traumatized. You know we can’t walk like everybody else - walk and get around. We don’t have a car, how do we evacuate? You know everybody evacuated in their vehicle, what are we going to do?” To this comment Participant 5 responded, “The thing is it’s on going. We’ll never get it perfect. The other thing is that you’re managing an emergency, a catastrophic event, things will go wrong. You know nothing will ever be perfect. You’ll never get it 100 percent
right. You minimize the number of people that die, the number of people of people that get injured. You do the best that you can, with what you have and with what you’re faced with. And I think we do a good job of that. Now are we going to run a perfect emergency? I don’t know that that will happen in our lifetime. The definition of an emergency is that things are not going to go perfectly. And I think that as a society that we forget that”.

Many of the participants agreed with the statement that our society wants everything to be perfect. During a storm nobody should die and we want to be able to set in our houses, with our cable television and air-conditioning. Everyone agreed that most people in America live in a state of denial. Common comments were, “We are very spoiled and the other thing I think is we rely too much on government. I don’t have to worry about it as the government will be here in two hours and fix it for me. And it’s a mentality and I don’t know how to fix it”.

The final comment made by Participant 8 was: “The people have amnesia but the workers do not. No matter what you are going to be at that shelter, you’re going to be driving, you’re going to be doing this, you’re going to be doing that. And it’s in our face all the time. It’s part of our job. No one wants to not have learned what happened with the leadership in New Orleans and the embarrassment of the media coverage”.

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Characteristics of SpNP Clients Interviewed

SpNP Clients

The first wave of 10 interviews consisted of four participants from the first dataset; five participants from the second dataset and one participant from the third dataset (see Table 3). Of the 10 individuals who were interviewed five were male and five were female (see Appendix P). The second wave of 10 interviews consisted of one participant from the first dataset, five from the third dataset, and four from the fourth dataset (see Table 3). Of the 10 individuals who were interviewed, five were male and five were female (see Appendix Q). The third wave of 10 interviews consisted of one participant from the third dataset, seven from the fourth dataset, and two participants who were not in the SpNP database (see Table 3). Of the 10 individuals interviewed four were male and six were female (see Appendix R).

Participants interviewed consisted of, five African-Americans and twenty-five Caucasians, with six of Hispanic descent. Of those interviewed, 25 lived in an urban setting and five in a rural setting.

Nine of participants were assigned to an ARC shelter, six were assigned to a SpNS, eight were assigned to a hospital, and six were assigned to Shriners Hospital. One participant was not registered in the SpNP. Two of the participants were dialysis patients. Three of the participants were bed-bound. Six of the participants were obese. Thirteen of the participants were dependent on a wheelchair. Eleven participants were dependent on electricity. Twenty-two of the participants were interviewed directly and for four of the interviews a spouse was
In eight instances the caretaker was interviewed: one father, two spouses, two mothers, and three grandmothers.

Eleven of the participants were born in Florida, three in New York, two in Ohio, two in North Carolina, two in Puerto Rico, and one each in: California, New Jersey, New Mexico, South Carolina, Texas, Virginia, West Virginia, Wisconsin, Peru, and England (father in U.S. Air Force). Ages of the participants in the SpNP ranged, from three to mid 80s, with an average age of approximately 46 years old. The time spent in Florida ranged, from half a year to approximately 83 years, with an average of approximately 27 years. The length of time in the SpNP ranged, from six months to 13 years, with an average of approximately three years and six months.

Sixteen of the participants claimed to have a good informal support system and 11 were receiving professional care in their homes. Income estimated by value of home or rental unit found three in upper-income housing, 11 in mid-income housing, and 16 in low-income housing.

Nine participants had never experienced a natural disaster. Nine participants had experienced a hurricane. Seven participants had experienced a tornado. Six participants had experienced a flood. Two participants had experienced an earthquake. Two participants had experienced a forest fire. One participant had experienced a snowstorm. Eight of the participants falsely believed, that Hillsborough County was hit by hurricanes, in 2004. Of the 27 participants in Hillsborough County during the 2004 Hurricane Season: three
evacuated all three times, one evacuated twice, seven evacuated once, and sixteen stayed at home.

Outcomes of SpNP Client Interviews

Wave 1 SpNP Client Interviews

When participants were asked, what their past experiences with natural disasters had been, two reported that they had no direct experience. Two reported living in areas of the country as children that flooded, but the floods had not directly affected them. When Participant 10 was probed as to the how they were affected by the tornado, they responded, “It didn’t really, I was really sad to see it. But I really never saw one person hurt. I think if I had seen a person hurt, I would have been affected more so by it”.

Four participants reported their only experiences with natural disasters were in 2004, when three hurricanes hit Hillsborough County. While Hillsborough County, was skirted by three hurricanes in 2004, actual wind speeds never reached hurricane force. Still Participant 4 said, “I was scared being by myself. I sat in the hallway, with a pillow, my bible, my cell phone, and a bottle of water. I was talking, when it really got bad I was talking to my parents, in Virginia and they could actually hear the wind whipping. And the strong gusts they could hear it. If I had not had them to be talking to, I probably would have gone crazy. Because nobody could come over here and get me, because of the fact, you know, I am on a scooter. Back then, I had a bigger scooter, than I got now”.

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Participant 2 when asked about experiences with natural disasters replied, “I have seen manmade disasters in war, but as far as hurricanes … I recall a hurricane in 1939 and watched a tree fall over on the barn and a few roads clogged up. I have seen the results of hurricanes here in Florida, but have had no direct participation in any of them”. Having had a direct experience with a hurricane, this participant realized that Hillsborough County had not been hit by hurricanes in 2004.

When asked if participants had relatives in the area, only three were on their own. Participants 4, 5 and 9 lived alone, with only a small support system consisting of friends. Participants 5 and 9 evacuated to a friend’s house for the county’s first evacuation, but both sheltered in place for the following two county evacuations. During the first evacuation Participant 4 waited too long to contact her support group and they were turned back by police on their way to get her. Participant 4 also called her friends to help her during the second evacuation, but for some reason they could not come. “They could but they didn’t. I don’t know. It was quite heavy, but they had lifted it before. But ya know they got families to think about and take care of. I got invited, but unfortunately with the scooter and the ramp; they wouldn’t be able to pick me up and carry me out there into their house”. Not wanting to impose on her friends again, Participant 4 did not call them during the third evacuation and sheltered in place.

Two of the participants interviewed had a spouse or significant others, but no real support system. Participant 3 recently moved to Tampa from New York with her fiancé and they have no local support system. Participant 3 moved to
Tampa just after the 2004 hurricane season, but the other participants had their support systems tested during the three evacuations. Though living with her husband, Participant 7 has no professional support system. While living in a flood zone and ordered to evacuate in 2004, they choose to shelter in place rather than relocate to an ARC shelter, because of pets.

Five of the 10 participants not only had relatives, but a relatively strong professional support system. With parents living nearby, a friend as a roommate, and a live in caregiver, Participant 1 probably had the strongest support system. For the first hurricane evacuation he went to his parents, who live close by, but felt the storms never got close enough to evacuate again in 2004. Living with his wife in a local Adult Living Facility, Participant 2 also has a strong professional support system. They were not in an evacuation zone during the 2004 hurricane season and stayed in their apartment. Both Participants 6 and 8 have children who live nearby and provide support. Living in a trailer Participant 6 went to their daughters during the first evacuation, but did not during the next two evacuations, as the storm did not come close enough. Participant 8 does not live in an evacuation zone and did not evacuate in 2004. Severely handicapped, Participant 10 was 16 years old and is taken care of by his grandmother. While the grandmother claims that his care, “is strictly my job, my life”, there seems to be a strong support system. The grandmother’s son lives in the household and takes care of the yard, there was also a housekeeper who came twice a week and the child gets occupational, physical, and speech therapy. The grandmother evacuated
Participant 10, to the SpNS during the first evacuation in 2004, but felt that the storms did not get close enough to evacuate again.

When asked why participants needed to be registered in the SpNP, six participants reported that they were in wheelchairs and would require transportation to a shelter. Reasons for being in a wheelchair varied. Participant 1 was born with spinal bifida. Participant 4 has a serious case of rheumatoid arthritis and her bones are becoming brittle. Though she can maneuver around her small apartment Participant 5 uses a wheelchair, when she leaves the apartment. When asked why she was in the SpNP Participant 7 responded by saying, “I need help with a lot of stuff. Like, I did not learn that much in school”. When probed as to why she was in a wheelchair she did not provide an explanation. Both Participants 8 and 9 were bound to a wheelchair due to their obesity, which interfered with their ability to walk.

The fiancé of Participant 3 register her for the program due to her cognitive disabilities from a recent stroke. The fiancé realized that since they used the bus system for transportation, there was the chance that she would require assistance getting to an ARC shelter in an emergency situation and he would not be able to reach her.

The remaining Participants 2, 6, and 10 had access to transportation, but were registered in the SpNP as being dependent on oxygen required access to a continuous supply of electricity, which was available at the SpNSs. Participant 10 also needed access to electricity, for a variety of medical equipment and monitors required to keep him alive.
When questioned as to how participants learned of the existence of the SpNP, there were a variety of responses. Two of the Participants 1 and 8 were registered by HHAs. Upon moving out of his parents household Participant 1’s HHA immediately registered him for the program. Participant 8 had been wheelchair bound for almost 9 years, before she heard about the program. After witnessing the damage caused by Hurricane Katrina she expressed her fears of being stranded during a disaster to a HHA, who was treating a leg infection. The HHA registered her for the program. When asked if her doctor had ever mentioned the SpNP, she responded that he had not.

Three Participants 5, 9, and 10 were registered by social workers. Living in a housing complex for low-income seniors, Participants 5 and 9 were registered by the facility’s social worker. Participant 5 had been registered four years earlier when she moved into the facility. According to Participant 9, after the 2004 hurricanes the facilities social worker passed out applications to everyone. When the grandmother received custody of Participant 10, Florida’s Children’s Medical Services was involved and it was required that she register him for the program.

Other participants learned about the program from a variety of sources. A friend of Participant 2 told him about the SpNP. Participant 3 read about the program in the local newspaper. Participant 4 rides a bus back and forth to work and was informed of the SpNP by the bus driver. It seems after the 2004 hurricane season, HartLine developed a policy, where the bus drivers were to inform disabled passengers about the program. Participant 6 heard about the program in 2002, but he was not sure from where and admitted that it was difficult to get any
information on the program. “I just know that I called around and asked all kind of questions. I called the doctor’s office and he did not know what to tell me to do. He told me to call the Health Department. I called the Health Department and I called Tampa Electric, but they didn’t know nothing. Then I called 211, and she said how did you get this number? And I said by being nosey. If I got something to do I don’t stop till it’s done. I get all the information I can and I study it”.

When asked what the participant’s experiences were during the registration process for the SpNP, seven of the participants reported that the process had been quick and the forms easy to fill out. Two participants admitted that they could not remember the process. The caregiver for Participant 3 complained that it took several months to get a response to the application. After questioning, the application was made just after the three 2004 hurricanes, when DOH was in the process of taking over the SpNP database. This was a time when there was a lot of confusion and application turn around time was very slow, due to the large number of applications for the program.

Only one participant knew anything about the program and that was the caretaker of Participant 10, who had once evacuated to a SpNS. All the other participants knew little or nothing about the SpNP. The problem for caregiver of Participant 10 was that he has been reassigned from the Sun Dome SpNS to Shriners Hospital. Her experiences getting information on Shriners were not good. “I called Shriners. You know that I had to call three times before I got somebody to return my phone call. Three times over a three-week period before I got someone from Shriners to call me back. And even then they couldn’t answer my questions.
They did tell me to go ahead and bring my nurses with me, that we would not have a nurse from Shriners. So they did tell me that, so I said what door will we come in when we get to Shriners? They couldn’t tell me”.

Few really did not seem concerned that they had little knowledge about the SpNP. In fact, Participant 2 admitted that, “I have given very little thought to the program other than to the fact that I know it is there and it is available in case it should happen. I know that there has been some planning. How it is going to work out I have no idea as I have no experience. I have not been given an evaluation of the program nor do I desire to investigate as it is not a high priority today”. When probed as to what he would do if a hurricane were headed this way he replied, “First I would pray. Then I would get onto the Internet to find out what I could. Then I would start pulling things together”.

Only three of the 10 participants said that when called to evacuate they would respond immediately. When asked why, Participant 2 replied, “I have seen too many people who refused to go have too many problems”. The caregiver for Participant 3 said they would evacuate immediately due to the number of large oak trees that leaned over the apartment, would could fall and crush the apartment during a hurricane. Motivated by what she saw in the news coverage of Katrina, Participant 8 made clear that she would evacuate when requested by saying, “What you mean? I be trying to get to safety. What would stop me – I wouldn’t even be thinking about that. Yea, any day they come to get me I be ready to go. If it flood you know I want to go”.

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Three other participants indicated that they would not evacuate when requested, unless it really looked to them that the hurricane would make landfall in Hillsborough. Though he does not consider their older trailer to be a safe place to be in a hurricane, Participant 6 indicated that they would try to stay in their home because, “Everything we have is here. We try to stay here. If we see what we get then we stay here or we make arrangements to go somewhere – with my friends or somewhere where there is a house big enough to contain us”. When probed as to why they would not go to the SpNS, the reply was from the wife, “My husband’s fear is that if he gets around a lot of people as bad as his lungs are that he might catch a germ and be back in the hospital. He could die from it. He likes to be alone, he doesn’t like crowds, and he is kind of paranoid”. She also added “I think common sense should tell you when it is time to go. If you are a scaredy cat you need to get out of here. If you are not afraid … I was born around thunder and lightening storms and stuff. Of course that was 70 years ago and that I never was afraid of it. But down here, yea. I am afraid of it since it is more serious”.

Not evacuating in 2004 because it never flooded, Participant 7 also admitting that they would wait until the last minute. When probed as to why they would wait until the last minute they replied, “Because of the dog and the birds, they are like our kids”. Asked if they were to see on TV that the hurricane was really going to hit would they then evacuate before it starts to flood? Participant 7 responded, “Yes, but only if we could take our pets. Otherwise we would not evacuate”. It should be noted that up to this point the only other person interviewed who had a pet was Participant 8. When Participant 8 was asked about
the issue of what she would do with her dog, she replied, “A pet, no they ain’t taking. I have to leave her. I hadn’t even thought of her at that time”.

In 2003 Participant 9 went to a friend’s house for the first evacuation but sheltered-in-place for the second two evacuation orders. When asked why he responded, “…the last two storms did not look like they were going to hit us and I did not want to impose on my friend”. He then admitted that in the future he might not evacuate if it looked like the storm wasn’t going to hit us. Also following only the first evacuation request, Participant 10 explained, “It is so much to evacuate. And when you don’t know what you are headed into. Like I did not know what all those people in there had. I was so glad that we had to be on the second floor by ourselves over there. Because he has a trake and I keep him as clean as I can”. She also admitted that he needs to have nurses and it was difficult to get nurses to go with they are more interested in taking care of their own children.

Two of the participants made it clear that they planned to shelter-in-place. When asked why he would not evacuate, Participant 1 replied, “I have a comfort zone here. The house is new and I do not think that much could go wrong. It is a smaller house but then it is good to be with family during a disaster. This is my house and I think that I would feel safer in my space”. Since her older home had made it through the three hurricanes in 2004, Participant 4 felt that she would be safe sheltering-in-place during future hurricanes. When probed if she would evacuate during a Category 3 hurricane, she replied that she would think about it. Participant 4 could not be convinced that the hurricanes had actually missed Hillsborough County, in 2004.
Having a different outlook on the evacuation issue Participant 5 felt that it was useless to evacuate. “If it is your time to die, it is your time to die. It doesn’t matter if I am here or in a shelter somewhere. If it is my time to die I will. Water is going to come from everywhere, from the right, from the left, from below us and I think from above us. There is nowhere to run”. Though the truth was that being in a flood zone, it is unlikely that the management of low-income ALF she lived in, would allow residents to shelter-in-place.

Seven of the 10 participants admitted that they did not have supplies, such as food, to take with them to a shelter or use at home in an emergency. There were several reasons given and the most common was by Participant 4 who responded, “At the beginning of hurricane season, when it really begins to look like something is going to happen, that is when I start getting ready my food, and my batteries. You know, making sure my prescriptions are in plastic bags, stuff like that. But like, right now it is not necessary”. There were also several participants who admitted to having financial difficulties and were not able to purchase supplies, to be used sometime in the future. The husband of Participant 7 provided the following comment, “One reason we have not started preparing anything yet is because they took her SSI and food stamps away after we got married and I get too much money for my disability. I turn 60 next month and my military retirement kicks in. So we will be better off financially”. Participant 1 who has a live-in staff, said that he would get them to help develop of checklist of what was needed and then they would go do the shopping, something that he could not do for himself.
Only Participants 3 and 6 had the required supplies but both admitted that everything was not stored in a single location. Participant 3 said, “We have everything we need. I can just grab it and throw it into a box if we had to evacuate”. Upon questioning the caregiver of Participant 10 confirmed that she had supplies for the child but not for herself. “I had not though about us. I had everything that I needed for him, but it was really a blessing. It has always been a hard road for us and he is my first thought. I don’t always get to that second thought”.

When asked, six of the participants said that they did not have extra medications for emergencies, because their insurance company only provided only a month’s worth at a time. Both Participants 4 and 8 had extra medications, because they do not take all of their monthly allotment and have extra saved. Participant 2 gets allotments of three months medication at a time, which can be refilled 10 days, before depletion. Consequently, Participant 2 would only have a problem if the evacuation occurred just before refills could be made. Participant 6 stated that if extra medications were needed, all he would have to do was call his pharmacy and they would provide the medication.

In response to the question as to the evacuee’s responsibility when evacuating to a shelter, Participants 1 and 5 (who had no intention of evacuating) responded that they had no idea. Participants 2, 6, and 10, who have access to transportation, were in agreement that their responsibility was to gather their supplies and arrive at the shelter before the hurricane arrived. The caregiver for Participant 10 added that she would also be responsible for her grandson’s care at
the SpNS. “The focus is right there, that is the primary focus. And then I always take added responsibility to make sure that where we are at while I try to protect our things. I watch out for the area that we are in. Watch for cleanliness. Watch out for Johns to protect not only him, but people within the area”. Dependent on transportation Participants 3, 4, 8, and 9 all thought that their responsibility was to get everything together, so that when their ride arrived, they were ready to leave.

When asked what the county’s responsibilities were during an evacuation, seven participants (1, 3, 4, 5, 7, 8, and 9), responded that transportation should be provided to and from the shelters. The other three participants (2, 6 and 10), have access to transportation and would not require that service. Six participants (3, 4, 5, 7, 8, and 9), also thought the county was responsible for providing a safe environment at the shelter. According to six participants (1, 2, 3, 8, 9, and 10), the county should provide food and water in the shelters. In fact, Participant 8 asked what the county did about people who had special diets. Four of the participants (1, 2, 3, and 9), expected some kind of cot to sleep on. Participant 2 was particularly concerned about the sleeping facilities. “If we sleep on the floor they will need a lift to get me and my wife up. My wife is in a wheel chair. And while I can get up off the floor it is with great difficulty”. Only Participants 2 and 4 brought up the issue of access to electricity. Participant 2, who is assigned to a SpNS, will have access to a continuous supply of electricity. On the other hand Participant 4 is assigned to an ARC shelter, which may not have access to electricity to charge her scooter. Participant 6 thought that the county should be responsible for
communicating to people, when it was necessary to evacuate and to make sure that traffic was kept moving on the highways.

When they arrive at a county shelter, four participants (1, 3, 7, and 9), felt that they should be provided with assistance in personal care and taking medication. Since all four are assigned to an ARC shelter, this assistance will not be provided. The caretaker of Participant 3 was concerned that if she had to go to the shelter on her own, she could have problems due to her mental status. “Say I am not here and she goes by herself and she does not know what to do for herself. That she is taken care of and I do not have to worry. Just knowing that mentally she cannot do it herself and that someone will do it for her, take care of her”.

Participant 9 stated that he needed assistance getting in and out of his scooter, when going to bed or the bathroom. Participant 1 felt that in addition to personal assistance, the county was required to ensure that persons with disabilities have easy access to buildings, used as shelters. “I think if we are paying taxes we should have the benefits of our tax money. I think it is the moral and legal responsibility of the county government to care for us. They are here to help and govern over us and I think that they should be responsible. I do not think that that is too much to ask. I think that the government should help everybody that they can. Again it might take money, but if it is going to save peoples lives and enrich their lives I think it is well worth it”.

Unlike the other nine people interviewed Participant 5 had no expectation of the county, in fact, she was not sure the county should have a SpNP and that it was just a waste of a lot of money. She thought that it should be up to people to
take care of their own needs. When asked if the county should help those people who needed help getting out of their apartments, she replied, “I need help as I have no-body to help me. They should stick to people who need help. Let everyone else take care of themselves and just help them that need help”.

Other participants when asked what they thought of the SpNP, Participants 2, 4, 6, 7, and 8 thought that they did not have enough information to express an opinion about the program. As expressed by Participant 2, “I do not know much more about it than I have already told you, so I really do not have much more of an opinion on it, than I have already told you. It does seem to me that some planning has gone into the development of it and how that planning will be put into effect, I have no idea, as I have not seen it done”. The remaining participants (1, 3, 9, and 10), held positive views of the program. Most of the positive comments about the SpNP, were similar to those made by Participant 9. “It is great to have for people, for residents so that they would have a place to go to get out of the way of danger because there is going to be bad weather. It is a great thing to have in emergencies. Good Safety net”. The only person interviewed who had direct experience with an SpNS was the caregiver for Participant 10 commented, “You know I couldn’t of asked for a better thing. And I was really pleased with the way things were handled. Overall I think that it is extremely, extremely efficiently, very organized”.

When asked what the participant would change to make the SpNP better, eight participants (2, 3, 4, 5, 6, 7, 8, and 9), replied that they did not know enough about the program to give a response. Participant 2 did not seem to be very
concerned about his lack of knowledge concerning the SpNP. “I have given very little thought to the program, other than to the fact that I know it is there and it is available in case it should happen, but what the odds are I do not know. I am not one who calculates the odds even in cards. I know that there has been some planning. How it is going to work out, I have no idea as I have no experience. I have not been given an evaluation of the program nor do I desire to investigate as it is not a high priority today”. When asked what he could do to make the SpNP better, Participant 1 commented that there must be meetings and advocacy programs that he could participate in, help at, and express opinions. Only Participant 10 had any direct experience with the SpNP, stating that the intake procedure could have been handled in a more effective manner and there should be better cots to sleep on. “Keep in mind that I arrived there the next morning. The arrival was not handled very well. So in my eyes they needed to have the table manned and a set procedure for receiving people. It did not seem to happen. Maybe the evening before it happened, maybe I did not see it. Got there late and was not able to get one of the better cots. The cot that they had was very hard, when you are trying to deal with someone who weights as much, you are either on your knees or you are bending over and it is hard on the nurses”.

All participants felt that Hillsborough County developed a SpNP, because it was the responsibility of the government to care for residents. Like many of the other people interviewed, Participant 9 believed that it was the government’s responsibility to make sure what happened in Katrina never happens again. Participant 3 believed, the government was responsible to help the community’s
economically disadvantaged and that by developing a program to help these people the county was dealing with potential future problems. “So, deal with it right up front. So it doesn’t come back and bite you on the ass up the road. I mean some people care, but basically it is a liability issue. Let’s cover our butts now”. Participant 10 also believed that the SpNP was developed by the county, to avoid future litigation issues.

Seven of the participants (1, 3, 4, 6, 8, 9, and 10), suggested that Hillsborough County developed the SpNP because of the large number of people with special needs in the county. Participant 1 suggested that the program was developed to, “…help those that need more assistance in the community. I think that they saw the need and took the initiative to do something about it”. It was suggested by Participant 9 that the county was worried about the residents with special needs and developed the SpNP to improve the wellbeing of residents.

Three of the participants (4, 5, and 10) thought that because the county was located near the water there was a greater need for a SpNP, than other inland counties. Three participants (4, 6, and 7), thought that the population size of the county provided a larger tax base giving the county access to funding those smaller counties would not have. According to Participant 6, “We pay a lot in taxes so they ought to do something”.

Only two participants stated, they thought that the SpNP was developed due to local leadership. Participant 1 said, he thought that local government saw the need in the community and took the initiative to solve the problem. Participant 7
suggested, since the county has a large population and has more money to spend
it was able to hire people with “… a better head on their shoulders”.

During the interview, Participant 5 raised the issue of the local news
coverage prior to the hurricane season. “Before hurricane season even starts they
start warning everyone about this and that. Telling us you had better start
preparing. Get people worried, before anything happens. Why do they do that?
Every night on the news, they talk about hurricanes, it just worries people”. When
asked why she thought they had so much coverage before the hurricane season
she replied, “Because they trying to get people to prepare. If it happens it
happens. If it don’t, it don’t. If I got to go, I got to go. Why keep on and on? Trying
to scare people. There should be a better way of telling people”. The caregiver for
Participant 10 agreed, the news ‘hounds’ are over stating the problem and were
trying to scare the public. “We have a high population of elderly and to hear some
of the ways they present it on these news casts things, they probably are
responsible for some heart attacks. You know with the way that they present it.
These poor families, they are convinced that they are going to be blown away, in a
hurricane. And it is possible for them to do it, but I think that they build it up and
take it way beyond what they should”. The caregiver for Participant 10 also
admitted, she watched for their maps and projections as to where the hurricane
was headed. “I watch for that on the newscast and I listen for the evacuation
report”.

When raising this question in the following interviews, Participant 7 also
admitted that the news coverage scared her, but when asked if it scared her
enough to buy supplies she said no, but she will start. Both Participants 8 and 9 maintained that all that news was needed, to get people to get prepared. When asked if the news coverage was too much, both responded that it was not enough and that they watched every bit of it.

When asked what special needs meant, almost every participant thought that I was talking about their special medical needs, such as medical care. Participant 4 thought, special needs referred to people that couldn’t do for themselves. “There are special needs people who are on oxygen or probably even dialysis. I don’t know what they do in a hurricane. It is not just adults or anything, but there is children who has to be on oxygen, people with asthma and things like that, that they can’t get out. People who can’t walk, like me. You know they just had surgery. All kinds of things like that might count for special needs”. Confined to a wheelchair, Participant 8 responded, people with special needs might have needs different from hers.

One participant raised the issue of why she chose to participate in this study. “You know when you wrote me I was kinda of you see on TV these studies and they want you to come over so they can do a study on you. I said no. I did not want to get involved. So I spoke with a friend, I said this got to get his doctoral. She said oh, well he trying to become a doctor. I said ok, I participate, cause my needs might help somebody else. That why I decided to call you. You say special needs and I know that I am going to need some help. So I said maybe, I give this a try”.
At the end of the interview each participant was asked if they had any questions concerning the SpNP. Only Participant 10’s caregiver admitted having much knowledge concerning the program and she had questions concerning her grandsons relocation form the SpNS at the Sun Dome to Shriners. Four of the participants (1, 3, 5, and 9), had no follow-up questions. Both Participants 2 and 6 asked about the oxygen supply at the shelter. Participant 6 was also worried about the kind of people that would be at the shelter. Participants 4, 7 and 8 asked if there would be people at the shelter, to help with personal care. Also, Participant 8 wanted to know how she could help a relative, get into the program.

Wave 2 SpNP Client Interviews

When asked what about experiences with natural disasters, four of the 10 participants had no direct experiences, one had been in a blizzard in New York, four had been through a tornado, and two had experience hurricanes when living in Puerto Rico. Participant 16, who had experienced the blizzard, experienced it at a young age and said that it was a good experience since her dad took care of everything. Participant 16 added that she preferred snowstorms, to Florida’s summer showers. When probed as to why, she replied that with a snowstorm you have advance warning and can prepare. While in Florida you can be driving your car and out of nowhere comes a terrible rainfall. She went on to add that during the rainstorm, you could not see the road and locals do not pull over, or even slow down.
Four participants had experiences with tornados, though one had only heard what sounded like a train, only to find out later that a tornado had landed about a mile away from her home. Two participants had lived in home destroyed by a tornado. Participant 14 was living in Ohio, when a tornado flipped over the trailer she was living in with her daughter. Apparently the trailer landed on another trailer killing two people inside. She and her daughter where not hurt, because they were hiding in the bathtub under a mattress. This was something she had learned, through listening to public safety announcements, on television. In Florida, Participant 11 had her home destroyed by a tornado and when probed as to how that experience affected her she replied, “Now I am absolutely terrified when they start putting warnings out. I get into the closet. I am terrified to get out. I am scared to death. And you know when you cannot breathe right and get scared like that, you are in big trouble”. Participant 11 went on to add that even though she had never directly experienced a hurricane that during an evacuation, it was better to go to the SpNS than to stay at home, because the shelter, “… your confidence, it might be false confidence, but it makes you feel better”. Participant 20 who grew up on a farm in Wisconsin had experienced several tornados, which damaged smaller buildings on their property. She reported that tornados in that area were just a fact of life and people had shelters in which to hide during the storm.

Two of the participants, had actually experienced Hurricane Hugo while living in Puerto Rico. Participant 18 remembered homes being destroyed, people fighting and even killing for ice. Years later when Puerto Rico was again threatened by a hurricane, Participant 18 said that rather than put her kids through
the experience she took a plane to New Jersey, where she stayed with her father. Participant 19 confirmed that Hurricane Hugo caused terrible damage, to Puerto Rico. “I was scared out of my pants. Now talk about disasters, I seen it and it wasn’t pretty. I've seen cows fly. I've seen a car fly. Outhouse that was gone. You see the chickens flying. You see the scenes from the Wizard of Oz. Oh my god, it was just crazy and we were just kids, ok. I remember hiding under my grandfather’s bed”.

Participant 15 has a very early memory of a hurricane, from when she was six years old. He father, a foreman for the railroad, was building tracks down in the Everglades. The hurricane of 1928, demolished the tracks killing many workers and members of their family. Asked if she was afraid of storms after that, she replied, “Oh, you had better believe it. And I am still afraid of storms. Anybody would, that went through that. Especially now, but when I was growing up we didn’t see so afraid. We just took it as it came”. She went on to explain that in those days, there was no alert system and she was amazed at how they can predict where a storm is going, with the new technology.

When asking about the presence of relatives or a support system it was found, while having relatives that live about an hour’s drive away, Participant 13 had little contact with them. While having no professional support system, he does live in a low-income housing complex for adults, which provide social workers, who monitor the health and well being of residents. In 2004, during the first evacuation Participant 13 did evacuate to an ARC shelter, but did not evacuate for the next two evacuations. Also, living in a church sponsored low-income housing complex
for adults, Participant 18’s parents who are elderly and disabled live in the same complex. This complex provides a social worker, but because of her age she does not qualify for professional services. A third participant, also had relatives living nearby that do not provide support, nor was there a professional support system. Participant 17, like participant’s 13 and 18, are too old for CMS and under the age of 62, which would qualify them for the counties aging services.

While Participant 15 has children and grandchildren in the area, they did not visit nor provide any support. As the participant is elderly and received assistance from the county’s Aging Services, she has a strong professional support system consisting of a housekeeper, senior companion, and a nurse. According to Participant 15, “The point is I am not left home alone much and I would be in a nursing home without all the help”. Living in a garage apartment at her daughter’s house, Participant 11 also receives assistance from Aging Services and responded that she had a good support system. Having a strong local support system, Participant 12 lives with her two teenage children and has other relatives living nearby. Participant 12 is on dialysis and has a HHA, which comes twice a week to help her with treatments.

A caregiver represented four of the ten participants in the second wave of SpNP clients, as they were either too young or too sick, to speak for themselves. The grandmother of Participant 14 was the caregiver for the six year old. The grandmother has a brother and the mother of the baby lived nearby but did not provide much support. As the child was registered with Florida’s Department Children’s Medical Service (CMS), there was a strong professional support system.
Participant 19’s mother was the primary caregiver and even though the child’s paternal grandparents lived nearby, they provide little support other than transportation on rare occasions. However Participant 19 was also registered with CMS, so there was a strong professional support system consisting of speech, occupational and physical therapists. A third child registered with CMS, Participant 16, a two year old, was also cared for by his mother. In this case the child’s father was also present. Having just moved to Florida from New York, Participant 16’s parents had only one relative living nearby, the father’s brother who lived in Pinellas County. Having no other relatives living locally, Participant 20 was cared for by his wife, a retired nurse. Since Participant 20 is also under the care of Hospice, there was a strong professional support system.

When participants were asked why they needed to be in the SpNP, there were a variety of reasons given. Participant 12, a dialysis patient, needs a sterile room to perform her treatments. Six of the 10 participants (11, 14, 15, 16, 18, 19, and 20), were in the SpNP because they need access to electricity for oxygen. Many of the participants also have other conditions that would place then in the program. Participant 14 has a heart murmur. Needing a hospital bed, Participant 15 said she had, “… everything wrong with me in the book”. Participant 19 suffers from seizures. Participant 20 was bed-bound and needed help with personal needs. Besides having breathing problems, Participant 18 reported mobility problems and that, “I am sick of my nerves and I have anxiety too. Anxiety attacks”.

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If she had not been obese, Participant 18 could have been assigned to a SpNS, rather than a hospital. This is also true for Participant 17, who has a number of medical and mobility problems related to his obesity.

Very ill with AIDS since the early 1990’s, Participant 13 appeared to be in good health. When asked why he needed to be in the SpNP, he replied that he really did not need to be in the program. He kept the SpNP as a backup plan, in case his relatives in Lakeland, were not able to come and get him.

As with the first wave of interviews, few participants had any knowledge about the SpNP or what to expect in a SpNS, unless they had already evacuated at least once, as had Participants 11 and 13. Many of the responses were similar to Participant 12’s, “Really I don’t know much. I don’t know what to expect. How do I go in to register my name or anything?” When Participant 18 was asked if anyone had ever talked her about the program? She replied “No. I really have no idea. I guess I would be very nervous, if they told me I had to evacuate. I would be nervous, because I do not know what is waiting for me”.

Two of the participants commented, that the little information that they had on the program, came from watching TV. Participants involved with CMS, were sent a list of items to bring to the shelter, as were participants assigned to a SpNS. Except for Participant 18, who reported that she had attended a presentation in her ALF’s lobby by the EOC, none of the other participants received any other information on the SpNP. Few had any idea what to expect, when they evacuated. Only two Participants 18 and 20 had seen the Hurricane Guide and only Participant 20 had really taken the time to read the guide.
When asked about their experiences registering with the SpNP, Participants 11 and 12 said that it had been too long ago and they had no memory of the process. Participant 12 made a comment, that this was the first time anyone had come to talk about the program. Participants 13, 14, 19 had a social worker take care of their registration process. The remainder of the participants (15, 16, 17, 18, and 10), seemed to agree that the first time they registered it went quickly and easily. All five of these participants, then went on to complain that this year everyone had to register and months later, still had not been contacted by the DOH concerning the program. All five participants expressed concern, about the lack of a response. This was summed up by a response from Participant 18 who said, “They normally send you a letter, but I haven’t received it. I am not even sure that they still have me in the program”.

When asked if the participants had ever been evacuated to a SpNS, five (12, 16, 18, 19, and 20), of the 10 participants had never evacuated. When the caregiver of Participant 6 was asked: “When it came time to evacuate if she knew the directions to get to Shriners?” She replied no, but that she would get on the computer and get directions.

In 2004, twice his caregiver evacuated Participant 14. For the first evacuation Participant 14 was evacuated to Daytona, directly into the path of the hurricane. For the second evacuation, Participant 14 was taken to the caregiver’s church in St. Petersburg. This was a problem, because when the child began to experience breathing problem other evacuees in the church, tried to help but only made matters worst. As a result, of the experiences of the first two evacuations,
the caregiver chose not to leave for the third evacuation and any future evacuation would be made to Shriners.

Having evacuated to the SpNS at the Sun Dome, Participant 11 knows that it is not very comfortable. But she added, “How they could have done a better job with what they had to do with and the type of patients we were, I do not know how it would be possible. Looking at all those people and thinking how can we have done this good. I mean you got 200 people as sick as I am and a lot sicker on a little cot like this. Few people were working there and what a good job they did”. Her only complaints were: that it seemed that at every meal they served turkey and going to the bathroom was the least pleasant experience. Evacuating once to the SpNS at Erwin, Participant 15 thought it was handled very well and felt that they took good care of her. Participant 15 complained that, “They were suppose to evacuate me the other two times, but they didn’t come and get me. I saw on TV were they were taking the ones who lived in mobile homes, but they did not come and get me. My life depends on me having air, as I can’t breathe without it. And I can’t breathe, when the lights go out and they go out quite often here”. Due to a worsening of her condition, Participant 15 has been reassigned to a hospital and she does not know what to expect, if she has to evacuate there.

Evacuated to a hospital for all three evacuations in 2004, Participant 17 had radically different experiences. During the first two evacuations, everything was fine and he received good care. There were complications during the third evacuation, when he was transferred from the hospital that he was assigned to another hospital. He complained, “They just ignored us when we buzzed for
anything. So when I was finished doing my business I got my shitty butt up and I climbed into the bed. So I picked up my shitty butt and I am spreading it all over your sheets and your bed, because that is what I am suppose to do”. He later found out that the reason for the hospitals failure to provide adequate care was the staff was overwhelmed, because when electricity was lost in the community, people not registered with the SpNP showed up at the hospital requesting oxygen. It seemed that many people did not realize that without electricity their machines quit working and needed access to oxygen, they evacuated to the hospital.

During an evacuation request, Participant 13 typically goes to Lakeland to stay with relatives. In 2004, he waited too long before calling for a ride and it was too late. So he got on a bus at his complex expecting to be taken to Middleton, a school used as an ARC shelter, which he believed to be a SpNS. The bus went to Middleton then to USF, where it drove around and they finally ended up at Middleton. He though the event was poorly planned and caused needless discomfort to the people on the bus, the majority being elderly.

When asked if anything would deter the participant from evacuating if requested, only the caregiver for Participant 20 said that they would not evacuate. When asked why they would not evacuate, the caregiver responded that the house had hurricane shutters, a generator with three days of gas, a large supply of oxygen, and they had supplies for a month. When asked why she did not go to Erin with Hospice, the caregiver responded, “Well that is what the nurse keeps telling me, but that just would not work for us. I don’t think that my husband would agree to it, as simple as that”.

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Participants 11, 12, 14, 15, 16, 18, 17, and 19 stated that they would evacuate when asked to do so, without questioning the decision or waiting to see if the storm would actually hit. As Participant18 explained, “Cause when you stay you are jeopardizing your life and you are jeopardizing the life of somebody who comes to try to help you, when it is really bad”.

Five of the Participants 12, 13, 18, and 19 admitted that they would rather not evacuate, unless it looked like the storm would hit for sure and there would be flooding, they might not evacuate. Both Participants 12 and 13 expressed the fear someone would break into their homes and steal their stuff. Participant 12 added, that after witnessing what happened in New Orleans after Katrina, she had a change of heart and would evacuate. When asked if she would evacuate as soon as she received warning she replied, “Oh yes. It be time to go. If I got to go, I got to go. Whatever they gonna take they can have I can replace stuff. Me and my family – no, I got to go”. Participant 13 indicated that he would evacuate his 15th floor ALF apartment, only if sure that it would flood, because he believed that the building could withstand hurricane winds. Participant 18, who lives on the 12th floor of an ALF, reiterated this feeling and believed that the building she lived in could withstand winds at 150 miles per hour. But both realize if the situation were severe, the management of the ALF would take the proper steps to see to their evacuation to safe shelter. Living in an old concrete house surrounded by big trees, Participant 19’s caregiver believed that her home was a safe haven, because she went through the three hurricanes in 2004. When reminded that the three hurricanes had in fact missed Hillsborough County, the caregiver’s response
was, “I know, but I mean I’ve been through the rain. I’ve been through the wind. I have been through the scary part. I’ve I mean thank god, knock on wood, I mean the lights haven’t been – yes it flickered sometimes the lights go off for like 20 minutes. You know, but then it’s not been like really, really bad”. When asked if she would evacuate, if she thought a hurricane would make a direct hit, she replied that she would if the county sent a safe van for her family to ride in.

When participants were asked if they had a box of supplies to take, should they need to evacuate, eight of the Participants 11, 13, 15, 14, 16, 17, 18 and 19 said yes. In all seven cases, the participants admitted that the supplies were not all in one place, but would only take a few minutes to collect together. When probed, the caregivers (mothers) of both Participants 16 and 19 stated that while they had supplies for their children, they did not have supplies for themselves. When Participant 19 was asked if she had prepared to evacuate herself, she replied, “No. I don’t have. I have everything like, with myself no. I have everything ready for her. I don’t have anything for me”. The caregiver for Participant 16 response was similar “I might forget my stuff. His stuff is what’s important”.

Of the two participants who admitted not having supplies in a box ready to go, Participant 20 has a month’s worth of supplies in the home, but has no intention of evacuating. Participant 12 does not have supplies for evacuation, but she did say that she did have a bag ready to go with cloths and supplies, when called by the hospital to come in for a kidney transplant.

Asked what were the personal responsibilities of the participant, when evacuating to the SpNS, Participants 12, 14, and 16 (who have access to
transportation) replied that it was their responsibility to get to the shelter. Participant 12 and 14 added they were also responsible for their children’s safety.

Six of the Participants (11, 13, 15, 17, 18, and 19), believed that their personal responsibility, was to make sure that they got their supplies together and were ready to leave when transportation arrived. Concerning the issue of being expected to bring supplies, such as three to seven days worth of food to the shelter, Participant 13 made an interesting comment, “When you are poor and you get your monthly check in, your money is gone for bills and what not that first week. Basically you are living on what you pay out, usually at the beginning of the month. I mean you have a little left over for groceries, you know”. The caregiver for Participant 20 did not have an answer to this question, as she has no intentions of evacuating.

Participant 13 expressed that natural disasters presented a national security problem, thus it was the responsibility of the government, to mitigate and be prepared to response for the safety of people. Half of the Participants (11, 12, 14, 16, and 19), felt that the primary responsibility of the county, was to ensure the safety of people in shelters. People expected there would be some form of security, to keep everyone under control. Two participants (14 and 16), also mentioned, they expected the county to provide shelters that would withstand hurricane wind and remain dry.

Participants 11, 13, 12, 15, 18, and 19 felt that when evacuating to a shelter, it was the county’s responsibility to provide transportation, if required. Participant 12 has a car and drives, but felt the county should evacuate anyone who needs
transportation. She said, “School buses would be nice. You know come and get us up out of there”. Participant 18 felt that when transporting people to an evacuation shelter, the county should make arrangements to provide physical assistance to evacuees. This physical help would include everything, from helping to carry supplies, to assisting people from the apartment into the vehicle.

According to Participant 13 the government has no excuse, for not evacuating any poor or disabled person. He added that he thought, what happened in New Orleans was just “piss-poor planning”. “How can you set there and you were informed, plenty of time to set this in action. For here, they got to be on the ball; they got to get people out ahead of time”.

Participants 11, 13, 15, 16, and 18 believed that the county should be responsible, for feeding everybody in the shelters. While Participant 15 expects for the hospital to feed her, she admits, “…it is hard for a hospital to feed me, as I am allergic to every thing. I can’t eat just anything cause I am allergic to it. I can only eat one type of baby food”.

The county should also be responsible for alerting people, when to evacuate according to Participants 12 and 16. Participant 12 thought that the county should, “…come by, you know call and get on the mike and drive around telling people to evacuation. You know going from house to house to let us know”.

Having been on several mission trips overseas, Participant 14’s caregiver said her motto was to “abandoned all expectations”. Participant 14 quickly added there should be generators for electricity, security and a structurally sound building. Caregivers for both Participants 18 and 20 only expected beds, for the client and
not for themselves. According to Participant 20’s caregiver, “… for me I don’t expect anything. I don’t expect them to be supplying anything for the caregiver”.

Participant 17 expressed that as far as she knew, the county had made preparations to meet her needs in an evacuation. Being more realistic, Participant 11 felt that the county could not accomplish the impossible, but that they know what they can do and do the best they can. Participant 13 though that is was up to each individual to help themselves as much as they can, to lessen the burden on the city, so that they can serve the people who cannot do for themselves.

For the most part, when asked what they thought about the SpNP in general, most participants thought that it was a wonderful program. When asked how they would change the SpNP to make it better, Participants 15, 16, 18, and 19 responded they did not know enough about the program, to answer the question. When the caregiver of Participant 18 was asked if it bothered her that she did not know much about the program, she responded, “Well, I should know more but I don’t know where to get the information”.

Participant 12 said the SpNP did not need to be changed, though she admitted that she did not know much about the program. Better communications was an issue for Participants 13 and 17. Participant 13 felt that communication problems were the reason that the busload of evacuees he was with, drove all over town before stopping at a shelter. Participant 17 had in fact been relocated by one hospital to one of its sister hospitals, without informing emergency management, so that they could keep track of his whereabouts.
Two of the participants (14 and 17), thought that people in the community, needed more education on the SpNP. Participant 14, thought that it was very important to inform people, as to what the program does and how to apply. She felt that many people avoid government programs, because programs run by the government have a history of being intrusive, getting into your private business and brings more trouble than solutions. “A lot of people I know have been burnt, by what we call the government system. And they just don’t want to get into another government system. You want someone to help you. You don’t want someone to dictate to you”. When asked how that perception could be changed? Participant 14 responded, “More education. This is why we need this information. This is why we do this. If we help you, you don’t owe us for the rest of your life, sort of thing. We are not going to take over your family, if you participate”. Also thinking that there needed to be more education, Participant 17 thought that doctors should take a greater role in informing their patients about the SpNP, as it was just good preventive medicine. “I think that getting the word out is the most particular thing. And I think that any agency that you can use to get the word out and the one that came to mind when you were talking about it before. Not only the doctor’s offices but nurses, home health care agencies, and meals-on-wheels”.

When asked if he thought that people nowadays were more dependent on the government than they use to be, Participant 17 responded “I’m not sure if it is the government or if it is just a hallmark of our society. It’s like we spoon feed a lot of situations. We’re so use to getting things, when we want it, on demand. And it has to be faster, faster, and faster. We haven’t developed the character that our
parents or our grandparents had. You know that there is hard work and that there is patience involved and you do what you have to do. You don’t wait around for someone to do it for you”. Participants 17 was then asked, if he thought that it was a resistance to being helped in general or just help from the government? The response was, “I can understand the mindset of not wanting to be a statistic. Not wanting to just be a number. But if the government has the help that is necessary to survive and it is offering, then I think that we are foolish not to take advantage of it. You said earlier that a lot of people don’t know about the programs, but they are not asking and for some reason they don’t go out and look. That’s right. In my situation I have had to be proactive and I resisted that. It took me a long time to realize, that I needed to take charge of my little world”. He went on to explain that up until about four years ago, he was able to drive himself to work, but he gradually lost the ability. For a year he did not know what to do and was in a state of depression. He thought that some people can dig in and handle the changes but he was not one of those. Participant 17 said he learned the hard way that he needed to continue asking for benefits, even if the answer is no. He added that we think the government will take care of us and we have a false sense of security. “Before 9/11 we thought that nothing like that could ever happen. Before Katrina, people were saying, yes we live in low-lying areas and we have had floods before, but we have always made it through the disaster”. Participant 20 thought that many people have, “the old feeling that it can’t happen to me. It’s not going to happen here, it’s not going happen to me”.
Participant 11 thought that the SpNS, should have higher beds and more bathrooms. She also thought the shelter needed more staff. “Those girls really did work their butts off. How their backs weren’t gone, I don’t know. I’m sure a few of them were sore”. She also suggested that something be done during the transportation process, to allow people to go to the bathroom. She referred to one evacuation, where a man had been on the bus for three hours and he had to pee. They would not allow him to leave the bus, until all passengers had been picked up and they arrived at the SpNS.

When it comes to the development of the SpNP, both Participants 16 and 20 admitted they did not follow politics. Participant 20 did go on to say, she figured there was a grassroots effort among the county residents for such a program and she had no doubt Hospice was involved in some way. Half of the participants (12, 13, 15, 17, and 18), believed that in Hillsborough County there was real concern for the wellbeing of the residents. Participant 13 expressed it best, “I think that this county cares for its people. I have noticed that since I have lived here, this is like the third time I have lived in this city. You just don’t expect that out of a bigger city normally. I do not know were it started or who started it, but I guess that they realized that there were a lot of people in need, in this city”. After saying that she thought Hillsborough County was concerned for the population, Participant 18 was asked if she had lived in any other county in Florida. To which she responded, “No, never. I just compare it to Puerto Rico, where they have nothing. They don’t even tell you to evacuate”. On the other hand, Participant 14 did not think that the
program was developed out of concern for people, but rather the program
developed out of the fear of litigation.

Leadership was the explanation for the presence of the SpNP in
Hillsborough County, as expressed by Participants 11, 13, 14, and 17. Leaders in
this community were thought to be forward looking by Participant 17 and willing to
address a serious problem by Participant 11. Participant 13 expressed his feeling
that the leadership to develop the SpNP, came from a grassroots movement,
rather than from government personnel.

Participants 12 and 19 explained that the large number of residents in
Hillsborough County combined with the presence of a large medical community,
account for the presence of a large population with special needs. Two other
Participants 14 and 17 believed that Hillsborough County’s geographic location, on
the Gulf of Mexico’s coastline, played a major part in the development of the
SpNP. Participant 14 believed that program developers must have learned from
Hurricane Elena, that if there had been a direct hit by the hurricane, the community
would have had a serious problem dealing with people in the with special needs.
She summarized, they realized they had to develop a program to ensure that the
needs of people in the community, were met during and after the storm. Raised in
Florida, Participant 17 said, “I think that there are some people, I don't know how
many people in city or county government who are natives like I am. If you’ve
been through a couple of storms, whether or not you evacuated, you know what
you are in for”. Participant 17 went on to say, it is the personal responsibility of
people to develop plans, to deal with hurricanes. He believed that as a culture, we
have become dependent on the government, to take responsibility for our wellbeing. The government needed to be aware of this issue and make appropriate plans, to care for people after a disaster.

None of the participants thought that the news coverage on hurricanes was too much. Stating that the coverage was good, Participant 17 added that he thought there was a certain amount of overkill. “When you hear it and hear it and hear it you kind of tone it out after a while”. Believing that people usually only retain about 10 percent of what they hear, Participant 13 thought that the repetition helped people absorb all the information. Participate 14 also added, that she did not approve of the media in the first place and only believed about 50 percent of what they reported. “When you have been overseas and then you come back and then you hear what they are saying here, about where you have been. It’s not the same. Completely, completely different”.

Several of the participants (12, 13, and 14) said that the media coverage of Hurricane Katrina, made then realize, for the first time the amount of damage a hurricane could cause. Participant 13 said he, “… did not think that the reality really hits you in the head until you see something like Katrina”. Participant 12 admitted that until she saw the effects Hurricane Katrina, she had never worried about hurricanes, but “Last year woke, really woke me up. It shook me”. Only Participant 12 mentioned the Hurricane Guide during the interview. She had expected one to arrive in the mail, but since it had not she would go and get one at the station. She was given one after the interview, as were all participants.
Participants 11, 12, 13, and 14 expressed that the media coverage of hurricanes was educational. Participant 14 said she thought the media missed a good opportunity to educate people, as to consequences of certain behaviors and what people could do in the future, to protect themselves during a hurricane. When asked what she meant, she replied, “Because we are about the only people on our street who evacuates. Nobody else evacuates and when I am leaving they are out picking up and getting their houses ready and stuff. And laugh and say what are you evacuating for? We’re going to have a hurricane party. It would have been a very wonderful teaching tool for Florida, but they didn’t do anything like that. I have never seen that on a show, where they said that this is what you do, because this is what happened. You know that’s the best lesson ever, to show what consequences are of what you do or don’t do”. Living in a trailer park that tends to flood during heavy rains, Participant 17 commented that he has many neighbors who refuse to evacuate when asked, because they don’t have any place to go. “They don’t have the resources to pay for a hotel. And they have pets. They don’t have transportation sometimes. And they are not hooked up to a support system that can provide them with that”.

According to Participant 13, the new radar being used by the weather stations, are really good at showing where a storm is going. He also thinks that the spaghetti models are “confusing as hell” and that the cone model is easier to follow. He also referred to the computer-generated footage, showing 28 foot of water coming into downtown, thinking that it was really scary. Participant 13 also expressed that he thought one of the news stations played scary music, when
reporting on the storms, “adding to the apprehension of people”. According to Participant 13 some of the material presented by the media in the early stages of flooding in New Orleans was wrong, but was believed by people even when the media later admitted that the information was wrong. For example, Participant 12 was worried about evacuating to the SpNS located at the Sun Dome, “Cause what I seen in New Orleans they was raping kids, raping little girls, fighting and my kids – we not a fighting family”.

None of the participants had any extra medications, in case of an emergency. Several of the participants expressed concerns, but said that their insurance company would not cover the extra medication and they could not afford to pay on their own. Participant 17 said, he had to make a 30-dollar co-payment on his medications and he could not afford it.

After all the interview questions were covered, participants were asked if they had any questions about the SpNP or SpNSs. In this wave of ten interviews, only Participants 14, 16 and 20 had follow-up questions. Participant 14 wanted to know, if there was cooperation between the different agencies in the county, when it came to the SpNP. She believed, the only way that the county could develop a good program was with interagency cooperation, because one agency cannot do everything. “You have to partner together, because one agency can’t do it. They don’t have enough money, they don’t have enough people, and they don’t have enough knowledge”. Participant 16 was concerned that Shriners sent her a letter, saying only one adult could go to the hospital, with a child. She wanted to know why she could not take her daughter and husband with to Shriners and would they
Half of the participants (12, 13, 15, 17 and 19), falsely believed that three hurricanes hit Hillsborough County in 2004. When Participant 13 was asked if he knew that he was in a flood zone, he replied, “It wouldn’t hurt me; I am on the 13 floor”. When asked if she was afraid that a hurricane would hit Tampa, Participant 18 replied, the hurricanes were worse in Puerto Rico and she felt safe here. When asked why she felt safe here, Participant 18 replied, because Tampa had not been hit in so long and that the building she lived would protect her. Participant 14 believed that she lived a block away from the flood zone, while in fact she lived in flood zone 2, one block away from flood zone 1.

During the second wave of 10 interviews with clients of the SpNP, several participants brought up issues that were not addressed, in earlier client interviews. The mother of Participant 16 admitted, they bought a house in Hillsborough County because the school system and medical services were better here, than in other nearby counties. They have better schools here and better medical services. She added, “They have nurses in the school that can take care of his trach if something goes wrong”. According to Participant 14 there is a big difference between the Medicaid programs, depending on if you live in an urban county, like Hillsborough or a rural county like Pasco or Polk. She admitted that her daughter had moved to Pasco County, but moved back to Hillsborough, because she the medical care provided by Hillsborough County was so much better. In Hillsborough County, she believed that access to appropriate health services, was dependent on whether or
not you had a good case manager. “If you have a good case manager, you’ll get all the information and you will receive all services that you need. If you have what I want to call someone who could care less, someone who is just drawing a paycheck, then you will get nothing. You’ll get no services, unless you ask. No services, unless you push. No services, unless you do it yourself. Because I been there. If your case manager doesn’t do their job to help you, then it is your place to say, I want a new case manager”.

Participant 18 wanted to know why her mother was listed for a different hospital than she was, even though they lived in the same ALF. It was explained to her, the nearby hospital her mother was assigned to might not have been able to shelter her, because of her obesity.

Wave 3 SpNP Client Interviews

The 10 SpNP clients, were questioned about their experiences with natural disasters and only Participant 27 reported having none. Participants 22 and 28 reported being affected by a tornado, Participants 25 and 29 by fires, Participants 21, and 22 by earthquakes, Participants 22, 25, and 29 by floods, and Participant 21, 23, 26, 28, and 30 by hurricanes. Four participants (21, 22, 25, and 29), had experienced several different natural disasters, over their lifetime. For example, one participant who had moved often had experienced floods in West Virginia, tornados in Oklahoma, and earthquakes in California.

During Hurricane Elena, Participant 28 experienced a tornado that caused some damage to her home, but when asked for additional information, admitted
that it was not serious and did not affect her much. Participant 22, who had experienced tornados in Oklahoma, also did not seem fearful. “Did that affect me? No. Cause, I felt like notification was early and we were safe, as the shelter was where we were supposed to go. And then I lived in CA and had earthquakes and of all the natural disasters, they are the scariest. Tornados you can see them coming and run away. A flood they notify you and you can get out of the way. But with an earthquake, you never know and it is very scary. Especially, when they wake you up at night. I think that is the hardest thing to get prepared for”. The other two participants, who had experienced earthquakes, did not appear to be affected much by the experience.

The two participants, who had experienced forest fires, seemed little affected by the experience. Participant 25, besides fires had experienced floods and earthquakes, while living in California he felt that the experiences made him better prepared to deal with future natural disasters. Participant 29 admitted, his experience with forest fires, was more as a “disaster tourist”. Stationed in California, during a local forest fire he and some friends drove up to sightsee. They left, when firemen informed them, they could be conscripted to work the fire.

Participants 22, 25, and 29 had experienced floods. Only Participant 22 reported, they had to evacuate their home, because of flooding. Participant 29 said, “You know the river would flood the north parts of the county, the town. A lot of places in that area get floods. I lived by the river, but I was high up and I never had to deal with the water myself. It flooded a lot, but I was able to avoid it. But I knew people that lost everything”. Participant 29 lived, in a low-lying area in
Hillsborough County, where the streets flood after only a few inches of rain and was prepared to evacuate quickly.

Four of the participants had experienced hurricanes in the past. As in the second wave of interviews with SpNP participants, two experienced hurricanes while living in Puerto Rico. Participant 23 experienced two hurricanes in Puerto Hurricanes Hugo and Georges. As a nurse in a San Juan hospital, she was required to work and saw little of the destruction, as the area where she lived was spared. On the other hand Participant 21 had a small farm destroyed by three hurricanes: Betsy, Hugo, and Georges. He complained that FEMA provided no assistance during the rebuilding process and that there had been big problems containing water. Participant 26 remembers Hurricane Hazel hitting New Jersey, when he was young and though that the experience was fun. “I thought that it was fun, because everyone was running around, you got special treats. Everybody was like, under one blanket. Everybody was sleeping in one room and that lasted for several days”. Participant 30 claimed to have experienced two hurricanes in her lifetime, but after probing it was discovered that these hurricanes had come close, but actually missed. Participant 28 believed that she had experienced three hurricanes in 2004, when in fact Hillsborough County had been missed. She went on to explain her family had been in Hillsborough County for seven generations and had survived several hurricanes, even though they never evacuated their homes. Her current home, built in 1925, had survived many hurricanes and she had no doubt that it would survive any future hurricane.
When the 10 participants were asked if they had relatives that lived in the area or had professional support at home, Participants 22, 29 and 30 said they did not have either. Receiving no professional services at home, both Participants 21 and 23 have children who live in Hillsborough County; but admitted that did not provide much assistance. It should be noted that Participant 21’s wife and daughter, who live elsewhere in Hillsborough County, are also in the SpNP. Two female participants (24 and 26) had relatives in the area, but the only caregiver services received, was provided by their fiancés.

The parents of Participant 25 provide for her care and the father contended, she really had no need for any professional support. When asked why Participant 25 was registered in the SpNP, her father replied, they required access to a phone line in case his daughter’s pacemaker needed to be monitored by doctors. “My daughter has a heart pacemaker, but for the most part she is independent. There is monthly monitoring over the phone. For the most part she is a normal kid”. The father of Participant 25, not only knew nothing about the SpNP, he did not even know his daughter was registered in the program. “My wife takes care of that. I don’t know that she had us involved with something that had an evacuation plan for us”. The mother of Participant 25 was originally scheduled to be interviewed but when the researcher arrived at her office the father was there instead.

Parents also provide care for Participant 27, but his medical condition was complex, so he receives professional therapy. Bed-bound, both Participants 27 and 28 were represented by their caretakers, mother and daughter, respectively. According to the mother, Participant 27 was born with brain damage, cerebral
palsy, and seizures. Besides needing a sterile environment, there is a need for
constant access to electricity. “… he is using oxygen machine, suction machine,
feeding machine, and has 4 machines that use electricity”. Cared for by her
daughter and granddaughter, Participant 28 also receives services from Hospice.
The daughter of Participant 28 explained that her mother had severe osteoporosis,
could barely move on her own.

There were also three participants (21, 24, and 30), wheelchair bound and
at the time needed access to transportation. Bound to a wheelchair Participant 30
was not registered with the SpNP even though at the time of this interview required
transportation. Though meeting the requirements for admittance to the SpNP,
Participant 30 had made other arrangements to shelter with friends, in the event of
an evacuation.

Requiring hospital beds to sleep on, due to their morbid obesity, Participants
23, 26 and 29 were also dependent on oxygen. Participant 26 had numerous
medical conditions related to obesity, such as: complications from a stroke,
diabetes (open wounds on legs), high blood pressure, heart disease, apnea,
apnea, reflux disease, neuropathy and vision problems.

When asked what they knew about the SpNP, all participants, except for
Participants 27 and 30 admitted, they knew very little about the program.
Participant 27 has twice evacuated to a SpNS. Participant 30 is an advocate for
people with disabilities and a member of the SpNP Planning Committee. Six of the
participants (22, 25, 26, 27, 28, and 29), originally received their information from
healthcare providers: Dialysis Center, HHAs, CMS, or Hospice. Living in different
ALFs, both Participants 21 and 23 learned about the program through educational sessions, conducted by EOC representatives.

Participant 24 found out about the program, from a neighbor who was interviewed during Wave 1, of this study. The individual saw the researcher interview the neighbor and finding out what the topic was, called the researcher (a business card is left after each interview). The next day an application for the SpNP, along with a stamped envelope addressed to the Hillsborough County DOH, was left at the house of the person who called. A note was left asking the person to fill out the application, mail it in, and call the researcher when the DOH replied. The process took almost exactly 2 months, but she was accepted into the SpNP. When asked, Participant 24 knew which ARC shelter she was assigned to and that the county would transport her in case her fiancé was working. Participant 24 was not sent a list of items to bring when evacuating or what accommodations and services to expect at the shelter. Participant 24 would have been eligible for inclusion into the SpNP four years ago, but she did not know that the program existed. She asked, why her doctor had never mentioned the program.

For the most part, participants found the registration process for the SpNP to be easy. Participant 29 expressed real frustration with the registration process, complaining that the DOH had sent him a letter in 2005 with no date on it. Confused, he had to make several calls to the DOH, before speaking to someone who verified he was still enrolled in the program. He added that this year he called in April to reapply. They said an acceptance letter would be mailed, within two or three weeks, but it never arrived. After many phone calls, he finally got the
approval letter in early June, after the start of hurricane season. He plans on calling DOH again next year in April, about his registration. “I had such a bad experience with the people I called. All I got was the check is in the mail type thing. You know, I’m persistent I think a lot of people would have said, the hell with it and given up”.

Though not registered in the SpNP, Participant 30 had an interesting experience, while volunteering to answer phone calls during a hurricane evacuation. At the last minute, Participant 30 received a call from a woman with a very impaired adult son, asking how she could get into a SpNS. “You know, the hurricane is coming and it’s like you haven’t signed up yet?” When asked why someone who qualified for the SpNP refused to sign up? Participant 30 replied that maybe they have other alternatives or maybe they know the, “… shelters are suppose to be the bare-bone minimum, even the SpNS. So if you have other alternatives, you may want to look at that, because you would probably be more comfortable”. Participant 30 thought that many people might not sign up for the SpNP, because they did not know about the program or thought that the shelters would be inaccessible for people with disabilities. Participant 30 also added, some people just do not plan ahead, because they think it will not happen. When a hurricane does appear they wait until the last minute to prepare.

Of the ten participants only three left their homes, at least once, during evacuations for the three 2004 hurricanes. Participant 30 evacuated once to a friends house, describing the experience as uncomfortable. Participant 30 did not
evacuate for the second two evacuations, due to the feeling that the hurricanes would not strike Hillsborough County.

In 2004, Participant 22 evacuated twice to a friends house and stayed home for the third evacuation. When asked what her evacuation experiences were, she replied, it was uncomfortable but that whenever she leaves home she is uncomfortable. She explained that her kidney disease caused her a great deal of pain. “At home I have the facilities, little things that I do to help me focus on something else and get off the pain. But when you are away from your home you can’t do that so easily, so you experience more pain. I don’t sleep much anyway, but away from home I won’t have a chance to sleep”. When asked why she did not evacuate for the third hurricane she replied, “I got a better feel for what they were gonna be like and if they were coming or not. I had enough time to get to my girlfriends house. But I decided after 2004, that if those hurricanes were a 3 or a 5, I’m out of the county. I’m gone”.

Also evacuating twice during the 2004 hurricane season, the mother of Participant 27 said the ARC did a good job operating the SpNS at the Sun Dome and that the whole process was well organized. During the second evacuation there was a problem, when due to overcrowding, she was asked to relocate Participant 27 to Shriners Hospital. Though she had had good experiences getting treatment at Shriners, she refused to transfer, because it was raining and she had just started his feeding, a one-hour process. After feeding the child, rather than transfer to Shriners, she chose to take her child home and shelter-in-place. By then it was apparent, the storm was going to miss Hillsborough County.
Seven of the participants (21, 22, 23, 24, 26, 29, and 30) expressed that in the future, when requested to evacuate their homes, they would comply immediately. Both Participants 29 and 30 realized, that they lived in a Level 1 flood zone and would be among the first to experience flooding. Participant 21 said he would rather not evacuate, his ground floor apartment, because a bathroom would provide safe haven from the hurricane. When informed that he lived in a flood zone, he immediately changed his mind and replied he would evacuate, when requested.

Even though she believed that her newer home could withstand a Category 3 hurricane, Participant 22’s plan was to evacuate and stay with friends in Lakeland, about an hour’s drive. When asked why she thought she would be safer in Lakeland, Participant 22 replied, she felt that the electricity in Lakeland was less likely to go out than in Hillsborough. If the electricity goes, she was concerned about her dialysis treatment. “I don’t want to endure the possibility of not having water and uh electricity. I mean I know a little bit of what life can be like without food and necessaries”. She went on to explain, she understood why many people who owned a house, did not want to evacuate. “This is my house, these are my things, and I am going to stay here during a disaster. I think that that is a pervasive feeling, when someone has owned a home for a long time”.

Even though he did not live in a flood zone and thinks the apartment complex he lived in would survive a hurricane, Participant 26 would comply with an evacuation request. Expressing that if registered with a program, like the SpNP, he should listen to the advice given by program managers. “So if somebody tells
me that something has to be done and I don’t listen to them, then I am the stupid person. Mother always said that you could take a horse to water, but you can’t make him drink. You can give them all the information you want and all the assistance you want and if that person doesn’t want to do something, then there is not a darn thing that you can do about it”.

Living in an area surrounded by water and where the roads flood during heavy summer showers, Participant 29 said that he had neighbors that never evacuate. When asked what he thought could be done to convince his neighbors to evacuate, he replied, “What do you do with stupid people? It’s a free country. But when it comes to helping people after the storm, I say that you help those that truly need it first and put these other people at the bottom of the list”.

Participants 25, 27, and 28 indicated that they would not evacuate when requested, unless they were convinced the hurricane would hit Hillsborough County. The caregivers of Participant 25 plan to shelter at their home, which they believed survived the three 2004 hurricanes, but would evacuate to a safer location if it looked like a major hurricane was going to hit the area. The caregivers of Participant 27 would not evacuate, unless news reports indicated a direct hit. “Like the last time, you know, we are seeing the worst. They go down, down, down - I say ok I don’t think we need to go. You know when it is really time to do it”.

Participant 28’s caregiver felt that her 80-year-old house had survived many storms and planned to shelter at home. When asked what the caregiver would do if electricity was lost, she replied, that last year during one of the hurricanes they lost electricity for three days. It was not that hot and she was able to keep her
mother cool, by applying wet cloths. Adding that she felt that due to her mother brittle bones, the process of transferring her to a SpNS was going to cause physical damage. She added that her mother experienced great pain, every time she was moved.

Participants 22 and 28, who were both assigned to the Sun Dome, indicated that they had fears concerning sheltering at that location, due to what they witnessed at the Super Dome during Hurricane Katrina. As Participant 28's caregiver pointed out, she was afraid that the roof would come off, like the roof of the Super Dome. She was also afraid of infections, “… people that you got people from all over. You know you got street people. You’ve got clean people. You’ve got people that aren’t clean and you got people murdered”.

Participant 22 complained that in 2004, three hurricanes came within two or three weeks of each other disturbing her life, as she had to prepare her home each time. After each event, she did not have the energy to get out of bed, for two or three weeks. By not evacuating, she can pace herself, while preparing her home and not be overwhelmed. Believing the crowd at the Sun Dome would be like that at the Super Dome, she was afraid that due to her weaken condition she would either be trampled or taken advantage of, in the struggle for survival of the fittest. Having concerns about going to the shelter alone, she wondered what services she would receive and who would care for her.

As a dialysis patient, Participant 22 lives a life full of pain and discomfort. She feels that people have the right to decide, if they want to evacuate or not. “People weight it out, when they are faced with life or death decisions. If I am in a
lot of pain and I know that my death will be very painful. Now I am in the middle of a disaster, where do I want to die? Do you want me to leave my home? And when anyone says you need to leave your home, who are they? How are they going to take care of me? Do I take care of myself? You know there are a thousand questions. There are times when I could see someone wanting to stay and die in their home. Maybe they have made a plan to die and that's where they want to die. And I respect that. If I decide … if that was my decision, because I came to those crossroads because dialysis is not easy, it is very painful for me”.

Of the ten participants in this wave of interviews, only the caregiver for Participant 28 declared that they did not have extra supplies in the home, in case of a hurricane. When asked why she had no supplies. She responded that she had been out of work, due to illness and currently was not financially stable. “Well to be honest with you, I always had extra food. It’s just that I’ve been out of work for four months and money has been very scarce around here. I’ve used all my supplies”. The caregiver for Participant 27 admitted that while having supplies for her child, she did not have supplies for the remainder of the family. “When they announce by TV something come, then we buy stuff and we are ready for it”. Of the nine participants who had supplies, only Participant 22 had all of her supplies together in one place. “I have things in the back of my car: my first aid kit, my water, my blanket, and my flashlight. And I don’t put any food in there, until the season comes around and I haven’t done it yet. So if I am on the road, it is nice”.

When it come to having an extra supply of medications, only Participants 22 and 26 said that they did. Both Participants 25 and 30 claimed that they took no
medications. The caregiver of Participant 28 said that her mother’s medication was controlled by Hospice. Getting three months worth of medications at a time through the VA medical system, Participant 29 claimed that he rarely has less than a weeks supply, but he has run out before. “You are dealing with the government and you have to watch them because sometimes they get a little back order and they don’t get it to you on time”. According to Participant 26, “Hurricanes are fine, if you’ve taken your steps to have food in the house and your pills. There are all kinds of steps that you can take, so that when the disaster hits, it’s not a disaster”.

During this wave of interviews, only Participant’s 21 and 23 were asked what their responsibilities were, during an evacuation to a SpNS. Both replied that they were to be ready, when transportation arrived to take them to a shelter. Both of Hispanic origin, Participants 21 and 23 added that they would volunteer and try to help, those evacuees in worst condition than they were. Participant 23 was a retired nurse and had worked several hurricanes, when living in Puerto Rico.

According to Participant 23, the counties only responsibility when evacuating people to a shelter was to inform people, where the shelters were located and to ensure that the shelters were staffed with the appropriate personnel. The only other expectations that participants had of the shelter, was that there be food, water, and cots. Like many of those interviewed Participant 29, expects little “the bare bones” from the county except for a safe, handicapped accessible shelter.

The father of Participant 25 indicated, he thought people should care for themselves and not be dependent on the county. “Montana had this blizzard and people were snowed in for weeks and they’re never asked for help they just dealt
with it”. He added that part of personal responsibility, was following the advice of local emergency management, “… if people refuse to follow orders to evacuate they should be charged if they have to be rescued. Send them a bill. It’s your own fault, you got yourself into the situation. But many people want to help others and are full of compassion”.

Having lived in several other states, Participant 22 claimed that Florida does more to provide for its residents, than any other state. Participant 30 made the statement, “Lots of other states don’t have anything that leads to having a SpNP and accessible SpNSs”. As an advocate for people with disabilities, Participant 30 expressed the feeling that in the future other states would be mandated to follow Florida’s lead, through legislative activities on the national level. Participant 30 also thought that the State of Florida was looking at what counties like Hillsborough were doing, in the effort to develop “best practices”, which would be used statewide. Participant 30 added, that currently at the state level, they were trying to come up with a definition of the criteria for admittance into a SpNS. Because of competing priorities for funding issues, stakeholders and participants in the SpNP needed to be vigilant and keep pressure on local and state governments for funding, because “the squeaky wheel gets the oil”. With a tendency for amnesia and changing priorities, it is the responsibility of stakeholders to keep the issue of special needs, in the forefront of government policy. Participant 30 explained that after Hurricane Andrew, special needs became a state issue but years of no hurricanes resulted in the problem getting swept under the rug, as money was diverted to address other issues confronting the state and local communities.
The majority of the participants (21, 22, 23, 26, 27, and 29), thought Hillsborough County developed the SpNP, because people living here cared about their fellow citizens. According to Participant 21, “…they had the money and figured out hey how we can help our fellow citizens”. The caregiver of Participant 23 thought the SpNP was developed, because of the efforts of professional and grassroots efforts. “I see on TV where local people are helping the old people to paint their house. People in Tampa have a big heart. They don’t care that they have to spend money, to help save a life”. Participant 29 expressed, “I think that people in the community made the leaders get on the stick and get things going and build decent programs to take care of these people”.

Having moved to Hillsborough County just before the start of the 2004 hurricane season, Participant 22 expressed surprised at the behavior of people living in south Florida, after being hit by Hurricane Wilma. She remembers seeing news reports, of people complaining that they had to stand in line for supplies and accusing the state of a slow response. Finding humor in their behavior, she commented that not only was Hurricane Katrina a recent event, but they had to know that Florida was vulnerable to being struck by hurricanes. “You could have planned. Why are you complaining that the state didn’t do anything? It’s not up to the state to take care of you. You have to take care of yourself. I must say that of all the states that I have lived in, this State is the most impressive, as far as taking care of their people. I don’t believe that there is any other state that is more centered on grassroots”. When asked what grassroots efforts she was referring too, the example given, was the statewide weeklong suspension of taxes on
Participant 22 thought that Hillsborough, due to a large population base, has a larger tax base than many of Florida’s rural counties, thus allowing it to provide the money to start and operate the SpNP. She agreed with Participant 26, that Hillsborough County might have a more educated population than some of the surrounding, more rural counties. Participants 22 and 26 agreed that the Hillsborough County commissioners were more educated, willing to listen to new ideas, and cared more about the community than in their own personal gain. Participant 25 believed that Hillsborough developed its SpNP, because it was apparent that the old program to shelter people could not provide care, to the counties most vulnerable population.

According to Participant 26, the social and health services are better in Hillsborough County than surrounding counties. “I hear stories from friends who live in other places and the stuff that they have gone through. And it’s not what I am going through”. He believed that the main reason more and better services were being provided by Hillsborough, was due to the existence of a number of large urban centers (cities). With this population density, the county obtained a number of colleges and professional sports teams, which created an environment that attracts a different kind of person. “I think Hillsborough is a hub and it attacks like a magnate, the right people”. This was confirmed by Participant 21 who “thanked God”, that his family moved from Puerto Rico to Hillsborough county, were he, his wife, and his son could get Medicaid and get the medical services.
they needed. Also recently moving to Hillsborough County from Puerto Rico, Participant 23 made the move, because in Puerto Rico they wanted to cut off her leg, but here she received proper treatment and now her leg is doing fine.

A member of the SpNP Planning Committee, Participant 30 believed that the program was developed, because the staff at the EOC has been very aggressive in trying to create plans to protect Hillsborough County residents. Explaining that local professionals supported the efforts of the EOC staff and advocates in the community helped improve upon what already existed. Participant 30 informed the researcher, that Hillsborough County is getting recognized on a state level for being proactive and taking a much greater leadership role than other communities in the state, when it comes to the special needs population.

When asked if Participant 30 thought that Hillsborough was a caring community, the response was, “I also am in a position where I hear a lot of complaints. So I don’t know that there is a caring environment”. It’s been quite a number of years that under Mayor Sandy Freedman, there was the Mayors Alliance for Person’s with Disabilities. Then back in, I think it was, 1994 the County Alliance with Citizens with Disabilities was formed. There has been community action thru these different alliances, so there have been advocates, who have tried to improve the quality of life and the opportunity for participation and involvement in the community for persons with disabilities”. Adding that many other communities had similar alliances, but here it has had some effect on decision and policy makers in terms of the services being provided to meet the needs of that population. According to Participant 30 the SpNP continues to evolve, as anyone
is welcomed to the SpNP Planning Committee meeting, where there is a willingness to listen to advocates as to how to improve the program. “Based on all of that communication that took place, we were able to get in touch with a provider of sign language interpreters that said that I’ll work with you to try to help you out. So you know, somebody kept pounding away about the need and it was finally heard, that we have got to find a way to do this”.

Other than Participant 30, none of the participants felt that they could change the SpNP, to make it better. Many expressed they did not know enough about the program, to suggest changes. According to Participant 27’s mother, her two evacuation experiences to a SpNS were good. “Very organized, helped me to feel I’m in the correct place. So maybe is wonderful. Because there is a lot of people”. She added that within about 30 minutes of arriving they had completed registration and were assigned to a location, where she could plug in her son’s machines. As an advocate for people with disabilities, Participant 30, felt that the SpNP could provide more services. One of the issues identified, was keeping individuals who are deaf, informed as to what is happening during the event. But the major weakness identified, was the training of workers in the shelters, on how to interact and meet the needs of people with a variety of disabilities, many with multiple medical conditions. Part of the problem with training shelter workers, was that many are volunteers and cannot be forced to devote their time, to long hours of training.

When asked about what they thought about the recent news coverage of hurricanes, eight participants (21, 22, 23, 24, 25, 26, 27, and 29), thought that it
was educational. According to Participant 21, “I watch it and I hope a lot of people watch it and become aware of what they should do. And don’t be ignorant about it”. Several of the participants (22, 26, 27, and 29), expressed that because of what they saw after Hurricane Katrina they realized that it could happen here, compelling them to face their limitations. Once accepting and identifying their limitations, they develop emergency plans. For example, Participant 27’s mother said that they developed a calling network identifying one family member in Puerto Rico, as the person everyone should call to deliver and receive information. The caregiver for Participant 23, admitted that because of what he learned from media coverage of the 2004 and 2005 hurricane seasons, for the first time ever he has stored supplies. The caregiver of Participant 25 also admitted they only developed a family disaster plan, after the 2004 hurricane season.

Several of the participants (21, 22, 25, and 26), expressed they believed the chaos in New Orleans, was the fault of political leaders. Though she believed that the situation should be blamed on local political leaders, Participant 22 expressed that she could not believe that President Bush did not show up immediately after Hurricane Katrina, to show support for the people. Participant 21 believed that the political inaction in New Orleans, was because the people affected were poor and African-American. “Because I know of the discrimination, of the humiliations. Especially, because I’m Hispanic. They may be black, but they are Americans. They may be poor, but they are still Americans”. An African-American, the caregiver for Participant 24 did not think that the issue was racial, but rather economic. Believing that the government looks down on the poor and
after a disaster will provide assistance to the richer neighborhoods, before reaching out to the community’s poor residents. When probed, if he thought that the government had learned its lesson, after Hurricane Katrina. He responded, that he did not think so. When asked if he thought the mistakes would be repeated in future responses to hurricanes. He replied that it would depend on where the hurricane hit. “Because people in New Orleans were poor, black, and democrat I think that they were forgotten. I really, really do. But and if it had been California or New York, I think money would be there instantly”.

Three of the people interviewed for Wave 3 were Hispanic and were asked what they thought of the Spanish media’s coverage of the hurricanes, compared to the material provided by English channels. All three of the participants (21, 23, and 27), maintained that the Spanish channels provided very little coverage on hurricane preparedness. Having no idea as to why Spanish TV did not provide hurricane preparedness information, Participant 21 commented that the local Spanish stations in Puerto Rico provided plenty of hurricane preparedness information, through its programming. According to Participant 23, English channels on TV provide more information because, “American’s have very more people with special needs than do the Spanish people”. Claiming that the Spanish channels only show general information, Participant 27 asserted that to get details as to what is going on, she watches the English channels. When asked if she thought that this was a problem for the Spanish community, Participant 27 said that it was an enormous problem, for those Hispanics who did not speak English. She added that many Spanish people live close to evacuation zones, but often do not
clearly understand evacuation orders. The solution she offered was for all the information on the English channels, to be simultaneously translated into Spanish.

Of the 10 participants, only Participant 27 had actually evacuated to a shelter before and at the end of the interview she had no questions about the program. Half of the participants (21, 23, 25, 26, and 28), admitted that they knew very little about the SpNP, but at the conclusion of the interview when asked if they had questions concerning the program they did not. Participant 22 had a number of questions, concerning the structural integrity of the Sun Dome and the type of people, who would be allowed to enter the SpNS. When Participant 29 was asked if he had any questions concerning the SpNP, he responded by pulling a list of questions out of his pocket. Of the 30 SpNP clients interviewed for this study Participant 29, was the only one to have a list of pre-prepared questions. Assigned to a hospital, he wanted to know if he could bring a portable television. If the hospital would they supply medications, if he ran out? He wanted to know what security would be like and if he could bring important records to the hospital. He also wanted to know if the county would provide transportation to the hospital, if he were sick, when asked to evacuate.

Four of the participants (25, 26, 27, and 28), wrongly believed that Hillsborough County, had been struck by three hurricanes in 2004. While true that the county requested evacuation three times, each time, the hurricane force winds missed the area. The father of Participant 25 expressed, “To me it seems less likely that a hurricane would hit Tampa directly, because we are sort of buried
here. We are on the west coast of Florida, sort of in the middle of the state and somewhat inland. I think it is less likely to get hit, than other parts of the State”.

Misinformed that they were not allowed to bring pets to the shelters, Participant 22 and 26 were surprised to learn that the county had made arrangements for the pets to be sheltered at the SpNSs, during the evacuations. Participant 22 also wrongly believed, she would be charged for using the SpNS, when the county provides all SpNP services free.

Participants were informed that the EOC wanted everyone in the county, who meet the qualification for the SpNP, to register. Participants were asked what they thought could be done to get more people to register for the SpNP, if for no other reason that in case of a disaster, the EOC knows where they are located in the community and can send assistance. There were several detailed answers. A retired social worker, Participant 26 believed that part of America’s society wanted to be left alone and really did not care about the problems of others. He added many did not seem to understand, that some of the problems everyone must deal with during life are better solved, when dealt with by the community as a whole. “If you network and you listen to the overall group and you make a game plan for the majority, then that usually is a good thing. But when all you are doing is self-interest, then because it is such a small window, you are not really taking care of anybody”.

When it comes to planning for disasters, Participant 26 felt that many people in the community think that if something is not broken, why fix it. “They don’t realize that if you don’t have a game plan, when it becomes broken, what do you
do? Some people use their common sense and some believe that the Lord will protect them. Well I believe in the Lord too; but I also believe in having food in my closet and extra water under the sink”. In response to a question as to how to educate people so that they get the message, he suggested using humor. “I always felt that people learned or kept in their brains more information if you added humor to the message. I think humor helps people to remember things that they might otherwise forget”.

Another problem getting people to register in the SpNP, raised by Participant 26 was the absence of having someone to talk to, when filling out the registration form. He personally knew a lot of people, who had given up on government programs, due to the frustration of dealing with the system. “They just get to a point that they have so much pressure on them that they don’t care”. He went on to express, that he felt that many people do not identify with their own problems, having no identity of self. Explaining that it had nothing to do with education or preparedness, “… it has to do with the people and each one of them will do exactly what they please. You can do all the preparedness in the world. You can have the best programs. You can have the best alert systems, but if the people are not intoned, they will not benefit from the program. And the thing is that you do not know what percentage of the population you reached”.

Participant 28 thought, that most people ignored information on the SpNP they hear on TV, because they did not think it pertained to their situation. She suggested, that it was the responsibility of the medical profession to have a nurse or a social worker sit down and provide a detailed description of the program to
people, who might qualify for the program. This way, they would be getting the information, from someone that they trusted and respected.

When Participant 23 was asked if she thought that the Spanish community was underserved by the SpNP, because of a lack of knowledge of the program. She replied that in her ALF, the EOC spoken in their community room, about the SpNP and it was translated into Spanish. According to her, “You talk to the people but they don’t give a damn, because they think every day going to be a shiny day. What happen to the people in New Orleans by Katrina they see that, they believe that? But they think something like that, it not happen no more”.

The caregiver’s of Participant 28 response, to the question of how to get more people in the community to enroll in the SpNP, was surprising. “I understand the concern. There is so much involved in taking care of a person that is bed ridden, people that are on oxygen. I know that this is not pertaining to … what I’m saying is that the city and everybody worries about people not having their needs, during a storm. But the truth of the matter is, there are a lot of people that have needs, without a storm. Tampa Electric will come out here and turn me off, without thinking twice and not have any compassion for me”. She wanted to know why all the concern after a disaster, when nobody cares about her wellbeing on a daily basis.

At the end of her interview Participant 22 said, “I got tired of being sick. Now I feel better. I got your first two letters while I was sick and didn’t respond. In fact, I didn’t even consider it. But when I felt better, I changed by mind. Ya know, when you are disabled, you just have to take things from one day to the next”. 
This explained why she was one of the few participants, responding to the fourth letter asking for participation in this study. She said she was glad she granted the interview. “I now feel safer now, that I know more about the program, if things really get out of control. Though, I am still afraid of being trampled. I really have been asking questions and have been getting a lot of information from you. I feel like, I know a lot more about the program. I may be more apt to go to the Dome. I mean, just the thought of going there I am not thrilled about it. I envisioned a shelter for more than just people with special needs”.

**Characteristics of Elite Participants Interviewed**

Ten elite participants were chosen, due to their ability to help fill in gaps in the data, their knowledge about the SpNP and community resources. This allowed them to confirm or refute theoretical concepts developed by the researcher. All elites were directors of agencies: three were in their 40’s, five were in their 50’s, one in their 60’s, and one in their 80’s (see Appendix S). Four of the elite participants, were male and six were female. Of the elite participants interviewed: four were representatives of state agencies, two represented a county agency, two represented adult retirement communities, and one representative each for the federal government and a NFP. All elites contacted to participate, agreed to be interviewed and a meeting was scheduled on a timely basis.
Outcome of Elite Interviews

Registration for the SpNP

The elites were informed several of the SpNP clients, had complained in their interview, that the registration process took too long. The hurricane season was here and they were not sure if they were registered in the program. Elite 1 explained, one of the problems was that the DOH, had only recently taken over the SpNP database and registration process from the EOC. Initially there was a manpower issue, as no additional funding was provided, to hire new personnel. Apparently, the Hillsborough County DOH has recently realigned resources and now has staff dedicated to the staff.

Now every year in March, everyone in the SpNP database will be sent a new registration form, accompanied by a letter explaining they need to reregister. The new application must be returned by a specific date or that individual will be removed from the database. The purpose of a yearly registration was to update the SpNP client’s condition, an advanced triage, which will expedite the SpNS registration process during an evacuation. This yearly registration allows DOH to predetermine, how much oxygen to have at the shelter and to estimate how they should prepare to accommodate the special needs of the population, evacuating to the SpNSs. “So when the person checks in, we are kind of like a hotel. Do you have a reservation? Well that form in the database, is their reservation”.

Once registered, when an individual arrives at the shelter, they only have to be asked to identify any changes to their condition since registration. “People will not be left out of the shelters. DOH does not have the staff, when trying to bring up
the shelters, to devote time to entering all this stuff in the database”. During the evacuation period, people calling the DOH wanting to register for the SpNP, are referred to the Citizens Action Committee located at the EOC. The volunteers, answering the phones at the Citizens Action Committee, take initial triage information and turn it over to the DOH representative at the EOC. Based on the person’s condition, they are informed if they qualify for the SpNP and if so, what type of shelter they have been assigned to: a SpNS, hospital, or ARC shelter. If the person requires transportation, their address is handed to the transportation representative at the EOC, who makes arrangements for the appropriate transportation such as a: van, bus or ambulance.

According to Elite 3, in the past there were problems with the Citizen Action Committee system, because it could not handle the huge increase in the number of calls received, during an evacuation. Consequently, when many people called to get evacuation information, they were forwarded to a recorded message asking them to call back. “People with disabilities a lot of times, don’t have their own phone. You make the special effort to call and get a recording it says leave your name and phone number, well it fizzes”. Elite 3 added that the system had been upgraded and can now handle a greater volume of calls.

Assignment to an ARC shelter, SpNS, or a hospital depends on the person’s overall condition, the amount and type of help required. According to Elite 1, “You know the criteria for SpNSs is kind of weird. In that, you can meet the criteria to come into a SpNS, even though you are not electrically dependent. Every body thinks electricity. You can be oxygen dependent, without needing
electricity”. The current legislation requires that everyone on oxygen should be admitted to a SpNS, even if they are not electric dependent. Due to limited space, those not electric dependent and able to provide for their own care, are sent to ARC shelters.

When asked if there was any idea, how big the special needs population was in Hillsborough County that could be receiving services from the SpNP, none of the 10 elites interviewed had any idea. One of the elites responded, “We know that there are a lot of people out there, but we are without data for proof. We know some people are not going to register. And you know what, you might disagree with me, but I think that that is ok. As long as it is an informed decision and they have an alternative plan. And the best plan, for someone with special needs, is to leave”. The thought is, people with special needs, should make an evacuation plan and only register for the SpNSs as a shelter of last resort. The SpNP should only be used when the primary plan has complications, such as, the car being in the shop and there is no way of evacuating to a safe shelter. “I don’t need 20,000 people showing up to the Sun Dome, it won’t handle that. I do need those people, to think about what they are going to do and have a plan prior. Should they register with us as a last resort? Yes, just in case”.

A couple of the elites expressed concerns about using the term ‘special needs’ when talking about the population being served and the services offered. “I don’t care for the term ‘special needs’ but I guess we are locked into it”. According to Elite 4, few people understand what the SpNP is all about and what services are offered. Elite 4 complained that the media, would focus on what to bring to a
SpNS, but did not explain what constituted being identified as having special needs. Several of the elites felt that confusion over the term special needs existed, because the state had not yet created a legal definition, leaving it up to each county to come up with their own. Elite 6 explained that the DOH is just now writing a definition, of who should be regarded, as a special needs client. “So how can we expect them to have a clear picture of what it is, when it took us all this time to write it?”

Many of the elites were asked, why there were so many people in the community requiring the services of the SpNP, but had not registered. The elites felt, that some people in the community did not know about the SpNP and others either felt that they did not need or would never need the services, provided by the program. Most expressed that people with special needs, were no different than other people in the general population, when it came to preparing and developing plans for responding to hurricanes, in that they also waited until the last minute.

Several of the elites had worked the Citizens Action Committee’s phone lines, during an evacuation and confirmed that hundreds of people called during every evacuation, inquiring about the SpNP. Elites who worked the phones, said they had received a number of horrifying calls, from people needing help evacuating. “One young Mother in her thirties, with three little children and two senile adults, who could not be moved. She is listening to the news reports and wondering what should she do. A mother with three little kids and two elderly senile parents is barely keeping her head above water, keeping everybody fed and their diapers changed. She knows that she needs to register with the SpNP, but
can’t fit it in. The day that I was taking calls, I spoke to no fewer than three women and they were all younger than me tied to oxygen and had anxiety disorders. They just had great concerns, about getting in the car and going somewhere”.

When informed that the majority of the SpNP clients interviewed were living in low-income housing, Elite 1 said that most of the people registered in the SpNP, were of a lower income status. Explaining, that typically those with the financial resources, either have plans to leave the area and take a vacation or visit family. Some prepare their homes by buying storm shutters, a massive generator, and a large diesel storage tank. When informed that many people felt they could not afford to leave, Elite 1 replied, “But then again how can they afford to stay?” Elite 1 went on to explain, if the disaster hits, in the long run it cost more in money and discomfort to stay than to leave.

All of the elites felt, there had been an enormous effort to get the public informed, so they could develop appropriate emergency plans. “Hit it from every possible direction. Hoping a little piece will stick here, another little piece there”. Several of the elites expressed, recently there has been an increase in the media coverage, of how emergency management plans to deal with persons with disabilities. Both of Hillsborough’s community TV channels, have produced and aired segments on the SpNP. One network did a one-hour show, on what to expect at a SpNS. “The focus is people do not know and a lot of money in the legislature is going towards education and community outreach”.

Elite 10 explained, when someone is registered with Hillsborough County Aging Services and should be registered in the SpNP, they are identified and
registered for program. Aging Services tries to convince people to develop evacuation plans, but realize some will refuse to evacuate. “You can’t force them and you don’t want to necessarily scare them, but there comes a point where it is too late”. According to Elite 7 when working with the elderly you must realize that, “They never did it before and they are not going to do it now. If they are going to die, they are going to die together. I’m not leaving and I’m not pulling up stakes and living anywhere else”.

All of the elites felt that no matter what outreach was done, there would always be some people, who did not get the information and others who would refuse to register. According to Elite 6, “It may be a control type thing. Some people don’t want to be put on a list and give up that information”. Elite 2 gave the example, of recently meeting a person who was paraplegic that had achieved a level of independence and refused to sign up for the program, because they did not considered themselves as someone with special needs. “I am not sure what this individual would do in an emergency and there are a lot of people like that”. Elite 9 explained that another problem was, there are many non-documented immigrants in the county, who did not trust the government. This hidden population, will not come forward, due to fear of being deported.

Staffing the Shelters

One of the major issues, raised by the three focus groups for SpNP stakeholders, was the staffing of SpNSs during evacuations. During an evacuation individuals with special needs, registered in the SpNP, are taken to a number of
different locations including ARC shelters, SpNSs, hospitals, and nursing homes. Those SpNP clients, with acute medical conditions are transported to hospitals and nursing homes, which are staffed by trained personnel and have the equipment to provide for the needs of this population. Those SpNP clients not requiring professional medical assistance, access to electricity for medical equipment, or oxygen are transported to ARC Shelters. The SpNSs are the catchall for those SpNP clients, whose medical condition either requires professional care not available in an ARC shelter, or whose condition does not require the services or equipment only available in a hospital.

According to Elite 9, even with the DOH deploying the core of their staff to the three SpNSs, there would not be enough space to shelter all the special needs evacuees for a category four or five hurricane evacuation. A fourth SpNS has been identified, but the county cannot provide the appropriate staff, to open it. Both the county and state have offered to reimburse HHAs, who provide staff for SpNSs, but only one company has done so. “The state just passed new legislation that requires home health providers including Hospice and Home Health Agencies, to insure that their patients receive compatible care during the storm. The problem is, it doesn’t tell them how to do, just that they are suppose to have plans”.

Several of the elites expressed frustration, that in past evacuations agencies would send people to the SpNS, without providing the staff necessary to ensure that their client’s needs were met. It seems that several agencies, expect the SpNS to have staff available, to provide medical services. Elite 9 gave as an example, a complaint from one NFP that there were not sign language interpreters
for the deaf, at the shelters. Yet these very agencies, wanted to charge 150 dollars an hour, for their personnel to staff the shelter.

When asked, why it took legislation to get some of these agencies to participate in staffing the SpNSs, Elite 1 felt that what it came down to the agencies commitment to the community and that manpower was only used as an excuse. “It’s an individual decision that people make at the local level. I’m not doing anything without funding. Well you don’t need money to do it. On those days that you are in the shelters, obviously you will not be doing your regular work. You are still getting paid. So what is your problem?” In a disaster an agencies commitment to the community changes and in some cases, that means sending personnel to help staff shelters. According to Elite 9 when it came to the HHAs, the problem was their nurses were independent agents, used as needed and there were very few full-time employees. Consequently, one nurse could work for four or five different agencies, being bound to none. Elite 9 further explained, that most of the people in SpNSs do not need a full time nurse, they just help getting to the bathroom and taking their medications.

Several of the elites raised the issue that the HHAs have a very strong lobby and anytime the legislation tries to place more stringent requirements on the industry, it gets removed. Even so, under the new legislation the HHAs will have to describe how they will ensure for the continued care of their patients during a disaster, wherever they may shelter in the community. “They will not be able to avoid it, they will have to address in some way. It could be an agreement to pool their resources. It could be an agreement post nurses at the SpNSs and then have
them to travel around. It could be them soliciting volunteers to work in SpNSs. No one has told them how to do this. This is something that they must come up with, that we are going to be working with them on”.

In the past, CMS’s role in the SpNP was only the enrollment of their clients. In 2006, Florida legislated through House Bill 7121 made CMS directly responsible for providing care for their clients, in the SpNSs. “Kind of like hospice. They have their own staff and they have their own special equipment”. According to one of the elites, it came in at the tail end of the legislative session and though language had been bantered about for months, the sponsor did not take all the recommendations from the county DOHs or CMS agencies. This year in Hillsborough County, if there is a hurricane evacuation, pediatrics will be sheltered in the SpNS at the Sun Dome. In the future, CMS will have to identify their own shelter.

According to Elite 5, the biggest issues for CMS, were identifying appropriate shelters and training issues. A standardized policy has not been developed by CMS, because of the clarity of their exact role as legislated, so the different counties will have different ideas as to the exact role CMS will play. “The biggest thing, is just trying to find a common ground, in the definition of the role of CMS”. Employees of CMS are now required to sign up for emergency duty and if they fail to show up for work during an emergency, they face getting fired. “There are going to be dollars, but where they are coming from we don’t know”.

All the hospitals in Hillsborough County are used for hurricane evacuations, except for the one hospital, located in a level one-flood zone. According to the
DOH, there are currently about 300 people, assigned to hospitals. People with medical conditions requiring intensive care, which cannot be handled by the SpNS staff, such as ventilators are sent to hospitals. Also, those people over 300 pounds who cannot lie on the floor and are too heavy for the cots at the SpNSs, are sent to hospitals. As the issue was raised by a couple of obese SpNP clients interviewed, several of the elites were asked about the presence of personal care, at the hospitals. The answer was surprising. “You got to understand, this is not like a regular admission into the hospital for medical reasons, where you are going to get the medical care. We are merely providing a place to shelter. That person has the option of bringing a caregiver, as each individual is personally responsible. The hospital does not have the nursing staff available, to watch each and every person. Now should an emergency arrive? Yes they would be jumping right in there. But to help people get in and out of bed, you know, is going to be if they have time. They are running on a skeleton staff”. While the VA tries to get veterans to go to the SpNS they will take vent patients, because they have few places to go, as many local hospitals do not specialized in vents. According to Elite 7, when evacuating to the VA, patients are expected to arrive with their own medication and caregiver.

Role of Retirement Communities

During the interview with Elite 2, the issue of the role of retirement communities and facilities in protecting residents, during disasters was raised. In the 2004 and 2005 hurricane seasons, many elderly frail residents were trapped in
high-rise buildings, with no electricity to operate elevators. The operators of the buildings were not prepared, to deal with the crisis. Many residents suffered, before they could be rescued and removed from the building. Consequently, representatives from two retirement communities in Hillsborough County were included in the elite interviews. These representatives were also active in the SpNP.

Developed over 40 years ago in located in the southern part of Hillsborough County, this large, upper-class retirement community’s residents must be at least 55 years old. A city in itself this upper-class retirement community has its own hospital, nursing homes, volunteer emergency squad, and four private ambulances. The person interviewed actually developed a special needs plan for this large retirement community, before Hillsborough County had such a program. According to Elite 2, this community is proud of being able to take care of the needs of its residents and do not use county programs, as much as the county would like. “They believe that they are so well educated and experienced that they can take care of all their community’s needs”. According to Elite 8, government representatives from Hillsborough County did not understand the implications of this upper-class retirement community, having a private emergency system. Because residents did not use the 911 emergency system, the county saves money, by not having to answer an additional 12,000 calls a year.

When asked why the program was developed at the upper-class retirement community, Elite 8 replied, “You couldn’t go into these houses day-after-day and not see that there were needs. Because if nobody is in the house is under 90 and
you normally have a caregiver who takes care of you and they are not going to be able to come, because they are with their family then you can be at risk”.

According to Elite 8, the community has about 250 people registered in the SpNP.

Elite 8 had some complaints, about the new system being implemented by the DOH. In the past, the higher income retirement community would screen residents for the SpNP and sent a list to the EOC, who would accept their list and consider everyone registered. Now the DOH, wants people to fill out and turn in their own registration form. According to Elite 8, “You can’t always get these people to fill these forms out right. They won’t or they worry that if they did, it means that they have to go. You can’t convince them that it is just a form to fill out and to give them the information”. Let me tell you, what we do with the list. We are gonna stick with my list, not their list”.

Unlike the higher income retirement community, the second elite from a retirement community interviewed, represented a lower income retirement community, whose residents were of low to middle income. With many of its residents living in trailers, this community started out as Section 8 housing in 1970. In 1984, this community was licensed by the State of Florida Agency for Health Care Administration as an Assisted Living Facility and has an Extended Congregated Care license, which allows it to operate a nursing home onsite. The lower income retirement community, was located in a level 4-flood zone.

In 2004, the lower income retirement community evacuated twice to a local high school, taking 250 residents and 50 staff, along with three day worth of supplies. People were transported, using a combination of retirement community
vans and buses supplied by the county. Residents were also transported to the SpNS by the county, where they are accompanied by a registered nurse and a nurse’s aid, for every 10 evacuees. According to Elite 4, having familiar support personal at the SpNS helps, the residents adjust to the new environment, in the shelter. When asked if staff were required to work in the shelters, Elite 4 responded, that all new staff must sign a contract agreeing to work during hurricane evacuation. “Of course we give them time to go home and set up their homes and make sure their loved ones are ok. They are allowed to bring their family, but they can’t bring their whole extended family. Animals are a problem”.

When asked if lower income retirement community, provided any hurricane preparedness information to the residents, Elite 4 responded that they did. Besides briefing in the lunchroom and resident council meetings, information is available on the facilities private information TV channel. All residents are required, to evacuate during a hurricane and everyone is encouraged, to stay with a friend or family in a safe area. Though Elite 4 admits a person cannot be forced to evacuate, the police visit those refusing, so that if they choose to stay the management of the retirement community was not liable for their safety.

**Governments Role in SpNP**

The director of the EOC has been known to say, “We are here to take care of the needy not the greedy”, words that speak for themselves. Meaning that those who are physically and finically able, should have plans and care for themselves, in the event of a hurricane. Florida is known national, for legislation suspending
taxes on the purchase of hurricane related supplies and equipment in June, the first month of hurricane season.

When asked about major changes were made over the past couple of years in the SpNP, many of the elites being interview referred to House Bill 7121, which had recently been passed by Florida's legislation. Bill 7121 mandates, that agencies having clients evacuated to a SpNS, must provide staff or some sort of support to local emergency management. This includes, both government agencies (Department of Education, Department of Elder Affairs, Children's Medical Services, American Health Care Association, and Department of Health) and public agencies/businesses (Home Health Agencies, Home Medical Equipment Agencies, and Nurse Registries), that provided services paid for by Florida's Medicaid system. As a result of this bill, Elite 6 felt that as a whole the state, was more organized and have started developing plans and specific goals for SpNSs statewide.

When asked why it took legislation, to get some of the agencies to participate in the SpNP, several of the elites agreed it was a funding issue. “With the exception of very few agencies, the duties related to SpNSs are in addition to what people are already doing. Agencies are working with bare staff as it is and they are overworked. The legislation did bring about some funding. Some went toward education and some went for the retrofitting of the shelters. But the majority of things added, are duties without the back up of funding”.

According to Elite 5 since HB 7121, CMS has standardized policies and procedures, across the six-county region. When asked why CMS did not make
these changes years ago, Elite 5 replied, “Because I don’t think they really thought a need for it. I think that there was a substantial amount of time, when there were no big storms that hit Florida. I think a lot of that apathy happened, believe it or not”.

Elite 10 expressed that with the current attention to SpNSs, there is a lot of funding available and progress is being made, but it may not continue. Noting that the SpNP was a government program, many elites worried that the current funding commitment may not continue, into the future. “I don’t see a lot of new money coming down the pike and I just don’t see a very coordinated dollar. So no I’m not overly hopeful”. According to Elite 6 the same funding pattern is going on with the pandemic flu scare. “There is so much money being out there and people give you this money and you have got to spend it by this time period. So right from the start, the money isn’t necessarily being spent on what it needs to be spent on, because there are these tight restrictions and time limits. I keep bringing up funding, but it is not necessarily a total lack of money, but more poor management”.

When asked why the changes were being made now and not years ago after Hurricane Andrew, Elite 6 replied, “I would say the 2004 hurricanes. I think that from my observation what usually causes some kind of change, is an event. Now why the hurricanes of 2004 as opposed to Andrew, I am not exactly sure. But all the same stuff we are doing now, was started after Andrew, but was not followed through”. Several of the elites thought that since the 2004 hurricane season, many more agencies have gotten serious about the SpNP and have
started coordinating their planning, with other agencies in the program. “I have noticed the last couple of years, there have been big jump in the number of people attending the SpNP meetings, especially agencies that I haven’t seen before. Non-profits have all of a sudden started showing up. Advocacy groups for the disabled are showing up. There is much more advocacy and immigration between those groups, so that there is a coordinated approach, instead of a scattering of unconnected groups”. According to Elite 1, since the DOH has gotten involved in the SpNP, the EOC staff has the freedom to work on obtaining grant money for new equipment for the SpNSs.

When asked if they thought Hurricane Katrina, had a part to play in the recent interest in the SpNP. Elite 3 replied, “That’s why we are here. It scared people and did wake some people up. When they first started showing some of the media, you know the videos on TV of the victims, the drowning victims. One of the first people I saw, was a double amputee. From a government official standpoint 10 percent were woken up and 90 percent are running scared. From a population standpoint woke up, about 10-20 percent of the population. Apathy comes back. You know they say that Hurricane Camille, killed more people during Katrina than it did in 1969, because of the false sense of security”. People lived in areas not touched by Hurricane Camille, but were completely destroyed by Hurricane Katrina.

When Elite 3 was asked why it had taken so long for many communities to address the needs of people with disabilities, during an evacuation he responded, that he did not know. “It is partially the fault of the government, but it is also
partially the fault of the disabled not advocating for themselves. It took something like 9-11 that really woke people up. I think there should have been a disability movement long before that”. When probed for more information Elite 3 replied, “You know, put yourself in a life with disability. Put yourself back in school twenty years ago, you know, when nothing was accessible. Put yourself in the psychological position and see how other people view you. You tend to put yourself into a shell and try not to make a lot of waves”.

**Weaknesses of the SpNP**

When questioned as to what were the weaknesses of the SpNP, several of the elites believed, the major weakness with the program were due to issues between the county government and the various city governments in Hillsborough County. “See the county looks after residents of the county. The cities look at residents of their city. And each of those cities is more important than anyone else, cities fighting with the county”.

When asked why the SpNP database was only updated once a year, Elite 9 responded that it gets updated all the time, as new people sign up. The DOH gets the death list for people over 18 and using Social Security Numbers they remove those individuals, who die during the year. When informed that the representative for the higher income retirement community felt that the database should be updated quarterly; Elite 9 said that DOH did not have the manpower, to contact the 4,000 plus people in the database quarterly.
Asked why children assigned to Shriners were only allowed to have one caregiver accompany them to the hospital, Elite 9 replied, “*We’ve done away with that because it was a stupid policy. A child in many cases needs both parents, especially a pediatric child who really needs that emotional support*. In the past, problems have occurred when an individual assigned to a SpNS arrives with extended families (grandparents, aunts, uncles, and cousins), up to 20 people.

Another weakness of the SpNP was the sheltering of individuals, with mental health issues. According to one of the elites, the legislation defines mental health, but gives the local community the opinion of making a judgment call when admitting people with mental health issues, into a SpNS. “*I think it was very well intended verbiage, but the person who put it in didn’t know what they were saying, with the language. I would never say that our legislators don’t know what they are doing, but yes, they don’t know what the hell they are doing. Because some special interest group pushed the button and got this included*”.

According to Elite 10, one of the weaknesses of the SPNP was that it focused on preparedness and response, not recovery. “*It’s the reality of recovery and how do you go on? That will be probably the most incredible learning experience for us*. It has been over two years since Hardee County was devastated and they still only have one road in and out. You have got to remember, when a community is devastated by a hurricane, everyone is affected. First responders may be helping other people recover from the disaster, meanwhile they may have to deal, with the fact that their homes have been destroyed.
Agency Disaster Plans

Many county SpNPs have been improving how they deal with people with disabilities, in the shelters. According to Elite 3, emergency management at the state level sent a letter to all the emergency management offices, encouraging them to contact the Centers for Independent Living (CIL) to begin a dialogue on sheltering people with disabilities. Enclosed in the letter was contact information and maps identifying the location of local CILs. All this, was a part of the governor’s initiative to establish a culture of preparedness, in Florida.

According to Elite 2, Hillsborough County has always had a hurricane plan and “we thought it was a good plan”. During the 2004 and 2005 hurricanes seasons, Hillsborough County employees were sent to help with the recovery work, in areas devastated by hurricanes. With lessons learned brought back, county agencies were able to improve their own programs. One of the lessons learned, was that people in the community needed to have a disaster plan in place, before a hurricane. According to Elite 2, this is especially true for government workers, who are relied upon by residents to continue vital services. As a result Hillsborough County developed a program, “Have a plan, know your plan” to ensure that all county workers knew their work role in a disaster and had plans to care for their families “Soon our ID badges, will include a sticker on the back that will say what your role is for an emergency and a number to call, when we are setting up our post disaster headquarters”.

Since the 2004 and 2005 hurricane seasons, Elite 5’s non-government agency, has developed a continuity of operations plan. Basically, the plan lays out
what actions need to be taken, before and after the storm. For example, after the storm they do a call down to see if their clients are okay. “We also have to be able to schedule those patients at the clinics and places for distribution of medications. So all those things that would provide the same service, that they would have had pre-storm, we have to attempt to provide as much as possible post-storm”.

The local DOEА tests their agency plan yearly, going as far as, relocating to an alternative location to work. Each year the disaster plan is updated and personnel receive training. Still Elite 10 expressed concerns, that because Hillsborough has not experienced a direct hit, their plans may have holes that have not yet been identified. When a hurricane warning is posted, the local DOEА office is in constant communication with the Tallahassee office. Local providers are contacted and all banking and client data is relocated out-of-state.

**Training**

Since mandated to staff pediatric shelters, CMS has developed quarterly orientation for new employees and yearly trained for everyone. CMS also offers training, to pediatricians and local community partners, if requested. They are also developing presentations for families, on disaster planning.

Receiving grant money from Volunteer Florida, the governor’s commission on Volunteerism, Elite 3 said that his agency was targeting training, in a couple of different ways. One component was to train staff, for the SpNSs and ARC shelters on disability issues and other critical information useful, when sheltering persons with disabilities. “The one I use most often that catches everybody’s attention, is
that most quadriplegics lose the ability to sweat. And as you know, sweating is the body’s way of regulating temperature. So when a quadriplegic asks for a cold wet towel, it’s important, not a luxury. It is a matter of medical survival”.

The other aspect of the training grant was to get people with disabilities, registered in the SpNP, if they need the services. The grant was also to be used to train people with disabilities, how to prepare their home and what supplies to purchase, if they plan to shelter-in-place. Finally the grant was to be used to convince people with disabilities, the best plan should be to ‘get the heck out of Dodge’ and evacuate to an area, not in the path of the hurricane. SpNSs and ARC shelters should be a plan of last resort and utilized, only if absolutely necessary. For those who plan to evacuate to a public shelter, the training will be directed at insuring the person knows, what necessary supplies they should bring and more importantly what to expect at the shelter. People are informed that at the shelter, they should only expect a roof over their head. “You are not going to get any medicine. They are not going to give you baths. They are basically there to keep you alive. So don’t go in there expecting that. You are going to have to prepare your own stuff”.

During the training people are given “to go bags”, that contain most of the essentials and instructions of what items should be in the bag for the particular needs of people with a certain disability. The grant also had a focus in providing outreach, to Spanish-speaking populations, in rural areas. Elite 3 said that to reach the rural Spanish population, they were working with the Spanish Services Council and Spanish churches.
Non-Evacuation

When asked why many people in the community choose to remain in their homes, even after being ordered by emergency management to evacuate; Elite 5 expressed the opinion, that many people in Hillsborough wrongly believe they experienced hurricanes in 2004. “They are convinced that it is not going to be a problem. People who are going to stay in their homes and if a category 4 or 5 comes in through Tampa Bay, they would be devastated. There are going to be people who take it seriously at the very last minute, so SpNSs are going to be bombarded. Not just SpNSs, but all shelters”.

When confronted with the issue that many of the SpNP clients interviewed expressed fear, when discussing the possibility of evacuating to a SpNS; Elite 9 replied, it was fear of the unknown. Explaining that this fear was especially true of the elderly, “You take a person who has been cocooned in their home for the last year, in a very controlled environment and suddenly you rip them out of there. You take them to a place they haven’t been to and surround them with strangers, bright lights and noise. Yes, they are going to be afraid”. Elite 9 went on to explain, the only thing that can be done, was to continue to talk to people and give an honest description of the situation in the shelter. “Tell them that it’s not a cruise ship, it is designed to keep you alive. You may not be totally comfortable, but you will be safe”. Most people who come to a SpNS are elderly and in fairly bad shape, with many confined to wheelchairs or cots. Many of the caregivers, accompanying the SpNP client are also elderly, often with chronic medical conditions of their own.
When informed that many people feared going to the SpNS at the USF Sun Dome, because they identified it with the New Orleans Super Dome, a shelter of last resort. Elite 9 explained, this fear was partially the fault of the media’s coverage of Hurricane Katrina, where they showed what happened at the Super Dome but should have focused coverage on what happened to those people that stayed home. Elite 10 thought, what was needed was a, “… better marketing campaign on what our shelters really look like. What they can really do. How they can be of help. And what they can’t do”. The client must develop a sense of trust, that the SpNS will provide a safe haven, during a hurricane evacuation.

Pets in Shelters

Many of the elites were asked what they thought the future would be for those people, who want to bring their pets with them, when evacuating to a shelter. According to Elite 9, currently all the SpNSs are pet friendly but of the 50 ARC shelters in Hillsborough County, only two allow pets. That is of course except for service animals, which are allowed in any shelter. The fact that SpNSs were pet friendly was not advertised, but if they pets were brought in cages, the shelter will have staff from Animal Services there to take care of them.

According to the Elite 9 a conservative estimate, was that there are over half a million pets in Hillsborough County, not counting farm animals. There are some kennels and veterinarian offices that can board pets, but the numbers of those are relatively small. Elite 9 explained that for many people, especially the elderly population, pets are a very integral part of their family and they will not leave them
behind when evacuating. HartLine and Sunshine Line have agreed to take pets to and from the shelters, but the School Board’s Transportation Department have not agreed to transport animals.

Elite 1 believed it came down to the question, as to whose life is most valued by the community, humans or pets and emergency management should focus on humans. People decide whether or not to have pets. Consequently, during a disaster pets should be the responsibility of the owners, not the government. Even though pets are accepted at the SpNSs, there was a limit to the number that can be sheltered. If the SpNS gets to where space was limited, the shelter manager will have to make a difficult decision and stop taking pets. “I’m sorry that we are not going to be able to take them in, because Mary registered first, so her dog is more important than your dog”.

Blaming the pet situation on the media, Elite 1, contended that the media went out and filmed stranded animals and then switched to a child crying stirring public sentiment. The media made it appear the government was responsible, for the rescue of these pets. The media should have taken pictures of abandoned pets and then interviewed emergency management, who could explain that this happened because people were irresponsible. “If the story had been presented a different way, it would have been a non-issue it would be the responsibility of that owner”. For years, people have been told that they need to make arrangements for their pets, during a hurricane evacuation. Elite 1 thought, “… it is time to start calling people on that”.
*Culture of Preparedness or Dependency*

Elite 1 believed that when developing emergency plans, the planner must accept that a very large portion of Americans, will not listen. “It’s always going to happen to someone else. California has earthquakes, yet they build billion dollar buildings within two miles of the fault line. You’ve got that mentality of it’s not going to happen or if it happens it will be minor and we will get by. Here you have people saying, well I have lived here all my life. I have survived all these storms. What’s the big deal? Well the big deal is they have no idea what they are talking about, because they have never been through a major storm”.

According to Elite 8 where ever you live there are weather hazards, you have to prepare for and be ready to deal with. Live in Minnesota, expect and be ready for snowstorms. Live in Florida, expect and be ready for hurricanes. People should only be dependent on the government, when nature delivers a surprise to a community, like a snowstorm in Florida. When asked about the role of the government in responding to a hurricane, Elite 4 responded that many Americans, expect the government to take care of everything. “Well the government can’t take care of everything and people need to learn that. What ever happened to work and helping others when they need it? Who ever said that we have to go to the government for every last thing?”

Elite 7 had been at a SpNS, when several families abandoned SpNP clients. Two wives dropped their spouses off at the shelter, with no caregiver. The wives returned home to care for the pets and set out the storm in the comfort of their
homes. “I didn’t think that I would ever see the day, when family members treat family like that”.

When it comes to people with disabilities, Elite 3 believed the system itself creates a situation where people are forced, to be dependent on the government. The government does this, by not providing the appropriate services necessary to allow some people, to live independently. An example from this study would be access to transportation, by individuals with mobility difficulties. A couple of the SpNP clients interviewed, lived close to accessible public transportation, are able to leave home and be part of the community. Meanwhile, another SpNP client interviewed with mobility problems, lived over a mile from the nearest bus stop, could not afford to pay for a taxi and was essentially homebound. A retired social worker with great communications skills, this person would like to contribute to society, but because of the lack of public transportation cannot.

The researcher informed the elites interviewed, there appeared to be a lot of apathy, among both residents and professionals. Elite 9 thought the apathy was, the result of years of hurricanes not coming close enough to Hillsborough, to cause much damage. Elite 5 gave an example, where she asked a nurse if she was prepared for the hurricane headed for the area and got the response, “It’s not a hurricane anymore, because it had just been downgraded. It’s a tropical storm, so why do I need to plan?” Apparently the nurse did not understand, the tropical storm could easily become a hurricane again or that tornados also spin off of tropical storms.
Hispanic Culture

Seven of the 30 SpNP clients interview were Hispanic. All were Puerto Rican, except for two. One was a second generation Cuban, who had spent most of her life in Puerto Rico and the other was from a Cuban family, which had been in Hillsborough County for several generations. According to Elite 6 this is not surprising, as recently the DOH had completed a survey of people with Hispanic backgrounds and found that the Puerto Rican population was rapidly growing.

None of the elites expressed surprise, when informed that many of the Hispanics SpNP clients interviewed express feelings, that they would rather not evacuate the comfort of their home. According to Elite 2, part of the Hispanic culture is being self-sufficient and taking care of their own family, but added that the mindset of the elderly was generally different than the younger generation. In that, many of the elderly have already lived longer than they expected and their lives were in the hands of god.

The elites were informed that interviews with Hispanic SpNP clients, suggested that they had little knowledge about the program and they blamed their ignorance on the Spanish media. To this Elite 9 responded, “I think some part of it is they stay very closed in their own little cocoons and they live in a very, very closed tight little society”. Elite 9 confirmed that all the material on hurricanes was available in Spanish, as were the county’s Hurricane Guides. Elite 9 also reported that Spanish-speaking stations have interviewed representatives of the EOC and have aired educational segments. Also EOC representatives in the effort to educate the public about the SpNP, have targeted to Spanish audiences in the
community and at ALFs. Elite 9 expressed frustration with the Spanish community in general. “We can put it out there, make it available, and if they refuse to do that we can’t force them. We cannot be babysitters”. Elite 7 repeated this sentiment after informing the researcher, the VA had all of their material translated into Spanish. “All we have to do is cover ourselves and give them the information. Then it is up to them to take it on and use it or dispose of it”. According to Elite 2, the county has hired an interpreter, who translates into Spanish all emergency material. This information is then distributed through public agencies, special interest groups, and churches.

Education

The elites were informed, it was apparent that few of the SpNP clients interviewed, had any idea what the program was about. Though these people had been registered in the SpNP, they really had no idea, what services the program did and did not provide. Agreeing with this statement Elite 6, suggested that for some people the SpNP was just another health care program, they were enrolled in. According to Elite 3, those residents in his ALF who had never been evacuated thought the SpNP was only connected with hurricane evacuation. “Even myself, when reading and listening on my TV special needs is there, but they really don’t tell you and it is kind of lost”.

When asked what could be done to help people in the community develop a better understanding of the SpNP, Elite 3 replied, educating people is a far better than trying to shove something down somebody’s throat. “The majority of times in
my career, when I sought change through educational type stance, people were much more receptive”. Several of the elites expressed, they have used many different modalities to educate the public, about the SpNP. All HHAs are required by law to register new patients, who qualify for the program. There is the Citizens Action Line, which is active daily for 16 hours and a place were people could call to get information about the SpNP or to register. Every year registration forms are included with a bill, from the Tampa Electric Company. Also according to Elite 9, the EOC gives close to 200 talks a year on the SpNP and there is a good working relationship with the local newspapers, which have been very supportive and put out all kinds of information.

Elite 1 pointed out that DOH realizes that knowledge about the SpNP was an issue. They had just assigned a nurse to direct the program and one of her new duties is to provide information, to anyone who would listen. Included in these briefings was information on what to expect in the shelters, complete with photographs of previous evacuations and what to bring with you. “But you got to accept the fact that you have to continue advertising and educating. Not scaring, advertising and educating. Then you have to accept the fact that not everybody is going to listen”.

When asked what the disability community thought about the SpNP, Elite 3 replied, that most people are scared and worried that the program might not accommodate their needs. “The ones who haven’t been there, they are probably scared to death”. As a solution Elite 3, suggested that an accessibility study of the SpNSs be performed and there should be an awareness day, where people with
disabilities can go and experience the shelter for a few hours. She added that an awareness day, would be a great opportunity to get some free media attention.

The elites were informed that one of the SpNP clients interviewed, suggested that a video be developed, publicizing the different shelters SpNP clients might get sent to. Let people see what to expect and what not to expect at the SpNSs, Shriners, the hospitals, and the ARC shelters. Show what they really are, what to expect, and what not to expect. The suggestion was made, that the video be comical, poking fun at the unprepared individual. The actors in the video should be multicultural and represent different age groups. Copies of the video should be sent to people after acceptance into the program. With a video format the SpNP client can pop it in and watch it when requested to evacuate, refreshing their memory concerning the program.

Both Elite 4 and 10 thought that the use of comedy was a good idea and would probably hold the viewers’ interests, rather than using a stuffy, dry format. “If you keep their interest they’ll get it. They will get the meaning of everything, when they see it”. Elite 10 suggested that the video include a mock opening of shelters, so that people can see what to expect and what staff is going to be available. Elite 10 emphasized the importance of making sure, people understood the transportation and sheltering aspects of the SpNP.

Elite 1 and Elite 9 expressed concern, about the cost and effectiveness of giving everyone in the program a video. Both thought it would be expensive mass-producing and mailing out copies of the video. Elite 9 thought that many of the elderly do not have VCRs, CD players, or computers and could not play the video.
As an alternative, both elites stated that arrangements should be made with the public TV stations, to broadcast the video at certain times and send letters to SpNP clients as to when to watch. Again Elite 9 brought up the issue, that many low-income people may not have cable TV and would not be able to watch the broadcast. When asked if they thought that the video would make a difference, both thought that it would have a moderate effect on educating people, as to the workings of the SpNP.

When it comes to educating people, Elite 8 expressed that the message needed to be targeted to the physical abilities of the audience. She gave an example of a demonstration she, the EOC, and ARC gave to 600 elderly people in one of the local retirement communities. “They talked about filling these large thermoses with water and pulling a mattress over your head in the bathtub. I got up and said before I speak, will everybody raise their hand, who could pull a mattress over their head? And the place roared. You don’t carry something this big with water, you can’t do it. I said now lets talk how you prepare here. You find a safe bathroom and you pull a couch mattress over your head. Things that they say you should do are not practical for older people”. Elite 8, emphasized that educators must make sure that their material is appropriate, to the audience they are speaking too, because not everyone is young and healthy.

Role of Media

The elites interviewed, were asked if they thought the media went a little overboard, in its coverage of the upcoming hurricane season. None of the elites
expressed concern, that there was too much media coverage. Many, like Elite 3, said that the more coverage provided the better. “If you have to shove it down people’s throats, until they wake up, do it”. Elite 1 replied that when operating a SpNS, a television is set up and the news is on constantly, because people want to see it. According to Elite 1, the updated information on the hurricane helps to calm people, because lack of knowledge is one of the worst things to have in a shelter. When people do not have access to accurate information, it created a perfect environment for rumors to develop, which spread like a wildfire creating fear and anxiety.

Elites were informed that the Hispanic SpNP clients interviewed, felt that the Spanish media did not provide adequate coverage of hurricanes and they had to turn to an English station for information. Elite 9 expressed, that he disagreed and the Spanish media was very interested. Elite 2 felt that in the past, the Spanish media were not involved as they should have been, but had recently changed their mindset. When probed as to why they were engaged now, the response was, “I think as the community has grown, become more sophisticated, and now they understand the need for that type of information”.

County Development of SpNPs

All elites were asked why SpNPs and SpNSs, were so different between counties. Each county in Florida is independent and responsible for developing a SpNP, according to Elite 1. Each county is required to have SpNSs, but some of the rural counties do not have buildings meeting the construction codes, to serve
as shelters. These counties have developed regional agreements, to send their SpNP clients, to other counties. Elite 6 expressed, that some counties sheltered their SpNP clients with the general population, confused residents of those counties that separated the populations. As a result, some people are afraid of going to shelters, where they might be exposed to undesirable elements.

Because of the large population it serves, the Hillsborough County DOH has over 500 employees and provides medical care at their clinics. Some of the DOHs, in smaller counties, contract private health care providers to provide medical services. As a result, these DOHs did not have many nurses on staff, to operate SpNSs. Actually Hillsborough is facing the same issue, as there is a need to open a SpNS in the Northwest area of the county, but DOH does not have the personnel to staff a fourth shelter. While the DOH will provide management for the new shelter, the county must come up with a method of obtaining appropriate staff.

When asked to compare the different county SpNPs, Elite 5 thought that for the most part Hillsborough’s was the strongest in the area. But since being affected by three hurricanes in 2004, Polk County had recently developed a strong program, as well. Several of the elites thought that Hillsborough’s SpNP was currently the strongest in the state, because they were looking at the big picture, while a lot of other counties did not. One example given was that Hillsborough provides transportation not only to SpNS and hospitals, but has developed plans to get many persons with disabilities to ARC shelters. Hillsborough also has made arrangements to provide transportation to ARC shelters, for people in the general public, who have no access to private transportation. A second example, were the
efforts made by Hillsborough County to allow evacuees to bring their pets to
shelters, even going so far as to get public transportation to take pets.

Most of the elites pointed out that counties hit by the eight hurricanes in
2004 and 2005, were forced to examine their emergency programs, as serious
weakness had been exposed. “After the first hurricane passed it was bad. Then
more people started talking to each other. More than I had ever seen before. We
learned from the first storm. And then by the second and third hurricane, you had
things in place”.

Several of the elites interviewed thought that Hillsborough had the strongest
SpNP, because they held several meetings each year and involved every agency
or business they could get to attend. It was made clear that every representative
at the meeting, was given the opportunity to express their opinions, which were
discussed and acted on. Because of this openness and cooperation, everyone on
the SpNP Planning Committee, had a sense of program ownership. Several of the
elites claimed, some of the other counties had few meetings and generally exclude
other agencies from the planning process. As a result some, of the counties, “just
are not getting it done”.

Of the 10 elites interviewed, four worked for agencies that had jurisdiction
over several counties. All four of the elites, either attended the Hillsborough SpNP
Planning Committee meetings or were represented by staff, responsible for that
program. When asked, if they attended SpNP meetings in other counties, only two
did so. One of the elites expressed that at least one county wanted her agency to
send a representative to their SpNP Planning Committee meeting; but since the
agency was headquartered in Hillsborough it was not realistic, because of the
driving distance.

According to Elite 10, one of the reasons Hillsborough County’s SpNP is so
strong was because of the fact, that the county was heavily committed to providing
social services. This not only provided professional personnel, but the expertise
needed to understand the issues, associated with meeting the needs of a special
needs population. Also according to several elites, Hillsborough was the only
county that made the commitment to reimburse medical personnel, for working in
the SpNS or reimburse ALFs and nursing homes for sheltering clients.

When probed as to what factors caused Hillsborough County’s SpNP to be
better than other counties, many of the elites were quick to point out it originated
with the EOC staff. According to Elite 1, “Hillsborough is probably the best
prepared in the nation. It was a small core group of people who are very, very
good at what they do. They are not afraid to speak their minds and push the
issues. Typically when you do that and you are not threatened by your audience,
you can actually start driving home points. You become a more effective
communicator and a lot of people attribute that to leadership”.

When asked how Hillsborough developed its plan over the years, Elite 9
responded, “I think that there has been a long history, a certain representative of
the EOC, always had committees that have worked with various parts of the
community such as the hospitals”. He went on to explain, when new issues came
up, the EOC made the effort to contact the appropriate agency to deal with the
problem and got them to become members of the SpNP Planning Committee. “We
started sending our Set-Reps to everybody, so that people know who we are”.

This outreach by the EOC, over the years, brought many agencies into the planning process (e.g., Tampa Housing Authority, Hospice, HHAs and dialysis companies). Hillsborough was able to purchase supplies for the SpNSs, by using Homeland Security grant money, earmarked for developing programs responding to terrorism attacks. “In some counties the emphasis all went to terrorism. But if you’re smart you realize that responding to a terrorist attack or a hurricane 90 – 95 percent of the preparation is the same and the equipment is the same. So if you buy the things for one, they’re good for the other”.

Several of the elites expressed, the director of the Hillsborough EOC, Larry Gispert, was well trained and ahead of his time. Elite 2 stated, “… he built a team of largely retired military and was well positioned to get a state grant, which does come very often. You know there is a cycle of state and federal funding. He just happened to be there and be well positioned and have the support of the county policy makers at the right time”. Over the years the EOC quietly developed a plan and exercised it yearly with few resources, other than the commitment of people in the SpNP Planning Committee.

When informed that several of the elites had expressed, they thought the military background possessed by the majority of EOC staff had something to do with their success, Elite 9 (a retired Army Colonel) replied, “It depends on your background, if you were an intelligence person and want to hold everything close you may not want to talk with anyone. I think it is also the atmosphere put in place by your boss. And Larry our boss has a very open … he says go out there work
with people and bring them in. If you have an emergency manager who is closed, then that permeates the staff”. He went on to add that the EOC gets great support from the County Commission and the County Administrator. “I think Hillsborough County is lucky, in that there are a lot of really good people, who work for this county. There are really dedicated people, who are there every day to try and make things better”.

According to Elite 2, Hillsborough is basically a blue collared working class community, with many needy people and people who live from paycheck to paycheck. Since many people in the community are transient, the county must focus on taking care of all these newcomers. In the past, because of the Spanish, Italian, and German communities who were outcast from Tampa’s broader society a community developed that was very strong, when it came to caring for its own. “As the community became larger, people were dispersed out in the community, but they still had their roots”. Elite 2 explained that though Tampa became a large metropolitan area, that sense of caring for its own remained. When informed that several of the SpNP clients interviewed stated that the reason that they moved to Hillsborough, rather than live in one of the surrounding counties, was because of the social and medical services. Elite 2 stated, that it did not surprise her.

Another reason for having such a good working emergency plan was because of the existence Hillsborough County Emergency Operations Group, comprised of the County Sheriff, three County Commissioners, and the mayors of Hillsborough’s three major cities (Tampa, Plant City, and Temple Terrace). This group meets on a regular basis and has been briefed on the activities of the EOC.
It is also apparent that the EOC leadership, demonstrates great vision. A comment made by Elite 2, about a trip she took to a large urban caucus, where she attended a special emergency workshop. “There were top public health people presenting on the panel and one of them said I’d bet nobody here knows what I am talking about when I talk about a pandemic. Do any of you have a plan for your community in a pandemic? Pat Bean raised her hand. He was flabbergasted. She was the only one, in a very crowded room”. The county had just completed the first county pandemic exercise, in the United States.

Future of the SpNP

When asked what improvements need to be dealt with in the future, Elite 3 expressed, that there needed to be somebody in FEMA who focused on disabilities. Guidance from the federal level would help standardized community plans, for sheltering people with disabilities. According to Elite 3, many people had lost medical equipment due to hurricane damage, and Medicare guidelines state that equipment can only be replaced every five years. As a federal program Medicare, will require legislative action to allow for the timely replacement of medical equipment, lost to disasters.

Elite 10 commented, that we know that the Sun Dome will not take winds over 130 mph and that was a problem. If building on USF campus, why not look at constructing buildings to accommodate evacuees. They are doing that with new high schools being built in the state. They are not built as SpNS, but regular
shelters. But SpNSs that would be critical and you need the proper wiring. You need the generator.

When asked when the SpNP should be in the future, Elite 6 responded, 

“Ideally there would be designated buildings in every county set-aside as SpNSs. They would have everything that they need, as far as, supplies and manpower that would be my goal. With the purpose in mind, that if someone from one county needs to go to another county to work, that they can just fit right in”. In order to achieve standardized SpNSs on a state-wide basis, every county program would have to make some type of adjustment, but some counties are locked into their program and are resistant to change.

Most all of the elites interviewed said that they were worried that the funding for SpNPs and SpNSs would dry up and like so many other government programs collapse, because of apathy. Elite 4 thought private companies must get more involved, to prepare for and respond to local disasters. “They’re also affected and they can’t just take. They work here, they make their money here, and they need to contribute just like everybody else. Individuals will donate their time. Companies need to donate their money. They are part of the community and they should help fund things”.

Another issue that several elites thought must be addressed nation-wide, in the future, was that communities will have to accommodate an aging population. With a rapidly aging population, there will be more people living in the community, who will have special needs. According to Elite 10, housing in ALFs will be a major issue, as few facilities are being built for middle- and low-income residents. When
asked why nursing homes and ALFs were allowed to be built in flood zones, Elite 10 replied, “Is that not nuts”? Even though all the nursing homes and ALFs are required to have evacuation plans, Elite 10 noted that they all contract with the same ambulance companies to assist in their evacuation, as does the county. However the county has the power to requisition the ambulances, leaving the ALFs and nursing home in a difficult situation. In the 1970’s and 1980’s church groups built ALFs downtown for low-income residents downtown, where there was access to transportation, medical facilities, and shopping. “They didn’t think well if I build a 15 story building and I’m right on Tampa Bay there is a good chance that it will be seriously damaged. And how in the heck do you get people out, who don’t have the vehicles. Maybe if more builder, were thinking of that”. After being interviewed, several of the elites commented that the questions asked, were thought provoking. According to Elite 5, “As you are asking me questions it makes me think, okay have I really checked on this area?”
CHAPTER V:
DISCUSSION

Introduction

Following is a discussion of the findings from this study, of the social construction of a Special Needs Program in Hillsborough County, Florida. The chapter presents the researcher’s interpretation of the findings, as presented in the previous chapter, in relation to the relevant literature and is divided into five sections: study summary, overview of methodology, main findings concerning research question one, main findings concerning research question two, main findings regarding research question three.

Purpose of the Study

The purpose of this exploratory study was, to understand how Hillsborough County, FL constructed its SpNP, to protect the local special needs population during a hurricane. Of particular interest was: 1) how community stakeholders perceived the need for a SpNP; 2) what SpNP clients knew about the program; and 3) the social influence on the decision by SpNP clients whether to evacuate or shelter-in-place.
The destruction of coastal communities, by tropical cyclones, is a worldwide public health problem. Of all the coastal areas in North America, the most vulnerable is Florida, exposed to the destructive forces of hurricanes from both the Atlantic Ocean and Gulf of Mexico. Florida also has the added dilemma, of having a large disabled and elderly population when compared to other states, many of who live in flood zones.

According the hurricane expert for the weather channel, Dr. Lyons, the six American cities most vulnerable to hurricanes are Long Island, Wilmington, Galveston, New Orleans, Miami, and Tampa (The Weather Channel, 2007). Of the six cities Tampa, located in Hillsborough County, is particularly vulnerable to storm surge and associated flooding, due to the water level of the Gulf of Mexico being very shallow leading to the mouth of Tampa Bay. Because of shallow waters, a hurricane producing a 17-foot water surge in Miami would create a 30-foot surge in Tampa, with 15-foot waves at the top of the surge. In a worst-case scenario, the City of Tampa would be covered by 28 foot of water, topped with 15-20 foot waves.

Past evacuations have revealed that many disabled, ill, and elderly individuals are unable to evacuate themselves, without outside assistance. Consequently, there is a need for local emergency management agencies to integrate the needs of the vulnerable population into regional emergency plans, to diminish the adverse impacts of a hurricane on the community. Hillsborough County started its SpNP in 1985, after experiencing difficulties in sheltering its special needs population, during the three-day evacuation for Hurricane Elena.
Emergency planners in Hillsborough County expend a lot of energy, in the effort to get residents with special needs, to enroll in the SpNP. At the same time, they encourage people to develop plans to leave the area or stay with friends in the event of a hurricane evacuation, rather than seek refuge in a public shelter. In November of 2007, there were 3,951 people, enrolled in the SpNP. Emergency management estimated there are at least another 1,000 people living in the community, who should be registered, but are not. To accommodate the approximately 4,000 people registered in the program, the county has three SpNSs, with space for 2,500 people. In the SpNS there are 600 medical cots, which are adjustable and able to support a person, weighing 250-300 pounds.

The SpNP has 38 children assigned to Shriners Hospital, 353 people to one of six hospitals, 1,510 people to one of 12 ARC shelters, and 2,137 people registered to one of three SpNSs, 506 of whom are dialysis patients. According to a representative of Network 7, a national dialysis agency formed in 2005 after Hurricane Katrina, there are approximately another 1,900 dialysis patients in Hillsborough not registered in the program. This was a problem, because after a disaster these people need to be found quickly, because being without dialysis for 3 or 4 days could result in illness or death. Another problem was that it has been estimated, that only 10 of the 19 dialysis centers in the county would be able to provide services, after a Category 4 Hurricane and most of these would only have enough fuel to operate their generators for 24 hours.

The minimum number of people, required to staff a SpNS, during each 12-hour shift is 32. In addition, to the medical staff, at least 10 extra people are
necessary such as facility maintenance, a radio operator, food services personnel and security personnel. Currently, DOH supplies approximately 50 nurses, to staff the three SpNSs. In the past, SpNS support staff came from Hospice, County Aging Services (representing the DOEA), a Advanced Life Support Ambulance team from either Hillsborough County or Tampa Fire and Rescue Department, volunteers from the USF College of Public Health, and caregivers accompanying evacuees.

*Overview of Methodology*

Designed to help the researcher develop a comprehensive understanding of the community, values that went into the development of the SpNP this study, only focused on the evacuation for hurricanes. As the study of SpNPs was an unexplored subject matter, an exploratory approach, using qualitative methods was utilized. Using social constructionism as the theoretical framework and following a qualitative research approached based on Grounded Theory, this study examined the SpNP from two points of view; that of the program stakeholders and that of those people registered to receive services from the program.

To understand how community stakeholders in Hillsborough County perceived the meaning of community responsibility for individuals with special needs in the event of a hurricane evacuation, three focus groups were conducted; one each on May 9, June 7 and June 28 of 2006. Participants for these focus groups were recruited using a randomized cluster sampling technique, to help ensure that the different types of agencies in the SpNP Planning Committee, were
represented. Each focus group was approximately 90 minutes in length and had eight participants.

To understand what SpNP clients knew about the program and the social influence on their decision to evacuate or shelter-in-place, a total of 30 semi-structured interviews were conducted, between May 5 and September 4 of 2006. Each interview was between 45 and 65 minutes in length and all but two interviews were conducted at the participant’s home. The other two interviews were conducted at a local coffee house. Data from SpNP clients were collected in three waves of 10 participants each, with each wave occurring after a focus group. This allowed new concepts identified by the SpNP clients, to be presented to the focus groups and vise versa.

Once the three stakeholder focus groups and the 30 SpNP interviews had been conducted, 10 in-depth, semi-structured interviews were conducted with elites in the community. Elites were senior executives of organizations, which were members of the SpNP Planning Committee. Each interview was between 55 and 75 minutes duration and occurred in the participant’s office.

Final evaluation included material from: 1) stakeholder focus groups; 2) SpNP client in-depth, semi-structured interviews; 3) elite in-depth, semi-structured interviews; 4) researcher observations and memos; and 5) a review of relevant records, reports and professional literature and media materials.
**Main Findings: Stakeholder’s Perception of Need for SpNP**

Focus groups with stakeholders and interviews with elites were conducted, to understand how members of the SpNP Planning Committee perceived the meaning of community responsibility for individuals with special medical needs, during evacuation for a hurricane. Selective coding of the independent categories integrated and refined the connections between categories, until only four main themes remained: disaster experience, coalition building, collective moral responsibility, and barriers to SpNP development. The central explanatory theme of the data was determined to be collective moral responsibility, which directly affected the development of the SpNP coalition and how people and institutions experience disasters.

**Disaster Experience**

The first theme affected the stakeholder’s perceptions of the SpNP, was disaster experience. Disaster experience was found to have two sub-themes, which were directly related to each other: personal disaster experience and institutional disaster experience.

There were three levels of disaster experience: primary, secondary and tertiary. The primary level was characterized by direct personal experience, where the person has actually lived through a disaster. One of the major problems, in Hillsborough County was that there are few residents, with any primary experience with a hurricane. A person can experience a secondary disaster experience in one of two ways: indirectly through conversations with family and friends or by
participating in recovery assistance. Conversations with family and friends, can give insight into the mental trauma, caused by a hurricane. Participating in helping a community through the recovery period, especially the early stages, offers a sense of hurricane’s destructive effects without having a primary experience. Tertiary disaster experiences were delivered worldwide, through visual images, provided by the media. According to a NFP participant, in one of the focus groups, his agency became directly involved with the SpNP after Hurricane Katrina. Many of their clients, who witnessed the events that unfolded in New Orleans became fearful, that because of their disability they could possible suffer the same consequences, should a hurricane strike Hillsborough County. This tertiary exposure affected many agencies associated with the SpNP, by giving their personnel a visual of what they would face, if Hillsborough County was affected by a major hurricane. Several focus group participants expressed that because of the active 2004 and 2005 hurricane seasons, there had been a change in attitudes for many of their staff, who were becoming more involved in the training process.

Institutional disaster experience comes from two main sources: direct experiences of personnel and through agency emergency plans designed to direct actions of personnel during a disaster. Since Hillsborough County has not been directly affected by a hurricane, since the Tarpon Springs Hurricane in 1921, it was unlikely that any agency has personnel with direct memory of that storm. Consequently, there was no primary source of institutional memory of the devastating effects of a hurricane, except that brought in by employees who experienced hurricanes while living or working elsewhere.
During the 2004 and 2005 hurricane seasons many of the agencies in Hillsborough County associated with the SpNP sent staff to communities in Florida, Mississippi, and Louisiana to help with recovery efforts. All agencies involved with recovery efforts in other communities, expressed that many valuable lessons were brought back, particularly concerning leadership. The result of this secondary exposure to disasters provided many lessons learned, allowing agencies to readdress emergency plans to ensure that mistakes made by other communities, were not repeated here. A common comment, when comparing agencies in Hillsborough County to similar agencies in other counties, was that local plans had been tested and strengthened, because of the three false evacuations in 2004 and experiences with helping other counties affected by the 2004 and 2005 hurricanes. This secondary exposure came from having a much larger workforce than many counties, allowing Hillsborough County to provide personnel to other communities.

Several of the stakeholders and elites, thought that since the 2004 hurricane season, more agencies had gotten serious about the SpNP and started coordinating their plans with other agencies in the program. Since 2004 there has been an increase in the number of agencies, especially NFPs, attending SpNP meetings. This larger membership resulted in a more coordinated approach to planning, rather than a scattering of unconnected groups in the community.

Several forms of tertiary disaster experience influenced institutions: media coverage, training, and false evacuations. First, the media coverage of the 2004 and 2005 hurricanes highlighting the social and medical problems, associated with the hurricanes. This media coverage was seen by Hillsborough County residents,
who then contacted agencies and government officials, expressing concerns that they might experience the same tribulations should a hurricane strike this area. As a result, many agencies were forced to review their plans, to ensure clients continued to receive services in a disaster situation.

**Coalition Building**

A second theme affecting stakeholder perceptions of the need for a SpNP was coalition building, to address the issue of caring for and sheltering people with special needs, during an hurricane evacuation. The coalition process had three main sub-themes: stakeholders, leadership, and barriers. The sub-theme stakeholders, was defined by nine categories: defining special needs, diversity, planning, education, registration, transportation, staffing SpNSs, benefits and agency continuation of operation plan.

Ethical decisions are fundamental to shaping any community’s disaster plan, when making decisions, as to which residents to protect and to what degree of safety (Phillips & Knebel, 2007). The first step in developing a SpNP was for stakeholders, to come to an agreement, as to the definition of special needs. In the early stages of the development of the SpNP, each agency promoted their specific meanings, when using the term “special needs”. Over the years, as these stakeholders met and developed the SpNP they came to general agreement as to who in the community should be considered as possessing special needs, which must be addressed during county evacuation. Using this definition of special needs, decisions were made as to who was to receive services and what those
services would be. The definition of special needs and the services provided though the SpNP, has changed over the years, as new stakeholders became members and the needs of the people they represented addressed.

Hillsborough County’s capital seat is the City of Tampa, a large metropolitan area. Stakeholders expressed that with the large population comes more funding and key players. Due to population density, there was a diverse group of agencies, involved with caring for people with special needs. Stakeholders felt that because of the existence of a shipping port, an international airport, a large military base, a number of theme parks, and various sporting events many county agencies have the benefit of experience in working together to manage large events.

Membership in the SpNP included a very diverse group of government agencies, not-for-profits, and private businesses. Government was represented at the state, county, and city levels. These government agencies provide many services: transportation, fire and rescue, police, animal services, social services, medical services, mental health services, public health services, communications, education, and emergency management. There were a number of NFPs in the SpNP, including the United Way, ARC, Salvation Army, and many groups representing people with disabilities. Several private businesses were represented that provide services to the SpNP, such as: communication, electricity, linen, oxygen, and transportation. As new agencies were integrated into the SpNP, they were offered assistance in rewriting their disaster plan, so that it coincided with the
county’s plan. Integrating each agencies disaster plan in the county’s plan, helped insure that in an emergency, services will not be duplicated.

According to several of the elites, one of the reasons Hillsborough County’s SpNP was so strong, was because the county was heavily into providing social services. This not only provided professional personnel, but the expertise needed to understand the issues associated, with meeting the needs of a special needs population. Also according to several elites, Hillsborough was the only county in Florida, which reimbursed medical personnel for working in the SpNSs or reimbursed ALFs and nursing homes for sheltering clients.

A disaster plan is worthless, if it sets on a desk and never tested to help expose weaknesses. Every year Hillsborough County conducts a tabletop hurricane evacuation exercise, where the SpNSs are made operational. The hurricane evacuation plan and SpNP also gets exercised occasionally, when there were evacuations for an approaching hurricane. In 2004, evacuations were ordered and SpNSs were opened, for three different hurricanes. After every exercise and evacuation a ‘hot wash’ was conducted, were SpNP agencies bluntly discussed, what went right and what went wrong during activation of the SpNP. Done in a professional manner, without pointing fingers or placing blame, an environment was created, where people felt free to present and address problems. This honest exchange of information helped people buy into the program, as agencies realized that as a team, everyone needed to work together to develop a better program.
According to many stakeholders and elites, educational outreach has been a major focus of the SpNP. Education is the process of communicating the risk of being affected by and how to prepare for hurricanes. Several agencies represented, stated that their focus was educating people to develop alternative plans and evacuate to public shelters, only if absolutely necessary. The belief was that education empowered people to take personal responsibility.

One of the biggest concerns, expressed by many stakeholders and elites was that the message was not reaching people who did not speak English. This was especially true when addressing the migrant population where people, many undocumented, were fearful of what the government would do with the information. Hidden, this population will not come forward, due to fear of being deported. Recently, there had been an increase in efforts to get information out through respected sources such as the church, Hispanic businesses, and Spanish media.

Many stakeholders believed it was not their efforts of educational outreach or information access that was the problem; rather it came down to people having the motivation to act. This point of view was supported, in that whenever a hurricane was predicted to strike Hillsborough County, SpNP registration forms suddenly pour in and agencies were inundated with phone calls about the program.

It was felt that when it came to preparing and developing emergency plans, people with special needs were no different than the general population, in that they also waited until the last minute. Everyone in the group seemed frustrated, by
the fact that no matter how hard they tried to get the word out, many people with special needs refused to register or prepare personal evacuation plans.

All of the stakeholders representing NFPs that provided services to people with disabilities, agreed that motivation was an issue but that was also true for the general population, as a whole. The issue was raised, that people on disability get approximately 500 dollars a month from Social Security and another 10 dollars in food stamps. On this limited income rent, electric, telephone, and other living expenses must be covered. Consequently, everything must be rationed and there was no spare money to purchase emergency supplies, for future use. Also due to this low-income, many people with disabilities living on Social Security, do not have cars and are dependent on either family or public bus systems for transportation.

While the State of Florida mandates that every county, maintain a special needs registry, it is a voluntary. Every year in March, each person in the SpNP database will be sent a new registration form, accompanied by a letter explaining the need to reregister. The new application must be returned by a specific date or that individual will be removed from the database. The purpose of a yearly registration was to update the SpNP client’s condition, an advanced triage, which will expedite the SpNS registration process during an evacuation. This yearly registration also allowed DOH to predetermine, how much oxygen was needed at the shelter and estimate how to prepare to accommodate the special needs of the population, evacuating to the SpNSs. Once registered, when arriving at the SpNS, the SpNP client only has to be asked to identify any recent changes to their
A yearly registration, also allows the removal of any individual, no longer requiring the programs services.

There was also the issue, that many people cannot transport themselves, during an evacuation. Transportation falls into two categories: those without cars and those with mobility limitations. The 2000 census, estimated over 14,000 residents of Hillsborough County, live in evacuation zones without vehicles. To deal with this, HartLine and volunteer drivers, will run over 24 routes with 200 buses. For those individuals who are bed-bound or wheelchair-bound and cannot get to shelters, the county will provide appropriate transportation, such as vans or ambulances, to assist these individuals.

While the core of the DOH staff in Hillsborough County was assigned to the three SpNSs, there still will not be enough space to shelter all the special needs evacuees, for a category four or five hurricane evacuation. A fourth SpNS has been identified, but the county cannot provide the appropriate staff, to open it. In order to help with the recruitment of medical personnel to staff the SpNS, all shelter workers are considered “de facto” county employees, so that they can be covered by the county’s liability insurance and Workers’ Compensation Insurance.

When asked what the biggest changes were over the past couple of years in the SpNP, many of the elites being interview referred to House Bill 7121, which had recently been passed by Florida’s legislation. Bill 7121 mandated, that agencies having clients evacuated to a SpNS, must provide staff or some sort of support to local emergency management. This includes both government agencies (DOE, DOEA, CMS, PWD, AHCA, DOH, VA, and Emergency...
Management) and public agencies/businesses (HHAs, Home Medical Equipment Agencies, and Nurse Registries), which provided services paid for by Florida’s Medicaid system. Legislation was also passed requiring HHAs, FAHAs, ALFs, and nursing homes, to continue to provide health care services during an emergency, such as an evacuation for a hurricane. At first, this legislation was designed so that it if a person receiving care from one of these agencies evacuated to a shelter, the agency would be required to send staff to provide the required care. As with much of today’s legislation, interest groups with powerful lobbyists were able to change the language. So while these agencies are required to continue providing care, after an emergency, there was no guidance as to how this is to be accomplished.

Representatives from the HHAs expressed concern, about legal liability issues. Many expressed concern, that their agency could be sued, if something happened. The five nurses and the HHA owner all expressed fears of being sued, for not knowing another agency’s patient ‘plan of care’. They seem to have either forgot or did not know that every HHA agency had received email and letters from the EOC, informing them that every nurse or nurses’ aide working in a SpNS, would be considered a county employee and would be covered by county insurance.

Another issue, with recent emergency management legislation was how people with mental health issues, were to be included in SpNSs. Special interest groups wanted everyone with mental health issues, no matter the severity, be placed in SpNS. Luckily, verbiage of the legislation was again vague enough that
local communities could make judgment calls, when admitting people with mental health issues into a SpNS. It should be noted, that there are many people with mental health issues, who with proper support would do very well in public shelters.

When asked why it took legislation, to get some of the agencies to participate in the SpNP, some of the stakeholders felt that it was a funding issue. It was felt, that many state agencies were already overworked and evacuation duties were mandated, without additional funding for new staff. Other stakeholders felt, that what it came down to was the agencies commitment to the community and that manpower and funding was only used as an excuse, because when staff was working in SpNSs, they were released from normal duties. It was believed, that in a disaster, an agencies commitment to the community changed and it was the responsibility of the agency to address and plan for that change.

For example, in the past CMS’s only role in county SpNPs, was the registration of their clients. Emergency management and DOH felt that CMS should also send staff to the SpNSs, to ensure that their clients received the proper care, which DOH nurses were not trained to provide. House Bill 7121, made CMS directly responsible for providing care for their clients, in the SpNSs. According to several stakeholders and elites, the bill was passed at the tail end of the legislative session and though language had been bantered about for months, the sponsor did not take all the recommendations from the DOH or CMS agencies.

With the new legislation, employees of many agencies are now required work emergencies and failing to show up during an emergency, face termination.
Several of the stakeholders and elites, suggested that there was a lot of resistance to change within the system, from long-term staff. Until the SpNSs open for another evacuation, there will be no way of knowing, who will show up to work.

In every focus group and in every elite interview there was a sense of pride in being a part of the SpNP, which was felt by most to be the best program in the state, if not the country. Many government agencies and NFPs reported that their emergency plans, were considered state or even national models, because of their working relationship with the EOC and other SpNP agencies. Several stakeholders and elites stated that because of their past experiences, they were called upon to provide training, to other counties. This suggested that professionals in other communities respected the work done, in Hillsborough County.

When asked if agencies had developed internal detailed plans, to respond to a hurricane, most stakeholders replied that they had. Many agencies had an employee phone tree, to contact workers and informed them if the hurricane plan was implemented. All governmental agencies, expect for one, reported that they had worked with the EOC in the development of their hurricane plans. Many of the NFPs, commented they also worked with the EOC, in plan development. A couple of the NFPs, expressed that they had no plan to protect equipment and vital office records or for reopening after the disaster. Several of the agencies thought that, while their response plan was well developed, it did not deal very well with what to do with employees after the storm. This brought up the issue, as to how these agencies, will continue providing services after a hurricane.
A second sub-theme, found under coalition building, was leadership. EOC leadership, played a large role in the development of the SpNP, especially when it come to networking with the agencies and trying to get all the players involved to discuss their roles during an evacuation. Leadership was found to have five categories: consistency, collaboration, communication, flexibility, and vision.

Several elites thought Hillsborough’s SpNP, was currently the states strongest, because it looked at the big picture. One example given was that Hillsborough provides transportation, not only to SpNS and hospitals, but has developed plans to get persons with disabilities to ARC shelters. Hillsborough also has made arrangements to provide transportation to ARC shelters, to those people in the general public, who have no access to private transportation. A second example was the efforts made by Hillsborough County, to allow evacuees to bring their pets to shelters, even going so far as to get public transportation to take pets.

Several of the elites interviewed thought that Hillsborough had the strongest SpNP, because they held several meetings each year and involve every agency or business, they could get to attend. It was made clear, that every representative at the meeting, was given the opportunity to express their opinion and suggestions are discussed and acted on. Because of this openness and cooperation everyone on the SpNP Planning Committee, has a sense of ownership of the program. Several of the elites claimed, that some of the other counties had few meetings and generally excluded other agencies, from the planning process.

When asked how Hillsborough developed it plan over the years, it was apparent there had been a culture of cooperation in the county, with the EOC.
When new issues concerning the SpNP come up, the EOC made an effort to contact the appropriate agency, to deal with the problem and worked to get them to join the SpNP Planning Committee. This outreach by the EOC, over the years, brought many agencies into the planning process.

Hillsborough was able to purchase supplies for the SpNSs, by using Homeland Security grant money earmarked for developing programs, responding to terrorism attacks. While some counties placed all their emphasis on terrorism, Hillsborough County purchases equipment that could be used not only for terrorist attacks, but for hurricane evacuation.

It was felt by many, that consistency of EOC staff over the past decade was one of the reasons the program, was so well developed. By maintaining the same leadership, over a period of 13-year period, stakeholders in the SpNP knew who they were dealing with and where they were coming from. A stakeholder expressed, the belief that Hillsborough County was in the forefront of dealing with disasters and emergencies, because the EOC staff were aware of the needs and did whatever they could to meet those needs. Several stakeholders agreed with this statement and expressed the belief, that Hillsborough County had some forward thinking people, in emergency planning.

Several of the stakeholders and elites felt that Hillsborough’s SpNP was probably the best in the nation, because of a core group of people, who were very good at what they did and where not afraid to speak their minds. It was believed, this freedom to speak freely without fear of losing their jobs, allowed EOC staff to be effective advocates. This was attributed to good leadership, at the EOC.
Several of the stakeholders and elites, expressed that the director of the Hillsborough EOC, was well trained and ahead of his time. Over the years, the EOC quietly developed a plan and exercised it yearly, with few resources other than the commitment of stakeholders in the SpNP Planning Committee. According to one stakeholder consistency, collaboration, communication, flexibility and vision were only possible if workers receive the proper support from management. This atmosphere of openness, by the EOC leadership, permeated the staff.

When asked what their agencies relationship was with the EOC, most every stakeholder agreed, that there was a sense of collaboration in the SpNP. Several of the stakeholders, who worked with other county EOCs in Florida, commented that working relationships varied greatly between counties. Some agencies complained, in some counties the EOCs excluded them, from the planning process. Yet many stakeholders added that since the 2004 and 2005 hurricane seasons, most EOCs had become more response, realizing the need to collaborate and coordinate with other agencies.

Of the 10 elites interviewed, four worked for agencies, with jurisdiction over several counties. All four of these agencies, were represented at the Hillsborough SpNP Planning Committee meetings. When asked if they attended SpNP meetings in other counties, only two did so. One of the elites expressed, that at least one county wanted their agency to send a representative to their SpNP Planning Committee meeting, but since the agency headquarters was in Hillsborough, it is not realistic because of driving distance.
When asked what could be done to improve the SpNP, one stakeholder thought that communications could be improved between agencies, especially with agencies that had recently joined the Planning Committee. The focus groups themselves become objects of change, as several participants who had only seen each other across the conference room, were now exchanging ideas.

A couple of the elites, expressed concerns about using the term ‘special needs’, when talking about the population being served. Several of the stakeholders, complained that the media would focus on what to bring to a SpNS, but did not explain what constituted being identified as having special needs. One stakeholder explained that part of the confusion existed, because the DOH had yet to write, a definition of what constituted a special needs client. Without a statewide definition of special needs, each county was left on its own to develop their own definition, resulting in confusion as agencies moved between counties.

The term special needs, is widely used within disaster services and the emergency management world. It generally refers to an extremely broad group of people with disabilities, people with serious mental illness, minority groups, the non-English speaking, children, and the elderly (CDC, 2007). Since there was an 80% chance, everyone will experience a temporary or permanent disability at some point in their lives; this definition of special needs could cover more than 50% of America’s population; rendering the term meaningless (Kailes, 2002). Some stakeholders, suggested that ‘medical needs shelter’ may be a more useful term, as most people with disabilities do not require a medical shelter.
Another language issue became apparent, when stakeholders and elites referred to people registered for the SpNP, in their interviews. Those registered in the SpNP are referred to either as patients, clients, or people depending on their relationship with the agency speaking about them. For example, in the focus group all the HHA representatives, referred to this population as patients. In other focus groups, those agencies providing health care services also tended to refer to this population, as patients. Meanwhile, the two NFP who provide information and referral services to this population, referred to them as clients. Two agencies having no service-providing relationship, with this population, called them people.

One stakeholder commented that over the past couple of years they learned each hurricane presented different problems depending on its strength, amount of rain, and whether the area affected was urban or rural. Accordingly, reactions to hurricanes have varied and they learned something different, from every storm. It was hoped, that in responding to future storms, the agency remains flexible enough to work issues out as they arise.

One NFP representative admitted that part of their problem was inflexibility, when interacting with volunteers. For example, in many cases the volunteer must go through three days of classes, before being deployed. This was a problem, as many people show up, wanting to help immediately. When told it took three days of training, they volunteer with another NFP, who will put them to work immediately. New training programs were now being developed, so volunteers could be ready to go, within a four or five-hour period.
The third and final sub-theme to the development of the SpNP, were factors that have been barriers, to the SpNPs success. Seven categories of barriers were identified: legislation, identifying targeted population, educating targeted population, staffing of SpNSs, training, resistance to change, and power struggles.

During the 2004 and 2005 Hurricane Seasons, eight hurricanes struck Florida and many residents with special needs suffered, because their county did not have provisions in the emergency plan to provide for their needs. While past legislation, required county emergency management agencies to develop a SpNP and keep a list of people in the community with special needs, there were no guidelines on how to maintain the list or how to provide for the special needs population. Consequently, the SpNPs developed by counties ranged from just keeping applications in a desk drawer, to the development of comprehensive emergency evacuation plans and identification of SpNSs.

After Hurricane Andrew, a Special Needs Task Force released a 1996 report identifying the vulnerability of Floridians with special needs, as a major concern. Recommendations included: developing a definition of people with special needs and coordinating and strengthening the registration process (DOEA, 1996). Yet 10 years later, the state still has not developed a definition of people with special needs, nor has it developed a coordinated registration process.

None of the agencies, in the SpNP had any idea how big the special needs population, was in Hillsborough County. It was felt, many people did not register for the SpNP, because they had a both a plan and people to take care of them. The thought was people with special needs, should have an evacuation plan and
only register for the SpNSs as a shelter of last resort, when the primary plan had complications, such as, the car being in the shop. At least if a person was registered, they were known to the emergency management system, in case of some other form of emergency evacuation. There was a sense, that there had been an enormous effort to get the public informed, so that they could develop appropriate emergency plans. Many stakeholders, felt that no matter what outreach was done, there would always be some people who did not get the information and others who would refuse to register.

It was thought many people, did not trust the government with personal information, afraid that they might lose control of their lives. In American society, most people are leery, when someone knocks on the door and says, “Hi. I am from the government and here to help you”. There was also a feeling many people, did not believe they would ever be affected by a disaster, referred to as the “ostrich syndrome”. Several stakeholders and elites reported that many people lived in denial of the situation, because they believe that when a disaster occurs, someone from the government would be there to take care of them.

One of the problems, with providing education was the need to ensure that the information provided, targeted the physical abilities of the audience. It must be remembered, that not everyone was young and healthy and could accomplish the same tasks. A second problem with providing education, was many people assumed because the information was on the Internet, everyone has access to it. It must be remembered, that many elderly and low-income people do not have access to, much less, know how to operate a computer.
Each county was required to have SpNSs, but some of the rural counties do not have buildings meeting the construction codes, to serve as shelters. These counties have developed regional agreements, to send their SpNP clients, to other counties. The fact, that some counties sheltered their SpNP clients with the general population, confused residents of those counties that separated the populations. As a result, some people are afraid of going to shelters, where they might be exposed to undesirable elements.

According to a survey of SpNS workers, during the 2004 Hurricane Season conducted by the DOH, approximately 61 percent were uncertain about the safety of family and loved ones (Florida DOH, 2004). Many of the stakeholders felt, it was part of their job to make sure that their family was cared for, during an evacuation. Several stakeholders, mostly HHA representatives, expressed the concern that emergency planners did not provide supervision, for the children of SpNS workers. It was felt that plans needed to be developed, to take care of workers children, while parents were working during an evacuation of the community.

The issue was raised, that the majority of the staff in SpNS were women and often they were the head of households, with children. This is especially a problem, for agencies that send nurses, to help staff the SpNS. What do you do if they refuse to go? An agency threatening to fire a nurse has little effect, when both parties know that because of the extreme, nation-wide shortage of nurses there are plenty of agencies that would be more than happy to provide a job.
There was a problem in staffing SpNSs, in that public health nurses are not currently trained to provide health care, to patients with chronic conditions. Their training was in preventing diseases, in the community. This limited the ability of the public health nurses, to respond to many medical emergencies, in the SpNSs.

Another training problem identified, was the training of HHA personnel, as to the specifics of the SpNP. It was apparent, that many of the HHA representatives interview, had no idea as to the role of the ARC during an evacuation. Of the eight HHA representatives, only one knew the difference, between a SpNS and an ARC shelter. This is a serious problem as, by law, the HHAs are required to register their patients for the SpNP who qualify and if not properly informed as to the specifics of the program, how can they be expected to educate others?

Another weakness of the SpNP, were power issues between the county government and a city government in Hillsborough County. It seems a waste of money, for a city to develop a separate emergency agency, when the county was required by law, to maintain an office of emergency management. There was some feeling that this duplication of agencies, created problems when procedures differ, causing a struggle for control of operations within the city.

**Collective Moral Responsibility**

The third and central theme, as perceived by stakeholders, was collective moral responsibility. Collective moral responsibility was found to have three sub-themes: cultural expectations, personal responsibility, and government responsibility.
As part of the SpNP, there were plans to transportation many people with disabilities, who required help with personal care to public shelters. While public shelters were required to meet certain ADA standards such as handicapped accessible restrooms, the shelters will not have the properly trained staff (volunteers) to provide assistance to people, needing help with personal care.

Much concern was expressed by the HHAs for patients, in the event of a large evacuation, because of shortages of ‘special beds’ in the shelters. They also felt, as health care workers they were presented with a ‘moral dilemma’, as to what do with patients who don’t qualify for the program and would not be able to function in a public shelter without personal assistance.

According to some of the stakeholders, there have been cases where a spouse would transport a client to a SpNS drop them off at the front door, alone with no caregiver. The spouse returned home to care for pets and set out the storm in the comfort of their homes.

There was general agreement among the six HHA stakeholders, who were either managers or owners that they would be working, but felt they could not require employees to work for a variety of reasons. The principal reason being, there were no plans to provide adequate care for the children, of workers in the SpNP.

Stakeholders also considered pets, to be a major issue. They knew people whose pets were the one consistent thing in their lives and some would never evacuate, unless they could bring their pets. Believing that it came down to the question, as to whose life is most valued by the community humans or pets;
several stakeholders expressed that emergency management, should focus on humans. According to many stakeholders, people decide whether or not to have pets and consequently during a disaster they should be responsible for their pets, not the government. Even though pets are accepted at the SpNSs, there was a limit to the number that could be sheltered. Several stakeholders and elites blame the pet situation on the media, who shaped public sentiment, by going out filming stranded animals and children crying for lost pets. The media made it appear that the government was responsible for the rescue, care, and reunion with pet owners. According to the stakeholders and elites, the media should have used the opportunity to educate the public by explaining that this happened, because people were irresponsible and failed to plan for the care of their pets.

According to stakeholders, people should only be dependent on the government when nature delivers a surprise to a community, like a snowstorm in Florida. Many stakeholders expressed the feeling, that many Americans expect the government, to take care of everything. Many stakeholders agreed with the statement, that our society wants everything to be perfect. For example, during a hurricane, the public believes that nobody should die and people want to be able to set in their homes with cable television and air-conditioning. Stakeholders felt that the general public did not understand, when managing an emergency the response will never be perfect, because of the uncertainty tied to hurricanes.

Currently, the SpNP operates under a model, based on a person’s medical condition. For example, anyone on oxygen was automatically admitted into a SpNS, but modern oxygen delivery systems can operate without electricity. Under
an ability-focused model, those people on oxygen who do not need medical supervision and could provide for their own care would be placed in public shelters. The current medical model's rules and paperwork are designed to regulate the care provided to people, when everyone has different needs, requiring different plans of care. This was a major problem, when it came to getting people an extra month's supply of medication, in case of an emergency. The insurance companies, resist paying for extra medications and many people cannot afford to pay out-of-pocket for back-up medications. Stakeholders made it clear, people under Medicaid, would not have access to extra medication. This was something, many felt should be addressed, by state legislation. There was also the problem of pharmacies, having the needed supplies on hand, to allow them to give everyone an extra month supply of medication. Even if the pharmacies had the medication on hand would, the pharmacists have the time to dispense medications to everyone, in the short period before people have to evacuate?

Several stakeholders expressed, that government at all levels was partially to blame, due to the notion that it no longer had a social responsibility for citizens. For a politician, mitigation is spending money, on something that may not happen. Since politicians are only elected for four years, mitigation efforts such as buying cots and supplies for SpNSs may be considered a waste of money, if not used.

The issue was also raised, that often legislators do not understand the issues, surrounding the policy they build. For example, the HHA stakeholders felt that policy makers did not understand that the majority of their workforce was
contracted and many worked for four or five different agencies, at any given time. As contractors, they had the right to refuse to take a case, or work at a SpNS.

America's immigration laws were also an issue, as in Florida's rural areas there exist a large population of non-document Spanish-speakers, who do not want to be identified. Many of these families have children born in the U.S., who have access to social services, but these services were not available to the undocumented adults. Often these children act as their parent's translators, without knowing their parents, were in the country illegally.

As a result of states, not addressing issues of sheltering people with special needs, the federal government has begun to issue mandates. The U.S. Department of Justice (DOJ) has released regulations, on what emergency shelters must do, to be in compliance with the ADA of 1990 (DOJ, 2007a). The DOJ developed a checklist for selecting emergency shelters. In its ADA Guide for Local Governments, the DOJ set out requirements that local emergency management offices must meet: 1) solicit and incorporate input from people with different types of disabilities regarding a phases of emergency planning; 2) develop ways to inform people who are deaf or hard of hearing of an impending disaster; 3) develop plans for evacuating people with disabilities including providing appropriate transportation; 4) make sure shelters are ADA compliant such as accommodating service animals, refrigeration for medications, and accessible communication for people who are blind, deaf, hard of hearing or have speech disabilities; and 5) identify temporary accessible housing if people can return home after a disaster (DOJ, 2007b).
It was expressed that with the current attention to SpNSs, there was a lot of funding available and progress was being made, but it may not continue. Noting that the SpNP was a governmental program, many stakeholders worried that the current funding commitment may not continue, into the future. According to one stakeholder, the same funding pattern was currently going on, with the pandemic flu scare. There was a lot of money being spent, but those who receive the money were given very short time periods to accomplish their work, resulting in poor planning and management. Money was being wasted, because many different agencies were receiving money and with no coordination, efforts were being duplicated.

When asked why the changes were being made now and not years ago after Hurricane Andrew, one of the stakeholders replied, that it takes a big event to occur before the government responds. The stakeholder added, that the government did respond after Hurricane Andrew but that the funding quickly dried up, due to years of mild hurricane seasons. Consequently, programs started after Hurricane Andrew, disappeared after a few years.

**Barriers to SpNP Development**

Several stakeholders raised the issue that HHAs have very strong lobbyists and anytime the legislation tries to place more stringent requirements on the industry, it gets removed. Many agencies across the state, tried to get legislation passed requiring HHAs to provide staffing to SpNSs, that their clients use. HHA lobbyists were able to convince legislators to change the language of the bill, so it
did not specifically state, staff must be sent to SpNSs. Even so, the new legislation requires HHAs to describe how they will ensure for the continued care of their patients during a disaster, wherever they shelter in the community.

A stakeholder made it clear that in the social service field, there were people that really cared about their jobs, but because of the low pay and excessive work they could quickly burn out. When something new is added to their duties, like staffing the SpNSs, they will go along with change as much as they can; but it was just one more thing for them to do, when they already do a little bit of everything. The stakeholder believed, there was some apathy to change and there are those who will do, as little as possible.

In the past, residents of a local retirement community, registered for the SpNP through their own system and the EOC would enter the list into the SpNP database. The DOH now wants each person, to fill out and turn in a standardized registration form, each year. The representative from this retirement community insists, many residents will not fill out the forms, either because they do not want to give out the information or they are afraid of being forced to evacuate. There was great resistance from the retirement community, to this new registration process, which will only create future problems.

There were also many complaints, from SpNP clients interviewed, concerning the new registration process. Many were particularly concerned, that they had reapplied months ago, but had not received notification of their acceptance into the program. They were fearful they were no longer, in the SpNP database. The problem originated, when the DOH first took over the database.
Due to a lack of staff at the EOC and a faulty computer program, the SpNP database was full of individuals, who no longer required the program but had not been removed from the database. To clean the database, DOH required that everyone, re-register for the program. This process involved, sending out over four thousand letters, asking people to reregister or be removed from the program. The volume of returned applications, overwhelmed the staff assigned to evaluate if the applicant required evacuation to a SpNS, hospital, or could stay in a public shelter.

During the focus group with HHA stakeholders, it was apparent that they were not able to identify, differences between public shelters and SpNSs. Only one of the participants knew that ARC had no part in staffing a SpNS, because she had actually been at a SpNS, several times. HHAs reported that some of their patients needed transportation to SpNSs and wondered what arrangements, were in place. Another issue raised by the HHAs, was the tracking of the patients. Concern was expressed that individuals signed up, may no longer be their patients and may move. They worried these individuals, were not being tracked and might fall through the cracks in an evacuation. They thought it should be the responsibility of the SpNP, to track these people. But how can the SpNP keep track of people, when they move, unless they are informed of the move? It seemed the HHAs felt, their patients were not personally responsible for their own safety, but were the responsibility of the government.

A major issue addressed by the HHAs, was they all knew there were many people in the community, who are not receiving assistance from some agency and a lot of them would have no clue what to do in an emergency. It was felt, the
community or the state needed to identify the special needs population, to get an understanding of just how big the issue was.

Many stakeholders agreed, denial was a major issue in accounting for why people did not evacuate, when requested or why they did not buy emergency supplies. It was felt that as a whole the SpNP did a pretty good job at getting the word out about disasters, but people pretty much ignore it, having the mentality that it would not happen to them. Still stakeholders believed more outreach was needed, to educate people.

Two types of apathy were found: personal and institutional. Many of the stakeholders believed, apathy was the result of years of hurricanes not coming close enough to Hillsborough, to cause much damage. One stakeholder expressed, that apathy was a major issue with Hurricane Katrina, because of the area previous experience with Hurricane Camille in 1969. Many people, having survived Hurricane Camille, had a false sense of security. People living in areas, not touch by Hurricane Camille, were completely destroyed by Hurricane Katrina.

For the three 2004 evacuations in Hillsborough County, 600 people evacuated to SpNSs for Hurricane Charley, 400 evacuated for Hurricane Frances and only 240 evacuated for Hurricane Jeanne. For each mandated evacuation, fewer and fewer people complied. Several stakeholders believed, in each case where an evacuation was called and the stormed missed people began to believe, emergency management was just ‘crying wolf’.

Many stakeholders also believed, because of the lack of big storms hitting Florida since Hurricane Andrew in 1992, many agencies and the government
developed apathy. Consequently, these agencies and the government failed to see the need, to develop emergency plans.

There were still many agencies in the community, who should be involved with the SpNP but are not. HHAs still, do not provide staff to the SpNSs. Nursing home representatives, do not participate in the planning process. Great efforts have been made, to get mental health representatives involved in providing staff to SpNS, without much result. In the past, the SpNP had few members, advocating for people with disabilities. There has been great improvement in participation of NFPs, representing people with disabilities, but they have not stepped up to help staff the SpNS. For example, one stakeholder emphasized, many in the deaf community would not evacuate to a shelter, unless an interpreter was always available. Yet agencies that provide interpreters, want their contractors to be reimbursed, at a rate of 150 dollars per hour.

When asked why it took so long for the disabled community to become part of the SpNP and advocate for themselves; one of the NFP stakeholders admitted that there had been a lot of apathy, but that part of the explanation was the mindset of many people with disabilities. She explained, that many people with disabilities did not want to be dependent and withdrew, not wanting to be a burden on others.

One SpNP weaknesses identified by stakeholders, was that the program focused on preparedness and response activities, not on recovery. The example was given, that it has been over two years since Hardee County was devastated and still they had only one road in and out. Stakeholder’s felt that recovery plans
needed to be developed, because when a community is devastated by a hurricane, everyone was affected. First responders may be helping other people recover from the disaster, while having to deal with the fact, their homes had been destroyed and their families displaced.

Interaction of Themes

Stakeholders interviewed during this study identified three main themes as the driving force in the development of the Hillsborough County’s SpNP: disaster experience, coalition building, and collective moral responsibility (see Figure 3). Collective moral responsibility was found to be the main theme and directly affected the development of the SpNP coalition and how people and institutions experience disasters. It was apparent throughout the interviews with stakeholders and elites that they deemed that the community had a collective moral responsibility to protect people with special needs during a hurricane evacuation. After the evacuation of Hillsborough County for Hurricane Elena in 1985, it was clear that a program needed to be developed, to provide adequate shelter and a system to provide care for people with special needs during an evacuation. While Hurricane Elena, did not actually make landfall in Hillsborough County, it forced a three-day evacuation of the community. During the evacuation workers in public shelters were over-whelmed, by those evacuees with special medical needs. The combination of feelings, of collective moral responsibility and secondary disaster experience, resulted in the formation of a coalition called the Hillsborough County Special Needs Program Planning Committee. Over the years, the SpNP evolved,
as it incorporated the resources, disaster experiences and moral responsibilities of new stakeholders as they joined the coalition.

Figure 3. Model of how members of the SpNP Planning Committee perceived the meaning of community responsibility for individuals with special needs, in an evacuation for a hurricane.

Prior Theoretical Research

Many researchers argue that rather than discrete events, disasters are social constructions and as such are products of social definition (Kreps, 1989;
According to the constructionist’s point of view, it was the organized activity of claimsmakers (stakeholders), which ultimately constructed society’s definition of what constitutes a disaster (Sarbin & Kitsuse, 1994; Tierney, et al, 2001). As different groups promoted claims about disasters and their potential and probable consequences to the community, social problems were identified and defined. Once a social problem had been defined, stakeholders engaged in activities to influence the public agenda, so that the issue was addressed. Usually, social problems are addressed through actions taken, at some level of the government.

**Disaster Experience**

Research suggested disaster experience, contributed to higher levels of household and community preparedness (Tierney et al, 2001). According to results from a meta-analysis of the literature, a community’s efforts in disaster planning, was directly related to the frequency of disasters in that community (Drabek, 1986). Communities or agencies having repeated experiences with disasters, will often develop ‘disaster subcultures’, with beliefs about what actions should be taken to protect people (Wenger, 1978). According to Wenger, disaster subcultures only develop in a community, when three factors are present: repeated disaster impacts, impacts result in significant damage, and risk knowledge.

Results from this study did not support Wenger’s view. It can be argued that Hillsborough County developed a strong disaster subculture, even though the community has not received significant damage from a disaster, in over 80 years.
In fact, many agencies in Hillsborough County have a high level of knowledge of the risks presented by hurricanes. This knowledge of risk, can be attributed to four primary sources. First, many agencies have employees who experienced the damaging effects of hurricanes, while living elsewhere. Second, over the years Hillsborough County has activated its evacuation plans several times, due to threats from hurricanes, which were ultimately diverted to other locations. Third, much of the knowledge of risk was gained through the experiences of agency workers from Hillsborough County being deployed, to help communities affected by hurricanes with search and rescue then recovery efforts. Fourth, the media broadcasted images of the devastating effects, hurricanes created in other communities. In 2004, the SpNP was made operational three times, for hurricanes that ultimately missed. After closing the shelters and EOC, those people involved with the SpNP, were able to go home and watch media coverage of the damage the hurricane caused in other communities.

While nothing could be found in the literature, on the effects of personal experiences with disasters and the effect on the agencies they work for, some researchers have examined the effects of exercises on systems-level preparedness (Livet, Ritcher, Ellison, Dease, McClure, & Feigley, 2005; Burke, Sarpy, Smith-Crowe, Chan-Serafin Salvador, & Islam, 2006; Dausey, Buehler, & Lurie, 2007). To study public health and health-care sectors, abilities to cope with large-scale public health emergencies, researchers conducted content analysis on exercises simulating emergencies (Biddinger, Cadigan, Auerbach, Burstein, Savoia, Stoto, & Koh, 2008). Exercises were found to improve two levels of
preparedness: individual and institutional/system. At the individual level, exercises were found to provide hands-on education, to personnel on a community’s disaster plans and procedures. At the institutional or systems level, exercises help to reveal the plans weaknesses, disclose missing resources, and clarify specific roles and responsibilities for participating agencies.

In Hillsborough County, their SpNP was tested yearly, in conjunction with the annual hurricane evacuation exercise. Immediately after every exercise, there was a review of the exercise or hot wash at the emergency management center. During the hot wash, the performance of every agency was critiqued, weaknesses in the plan identified and improvements to plans suggested. Agencies then conduct their own internal hot wash and reported results back to the EOC planner. The planner then developed a comprehensive document, identifying all issues raised by the different agencies and provided this information to all members of the SpNP. This same protocol was followed, for the 9 hurricane evacuations Hillsborough County has conducted, since Hurricane Elena.

Coalition Development

The social constructionist examines social activities stakeholders engage in, to develop a program to address a social problem (Tierney, et al, 2001). This process of taking action, to ensure community agencies are able to protect people in the event of a disaster, was referred to as social preparedness (Gillespie & Streeter, 1987). The process of social preparedness involves a financial commitment, planning, training, and community education.
There was a growing body of literature on the importance of agency collaboration when addressing social problems. Coalitions are defined as, “… interorganizational, cooperative and synergistic working alliances” (Butterfoss, Goodman, & Wandersman, 1993, p. 316). Community health projects, relying on coalitions and partnerships between agencies to bring about change, have increased dramatically over the past 30 years (Berkowitz, 2001; Kadushin, Lindholm, Ryan, Brodsky, & Saxe, 2005; Zakocs & Edwards, 2006).

Review of the literature found, coalitions to be important in seven ways (Butterfoss, et al, 1993). First, through coalitions organizations can share management and development of programs. Second, coalition activities can develop wide-ranging public support to address social problems. Third, using joint action coalitions enabled individuals and organizations to maximize power, allowing the group to achieve objectives that could not be done individually. Fourth, coalitions can help provide a seamless system to deliver services, in a manner that minimizes duplication of efforts. Fifth, a coalition of agencies provided access to more skills, resources and ability to influence action on an issue than organizations working alone. Sixth, coalitions provided pathways to recruiting knowledgeable people from the community, to help address the issue. Seventh, flexible coalitions are able to exploit new resources, as community situations change.

The findings of this study would agree with findings from the literature review by Butterfoss, et al (1993), but would suggest that flexibility is the most important of the seven variables. Only through the flexibility of coalition members,
can the other six variables be achieved. The researcher has often heard the phase, “… flexible like Gumby” and a flexible, green Gumby can be found in the EOC’s reception room. Currently, one of the barriers to the SpNP reaching its full potential was that there are several organizations in the community, who have not committed personnel to help staff shelters. Members of the coalition have tried to get these organizations to participate but in some cases have failed. Several organizations have recently been legislated to participate, through the members of the SpNP advocating legislators to pass laws, requiring their participation.

The literature suggests coalitions can be categorized into three types depending on differences in membership, formation patterns, functions of the coalition, and types of structures in place to address these functions (Feighery & Rogers, 1989). The first type of coalition was organized by volunteers, in times of crisis, to apply grassroots pressure on policymakers. The second type of coalition was formed by professional organizations, to increase power and influence. The third type of coalition was community-based and was formed by professionals and grassroots leaders, who join forces to influence community practices for the long-term. Criteria for a community coalition was that it involved multiple sectors of the community, addresses local community issues, and helped resolve social problems through collaboration (Berkowitz & Wolff, 2000). The Hillsborough County SpNP, because of its membership diversity would be considered a community coalition.

Five factors were found to contribute to the maintenance of coalitions: extent of formality, leadership characteristics, membership characteristics,
organizational climate, and quality of relationship with external support systems (Butterfoss, et al, 1993). (1) Formalization was the extent to which the coalition defined rules, roles and procedures. Activities included writing memoranda of understandings, by-laws, defining policy and procedures. (2) Strong leadership was important in maintenance of coalition activities. Leaders need to be supportive of member concerns and be able to negotiate, gather resources, and resolve conflicts and problems to maintain coalition operations. (3) The primary asset of a coalition was the resources and skills members bring. Membership was maintained when the benefits of collaboration (networking, information sharing, and resource sharing) outweigh the costs associated with participation (time, lose of autonomy, sharing resources, additional responsibilities). (4) Organizational climate can be characterized by relationships among members, relationship with staff, communication patterns, and processes for resolution of conflict, problem-solving and decision making. (5) Coalitions are also maintained through external supports such as funding from grants and support from local politicians.

These five factors were found in a second review of the literature by Zakos and Edwards (2005), examining coalition functioning and community-wide changes. In this meta-analysis coalitions were found to be more effective when there were formal procedures for governance, encouragement of strong leadership, cultivation of diverse membership, active participation by members, and a sense of group cohesion and collaboration (Zakos & Edwards, 2005). The Hillsborough County SpNP displayed all of these factors and a sixth factor, which is pride in being part of a program that was considered a state model if not a
national model. Many of the stakeholders reported, with a sense of pride that their organization’s emergency plans were considered models and they were often asked to help provide training to sister organizations.

A meta-analysis of emergency response exercises involving public health agencies found five domains: leadership and management; communication; surveillance and epidemiology; disease control; and mass care (Biddinger, et al, 2008). The leadership and management domain had four themes: understanding of roles and responsibilities; interagency coordination, decision-making process; and strategies to reduce staff absenteeism. The communications domain had three themes: information sharing among agencies, Health Alert Network, and issues in communication to the public. The surveillance and epidemiology domain had the theme of patient tracking. Finally the mass care domain had the theme of surge capacity and sub-themes of staff shortage and credentialing of volunteers.

The findings from the study of the Hillsborough County SpNP found that two of the domains had themes that were issues - leadership and management and mass care. The issue with leadership and management was with strategies to reduce staff absenteeism. It was assumed, all staff assigned to shelters had developed plans to care for family members and pets. Not every staff member has someone who can care for their family/pets, while they work in the shelter and many staff do not have the financial resources to pay someone. Failure to adequately plan to provide for shelter staff’s family/pets creates resistance, to participation in the program. This is especially true of single mothers, who have small children and do not want to abandon them during a disaster.
In this study, three themes were found in the coalition’s development of the SpNP: stakeholders, leadership, and barriers. The theme stakeholders had eight sub-themes: defining special needs, diversity, planning, education, registration, staffing, benefits, and continuation of operations plan. Two of these sub-themes, registration and continuation of operations plan, were not identified in the empirical literature on coalition building. In this study, the majority of the stakeholders interviewed felt that identification and registration of the special needs population, was a critical issue. It was also clear, for organizations to be able to respond to a disaster as functional members of a coalition, their organization needed to have developed a detailed continuation of operations plan for responding to disasters.

The theme leadership, in this investigation, was found to have five sub-themes: consistency, collaboration, communication, flexibility, and vision. The sub-themes collaboration and communication were identified in the literature, as sub-themes of leadership but consistency, flexibility, and vision were not. In this study consistency of staff at the EOC, was identified as a major contributor to the success of the SpNP, by the majority of the stakeholders. The EOC responded, their success was due to the freedom to be flexible. This flexibility allowed the EOC staff the freedom to speak their minds, without fear of repercussions, even if what they have to say annoyed some people.

Finally, the theme barriers to the formation of the SpNP had eight sub-themes: legislation, identifying targeted population, education, motivation, staffing, training, resistance to change, and struggle for power. All the sub-themes, except for identifying targeted population and motivation were previously identified as
barriers to the success of coalitions. While the literature did refer to the struggle for power as a barrier to some coalitions successes, in this study the power struggles were not within the coalition itself, but was a struggle between levels of government. In this coalition the county was the major force, but the authorities of a major city wanted to have control over operations, in their jurisdiction.

_Collective Moral Responsibility_

During the development of a community’s disaster response plan, serious ethical decisions on numerous issues must be made by stakeholders (Roberts & DeRenzo, 2007). For example, who in the community will be protected, what resources will be committed to the plan, and what level of safety will be provided? According to Roberts and DeRenzo, there are two theories of ethical behavior that are applicable to the planning process for emergency situations that may result in mass-casualties: consequentialist and duty-based.

Developed by Bentham, consequentialist ethics or utilitarian theory, asserts that public policy should maximize the good for the greatest number of people possible. This form of ethics evaluates what is good, based on whether or not the outcomes of the proposed actions will be good. When basing policy decisions using consequentialist ethics, stakeholders must be aware of two major weaknesses. First, it was difficult to predict consequences of a disaster because each disaster was different. Second, when maximizing the good for the greatest number of people, minority groups may find their rights ignored.
In opposition to consequentialist ethics was duty-based ethics. Developed by Kant, duty-based ethics, also known as deontology focused on nonconsequential-based notions of good (National Endowment for Financial Education, 2006). Duty-based ethics asserted that public policy was good if it meet the duties and obligations of the stakeholders. The major weakness of duty-based ethics was during a disaster, a person may have conflict due to duties associated with different roles. Disaster workers will have to choose, between duties associated with their professional role at work and their role as family members.

In the empirical literature, a person’s role has been identified as a moral concept in the health care and welfare professions (Bowie, 1982). Along with a role comes obligation, which has traditional, legal, and moral obligations. When assuming a role, one no longer acts strictly as an individual but was bond to operate within a certain set of rules and expectations (Downie, 1982). For example, cultural expectations obligate certain occupational groups; such as police, firefighters, nurses and other emergency workers put their own individual self-interest aside when disaster occurs (Tierney et al, 2001).

According to Bowie (1982), the rules and expectations of any role, can be divided into one of three categories. The first category was the role’s customary elements or behavior norms one was expected to conform to, even though they may not be written down. The second category consists of a role’s legal elements; those formal rules and regulations one must adhere to if they wish to retain the job.
Category three consists of the moral obligations of the role. There is a close connection between legal responsibility and collective moral responsibility.

During the interviews with stakeholders it was noted that people in the SpNP were labeled in several different ways: patient, client, consumer, and people. While there did not seem to be any confusion on the part of stakeholders as who was being referred to, the use of different terminology has connotations. The term patient insinuated, the person was passive, leaving the health care professional to direct care. The term client suggests dependency, under the protection of another. Consumer on the other hand implied, the person was the arbiter of his or her needs, and it was the role of the professional to meet those needs to the consumer’s satisfaction. A study of populations from four clinics indicated, in the medical setting sick individuals tended to identify themselves as patients (Deber, Kraetschmer, Urowitz, & Sharpe, 2005).

It should be obvious, that health and welfare are bound together and professionals from different agencies should work together, to provide a seamless system of care (Downie, 1982). Downie identifies two types of collective responsibility, in the care of people: vertical and horizontal. Vertical collective responsibility represents the institutional role in providing care, where the individual represents a profession and its duties and values. In horizontal collective responsibility, a variety of professionals share responsibility for care of people.

Three ethical questions must be dealt with, in collective decision making (Pellegrino, 1982). First, will moral responsibility be shared between agencies in collective decisions? Will agencies keep individual moral responsibility or was
there a collective moral responsibility transcending individual responsibility?
Second, when making collective decisions does one cooperate with decisions not meeting personal moral standards? Does one fight for personal beliefs to the death or was there some compromise? Third, faced with conflict of obligation who should be the primary benefactor of moral responsibility? Each member of a collective decision has three categories of obligations, (1) to the group being served, (2) to partners in the collective decision, and (3) to personal moral principles.

In this study, the third theme, collective moral responsibility had three sub-themes: cultural expectations, personal responsibility, and government responsibility. The sub-theme cultural expectations had four categories: protect vulnerable populations, women’s role, pets, and media’s role. The second sub-theme personal responsibility, was the expectation that if a person is able to care for themselves or have someone to care for them in a disaster, they should be able to provide for themselves during a disaster and not rely on the government. The third sub-theme, government responsibility had three categories: medical model, legislation and funding. The government plays a big part in the development of many programs to address social problem because, as a culture, we expect our government to act as the agent in satisfying our feeling of moral responsibility. The fourth sub-theme were barriers to the SpNPs development, which has six categories: resistance to change, training, denial, apathy, missing players and the plans Achilles’ heel as if focuses on preparation and response but failed to plan for disaster recovery.
Main Findings: Clients Construction of the Meaning of the SpNP

In this section, the second of the three research questions, how clients of the Hillsborough County Special Needs Program constructed their meaning of the program, are discussed. To understand how clients of the SpNP constructed their meaning of the program, 30 in-depth, semi-structured interviews were conducted. Issues raised, were verified by interviews with elite participants.

Five major themes were identified: registration barriers, SpNP knowledge, support systems, cultural expectations, and media. The central theme explaining how clients constructed their meaning of the SpNP was cultural expectations.

Registration Barriers

Both Client and elite groups agreed, there were five main sub-themes as to why people did not register including: lack of knowledge, mistrust of government, and denial. Several people commented that after hearing about the SpNP, they had a difficult time getting specific information on the program. Many people expressed real frustration, with this year's registration process. Required to reregister for the first time, many SpNP clients commented though they had sent their application in months ago, they still had not received verification of their registration status. Many were worried that if a hurricane came, they might not be evacuated. After recently being mandated to maintain the SpNP database DOH, required all SpNP clients to reregister in the effort to remove the names of people, no longer needing the programs services. Lack of sufficient DOH staff created long delays, because the extra workload was not accompanied, with additional
funding. According to several of the elites interviewed, through realignment of resources, the DOH now has the appropriate staff in place to deal with the yearly registration process.

One of the biggest barriers identified by SpNP clients, that helped to explain why more people have not registered for the SpNP, was the role of medical professionals. None of the SpNP clients interviewed, reported receiving information on the program, through their primary physicians. Many clients and elites expressed beliefs, it was the responsibility of the medical profession to have a nurse or a social worker sit down and provide a detailed description of the program, to people who might qualify for the program. By getting the information from health care providers, people would be getting information from someone that they trusted and respected. It was commented by one client, that registering people in the program, was just good preventative medicine.

Several of the SpNP clients interviewed, suggested that many people did not register for the program because not trusting the government, they refused to provide the requested health information. Though-out American history, many people have been resistance to what they consider government intrusions into private lives. Many disabled and elderly people living in the community are afraid, if the government knew of their health condition, they might be forced to relocate to an ALF or to a nursing home.

Many elites and several SpNP clients thought that information on the SpNP presented on TV was ignored, because people did not think it pertained to their personal situation. In the case of an evacuation for a hurricane this may be true,
as these individuals may be able to either evacuate themselves or have strong support systems to help with evacuation. Others may reside in sturdy homes and have prepared for hurricanes, so that they are not reliant on government services.

Many SpNP clients and elites interviewed in this study expressed, that some people with special needs did not register for the program because of denial. People were in denial that this area could be struck by a devastating natural disaster, such as a hurricane. Others with special needs were in denial of their potential need for assistance in an emergency evacuation, thinking they would not be affected. A good example given was that when a hurricane was in the Gulf of Mexico, as many as 150 new SpNP applications arrived daily at DOH and emergency management offices. It was not uncommon for up to 1,500 applications to appear in three or four days. People knew about the program, but did not register, until danger was at their doorstep.

People did not seem to realize that other natural disasters such as floods, tornados, or floods might also force evacuation of county residents. Evacuation of residents may also be required because of manmade disasters, such as, ammonia or gas pipeline leaks or hazardous material spills because of truck accidents or train derailments. Hillsborough County was also thought to be at high risk of a terrorist attack due to the presence of several professional sports facilities, family entertainment parks, and the biggest Performing Arts Center south of Washington, DC. Also located in Hillsborough County is McDill Air Force Base, headquarters for Central Command, the command site for wars fought in Afghanistan and Iraq. Because of these other potential hazards, emergency management would like to
know the location of any individuals needing assistance evacuating on notices too short for personal support systems to react.

In summary, several registration barriers were found, during the analysis of interviews with the 30 SpNP clients and 10 elites: lack of access to and knowledge of the registration process, mistrust of government, and denial. The client’s lack of SpNP knowledge existed, because many of the program’s stakeholders had little knowledge about the program. Confusion about the SpNP also existed among clients, due to the transition of the registration process, from emergency management to the DOH. Clients interviewed found little assistance with the registration process from medical professionals they received services from. According to clients and elites, there also existed a general mistrust of the government. As a result many refused to register in government programs because of distrustful as to what would be done with information provided. This distrust was thought to be especially true for individuals of Spanish heritage, either because of language barriers or not having proper documentation. Finally, many clients and elites believed that some people did not register with the SpNP, due to a state of denial of potential hazards or the belief that personal support systems would provide assistance in any emergency situation.

**SpNP Knowledge**

When SpNP clients were asked, what the term ‘special needs’ meant to them, almost every participant expressed that it referred to their particular medical needs. Many people interviewed thought that the SpNP was a reference, to their
personal medical plan of care. Several clients expressed disappointment, upon learning that the interview was not focused on their health care program and the services they did or did not receive. Though the purpose of the interview was clearly stated in the letter requesting their participation, when informed as to what the SpNP was many replied, “Oh, the hurricane program”.

Though registered in the SpNP, many of the clients interviewed, had no real knowledge as to what services the program did or did not provide. Agreeing with this statement, one elite suggested that for some people, the SpNP was just another of the many health care programs they were enrolled in. The little knowledge, SpNP clients had about the program came from a variety of sources (e.g., public announcements on television, newspapers, HHAs, and talks given by emergency management personnel). Several SpNP clients claimed that after hearing about the program, they obtained the knowledge they needed through personal persistence. In other words, they kept calling different agencies in the community, until they got the information.

Each year thousands of copies of the Hurricane Guide, providing evacuation and SpNP information are printed. Even though these guides can be found in post offices, libraries and supermarkets, only five of the 30 people interviewed reported seeing a copy. Of the five who had seen the Hurricane Guide, only two confirmed that they had actually read it. Not surprisingly, due to transportation issues, many clients had no reliable access to post offices, libraries and grocery stores. Part of the problem was, the Hurricane Guide printed by local newspapers, looked like any other section. An examination of the Tampa Tribune’s 2008 Hurricane Guide
found it contained mainly advertisements. SpNP and SpNS information was buried in the back of the guide. As a result, this year the EOC developed its own Hurricane Guide, which contained no advertisements, just information on flood zones, disaster preparedness, evacuation procedures, and the SpNP. The EOCs hurricane guide will be delivered to all post-offices, government facilities, HHAs, and will be mailed to everyone who registers with the SpNP. The guides will also be handed out at community forums on hurricanes delivered by staff from the EOC or DOH.

Several barriers to accessing SpNP knowledge were expressed during the client interviews. Some clients complained that though they had sought knowledge on the program, agencies contacted could not provide information. The parent of one client remarked, they called their assigned hospital for information several times. It took over three weeks to get any response and then the hospital’s representative could not answer any questions, not even which entrance they should use.

In summary, it was apparent that many clients had little knowledge about the SpNP, thinking it was just another of the many health care programs they were enrolled in for their special medical needs. This lack of knowledge was determined to be mainly the fault of health care professionals, including HHAs and primary physicians, who provided little if any SpNP information. Because of mobility and transportation issues, many did not have access to the Hurricane Guide. It was evident, that many clients had given very little thought to the SpNP. Yet, they had
expectations that if evacuation was necessary, the government had made plans to accommodate their needs.

Support Systems

Once registered with the SpNP, it became part of a person’s personal support system. For some clients there was no other support system but for a few friends. In 2004, during Hurricane Charley, several clients evacuated to a friends house. Not wanting impose on their friends and become a burden, they remained at home alone, during the following two evacuations. There were also clients who, though they had family nearby, could not depend on their support.

Many clients had strong support systems consisting of family, friends, and/or professional health care services. This was especially true for those SpNP clients who were children and being cared for by parents or grandparents. In cases involving children, the caregiver’s appeared to take great pains to ensure that needed emergency supplies were available for the child, but often failed to plan for their own needs. Several caregivers admitted that they would probably arrive at the shelter, without bringing supplies for themselves.

Several clients interviewed, lived in low-income housing complexes for adults. These complexes, while not registered as ALFs, which are designed to provide professional health care services to residents, had on-staff social workers who monitored the health and wellbeing of residents. These facilities have become ‘pseudo’ ALFs, as residents’ age in place, receiving onsite professional health care services. One resident of a low-income, adult housing facility admitted
that she had a very strong professional support system from many agencies and without these services she would be placed in a nursing home.

In summary, many of the SpNP clients interviewed reported that they had good personal formal and/or informal support systems. This was especially true for children registered in the SpNP, being cared for by parents or grandparents. Those clients living in low-income housing for adults could depend on the facilities social worker, as a support system and many were receiving onsite professional health care services. One problem identified for SpNP clients relying on friends assistance to evacuate, was that they did not want to become a burden, when multiple evacuations were ordered during a short time period.

Cultural Expectations

One of the cultural values, held by many Americans, was that it is the responsibility of people to care for themselves and their families. Because of this attitude, many Americans consider reliance on government programs as a sign of weakness, of not being able to ‘stand on your own two feet’. Several clients and elites, interviewed in this study, believed that many Americans want to be left alone and really did not care about the problems of others.

Another cultural expectation held by many Americans, was that those needing financial or professional health care, should turn to the government for assistance. This belief that people, who are poverty-stricken or medically needy should be taken care of by the government, was in direct contrast to the belief that people should take care of themselves.
It was expressed, that natural disasters presented a national security problem, making it the responsibility of the government to mitigate, prepare to respond, and provide for peoples safety. A SpNP client commented that while it was the personal responsibility of people to develop plans to deal with hurricanes, as a culture, we have become dependent on the government to take responsibility for our wellbeing. Consequently, the government needs to be aware of this dependency issue and make appropriate plans, to care for people after a disaster.

A person or family may become dependent on assistance from others for a variety of reasons, such as: poverty, lack of preparedness, and/or disability issues (physical or mental). Many Americans, dependent on others, live on a very limited income and struggle to survive from one day to the next. Several clients interviewed admitted to financial difficulties and were not able to purchase supplies to be used sometime in the future.

All clients interviewed felt it was the responsibility of the government to care for people. Consequently, it was the responsibility of the government to care for residents with special needs and develop programs to improve their wellbeing. When probed, most clients commented that during an evacuation the government was responsible for providing accessible safe shelter, appropriate transportation to shelters, security, food, and water, cots, electricity, and personal care attendants.

Several of the SpNP clients expressed beliefs that the chaos in New Orleans was the fault of political leaders, believing that slow government response was ultimately due to the affected population being poor and predominately African-American. Though one of the African-American caregivers interviewed, did
not think that the issue was racial, but rather economic. He felt the government looked down on the poor and after a disaster, would provide assistance to richer neighborhoods, before reaching out to poor residents. When probed if the government had learned its lesson after Hurricane Katrina, several clients responded, they did not think so. When probed further, concerns were expressed that the government’s future reactions would depend on where a hurricane hit, with wealthy republican communities being served first.

In summary, Americans in general, expect that it was the responsibility of people to care for themselves and their families. Those who are physically and financially capable are expected to develop emergency plans and buy supplies, so they are not dependent on others, during and after a disaster. In contrast, those who do not have the physical capability or financial resources to care for themselves, become the responsibility of the government. This dichotomy of cultural expectations, held by Americans, as to when the federal government should be responsible after a disaster and when it should not was complicated. By design, the state does not commit its’ resources until requested by local government and the federal government does not get involved until requested by state officials. Even after a major disaster, no political representative wants to appear unable to get the job done, when it comes to meeting their constituents’ needs. Consequently, factors triggering when the disaster becomes the responsibility of the next level of government, are not universal.
Media

Review of the qualitative data indicated a strong relationship existed between the theme media and the themes: SpNP knowledge and cultural expectations. While both the SpNP and SpNSs are issues covered by the media, the term special needs, has never been adequately defined for the public. The media informs the public of the existence of the SpNP and SpNSs and the need to register, but the information provided was considered by many of the participants in this study, to be very superficial without getting into the specifics of the program.

Upon reflection it would be difficult for the media, which provides coverage to numerous counties to get more specific about the scope of a SpNP and setup of the SpNSs when each county has its own unique plan. Additionally, Florida legislators, have yet to specifically define what constitutes special needs and has failed to identify what services counties must provide. Consequently, some counties provide services not available in other counties and some shelter people with special needs in public shelters, along with the general population. Thus providing information via television or radio on one county’s SpNP would create confusion among people living in other counties.

Many of the elites commented that detailed information on the SpNP was provided on the Hillsborough Counties Emergency Management Departmental website. Yet several of the SpNP clients, stakeholders, and elites thought that many people with special needs did not have access to a computer nor know how to operate a computer.
The Hillsborough County Hurricane Guide was thought to be a great source of information on the SpNP by stakeholders and elites. When probed, five clients reported seeing the guide and only two said they had actually read it. The guide was available in numerous grocery stores and HHAs routinely give copies to their new patients. Still many people with special needs are either not receiving the information or ignoring it once they get it.

After the extremely active 2004 and 2005 hurricane seasons, the media was geared up to announce the coming of the 2006 season. The television stations news departments were providing copious amounts of information on hurricanes and what supplies were needed to deal with a hurricane’s aftermath. Several SpNP clients interviewed thought the amount of coverage amounted to overkill. Some complained the media was using scare tactics and created an environment of fear. When probed, if the coverage had motivated them to purchase supplies and prepare for the forthcoming hurricane season, many clients responded not yet.

Many SpNP clients and elites interviewed expressed feelings, that the amount of coverage was not too much. They thought the coverage was educational and repetition helped people, absorb all the information.

In America the media, especially television, plays a pivotal role in the formation of public expectations and opinions. Through its selection as to what news was covered and how that information was presented, the media shapes public perception of impending disasters and how government reactions to disasters are judged. Several SpNP clients and elites interviewed express concerns that the media had missed a good opportunity to educate people as to
consequences of certain behaviors. One client commented that even though she lived in a flood zone, none of her neighbors obeyed evacuation orders. Instead, they planned to shelter-in-place and have hurricane parties. It appeared that the media had missed providing the public with a powerful teaching tool, by not showing the consequences of not properly preparing or reacting to evacuation orders.

Another good example given of the media’s failure, to educate people was concerning the responsibilities of pet owners. After Hurricane Katrina, the media covered the plight of pets left behind, when their owners evacuated. The media played this up, making it appear the government was responsible for rescuing and caring for these animals after the storm. As a result, there was a great influx of money to animal shelters, sent by people concerned about the plight of these animals. Some rescued pets were given to people, who were not the original owners, creating a public outcry that the government had carelessly given away people’s pets. Many of the participants, in this study, expressed felt that if the media had covered the issue differently, public reaction would have been different. Many believed the media should have focused on the irresponsible actions of the pet owners, for leaving pets behind. If the media had spent its efforts tracking down pet owners, demanding to know why they left their pets behind, it would have helped to educate the general public. Instead blame was directed from the pet owner onto the government.
Interaction of Themes

Analysis of qualitative interviews with SpNP clients and elites was conducted to explain how clients constructed their meaning of the program. Identified five main themes: registration barriers, SpNP knowledge, support systems, cultural expectations, and media (see Figure 4).

Once a person was registered in the SpNP three major barriers were discovered that interfered with knowledge of what services the program provided: stakeholder knowledge, information seeking behavior, and expectations of government. Once enrolled in the SpNP it became a part of each client’s support system, though this relationship was directly related to knowledge of the SpNP. Many clients expressed that they were hesitant to utilize the program, because of a lack of knowledge of the services provided by the program and fears as to the conditions in they would find in a SpNS.

A person’s support system has a two-way relationship with cultural expectations. The type of support system a person has, formal (professional) or informal (family and/or friends), appears to be directly related to what was expected of society. During a disaster, it appears that those able to care for themselves or have a good support system expect little assistance from society. Meanwhile, those people unable to provide for personal care, expected society to provide the assistance they needed to safely survive the disaster.
Figure 4. Model of how clients construct their meaning of the SpNP.

Prior Theoretical Research

A comprehensive, exhaustive review of the literature determined that there were no qualitative or quantitative research studies previously conducted, to examine a community’s SpNP. There were however a couple of studies, that while studying the general population provided some information on the problems people with disabilities faced, during community emergencies.
Registration Barriers

In a study of 2,400 people with disabilities, living in 15 Florida counties, 475 (19.8%) commented that in an evacuation situation they would need the services provided in a SpNS (Florida DOH, 2007). Yet, when these individuals were asked if they were pre-registered in a local SpNP, only 40 (8.4%) indicated that they were registered. Of the 435 not pre-registered for a SpNS, 100 (23%) indicated that their reason for not registering, was a lack of knowledge as to where and how to register.

In the General Analytic Model of Evacuation Behavior, discussed in chapter two of this manuscript, one of the five factors in understanding evacuation behaviors is community context, the availability of local resources and components of existing plans (Quarantelli, 1984). A community can allocate sufficient resources and have the best plans possible, but if the community served does not know this knowledge, then it serves no purpose.

SpNP Knowledge

In a study conducted after Hurricane Elena, researchers found that in Hillsborough County 86.6 percent of evacuees were aware of the county’s Hurricane Guide, though only 48.0 percent actually used the guide (Nelson et al., 1988). For those not evacuating the Hurricane Guide knowledge was 76.4 percent, with only 40.0 percent actually using the guide. In this study of SpNP clients, 55.5 percent reported having seen the Hurricane Guide but only 6.9
percent had actually read the guide. Several clients interviewed expressed that they had heard of the existence of the guide but were unable to get a copy.

Support Systems

Previous research suggests that the presence of strong support groups, may actually impede an individual’s decision to evacuate (Raid, Norris, & Ruback, 1997). Most of the clients, interviewed for this study, reported that they had an informal support system consisting of family, friends, or a combination of family and friends. Those with informal support systems were found to be slightly more likely to evacuate immediately, when compared to those without informal support.

Of those clients reporting the presence of had a formal support system, few planned to evacuate immediately, when compared without formal support systems. For those 12 clients, with both a formal and informal support system, only one planned to evacuate immediately. There were six people who claimed not to have either a formal or informal support system, all of whom lived alone and were confined to wheelchairs. Those without any support systems a third planned to immediately evacuate. This suggests that the presence of formal and informal support systems may provide people with special needs with a sense of safety supporting the findings of previous research (Raid, et al, 1997).

Cultural Expectations

In the U.S., individualism and sanctity of private property, are considered to be important cultural values (Tierney, Lindell, & Perry, 2001). Thus, many people
are reluctant to evacuate to shelters, where they would be dependent on others and would not be able to protect their property from thief. One of the participants in this SpNP study asked, why TECO and the government so worried about people only after disasters? She commented that TECO and Tampa’s Water Department were quick to disconnect her services, when she failed to pay her bills, because of lack of money.

According to Blocker and Sherkat (1992), recent cultural trends in the U.S. have defined disasters as “acts of man”, rather than as “acts of God”. This suggests that many U.S. residents believe, it is the responsibility of government to protect citizens from the efforts of disasters. Apparently God is no longer being held responsible for the devastating effects of nature. Rather, the damage caused by natural disasters, are attributed to the failure of government to properly mitigate for natural disasters. This would explain why 27 percent of evacuees for Hurricane Elena complained they had expected provisions at ARC shelters, such as, food and cots that were not there (Nelson et al., 1988).

Another cultural trend in the U.S. is the ownership of household pets. Greater than 50 percent of U.S. households own pets and the more pets a household owned, the higher the risk of evacuation failure (Heath, Kass, Beck, & Glickman, 2001). A 1986 survey, estimated that 51.5 percent of Hillsborough County residents had pets (Nelson et al., 1988). As a policy public shelters do not take pets because of lack of facilities and the fact that many evacuees are allergic to animals (Raid, Norris, & Ruback, 1997).
In a review of 1590 articles, it was determined that individuals and families were less likely to be held accountable for their actions (13.8%), than the federal government (86.2%) when it came to evacuation decisions (Meacham & Erickson, 2007). Media reports of Hurricane Katrina focused more on government response efforts and less on the level of individual and community preparedness or responsibility (Barnes, Novilla, Meacham, & Erickson, 2008). This resulted, in a media-driven disaster policy that highlighted the deficiencies in the delivery of relief by the government, rather than on the responsibility of individual and local preparedness.

The truth is, the press and media do not always reflect reality, but rather filters information in the effort to shape public opinion. By concentrating on a few chosen issues, the media is able to shape public perception that certain issues are more important than others (McCombs & Shaw, 1972). The sight of animals stranded in floodwaters, pulls at the heartstrings of the public, because they can visualize their beloved pets in similar situations compelling them to continue to watch the news coverage. If the media had instead focused, on the failure of pet owners to provide for their animals, it would have forced people to analyze their own failure to plan to protect pets in similar situations. By forcing people to accept their own failure, to properly plan, it would have likely caused people to ignore the issue and turn the news off.
Main Findings: Societies Influence on SpNP Client’s Evacuation Decision

In this section, the third of the three research questions, how society influenced the evacuation decision of clients of the SpNP will be discussed. To understand how society influences the decisions SpNP clients make regarding evacuation to a shelter in-depth, semi-structured interviews were conducted. Issues raised were then discussed with elite participants.

Using open coding of the 30 interviews, three main themes emerged: risk perception, evacuation barriers, and media. The central theme explaining how society influenced, the evacuation decision of SpNP clients was determined to be risk perception.

Risk Perception

Each client interviewed reported understanding, that a hurricane could possibly strike Hillsborough County. One thought that, because of the counties geographic location, it was less likely to be struck than other areas of Florida. Only 36. percent of the people interviewed, reported that they would immediately comply with emergency management evacuation orders. Of the eleven: five lived in flood zones, three were oxygen dependent, two lived in one-story apartments surrounded by large oak trees, and one felt safer in the SpNS. (This person actually looks at the evacuation to a SpNS, as an enjoyable social event).

Having a disability can increase a person’s perceived sense, of being at risk to the environment. Several SpNP clients admitted they were afraid, of what might happen to them in a hurricane. One client interviewed expressed the believed, that
it was the responsibility of people to evacuate when requested by the government; because failure to evacuate not only put their own life in danger, but also jeopardized the life of first responders who would try to help.

Several SpNP clients realized that while their homes were structurally sound and in all likelihood would survive a hurricane, there were trees on their property that would crash down on the house. Others felt that their older home would be safe in a hurricane, because it had survived many storms over the years. Two clients interviewed commented, their families had lived in Hillsborough County for generations and had never before evacuated for a storm. This information was given with a sense of pride, especially by one caregiver, who did not plan to evacuate when asked. She felt that her 80-year old house had survived many storms over the years and could take anything that nature threw at it. She did not want to be the first in her family, to turn tail and run from a hurricane.

Of the seven people interviewed who lived in high-rise, low-income housing many felt, that even though the structures were built in flood zones, they would be safe because they lived on an upper floor. Several of the Spanish SpNP clients interviewed, had survived Hurricane Hugo in Puerto Rico and felt that they were safe in Hillsborough County, because the buildings were stronger. A few SpNP clients expressed, that because Tampa had not been struck by a hurricane in so long, the area was impervious to hurricanes. One caregiver believed it was unlikely a hurricane would make a direct hit on Hillsborough County, because of its location on the west coast of Florida, in the center of the state.
One SpNP client believed that she did not live in a flood zone, saying it was a block away. What she did not seem to realize, was she actually lived in a flood zone 2, one block away from a flood zone 1. Luckily, as the caregiver of her grandson and young daughter, both with health issues, she always evacuated the area when requested by emergency management.

In summary, those SpNP clients who perceived themselves to be at high risk and planned to immediately evacuate when ordered, felt at risk because they lived in a flood zone, had dangerous trees hanging over their residence, or were dependent on electricity for oxygen. It was apparent, that while being a person with a disability can increase a person’s perceived risk to environmental hazards, many interviewed have lower perceptions of risks attributable, for a variety of reasons. Many of the SpNP clients interviewed would not immediately follow evacuation orders, because they felt safe in their homes, even those who those who lived in the upper floors of high-rise building. Several of the clients interviewed believed that due to its, geographic location; Hillsborough County was less likely to experience hurricanes, than other areas of Florida. This confidence of being somewhat protected, may be attributed to the fact that the county has not been struck by a hurricane since 1921.

Evacuation Barriers

Only 11 of the 29 (37.9%) SpNP clients interviewed for this study reported, they would immediately follow evacuation orders, due to an approaching hurricane. Reasons given for not evacuating immediately were: disability, fear, pets, social
support systems, disaster experience, income, and source of evacuation information.

Many of the SpNP clients interviewed and several of the stakeholders representing agencies that provided services to people with disabilities felt, most people did not understand the issues with being disabled. As a dialysis patient, one of the SpNP clients interviewed lives a life full of pain and discomfort. During the 2004 Hurricane Season, when the three hurricane evacuations occurred with about a month, each time her life was disrupted, as she had to prepare her home. After each event she complained, she did not have the energy to get out of bed for two or three weeks. She believed by not evacuating, she could pace herself while preparing her home and not be overwhelmed.

Shelter assignment, was dependent on the condition of the person, enrolled in the SpNP. Those disabled who are not oxygen dependent and do not need professional medical care, because they can care for themselves are assigned to ARC public shelters. Usually, these individuals are in the SpNP because they only require transportation to the shelter. Those disabled needing oxygen, professional medical care, or are on dialysis are assigned to a SpNS, staffed with medical and non-medical personal to assist them. Those who are obese or have complex medical conditions are assigned to a hospital.

When examining the shelter the SpNP clients were assigned to it was found that of the 10 people assigned to an ARC shelter, only three (30.0%) planned to immediately follow evacuation orders, compared to two (33.3%) of the six assigned to a SpNS, five (71.4%) of the seven adults assigned to a hospital and none of the
six caregivers whose child/grandchild was assigned to Shriners’ Hospital reported they would immediately follow evacuation orders. This discrepancy between adults and children assigned to hospitals was explained, by the children’s caregivers, feeling they could predict when the storm would hit and would have time to evacuate to the hospital. Meanwhile, the adults were dependent on the county for transport to a hospital and realized that due to their complex medical conditions, they could not survive without professional assistance or hospital beds.

In total 17 people interviewed commented that in order to evacuate they would require outside assistance, but only six planned to immediately follow evacuation orders. Compared to the 13 people not requiring outside assistance, five did not plan to evacuate immediately. It was clear that many people requiring outside assistance to evacuate did not want to burden their friends unnecessarily. Others did not seem to realize that by waiting until the last minute to request county transportation to evacuate, they might be refused because of safety issues. Transportation vehicles are pulled off the roads, when wind speeds reach 40 miles per hour.

It was emphasized that many people with disabilities were dependent on family and friends, to the point where they become fearful, of becoming a burden. It was explained, that the mentality of the person with a disability, was a mixture of embarrassment and fear. In a shelter, they would be embarrassment, at having to ask for help from strangers and feared that their needs would not be met. This thought was reinforced by a client, who expressed fears about evacuating alone to a SpNS, she was unsure as to what services would be provided and who would...
care for her. Other fears expressed in going to a SpNS were: concerns of being
trampled, uncomfortable in crowds, and being exposed to infections and diseases.

Some SpNP clients reported they did not want to evacuate their home
because of fears of being robbed, while they were away. One client, who had not
evacuated in the past because of the fear of thief, said because of what she saw
on television during Hurricane Katrina, she would follow future evacuation orders.
Others expressed fears of going to shelters, because of what they witnessed on
television during the evacuation for Hurricane Katrina; these topics will be
discussed in the next section on media.

All SpNSs and public shelters are required by law, to accept service
animals. The SpNSs can accommodate some pets but only two ARC public
shelters in Hillsborough County accept pets. Many people were misinformed that
they were not allowed to bring pets to the SpNSs. This misinformation came from
the fact that the SpNP Planning Committee, decided not to release information that
pets would be accepted. Some of the stakeholders and several elites commented
that they had decided not to inform people they could bring their pets to the
SpNSs, because only a few animals could be accommodated.

Eight (26.7%) people interviewed had pets, of whom, only two planned to
immediately follow evacuation orders. Both people with pets, who planned to
immediately follow evacuation orders, indicated that they would leave their pets at
home to fend for themselves. Many of the participants commented they would
have liked to have a pet, but were not allowed because of health problems or
apartment regulations.
When looking at social support systems, the 15 people with strong family support systems only three plan to immediately evacuate. Of the seven people with only friends as a support system five plan to immediately evacuate, and of those eight people who reported living alone with no support system only three plan to immediately evacuate. In the study, there were 15 people who lived alone, 13 were wheelchair bound 9 of whom planned to evacuate immediately.

One of the clients who had evacuated once in 2004, to his parents house, reported that he did not intend to evacuate again. He felt that his newly constructed home was a safe haven and was not in a flood zone. This client was also the only person interviewed, who had live-in health care professional, who provided 24-hour health care services. Thirteen people reported that they had professional health care support, of which, only two (planned to evacuate immediately. This is compared to 9 of the 17 (who did not have professional health care support. This suggests that the existence of professional health care support system provided a sense of safety. These individuals did not appear to realize, that if the area were struck by a hurricane, their health care providers would also be affected and might not be able to provide the required services.

Eighteen (60.0%) of the people interviewed had previously experienced a natural disaster: one experienced a forest fire, three experienced earthquakes, four experienced snowstorms, six experienced floods, seven experienced tornados, and eight experienced hurricanes. Three of the 18 people interviewed reported experiencing two different types of disasters and four had experienced three different types of natural disasters. When asked if they would immediately obey
evacuation orders, of the 12 who had never an experienced a natural disaster four said that they would. When the same question was asked of the 18 who had experienced a natural disaster, seven replied that they would immediately evacuate. Of the seven people who had experienced multiple disasters, one reported they would immediately follow evacuation orders. This suggested, that those who had survived a variety of natural disasters were either better prepared to deal with disasters, or it gave them faith they could deal with what nature throws at them.

This concept was supported by the fact, that those 18 people who falsely believed that Hillsborough County had been struck by hurricanes in 2004, only three (planned to immediately comply with evacuation orders. They believed this, even though Hillsborough County had not experienced winds at hurricane strength. In fact, the county has not been struck by a hurricane in over 80 years. In contrast, eight of the 12 who were aware that the 2004 hurricanes missed the county, planned to immediately follow evacuation orders.

Of the 28 people interviewed, living in Hillsborough County during the 2004 Hurricane Season, 14 had evacuated for at least one of the three mandatory evacuations. All 14 reported evacuating for the first mandatory evacuation, seven also left for the second evacuation, but only four left for the third mandatory evacuation. When asked if they planned to follow future mandatory evacuation orders, only six said that they would immediately comply. Of the 14 who had not evacuated in the past, only five planned to immediately obey future evacuation
orders. Suggesting that those who evacuated in the past, were only slightly more likely, to evacuate in the future.

There were 21 people who reported having a disaster plan, eight of whom intended to immediately follow evacuation orders. Of the 9 people reported having no disaster plan, three said that they would evacuate immediately. So there appears to be little difference in immediately following evacuation orders, between those with or without a disaster plan.

When the 29 SpNP clients interviewed for this study were asked where they would receive their evacuation information: 16 replied they would receive a phone call from the EOC and 13 said they would get their evacuation information from the media. Of the 16 reporting the EOC would inform them, when it was time to evacuate; seven said that they would immediately comply. Compared to three of the 13 who would get their information, from the media.

Nineteen (63.7%), of the 29 SpNP clients reported that instead of immediately following future emergency management evacuation orders, they would shelter-in-place; until convinced that the storm was severe enough and would make landfall in Hillsborough County. Many of the people interviewed, commented they would base evacuate decisions, on televised computer models. This could be a serious problem for emergency managers, as these computer models can change radically, within a very short period of time.

In summary, SpNP clients interviewed were more likely to report they would immediately evacuate, when they thought that emergency management would personally contact them. It was also found, that individuals assigned to a hospital,
were more likely to evacuate due to their complex medical needs. When that person assigned to a hospital was a child, under the care of a parent or grandparent, none planned to immediately follow evacuation orders. It was apparent, those with an informal support system consisting of family were less likely to evacuate, than those whose informal support system consisted of friends. Individuals identified as living in low-income housing were much more likely to report that they would follow evacuation orders, probably due to having fewer resources to care for themselves after a disaster. People without a formal professional support system, were more likely to evacuate than those with a good formal support system. A high percentage of people who lived alone, planned to evacuate immediately, when requested. Many people did not plan to immediately follow evacuation orders, because they could not take their pets to the shelters.

Several people reported not wanting to leave their homes, because of fear of thief. Some people were hesitant to evacuate, because of fears their needs would not be met and fears of exposure to disease or infections.

Those individuals with no disaster experience were slightly less likely to indicate they would immediately follow evacuation orders, than those with experience of at least one type of natural disaster. While those people who had experienced multiple types of natural disasters, only one of seven, planned to immediately follow evacuation orders. Those individuals, who falsely believed hurricanes had struck Hillsborough County in 2004, were less likely to evacuate, than those who realized the hurricanes had missed.
Many people seemed to live in a state of denial. Not only did they believe that Hillsborough County was unlikely to be affected by a hurricane, many requiring help to evacuate, commented they did not plan to immediately follow evacuation orders.

During the interviews with the clients, the researcher, who provided clients with accurate information, addressed all false beliefs concerning the SpNP and SpNSs. For example, one SpNP client wrongly believed that she would be charged for using the SpNS, when in fact, all SpNP services are provided free by the county.

Also after the interview, clients were given the opportunity to ask any questions, they had concerning the program. At the conclusion of the interviews, many clients expressed their fears had been diminished, now that they know more about the SpNP and SpNSs. Even so, some of the fears had been so ingrained by the media’s coverage of Hurricane Katrina they lingered and could affect future evacuation decisions.

**Media**

There were many types of media formats referred to by the participants in this study: radio, Internet, newspapers, television (education shows and news coverage), and the Hillsborough County Hurricane Guide. Only five (16.7%) of the 30 people reported, they had seen the counties hurricane guide and only two (6.7%) commented, they had actually read it. Of the five people who had seen the hurricane guide, three (60.0%) planned to evacuate immediately.
Many SpNP clients interviewed expressed, that media coverage of Hurricane Katrina, made them realize for the first time, the amount of damage a hurricane could cause. Several clients claimed that Hurricane Katrina forced them to face their physical limitations and motivated them to develop appropriate emergency plans for future hurricanes. A couple of SpNP clients, who never evacuated in the past, now plan to follow future evacuation orders by emergency management.

Most of the fears expressed by the SpNP clients interviewed, were based the media’s presentation of the events, occurring in New Orleans after Hurricane Katrina. Images presented by the media, included the plight of many people who were particularly vulnerable because of their special needs; including horrific pictures of frail elderly and people with disabilities. There was an elderly woman in a wheelchair, she died, only to be covered with a sheet and pushed to the side. There were media clips of dead handicapped people, floating in the flooded city streets. Other people with special needs, where shown begging for help. Many were without their medications, which were either forgotten or had to be refilled, as it was the end of the month. The basic needs for life, such as, food and potable water were not available.

The media coverage gave accounts of people being robbed, beaten, and killed. There were stories, of young girls being molested and raped in public. Many of these stories were ultimately proved to be false, only rumors. But the damage had been done and even after the media retracted their stories, many people continued to believe, the events had actually occurred.
Many clients made comments, they had seen what had happened at the Super Dome and did not want to go to the Sun Dome. Several, SpNP clients expressed, they did not want to evacuate to the SpNSs, due to the presence of large crowds. One client expressed, her husband was a little paranoid of crowds. Another client expressed, because of her frail state she was afraid of getting trampled. A couple of clients expressed fears, the roof of the Sun Dome, would come off like the roof of the Super Dome. Some of the SpNP interviewed stated, they did not want to go to the SpNS, due to fears of being exposed to germs carried by the other evacuees. It was felt, that with so many sick people being crowded into a small area, some people would have contagious diseases and it would be impossible to keep the environment sterile.

As a result, of what they heard and the visuals of the crowd in the Super Dome several of the SpNP clients expressed concerns about evacuating to the Sun Dome in Hillsborough County. Not realizing that the Super Dome was not a SpNS, but was a shelter of last resort, for the general population of New Orleans. Except for those SpNP clients with direct shelter experience, everyone expressed some sort of fear, at the thought of evacuation. Many of these fears were the result, of a lack of specific knowledge of the SpNSs, as people had no idea what to expect at the facility. This void of information, was filled by the information and images presented by the media, during coverage of Hurricane Katrina.

After reviewing the qualitative data collected, it was apparent that the media played a major role, when SpNP clients make their decision to evacuate for a hurricane. Many elites expressed, the biggest change they have seen in the
disabled community, was the shock value, of what they saw/heard in the media after Hurricane Katrina.

When probed, all of the Spanish participants complained that the Spanish media did not provide much coverage on hurricane preparedness and none of those interviewed, had heard any coverage by the Spanish media about the SpNP. As a result, to get adequate news coverage on local activities and programs, Spanish speakers must watch local English stations, a problem for those who do not understand English. A reason for this, could be because the few Spanish TV stations available are national and do not provide much regional coverage, in their broadcasts. One participant pointed out that in Puerto Rico, the Spanish stations provided plenty of hurricane preparedness information, in its programming.

Many of the clients reported, watching the televised weather reports for information. It was often commented by clients, the new radar systems being used by the weather stations, were really good at showing where a storm was going. Many of the participants felt, after watching the tracks of the eight hurricanes, that struck Florida in during the 2004 and 2005 seasons, they could judge whether or not the hurricane was going to actually strike Hillsborough County. During the 2004 Hurricane Season, several of these individuals only obeyed evacuation orders for the first storm, as this false sense of security caused many people to ignore the second and third evacuation orders by emergency management.

In summary, while media coverage of hurricane damage in other locations may increase a person’s level of perceived risk, the media’s technology and forecasting capabilities, may actually decrease feeling of vulnerability. Those who
ignore initial evacuation orders by emergency management, because many SpNP clients believed, they could predict a hurricane’s path by watching the media’s weather reports. There was a trust that the modern technology provided by the new radar systems, would provide people with enough time to evacuate, before a hurricane strike. Many of the people interviewed expressed fears of going to a SpNS, because of what they saw on television, regarding the experiences of evacuees to the Super Dome in New Orleans. Not realizing, that the Super Dome was a refugee of last resort, not a pre-designated SpNS.

Interaction of Themes

Analysis of qualitative interviews, with the clients of the Hillsborough County SpNP, identified six main themes integral to their evacuation decision making process: risk perception, evacuation barriers and media (see Figure 5). Risk perception, was found to be the major overriding theme and directly affected the decisions SpNP clients make, when it comes to following evacuation orders by local emergency management.

During the development of the model, representing how society influenced the evacuation decisions of clients of the SpNP, it was recognized that there was no clear delineation between the themes found to explain how clients constructed their meaning of the SpNP (research question 2). Consequently, the model developed in response to research question 3, was a continuation of the model developed for research question 2.
Figure 5: Model of how society influences the evacuation decisions of SpNP clients.
The cultural expectation, of the roles of personal support systems and the government was found, to be directly related to perception of risk. During the interviews, it was apparent that perception of risks played a major factor in the decision process, when deciding to evacuate or shelter-in-place. The media directly affected several of the other themes: SpNP knowledge, cultural expectation, evacuation barriers, and risk perception. The media was often cited, as the main factor in the evacuation decision making process.

Prior Theoretical Research

A review of the literature, did not find any research studies examining the role of a SpNP, during community evacuation. In fact, there was only one study, which focused solely on the disaster behaviors of people with special medical needs. This 2007 study, of 15 Florida counties, conducted by the Florida Department of Health Task Force for Persons with Disabilities and Preparedness, found that only 19 percent of people with disabilities had previously discussed their emergency plans with their health care providers. This lack of involvement by health care providers is as major issue, as they are in direct contact with people with special needs, unlike the DOH or emergency management officials.

Previous research into evacuation of the general population, suggested that people not physically healthy, may have greater difficulties evacuating, due to their medical condition (Riad, Norris, & Ruback, 1997). People for whom living day-to-day was an ongoing crisis were not likely to be able to protect themselves against
the crises that disasters produce (Tierney, Lindell, & Perry, 2001). Thus, they are dependent on the support provided, by informal and/or formal support systems.

**Risk Perception**

One of the earliest modes developed, to explain the primary issues involved in the decision-making process people undergo before evacuating; was developed by Perry, Lindell and Greene in 1980. Though their research, they found three critical issues influencing evacuation decisions: 1. the threat is perceived to be real; 2. perception of the level of personal risk; and 3. existence of a preexisting evacuation plan.

Later research, suggested that evacuation, was largely the result of people perceiving themselves as being in danger and believing that evacuating an area was both necessary and beneficial for their wellbeing (Fitzpatric & Mileti, 1991). Lindell and Perry (1992), found that people’s evacuation actions were not always in their best interest and through their research developed the Protective Action Decision Model, which is a decision tree of four questions that people address when deciding to evacuate: 1. does the threat really exists, 2. was protection from the threat required, 3. was protection from threat feasible, and 4. the believe that protection from threat would reduce negative outcomes. Why evacuate if you are relocating to an area that was less safe than where you lived? In this SpNP study, it was found that many people were afraid to evacuate to a SpNS, due to fears for their safety and/or being exposed to diseases.
It was determined, that 92.5% of African Americans living in New Orleans, did not evacuate before Hurricane Katrina (Elder, Xirasagar, Miller, Bowen, Glover, and Piper, 2007). A qualitative study, of African-Americans from New Orleans, who evacuated to Columbia, SC, found three themes: perceived susceptibility, perceived severity of hurricane, and perceived barriers to evacuation (Elder, et al., 2007). Perceived susceptibility was low, due to confidence base on prior hurricane experience and optimism about Hurricane Katrina’s outcome (religious faith). Many participants reported, their perception of the severity of Hurricane Katrina was affected by conflicting messages from the mayor and governor, causing confusion about the need to evacuate. Participants reported, perceiving two major barriers to evacuation: money and community networks (Elder, et al., 2007). Money was a major problem for many people, especially those dependent on government subsidizes, which arrive on the first of the month. Hurricane Katrina arrived on August 29, the end of the month, when many were broke. Consequently, many reported, they could not afford to buy gas or obtain transportation, to evacuate. Community networks problems identified were two-fold. First, because of neighborhood crime, many people were afraid to evacuate. Because they could not protect themselves when traveling to shelters and they feared their home would be ransacked if evacuated. Second, rumors were circulating in the community that law enforcement was blocking paths to shelters, stopping the poor from passing through middle- and upper-income neighborhoods.

The media coverage in New Orleans must have been very different than what this researcher observed in Tampa, FL, where the media was questing why
people in New Orleans were not evacuating. It also seems ironic that people were
dependent on God to protect them from Hurricane Katrina, but blamed the
damaged caused by the hurricane on the government, instead of being an act of God.

The results of this SpNP study, suggests that race does not play a factor in
the evacuation decision, as 40 percent of African-Americans plan to immediately
follow evacuation orders. In comparison, 36 percent of Caucasians reported, they
would follow evacuation orders immediately.

Previous research, also suggests women, were more likely to perceive a
disaster event as serious (Cutter, 1994; Fothergill, 1996; Riad, Norris, & Ruback,
1997). Consequently, women were more likely to evacuate, when requested. In
this study of the SpNP, there were 20 females and 10 males interviewed. Seven of
the females (35%) and four of the males (40%) stated, they would immediately
follow evacuation orders. Suggesting, gender was not an issue in the evacuation
decision making process, made by people with special medical needs.

Evacuation

Past research, suggests that households were more likely to evacuate if the
household: had young children, had a higher than average income, had only a few
people living there, had prior evacuation preparations, and/or was part of a multi-
unit structure (Peacock, Morrow, & Gladwin, 1997). In this study of SpNP clients,
six people lived in high-rise building for low-income adults, half of whom planned to
immediately follow evacuation orders. The others did not seem to realize, the
buildings administration would force everyone to evacuate, if deemed necessary. Four of the people in this study lived in multi-unit structures, with three (75%) planning to immediately follow evacuations orders, due to either living in a flood zone or the presence of dangerous trees. One person interviewed commented, that even though they lived in a flood zone they would wait to evacuate, until it actually started to flood.

A study for evacuation of Hurricane Elena in 1985, found five exogenous and five endogenous variables, affecting evacuation decisions (Nelson, Coover, Kurtz, Fritzsche, Crumley, & Powell, 1989). The five exogenous variables were: geographic location (evacuation zone), health problems, income, age, and hurricane experience. The five endogenous variables were: knowledge of hurricane guide, use of hurricane guide, pets, type of home, and evacuation behavior. The researchers found that awareness of hurricane guide and its actual use were two different variables.

Variables most important in predicting if person would evacuate: living in an evacuation zone and type of home (smaller or mobile) (Nelson, Kurtz, Gulitz, Hacker, Lee, & Craiger, 1988; Nelson, Coover, Kurtz, Fritzsche, Crumley, & Powell, 1989). Most important in predicting if person would not evacuate: storm not severe, not living in flood zone, structurally sound home, transportation problems, lack of knowledge because new to area, and just did not feel like evacuating.

Preparedness in the form of general knowledge and information facilitates evacuation, by enabling more appropriate response behavior (Faupel et al., 1992).
Individuals with experience with similar disasters were found to be more likely to have pre-event plans and have purchased evacuation supplies (Hutton, 1976; Norris, Smith, & Kaniasty, 1999). In this SpNP, five of the eight people (62.5%) with hurricane experience had a disaster plan compared to (77.3%) with no hurricane experience. Of the eight people with hurricane experience six reported, they had evacuation supplies (75%), compared to (59.1%) with no hurricane experience. Suggesting, while those with hurricane experience are more likely to have evacuation supplies, they are less likely to have a pre-existing disaster plan. All of these variables were also identified by SpNP clients, interviewed in this study, except for problems with transportation. Transportation was not an issue in this study, because the county has made arrangements to ensure that appropriate transportation to shelters is provided to everyone, enrolled in the SpNP. Though transportation could become an issue, for those 18 clients who plan to ignore initial evacuation orders and wait until they are certain that the storm will strike Hillsborough. It was clear that they did not realize, when wind speeds reaches 40 miles per hour, the county would no longer provide transportation, because of safety reasons.

**Evacuation Barriers**

A 2007 survey by Harvard School of Public Health, of residents of counties within 20 miles, of the coast in eight states – Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Texas – found that 31% of residents would refuse government officials request to evacuate due to a
hurricane. Higher than the survey average, 33% of Florida residents reported, they would not evacuate for a major hurricane. This is compared, to 23% who said they would not evacuate in a 2006 survey (Johnson, 2007). In this SpNP study, 19 (63.3%) do not plan to immediately follow evacuation orders, but 29 (96.7%) would follow evacuation orders if sure the hurricane would make landfall nearby.

Being poor may mean not having the financial resources, to relocate to safe shelter (Miller & Nigg, 1993). As mentioned earlier this was not relevant in this study of SpNP clients, as anyone registered in the program, was provided free transportation to their assigned shelter.

A review of the literature suggested that households are less likely to evacuate if: older individuals in household or if household members were ethnic minorities (Peacock, Morrow, & Gladwin, 1997). In this study of a SpNP, there were six Hispanics, two (33.3%) plan to immediately follow evacuation orders, compared to 40 percent of African-Americans and 35.3 percent of other Caucasians. Suggesting that for those in the SpNP, ethnic minorities are just as likely to evacuate as Caucasians. In this study of SpNP clients, of the 30 households, 12 (40%) had an elderly resident 60 or older; one being a caregiver of a grandchild. Of the 12 households, with an elderly resident, four (33.3%) indicated they would not immediately evacuate when requested. The same percentage found for the general population in Florida (Johnson, 2007).

A review of the literature, suggested that households are less likely to evacuate if there has been a prior experience with that type of disaster, (Peacock, Morrow, & Gladwin, 1997). Weller and Wenger (1973), hypothesized that
experience with a particular disaster agent (e.g., seasonal hurricanes), rather than enhancing preparedness may instead produce a subculture of complacency. This occurs, because households learn to live with the hazard and accept losses encored. Subcultures can develop, that actually encourage risk-taking behavior (e.g., hurricane parties). In fact, some disaster experiences may reinforce feeling of relative invulnerability, leading people to discount real threats (Drubek, 1986). In this SpNP study, seven of 18 people (38.9%) with disaster experience planned to immediately follow evacuation orders. This is compared to four of 12 people (33.3%) with no disaster experience. Of the eight people who had experienced a hurricane, four (50%) plan to evacuate immediately, compared to (31.8%) of people with no hurricane experience.

The accuracy of past evacuation warnings, enhanced the chance that future evacuation warnings will be followed. Past experiences with disasters that are not severe, may lead people to think that disasters are not anything to worry about (Lindell & Prater, 2000). Also, people walk away with dissimilar lessons from near misses and minor disaster experiences, than they would from disaster experiences involving emotions of intense fear and considerable human and physical losses in the community (Lindell & Prater, 2000). In this study of SpNP clients, those who realized that in 2004 Hillsborough County was not affected by hurricanes, 66.7 percent planned to immediately follow future evacuation orders; as compared to only 16.7 percent of those, who held false beliefs that the county had experienced hurricanes that year.
During the evacuation for Hurricane Elena it was found that 77 percent left their pets at home, 11.4 percent took pets to shelter and left them in car, 3.5 percent took pets to a friends or relatives house, and only 3.5 percent took pets to a pet shelter (Nelson et al., 1988). Currently, it is estimated that there are only 19 Pet Evacuation Centers in Hillsborough County, which can only provide shelter to 714 pets (Hillsborough County Special Needs Evacuation Plan, 2008). In this study, only eight of the SpNP clients (26.7%), owned pets. Many citing they would like to have a pet but could not, because of resident regulations or medical problems. Of the eight people with pets, seven said they would not evacuate, without their pets and one reported she would leave her pet to fend for itself.

In a review of the literature, it was suggested that households, were more likely to evacuate if: ordered by authorities and warnings were given in person rather than by the media, (Peacock, Morrow, & Gladwin, 1997). In contrast in 1998, Dow and Cutter reported household evacuation decisions were being influenced more by the media, than by actual warnings from emergency management. Media influence was supported by the findings from this SpNP study. There were 18 people (60%), who stated, they would not immediately follow the recommendations of emergency management officials, to evacuate. Rather, these individuals would wait, until they were sure that the hurricane would make landfall in Hillsborough, using information presented by the media.
CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter begins with a discussion of the original themes identified from the data, using Grounded Theory as the methodology and Social Construction Theory, as the theoretical framework for this study. The chapter then continues with a discussion of the strengths and limitations of the study and a general description of the findings for each of the three research questions. Recommendations for public health practitioners, in the field of disaster management are offered. Finally, the chapter concludes with implication and recommendations for future research, for public health researchers and practitioners.

There are several factors that should be kept in mind, when looking at the results of any qualitative study concerning: the researcher, the participants, and the context of the study. The realization of these limitations and their qualitative roots does not, in any way, weaken the principles of the study. Instead it enhances the finding of this study by making the fundamental hypothesizes, foundations, and methodology transparent, and open to evaluation by other researchers.
As with any qualitative study, the researcher is the primary actor and through symbolic interaction had eminent influence on the research’s procedures and outcomes. The researcher initially developed the study’s framework, conducted focus groups, interviews, and developed models based on personal interpretation of the statements and experiences communicated by participants. The researcher also determined what literature was relevant to the findings. By remaining grounded in the participant’s perspectives and only using the literature as a means to better understand their views, this study followed appropriate qualitative research techniques. Stakeholders, elites, and clients in the SpNP, interviewed gave power to the researcher to give voice to the data, when they could not.

Strengths and Limitations

Collectively four criteria are combined to determine the level of trustworthiness of the results of an inquiry: credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1985; Ulin, Robinson, & Trolley, 2005). As explained in the literature, qualitative inquiries are inherently different from quantitative inquiries, as expressed by different language and concepts. In qualitative research credibility replaces internal validity, transferability replaces external validity, dependability replaces reliability, and confirmability replaces objectivity (Lincoln & Guba, 1986).
Credibility

Focusing on conviction in the truth of the findings, credibility is dependent on: a) the findings showing a logical relationship to each other, b) the findings being grounded in and substantiated by, the narrative, and c) does the population under study consider reports to be accurate (Miles & Huberman, 1994). The credibility of qualitative research depends on the skill, competence, and rigor of the person doing the fieldwork (Guba & Lincoln, 1981). A tactic used by grounded theorist is combining several qualitative data collection tools; focus groups, interviewing, and document analysis. As each source of data has strengths and weaknesses, using a combination of different types of data collection tools increases the validity of the study, as the strengths of one approach compensates for the weaknesses of another approaches (Marshall & Rossman, 1989). This process, of utilizing a diverse range of data sources to validate and cross check findings in the effort to increase clarity or credibility is referred to as ‘triangulation’. To collect high-quality qualitative data that is credible research strategy requires that the researcher: be neutral, collect data systematically, have rigorous training, and have external reviews.

Strengths

The researcher had been a member of the SpNP Planning Committee for over 10 years, at the time of this study. As an insider, the researcher had already gained trust and developed rapport, with other members of the committee. By pre-
establishing creditability with stakeholders and elites, the researcher was able to reduce bias.

The researcher adopted a perspective of neutrality and did not set out to prove any preconceived theory. Nor did the researcher manipulate the data, so that the results confirmed any preexisting believes. Instead, the researcher was committed to allowing the participants in the study, to communicate the world as they understood it. The researcher tried to be reflexive as possible, through developing a conscious of self-awareness. This was accomplished by persistently being attentive to personal perspectives and being aware of personal ideological, society, cultural and political believes, and linguistic origins. Thus, praxis was practiced by the researcher, who developed an appreciation for and recognizing that personal actions expressed the influences of social, political, and moral values obtained during his life.

One of the strengths, of the sampling methods, was that participants were randomly selected and were contacted up to four times, to request their participation in this study. Once the researcher determined a need to include SpNP clients, assigned to ARC shelters and hospitals, this was accomplished through purposeful sampling. Near the end of the study, it was determined that SpNP clients assigned to Shriner's Hospital were under-represented and consequently participants in this population were targeted, through over-sampling.

Materials from the media were beneficial, in allowing the researcher to capture the widest possible variations on themes, as they were discovered. The reviewing of official records, provided information on actions taken by an agency,
along with the agencies justification for and defense of those actions. One of the most important advantages of collecting naturalistic records and documents was the almost complete absence of researcher influence on the data. Transcripts of everyday conversations, news reports, maps, legal documents, community plans, scientific papers, letters, and official documents were features of the social fabric that the researcher had had no part in producing.

Focus groups were a useful starting point for developing questions that were later used in individual semi-structured interviews, with SpNP clients and elites. Through focus groups the researchers learned about stakeholder’s opinions, attitudes, experiences, and perspectives and observe interpersonal interactions on a topic. Participants in the focus groups were selected through stratified random sampling techniques, to ensure all subgroups in the SpNP Planning Committee were represented. During the focus groups, comparisons that participants made among each other’s experiences and opinions were a valuable source of insight, into complex sets of behaviors and motivations (Morgan & Krueger, 1993). Since the researcher could direct discussion in a focus group, a large amount of data was collected, in a limited period of time.

The strength of the semi-structured interview was the flexibility, spontaneity, and responsiveness, offered the interviewer. Questions could be personalized, to deepen communication, which increased the concreteness and immediacy of the interview questions (Patton, 2002). Unlike a formatted list of questions, the semi-structured interview allowed the researcher to identify and pursue topics, as they emerge during the interview (Rubin & Rubin, 1995). The semi-structured format
permitted participants to open up and provide their perspectives (Finch, 1999). During the focus groups and semi-structured interviews, all questions were open-ended. Asking of open-ended questions, enabled the researcher to develop an understanding and capture views of participants, without predetermining points of view through previously selecting categories for topics of interest. The asking of open-ended questions allowed the researcher to obtain copious, rich information. Semi-structured interviews with elites, those who were particularly knowledgeable about the inquiry setting, provided insights that were extremely useful in helping the researcher understand, what was happening with the data and why.

**Limitations**

Researchers of Social Construction Theory are to remain neutral and objective, devoid of social and cultural presumptions (Bernard, 2000). Some researchers argue that through their creative activity, humans construct the realities of society and social realities become the external, objective reality to the individual in that society (Ore, 2003). The individual then internalizes this reality so that it becomes part of their consciousness. It is argued that social constructionism is internally inconsistent, contending while constructionists identify their focus as subjective judgments, the analysis usually assumes some knowledge of objective condition (Woolgar & Pawluch, 1985a). Thus social constructionism often involves the selective application of skepticism, allowing or denying the existence of phenomena, according to the analyst’s attitude towards them (Woolgar & Pawluch, 1998).
Qualitative research requires, that the researcher has received disciplinary training and rigorous preparation (Patton, 2002). While this researcher had taken one graduate course in qualitative methods and had participated in two previous qualitative studies, it would be a reach to say that he was properly trained when starting this study. The researcher devoted a great deal of time and financial resources in reviewing the qualitative literature. But the lack of experience was evident, as the first few interviews resulted in obtaining short direct answers from those interviewed. Over time, the researcher’s data collection techniques improved, as apparent from the fact that the data obtained from interviews became richer and richer, over time.

The perspectives of elites are limited, selective and biased. Data obtained from elites naturally represented their perceptions and not necessarily the truth as presented by the data. To ensure that the perceptions of the elites did not influence the findings, the researcher was careful to ensure that observations made in the field and from the data collected during interviews with stakeholders and SpNP clients were not confounded.

*Confirmability*

Reliability of results was also insured by the variety of techniques used to insure validity such as: use of triangulation techniques, key-informant or elite debriefing, negative case analysis, and the development of rich data by providing a detailed description of all information. Elite debriefing and negative case analysis, helped to perform a confirmability audit to attest that findings and interpretations
were supported by the data and were internally consistent. Finally, keeping a reflexive journal, a daily diary, helped with a dependability audit by discussing the appropriateness of inquiry decisions and methodological shifts.

**Strengths**

Application of Grounded Theory methodology, enabled the researcher to begin the building process to describe how Hillsborough County developed its definition of special needs and how stakeholders and elites negotiated what services to provide through the SpNP, in the event of evacuation for a hurricane. Following Grounded Theory methodology, several qualitative tools were utilized in the process of collecting data on the SpNP, from a number of different sources. There was a review of the published literature and media materials; 40 in-depth, semi-unstructured interviews; and three focus groups. This triangulation of data, allowed the examination of the SpNP from the views of a variety of community stakeholders, increasing the validity of the data collected. Previous research into evacuation, has either been quantative in nature, or utilized only the qualitative technique of asking predetermined open-ended questions (Creswell, 1998).

During the early part of gathering data, the researcher watched for emerging patterns. As these patterns emerged they were confirmed or disconfirmed, with the collection of new data from the professional literature and through interviews with participants in the study.

The quality of analysis must be assessed by an expert audit review, examining the process and the product (Lincoln & Guba, 1986). For this study, the
expert audit review, was conducted by members of the researcher’s dissertation committee.

Limitations

The expert audit review for process was conducted, by the dissertation committee, during the reviewing of the dissertation proposal. The review of the product was conducted, during the review of the manuscript, before the dissertation defense. A limitation to this study was that the experts were not very involved, during the data collection or data analysis process.

Dependability

The degree, to which findings can be replicated, by other researchers, is an essential evaluation of quantitative reliability. The keeping of a reflexive journal, a daily diary, can help with a dependability audit, where the appropriateness of inquiry decisions and methodological shifts were discussed. The diary outlined procedures leaving a clear trail, allowing others to know with reasonable precision, how and why decisions were made at each stage of the study. In qualitative research rigor, refers to the systematic approach to the research study and credibility is enhanced through the application of rigorous techniques and methods, resulting in the collection of high-quality reliable data (Patton, 1999). In qualitative research the studies rigor will be determined by principles of reflexivity, validity, reliability, and transferability.
Strengths

A diary was kept, to help the researcher collect information on the focus groups and interviews with SpNP clients and elites. After each focus group and interview, the researcher wrote down personal observations as to actions of participants and the physical environment where the interview occurred. In the diary, new concepts were identified and methodological shifts discussed.

Limitations

It should be noted, that the researcher did not write in the diary, on a daily basis. While the researcher made an attempt to carry the diary at all times and wrote down ideas on a timely basis, entries were not made daily.

Transferability

Transferability is related to external validity and to generalizability. While internal validity was being able to generalize within a group or setting, external validity was the ability to generalize the results of a study to other persons, settings and times (Charmaz, 2002). Transferability of qualitative studies helps the development of a theory, which can be extended to other cases, if samples were conscientiously chosen to symbolize viewpoints and experiences reflecting the research questions fundamental issues (Miles & Huberman, 1994). Triangulation of data collection tools, in a study of a communities program, helps increase the transferability of results to other communities.
Qualitative research places findings in a social, historical, and temporal context. The researcher must be careful about, even suspicious of, the possibility or meaningfulness of generalizations across time and space. Instead emphases must be placed on comparative case analyses and extrapolating patterns for possible transferability and adaptation to new settings (Patton, 2002).

Patton (2002) stated that triangulated reflexive inquiry, involves three sets of questions. First, self-reflexivity challenges the researcher to reflect on personal epistemologies, the ways knowledge is understood and how knowledge is constructed. Second, there should be reflexivity about the epistemologies of those individuals being studied. Finally, there should be reflexivity about the epistemologies of the audience who will review and evaluate the research findings.

**Strengths**

This study was conducted on a single community, Hillsborough County, with a small number of participants. The purpose of this study was to explore in depth the experience of these specific participants, not to develop a theory that would be transferable to all communities. Any attempt to do so, would not be in keeping with the purpose of this study. Confidence in transferability from samples to populations was dependent on representativeness (Tashakkori & Teddlie, 1998).

By sticking to the professional criterion for trustworthiness, the researcher developed a foundation for the transferability of the studies outcomes. Consequently, results from this study may contribute to the understanding of a community’s experiences, when developing a program to care for residents with
special medical needs, during a hurricane evacuation. By using good qualitative methodology and trustworthiness, results of this study could provide a foundation for future research, into the development of special needs programs in other communities.

A Social Construction Theory framework, helped to provide insight into how the participants understanding of the need for an SpNP was a product of that individual’s culture and experiences; and how society’s current social and economic situation shapes program development. The social constructionist approach helped the researcher understand the reality of this SpNP, as socially constructed by this community by examining personal experiences, opinions, knowledge, attitudes and behaviors. Using Social Construction Theory facilitated access to the public discourse concerning important and timely matters, such as community development of a SpNP. By understanding Hillsborough County’s experiences in developing their SpNP, it may aide other communities in the development of their own program.

An advantage of combining Grounded Theory methodology and a Social Construction Theory framework was that both accept the existence of multiple realities held by the various stakeholders in the community, which facilitates a richer description of the program through the different definitions of the SpNP. Stakeholders such as the media, members of the SpNP Planning Committee, program clients, and elites all had their concept of special needs and what services should be provided in the event of a hurricane evacuation. Both theories, also maintain that because of the multiple realities held by researchers, there was more
than one way to interpret the qualitative data collected. Another advantage of combining Grounded Theory methodology and a Social Construction Theory framework was both promote the belief that what was being studied was subject to change over time. With this in mind the results of this study are similar to taking a snapshot of the SpNP, a program, which will continue to change over time as social conditions, economics and knowledge change.

**Limitations**

As with any study where participation was voluntary, those individuals agreeing to participate may be different from those refusing to participate. SpNP clients were only paid 20 dollars, for their participation in this study. A sum so low, that many potential participants may have felt that it was not worth their time, or not enough to invite a stranger into their homes. Also, due to lack of funding to hire translators, this study was restricted to participants who spoke English. Consequently, the results of this study can not be generalizable to the entire population of special needs residents, in Hillsborough County.

There were also issues of limitations of the SpNP database. For instance, demographics on income, race or ethnicity were not available. Another issue with the SpNP database was that it was up-to-date, as there were hundreds of people registered, who were deceased or no longer required the program. According to the DOH, during this study there were approximately 4,000 people registered with the program. After the recent re-registration process, approximately 1,000 names
were removed from the database, as they no longer required the services of the program.

Results of this study were based upon self-reports. The researcher asked SpNP clients to comment on what actions they would take, if there was a future hurricane evacuation. The problem was that those actions people think they would perform in an emergency situation and what actions they actually take, may be totally unrelated as suggested by research on the relationship between attitudes and actual behavior (Fishbein & Azjen, 1975).

**Research Questions Findings**

This was the first study to explore a community's development and understanding of a SpNP, and the intended outcome of this study was to develop models, which set the foundation for future researchers in their formation of theoretical perspectives on a community’s development of programs to help people with special needs during evacuation for a hurricane. The following research question initially guided the study: 1) How did community stakeholders in the Hillsborough County SpNP perceive the meaning of community responsibility for individuals with special medical needs, in the event of a hurricane evacuation and what factors affected the development of the program?; 2) How did individuals registered in the SpNP construct their understanding, the meaning of the program?; and 3) How did society influence evacuation decisions made by individuals registered in the SpNP?
Community Development of a SpNP

Focus groups with stakeholders and in-depth, semi-structured interviews with elites were conducted, to understand how members of the SpNP Planning Committee perceived the meaning of community responsibility for individuals with special medical needs, during hurricane evacuations. Three main themes were identified: disaster experience, coalition building, and collective moral responsibility.

Disaster experience was found to have two sub-themes: personal disaster experience and institutional disaster experience, which were found to be directly related to each other. Types of disaster experiences were: primary, secondary and tertiary. Primary disaster experience occurs, when the individual or institution actually experienced a disaster a hurricane. Secondary disaster experiences occurred, either through conversations with family and friends or by participating in recovery assistance in another community. Finally, tertiary disaster experiences were delivered worldwide through visual images, as provided by the media.

The realization of the need for a community to preplan for potential hurricane strikes, was directly related to the second major theme, coalition building. Coalition development was found to have three sub-themes: stakeholders, leadership, and barriers to program development. The stakeholders promoted claims, directing the development of the SpNP and made the ethical decisions as to who would receive what type of services. Educational outreach was a major focus of the stakeholders, with the goal of motivating everyone with
special medical or transportation needs, to register for the program and prepare for future evacuations.

Another issue with coalition building was encouraging all agencies, who dealt with the special medical needs population, to become members and be educated as to the specifics of the program. Of particular concern was getting medical professions involved and properly trained, so that they could identify, register, and educate clients for the program. It was found that some stakeholders only participated in the program, when mandated by state legislation. Those stakeholders who were forced to participate, often did so begrudgingly and did not fully buy into the SpNP.

The sub-theme, leadership was found to be the strong point of the SpNP. Over the years, Hillsborough County’s Emergency Operations Center, has diligently worked to bring stakeholders to the table and developed an environment encouraging collaboration and communication. Consistencies of leadership at the EOC, who not only offered a clear vision of the future of the SpNP, but built in flexibility to change, allowed the SpNP to change directions as new resources and stakeholders were brought to the table. As a result, the SpNP developed in Hillsborough, was often used by other communities as a model, in the development of their SpNPs. Consequently, many stakeholders have found their agencies plans held up as models for sister agencies, installing a sense of pride in being a part of something special.

There were several factors discovered that acted as barriers to the development of the SpNP: legislation, identifying targeted population, educating
targeted population, staffing of SpNSs, training shelter workers, resistance to change, and power struggles. Legislation written concerning SpNPs were often vague and did not provide specific guideline for counties to follow in development of programs. This has resulted in inconsistencies between programs and created confusion among clients, as to what services are to be expected. Since the SpNP is voluntary, there is also the issue of identifying people in the community, who would qualify for the program.

Staffing of SpNS has been an issue for many years, but recent legislation has mandated that the DOH be responsible for providing appropriate staff. The issue now was that public health nurses, who have been training in providing preventive health care services to their clients, are being asked to provide direct medical care to patients with chronic health issues. Something that public health nurses, have not been specifically trained to do. Another staffing issue was that many of the services provided in the SpNSs, do not require trained nurses, but rather staff to provide personal assistance. Individuals are needed to lift people off cots and transporting them to restrooms, duties that require physical strength not medical training. Another issue with staffing SpNSs was providing for the care of the worker’s families. Many nurses have children or disabled family member to care for and no arrangements have been made by the SpNP, to ensure that these individuals are cared for.

Resistance to change was identified as a problem for some of those agencies mandated to participate in staffing the SpNSs. This was especially true, for workers who have been with the agency for some time and are now being
required to accept new duties. Part of this resistance to change included obtaining knowledge of the SpNP, which could be relayed to people, served by the agencies. This was especially found to be true of agencies, having direct contact with people with special medical needs, such as Home Health Agencies. Another underlying problem, to the development of the SpNP was the presence of more than one emergency management office, in Hillsborough County. Two emergency management offices currently exist: a county EOC and Tampa’s EOC. This division, though not by intention, leads to less communication, possible duplication of services, splitting of the available pool of funds, and no clear single authority.

The third and central theme was found to be collective moral responsibility, which had three sub-themes: cultural expectations, personal responsibility, and government responsibility. It was apparent throughout the interviews with stakeholders and elites, deemed the community had a collective moral responsibility, to protect people with special medical needs during a hurricane evacuation. Government workers are expected to be available when disaster strikes. Cultural expectations demand that police, firefighters, emergency medical services, and health care workers put aside personal needs in times of disasters and respond to the needs of the general public. It was also expected, that those who are able take care of their own needs, during an emergency do so. This includes, taking care of family and pets. When people in the community are not able to provide for their own needs, they become dependent on the government, which was responsible for the development of legislation and programs to meet these needs. This development of legislation and programs, which assign
agencies with specific responsibilities in both SpNPs and SpNSs has been a
difficult issue, due to the presence of lobbyists. Another issue is government
health care programs like the SpNP, operates under a medical model, instead of
an ability focused model. Consequently, anyone on oxygen was to be admitted
into a SpNS, even though modern technology has developed oxygen delivery
systems, which are not electric dependent. Meanwhile, frail individuals who barely
maintain independence in their homes are forced to evacuate to public shelters,
where they struggle to care for themselves.

*SpNP Clients Construction of Program Knowledge*

In-depth, semi-structured interviews with SpNP clients and elites were
conducted, to understand how clients constructed their meaning of the program.
Five major themes were identified: registration barriers, SpNP knowledge, support
systems, cultural expectations, and the media. Cultural expectations were found to
be the central theme, explaining how clients constructed their knowledge of the
SpNP.

Registration barriers consisted of a lack of knowledge, mistrust of
government and denial. The biggest barriers identified as barriers to registration
was, the lack of program knowledge in the medical profession. Neither HHA
representatives nor physicians knew much about the program. The client’s lack of
knowledge, concerning the SpNP could be explained, by the lack of knowledge by
many stakeholders and difficulties accessing the Hurricane Guide.
Clients with good formal support systems were less likely to perceive themselves at high risk and often reported, they would not immediately evacuate. Many of those clients whose social support system consisted mainly of friends, were less likely to evacuate when multiple evacuation were requested during a hurricane season, because they did not want to become a burden.

The study found a paradox related to cultural expectations. On one hand, people are expected to take care of their own needs and failure to do so was considered a sign of weakness. On the other hand when a person has difficulties caring for themselves because of financial or physical difficulties the government was expected to develop programs to care for them. In America, the media plays a vital role in the formation of public expectations and opinions. The media often fails to educate people, on the consequences of their actions, by displacing the blame for lack of personal preparedness and planning onto the government.

Societies Influence on SpNP Client’s Evacuation Decisions

In-depth, semi-structured interviews with SpNP clients and elites were conducted, to understand how society influences the evacuation decisions made by SpNP clients. Three major themes were identified: risk perception, evacuation barriers, and the media. The central theme, explaining how society influenced the evacuation decisions of SpNP clients was determined, to be risk perception. Though it was recognized, there was no clear delineation between themes and many overlapped like risk perception, cultural expectations and the media.
Those SpNP clients, perceiving themselves to be at high risk were more likely, to plan to immediately follow evacuation orders. Others did not feel that they were at risk and were likely to remain at home, until absolutely sure that the hurricane would strike.

Those SpNP clients, with strong support systems consisting of professionals or family were less likely to evacuate, immediately upon request. Several people commented they would resist evacuation, because they could not take their pets to the shelters. Others would not evacuate immediately because of fear of theft, crowded conditions, and exposure to infectious diseases.

Many SpNP clients appeared to live in a state of denial, not believing that it was likely that a hurricane would strike the county, because of its geographic location. This was supported, by the fact that since 1985, there have been nine evacuations for hurricanes that changed directions, missing the county.

Many SpNP clients expressed that the media coverage of Hurricane Katrina had for the first time, made them realize the amount of damage a hurricane could cause. But these same media accounts of people who evacuated to the Super Dome in New Orleans being beaten, robbed, raped and killed created a fear of evacuating to the Sun Dome in Hillsborough County. These fears remained, even after the media retracted the majority of their stories. Many clients felt, by watching the weather reports provided by the media, they could predict whether or not the hurricane would actually make landfall in Hillsborough. Also, an issue was the lack of coverage of hurricane by the Spanish media, forcing Spanish-speaker to tune in to English stations for relevant information.
Implications and Recommendations for Public Health

Today’s health care delivery systems has resulted in many people receiving medical services at home, for conditions that in the past, were provided only in hospitals, nursing homes, or other facilities. Thus, living independently is a freedom enjoyed by a growing segment of the population. In times of disasters, this care can be difficult to maintain, especially if transportation on roads is compromised. Flooding caused by Hurricane Katrina in New Orleans, highlighted that emergency management is not prepared, to properly respond to the needs of people with mobility restrictions.

An estimated 1,800 people died in Hurricane Katrina and its aftermath, fatalities were disproportionately elderly, with 71 percent of the victims older than 60, and 47 percents over the age of 75 (Cahalan & Renne, 2007). Most of the elderly killed during Katrina, most were disabled, had mobility restrictions, and lived independently in the community. It is important, that those who are most vulnerable during a disaster be located, so that they can be assisted during an emergency. Consequently, the challenge of addressing the medical needs of the population, in times of disaster is a problem for emergency managers and health care providers (Fernandez, Byard, Lin, Benson, & Barbera, 2002).

This study highlights the importance of collaboration and the forming of coalitions to address the needs of vulnerable populations. A problem with coalitions is sustainability. For example after the 2005 hurricane season the SpNP Planning Committee meeting in 2006, had over 120 representatives from different agencies present. Every HHA in the county and many advocate groups for people
with disabilities were present and were actively expressing their concerns that the SpNP did not meet the needs of all people with disabilities. At the 2008 SpNP Planning Committee meeting, only 42 representatives were present, a third of those present in 2006. It should be noted that only one HHA representative out of 54 agencies and only one advocate group for people with disabilities was present at the meeting.

The future of coalitions should involve the use of technology to connect stakeholders, who could remain in their office during the meetings, where they only have to focus on content relevant for their agencies needs. In this manner, agencies with vast experience and knowledge, concerning the SpNP may be able to better communicate and to help those with less experience. This may mean, representatives from the EOC and DOH will no longer be in charge of the SpNP Planning Committee meetings, but it becomes a joint operation controlled by the stakeholders themselves.

It is also believed, that the EOC and DOH should develop an assessment tool, which should be used by organizations, to assess their preparation and response plans. This assessment tool should be updated yearly, with those agencies exhibiting great improvements, being publicly rewarded to celebrate their achievements. This public recognition should help motivate agencies, to continually update and improve their plans, resulting in a better SpNP. For example, there needs to be better planning by CMS for the care of their clients. There also needs to be a better system developed to assign workers from the various HHAs to the different shelters, a mechanism that would help the county
open a much needed fourth SpNS. Finally, it is clear that there needs to be more planning with mental health agencies, as to the care for their clients, one of the major weaknesses with the SpNP. Currently, many people with mental health issues (e.g., autism and severe mental illnesses) are not well served in the shelters, due to the lack of timeout space and the absence of mental health professionals.

Many of the issues involving CMS, HHAs, nursing homes, FAHAs, and mental health agencies will have to be address through legislation. But this legislation must be developed, with the direct involvement of representatives from emergency management and the DOH, along with the agencies involved. Once the legislation is developed, there must be a hands-off policy, so that lobbyist cannot weaken the legislation in favor of the agencies involved. Far too often in the past, lobbyists have been able to render meaningful legislation to the point of being useless, much to the benefit of the agencies involved.

There is one legislative issue that must immediately be addressed, concerning those individuals dependent on oxygen, who are automatically admitted into a SpNS. Many of these people, who are oxygen dependent, are capable of taking care of themselves in an ARC shelter. Modern oxygen delivery systems are no longer electric dependent. Consequently, there is no reason to assign these individuals to SpNSs, because of the need for access to electricity.
To understand the nature of health care today, the norm can no longer be individual, but collective responsibility (Downie, 1982). In order to devise appropriate strategies to address the special needs of many people in the community, plans must be built into emergency level County-State-Federal progression of responsibility for disaster assistance. At the progression of personal preparedness must develop a similar paradigm Personal-Agency-Community (Fernandez, Byard, Lin, Benson, & Barbera, 2002). The medical profession needs to be more involved and mandatory continuing education for nurses and physicians should be considered. Copies of the Hurricane Guide should also be delivered to all facilities, providing health care in the community.

Training must be designed to increase awareness, among SpNP stakeholders about the needs of persons with disabilities related to disasters. For example, Public health nurses, by the very nature of their specialty, focus on preventive care and are not very experienced in the care of the chronically ill and disabled. Continual training related to the care of chronically ill and disabled is necessary.

Training must also be designed to increase awareness, among people with disabilities about their personal responsibility, in disaster events and during evacuations. There is a need to develop a national model, which can be adapted by communities to meet their local needs. Over the past few years, various government and NFP organizations (often under a government grant) have been developing guidebooks for the disabled. These agencies need to build a coalition,
develop a single definition of special medical needs and agreed upon standards of care.

It is important that public health be involved with mass media organizations, to advance broad social views and promote policies and changes that will enhance health outcomes, in disaster situations and change the perception of risk due to hurricanes (Barnes, Hanson, Novilla, Meacham, McIntyre, & Erickson, 2007). Public health practitioners must become knowledgeable about media practices, in order to help in the presentation of a public health oriented agenda. Redundancy is vital to effective communication strategies. Communication of all emergency and evacuation information in multiple formats, including large print, Braille, closed captioning, sign language interpreters, TeleTYpewriter-Telecommunications Devices for individuals who are deaf, and any languages commonly spoken in the area (Cahalan & Renne, 2007).

From the results of this study, it is apparent that the SpNP Planning Committee needs to come up with a solution, to care for the families of workers in the SpNSs. A good model would be that either in or very near every SpNS, there has to be accommodations for the families of emergency/disaster, staffed by professional caregivers. This would allow workers in the SpNSs, to focus on their work and not be concerned for the safety of their families. After completing their shift the workers could, quickly reunite with their families.

It was suggested by many participants in the study, that a video needed to be developed, showing what should be expected in the SpNS and/or public shelters. Such a video, would help alleviate the fears of many individuals who
have developed false beliefs, as to what the conditions at the shelter would be. While there are some upfront expenses involved with the product of the video, costs of replicating onto CDs and mailings to SpNP clients, would be relatively inexpensive. To help the SpNP client with knowledge concerning their placement in the program, a credit card size information document should be provided, designating the shelter they are assigned to and important phone numbers.

Many SpNP clients interviewed were confused, as to what services they should expect, from the SpNP during a hurricane evacuation. There are really two different services, provided by the program. The first service is transportation only, where the SpNP client is transported to an ARC shelter, where they are expected to take care of their own needs. The second service, may also involve transportation services to a SpNS, where health care services are available. Many of the clients interviewed, who were only receiving transportation to ARC shelters, were under the assumption that since they were in the SpNP, medical services would be available. This issue could be solved, by having two different programs. One of the programs could be called the Special Needs Medical Shelter Program and the other identified, as the Special Needs Transportation Program.

Recommendations for Future Research

The purpose of this study was to explore in depth the experiences of participants from Hillsborough County, not to develop a theory that would be generalizable to all SpNPs in Florida, much less the country. The constructionist approach used implies that the research was not seeking to discover an objective
reality that exists, but instead understand the reality that these participants portrayed as constructed in social context. Consequently, additional studies could improve the transferability, of the results of this study.

Recommendations for future research, include studies that focus on: a) the effectiveness of interorganizational training programs, b) changes to the current standards of education and training, c) assessing the viability of coalitions in protecting vulnerable populations before, during, and after disasters, d) evaluation of organizational differences within SpNPs, e) developing an integrative framework that captures the core competencies and process required within collaborative bodies to facilitate success, f) effectives of legislative mandates in responding to disasters, g) agency resistance to legislative mandates, h) involving non-English speakers, i) different ethnic groups represented in the community, j) the best media approach is necessary-using a social marketing approach, and k) more research related to the effectiveness of coalitions, as past studies into coalitions examined external outcomes and did not investigate which factors of coalition-building produced which outcomes (Zakocs & Edwards, 2005).
References


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Appendices
APPENDIX A:

Agency Members of the Hillsborough County Special Needs Program

National Agencies: Network 7 (dialysis) and Veterans Hospital Administration.

State Agencies: Police; Department of Health; Children’s Medical Services; and Area Agency on Aging.

Hillsborough County Agencies: Emergency Management; Police; Fire and Rescue; Mass Casualty; American Disability Act; School Board; Aging Services; Community Care for the Elderly; Health and Social Services; County Purchasing; Animal Services; Citizen Action Center; Transportation, and Parks and Recreation.

City Agencies: Tampa Emergency Management Agency; Tampa Police; Tampa Fire and Rescue; Tampa Public Housing; Temple Terrace Police; and Temple Terrace Fire and Rescue; Plant City Police Department; and Plant City Fire and Rescue.

University of South Florida (USF): College of Public Health and Police Department.

Dialysis Clinics: 9 different clinics serve Hillsborough County.

Special Needs Shelters: Erwin Technical Center, Riverview High School, Shriners Hospital, and the USF Sun Dome.

Not-for-profits: Radio Amateur Civil Emergency Services; Hospice, American Red Cross; Lighthouse for the Blind; Center for Independent Living; and Community Outreach Support and Services.

Retirement Communities: Sun City Center and Rocky Creek Village.

Businesses: Tampa Electric Power Company; APCO Linen Services; Tampa Armature Works (generators); Streiker Mobile Refueling; RESPITEK (oxygen); and Americare BLS Ambulance Company.

Home Health Agencies: 53 different agencies serve Hillsborough County.
APPENDIX B:

EMAIL REQUESTING PARTICIPATION IN STAKEHOLDER FOCUS GROUP

Hello. My name is Bob Tabler. I am a student at the University of South Florida’s College of Public Health. I am conducting a focus group with members of the Hillsborough County Special Needs Program, to learn more about the program and the population it serves. Would you like to participate in a focus group? The focus group will be held (DATE) at the Hillsborough County Emergency Operations Center at (TIME). Please email me at rtabler1@tambabay.rr.com or call me at (813) 988-1384 to let me know if you are interested in participating. If you cannot participate in this focus group can you identify anyone else in your organization to represent you?
APPENDIX C:
FIRST STAKEHOLDER FOCUS GROUP INTERVIEW GUIDE

Hello. My name is Bob Tabler, and I want to thank you for agreeing to participate in this study. I know that all of you are very busy and I want to thank you for taking time to participate in this focus group. I am here to learn about your thoughts and feelings about the Hillsborough County SpNP. There are no right or wrong answers to the questions that I will ask. I would like to reassure each of you that what is said in this focus group is confidential. With that in mind I would ask that each of you hold in confidence what is said in this session. I will not be using anyone’s name anywhere, at any time. The focus group will be recorded on audiotape but the contents will not be accessed by anyone but myself. I will ask a question and each individual will have an opportunity to respond in turn. The first question will first be directed to the person on my left and in a clockwise manner everyone else will be given the opportunity to respond in turn. The second question will be asked of the second person on my left and so on. If at anytime during the focus group you feel uncomfortable and would like to discontinue your participation, please let me know. Are there any questions? We will now begin.

1. Please give us your first name, what agency you work for, and your position.
2. What was your role in the development of the SpNP?
3. What is your role in the SpNP during evacuation?
4. What social norms the needs of people in the SpNP before, during and after a hurricane?
5. How do you feel about these problems?
6. How does the local economy affect the SpNP and is it sustainable?
7. Can you describe how the community identifies the criteria that must be met for placement into the SpNP?
8. What have your experiences been with the SpNP?
9. What policies does the SpNP have in place to protect confidential information

That was my last question. I want to thank you for your valuable insight into the SpNP. I will be providing everyone with my business card. Please feel free to contact me should you have any further insight into the questions we have discussed. Again I want to thank you for your time. Goodby.
APPENDIX D:
SECOND STAKEHOLDER FOCUS GROUP INTERVIEW GUIDE

Hello. My name is Bob Tabler, and I want to thank you for agreeing to participate in this study. I know that all of you are very busy and I want to thank you for taking time to participate in this focus group. I am here to learn about your thoughts and feelings about the Hillsborough County SpNP. There are no right or wrong answers to the questions I will ask. I want to reassure each of you that what is said in this focus group is confidential. With that in mind I ask that each of you hold in confidence what is said in this session. In my write-up of the focus group will not be using anyone’s name anywhere, at any time. The focus group will be recorded on audiotape but the contents will not be accessed by anyone but myself. I will ask a question and each individual will have an opportunity to respond in turn. The first question will first be directed to the person on my left and in a clockwise manner everyone will be given the opportunity to respond. The second question will be asked of the second person on my left and so on. If at anytime during the focus group you feel uncomfortable and would like to discontinue participation, let me know. Any questions? Let’s begin.

1. Please give us your first name and what agency/business you work for.
2. Does your agency have a detailed internal plan to respond to a coming hurricane?
3. Do you have an evacuation plan for your family and do you have evacuation supplies ready for your family?
4. What is your agencies/businesses role in operating the SpNS?
5. How is your agency/businesses commitment to the SpNP different from or similar to comparable agencies/business in other counties?
6. What was the effect of the last two hurricane seasons on your agency’s policy and the policy of comparable agencies in other counties?
7. In my interviews with clients of the SpNP I have seen a lot of confusion as to how the program works and what the SpNP evacuee should expect during the evacuation. What can be done to educate these individuals?
8. In talking to SpNP clients and representatives from home health agencies there are many individuals in the community who would qualify for the SpNP but they either have not heard of the program or they will not sign up. What can be done to enroll this population?
9. Why has Hillsborough County put so much effort into its SpNP?
10. What do you think of the recent media coverage of the forthcoming hurricane season?
11. How would you improve the SpNP?

That was my last question. I want to thank you for your valuable insight into the SPNP. I will be providing everyone with my business card. Please feel free to contact me should you have any further insight into the questions we have discussed. Again I want to thank you for your time. Goodby.
APPENDIX E:

THIRD STAKEHOLDER FOCUS GROUP INTERVIEW GUIDE

Hello. My name is Bob Tabler, and I want to thank you for agreeing to participate in this study. I know that all of you are very busy and I want to thank you for taking time to participate in this focus group. I am here to learn about your thoughts and feelings about the Hillsborough County SpNP. There are no right or wrong answers to the questions I will ask. I want to reassure each of you that what is said in this focus group is confidential. With that in mind I ask that each of you hold in confidence what is said in this session. In my write-up of the focus group will not be using anyone’s name anywhere, at any time. The focus group will be recorded on audiotape but the contents will not be accessed by anyone but myself. I will ask a question and each individual will have an opportunity to respond in turn. The first question will first be directed to the person on my left and in a clockwise manner everyone will be given the opportunity to respond. The second question will be asked of the second person on my left and so on. If at anytime during the focus group you feel uncomfortable and would like to discontinue participation, let me know. Any questions? Let’s begin.

1. Please give us your first name and what agency/business you work for.
2. Do you have an evacuation plan for your family and do you have evacuation supplies ready for your family?
3. Does your agency have a detailed internal plan to respond to a coming hurricane?
4. What is your agencies/businesses role in the SpNP?
5. What was the effect of the last two hurricane seasons on your agency’s policy and the policy of comparable agencies in other counties?
6. How is your agency/businesses commitment to the SpNP different from or similar to comparable agencies/business in other counties?
7. In my interviews with clients of the SpNP I have seen a lot of confusion as to how the program works and what the SpNP evacuee should expect during the evacuation. What can be done to educate these individuals?
8. In talking to SpNP clients and representatives from home health agencies there are many individuals in the community who would qualify for the SpNP but they either have not heard of the program or they will not sign up. What can be done to enroll this population?
9. Why has Hillsborough County put so much effort into its SpNP over the years?
10. Why the lack of media coverage on Spanish TV?
11. How would you improve the SpNP?

That was my last question. I want to thank you for your valuable insight into the SpNP. I will be providing everyone with my business card. Please feel free to contact me should you have any further insight into the questions we have discussed. Again I want to thank you for your time. Goodby.
APPENDIX F:

STAKEHOLDER FOCUS GROUP INFORMED CONSENT FORM

Informed Consent for an Adult
Social and Behavioral Sciences
University of South Florida

Information for People Who Take Part in Research Studies

Researchers at the University of South Florida (USF) study many topics. This study is looking at the development of the Hillsborough County Special Needs Program (SpNP). To do this, I need the help of people who agree to take part in a research study. The title of this research study is: The Social Construction of a Special Needs Program for Hurricanes. Robert (Bob) Tabler, a USF College of Public Health doctoral student is in charge of the study. This study is conceptually supported by the Hillsborough County Emergency Operations Center and the Hillsborough County Department of Aging Services.

This form tells you about this research study. You can decide if you want to take part in it, but you do not have to take part. Reading this form can help you decide. Talk about this study with the person in charge. You can have someone with you when you talk about the study. You may have questions this form does not answer. If you do, ask the person in charge of the study questions as you go along. You don’t have to guess at things you don’t understand. Ask the person doing the study to explain things in a way you can understand. After you read this form, you can: Take your time to think about it. Have a friend or family member read it. Talk it over with someone you trust. It’s up to you. If you choose to be in the study, then you can sign the form. If you do not want to take part in this study, do not sign the form.

The purpose of this study is to find out what went into the development of the Hillsborough County SpNP and what people in the SpNP think of the program. We are asking you to take part in this study because as a representative of an agency or company participating in the SpNP your opinion of the program is very important. You will be asked to spend about one and a half hours in this study. A study visit is one you have with the person in charge of the study. There will only be one visit with you during this study at the Hillsborough County Emergency Operations Center. There will be approximately 9 other people participating in this visit, which will be in the form of a focus group. During the visit the person in charge of the study will ask you and others within the group, questions about your past experiences with natural disasters, your experiences with SpNP, and your thoughts as to what should be expected from this program. If you decide not to take part in this study, that is okay. If you decide to take part in this study, you will need to sign this consent form.
During the study visit you will be asked questions concerning your past experiences with natural disasters, such as hurricanes. You will also be asked questions about your experiences with the SpNP, as well as, your overall thoughts and feelings about the program. This conversation will be audiotaped, so that the researcher can at a later date take a good look at what you said during the study visit. There may be additional questions that arise after reviewing the audiotape of your interview. If this happens the researcher will call you to clarify your responses. This will occur within two weeks of your interview and will only take a few minutes of your time.

You will not be paid for the time you volunteer in this study. It will not cost you anything to take part in the study. It is not know if you will get any benefits by taking part in this study. There are no known risks to those who take part in this study. However, by taking part in this study, you will increase our overall knowledge of Hillsborough County’s Special Needs Program which will not only help Hillsborough County improve its program but also help other communities across the nation improve their programs.

Federal law requires us to keep your study records private. Only the researcher Bob Tabler will have access to the information that you give and your name will not be connected to any statements that you make. Absolute confidentiality cannot be guaranteed because of the group setting, but we ask that everyone keep what is discussed during the session confidential and not disclosed to others outside of the group setting. The audiotape of your focus group will be erased after transcription. By law the researcher is required to keep all data for three years after which the data will be destroyed. However, certain people may need to see your study records. By law, anyone who looks at your records must keep them confidential. The only people who will be allowed to see these records are those people who make sure that the study is being done in the right way. They also make sure that your rights and safety are protected:

- Those USF professors who are on Bob Tabler’s doctoral committee
- The USF Institutional Review Board
- The United States Department of Health and Human Services

You should only take part in this study if you want to take part. If you decide not to take part:

- You won’t be in trouble or lose any rights you normally have.
- You will still get the same services you would normally have.

If you decide you want to stop taking part in the study during the focus group session, tell the study staff as soon as you can. At the end of the focus group participants will be asked to contact the researcher if they have any further insights. Each participant will be given a business card, which provides the researchers e-mail address and home phone number. Also, after the focus group the researcher will remain until all participants have departed, in case someone wants to talk on a one-on-one basis. If you have any questions about
this study, call Bob Tabler at (813) 988-1384. If you have questions about your rights as a person who is taking part in a study, call USF Research Compliance at (813) 974-5638.

I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.

Signature ______________________  Printed Name ______________________  Date ___________

Signature of Person taking part in study  Printed Name of Person taking part in study

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

The person who is giving consent to take part in this study

- Understands the language that is used.
- Reads well enough to understand this form. Or is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this study.
- Is not taking drugs that make it hard to understand what is being explained.

To the best of my knowledge, when this person signs this form, he or she understands:

- What the study is about.
- What needs to be done.
- What the potential benefits might be.
- What the known risks might be.
- That taking part in the study is voluntary.

Signature of Investigator ______________________  Printed Name of Investigator ______________________  Date ___________

Signature of Investigator  Printed Name of Investigator  Date
APPENDIX G:
SNP CLIENT INFORMED CONSENT FORM

Informed Consent for an Adult
Social and Behavioral Sciences
University of South Florida

Information for People Who Take Part in Research Studies

Researchers at the University of South Florida (USF) study many topics. This study is looking at the development of the Hillsborough County Special Needs Program (SPNP). To do this, I need the help of people who agree to take part in a research study. The title of this research study is: The Social Construction of a Special Needs Program for Hurricanes. Robert (Bob) Tabler, a USF College of Public Health doctoral student is in charge of the study. This study is supported by the Hillsborough County Emergency Operations Center.

This form tells you about this research study. You can decide if you want to take part in it, but you do not have to take part. Reading this form can help you decide. Talk about this study with the person in charge. You can have someone with you when you talk about the study. You may have questions this form does not answer. If you do, ask the person in charge of the study questions as you go along. You don’t have to guess at things you don’t understand. Ask the person doing the study to explain things in a way you can understand. After you read this form, you can: Take your time to think about it. Have a friend or family member read it. Talk it over with someone you trust. It’s up to you. If you choose to be in the study, then you can sign the form. If you do not want to take part in this study, do not sign the form.

The purpose of this study is to find out what went into the development of the Hillsborough County SPNP and what people in the SPNP think of the program. We are asking you to take part in this study because as a participant in the SPNP your opinion of the program is very important. You will be asked to spend about one and a half hours in this study. A study visit is one you have with the person in charge of the study. There will only be one visit with you during this study at the location of your choice. During the visit the person in charge of the study will ask you questions about your past experiences with natural disasters, your experiences with the SNP, and your thoughts as to what should be expected from this program. If you decide not to take part in this study, that is okay. If you decide to take part in this study, you will need to sign this consent form.

During the study visit you will be asked questions concerning your past experiences with natural disasters, such as hurricanes. You will also be asked questions about your experiences with the SNP, as well as, your overall thoughts and feelings about the program. This conversation will be audiotaped, so that the researcher can at a later date take a good look at what you said during the
study visit. There may be additional questions that arise after reviewing the audiotape of your interview. If this happens the researcher will call you to clarify your responses. This will occur within two months of your interview and will only take a few minutes of your time.

You will be paid 20 dollars for the time you volunteer in this study. If you finish the interview your name will be entered into a drawing for 100 dollars. It will not cost you anything to take part in the study. It is not know if you will get any benefits by taking part in this study. There are no known risks to those who take part in this study. However, by taking part in this study, you will increase our overall knowledge of Hillsborough County’s Special Needs Program which will not only help Hillsborough County improve it’s program but also help other communities across the nation improve their programs.

Federal law requires us to keep your study records private. Only the researcher Bob Tabler will have access to the information that you give and your name will not be connected to any statements that you make. Your audiotape and any transcripts from your audiotape will only be identified by your participant number. By law the researcher is required to keep all data for three years after which the data will be destroyed. However, certain people may need to see your study records. By law, anyone who looks at your records must keep them confidential. The only people who will be allowed to see these records are those people who make sure that the study is being done in the right way. They also make sure that your rights and safety are protected:

- Those USF professors who are on Bob Tabler’s doctoral committee
- The USF Institutional Review Board
- The United States Department of Health and Human Services

You should only take part in this study if you want to take part. If you decide not to take part:

- You won’t be in trouble or lose any rights you normally have.
- You will still get the same services you would normally have.

If you decide you want to stop taking part in the study during the interview, tell the study staff as soon as you can. If you stop the study during the interview, you will still receive the 20 dollars payment, but will not have your name entered into the 100 dollar drawing. If you have any questions about this study, call Bob Tabler at (813) 988-1384. If you have questions about your rights as a person who is taking part in a study, call USF Research Compliance at (813) 974-5638.

I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.

______________________ ______________________   ___________
Signature Printed Name Date
of Person taking part in study of Person taking part in study
Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

The person who is giving consent to take part in this study

- Understands the language that is used.
- Reads well enough to understand this form. Or is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this study.
- Is not taking drugs that make it hard to understand what is being explained.

To the best of my knowledge, when this person signs this form, he or she understands:

- What the study is about.
- What needs to be done.
- What the potential benefits might be.
- What the known risks might be.
- That taking part in the study is voluntary.

________________________ ________________________   _________
Signature of Investigator       Printed Name of Investigator       Date
I have received my $20 payment for participation in the Special Needs Program Study.

_________________________    _____________
Name                     Date
APPENDIX I:
SpNP CLIENT UNSTRUCTURED INTERVIEW GUIDE

Hello. My name is Bob Tabler, and I want to thank you for agreeing to participate in this study. I want to learn your experiences with natural disasters and what you think about the Hillsborough County Special Needs Program. There are no right or wrong answers to the questions that I will ask. I would like to reassure you that what is said in this interview is confidential. I will not be using your name anywhere, at any time. The interview will be recorded on audiotape but the contents will not be accessed by anyone but myself. Are there any questions? We will now begin.

1. What are your experiences with natural disasters?
2. Where were you born?
3. Do you have relatives in the area?
4. Do you have someone who cares for you? If so, who are they and how often do they visit?
5. How long have you been in the Special Needs Program?
6. Why do you need to be in the Special Needs Program?
7. What do you know about the Special Needs Program and from where did you get the information?
8. What were your experiences registering with the Special Needs Program?
9. Have you evacuated to the special needs shelter? If so, how do you know when to evacuate? How did you get there? What were your experiences? What items did you take to the shelter?
10. What factors encourage or deter you from evacuation?
11. Have you prepared a box of things to take with you to the special needs shelter? If so, what is in that box? If not, what things would you take with you?
12. What are you responsibilities in evacuation to a special needs shelter? What are the counties responsibilities?
13. What do you think of the Special Needs Program in general?
14. How would you change the program to make it better?
15. Why do you think Hillsborough County developed their Special Needs Program?

That is all the questions I have for you. Is there anything that you would like to add? Thank you for your time and input into this project.
Hello,

You have been randomly selected (like picking a name out of a hat) to participate in a study looking at the development of the Hillsborough County Special Needs Program. Random selection is like putting everyone’s name in a hat and picking one. This study is being conducted by a doctoral student (Bob Tabler) from the University of South Florida’s College of Public Health.

Your opinion of the Hillsborough County Special Needs Program is very important not only for the development of a better program for the residents of Hillsborough County, but for the development of Special Needs Programs across the United States.

Once you decide to participate in the study, Bob Tabler will arrange to meet with you at your convenience and at a location of your choice. At this meeting you will be asked questions about your experiences with and perceptions of the Hillsborough County Special Needs Program. There will be no survey to fill out or written questions to answer for this study. This should take about 90 minutes of your time. You will receive $20 for your time and your participation will be greatly appreciated.

Please contact Bob Tabler at (813) 988-1384, within the next couple of days to let him know whether or not you wish to participate in this study.

If you want to participate leave your name, participant number (#), and a phone number so that Mr. Tabler can return your call and arrange an interview at your convenience.

If you do not want to participate simply call, give your participant number (#) and you will not be contacted again.

Thank you for your time and effort in this matter.

Robert E. Tabler Jr., M.A., CHES
Doctoral Candidate
University of South Florida
Principal Investigator
APPENDIX K:

ELITE INFORMED CONSENT FORM

Informed Consent for an Adult
Social and Behavioral Sciences
University of South Florida

Information for People Who Take Part in Research Studies

Researchers at the University of South Florida (USF) study many topics. This study is looking at the development of the Hillsborough County Special Needs Program (SNP). To do this, I need the help of people who agree to take part in a research study. The title of this research study is: The Social Construction of a Special Needs Program for Hurricanes. Robert (Bob) Tabler, a USF College of Public Health doctoral student is in charge of the study. This study is conceptually supported by the Hillsborough County Emergency Operations Center and the Hillsborough County Department of Aging Services.

This form tells you about this research study. You can decide if you want to take part in it, but you do not have to take part. Reading this form can help you decide. Talk about this study with the person in charge. You can have someone with you when you talk about the study. You may have questions this form does not answer. If you do, ask the person in charge of the study questions as you go along. You don’t have to guess at things you don’t understand. Ask the person doing the study to explain things in a way you can understand. After you read this form, you can: Take your time to think about it. Have a friend or family member read it. Talk it over with someone you trust. It’s up to you. If you choose to be in the study, then you can sign the form. If you do not want to take part in this study, do not sign the form.

The purpose of this study is to find out what went into the development of the Hillsborough County SNP and what people in the SPNP think of the program. We are asking you to take part in this study because as an administrator of an agency or business that participates in the SPNP your opinion of the program is very important. You will be asked to spend about one and a half hours in this study. A study visit is one you have with the person in charge of the study. There will only be one visit with you during this study at the location of your choice. During the visit the person in charge of the study will ask you questions about your past experiences with natural disasters, your experiences with the SNP, and your thoughts as to what should be expected from this program. If you decide to take part in this study, you will need to sign this consent form.

During the study visit you will be asked questions concerning your past experiences with natural disasters, such as hurricanes. You will also be asked questions about your experiences with the SpNP, as well as, your overall thoughts and feelings about the program. This conversation will be
audiotaped, so that the researcher can at a later date take a good look at what you said during the study visit. There may be additional questions that arise after reviewing the audiotape of your interview. If this happens the researcher will call you to clarify your responses. This will occur within one month of your interview and will only take a few minutes of your time.

You will not be paid for the time you volunteer in this study. It will not cost you anything to take part in the study. It is not know if you will get any benefits by taking part in this study. There are no known risks to those who take part in this study. However, by taking part in this study, you will increase our overall knowledge of Hillsborough County’s Special Needs Program which will not only help Hillsborough County improve it’s program but also help other communities across the nation improve their programs.

Federal law requires us to keep your study records private. Only the researcher Bob Tabler will have access to the information that you give and your name will not be connected to any statements that you make. The audiotape of your interview will be erased after transcription. Your name will not be used in the transcripts which will only be identified by a number.

By law the researcher is required to keep all data for three years after which the data will be destroyed. However, certain people may need to see your study records. By law, anyone who looks at your records must keep them confidential. The only people who will be allowed to see these records are those people who make sure that the study is being done in the right way. They also make sure that your rights and safety are protected:

- Those USF professors who are on Bob Tabler’s doctoral committee
- The USF Institutional Review Board
- The United States Department of Health and Human Services

You should only take part in this study if you want to take part. If you decide not to take part:

- You won’t be in trouble or lose any rights you normally have.
- You will still get the same services you would normally have.

If you decide you want to stop taking part in the study during the interview, tell the study staff as soon as you can. If you have any questions about this study, call Bob Tabler at (813) 988-1384. If you have questions about your rights as a person who is taking part in a study, call USF Research Compliance at (813) 974-5638.

**I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.**

Signature of Person taking part in study

Printed Name of Person taking part in study

Date
Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

The person who is giving consent to take part in this study
- Understands the language that is used.
- Reads well enough to understand this form. Or is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this study.
- Is not taking drugs that make it hard to understand what is being explained.

To the best of my knowledge, when this person signs this form, he or she understands:
- What the study is about.
- What needs to be done.
- What the potential benefits might be.
- What the known risks might be.
- That taking part in the study is voluntary.

________________________ ________________________   _________
Signature of Investigator Printed Name of Investigator    Date
APPENDIX L:

EMAIL REQUESTING PARTICIPATION IN ELITE INTERVIEW

Hello. My name is Bob Tabler. I am a student at the University of South Florida’s College of Public Health. For some time I have been involved in a qualitative examination of Hillsborough County Special Needs Program, to learn more about the program and the population it serves. I am in the final stages of analyzing my data and I would like to have you verify that I am on the right track, so to speak. Please email me at rtabler1@tambabay.rr.com or call me at (813) 988-1384 to let me know if you are interested in participating. If you cannot participate in this focus group can you identify anyone else in your organization to represent you?
APPENDIX M:

CHARACTERISTICS OF FOCUS GROUP 1 PARTICIPANTS

Participant 1: Caucasian female in her early 60s. Participant works as a Director of Nursing for one of the HHAs serving Hillsborough County.

Participant 2: Caucasian, Hispanic female in her early 50s. As a contractor the participant works as a social worker for several HHAs serving Hillsborough County.

Participant 3: Caucasian female in her later 50s. Participant, works as a social worker for one of the HHAs serving Hillsborough County.

Participant 4: Caucasian female in her later 50s. Participant, Is the owner of one of the HHAs serving Hillsborough County.

Participant 5: Caucasian female in her early 50s. Participant works as the Clinical Director for one of the HHAs serving Hillsborough County.

Participant 6: Caucasian female in her mid 40s. Participant works as the Director of Nursing for one of the HHAs serving Hillsborough County.

Participant 7: Caucasian, Hispanic male in his mid 50s. Participant works as a social worker for one of the HHAs in Hillsborough County.

Participant 8: Caucasian, female in her mid 50s. Participant works as a Director of Patient Services for one of the HHAs in Hillsborough County.
APPENDIX N:
CHARACTERISTICS OF FOCUS GROUP 2 PARTICIPANTS

Participant 1: Caucasian male in his early 60s. Participant represented a NFP with weak ties to a national organization. NFP provides education, referral services and equipment to its clients and training to professionals on how to interact with people with disabilities. This Agency helps register people for the SpNP.

Participant 2: African-American female in her early 50s. Participant represented a Hillsborough County agency that provides direct health care services to people in the community. This agency helps register people for the SpNP and sends personnel to the SpNSs and the EOC during an evacuation of Hillsborough County.

Participant 3: Caucasian female in her late 40s. Participant represented a national organization that works with agencies providing direct health care services to people in the community.

Participant 4: Caucasian female in her late 50s. Participant represented a local NFP that provides health care services to people with special needs. This organization has a strong relationship to a national organization. This agency helps people register for the SpNP and sends personnel to a SpNS.

Participant 5: Caucasian female in her mid 30s. Participant represented a regional NFP that only provides information and referral services to its clients. Agency has a weak relationship to a national organization. This agency helps people register for the SpNP.

Participant 6: Caucasian male in his mid 30s. Participant represented a NFP that provides no health care services to people with special needs. This agency is independent with no ties to a national organization. This agency helps staff a SpNS.

Participant 7: Caucasian male in his late 50s. Participant represented a Hillsborough County agency that does not provide direct health care services to people. This agency provides staff to the SpNSs.

Participant 8: Caucasian female in her mid 50s. Participant represented a State of Florida agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and sends personnel to SpNSs and the EOC during an evacuation of Hillsborough County.
APPENDIX O:

CHARACTERISTICS OF FOCUS GROUP 3 PARTICIPANTS

Participant 1: Caucasian male in his late 50s. Participant represented a Hillsborough County agency that does not provide direct health care services to people. This agency helps with transportation to the SpNSs and sends staff to the EOC during an evacuation.

Participant 2: Caucasian female in her early 30s. Participant represented a regional NFP with weak ties to national organization. This agency provides referral services and helps people register for the SpNP.

Participant 3: African-American male in his early 50s. Participant represented a City of Tampa agency that provides no direct health care services to people. This agency helps people register for the EOC and sends staff to the EOC during an evacuation.

Participant 4: Caucasian male in his early 40s. Participant represented a Hillsborough County agency that only provides emergency health care services to people. This agency helps with transportation to the SpNSs and sends staff to the SpNSs and the EOC during an evacuation.

Participant 5: Caucasian female in her late 40s. Participant represented a NFP that has strong ties to a national organization. This agency does not provide direct health care services to people. NFP provides education to people in the community and training to professionals on how to interact with people with disabilities in shelters. This agency sends staff to the EOC during an evacuation.

Participant 6: Caucasian in her late 30s. Participant represented a Hillsborough County Agency that does not provide direct health care services to people. Agency does provide information and education to people in the community. This agency sends staff to the EOC during an evacuation.

Participant 7: Caucasian, Hispanic female in her early 50s. Participant represented a NFP with no ties to a national organization. Agency only provides information and referral services to people in the community.

Participant 8: African-American female in her late 40s. Participant represented a State of Florida agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and sends personnel to SpNSs and the EOC during an evacuation of Hillsborough County.
APPENDIX P:

CHARACTERISTICS OF WAVE 1 SpNP CLIENT PARTICIPANTS

Participant 1: Caucasian male in mid 20s, born and raised in Hillsborough County. Bound to a wheelchair he has been registered in the SpNP for approximately four years as he may need transportation to a SpNS. He was the owner of a new, mid-income house in an urban area not located in a flood zone. Participant has a strong support system: parents live nearby; has a friend as a roommate, and has a live-in professional caregiver. Participant has never experienced a natural disaster. During the 2004 Hurricane Season he evacuated once to his parents house.

Participant 2: Caucasian male in his 80s. Born in New Mexico he retired to Hillsborough County from Vermont 14 years ago. Needing oxygen for apnea participant was assigned to a SpNS and has been in the SpNP for 9 months. Participant lives with his wife, who he takes care of, in a private upper-income ALF in an urban area not located in a flood zone. Participant has a strong professional support system. Participant has experienced snowstorms and a hurricane. During the 2004 Hurricane Season he did not evacuate.

Participant 3: African-American female in her later 40s. Born in New York she moved to Hillsborough County 9 months ago. Bound to a wheelchair she has been registered in the SpNP for 9 months as she may need transportation to an ARC shelter. She lives in a low-income, rental apartment that was in an urban area. Home was not in a flood zone but has many oak trees leaning over building. Participant lives with fiancé who was present at the interview, there was no professional support. Participant has never experienced a natural disaster. She did not live in Hillsborough County during the 2004 Hurricane Season.

Participant 4: Caucasian male that was 16 years old. Participant was born and raised in Hillsborough County. Cared for by his grandmother participant was bed-bound and has been registered in the SpNP for 13 years and was assigned to Shriners Hospital. The participant’s medical condition was complicated and he requires access to oxygen. The grandmother who was in her early 60s was interviewed, since the participant could not communicate for himself. She was born and raised in Florida and has lived in Hillsborough County 14 years. She owns a mid-income home in an urban area that was not in a flood zone. Participant has experienced hurricanes and a tornado. During the 2004 Hurricane Season she evacuated her grandson to a SpNS once.

Participant 5: Caucasian female in her early 50s. Born in Virginia she moved to Hillsborough County 12 years ago. She was wheelchair bound due to rheumatoid arthritis. Needing transportation to an ARC shelter she has been in the SpNP for one year. She owns a mid-income home in an urban area that was
not in a flood zone. She lives alone and has no professional support system. Participant has not experienced a natural disaster but believes Hillsborough County was hit by hurricanes in the 2004 Hurricane Season, though she did not evacuate.

Participant 6: Caucasian female in her 70s. Born in Texas she moved to Hillsborough County 20 years ago. She was able to move around her small apartment but needs a wheelchair when she goes outside. Needing transportation to an ARC shelter she has been in the program for four years. She lives alone in a low-income ALF and has no professional support system. Participant has experienced floods. During the 2004 Hurricane Season she evacuated once to a friend’s house.

Participant 7: Caucasian male in his 70s. Born in South Carolina he moved to Hillsborough County 54 years ago. Due to dependency on oxygen he was assigned to a SpNS. He has been in the SpNP for four years. He lives with his wife in a mid-income trailer in a rural area that was not in a flood zone. He has a daughter and son who live nearby that provide some support but there was no professional support system. Participant has experienced floods and believes that hurricanes hit Hillsborough County in 2004. During the 2004 Hurricane Season he evacuated once to his daughter’s house.

Participant 8: Caucasian female in her mid 30s. Participant was born in England she moved to Hillsborough County five years ago. She has been in the SpNP for five years as she was bound to a wheelchair she would require transportation to an ARC shelter. She lives with her husband in a low-income rental apartment in a flood zone. The husband was present during the interview. There was no professional support system and they have no family living nearby. Participant has never experienced a natural disaster. During the 2004 Hurricane Season she did not evacuate her home.

Participant 9: African-American female in her mid 60s. Born and raised in Hillsborough County. Wheelchair bound she has been in the SpNP for six months needing transportation to an ARC shelter. She appeared to be obese. She rents a low-income house that was not in a flood zone. She lives with her son and has professional caregiver services. Participant has never experienced a natural disaster and did not evacuate during the 2004 Hurricane Season.

Participant 10: African-American male mid 30s. He was born in North Carolina and moved to Hillsborough County two years ago. Bound to a wheelchair he has been in the SpNP for two years as he would need transportation to an ARC shelter. He appeared to be obese. He rents an apartment in a low-income ALF that was located in an urban area not in a flood zone. He lives alone and has no professional support system. He has never experienced a natural disaster though he thought that hurricanes hit Hillsborough County in 2004. He evacuated once to a friend’s house during the 2004 Hurricane Season.
APPENDIX Q:

CHARACTERISTICS OF WAVE 2 SpNP CLIENT PARTICIPANTS

Participant 11: Caucasian female in her early 70s. Born in North Carolina she moved to Hillsborough County 54 years ago. Dependent on oxygen she has been in the SpNP four years and was assigned to a SpNS. She lives in a garage apartment at her daughter’s mid-income house that was in an urban area not in a flood zone. She also has a son in the area that helps and she has a professional support system. She has experienced a tornado and believes that Hillsborough County was hit by hurricanes in 2004 and evacuated three times to a SpNS.

Participant 12: African-American female in her mid 30s. She was born and raised in Hillsborough County. A dialysis patient she has been assigned to the SpNS for 9 years. She owns a mid-income home in an urban area not in a flood zone. She lives with her teenage son and daughter and has other relatives living nearby and a professional support system. She has never experienced a natural disaster. She did not evacuate during the 2004 Hurricane Season.

Participant 13: Caucasian male in his early 50s. Born in Ohio his family moved to Hillsborough County when he was 10. A person with AIDS he was real sick in the early 1990’s and registered for the SpNP, 13 years ago. He was well enough now that he only needs transportation to an ARC shelter if his family cannot evacuate him. He rents an apartment in a low-income ALF and lives alone. Relatives living in Lakeland are his only support system. Never experiencing a natural disaster he evacuated once during the 2004 Hurricane Season.

Participant 14: Caucasian male who was six years old. Born and raised in Hillsborough County, he was cared for by a grandmother. Having heart problems and asthmatic he was registered in the SpNP over 6 years ago and assigned to Shriners Hospital. The grandmother who was in her mid 50s was interviewed. She was born in Ohio and has been in Florida for about 23 years, and has lived in Hillsborough for 13 years. She owns an old, low-income wooden house in an urban area in a flood zone. There was a strong professional support system. She has experienced a tornado and a hurricane. During the 2004 Hurricane Season she evacuated all three times but not to a SpNS. She evacuated once to Daytona where the hurricane hit and twice to her church in St. Petersburg.

Participant 15: Caucasian male who was four years old. Born in New York his parents moved to Hillsborough County one year ago. Using a feeding tube the child was assigned to Shriners Hospital and has been in the SpNP for one year. The mother who was 32 years old was interviewed. Parents own an upper-level income home in a rural area that in not in a flood zone. There was no professional support system. Mother had experienced snowstorms. The family did not live in Hillsborough County during the 2004 Hurricane Season.
Participant 16: Caucasian female who was 83 years old. Born in Florida she has lived in Hillsborough County 36 years. She registered for the program 10 years ago due to the need for oxygen. She was assigned to a Hospital because her medical condition was complicated. She can get around the apartment but would need a wheelchair to go very far. She rents an apartment in a low-income ALF in an urban area that was not in a flood zone. She has family that lives nearby but they do not provide any assistance. She has a very strong professional support system. She has experienced a tornado, floods, and hurricanes. She only evacuated once during the 2004 Hurricane Season.

Participant 17: Caucasian male in his early 40s. Born and raised in Hillsborough County. Registered in the SpNP for 4 years due to his obesity and wheelchair bound he was to be transported to a hospital. He owns an older trailer, living in a low-income trailer park in an urban area that was not in a flood zone. He has no family and no professional support system. His only support system was a friend who does his shopping. He has never experienced a natural disaster. During the 2004 Hurricane Season he evacuated to a hospital all three times.

Participant 18: Caucasian, Hispanic female who was 55 years old. Born in New York of Cuban parents she married and moved to Puerto Rico where she raised her children. She moved to Hillsborough County three years ago. Being obese, wheelchair bound and needing oxygen she has been in the SpNP three years and was assigned to be transported to a hospital. She rents an apartment in a low-income ALF that was located in an urban area in a flood zone. She has experienced hurricanes but did evacuate during the 2004 Hurricane Season.

Participant 19: Caucasian, Hispanic female almost three years old. Born in Hillsborough she was being raised by her Puerto Rican mother. The child has seizures and needs access to oxygen. Registered in the program for over two years the child was assigned to be transported to Shriners Hospital. The mother who was in her late 20s was interviewed. Mother rents a low-income apartment in a rural area not in a flood zone and had dangerous trees nearby. There were in-laws who provided a little support but there was a strong professional support system. The mother experienced a hurricane and thinks Hillsborough County was hit by three hurricanes in 2004, though she did not evacuate.

Participant 20: Caucasian male in his early 70s. Born in Wisconsin the participant moved to Hillsborough County 29 years ago. In the SpNP for two years he needs access to oxygen. He was bed-bound and was to be transported to a hospital. The wife who was in her later 60’s was interviewed. They own an upper-income home in an urban area that was in a flood zone and had dangerous trees nearby. There was no informal support system but as participant was with Hospice there was a strong professional support system. The wife had experienced tornados. During the 2004 Hurricane Season he was not evacuated.
APPENDIX R:

CHARACTERISTICS OF WAVE 3 SpNP CLIENT PARTICIPANTS

Participant 21: Caucasian, Hispanic male in his late 60s. Born in Puerto Rico (PR) his family moved to Hillsborough County 13 years ago. Wheelchair bound he has been in the SpNP for six months and was to be transported to an ARC shelter. He rents an apartment in a low-income ALF in an urban area in a flood zone. There was no informal or professional support system. He experienced three hurricanes in PR but did not evacuate during the 2004 Hurricane Season.

Participant 22: Caucasian, female in her late 40s. Born in West Virginia she moved to Hillsborough County two years ago. As a dialysis patient she has been enrolled in the SpNP for 18 months where she was assigned to a SpNS. She owns a mid-income home that was in a rural area not in a flood zone but surrounded by large trees. Other than a friend she has no support system: informal or professional. She has experienced tornados, floods, and earthquakes. During the 2004 Hurricane Season she evacuated twice.

Participant 23: Caucasian, Hispanic female in her middle 60s. Born in Peru she worked in Puerto Rico for 30 years as a nurse and moved to Hillsborough County three years ago. She had heart problems and Type 2 diabetes. She has been in the SpNP for three years and was to be transported to a hospital. She rents an apartment in low-income ALF that was located in an urban area in a flood zone. She has three sons and a daughter living in Hillsborough County but they provide no support. She does not have a professional support system. She worked in a hospital in Puerto Rico during a couple of hurricanes, but her family never evacuated their home. During the 2004 Hurricane Season she did not evacuate.

Participant 24: African-American female who in her early 50s. She was born and raised in Hillsborough County. She has knee and back problems that force her to use a wheelchair. She has been in the SpNP for only a few days and was to be transported to an ARC shelter. She rents a low-income apartment in an urban area not in a flood zone. The apartment complex had numerous large trees leaning over building. She has relatives in the area but they do not provide any care, nor was there any professional support. She was reliant on her fiancé who was present at the interview. She has never experienced a natural disaster. During the 2004 Hurricane Season she did not evacuate.

Participant 25: Caucasian female who was four years old. She was born and raised in Hillsborough County. She has a heart monitor and has been registered in the SpNP for four years, where was assigned to Shriners Hospital. Her parents own a mid-income home in a rural area not in a flood zone. Her parents provide for her care and she received no professional care. The father who was about 40 years old was interviewed. He grew up in California where he
experienced fires, earthquakes and floods. He believed that Hillsborough County was hit by three hurricanes in 2004 though he did not evacuate for any of them.

Participant 26: Caucasian male in his early 60s. Born and raised in New Jersey he moved to Hillsborough County 18 years ago. He was obese, had diabetes and high blood pressure, requires oxygen, and had complications due to a stroke. He can get around his apartment but needs a wheelchair to travel any distance. He has been in the SpNP for six months and was to be transported to a hospital. He lives with his boyfriend and has a professional support. He rents a mid-income apartment that was in an urban area not in a flood zone. He has experienced a hurricane. Though he believes that three hurricanes hit Hillsborough during the 2004 Hurricane Season he did not evacuate.

Participant 27: Caucasian, Hispanic male who was six years old; born and raised in Hillsborough County by Puerto Rican parents. With cerebral palsy, seizures and electric dependent he has been registered with SpNP for six years and was assigned to Shriners Hospital. His parents provide a strong support system and there is a strong professional support system. Parents own a mid-income house in an urban area not in a flood zone. His mother in her mid 30s was interviewed. Mother has never experienced a natural disaster and thought that Hillsborough County had been hit by three hurricanes in 2004; evacuating to a SpNS twice.

Participant 28: Caucasian, Hispanic female in her early 80s. Of Cuban descent she was born and raised in Hillsborough County. She has osteoporosis and was bed bound and had been in the SpNP for five years. Under the care of Hospice she was to be transported to a hospital. Cared for by her daughter, she had a strong family and professional support system. The daughter owned a low-income house in an urban area not in a flood zone. Her daughter who was in her mid 40s was interviewed. The daughter had experienced a tornado and thought that Hurricane Elena hit the county in 1985 and that three hurricanes hit during the 2004 Hurricane Season though she did not evacuate her mother.

Participant 29: Caucasian male who was 59 years old. Born in Ohio he moved to Hillsborough County 30 years ago. He was obese, had heart problems and needed access to electricity. In the SpNP for one year he was assigned to a hospital. He had no informal or professional support system. He owned a low-income home in an urban area that was in a flood zone. He had experienced floods and a forest fire. He did not evacuate during the 2004 Hurricane Season.

Participant 30: Caucasian female in her mid 50s. Born and raised in Florida she moved to Hillsborough County over 20 years ago. She was bound to a wheelchair and would require help evacuating but was not registered for the SpNP, though she had been a member of the SpNP Planning Committee for three years. She had a strong informal support system but no professional care. She owned a mid-income apartment in an urban area that was in a flood zone. During the 2004 Hurricane Season she evacuate once to a friends house.
APPENDIX S:

CHARACTERISTICS OF ELITE PARTICIPANTS

Participant 1: Caucasian male in his late 40s. Participant was a departmental director of a State of Florida agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and sends personnel to SpNSs and the EOC during an evacuation of Hillsborough County.

Participant 2: Caucasian female in her mid 50s. Participant was the director of a Hillsborough County agency with the mission of providing information and education to people in the community. This agency sends personnel to the EOC during an evacuation of Hillsborough County.

Participant 3: Caucasian male in his early 60s. Participant was the director of a NFP with weak ties to a national organization. NFP provides education, referral services and equipment to its clients and training to professionals on how to interact with people with disabilities. This agency helps people register for the SpNP.

Participant 4: Caucasian, Hispanic male in his early 50s. Participant was the director of a retirement community in Hillsborough County. Agency helps people register for the SpNP and sends personnel to the SpNS with its residents.

Participant 5: Caucasian female in her late 40s. Participant was a departmental director of a State of Florida agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and sends personnel to SpNS and EOC during an evacuation of Hillsborough County.

Participant 6: Caucasian female in her late 40s. Participant was a departmental director of a State of Florida agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and sends personnel to SpNSs and the EOC during an evacuation of Hillsborough County.

Participant 7: Caucasian female in her late 40s. Participant was a departmental director of a National Agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and acts as a shelter to a targeted population during an evacuation of Hillsborough County.

Participant 8: Caucasian female in her early 80s. Participant represented a volunteer group from a retirement community in Hillsborough County. This group helps people register for the SpNP and helps county transfer people to SpNS and hospitals.
Participant 9: Caucasian male in his mid 60s. Participant represented a Hillsborough County agency with the mission of providing information and education to people in the community. This agency helps register people for the SpNP and sends personnel to the SpNSs and the EOC during an evacuation of Hillsborough County.

Participant 10: Caucasian female in her early 60s. Participant was a departmental director of a State of Florida agency that provides direct health care services to people in the community. This agency helps people register for the SpNP and sends personnel to SpNSs and the EOC during an evacuation of Hillsborough County.
About the Author

Robert Ellsworth Tabler Jr., received a Bachelors Degree in Psychology, from the University of West Florida (UWF) in 1980. In 1990, Mr. Tabler received a Master of Arts Degree (MA) in Psychology from UWF. A second MA was earned in 1994, from the Gerontology Department, at the University of South Florida (USF).

In 1994, admitted into the doctoral program at the USF College of Public Health, Mr. Tabler focused his studies on aging issues and disaster management. While in the doctoral program, Mr. Tabler: received a Graduate Certificate in Disaster Management and his license as a Certified Health Education Specialist. Mr. Tabler, also graduated from the Public Health Leadership Institute of Florida and the Quentin Burdick Rural Interdisciplinary Scholars Program (both one-year programs). Robert served four years as the editorial assistant, for the Journal of Cross-Cultural Gerontology and worked at the Center for Disaster Management and Humanitarian Assistance.