

Community Profile and Outreach Plan

Washington, D.C. Community Profile and Outreach Plan for
Residents with Intellectual and Developmental Disabilities (I/DD)

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Socio-Cultural Dimensions - MPDM 6670-101

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Presentation Overview

The purpose of this plan is to ensure that the unique needs, perspectives, and contributions of individuals with I/DD are fully considered in community planning and emergency preparedness efforts.

Community Profile

This community profile explores the diverse demographics of Washington, D.C., **highlights the population with intellectual and developmental disabilities (I/DD)**, examines the support programs available, and identifies key **challenges in access, equity, employment, housing, and inclusion** while emphasizing the importance of a Whole Community Approach to improve outcomes.

Outreach Plan

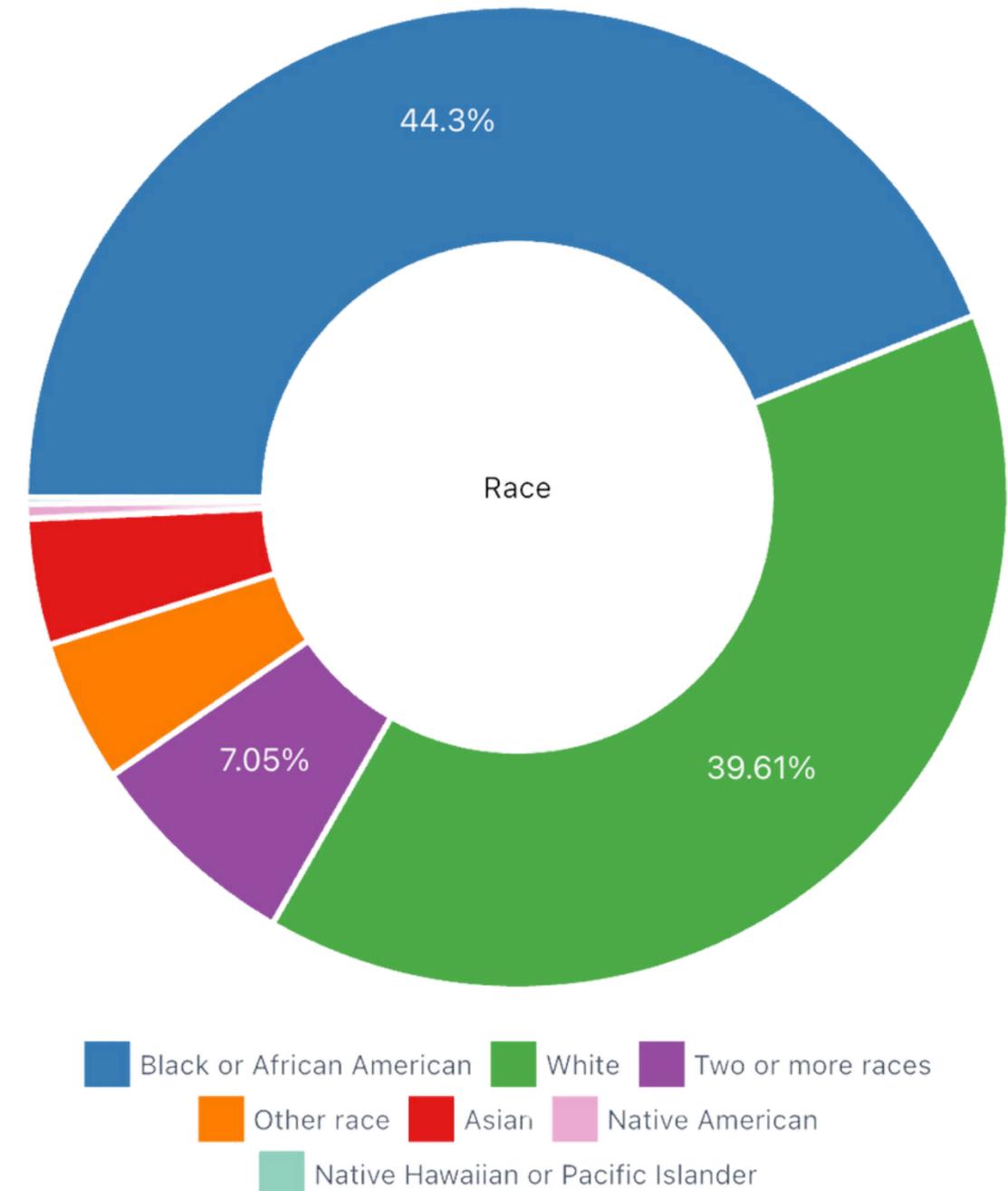
This outreach plan outlines a phased approach to engage Washington, D.C.'s I/DD community through **inclusive needs assessments, collaborative program development, community training, and continuous evaluation, prioritizing accessibility, stakeholder input, and cultural sensitivity** to ensure meaningful participation and resilience.

Recommendations

Improving emergency preparedness for individuals with intellectual and developmental disabilities (I/DD) in Washington, D.C. requires **accessible communication, inclusive infrastructure, person-centered planning, direct involvement of individuals with I/DD in decision-making, and ongoing training** for first responders to create a more resilient and equitable response system.

Community Profile - General Demographics of D.C.

- Population: Approximately 687,000 residents (2024 estimate).
- Racial Composition:
 - 44.3% Black or African American
 - 39.61% White
 - 7% Two or more races
 - 4% Asian
- Foreign-Born Residents: Nearly 15%.
- Languages Spoken: Over 17% of residents speak a language other than English at home.
- Education: Over 60% of residents hold a bachelor's degree or higher, one of the highest rates in the U.S.
- Income:
 - Median household income: \$83,000.
 - Approximately 15.1% of residents live below the poverty line, with significant income inequality along racial lines.
- Community Dynamics: Highly transient city with a large population of federal workers, students, and young professionals.



Community Profile - I/DD Community

I/DD is a term used to describe a **group of chronic conditions that can affect a person's mental and/or physical development**. IDD can begin at any time up to age 22 and usually lasts throughout a person's life

Population: **over 2,000 D.C. residents with I/DD**

- Conditions: Includes blindness, deafness, autism spectrum disorder, Down syndrome, cerebral palsy, and other disabilities.
- Support Services:
 - Provided through the **Department on Disability Services (DDS)** and local advocacy organizations.
 - Focus on independent living, employment, education, and health care.
- Challenges:
 - Limited **employment opportunities** and barriers to meaningful work.
 - **Housing and transportation issues**, especially related to affordability and accessibility.
 - Inequities in **access to resources and inclusion** in community life.

Current Initiatives and Strategies:

- Local Programs: **Developmental Disabilities Administration (DDA)** and **nonprofit partnerships such as Arc of DC** advocating for disability rights and inclusion.
- Approaches:
 - Emphasis on person-centered planning and self-advocacy.
 - Increased access to community-based services.
 - Application of the Whole Community Approach to involve individuals with I/DD in policy and program development.



Community Challenges for D.C. residents with I/DD

Type of Challenge	Description
Communication Barriers	Residents with I/DD in D.C. face significant barriers to accessing information due to a lack of plain language materials, assistive technologies, and universally designed communication tools , which undermines their autonomy and highlights the need for more inclusive strategies.
Social Isolation	Social isolation among individuals with I/DD in D.C., fueled by structural and perception barriers, limits access to inclusive activities, negatively impacts mental health and community participation , and requires intentional efforts to promote inclusion, education, and supportive programs.
Emergency Preparedness	Emergency preparedness in D.C. often overlooks the unique needs of residents with I/DD, requiring a shift to inclusive planning, personalized strategies, and training for responders to ensure equitable support during crises.

Outreach Plan

Phase One

Conduct a comprehensive needs assessment using inclusive methods like surveys, focus groups, and interviews tailored to individuals with I/DD, ensuring accessibility, diverse participation options, and trained facilitators to gather insights that guide community-focused, responsive program design.

Phase Two

Develop the program based on assessment findings with input from stakeholders, pilot it in a small community like an I/DD-focused area, and refine it through collaboration with CBOs like The Arc of DC, leveraging their networks, resources, and expertise to ensure accessible, culturally sensitive, and impactful engagement.

Phase Three

The program will be fully implemented with community training, including emergency drills and disaster response workshops for I/DD populations, while addressing challenges like community buy-in, cross-sector coordination, and cultural accessibility through events, incentives, and inclusive planning.

Phase Four

Regular evaluations using metrics like preparedness, response times, and satisfaction surveys, along with inclusive meetings and tailored surveys, will ensure the program's effectiveness and empower individuals with I/DD to shape policies and programs.



Current Status of Local Planning in D.C.

Accessibility Challenges in Emergency Planning:

- **Complex Language:** Current emergency plans use overly complex language, making them difficult for individuals with I/DD or low literacy to understand.
- **Limited Formats:** Plans are not optimized for screen readers or alternative accessibility needs.
- **Low Public Awareness:** Many residents are unaware of the existence of these emergency planning documents.

Gaps in Addressing I/DD Needs:

- **Generalized Disability Strategies:** Plans lack tailored approaches for specific impairments (cognitive, sensory, or mobility).
- **Minimal Community Collaboration:** Limited involvement of individuals with I/DD in the planning process leads to plans that do not reflect real-life experiences.
- **Barriers in Emergency Response:** Accessibility issues in alerts, shelters, transportation, and healthcare hinder equitable emergency responses.



Recommendations for Emergency Preparedness for Individuals with I/DD:

Build a resilient and equitable emergency response system that prioritizes the needs of vulnerable communities.

Immediate Steps:

- **Accessible Communication:**
 - Develop alerts in plain language and multiple formats.
 - Partner with local media, telecom providers, and CBOs to ensure widespread dissemination.
- **Better Inclusive Planning:**
 - Establish an emergency task force involving individuals with I/DD, caregivers, and advocacy groups.
 - Use feedback from these stakeholders to improve plans continuously.
- **Educational Outreach:**
 - Conduct workshops and forums to educate residents about emergency preparedness.

Long-Term Improvements:

- **Personalized Emergency Plans:**
 - Promote person-centered planning for individuals with I/DD.
 - Encourage development of tailored strategies for emergencies.
- **Centralized Support Registry:**
 - Create a secure system to identify and provide targeted assistance to individuals with I/DD.
- **Inclusive Infrastructure:**
 - Invest in accessible shelters and transportation for emergencies.
- **Training for Emergency Personnel:**
 - Provide ongoing education for first responders to effectively support individuals with I/DD.

Conclusion

- Adopt an inclusive, collaborative approach to emergency planning for individuals with intellectual and developmental disabilities (I/DD).
- Key strategies:
 - Ensure accessible communication through increasing plain language, audio, braille, or assistive technology.
 - Engage individuals with I/DD in advisory committees and task forces.
 - Conduct inclusive emergency drills to build confidence in crisis response.
 - Enhance infrastructure to support disabilities, including shelters, transportation, and access to medical/assistive devices.
 - Train first responders on effective communication and assistance strategies.
- These measures will create a more resilient and inclusive city for all residents.

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1. Plan Overview:

This plan outlines a comprehensive community profile and outreach strategy for engaging Washington, DC residents with intellectual and developmental disabilities (I/DD).

The purpose of this plan is to ensure that the unique needs, perspectives, and contributions of individuals with IDD are fully considered in community planning and emergency preparedness efforts. By identifying current challenges and proposing actionable solutions, this outreach plan aims to enhance inclusivity, accessibility, and collaboration across the district.

There are a number of goals to achieve when creating an effective outreach plan, however, they can be largely broken down into four components – understanding the community, identifying challenges, developing a tailored outreach plan, and promoting stakeholder engagement. With these steps remaining in focus, we will be able to more effectively achieve a targeted community outreach plan with DC residents with intellectual and developmental disabilities in mind.

In developing a community outreach plan for residents of Washington, D.C., with intellectual and developmental disabilities (I/DD), the Whole Community Approach will be implemented to ensure inclusivity, collaboration, and resilience (Sobelson et. al, 2014). This methodology emphasizes engaging individuals with I/DD, their families, caregivers, service providers, and local organizations as co-creators in the planning process. By establishing clear success metrics and incorporating continuous feedback, this plan will be adaptive and reflective

of the community's evolving needs, ensuring that residents with I/DD are empowered and integral to D.C.'s social fabric.

2. Community Profile:

This section will cover the demographics of D.C., including population estimates by race, education level, languages spoken, and income, followed by an analysis of the intellectual and developmental disabilities (I/DD) population, with attention to diverse disabilities, and an overview of local and federal programs supporting the I/DD community, highlighting key challenges.

Washington, D.C. is an energetic, diverse city with a population of approximately 687,000 residents (McAllister, 2024). Known for its blend of federal institutions, cultural landmarks, and local neighborhoods, D.C. is home to a wide range of ethnic, cultural, and socioeconomic groups. According to the World Population Review, the city's racial demographics are roughly 44.3% Black or African American, 39.61% White, 7% two or more races, and 4% Asian, with a growing multiracial population. Nearly 15% of residents are foreign-born, and more than 17% speak a language other than English at home (World Population Review, 2024).

D.C. boasts one of the highest educational attainment rates in the nation, with over 60% of residents holding a bachelor's degree or higher (World Population Review, 2024). However, the city also faces notable economic disparities, with a median income of around \$83,000 but significant income inequality, particularly along racial lines. Approximately 15.1% of residents

live below the poverty line (World Population Review, 2024). D.C. is also a highly transient city, with a large proportion of federal workers, students, and young professionals.

Residents with I/DD represent a vital yet often underserved segment of the D.C. community. While exact figures vary, it is estimated that approximately two thousand of D.C.'s resident live with I/DD, including conditions such as blindness, deafness, autism spectrum disorder, Down syndrome, and cerebral palsy. While there remains room for improvement, D.C. does offer a range of support services through agencies like the Department on Disability Services (DDS) and local advocacy organizations, focusing on independent living, employment, education, and health care.

Despite these resources, the I/DD community faces challenges related to access, equity, and inclusion. Employment opportunities for individuals with I/DD remain limited, with many facing barriers to securing meaningful work. Housing and transportation options are also areas of concern, particularly in terms of affordability and accessibility. However, the city has demonstrated a commitment to improving outcomes through initiatives like the Developmental Disabilities Administration (DDA) and partnerships with nonprofits that advocate for disability rights and inclusion.

Efforts to enhance community integration for residents with I/DD are ongoing, emphasizing person-centered planning, greater access to community-based services, and the promotion of self-advocacy. The Whole Community Approach can play a critical role in addressing these challenges by ensuring that individuals with I/DD are active participants in shaping the policies and programs that impact their lives.

3. Community Challenges:

This section addresses communication barriers, social isolation, and gaps in emergency preparedness for individuals with I/DD, highlighting limited access to accessible information, obstacles to inclusion in social and civic activities, and the lack of tailored disaster plans.

a. Communication Barriers

One of the most significant challenges for residents with I/DD in Washington, D.C. is limited access to information in accessible formats. Public communications, including vital information from government agencies, healthcare providers, and community organizations, are often not tailored to meet the needs of individuals with I/DD. Many materials are delivered in complex language, making them difficult to comprehend without additional support. Furthermore, the underutilization of assistive technologies—such as screen readers, closed captioning, and text-to-speech applications—exacerbates the challenge.

A lack of plain language materials and universally designed communication tools can lead to information gaps, particularly during critical moments such as public health emergencies or policy changes. This leaves many individuals with I/DD dependent on caregivers or family members to interpret essential information, which undermines their autonomy and agency. To address these barriers, organizations and government entities must prioritize inclusive communication strategies by developing plain language resources, ensuring websites meet accessibility standards, and offering alternative formats, such as audio, braille, or visual aids, to foster better comprehension and participation.

b. Social Isolation

Social isolation is another pervasive issue for individuals with I/DD in D.C., driven by obstacles to inclusion in social, cultural, and civic activities. Many residents with I/DD experience limited access to inclusive recreational programs, community events, and public spaces that accommodate their needs. Structural barriers, such as a lack of accessible transportation or physical infrastructure, and perception barriers, including stigma or lack of awareness, contribute to the exclusion of people with I/DD from full participation in community life (Kover & Abbeduto, 2023).

This isolation can lead to negative outcomes, including mental health challenges, reduced self-esteem, and a diminished sense of belonging. Additionally, social isolation exacerbates disparities in employment, education, and civic engagement, further marginalizing individuals with I/DD (Kover & Abbeduto, 2023). Addressing this issue requires intentional efforts to create inclusive spaces, promote community education on disability rights and inclusion, and invest in programs that support peer connections, mentorship, and social interaction.

c. Emergency Preparedness

Emergency preparedness and response efforts in D.C. often fail to adequately consider the unique needs of residents with I/DD. Traditional disaster planning tends to adopt a one-size-fits-all approach that overlooks the diverse requirements of individuals with disabilities. This might result in dangerous gaps in services during emergencies, such as natural disasters, public health crises, or large-scale evacuations.

Many residents with I/DD require tailored plans that account for their specific needs, such as access to medications, mobility aids, communication devices, or support personnel. However, it has become apparent that current emergency protocols often lack the necessary accommodations or fail to effectively communicate safety information in accessible formats. As a result, individuals with I/DD and their families may be at greater risk during crises, with delayed access to critical resources or insufficient support.

To improve emergency preparedness for the I/DD community, D.C. must adopt a more inclusive approach that involves individuals with I/DD in the planning process, ensures the availability of personalized emergency plans, and trains first responders and emergency personnel on how to support people with disabilities. Additionally, investment in community-based preparedness initiatives, such as more inclusive drills and education campaigns, can enhance resilience and ensure that all residents are protected during emergencies.

d. Conclusion

Addressing these key challenges—communication barriers, social isolation, and emergency preparedness gaps—is essential to fostering a more inclusive and equitable D.C. community. By prioritizing accessibility, enhancing social integration, and developing tailored emergency response plans, policymakers, organizations, and community leaders can create a supportive environment where individuals with I/DD can thrive and participate fully in civic life.

4. Outreach Plan:

This section will explore how engaging residents with I/DD in Washington, D.C. requires a thoughtful, inclusive approach that prioritizes accessibility, collaboration, and active participation. Therefore to ensure meaningful input and foster a sense of ownership among residents with I/DD and their families, the program will involve a phased approach emphasizing inclusivity and resilience.

a. Phase 1: Community Needs Assessment

The first step is conducting a comprehensive needs assessment to understand community vulnerabilities. This includes surveys, focus groups, and interviews with residents, particularly individuals with I/DD. Special attention should be given to the fact that many individuals with I/DD rely on a variety of supports and services, including assistive and other technology, medical equipment, service animals, and formal and informal care and support in their daily lives (Morrow-Gorton et al., 2022).

Surveys, focus groups, and interviews should include plain language, visual aids, sign language interpretation, captioning, and accommodating spaces for residents with I/DD to express their input in ways that are both easy and comfortable for them. Meetings should also offer in-person, virtual, and hybrid options to accommodate diverse needs, including those with mobility challenges or who prefer remote participation. When assessing community needs, it is imperative that trained facilitators who understand the unique communication needs of individuals with I/DD lead these meetings and provide opportunities for small group discussions to encourage engagement.

These meetings will serve as spaces for residents to share experiences, voice concerns, and contribute to decision-making, ensuring that the outreach plan is responsive to the community's priorities. Data and insight collected during this phase is intended to guide program design, ensuring it aligns with the Whole Community principles of meeting actual needs and strengthening daily practices.

b. Phase 2: Program Development and Testing

Based on the assessment findings, the proposed program will be developed with input from stakeholders (i.e. community organizations, local governments, CBOs/FBOs, and of course, individuals with I/DD). Pilot testing should be conducted in a small community segment, such as an I/DD-focused residential area (i.e. Gallaudet University). Feedback from this pilot should inform necessary adjustments before scaling up to a community-wide level.

Collaboration with CBOs is essential for effective outreach and leveraging established networks. It also allows for the sharing of resources such as accessible meeting spaces, communication tools, and staff expertise to enhance the quality and impact of engagement efforts.

Partnering with groups like The Arc of DC, which supports individuals with intellectual and developmental disabilities, enhances engagement by disseminating information, recruiting participants, and providing insights into community needs. Joint programming, such as co-hosted events and workshops, ensures culturally competent initiatives, while resource sharing improves accessibility and impact. Regular feedback loops with partners enable continuous adaptation to

evolving needs. By utilizing the trust and expertise of CBOs, this strategy fosters culturally sensitive and well-integrated community engagement.

c. Phase 3: Full Implementation and Community Training

The program will be rolled out across the community, accompanied by training sessions for residents and all stakeholders. Training will include emergency drills, workshops on using the program's tools, and education on disaster response tailored for I/DD populations. Potential challenges that may arise during implementation have been listed below:

- **Community Buy-In:** Resistance to participation can hinder the program's success. To overcome this, the program should host community events, such as preparedness fairs, to build awareness and trust. Incentives, like free emergency kits, can further encourage participation.
- **Cross-Sector Coordination:** Aligning efforts across diverse organizations may complicate logistical issues. Regular meetings and clear communication channels will ensure coordination.
- **Cultural Sensitivity and Accessibility:** Ensuring the program meets the diverse needs of all community members, including non-English speakers and individuals with sensory sensitivities, is critical. Training for program staff and materials in multiple languages and formats will address these concerns.

Despite the potential challenges listed above (or any number of unmentioned obstacles), proactive and inclusive planning is the best way to ensure timely, targeted and relevant efforts reach people with disabilities (Shifflett, 2023).

d. Phase 4: Evaluation and Continuous Improvement

Following full implementation, the program should undergo regular evaluations using metrics like community preparedness, response times, and satisfaction surveys to ensure effectiveness. Accessible community meetings, tailored surveys, and partnerships with community-based organizations will foster inclusive engagement. These strategies will empower individuals with I/DD and their families to actively shape policies and programs, creating a more equitable and responsive community outreach framework.

5. Current Status of Local Planning

Washington, D.C. provides public access to key emergency and community planning documents, such as the District Response Plan (DRP) and the Emergency Preparedness Plan for People with Disabilities, through agencies like HSEMA and DDS. However, accessibility is hindered by complex language that can be difficult for residents I/DD or low literacy, limited formats not optimized for screen readers or alternative needs, and low public awareness about the existence of these plans. These barriers highlight the need for improved dissemination, plain language resources, and broader community education.

a. Availability of Local Plans for Community Access

D.C.'s emergency planning framework emphasizes equity and inclusion but falls short in addressing the specific needs of vulnerable populations, such as individuals with I/DD. Existing plans often generalize disability needs, lacking tailored strategies for cognitive, sensory, or mobility impairments. Collaboration with the I/DD community during the planning process is limited, resulting in plans that may not reflect lived experiences. Additionally, emergency

communication protocols fail to provide accessible formats like plain language alerts or ASL interpretations, while logistical barriers hinder equitable access to shelters, transportation, and healthcare services.

b. Addressing the Needs of Diverse I/DD Communities

To enhance emergency preparedness for individuals with I/DD, D.C. should prioritize accessible communication, inclusive planning, and infrastructure improvements. Emergency alerts must be available in plain language and diverse formats, supported by partnerships with media and CBOs. Establishing a task force with individuals from the I/DD community ensures plans reflect lived experiences, while outreach through accessible workshops educates the public. Long-term strategies include encouraging personalized emergency plans, creating a secure registry for targeted support, ensuring shelters and transportation are accessible, and providing ongoing disability awareness training for emergency personnel.

7. Recommendations

Immediate steps for improving emergency preparedness for individuals with I/DD include developing accessible communication protocols, such as providing alerts in plain language and various formats, and partnering with local media, telecommunications providers, CBOs to ensure broad dissemination. Establishing an inclusive emergency task force that includes individuals with I/DD, caregivers, and advocacy groups will ensure ongoing feedback and improvements to plans. Additionally, conducting accessible outreach through workshops and forums will educate residents about emergency preparedness.

Long-term improvements should focus on integrating person-centered emergency plans, encouraging individuals with I/DD to develop personalized strategies, and creating a secure, centralized registry for targeted support. Investing in inclusive infrastructure, such as accessible shelters and transportation options, is essential, as is providing ongoing training for first responders and emergency personnel on how to support individuals with I/DD. These measures will create a more resilient and equitable emergency response system that meets the needs of all residents, particularly those in vulnerable communities.

8. Conclusion

In conclusion, ensuring that Washington, D.C.'s emergency planning includes the needs of residents with I/DD requires an inclusive, collaborative approach. The Whole Community approach engages all segments of society and is particularly effective in this context. It emphasizes the importance of listening to individuals with disabilities, their families, and caregivers, making them active participants in the planning and response process. By integrating the perspectives of those with I/DD, D.C. can create emergency plans that are not only comprehensive but responsive to the unique needs of this community, enhancing both preparedness and resilience.

To make emergency planning more inclusive, D.C. can take several actionable steps. First, communication strategies must be improved to ensure accessibility, such as providing materials in plain language, audio, braille, or through assistive technology. Second, individuals with I/DD should be directly involved in the planning process, contributing to advisory committees and task forces that can address specific needs like mobility assistance and medication during crises.

Additionally, emergency drills and preparedness workshops should be inclusive, so that people with I/DD can actively participate and feel confident in their ability to respond.

Furthermore, accessible infrastructure is key. Shelters and transportation systems must be equipped to support people with disabilities, ensuring that medical and assistive devices are available. Finally, training for first responders should include strategies for effectively communicating with and assisting individuals with I/DD, ensuring that they can respond appropriately during an emergency.

By taking these steps, Washington, D.C. can build a more inclusive, resilient city where everyone, regardless of ability, is empowered to participate in both everyday life and in times of crisis.

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