Public Health Workbook

to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency

The Workbook Page
(www.bt.cdc.gov/workbook)

Web Resource for:

- **This document**
- **The Steps at-a-Glance 4-page summary**
- **FEEDBACK (online form) for The Workbook**

Acknowledgments

IMPORTANT INFORMATION:

- This Workbook does **NOT** attempt to define special, vulnerable or at-risk populations for your jurisdiction. It does, however, provide examples and ideas that can help you recognize populations in your community that you may need to reach.

- This Workbook does **NOT** attempt to describe preparedness or emergency activities or communications targeted to the populations that you identify by following the steps in this Workbook. It simply outlines a possible systematic process to define, locate and reach out to these populations.

Please Note: As a public health professional looking to this Workbook for assistance:

- Before you begin this work, make sure that it has not already been started or completed by another agency in your jurisdiction.

- Be sure to work in conjunction with your local emergency planners and other agencies in your jurisdiction as you consider the steps outlined in this Workbook.

If you are NOT a Public Information and Communication professional, you may wonder if the information in The Workbook is relevant to your emergency preparedness work, because of the frequent references to public information and communication activities.

It is important for you to understand that the idea for this Workbook grew out of conversations with state/local Public Information Officers and Emergency Public Information and Risk Communication planners and their desire to be prepared to reach everyone in their communities with messages during a public health emergency.

But clearly, the processes and steps described in The Workbook have a much broader application and are appropriate for many disciplines involved in emergency preparedness – because regardless of your responsibilities, in order to assist people in a community, you must know who they are and how to reach them effectively. So please keep this in mind as you review The Workbook, and consider how you would apply it to the work you do.

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Introduction

Overview briefly describes the impetus for the development of the workbook and provides some descriptive terminology that is used in the document.

How the Workbook is Organized provides the user with a brief description of the different sections to be found in the workbook and the topic of each section. A brief description of appendices and glossary material are also described.

Context for this Workbook lays the foundation for the need for the work that is called for in the workbook. This portion of the introduction provides the user with a basis for gathering the internal and external support that will be necessary to carry out the tasks called for in the described process of reaching special, vulnerable, and at-risk populations.

Getting Started provides recommendations about how a user can best use the workbook. It makes suggestions about a process for reviewing and using the workbook and assessing the amount of work that is necessary.

A teacher used this illustration with his students as he tried to explain process.

"Time for a quiz." The teacher put a one-gallon, wide-mouthed jar on a table in front of him. He then produced about a dozen fist-sized rocks and carefully placed them into the jar. When the jar was filled to the top and no more rocks would fit inside, he asked, "Is this jar full?" Everyone in the class said, "Yes."

"Really?" he said. Then he pulled a bucket of gravel from under the table, and dumped gravel in, shaking the jar and causing pieces of the smaller rock to work down into the spaces between the big rocks.

Once more he asked, "Now is the jar full?" By this time the class was onto him. "Probably not," one of them answered. "Good," the teacher replied.

The teacher reached under the table again and brought out a bucket of sand. He dumped in the sand and it began filling the spaces left between the gravel and rocks.

Again he asked, "Is the jar full?" "No!" shouted the class. "That's right," the teacher said as he grabbed a pitcher of water and began to pour it in until the jar was filled to the brim.

Then he looked up at the class and asked, "What is the point of this illustration?" No one answered.

*"The point of the illustration is that if you don't put the big rocks in first, you'll never get them in at all. You can always accomplish more if you follow the right **process**."*

– author unknown

OVERVIEW

Following disasters in the United States, public health and emergency planners have assessed human service needs and issues that were met or unmet before, during, and after the crises. A primary lesson learned in the aftermath of 9/11, the anthrax attacks that followed, widespread power outages in the Northeastern United States, hurricanes in the South, mudslides in the West and diseases such as SARS and West Nile Virus is that traditional methods of communicating health and emergency information often fall short of the goal of reaching everyone in a community. Those with the greatest needs and greatest risk often are outside the channels of mainstream communication.

Preparedness and response require communication activities with the capacity to reach every person. But to do this, a community must know what sub-groups make up their population, where the people in the groups live and work, and how they best receive information. While that may seem like a statement of the obvious, research indicates that although significant accomplishments have been achieved in certain areas of the United States and different states and community organizations are constantly at work on this issue, many jurisdictions and regions have not comprehensively defined or located their special populations.

This Workbook provides a ***process*** that can support state, local, and tribal planners as they advance in their efforts to reach all populations – and specifically, special populations – in day-to-day communication and during crisis or emergency situations.

While the designation "special populations" has acquired broad usage nationally as a term that distinguishes populations that are hard-to-reach, vulnerable, or otherwise grouped for purposes of description, public health professionals recognize that no one term satisfactorily characterizes such multiple groups of individuals. In disaster preparedness and response, elements of the following definition are in use in many health departments nationwide: *groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief, and recovery. They include, but are not limited to, those who are physically or mentally disabled (blind, deaf, hard-of-hearing, cognitive disorders,*

mobility limitations), limited or non-English speaking, geographically or culturally isolated, medically or chemically dependent, homeless, frail/elderly, and children. (Pennsylvania Department of Health: *Special Populations emergency Preparedness Planning*. http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=171&Q=233957)

Conversations with public health and emergency management professionals suggest that there is no unproblematic or universally accepted term for special populations. In different areas of the country and for various populations, some terms are acceptable that are unacceptable elsewhere or for others. Indeed, a population can be "special" based not only on the characteristics they share, but on circumstances. For example, in the recovery period after widespread emergency, many people may be destitute, homeless, sick, or have other challenges that leave them vulnerable to being outside mainstream communications in ways they were not before the disaster.

No matter the terminology, the intent for public health planning, especially for widespread emergencies, is inclusive. The goal is to assure that every person in a community has and understands, the information needed to prepare, cope, and recover when health emergencies hit.

This Workbook is designed to provide an approach to inclusive planning that will offer time-saving assistance to state, local, and tribal public health agencies and other planners. The Workbook is a research-based approach that will help public health and emergency planning professionals Define, Locate and Reach special populations in their own communities.

The process laid out in this Workbook was developed on a base of information acquired from a review of published materials and from interviews with public health professionals, nonprofit organization leaders, government and quasi-government officials, emergency and public safety personnel, educators, faith leaders, neighborhood leaders, elected and appointed representatives, and others. The Case Studies and Resources appendices highlight some important work being done in the field. Other significant efforts may be underway that were not included in this Workbook simply because information about them was not readily available at the time of the research effort.

"I have juvenile rheumatoid arthritis and use a wheel chair. We had a bomb threat at work, which was very scary. Everyone evacuated, but I was still left on the 3rd floor by the stairwell for the firefighters to come get me. But, no one came. Finally, I just struggled and I used pure fear to get myself down the stairs and outside. It was scary just to realize that there are not really any procedures in place to help someone like me in an emergency."

– Anonymous Survey Respondent
Nobody Left Behind
Research and Training Center on Independent Living, University of Kansas

This Workbook provides a baseline of research plus selected resources that should substantially reduce the work required of health departments to begin this process.

HOW THIS WORKBOOK IS ORGANIZED

The Workbook is divided into three primary sections, each representing a major stage in the process of communicating with special populations.

Section 1 assists a local, regional, or state planner in **defining** the special populations in a locale and gathering critical demographic data about these groups. This data determines what needs to be done in a particular community. The people and groups that make up a local community's special populations are unique to that community. Research is required to ensure that the target audiences are appropriately defined.

Research is perhaps the single greatest deterrent to public health departments' pursuing planning around special or hard-to-reach populations. Limitations of funding and staff make the effort of research seem too difficult to undertake. This Workbook provides a baseline of research plus selected resources that should substantially reduce the work required of health departments to begin this process.

Some research at the local level is necessary, however. The information acquired through research helps explain the changing states of some populations (e.g., growth in limited-English populations) and will be the basis for locating and reaching people in the community who might otherwise be missed in emergencies.

Section 2 details the steps for **locating** special populations in a designated geographic area (e.g., city, county, district). The process of locating special populations and documenting those locations can be as detailed as resources permit. Locating special populations might mean utilizing the latest in Geographic Information System (GIS) software or it might take the form of a basic map with different colored pins marking specific locations. Regardless of the system or sophistication of the system used to document the locations of special populations in a given geographic area, what is important is knowing where a community's

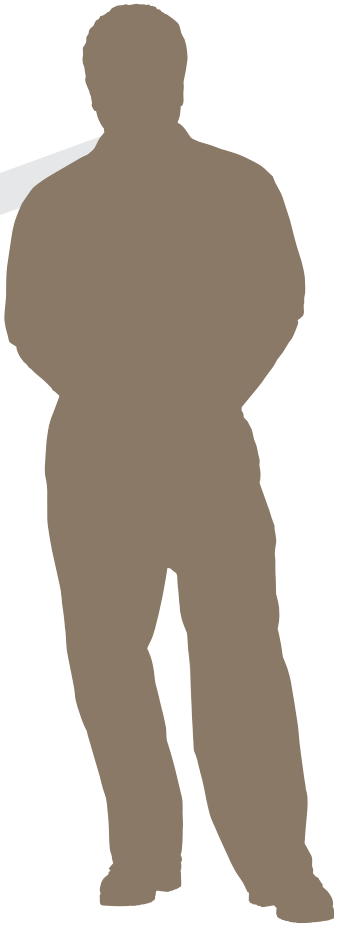
most vulnerable people can be reached. This section provides a range of approaches.

Media, collateral materials, and other apparent channels are addressed, but the section emphasizes partnerships.

Section 3 addresses **reaching** people once research has defined who they are and where they are located. Media, collateral materials, and other apparent channels are addressed, but the section emphasizes partnerships. Building connections with influencers or trusted information sources within different population groups to meet communication needs and overcome barriers creates the basis for effective communication strategies for reaching everyone.

This Workbook is designed to serve as a guide for users to build a localized process for defining, locating, and reaching their communities' special populations. It addresses:

- Questions to help define special populations
- How to use data sources to identify populations
- How to maximize community collaboration
- Ways to find trusted information sources and resources



The examples in this Workbook present the user with representative concepts, principles, and methods used by others.

The three sections are organized around steps for each stage of the process: (1) research and fact finding, (2) community engagement and collaboration, and (3) application of the information gathered. Each section also includes detailed lists and resources that help in understanding the process; tools and templates that will help in doing the work; and a checklist of critical tasks.

This Workbook was designed to provide a guide and a basis for planners who will be doing the work of defining special populations in their own communities, developing partnerships, creating and delivering messages, and maintaining the collaborative community process over time. It is a framework for <u>how</u> to get this important work done.

The Appendices include a Glossary of important terms used in the Workbook, Case Studies, and Resources. Also included are a brief overview of the literature review and information about access to a bibliography and online database of information gathered in the Workbook's research phase.

CONTEXT FOR THIS WORKBOOK

TIMES HAVE CHANGED

U.S. Census Bureau data indicates that the United States was more racially and ethnically diverse in the year 2000 than in 1990, and that trend is continuing. Communities throughout the country have experienced an increase from approximately one-fourth to one-third in their diverse racial and ethnic groups and this trend is expected to continue. But much more than race and ethnicity contribute to community diversity in the United States. Geographic location, nationality, acculturation, assimilation, gender, education, literacy, age, sexual orientation, political affiliation, socio-economic status, religious or spiritual beliefs, and health practices are among many factors that contribute to the diversity of a community. Sometimes these factors create communication barriers that make groups of people hard to reach or vulnerable – "special" in some way.

The public sector recognizes that communicating with special populations in both emergency and non-emergency situations is critical. Communicating in a crisis or around urgent health issues is different than communicating the rest of the time. The urgency of the situation doesn't leave room for exploring options for message content or delivery mechanisms. Those options have to be in place before a crisis.

The usual professional channels – officials to media, media to the public – don't work in crises as well as they once did. A seismic shift has taken place: many people don't trust authority the way they once did, and certain immigrant and other populations do not trust government authority at all.

Getting individuals to act for their own good and the good of their families and fellow citizens during widespread health crises, including situations where there may be prolonged periods without electrical power, requires communication through multiple channels. These channels depend on relationships developed over time, so they are well established in times of crisis. *A pre-crisis network of*

communication channels can carry messages across communication barriers and create a safety net that prevents vulnerable population groups from dropping through. Identifying trusted communication channels within different population groups is essential to reaching special populations.

Public agencies need a strong understanding of the socio-economic, cultural, linguistic, and disability characteristics of their communities in order to better address the communication barriers faced by special populations.

BROAD CATEGORIES ARE A GOOD BEGINNING

As planners and communities embark on the task of defining, locating, and reaching their special populations, there are advantages to beginning with very broad categories of population groups. A plan to identify every language other than English spoken in a community can produce a very long list. On the other hand, a plan to identify demographically significant groups of individuals with no or limited-English proficiency (including those with very low literacy levels) will yield one special population group: Limited Language Competence.

Many sub-groups that make up broader categories of populations experience some of the same communication barriers. For instance, whether the intended audience speaks Spanish or Chinese, or simply doesn't read or understand English well, the communication barrier is language proficiency and many of the strategies for message adaptation can be the same. Instead of translating emergency messages into 126 languages spoken in a community, public health departments might express crucial information in simple, picture-based messages that all can understand.

Some of the broad categories of special populations that will be referred to throughout this Workbook include:

- Economic disadvantage
- Limited language competence
- Physical, cognitive, or sensory disability
- Cultural/geographic isolation
- Age vulnerability

Working in broad categories can be effective and manageable.

IMPROVED CULTURAL COMPETENCE IS NECESSARY

A conceptual framework and model for achieving cultural competence has been set forth by The National Center for Cultural Competence (NCCC) at Georgetown University Center for Child and Human Development. The NCCC's definition of linguistic competence recognizes the diversity of our populations and the right of citizens to health information they can understand, as was set forth in the Civil Rights Act of 1964. The NCCC says:

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have the policy, structures, practices, procedures, and dedicated resources to support this capacity.

Improved cultural competence enables organizations to build the relationships necessary to communicate with every person in a community.

PUBLIC AGENCIES CANNOT DO IT ALONE

Few public agencies and their health communicators have the resources to conduct sufficient audience/cultural analysis for the messages that may be required in times of crisis. Many public agencies already struggle to meet basic communication demands. In emergency response situations and preparedness planning scenarios, research for this project reveals that traditional government agencies are not typically equipped to anticipate and respond to the needs of special populations.

If defining, locating, and reaching special populations mean a commitment to a process and resources that are already stretched, how can public agencies commit themselves to the task? Combining the broad-based requirements of public health crisis and risk communications (*Be First. Be Right. Be Credible*) with the localized challenges of identifying and reaching special

populations can be overwhelming. Events in the United States during the relatively short period of time between September 11, 2001 and the devastating hurricane season of 2005 demonstrate that the most vulnerable people – poor, mentally or physically challenged, sick, aged, limited-English speaking, or others who, for whatever reason find themselves outside the channels of mainstream communication and the means to act – have been disadvantaged. Yet public health professionals say they don't want stretched resources to be the reason for not committing to the work of communicating with special populations, but many simply can't get the work accomplished under current conditions.

Community engagement and collaboration may be the only means for achieving the level of communication capacity that is called for if planning is going to be truly inclusive. The partnership building and community collaboration required for comprehensive outreach to special populations is being demonstrated in a few communities, but for others, it will be new.

Comprehensive preparedness is possible when public health professionals integrate the knowledge and skills of governmental and local public service providers, community-based organizations (CBOs), faith-based organizations (FBOs), and public health toward a common goal of enhancing communication, response, and recovery efforts. This level of community engagement can strengthen preparedness and response efforts not just for vulnerable population groups, but for the general population as well.

Establishing a community engagement process is not easy to do nor an easy fix to the task of defining, locating, and reaching special populations in a locale. Community engagement work requires significant investment on the part of various agencies, including sharing resources, sharing power, and sharing responsibility for public health outcomes.

Public agencies can develop a shared community engagement process that will formulate the role that partners will play in defining, locating, and reaching local special populations. In some cases, formal agreements between government and other agencies may be required. The initiating agency usually has the responsibility to see to it that these important relationships are maintained over time.

"The complex nature of this nation's communities requires leadership approaches that are multifaceted and culturally competent. Such approaches must have the capability to engage diverse constituencies at multiple levels within any given community. Concerted efforts should be directed toward cultivating leadership in natural, informal, support, and helping networks within communities. These efforts may include, but not be limited to neighborhood, civic, and advocacy associations; local or neighborhood merchants; local business alliance groups; ethnic, social, religious groups; faith-based organizations; spiritual leaders and healers; and ethnic and public interest media, etc."

– T. Goode
Policy brief 4: Engaging communities to realize the vision of one hundred percent access and zero health disparities: a culturally competent approach

PRINCIPLES OF COMMUNITY ENGAGEMENT

Drawing on their knowledge of the literature and on practice experience, the CDC/ATSDR (Agency for Toxic Substances and Disease Registry) Committee for Community Engagement has done significant work in this arena. The Principles of Community Engagement is a body of work that came out of a CDC Assessment Initiative in recognition that community involvement is essential in identification of health concerns and actions to resolve those concerns. The work has been used nationally and internationally and it continues to be requested for use in CDC and other programs. The entire document can be obtained online at **www.cdc.gov/phppo/pce**. These principles can guide any public health or other public agency in a community engagement process.

1. Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.
2. Become knowledgeable about the community in terms of its economic conditions, political structures, norms and values, demographic trends, history, and experience with engagement efforts. Learn about the community's perceptions of those initiating the engagement activities.
3. Go into the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.
4. Remember and accept that community self-determination is the responsibility and right of all people who comprise a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.
5. Partnering with the community is necessary to create change and improve health.
6. All aspects of community engagement must recognize and respect community diversity. Awareness of the various cultures of a community and other factors of diversity must be paramount in designing and implementing community engagement approaches. (Engaging these diverse populations will require the use of multiple engagement strategies.)
7. Community engagement can only be sustained by identifying and mobilizing community assets, and by developing capacities and resources for community decisions and action.
8. An engaging organization or individual change agent must be prepared to release control of actions or interventions to the community and be flexible enough to meet the changing needs of the community.
9. Community collaboration requires long-term commitment by the engaging organization and its partners.

GETTING STARTED

Put the big rocks in first. When the teacher illustrated *process* to his students, he emphasized the need to put the biggest elements in place first. Defining very broad categories of special or vulnerable populations in a geographic area, puts in the big "rocks." The "gravel" is added when more detailed demographic data is gathered and more is understood about the sub-groups within these broad categories. The finer detail – where groups are located, what communication barriers exist – is the "sand" that fills in the space around the rocks and gravel. And finally, the "water" – specific communication strategies developed to fill in the gaps between the rocks, gravel, and sand – can be poured into the effort.

Reading this Workbook in its entirety first is helpful. After seeing the whole process, you will be prepared to review the three sections and consider what is already in place in your community. Examine the steps that may have already been completed and those that need to be implemented. This will give you a sense of how much work remains to be done.

The process described in the Workbook is not for one individual to try to implement alone. This is work that needs the commitment of an entire organization with a designated leader of the process. The work of communicating with vulnerable, at-risk populations that otherwise may miss receiving critical health information is ongoing.

Better communication with special populations can positively impact every aspect of public health, and the community partnerships that are developed will serve your community in many ways.

Section 1

Defining Special Populations

Overview briefly outlines the series of actions directed toward defining special populations – research and fact-finding, community engagement, and how to use the information you gather.

Understanding the Process provides the background and details on the value of defining special populations; conducting research to identify the people within your community; initiating collaborations with the agencies and people who serve them; and managing data, contact information, and activities.

Tools and Templates include forms, templates, and other materials to help you do the work of defining special populations, such as sample survey questions; lists of data resources to help define special population characteristics; representative groups of special populations; and different overarching organizations and agencies.

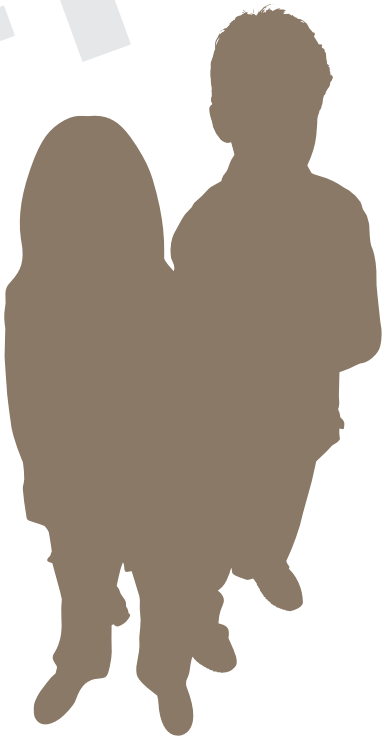
Checklist provides the critical action steps that should be taken to define special populations in your community.

OVERVIEW

The vision of health emergency planning is to reach **every person** who lives, works, or travels through your community, no matter the individual or collective communication barriers. To set realistic goals toward reaching that vision, you must first know who is in your community at any given time and how best to reach them with messages that can be understood and will motivate action. Most public health emergency initiatives address the general public, but in every community there are people who are hard to reach or who do not receive information in traditional ways. Public health and emergency planners know their communities have these special populations, but few jurisdictions have addressed the issue comprehensively.

Those with the greatest needs and the greatest risk often fall outside the channels of mainstream communication.

This section focuses on how to know the people in your community, particularly those who may have communication barriers and who are vulnerable and at risk. This section also discusses how to identify and engage representatives of programs, organizations, and agencies that serve these population groups in your state, region, county, or town.



Defining special populations in a particular community or locale requires **research** to build an understanding of the unique demographics of each community, the languages spoken, cultural practices, and the physical and mental capacity of its citizens.

Two types of research are described: secondary research, using quantitative data previously gathered, and qualitative, the hands-on primary research that asks people to share their opinions and acquired or institutional knowledge. There are many sources of population statistics from the national level down to local agencies, traditional and non- traditional sources. This section also includes a template for managing the information you gather and making it accessible and useful.

You will find a section on conducting qualitative research within your community. This step initiates dialogue to engage people who represent the overarching organizations and government agencies that reach many

Single descriptors don't define people in any population. Various factors define their lives, their ability to access information, and to act on the messages they receive. In special populations, any of these factors might represent a "special" need. For example, about 55 percent of the people in the United States who are blind or have low vision are unemployed. Many are also elderly, economically disadvantaged, transportation dependent, and isolated because they live alone. For many, the sensory disability is only one dimension of their vulnerability, but it is a shared descriptor that can make a fundamental category to begin with.

smaller service providers in your community. These organizations can provide a wealth of information about special populations and those who represent them. You will start building a network of collaborators and partners as you go beyond the Census data and delve into the specific demographics that distinguish your community from other states, regions, counties, or towns.

In the long list of potential populations in **Tools and Templates** of this section you may recognize groups that have a significant number in your community or may be unique to your area. These populations can be grouped into broad categories to make the defining process more manageable, such as economic disadvantage, geographic or cultural isolation, disability, age vulnerabilities or limited language competence.

Defining special populations is ongoing, as the people, and their needs and vulnerabilities change over time, so it is important to organize the data in ways that are accessible and easy to amend.

DEFINING SPECIAL POPULATIONS AND THE AGENCIES THAT SERVE THEM

RESEARCH AND FACT FINDING

Step 1 – Collect population information and data, using Census and other national data as well as data developed just for your community (studies conducted by area agencies or quasi-governmental organizations, such as a Metropolitan Planning Organization [MPO]).

Step 2 – Establish baseline criteria to define special populations in your community.

Step 3 – Estimate the number of people in special population groups who live in your community (or jurisdiction, or whatever area you are addressing).

Setting special population descriptors or definitions is a crucial step best accomplished by consulting with some of

your community partners, to benefit health, emergency, safety, and other persons responsible for managing widespread emergencies.

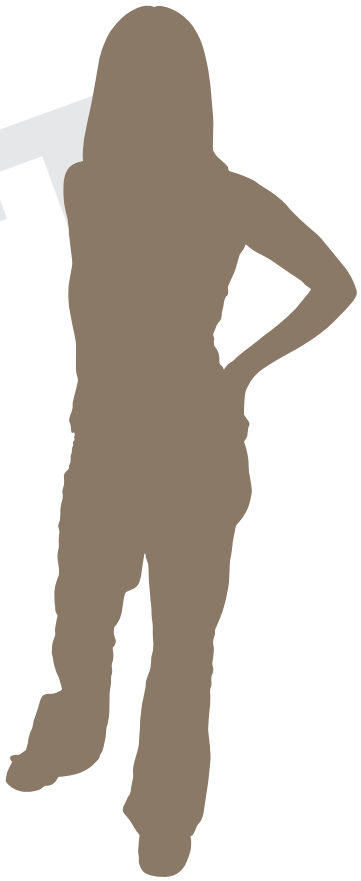
Step 4 – Select up to five broad categories of population descriptors that will provide access to the most numbers of people. As time and resources permit, this list can be expanded, but selecting five will let you begin your planning with a manageable body of information.

COMMUNITY ENGAGEMENT

Step 5 – Identify key contacts at overarching organizations and government agencies and collect phone numbers, e-mail addresses, and postal addresses.

Step 6 – Facilitate discussions with key contacts. Topics can include:

- The issue and process of defining special populations
- Long-term goals and objectives
- Other people who should be part of the discussion and their contact information
- Information about the populations under discussion



Step 7 – Survey representatives of overarching organizations and government agencies to learn:

- Their interaction (or lack of) with special populations in your community
- Names and contact information for direct service providers and advocacy organizations that work with special populations
- Barriers special populations have to receiving routine health or emergency information

Step 8 – Commit to regular contact with members of your community network and build in opportunities for them to give you feedback about their involvement.

HOW TO USE THE INFORMATION

Step 9 – Develop a database that includes:

- Broad categories of three to five special populations
- Contact information on key representatives or trusted sources from overarching groups and government agencies

Step 10 – Expand your database to include:

- New special population demographics and characteristics gathered from research
- Contact information for organizations and agencies that provide services, such as human service government agencies, tribal, CBOs, FBOs, businesses, and others who work with special populations
- Updated information on contacts and populations

UNDERSTANDING THE PROCESS

Preparedness and response require communication activities with the capacity to reach every person. This is an enormous charge and communities can only begin to address it when they work to know as much as possible about the people who live in the community as permanent or temporary residents. For state, regional, and local health departments and other public agencies, comprehensive definitions of populations means understanding the requirements of both the general population within a jurisdiction as well as the diversity of people with special health needs, language, cultural differences, and difficult life circumstances.

PLANNING THE PROCESS

As part of the process of defining, locating, and reaching special populations in your community, consider these operational issues:

- Who will be the point-person to connect with representatives of organizations, government agencies, businesses, and other community members?
- In what format will information be reported? Will it be accessible to others in the community? How will it be shared?

- What is the timeline for collecting data? For conducting interviews?
- What resources (personnel, equipment, supplies, budget) are available to conduct the research?
- Does all or part of this research need to be carried out by consultants or can it be accomplished by staff?

A sample worksheet that may help with management and staff planning is provided in **Tools and Templates** at the end of this section.

You may also find it helpful to draft an intradepartmental organizational chart that shows others in your department the different roles they will have and the persons with whom they will share information. A template for an in-house organizational chart is provided in **Tools and Templates.**

"We don't worry about the ones who are easy to reach. If you have money and are healthy, southeastern Florida is a wonderful place to live. But, if you are poor, an undocumented immigrant, or an elderly person living alone, it is not."

– Member of the primary care task force for Ft. Lauderdale/Broward County

RESEARCH AND FACT FINDING

STEP 1 – COLLECT POPULATION INFORMATION AND DATA

Secondary Research

One of the first steps in defining special populations within a state or local community is to conduct secondary research using available data gathered by others that can be analyzed to shed light on different population groups. A link at the U.S. Census breaks down its information into manageable pieces of state, county , and city data to give baseline descriptors of the different populations living in your community. For example, a decision to put more materials into Spanish could be made simply from a rough count of Spanish-speakers in an area. Other decisions, such as employing door-to-door notification, might be made by close detail data in block groups that would define an area where English is spoken barely or not at all.

A list of accessible online data resources and other sources that can help identify special populations is in **Tools and Templates**. The list includes the types of information available at these sites and, in addition to the Census, a number of other organizations that offer demographic information about regions, states, counties, and some cities. Local organizations can also be sources of information and data about different population groups in a community.

Texas has become the nation's newest "majority-minority" state according to the Census Bureau. Texas has now joined Hawaii, New Mexico and California as a majority-minority state, along with the District of Columbia, the U.S. Census Bureau reported August 11, 2005. Five states – Maryland, Mississippi, Georgia, New York and Arizona – are next in line with minority populations of about 40 percent.

(Majority-Minority State: A term used to describe a U.S. State in which a majority of the state's population differs from the national majority population.)

STEP 2 – ESTABLISH BASELINE CRITERIA

Representative Special Populations

This is the step that really customizes special populations analysis to your community. Populations can be described by commonalities – disabilities, ages, geographic locations, language or hearing barriers, culture, ethnicity, shared life circumstances, and other factors that a group of people have in common and that set some important parameters in their lives. Special populations can also be categorized by where they live, work or where they might be located in a disaster or disease outbreak.

Their identifiable needs signal that they will require help to be prepared for a large-scale crisis. Individuals often fit into multiple and changing categories of special population groups. Therefore, defining special populations is an ongoing process that recognizes constant change and the necessity of customizing data as resources permit.

As greater understanding of the characteristics of your community is achieved, vulnerable population groups and communication gaps will begin to emerge. A good baseline approach is to group special populations by broad descriptors such as economic disadvantage, limited language competence, disability, geographic/cultural isolation, or age vulnerability. In areas where deep poverty exists, for example, there will be various special population groups that might included remote rural or dense urban areas, low literacy, transportation dependent, mobility challenged, isolated frail elderly, single mothers, homeless people, and those who are not institutionalized but are at risk from mental illness and/or substance abuse.

A list of many groups of people, institutions, occupations, and circumstances that are known to exist in states, counties, cities, small towns, and rural areas across the United States is provided in **Tools and Templates**.

In the long list of potential populations you may recognize groups that have significant numbers in your community.

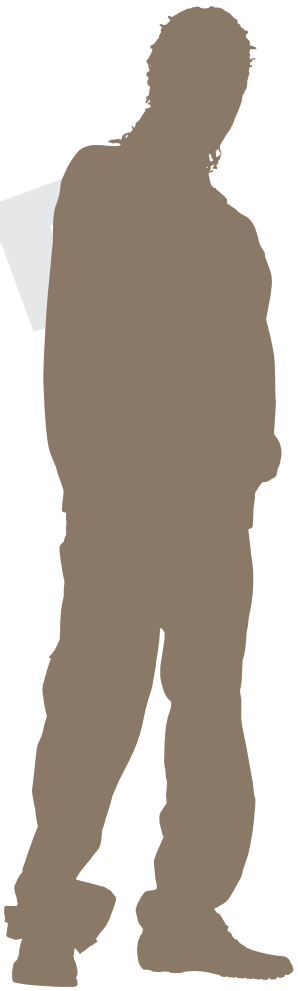
Initially, you should consider the overall population demographics in your community for both the general public and special populations. Having a picture of the community as a whole provides the background against which the defined detail of special groups can be framed.

This list can help you identify as many special populations groups as possible in a comprehensive overview that can guide future work. To get started, however, you will need a smaller, more manageable number of special populations on which to focus your initial activities.

Working with others in your agency or department and with the list of groups and aggregate Census data, you can establish baseline criteria to help you define five special populations in your state or community.

Established criteria should reflect:

- Known barriers to receiving and acting on health and emergency information
- Existing resources already dedicated to addressing the information and service needs of individuals with barriers to receiving important health and emergency information
- Population figures of defined special populations
- Locations of significant numbers of people with special needs
- Documentation of working relationships with the media among special population group (A lack of working relationships with the media can be an indicator of communication barriers.)



STEP 3 – ESTIMATE THE NUMBER OF PEOPLE IN DIFFERENT SPECIAL POPULATION GROUPS WHO LIVE IN YOUR JURISDICTION

Synthesize your information

Once you have information and findings from your initial research, you can synthesize the data into a brief report. In this report, you can estimate the numbers of people within different population segments in your state, region, county, or community. This can help you gain a greater understanding of the scope of the special population outreach work that may be required.

STEP 4 – SELECT UP TO FIVE BROAD POPULATION DESCRIPTORS THAT WILL GIVE YOU ACCESS TO THE GREATEST NUMBER OF PEOPLE

Concentrate on five special populations

Using the criteria you have established in Step 2, select five broad categories on which to concentrate your efforts. As time and resources permit, you will be able to expand your work to include other groups. Every state or community

The following is a condensed list of accessible resources that can help you locate special population data. For a list, refer to the Tools and Templates at the end of this section. Some are national organizations, while others operate at a regional, county, local, nonprofit, or grassroots level.

- *U.S. Census Bureau*
- *Pew Hispanic Center*
- *Urban Institute*
- *Modern Language Association*
- *State Health Improvement Plans*
- *Healthy People 2010 Health Status Improvement Objectives for the Nation compliance reports*
- *Behavior Risk Factor Surveillance System (BRFSS)*
- *Metropolitan Planning Organizations*
- *Local fire departments*
- *Area agencies on aging and senior centers*
- *Catholic Charities*
- *Ethnic media*
- *Daycare centers*
- *Adult daycare centers*
- *Chambers of Commerce*

will have a population mix that is at once unique and still in some ways similar to others. The five categories below seem almost universal, yet their characteristics and requirements will be very different in different locales.

Most areas will have people that fall into population groups that are made vulnerable, at risk, or hard to reach because of

- Economic disadvantage
- Limited language competence
- Physical, mental, cognitive, or sensory disability
- Cultural/geographic isolation
- Age

Economic disadvantage

Start with economic disadvantage. This is a sweeping category because many special populations live at or below the federal poverty level. In the broad category of Economic Disadvantage people's other special needs will occur. But if resources permit a community to address nothing more than one special population, using poverty as a descriptors can help reach many people with special needs. If a community maps its areas of deep poverty, health and emergency providers will clearly be able to see where extra help will be needed in any emergency.

Limited language competence:

This category would include people who have limited or no English speaking or reading skills, and people with low literacy skills in any language.

Disability:

The disability category can include people who have physical, mental, sensory, or cognitive limitations. The most evident people in this category are those who are blind, deaf and hard of hearing, as well as people who have high-risk or chronic health conditions that affect mobility or make them electricity dependent. Mental disabilities are thought by many health and emergency planners to be the most challenging special needs in widespread emergencies because people who cannot understand and/or follow directions potentially jeopardize others in addition to themselves. Mental disability is a population category that planners say they often leave until last, but such special needs people will require priority attention in some emergency settings.

Cultural/Geographic Isolation

People can be isolated whether they live in the remote frontier or in the middle of a densely populated urban core.

- Rural populations include ranchers, farmers, and people who live in sparsely populated mountain and hill communities. They are vulnerable due to lack of capacity, resources, equipment, and professional personnel needed to respond to a large-scale crisis.
- In the urban areas, people can be isolated by their language skills, lack of education, cultural prohibitions, chronic health problems, fear, lack of transportation or access to public transit systems, unemployment, and other factors. While they may have access to mass media, they may not have the ability or means to respond in an emergency.
- "Temporary residents" can be a major population for many communities, but there are enormous differences in temporary residents on a military base, a college campus, or in migrant workers' camps.

Age

While many people who are over 65 years of age are competent and able to access healthcare or provide for themselves in an emergency, age can exacerbate a person's vulnerabilities. Chronic health problems, limited mobility, sight, and/or hearing, social isolation, fear, and reduced income can put older adults at risk.

Infants and children under the age of 18 can also be vulnerable, particularly if they are separated in an emergency from their parents or guardians. They may be at school, in daycare, or in a hospital or other institution, places where parents can expect them to be cared for during the crisis. There are, however, increasing numbers of young latchkey children home alone after school, a factor that puts them at high risk in an emergency. In addition, separation of family members can cause its own havoc in a crisis, as demonstrated during evacuations for the 2005 hurricane season when members of some families were separated during the event or sent to separate shelters, even to different states.

Most public health and emergency management professionals agree that some people usually identified as at risk, such as people over 65 or minority residents of urban centers, receive and understand communication through such traditional channels as television, radio, or English language printed materials and can be reached through outreach aimed at the general public. Others living in competently staffed institutions or those with caregivers are more readily identifiable and reached by mainstream communication channels. Knowing whom to contact at these facilities and how to reach caregivers is part of an emergency planning process and integral to the establishment of a community network.

COMMUNITY ENGAGEMENT

Census data and demographic analysis from national organizations provide a good foundation for defining the special populations in a jurisdiction. However, nothing takes the place of personal contact with experts, advocates, and other representatives of special population groups. The rewards of this direct process are manifold: Acquiring rich, in-depth information that goes beyond the facts and figures; establishing relationships and partnerships; and laying the foundation for sustainable community engagement.

STEP 5 – IDENTIFY KEY CONTACTS AT OVERARCHING ORGANIZATIONS AND GOVERNMENT AGENCIES

Collect phone numbers, e-mail and postal addresses

Communities across the country are home to numerous organizations that have extensive knowledge about the needs of various vulnerable populations. The best place to start in engaging your community is with overarching organizations that fund or partner with smaller, direct service providers. In many areas, this would be an organization such as United Way or community foundations or a local government agency. These organizations provide a direct link to CBOs and FBOs that serve many different special populations. The know-how and big picture understanding of direct service providers and government agencies can be a valuable resource in planning for preparedness, response, recovery, and mitigation activities.

These types of organizations and government agencies that might have offices in your jurisdiction are in **Tools and Templates.**

STEP 6 – FACILITATE DISCUSSIONS WITH KEY CONTACTS

Begin communicating

This step engages your community members, establishing relationships and identifying potential partners and collaborators. To start, contact the overarching organizations by phone and identify the person who would be the appropriate representative to work with you and the best approach to use (phone, mail, e-mail, personal appointment, etc.) to contact that individual. You

may be working with the leader of the organization, the person who oversees community affairs, or a student intern. Whatever their level of authority, they can become one of your valued resources.

Phone, e-mail, or mail the key contacts at the overarching organizations and government agencies to introduce yourself and explain the the critical role this person and organization will play in the process of defining, locating, and reaching special populations in your community. One collaborative approach could be to help assure that special populations are addressed in the organization's crisis communication plan by sharing information your partner can use

Arrange a time to meet with several of these key contacts at a location most convenient for the attendees. If time and travel restraints make face-to-face meetings impractical, consider alternative means of getting together, such as a conference call.

Regardless of meeting format, your role will be to facilitate the discussions over topics such as:

- The issue and process of defining special populations
- Long-term goals and objectives
- Other people who should be part of this discussion and their contact information
- Brainstorm a list of specific special populations in your community and how partner organizations might be able to provide or contribute information

Overarching organizations are the lead organizations that sponsor or partner with smaller service provider organizations. They are key in getting large amounts of information and will have far-reaching networking capabilities.

Service provider organizations serve as a direct link to the special populations they serve. While they might have a closer connection to special populations, their networking abilities are often times not as far-reaching as the overarching organizations.

STEP 7 – SURVEY REPRESENTATIVES OF OVERARCHING ORGANIZATIONS AND AGENCIES

Qualitative Research

The next phase of research for defining special populations involves a more hands-on approach through interviews, surveys, focus groups, round tables, and other techniques that will reveal more intimate details on behaviors, attitudes, motivations, and needs of special populations in your community. As a public health professional who doesn't routinely do this type of work, it can be time consuming and resource intensive. States and larger communities may find it worthwhile to hire a professional research firm to conduct the surveys and interviews and analyze the results.

Qualitative research probes your community – who are the people hardest to reach? Who are those who have barriers to understanding health care messages? And who are the trusted leaders that can help reach these people?

In 2000, the Federal Communications Commission (FCC) assigned the telephone number 2-1-1- for community information and referral nationwide. The 107th Congress recognized the importance of 2-1-1- telephone service in community preparedness and response by including use of that telephone number for public information as an allowable use of funds under grants for preparedness and response to bioterrorism and other public health emergencies. The phone number provides access to information about and referrals to human services for everyday needs and crisis situations. Currently established systems are funded by state and local government, businesses, nonprofit organizations, and other agencies. Local United Way organizations may either administer 2-1-1- services or provide similar information and service referrals. It is a place to start for public health officials in defining local CBOs and FBOs appropriate for partnership in reaching special populations.

Qualitative research goes beyond Census data and traditional risk/crisis communication techniques. This type of research probes your community to discover who are the people hardest to reach; who are those who have barriers to understanding healthcare messages; and who are the community leaders these special populations trust. Qualitative research is more open-ended, more flexible, and more subjective than quantitative studies (surveys). It also helps build a network of community partners by involving the representatives of overarching organizations and government agencies directly in the process of defining your community's special populations.

Research techniques include:

- Telephone, mail, or e-mail opinion surveys of government experts and community advocates to learn their thoughts about which groups of people are at risk, hard to reach, or have communication barriers. The participants may include representatives of United Way, healthcare organizations, government agencies, educational institutions, and public service providers, e.g., local utilities.

  Surveys are usually considered quantitative because they provide measurable outcomes. But, this type of opinion survey is more subjective and personal and allows for individualized responses and therefore qualitative results.

- Focus groups with representatives of similar organizations. The focus group will allow more open discussions about special populations definitions, barriers, and gaps in communication.

An example of survey questions you might ask in this type of research is provided in **Tools and Templates**. The survey can be conducted electronically or by mail, but the best results will come from person-to-person dialogue. The respondent may share an excellent idea or extra details not covered by the questions. You will be endeavoring to learn:

- Their opinions about special populations in your community
- Names and contact information for service providers
- Barriers special populations may have to receiving routine health or emergency information

STEP 8 – STAY IN TOUCH

Sustain the network

Sustaining community engagement is as important as building relationships. You may find it helpful at this stage to send regular brief updates on the progress of your work through e-mail, mail, or telephone calls. Later, as resources allow, you may want to develop a newsletter (in print and electronic formats) to keep people in your network connected, informed, and responsive. Build opportunities into your network communication for feedback from your partner organizations.

Community-based organization – a "private nonprofit organization, Indian tribe or tribally sanctioned organization, or other type of group that works within a community for the improvement of some aspect of that community."

– National Network of Libraries of Medicine

Faith-based organization – "an organization, group, program, or project that provides human services and has a faith element integrated into their organization."

– Rural Assistance Center

HOW TO USE YOUR INFORMATION

As you have moved through each of these steps you have been collecting information to use throughout the process of defining, locating, and reaching your community's special populations. You need to be able to manage the information in an accessible form that can grow as you acquire new data, contacts, characteristics, and other details.

STEP 9 – DEVELOP A DATABASE

Population characteristics, contact information

One of the best ways to record information in a form that allows you to track multiple factors, share with others, and keep current is an electronic database. A sample database that illustrates the different headings and information categories that can be used in setting up a database is provided in **Tools and Templates**.

Among the types of information you will want to include in your basic database are the five special populations you are using as a base and their specific demographics. You will also be able to include names, phone numbers, e-mail addresses, mail addresses for key contacts at overarching organizations and government agencies, and additional notes.

STEP 10 – EXPANDING YOUR DATABASE

As a result of your initial discussions and surveys with overarching organizations and government agencies, you will receive information about direct service provider organizations and agencies within your jurisdiction. It will be helpful in future steps to begin expanding your database to include:

Community-based organizations (CBOs) are usually nonprofit entities that provide a diverse range of programs and services to specific groups of people who experience such challenges as:

- *Low income*
- *Low literacy*
- *Developmental or physical disabilities*
- *Mental illness*
- *Alcohol and substance abuse*
- *Limited or no English language skills*
- *Chronic health problems*

Some examples of CBOs include the following:

- *Council on Disability*
- *Salvation Army*
- *Operation Breakthrough*
- *YMCA/YWCA*
- *Big Brothers Big Sisters*
- *Homeless shelters*

- Names and addresses of key contacts in human service government agencies, CBOs, FBOs, businesses, chambers, and others who work with special populations. **Tools and Templates** includes an extensive list of these types of organizations that may serve special populations in your jurisdiction.
- Contact information for county and local nonprofit organizations and foundations serving specific populations that are sections of a national agency, such as the American Federation of the Blind. **Tools and Templates** includes a list of national organizations that may have state and local contact information as well as demographic information on the populations they serve. Many state, regional, county, or city sections of these organizations are also listed in telephone directories or online located through a keyword Web search, using words such as "disability," "blind," "deaf," "developmental," and "mental health."
- People who self-select themselves into groups based on their particular disability or need. For example, university students who have mobility impairments often form organizations that provide support and advocacy. People from different cultures or ethnic groups also tend to be close knit, particularly people with limited or no English. These groups may not show up on an official list as they do not have national charters or oversight, and are usually informal and private, often without scheduled meetings or agendas. Leaders of these groups, whether they are the matriarch of the family or the club president, can provide pertinent information about their special population, as well as serve as valuable links in the process of building a network of collaborators and sustaining community engagement.

You may find these affinity groups by asking the representatives of the overarching organizations if they are aware of any these types of unofficial groups in your community. Be sure to ask for names and best ways to contact the leaders. If there is a college or university in your area, you can contact the student affairs department to ask for information. Often a person in a special population group will be the best source of information about such groups.

In **Tools and Templates** are several lists of regional, county, municipal, other local government agencies, quasi-governmental agencies, and business resources as well as non-traditional and grassroots sources that can provide information on special populations specific to your community. As you review these lists, you may want to check off those in your state, region, county, or community that apply.

The Internet can link you to most of the government agencies' Web sites where you can usually find specific contact information. In other cases, such as businesses and some non-traditional and grassroots sources, you may need to make a cold call directly to the source or wait until you have moved into the next steps of this process in which you will be conducting research to learn the best ways to locate and reach these special populations.

TOOLS AND TEMPLATES

- List of Community Resources and the Populations They Serve 34
- Data Sources Checklist 36
- Special Populations Checklist 38
- Telephone Survey Template 40
- Management and Staffing Plan Template 41
- Database Template.....42

CHECKLIST

- ☐ Plan your work by developing a management and staffing plan.
- ☐ Draft an organizational chart to show intra-department roles, accountability, and flow of information.
- ☐ Conduct secondary research analyzing previously gathered data.
  - Review and analyze population data and demographics from existing national and state resources.
- ☐ Establish baseline criteria for defining special populations.
- ☐ Estimate the number of people in different special population groups in your jurisdiction.
- ☐ Pick a starting point on which to focus your work by selecting three to five special populations for further research and planning efforts.
- ☐ Synthesize your data and findings into an initial review and analysis report that documents your research.
- ☐ Identify key contacts at overarching organizations and government agencies.
- ☐ Collect phone numbers, e-mail and mail addresses.
  - Learn the best time and method to use to contact them.
- ☐ Initiate communication with key contacts.
- ☐ Arrange time to meet or talk by phone with key contacts.
- ☐ Facilitate discussions with key contacts at meetings or in conference calls.
- ☐ Survey representatives of overarching organizations and government agencies.
- ☐ Conduct focus group with representatives of organizations and agencies.
- ☐ Send updates on progress of work and build in opportunities for partner feedback.
- ☐ Develop a database with population demographics and contact information for representatives of organizations and agencies who may be collaborators in this process.
- ☐ Expand and update your database as new information comes in.

LIST OF RESOURCES AND THE POPULATIONS THEY SERVE INCLUDING:

REGIONAL, COUNTY, CITY, LOCAL GOVERNMENT AGENCIES, QUASI-GOVERNMENTAL AGENCIES, BUSINESS RESOURCES

Economic disadvantage

- ☐ American Red Cross: http://www.redcross.org
- ☐ Emergency Management Offices: http://www.emergencymanagement.org/states
- ☐ United Way and funded organizations: http://national.unitedway.org/myuw/
- ☐ County government and quasi-governmental agencies (e.g., local health departments, welfare programs)
- ☐ City government and quasi-governmental agencies (e.g., chambers of commerce, code enforcement officers)
- ☐ Business resources (e.g., thrift stores, utility services)
- ☐ CBOs (e.g., food banks, homeless shelters)

Language competence

- ☐ Office for Refugees and Immigrants: http://www.ncsl.org/programs/immig/immigstateoffices05.htm
- ☐ Office of Minority Health: http://www.omhrc.gov/OMH/sidebar/stateliaisons.htm
- ☐ County government and quasi-governmental agencies (e.g., Office of International Affairs)
- ☐ City government and quasi-governmental agencies (e.g., multicultural chambers of commerce, offices of employment and training)
- ☐ Business resources (e.g., ethnic grocers, translation services)
- ☐ CBOs (e.g., multicultural community centers, immigrant assistance)
- ☐ Indian Health Service: http://www.ihs.gov/

Disabilities

- ☐ Department of Mental Health: http://www.state.sc.us/dmh/usa_map.htm
- ☐ Department of Social Services
- ☐ Salvation Army: http://www.salvationarmyusa.org
- ☐ County government and quasi-governmental agencies (e.g., centers for developmental disabilities and mental health, schools for the blind and visually impaired)
- ☐ City government and quasi-governmental agencies (e.g., city human relations departments, local health departments)
- ☐ CBOs (e.g., VA hospitals, council on disability)

Cultural/Geographic isolation

- ☐ Metropolitan Planning Organizations (MPOs): http://www.abag.ca.gov/abag/other_gov/rcg.html http://www.narc.org/links/cogslist.html
- ☐ Department of Transportation: http://www.fhwa.dot.gov/webstate.htm
- ☐ County government and quasi-governmental agencies (e.g., farm bureaus, road crews)
- ☐ City government and quasi-governmental agencies (e.g., utility workers, fire department, post offices)
- ☐ Tribal governments
- ☐ Business resources (e.g., hotel associations and visitors organizations, barbers, hair salons, rural markets)
- ☐ CBOs (e.g., newspaper carriers, local HAM radio emergency service group)

This page is repeated in Sections 2 and 3, on pages 62 and 92.

Age vulnerabilities

- ☐ Area Agencies on Aging: http://www.n4a.org/
- ☐ State Department of Education: http://www.doe.state.in.us/htmls/states.html
- ☐ Divisions for Family Services (state office)
- ☐ County government and quasi-governmental agencies (e.g., aging services, child and family services)
- ☐ City government and quasi-governmental agencies (e.g., local health department, offices for senior services)
- ☐ Business resources (e.g., daycare centers, pharmacies)
- ☐ CBOs (e.g., assisted living facilities, senior centers, Big Brothers, Big Sisters)
- ☐ AARP
- ☐ Schools

DATA SOURCES CHECKLIST TOOL

The first step in defining special populations within a state or local community is to conduct quantitative research using secondary data that can be analyzed to shed light on different population groups. Use the following representative list of accessible online data sources and other sources to help you define, locate, and reach special populations. Most of these tools can be accessed with ease through the Internet.

National sources of information for defining special populations include:

☐ **U.S. Census Bureau**, http://www.census.gov
The Census provides extensive data on national, state, county, and city populations.

☐ **U.S. Census link**, http://www.census.gov/qfd
The Census link reports population information by jurisdiction, according to:
- Race/ethnic group
- Language other than English
- Persons with disabilities over the age of five years
- Foreign born
- Density
- Income, including those below poverty
- Other characteristics

☐ **U.S. Census American Fact Finder**, http://factfinder.census.gov/home/saff/main.html?_lang=en
Planners can find data (at the sub-county and census tract level) on persons according to the following sub-categories:
- Age and sex
- Aging
- Disability
- Education
- Employment
- Income
- Origins and language
- Poverty
- Race and ethnicity
- Relationships
- Veterans

☐ **The Pew Hispanic Center**, http://pewhispanic.org
A nonpartisan research organization, the Pew Hispanic Center strives to improve understanding of the U.S. Hispanic population and chronicle Latinos' growing impact on the entire nation.
The Pew Hispanic Center provides information on:
- Demographics
- Economics
- Education
- Identity
- Immigration
- Nationalities

☐ **The Urban Institute**, http://www.urban.org
The Urban Institute provides research on immigration, including:
- Impacts
- Settlement patterns
- Labor market
- Integration of families and children
- *New Neighbors: A User's Guide to Data on Immigrants in the U.S. Communities*
- *Undocumented Immigrants: Facts and Figures*

☐ ***New Patterns of Hispanic Settlement in Rural America,*** http://www.ers.usda.gov/publications/rdrr99
New Patterns of Hispanic Settlement in Rural America, published by the Economic Research Service of the U.S. Department of Agriculture, provides data and understanding around the movement of the Hispanic population in the United States.

☐ **The Modern Language Association (MLA) Language Map**, http://www.mla.org
The MLA Language Map uses data from the Census to locate and display a map of speakers of 30 languages spoken in the United States. The Census data used is based on English as a Second Language (ESL) homes.

☐ **Asian and Pacific Islander (API) American Health Forum, API Center for Census Information Services**, http://www.apiahf.org
The API Center for Census Information Services serves as a national census information center. It helps organization define, target, and serve APIs throughout the United States. The Web site provides population, growth, and socioeconomic status data to user-specified states and counties within the selected 21 API sub-groups as well as on the major racial/ethnic groups in the United States.

☐ **The National Center for Cultural Competence (NCCC),** http://gucchd.georgetown.edu/nccc/
According to their Web site at http://gucchd.georgetown.edu/nccc, the NCCC works to strengthen the aptitude of health and mental health programs. In reaching that goal, the NCCC maintains a database with a range of resources including demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials, and Web sites.

☐ **National Congress of American Indians (NCAI),** http://ncai.org/

State sources of information for defining special populations include:

☐ **State public health departments,** http://www.ehdp.com/vitalnet/shas.htm
Some state public health departments gather and analyze data for such reports or systems as:

- Indicator-Based Information System for Public Health (IBIS-PH)
  IBIS-PH provides information on the health of the state's population, the condition of the healthcare system, and alerts populations to the health department's most recent activities.

  Furthermore, IBIS-PH data can be used in examining outcome measures to:
  ▲ Direct policy decision-making and strategic planning
  ▲ Evaluate progress toward reaching various goals
  ▲ Simplify data collecting, storing and reporting

- Behavior Risk Factor Surveillance System (BRFSS)
  Behavior and Risk Factor Surveillance surveys are distributed to provide population characteristics for health departments.

- Healthy People 2010 Health Status Improvement Objectives for the nation's compliance reports

- State health improvement plans

☐ **Other state agencies:**

- Departments of transportation
- Departments of commerce
- Departments of ethnic affairs
- Departments of education
- Departments of mental health/mental retardation
- Offices of elderly affairs
- Offices of economic development

SPECIAL POPULATIONS CHECKLIST

Special populations can be divided into broad categories that describe their physical or mental conditions or circumstances, where they live or might be located in a disaster and other commonalities. The following list includes many groups of people, institutions, occupations, and circumstances.

This checklist can help you determine the special populations in and around your area.

Economic disadvantage

- ☐ In generational poverty
- ☐ Living at or under the poverty line
- ☐ Medicaid recipients
- ☐ Working poor

Language Competence

- ☐ Foreign visitors
- ☐ Illegal/undocumented immigrants
- ☐ Immigrants/refugees
- ☐ Limited- or non-English speaking
  - ☐ African
  - ☐ Asian
  - ☐ French
  - ☐ Hispanic/Latino
  - ☐ Middle Easterners
  - ☐ Native Americans/Tribal Nations
  - ☐ Pacific Islanders/Aleuts/Eskimos
  - ☐ Sign Language
- ☐ Rural ethnic groups
- ☐ Urban ethnic groups

Disabled

- ☐ Blind and visually impaired
- ☐ Chronically ill or contagious
- ☐ Deaf and hard of hearing
- ☐ Developmentally disabled
- ☐ Diagnosed with HIV/AIDS or other STDs
- ☐ Drug and/or alcohol dependent
- ☐ Dual diagnosed with mental illness and substance abuse
- ☐ Energy dependent
- ☐ Mentally ill or brain disorders/injuries
- ☐ Mobility Impaired

Cultural or Geographic Isolation

- ☐ Homebound elderly
- ☐ Homeless
- ☐ Living alone

- ☐ Low income
- ☐ Remote rural areas/frontier with spotty or no reception of mass media
- ☐ Rural residents
- ☐ Shelters, e.g. homeless, runaways, battered persons

Age vulnerabilities

- ☐ Frail elderly
- ☐ Senior citizens (age 65+)
- ☐ Infants in neo-natal units
- ☐ Pregnant women
- ☐ Mothers with newborns
- ☐ School-age, latchkey children
- ☐ Teens
- ☐ Juvenile offenders
- ☐ Families with children with healthcare needs

Seasonal or temporary populations and temporary locations:

Populations

- ☐ Commuters
- ☐ People displaced by a disaster
- ☐ School; students, teachers, administrators, and employees
- ☐ Seasonal migrant workers
- ☐ Tourists
- ☐ Tent campers
- ☐ Truckers, pilots, railroad engineers and other transportation workers
- ☐ Military

Locations

- ☐ Business centers and work sites
- ☐ Daycare centers (child or adult)
- ☐ Hospitals, Emergency Centers or other healthcare providers
- ☐ Arts and entertainment venues
- ☐ Schools – public, private, and parochial
- ☐ Shopping centers
- ☐ Stadiums or arenas
- ☐ Transportation locations (airports, bus, or train stations)
- ☐ Assisted living facilities
- ☐ Group housing, e.g. dormitories, retirement communities, hospice, hostels, YMCA, alternative sentencing facilities
- ☐ Incarcerated/in prison
- ☐ Long-term care nursing facilities
- ☐ Evacuation shelters

Others who are

- ☐ Dependent on public transportation
- ☐ Underserved by public health

TELEPHONE SURVEY TEMPLATE

Hello, my name is _____NAME_____. I am with _____ORGANIZATION_____ and we are conducting a brief survey to help us define our special or vulnerable populations. The survey should take about 15 minutes. Do you have time now or should I call you again at a later time? (If later, schedule a time to call.) Are you ready to start?

We are collecting information to help us define, locate, and reach special populations with healthcare and emergency preparedness information. These populations may be vulnerable, at risk, or hard to reach. They often share a common characteristic that prevents them from receiving or understanding information through traditional channels used for the general public. Let's begin the survey.

- What distinguishes this community from others in the nation or state?
- How would you define special populations?
- Who are the special populations in the community?
- What population trends are occurring in the community that might impact special population groups?
- What is the primary language spoken in the community? What other languages are prevalent?
- What populations are served by your agency/organization?
- Who are the leaders, spokespersons, trusted sources, and key informants for special populations in the community?
- What are non-traditional information sources in the community that need to be tapped to provide more insight into who is at risk, vulnerable, has barriers to communication, or is hard to reach?
- Which special populations are easiest to reach?
- Which populations are the hardest to reach? Why?
- What is the biggest gap in communicating with special populations?
- In the event of a public health emergency, which populations would be most at risk of not receiving critical information? Which would lack the means to act on the information?

Thank you for your time and answers. Goodbye.

MANAGEMENT AND STAFFING PLAN TEMPLATE

Try to identify the resources you will need for this effort:

Program leader _____

Secondary research (in-house or consultant) _____

Qualitative research _____

Materials (e.g., hand-outs for meetings, signs) _____

Printing _____

Administration _____

Postage _____

Estimated cost _____

Resources available _____

DEFINING SPECIAL POPULATIONS PARTNER AND COLLABORATOR DATABASE

Organization	First Name	Last Name	Title	Address	City	State	ZIP	Phone	E-mail
Overarching Organizations									
Government Agencies									
MPO									
Other									

Section 2

Locating Special Populations

Overview briefly outlines a series of actions directed toward locating special populations – research, community engagement, and how to use the information you gather.

Understanding the process will guide you in methodically locating the special populations you defined in Section 1 and offer suggestions on how to make the locating stage of this process work on a local level, whether you use advanced technology or a grassroots approach to networking and collaborating. You will also find background and details on the importance of knowing the geographic dispersion of special populations in your state, region, county, or town; the need to map gathering places in order to locate leaders who are trusted by special population groups; and the value of constantly enhancing and sustaining the community network of partners and collaborators.

Tools and Templates include the data sources to help you locate special populations. You will find information about Geographical Information System (GIS) programs that are available to translate Census data into a map format; about the process of gathering and storing data in electronic formats; and lists of representative data sources for mapping; and representative organizations that maybe able to help you learn more about where your special populations live, gather, and work.

Checklist provides the critical action steps for locating special populations in your community.

Comprehensive preparedness is possible when public health professionals integrate the knowledge and skills of governmental and local public service providers, community-based organizations (CBOs), faith-based organizations (FBOs), and public health toward a common goal of enhancing communication, response, and recovery efforts.

OVERVIEW

After defining the special populations in your community for your initial focus, the next stage in the process will be to determine where these groups of people live, work, and gather. Knowing the geographic dispersion of the special populations in your community is just one outcome of this stage. It also leads to strengthening relationships with local organizations who can play key roles in preparedness and planning initiatives with persons of diverse cultures and life challenges.

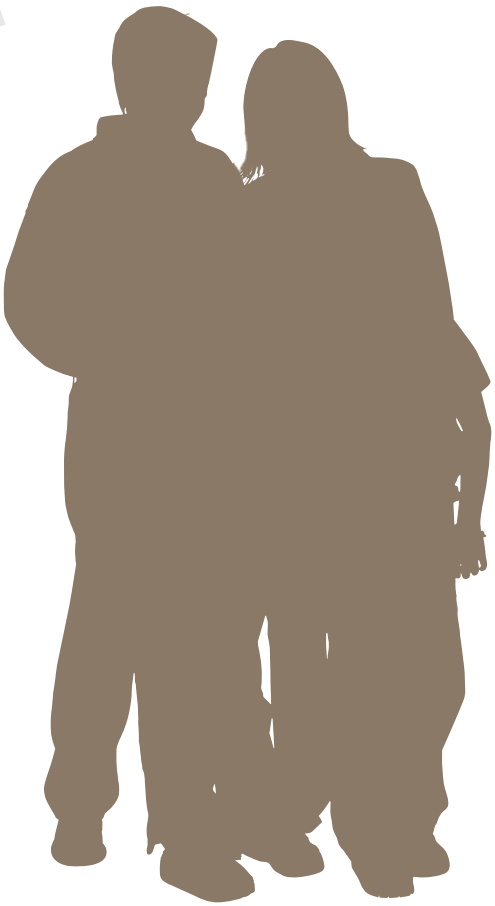
The best scenario for locating special populations would include GIS technology and data resources such as the U.S. Census, combined with community collaborations and networking. Mapping of special populations is sporadic in the United States, although technology to accomplish it is available and can be usefully adapted to meet the needs of public health and emergency professionals. In many coastal communities, for example, mapping is used by fire departments and cities in evacuation planning. In other areas, Area Agencies on Aging or county offices of elderly affairs have mapped populations aged 65 and older. But, to date, most communities have not mapped special populations.

In small communities, GIS mapping is often viewed as unnecessary because "everyone knows everyone else." Yet, mapping – whether it is done by sticking colored pins on a paper map or with an electronic interpretation of data – provides an exceptionally clear picture of where hard-to-reach population groups might be found in a crisis situation, a time-saving benefit, regardless of community size or diversity.

Mapping usually occurs in departments and agencies with better-than-average resources, interested technical personnel, and/or a pressing perceived need. In most states, state level departments of public health, family services, transportation, commerce, economic development, ethnic affairs, education minority office, and other similar offices have resources to help update and interpret demographic data and to map special populations and track changing population dynamics.

In small communities, GIS mapping is often viewed as unnecessary because "everyone knows everyone else." Yet, mapping – whether it is done by sticking colored pins on a paper map or with an electronic interpretation of data – provides an exceptionally clear picture of where hard-to-reach population groups might be found in a crisis situation, a time-saving benefit, regardless of community size or diversity.

- Mapping is a community building process because it requires information from the most local level possible. Police, public works crews, utility workers, tribal entities, social service providers, places of worship, barber shops, and schools are all examples of information sources and information conduits. You will dig deeper into your community to learn about neighborhoods and the people who live there, about community centers and the people who congregate there, and about the places and people that those most at risk turn to in a time of crisis.



LOCATING SPECIAL POPULATIONS

RESEARCH AND FACT FINDING

Step 1 – Assess existing processes within your department or agency for locating special populations.

Step 2 – Choose GIS mapping or alternate methods to locate special populations.

- If departmental resources are not available for GIS mapping programs, consider working with a partner organization, such as a local Metropolitan Planning Organization (MPO), Department of Transportation, fire departments, or election offices, many of which have access to such resources.
- If electronic mapping is not available, consider using colored pins or dots placed on a map of your community to indicate the size and locations of defined special population groups.
- Using Census and other data previously collected in the defining stage, locate on a map the neighborhoods or communities where members of special populations live in significant numbers.

Step 3 – Locate and map gathering places for the broad categories of special populations (e.g., community centers, missions, churches or grocery stores).

Step 4 – Identify and map trusted information sources representing the special population groups.

- Collect names, telephone numbers, e-mail and mail addresses.

COMMUNITY ENGAGEMENT

Step 5 – Facilitate discussions with leaders of community organizations with which special populations have existing networks and ties.

- Arrange roundtable meetings or a conference calls.
- Discuss goals, objectives, roles, and common issues surrounding the challenges in accurately locating special populations.

Step 6 – Establish a Community Network of overarching organizations, service providers, businesses, and others who work with special populations.

- Members of this network are your community collaborators and program partners.
- Maintain regular contact with the community network through a newsletter, conferences calls, or meetings.

Step 7 – Develop an agreement stating the terms of the collaboration. Choose between a formal agreement and an informal agreement (see sample of formal agreement on page 68).

HOW TO USE THE INFORMATION

Step 8 – Expand your existing computer database by storing additional names and contact information for community collaborators and program partners. Also include special population gathering places in the database.

Step 9 – Update database of all the community organizations that you've worked with to locate special populations because it will be important for reaching special populations.

UNDERSTANDING THE PROCESS

Mapping requires information from the most local level possible. While state agencies benefit from knowing where in their jurisdiction they will find significant numbers of certain populations groups, they must rely on grassroots information to know where special populations reside, work, receive health care, attend school, gather for support, advocacy, fellowship, and fun.

Good sources of information for locating special populations are community overarching organizations, such as United Way, community foundations, and government agencies, such as housing authorities, public works, police, Area Agencies on Aging, tribal government entities, and public schools. These government and quasi-governmental agencies routinely collect information in order to determine the service needs of the specific special populations with which they work.

Other potential sources are FBOs that gather information on refugees, vulnerable groups they serve, and other people who might be hard to reach through normal communication channels.

Mapping is not a stand-alone process. Not only do these organizations and agencies have information on where members of special populations might be found, they also provide a two-way channel for vital health and emergency information to flow to and from these populations and their trusted sources. These organizations and agencies are potential program partners and community collaborators who may become part of your Community Network.

RESEARCH AND FACT FINDING

STEP 1 – ASSESS EXISTING DEPARTMENTAL PROCESSES FOR LOCATING SPECIAL POPULATIONS

Some special population groups are easier to locate than others. You already know who some groups are and how to reach them because they are enrolled in programs and/or receive services from your department. State and local public health departments, for example, know

For many in and outside the public health sector, the identification of special populations is not derived from quantitative research, but from knowing who already uses their services.

women who are connected through the Women, Infants, and Children's program and generally know how to get in touch with them; or they know how to contact daycare providers who can, in turn, help locate parents and guardians in an emergency.

To avoid duplication of effort, you may find it helpful to conduct an inventory of your department's current activities that include locating techniques and abilities. Interview others in your department or agency about the successes and barriers they have experienced in locating people who use their services. You may want to ask questions such as:

- Who are the special populations served by the department?
- Where are their gathering places?
- What is the department's process for locating them? What data sources are available to use in the mapping efforts?
- How do special populations receive information from the department?
- What other community and religious organizations serve these same groups?
- What other links do these special population groups have to the community?

This type of intradepartmental assessment can provide locating strategies as well as research data that can be used in the mapping process.

STEP 2 – CHOOSE GIS MAPPING OR ALTERNATE METHODS TO LOCATE SPECIAL POPULATIONS

Research shows that about 80 percent of all information has a "spatial" or geographic component. GIS is a computer system that captures, stores, and analyzes spatial data, which is tied to databases, and then displays it in a map format. GIS databases can include a wide variety of information, including geographic, social, political, environmental, and demographic.

Many local organizations are already using GIS mapping techniques to map matters from neighborhood crime data to certain environmental issues, such as the amount of smog in the air; however, many have not made the leap to using it to locate special populations. Investing in a GIS mapping system could make locating special populations

easier and less time consuming. Information on Web sites that offer software that can be downloaded is provided in the **Tools and Templates.**

If resources are not available to acquire a GIS mapping program, you may want to consult with organizations that could become project partners. These could include:

- The MPO that serves your area (in regional communities with population over 50,000)
- Your state department of transportation
- Your state or county department of emergency management
- Your local police, fire, or public works departments

A list of Web addresses that can help you find the MPO and state department of transportation that serves your jurisdiction is included in the **Tools and Templates**.

You may want to start your search with MPOs and Departments of Transportation. If they do not have software available, work with local police and fire departments to find out if they have the software you need. MPOs are the most likely to have the GIS software you need for locating special populations. Contact someone in the MPO's GIS department, research department, or planning department.

Once you've made the decision to use the GIS mapping software to locate special populations, merge the population data you collected in defining special populations with the mapping program. (Or use the information provided to you by your GIS mapping software – some come with Census data embedded.)

For some small departments and agencies purchasing new GIS software for the effort of locating special populations may not be an option, and teaming with another organization to use GIS software may not be feasible. It is possible to use the collaborations technique for locating special populations without using mapping, but the best communication plan will use both efforts to geographically locate the populations' gathering places, and then form collaborations to create more lasting relationships with the special populations groups and their trusted sources.

In Montana, the road crews who clear snow off roads in the winter know which people need their roads cleared because of mobility issues – and, therefore, who may need mobility assistance in emergencies.

- If you are unable to use advanced technology for your mapping, post a map of your community on a wall. Use the Census and other data you've collected in the defining stage and/or community collaborators to determine where your special populations may be located.

- Initially, focus on the broad population categories previously defined:
  - Economic disadvantage
  - Limited language competence
  - Disability
  - Cultural/geographic isolation
  - Age vulnerabilities

Economic disadvantage:

As you did with defining special populations, start with economic disadvantage to locate people who are likely to need extra help in receiving or acting on health information in emergencies and in general. By mapping the economically disadvantaged people who live in poverty first, you will locate many other special populations, including those in the categories of limited language competence, disabilities, cultural and geographic isolation, and age vulnerabilities. For example, homeless people gather at shelters and food banks and in an emergency will turn to people at these places for information and guidance. Mapping this group will require locations of shelters, soup kitchens, churches, and health clinics.

Limited language competence:

People who share a common language and culture tend to live close together. They may also enroll in ESL classes. Collaborations with ESL providers can lead to a wide network of contacts in populations with limited English. The most difficult group to locate is undocumented immigrants who can be a substantial, but nearly invisible population. Data you can use to map this group includes locations of multicultural community centers, public schools, community colleges, and FBOs.

Physical, mental, cognitive, and sensory disability:

People with disabilities who are not in an institutionalized setting tend not to live in clusters, which can make them isolated and difficult to identify, locate, and reach. This group is very difficult to map; some communities have tried self-registry, designed to aid fire and emergency personnel in identifying mobility–challenged and energy-dependent persons, but getting persons with physical disabilities to register has proved difficult. However, many are members of affinity groups, both national and local organizations, where they create an information – and sometimes social – community with others with similar challenges. Data you can use to locate people with disabilities include hospitals and other health service providers, rehabilitation organizations, veterans' organizations, schools for the deaf and blind, and social service providers.

Cultural/Geographic Isolation

Cultural/Geographic isolation presents perhaps the biggest challenges in reaching vulnerable people with special needs. People in remote rural areas and in dense urban areas have in common the reality that in many aspects of their lives they are outside the "mainstream" of contemporary American life, by choice or by simple fact of life.

Both rural and urban special populations in many locations can be mapped as part of a strategy that begins with economic disadvantage as a descriptor. Often simply locating the very poor in rural or urban areas is enough to assure that other aspects of special need will be reflected in the mapping. For example, if a 10-block area in an urban core is mapped because of deep poverty and health and emergency personnel recognize that there will be special attention required in emergencies, people there who have other special needs – because of age, disability, limited language competence, etc. – are likely to be helped appropriately.

To address both rural and urban isolation, collaborations may be the most important effort. Trusted information sources – persons who have credibility with others, whether they have titles or official status – are critical to the work of identifying, locating, and reaching special populations who are culturally or geographically isolated.

In rural and frontier areas, residents within a certain distance usually know each other. It is vital, however, for state, local, county, and tribal health and emergency professionals to know where these people are located in order to create strategies to reach them in day-to-day communication and especially in an emergency, particularly if electric power is lost.

In the urban areas, people who are isolated by poverty, education, language skills, and/or disability may not be enrolled in existing health departments or social service programs. Police, utility workers, and others who know people and neighborhoods can help locate this special group.

Information you can use to locate people who are isolated can come from CBOs, FBOs, volunteer organizations, neighborhood associations, public utilities, codes enforcement personnel, beat cops and others.

Age vulnerabilities

People who work with home delivered meal programs as well as other elder care programs can be a good source of information on locating vulnerable elderly persons. Schools can also provide information on the location of children and family members in before- and after- school programs. Data you can also use to locate those with age vulnerabilities includes group homes, senior centers, hospitals, and daycare providers.

Gathering Places
Interviews with public health and emergency management professionals identified the following gathering places where special populations can be reached:

- *Recipe meetings*
- *Businesses with large numbers of Hispanic workers*
- *Road construction sites (road crews)*
- *Daycares*
- *Faith-based organizations*
- *Salvation Army*
- *Public schools*

STEP 3 – LOCATE AND MAP GATHERING PLACES FOR THE BROAD CATEGORIES OF SPECIAL POPULATIONS

Locating the gathering places of special populations will help make locating the individuals and groups easier. Collaborating with CBOs and FBOs can make this job much easier.

Traditional gathering places or venues are places to which people who have some important aspects in common gravitate socially and geographically. Obvious examples are soup kitchens and homeless populations, or day-worker sites that attract undocumented persons. Commercial locations can be important gathering places. For example, people who live in remote rural areas gather at retail shopping sites on weekends. In many cases, employees at such stores are trusted information sources because they are part of extended families in the area and are therefore excellent resources for locating people with special needs and for sharing health or emergency information.

STEP 4 – IDENTIFY AND MAP TRUSTED SOURCES IN THE SPECIAL POPULATION COMMUNITIES

People are more likely to receive information and act on it when the message comes from a trusted source. Spokespersons in authority are increasingly less credible with the general population, and even more so among some special populations. Because people in special populations identify with and believe information from persons they view as credible–who may not be in an official capacity or known to health and emergency providers, it is important to build a network of trusted sources. These people can be a main channel of information and a cadre of leaders in emergencies. The same qualities that make them unofficial, but trusted leaders in their communities, often make them willing to serve in a liaison capacity between health and emergency professionals and special populations.

A trusted source might be the director of a multicultural community center. In addition to the confidence of the people the center serves, such a director would also have a good network already in place for reaching community members, whether through an e-mail listserv, telephone tree, mailing list, or simple word of mouth.

The trusted sources are people to include in meetings with other community organizations and service providers. They belong in planning sessions and in a database that captures contact information for reaching them and the way they prefer to be reached.

Lists of potential community collaborators, program partners, and types of trusted sources who could participate in your efforts to locate special populations are in **Tools and Templates**.

COMMUNITY ENGAGEMENT

Engaging community members in activities to locate special populations requires collaboration, contribution, and commitment. You will be asking already busy people to share their time, their energy, and their information to help you expand your capacity to reach every person with health and emergency information. You have already started building your network through your discussions and meetings with representatives of overarching organizations. You are now taking this network to the next level by engaging people who are on the front lines of providing service to the wide variety of special populations in your community and those who are members or trusted leaders in their special population group. You will be developing long-term relationships built on respect, credibility, and a shared concern that people in special population groups are included in health and emergency planning, response, and recovery.

STEP 5 – FACILITATE DISCUSSIONS WITH REPRESENTATIVES OF COMMUNITY ORGANIZATIONS WITH WHICH SPECIAL POPULATIONS HAVE EXISTING NETWORKS AND TIES

Building on the network you established in the defining stage, you can designate one contact person within each of the organizations and partners with whom you will regularly work. Their names, addresses, and phone numbers can be added to your contact list as you acquire them.

You can host a meeting or conference call with these representatives to discuss the issues involved in locating special populations. Talking with representatives of community organizations that serve vulnerable populations, including those that address human service needs as well as community needs, is essential to determine which

organizations will best help you in locating special populations. Not every community representative will have a role to play in this locating stage, but they can be valuable connections when you are reaching out to groups with relevant messages. Through this dialogue you can learn which community collaborators can best help you learn where to find members of special population groups.

Lists of potential community collaborators, program partners, and types of trusted sources that you might choose to include in your discussions are in **Tools and Templates**.

Ask community collaborators to explain:

- The populations they serve
- How they distribute and receive information
- Their classification as an overarching organization or a direct service provider
- What their potential outreach could be – the number of organizations and/or individuals this collaborator or partner could reach with ordinary and crisis communications

In the **Tools and Templates Section** of this chapter is a more complete sample questionnaire for facilitating these discussions.

STEP 6 – EXPAND YOUR COMMUNICATION NETWORK OF OVERARCHING ORGANIZATIONS TO INCLUDE, SERVICE PROVIDERS, BUSINESSES AND OTHERS WHO WORK WITH SPECIAL POPULATIONS

An overarching organization is the lead organization that may partner with or provide funding to many other smaller, direct service provider organizations. The service provider organizations are a more direct link to the populations they serve. In the defining stage, you first contacted overarching organizations and government agencies. These organizations can serve as a link to service providers, providing detailed information and saving you time and resources.

If the overarching organization cannot or will not provide the requested information on its membership organizations, the planner may have to contact each service provider to get the desired information.
After identifying those organizations most appropriate for locating special populations, you can facilitate discussions

The United Way is a good example of an overarching organization that reaches many other organizations.

around the roles of your department and the roles of other members in working together to locate and reach everyone in your jurisdiction regardless of individual or community barriers.

A sample agenda for these conversations is provided in **Tools and Templates**.

It is essential to maintain contact with members of your collaborative community network whether by phone, in person, through a newsletter, or e-mail.

STEP 7 – DEVELOP AGREEMENTS STATING THE TERMS OF THE COLLABORATION

Of primary concern to most partners and collaborators will be the resources or services they will be required to dedicate to this process and how your agency or department will work with their organizational policies on sharing information and resources. As you openly discuss these concerns, you can develop agreements that meet the needs of all organizations.

There are two kinds of agreements that can work for this purpose – formal and informal.

A type of formal agreement that is often used between collaborating organizations is a legal Memorandum of Understanding (MOU). The MOU document helps CBOs

Ideas on how to stay connected with community partners

- *A bi-annual newsletter or e-newsletter to keep your partners up-to-date on project progress*
- *A monthly conference call with each organization to make sure the collaboration is working*
- *An in-person meeting with each organization at the discretion of your department and partner organization*
- *A roundtable discussion with many members of the network*

and other community organizations recover extra expenditures incurred while providing agreed upon services for the government in times of disaster.

An informal agreement could simply be a letter that addresses elements of the relationship, such as:

- The purpose of the agreement
- A brief statement about the organizations involved
- A checklist of services provided by each organization
- A list of responsibilities
- How and when terms of the agreement become activated
- What costs will be covered and how costs are documented and paid
- The signatures of all parties concerned

An example of a MOU and an example of an informal agreement letter are in **Tools and Templates**.

Once you determine which type of agreement to use, you can ask the community collaborators and program partners to have their president, executive director, or authorized representative sign the document and return it to you by fax or mail within a time you will specify. When program partners and health planners are working together at staff level, it is easy to move toward shared goals without stopping for the "paperwork" of agreements, but these documents are important when crises occur and are best put in place ahead of time.

HOW TO USE THE INFORMATION

STEP 8 – EXPAND YOUR EXISTING COMPUTER DATABASE BY STORING ADDITIONAL NAMES AND CONTACT INFORMATION FOR COMMUNITY COLLABORATORS AND PROGRAM PARTNERS

Using the database you created in the defining stage, add new categories across the top of the database, such as the organization's contact person, his or her title, address, city, state, ZIP code, phone number, fax number, and e-mail address information as well as a brief description of the organization's outreach capabilities and geographic area. You can also add the places in which you locate special populations and their gathering spaces.

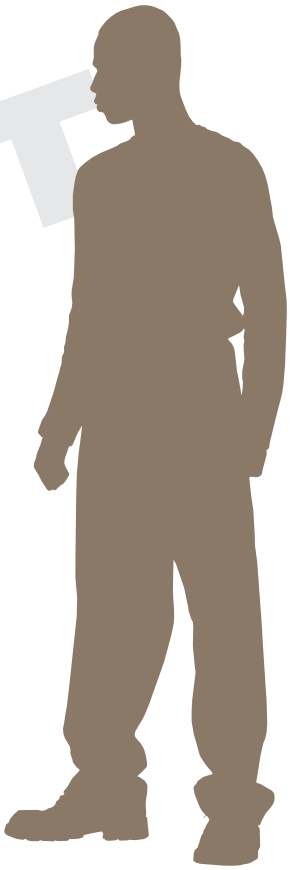
The database should be organized vertically by categories of special populations such as economic disadvantage, limited language competence, disability, culturally/geographically isolated, and age vulnerabilities. Eventually, in the reaching stage, you will be able to separate database entries and create separate lists for targeting specific special populations with specialized messages.

A sample database that shows how more entries can be added, the types of headings, and organizations that can be included is shown in **Tools and Templates.**

STEP 9 – UPDATE DATABASE OF ALL COMMUNITY ORGANIZATIONS THAT HELPED IN LOCATING SPECIAL POPULATIONS

When defining special populations, you began to build a network or database. In the process of locating special populations, you added many contacts to the database, including governmental and quasi-governmental agencies, overarching organizations and service provider organizations, CBOs and FBOs, education and English as a Second Language organizations, and hospitals and rehabilitation centers, community centers, senior centers, and independent living facilities. As you move through the processes again and again, you will find it helpful to continue to maintain and update the database at every step.

As the work of defining, locating, and reaching special populations continues over time, members of your community network may change or their contact information may change. Keeping your database current will be important as your work moves into the stage of reaching special populations.



TOOLS AND TEMPLATES

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- Sample Organizational Chart 64
- Questionnaire Template 65
- Collaboration Agreement Letter Template 66
- MOU Template 68
- GIS Software Information 69
- Sample Database 70

CHECKLIST

- ☐ Take an intradepartment inventory of activities to locate special populations.
- ☐ Investigate mapping options.
- ☐ Choose a mapping options.
- ☐ Merge Census and other data with mapping system.
- ☐ Map gathering places for special populations.
- ☐ Identify people who are trusted by specific special populations.
- ☐ Map location of trusted sources and leaders.
- ☐ Collect contact information for trusted sources and leaders.
- ☐ Arrange meeting or conference call.
- ☐ Facilitate discussions with community collaborators, project partners, and trusted leaders.
- ☐ Establish a Community Network.
- ☐ Choose and implement a method or methods of maintaining regular contact and feedback.
- ☐ Produce a newsletter in electronic and printed formats.
- ☐ Conduct monthly conference calls.
- ☐ Arrange meetings with Community Network members either individually or as a group.
- ☐ Develop and enter an agreement stating terms of collaboration with Community Network members.
- ☐ Have executive officer or authorized representative of each organization sign and return agreement.
- ☐ Expand database to include:
  - Additional names and contact information for community collaborators and program partners
  - Special population locations
  - Gathering places
- ☐ Update database as information changes or new information is acquired.

LIST OF RESOURCES AND THE POPULATIONS THEY SERVE INCLUDING:

REGIONAL, COUNTY, CITY, LOCAL GOVERNMENT AGENCIES, QUASI-GOVERNMENTAL AGENCIES, BUSINESS RESOURCES

Economic disadvantage

- ☐ American Red Cross: http://www.redcross.org
- ☐ Emergency Management Offices: http://www.emergencymanagement.org/states
- ☐ United Way and funded organizations: http://national.unitedway.org/myuw/
- ☐ County government and quasi-governmental agencies (e.g., local health departments, welfare programs)
- ☐ City government and quasi-governmental agencies (e.g., chambers of commerce, code enforcement officers)
- ☐ Business resources (e.g., thrift stores, utility services)
- ☐ CBOs (e.g., food banks, homeless shelters)

Language competence

- ☐ Office for Refugees and Immigrants: http://www.ncsl.org/programs/immig/immigstateoffices05.htm
- ☐ Office of Minority Health: http://www.omhrc.gov/OMH/sidebar/stateliaisons.htm
- ☐ County government and quasi-governmental agencies (e.g., Office of International Affairs)
- ☐ City government and quasi-governmental agencies (e.g., multicultural chambers of commerce, offices of employment and training)
- ☐ Business resources (e.g., ethnic grocers, translation services)
- ☐ CBOs (e.g., multicultural community centers, immigrant assistance)
- ☐ Indian Health Service: http://www.ihs.gov/

Disabilities

- ☐ Department of Mental Health: http://www.state.sc.us/dmh/usa_map.htm
- ☐ Department of Social Services
- ☐ Salvation Army: http://www.salvationarmyusa.org
- ☐ County government and quasi-governmental agencies (e.g., centers for developmental disabilities and mental health, schools for the blind and visually impaired)
- ☐ City government and quasi-governmental agencies (e.g., city human relations departments, local health departments)
- ☐ CBOs (e.g., VA hospitals, council on disability)

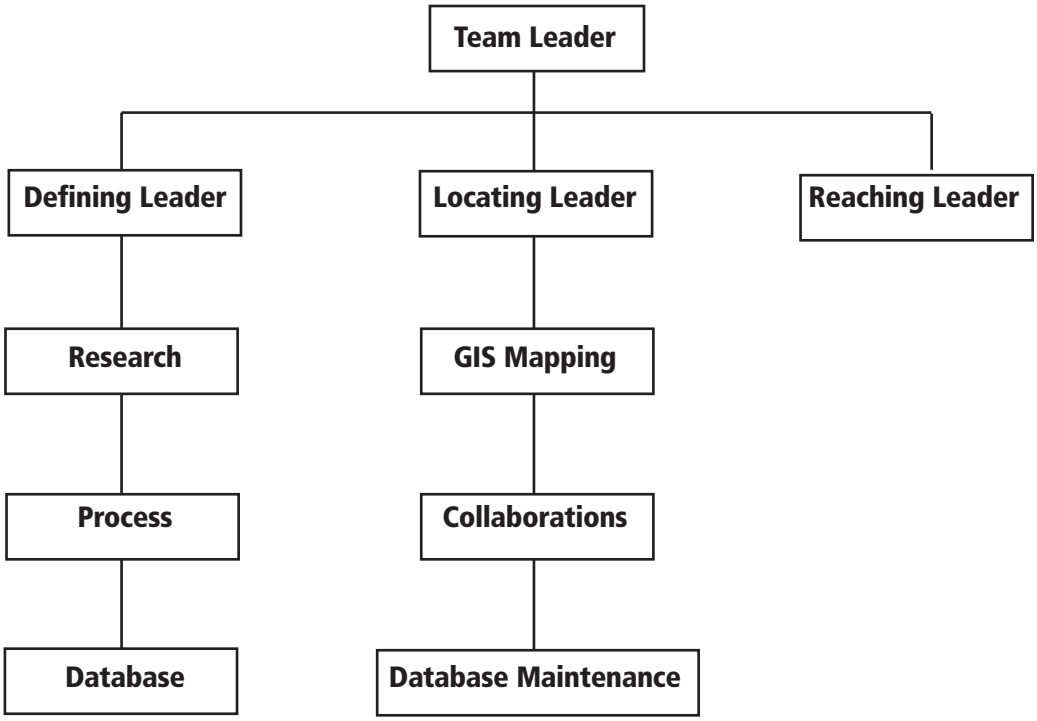
Cultural/Geographic isolation

- ☐ Metropolitan Planning Organizations (MPOs): http://www.abag.ca.gov/abag/other_gov/rcg.html http://www.narc.org/links/cogslist.html
- ☐ Department of Transportation: http://www.fhwa.dot.gov/webstate.htm
- ☐ County government and quasi-governmental agencies (e.g., farm bureaus, road crews)
- ☐ City government and quasi-governmental agencies (e.g., utility workers, fire department, post offices)
- ☐ Tribal governments
- ☐ Business resources (e.g., hotel associations and visitors organizations, barbers, hair salons, rural markets)
- ☐ CBOs (e.g., newspaper carriers, local HAM radio emergency service group)

Age vulnerabilities

- ☐ Area Agencies on Aging: http://www.n4a.org/
- ☐ State Department of Education: http://www.doe.state.in.us/htmls/states.html
- ☐ Divisions for Family Services (state office)
- ☐ County government and quasi-governmental agencies (e.g., aging services, child and family services)
- ☐ City government and quasi-governmental agencies (e.g., local health department, offices for senior services)
- ☐ Business resources (e.g., daycare centers, pharmacies)
- ☐ CBOs (e.g., assisted living facilities, senior centers, Big Brothers, Big Sisters)
- ☐ AARP
- ☐ Schools

SAMPLE IN-HOUSE ORGANIZATIONAL CHART



QUESTIONNAIRE TEMPLATE/PHONE SCRIPT

Hello, my name is _____NAME_____ with _____ORGANIZATION_____ . We are currently working in the community to identify and reach special populations to improve day-to-day communication and to be prepared to reach them in an emergency situation. I've done some research and I understand that your organization serves _____SPECIAL POPULATION_____ in _____WHAT CAPACITY_____ . Would your organization be interested in assisting us in our effort to better communicate with special populations by answering some questions about your organization, the populations it serves, and its communication capabilities?

- Can you give me a list of all of the special populations your organization serves?
- What are your organization's outreach capabilities? How many people do you serve?
- What is your organization's geographic location? What other geographic regions does your organization serve?
- What type of Community Network do you have set up to reach the different populations you serve? U.S. Mail address list, Phone or fax list, email listserv, etc.?
- Do you target your messages?
- Would you consider your organization to be an overarching organization? Does your organization have member organizations? If so, who are they? If not, where does your organization fit in the communication chain?

[If the phone conversation is going well and the organization representative seems to fit with your goals and objectives, ask the contact for his/her information and schedule a meeting to talk more in depth about a formal or informal collaboration.]

COLLABORATION AGREEMENT LETTER TEMPLATE

Date
Name, Title
Local Health Department
Address
City, ST ZIP

Dear <Community Organization Name>,

I enjoyed meeting with you on <DATE> and talking more about how our organizations could collaborate. I feel that our organizations could work well together in locating special populations to improve daily communication and prepare for dispersing messages in an emergency situation.

In the meeting, we agreed that the purpose of the collaboration is to
_____ .

Our common goals and objectives were identified as:

Goals
1.
2.
3.

Objectives
1.
2.
3.

Your organization, **<ORGANIZATION NAME>**, will fulfill the following roles/provide the following services:
-
-
-

Team members involved:
The **<LHD NAME>** will fulfill the following roles/provide the following services:
-
-
-

Name	Title	Phone	Fax	E-mail

Team members involved

Name	Title	Phone	Fax	E-mail

The collaboration will begin on **<DATE>** and end on **<DATE>**, at which time the partnership goals and objectives will be revisited, and a new collaboration document will be created. The terms of the agreement will only be activated upon the **<LHD>** receiving a signed copy of the agreement letter from your organization.

<LHD NAME> will be responsible for the following costs your organization may incur as a partner to this process:

-
-
-

<ORGANIZATION NAME> will be responsible for the following in-kind contributions:

-
-
-

This document is an agreed collaboration between two organizations – **<LHD and ORGANIZATION NAME>**. I submit that I am able to make decisions for my company and agree to fulfill the above conditions as stated.

Name	Date	Name	Date
Title		Title	
Name of Agency		LHD	
Address		Address	
City, ST ZIP		City, ST ZIP	
Telephone number		Telephone number	

Please return a signed letter of this agreement at your earliest convenience or by the activation date mentioned above. I look forward to working with you.

Sincerely,
<NAME>
<ORGANIZATION>

MEMORANDUM OF UNDERSTANDING TEMPLATE

This document serves as a Memorandum of Understanding (MOU) between:

LOCAL HEALTH DEPARTMENT AND AGENCY NAME .

General Purpose: To provide the Local Health Department with _____

_____

_____

This collaboration supports improved communication with special populations and response to emergency situations.

Agreement:
Agency Name agrees to:
1.
2.
3.

Local Health Department agrees to:
1.
2.
3.

If agency staff person have any questions that cannot be answered at the agency, they should contact LHD staff name at LHD staff phone number.

This document is a statement of understanding and is not intended to create binding or legal obligations with either party.

Agreed to and accepted by:

Name	Date	Name	Date
Title		Title	
Name of Agency		LHD	
Address		Address	
City, ST ZIP		City, ST ZIP	
Telephone number		Telephone number	

DOWNLOAD OR BUY GIS MAPPING SOFTWARE

After a quick Google search using the term "GIS Mapping Software," it has been discovered that GIS mapping software can be downloaded on:

- **http://www.mapcruzin.com/free_gis.htm**
- **http://www.esri.com/software/**

or it can be purchased from sites such as:

- **http://www.esri.com/products.html**
- **http://www.caliper.com/maptovu.htm**

There are many types of GIS software offered to the public. Some are used mostly for transportation analysis, but others can be used to map the data you need to locate special populations within the state, county, or city. When inquiring about GIS software, be sure to mention the purpose you want it to serve in your department so you get the right one for your use.

If you prefer to purchase from a local retailer, it is recommended that you try an electronics store, an office supply store, or a local computer supply and repair shop.

SAMPLE:
LOCATING SPECIAL POPULATIONS PARTNER AND COLLABORATOR DATABASE

Notes on Outreach and Geography	Collaborator/ Partner	Organization	First Name	Last Name	Title	Address	City	State	ZIP	Phone	Cell Phone/Home Phone	Fax	E-mail	Locate Population/ Suggested Gathing Places
Economically Disadvantaged														
CBOs														
Has a listserv that reaches 10,000 in 5 counties	Collaborator	Salvation Army	Jennifer	Stevenson	Communication Director	200 Baltimore	Any City	USA	22222	555-2223	555-6611		jsteven@salarmy.org	public housing complexes
MPOs														
Has a phone list that reaches 20 organizations in Louis County	Collaborator	Association of Metropolitan Planning Organizations	Joe	Johnson	Executive Director	2 Charles Street	Any City	USA	88888	555-8885		555-2333		GIS mapping
FBOs														
Uses a mailing list to reach 120 people in Any City, USA	Collaborator	Catholic Charities	Jan	Doe	Outreach Coordinator	150 Boardwalk Avenue	Any City	USA	55555	555-5555			jdoe@cathchar.org	
Government Agencies														
Has a listserv that reaches 100 in 2 counties	Partner	Department of Emergency Management	Jim	Jones	Communication	444 W. Carrolton Street	Any City	USA	44444	555-4444	555-4141	555-4242	jjones@emermgmt.com	
Other														
Has a phone list that reaches 20 multicultural organizations and 5 disabled organization in 2 counties	Collaborator	Jane's Research Organization	Jane	Wilson	President	2525 Research Court	Any City	USA	52525	555-7413			wilson@research.com	
Limited Language Competence														
CBOs														
Has a listserv that reaches 5,000 and phone list that reaches 100 in 3 counties	Partner	Operation Read	Kim	Burns	Administrator	555 Williamsburg Drive	Any City	USA	25252	555-2525				

Section 3

Reaching Special Populations

Overview briefly outlines the series of actions directed toward reaching special populations – research, community engagement, and how to use the information you gather.

Understanding the Process provides the background and details on strategies for using the research and collaboration processes to develop and implement communication and outreach efforts that can effectively provide special populations the information they need to make decisions about their preparedness for and response to natural disasters, disease outbreaks, or an act of bioterrorism.

Tools and Templates include the templates, organizations that serve special population groups, and ideas for developing and delivering culturally and linguistically competent materials that support your initiatives.

Checklist provides the action steps you can take to reach special populations in your community.

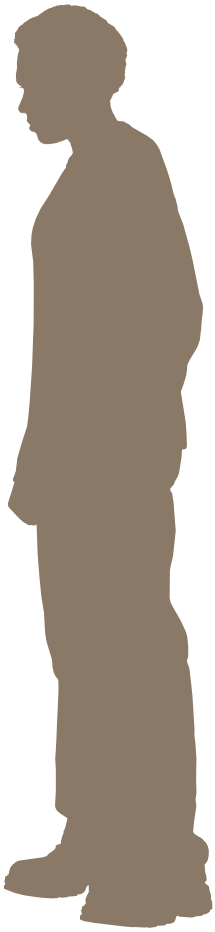
To earn public trust:

- ***Be clear. People want direction.***
- ***Be concise. Too much information is a barrier to understanding.***
- ***Be correct. Check facts. Update frequently.***
- ***Be connected. Know the people to reach in key communities and build relationships with them.***
- ***Be confident – but don't confuse confidence with control. People trust the confidence shown by real leaders, not the control tactics of authority figures.***

OVERVIEW

Now that you have defined and located several broad categories of special populations in your jurisdiction, this section will provide you with a series of activities to **reach** these groups with messages they understand and can act on, delivered by messengers they trust.

Typically, the goal of any health initiative is to motivate a particular group or population to take a desired action. To achieve such an outcome requires an understanding of how to reach the targeted populations in ways that grab their attention and change they way they think so they will quit smoking, be screened for diabetes or cancer, have their children immunized, prepare an emergency kit for their home, evacuate to shelters, or take other actions. People are reached through the languages they speak, by television, radio, newspaper, bill inserts or other channels, through word-of-mouth (often the most effective communication method), and through their social and community networks. For people to act, they must understand the message, believe the messenger is credible and trustworthy, and have the capacity to respond.



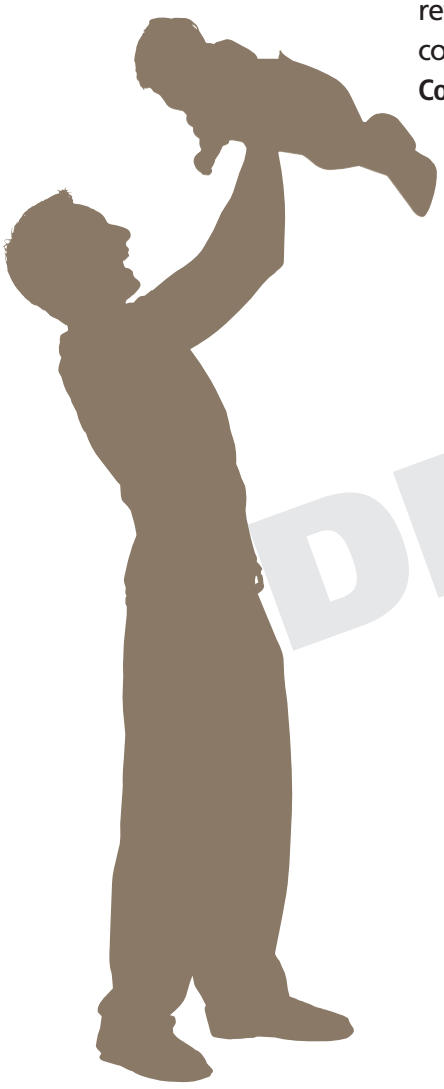
Risk communication principles and practices that are used to reach the general population are also appropriate to use in reaching special populations. Special populations outreach is not a separate plan. It must be part of your department's overall risk communication plan and efforts. Every organization's risk communication should have the objective of equity in outreach so that no one is left unprotected.

Communication strategies for special populations differ from mainstream strategies because of the barriers people in such populations face in receiving information, in being connected to the mainstream culture, and in carrying out ordinary daily activities that can tap much of their energy and resources. This section will examine many of these barriers and needs.

Research shows multiple special population groups can frequently be reached through similar risk communication strategies. For example, people who are deaf and hard of hearing have the same needs for maps and picture books

that visually describe emergency procedures as do people who have limited or no English speaking skills.

This section outlines strategies for utilizing the collaboration and research you have already started as a basis for implementing communication and outreach processes that take into consideration the ways in which special populations receive information and act on information. A major outcome of the entire community engagement process is the development of a collaborative Community Network. The defining, locating, and reaching special populations has been referenced so many time in the Workbook because the contacts in your database will become your **collaborative Community Network**.



RESEARCH AND FACT FINDING

Step 1 – Survey people from agencies and organizations outside your department to learn their successes and failures in reaching special populations.

Step 2 – Conduct focus groups or community roundtables with members of different special population groups to identify their needs and barriers to communication.

Step 3 – Analyze data gathered from the surveys, focus groups, and your previous research efforts in defining and locating special populations. Look for common themes.

COMMUNITY ENGAGEMENT

Step 4 – Collaborate with community organizations to develop messages and materials to reach special populations.

Step 5 – Develop and test messages for cultural and linguistic competence with members of the targeted populations.

Step 6 – Identify appropriate, trusted messengers to deliver the messages and appropriate channels of delivery.

Step 7 – Maintain ongoing relationships and partnerships with community organizations, government agencies, first responders, and other service providers.

HOW TO USE THE INFORMATION

Step 8 – In your existing database, enter information from your research on communication barriers for special populations and preferred channels of communication. This database will become your special population Community Network.

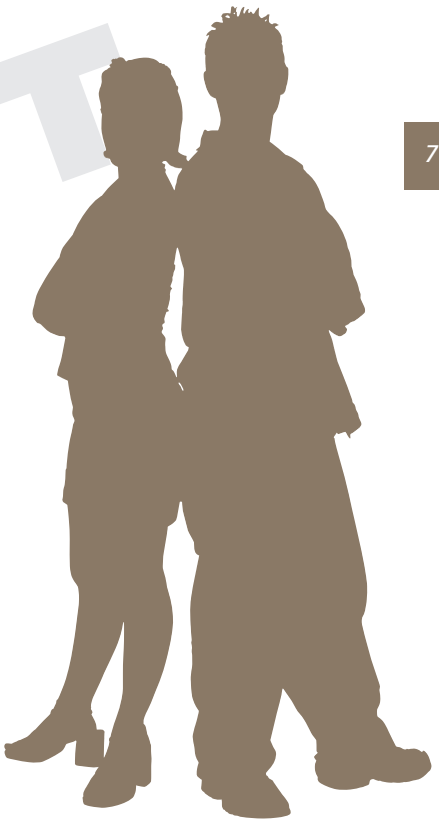
Step 9 – Create a communication plan to reach special populations using a variety of methods, messages, and messengers. This plan will supplement your organization's existing crisis communication plan.

- **Step 10** – Test your Community Network. Look for gaps in message delivery.
- **Step 11** – Revise your special population outreach plans according to the outcomes of your test. Schedule tests at least annually.
- **Step 12** – Once you have successfully defined, located, and reached members of your initial special population groups, you can expand your initiative to include more groups.

UNDERSTANDING THE PROCESS

Delivering health, disaster, or recovery information to diverse populations is a growing challenge for public and private health care providers, administrators, consumers, and policy-makers. Language, culture, demographics, geographic location, and physical or mental capacities can impact the way information is received and acted upon.

An important first step to comprehensive outreach is determining the outreach capacities, processes, and resources that are already being utilized within your community to reach special populations. In a few states, the departments of public health and emergency management are working together to implement communication plans that have elements of special population outreach. In most states, counties, and cities, emergency preparedness planners and responders are doing an outstanding job of communicating among themselves, but not always with the public, and particularly not with special populations.



Communities across the nation are home to vast numbers of organizations that have extensive knowledge about the needs of various vulnerable populations. CBOs provide a direct, trusted link to the special populations they serve. The challenge is to incorporate CBOs skills, knowledge, and communication strategies into your plans for reaching special populations. This integration will provide a more inclusive response in public health and emergency situations. A list of organizations and providers who can be part of a collaborative network is provided in **Tools and Templates.**

The Community Network you have been building in the stages of defining and locating special populations can play a role in the comprehensive and integrated preparedness approach you need for special population outreach. This work requires significant investment on the part of public agencies. It means sharing resources, sharing power, and sharing responsibility for outcomes.

RESEARCH AND FACT FINDING

Reaching special populations in a particular community or locale requires research to build an understanding of preferred communication methods and channels, communication barriers that may exist, culturally competent messaging, and trusted sources of information.

The most comprehensive research efforts usually begin with a review of literature to ascertain findings of existing research and work regarding crisis and non-crisis communication with special populations. An extensive literature review was conducted as a foundation for this Workbook.

STEP 1 – SURVEY AGENCIES AND ORGANIZATIONS TO LEARN THEIR SUCCESSES AND FAILURES

The best way to learn what works well is to ask people who are already in the business of reaching special populations. You can conduct a simple interview or survey with people in and outside your agency or department who routinely communicate with members of special populations. This might include professionals such as first responders (fire, police, and emergency medical services), people who are in charge of programs such as Women, Infants, and Children (WIC) and Meals on Wheels,tribal elders, instructors in English as a Second Language (ESL) classes, and healthcare practitioners at clinics. Sample questions to ask in the interview or survey are in **Tools and Templates**.

You will be able to use this information to start planning appropriate ways to augment your existing communication plan to include valuable special population outreach. This preliminary survey can help you identify practices that succeed – some of which you may want to incorporate in your plan – and those that failed to accomplish any measurable objective.

STEP 2 – CONDUCT FOCUS GROUPS OR COMMUNITY ROUNDTABLE

An important next step in researching special populations is employing qualitative research techniques that can reveal in-depth details on the barriers and specific communication needs of special population groups in your jurisdiction. Focus groups and community roundtables

allow you to talk directly with members of the special populations you want to reach. Such research can give you a better understanding of your target population by delving into such topics as:

- Barriers to receiving information based on past experiences
- Preferred methods of communication
- Key spokespersons and trusted sources of public health messages
- Media usage/habits
- Primary languages spoken
- Culturally competent messages

This information can be obtained by asking such leading questions as:

- What sources do you usually use to get news and other information?
- Whom do you trust to give you information about healthcare and other health-related issues?
- When there is an emergency, how do you get information?
- If there were a public health emergency, where would you go to for information?
- How do you prefer information to be communicated (e.g., in what language, verbal, or written)?
- In the past, what types of barriers have kept you from receiving important information?

Before arranging focus groups, consider the best ways to access your target population. For example, if your target demographic is the elderly (age 65+), conducting a focus group may not be an effective research tool because elderly people may have transportation or mobility issues that prohibit them from attending a focus group. A telephone interview would be a more appropriate research method. (Research shows that most elderly people receive information via the telephone.) As an alternative, a written survey delivered by a trusted source, such as Meals on Wheels provider or a family member, could also be an effective tool for encouraging participation.

While a written survey doesn't have the qualitative capability of assessing perceptions, attitudes, and behaviors through interpersonal communication and interaction, it

Translation Services

Professional translation services are an option and should be the first choice when translating important health information. Avoid using either online dictionaries that translate English into other languages or computer software to translate materials. These programs are not reliable for this type of work because they are able to do only word-for-word translations and cannot take your intended message into account.

Things to Look For in a Translator

- *Is fully bilingual in written and verbal forms*
- *Is trained as an interpreter*
- *Is not a family member*
- *Is not a child*
- *Knows your subject area*
- *Has written translations previously for the population you are trying to reach*
- *Will provide samples of previous/similar work (have them reviewed for quality and literacy level)*

– Points of Wellness, Partnering for Refugee Health & Well-Being; Part 2 Cultural Sensitivity in Health Promotion Work

When compared to quantitative research, qualitative research methods can be cost-effective and time efficient and do not require extensive resources to achieve a comprehensive understanding of effective special populations outreach. If budgets permit, it may be worthwhile to hire a professional consulting or marketing research firm to conduct the research and analyze the findings.

*Several states have used focus groups and other qualitative research methods to gain a more complete understanding of how to reach special populations in particular communities and locales. The **Examples and Resources** section of this Workbook contains several examples of research methodologies used by other states for special populations outreach.*

can provide statistical data that determines recurring themes, best communication methods and practices, most used media outlets, and most trusted information sources for the special populations you are trying to reach.

When you plan focus groups, try to schedule them at times and locations convenient for your target population, such as multi-cultural community centers, churches, schools, or senior centers. You may need to arrange for interpreter services, depending on the target population you are inviting. You can locate foreign language and American Sign Language (ASL) interpreters through:

- Foreign language departments and disability services at area universities or junior colleges
- Local CBOs that may recommend translators and interpreter resources they are using
- www.diversityrx.org for a list of links to interpreter and translation services for public health and health care related fields

Templates for focus group, phone interview, and written surveys are available in **Tools and Templates.**

STEP 3 – ANALYZE DATA GATHERED FROM THE SURVEYS, FOCUS GROUPS, AND YOUR PREVIOUS RESEARCH EFFORTS

You may find it helpful at this point to review your research findings several times to look for common themes and emerging patterns as they relate to reaching special population with messages they understand and to which they can respond.

You might find, for example, that certain groups, such as many people who would be categorized as minorities, but whose economic circumstances, language, and education are sufficient, can be reached through mainstream communication methods with messages aimed at the general public. However, the research may also show that African Americans, Hispanics, Native Americans, or other cultural groups distrust official government messages and desire communication materials that are culturally relevant to their group.

SIGNIFICANT FINDINGS

As you review your research findings from the defining and locating stages of this process, along with your recent focus groups and surveys you may see commonalities, characteristics, and needs that will enable you to create a list of key findings for each special population group.

Economic Disadvantage:
People who are economically disadvantaged can be reached through traditional communication channels, particularly television and radio. Messages should be simple and directions easy to follow. The biggest barrier to receiving and acting on health information for this special population is an apparent lack of awareness of possible threats to their health and their family's well-being.

Brochures, refrigerator magnets, picture books, and posters can be distributed through trusted individuals in health clinics, hospital emergency rooms, schools, human service agencies, and neighborhood community centers. In an emergency, you may need to use recognized community leaders to broadcast messages on television and radio; in the event of power failure, outreach may require door-to-door contact and/or reaching people at venues where they may have gathered.

Limited language competence:
Within this broad population category, you may identify common characteristics such as:

- Cultural differences in healthcare and medical practices vary significantly from group to group and from the mainstream population.
- Language is the main barrier for Asian Americans.
- Native Americans are not always hard to reach because of their close-knit community and tribal leadership, but may tend to require tailored messages because of cultural prohibitions.
- Specific cultural and linguistic identifiers are important in defining special populations. Hispanics/Latinos define themselves according to national origin. They speak different dialects and have different cultural practices.

People who have limited or no English speaking skills, people who are deaf, and some elderly people will have difficulty understanding both spoken and verbal instructions in English. All printed information such as brochures, posters, directional signs, and pocket guides should be bilingual (English and Spanish) and if possible in other languages dominant in your jurisdiction.

- A more cost efficient approach would be to develop picture books,pocket guides,and directional signs using universal symbols, and maps.
- Another aid could be "I-speak" cards. These are the size of a business card and covey the message "I speak (language). I need an interpreter," in English and the person's native language.
- These materials can be prepared in advance of a crisis, distributed through multi-cultural community centers, ESL classes, places of worship, and ethnic markets. They can also be available at emergency shelters.
- The importance of the ethnic media in reaching people who speak little or no English is still underestimated by most health and emergency planners. Every day, 25 percent of the adults in the United States use ethnic media; for many, it is the only media they use.

Physical, mental, cognitive, and sensory disability:
People with disabilities can be reached through traditional means, such as television and radio, newspapers, brochures, and calling trees.

- People who are disabled are usually more concerned about a specific health condition or injury than about the threat of terrorism or disaster.
- People who are blind can be alerted through sirens and radio announcements.

- People who are deaf can be reached using both closed captioning and in-screen ASL interpretation on television, e-mail alerts, and text messaging.
- People with mobility limitations are usually self-sufficient, but will need help to access transportation.
- People with cognitive disabilities can be reached through family members and trusted caregivers. Keep messages simple and repeat them often in an emergency.
- People who have mobility, sensory, or mental disabilities cannot always use standard resources available in an emergency. This includes people using oxygen, those dependent on electricity or medicines, or those with service animals, such as guide dogs.
- Your collaborators can help people with almost any form of limiting disability by helping them create a buddy system in which a neighbor or co-worker will check on their welfare and assist them in an emergency.

Geographic/Cultural isolation:

You may find that people who live in rural areas often believe they are at low risk for terrorism. Yet, they are vulnerable because they live near farms and raw food supplies, many power facilities, and U.S. military facilities. Other commonalities geographically and culturally isolated groups might share include:

- Sheriffs, deputies, and postal workers can be good sources of information about rural residents and tourists/campers. But, many times, emergency crews and sheriff's deputies cannot physically reach some areas during floods, blizzards, and other natural disasters.
- Rural residents also include migrant workers who may face additional barriers of language and culture.
- Churches in rural areas and urban centers are a common source of community information.
- Many remote rural areas have spotty or unreliable radio and television signals and little cell phone coverage.
- Factors that isolate people in dense urban areas – poverty, homelessness, low literacy, limited language competence, age – also come into play in overcoming barriers to receiving and responding to public health and emergency messages.
- As with other special populations, messages should be brief, worded simply, transmitted through pictures and other visual aids.
- People who work at shelters and food banks and police on patrol are most likely to know people who are homeless.
- Door-to-door outreach, calling trees and recognized trusted neighborhood leaders can be effective in reaching isolated urban dwellers.
- Radio stations that appeal to specific urban audiences (e.g., young African Americans, Hispanic/Latino cultures) can be recruited as partners in outreach.

Age vulnerabilities:

Most people over the age of 65 and children ages 5 and older can be reached through television, radio, and printed materials. Some frail elderly, however, have hearing, sight, speech, physical, and cognitive impairments that can prevent them from understanding and responding to public health information and emergency directions.

- You may need to work through trusted caregivers, family members, and neighbors.
- A senior citizen calling tree, in which senior citizens volunteer to call other seniors in their community, can be an effective outreach tool for both ordinary and crisis communication.

Very young children and school aged children who are in daycare or school can be reached through their teachers, daycare providers and family members with messages that promote awareness of public health issues and family emergency planning.

- Many families bring their children to focus groups, community roundtables and other public involvement meetings. Simple coloring books can easily be created with pictures that illustrate good health habits and public health services and personnel who can be trusted in a variety of circumstances.

STEP 4 – COLLABORATE WITH COMMUNITY ORGANIZATIONS TO DEVELOP MESSAGES AND MATERIALS

Findings from your special populations research provide the basis for understanding the cultural and linguistic characteristics of a community and the communication barriers faced by special populations. Such findings will serve as the basis for developing culturally competent messages and communication strategies that overcome communication barriers and convey information that is understandable and relevant to members of the diverse populations you are trying to reach.

Community collaborators who have become a part of your Community Network will bring to the process their experiences in implementing the communication strategies that address the needs of the diverse populations they serve. At a meeting or by telephone, ask your collaborators to share their strategies.

Among the many communication tactics to meet special population needs are the following:

- Keep messages simple and concise by using short sentences and plain language to allow for easy translation of materials. (consider using sixth grade reading level or lower)
- Provide translated materials in bilingual form or multiple languages or picture books that visually impart information.
- Include such visual aids as pictures and maps to reinforce key messages.
- Repeat key information.
- Include directions and phone numbers.
- Use large fonts.
- Identify preferred communication methods – face-to-face, door-to-door, word-of-mouth – and develop messages accordingly.

As part of your ongoing efforts to strengthen your local communities' capacity to respond to a public health emergency, you can conduct workshops with representatives of special populations and community leaders who are already committed to participating in your agency's outreach work.

Helpful Hints When Adapting Materials

- *Limit the materials to contain only a few ideas – discuss one message per paragraph.*
- *Use images of people who look like the audience you are trying to reach.*
- *Use visuals to communicate the message – visuals should represent the geographic location and setting where your audience lives and interacts on a daily basis. – visuals should reflect the cultural and ethnic background of the intended audience.*
- *Illustrate only desired behaviors, not those behaviors to be avoided.*
- *Limit the number of visuals.*
- *Create materials that aren't cluttered – use large fonts and easy-to-read typefaces. See: Scientific and Technical Information Simply Put: http://www.cdc.gov/communication/resources/simpput.pdf*

The workshops would:

- Help sustain relationships with members of your Community Network
- Provide an avenue for them to participate in decisions and actions that directly affect their communities and reinforce their sense of dignity
- Increase their awareness of cultural and social diversity in your jurisdiction
- Demonstrate your long-term commitment to Community Network.

Depending on the size of your jurisdiction, you may choose to have a series of workshops in different locations. Activities at these sessions can include:

- View a basic train-the-trainer video on disaster-related communication, the leaders' roles and responses, and techniques for conveying information quickly and accurately to targeted population members.
- Review materials produced specifically for special population groups.
- Gather input on how existing materials can be adapted or new materials developed to better meet the needs of various populations.

Health information is one standard by which English proficiency in the United States is judged. The Office of Civil Rights defines Limited English Proficient as those who, "… cannot speak, read, write, or understand English at a level that permits them to interact effectively with healthcare providers and social service agencies."

STEP 5 – DEVELOP AND TEST MESSAGES FOR CULTURAL AND LINGUISTIC COMPETENCE

Linguistic and cultural competence means understanding the most effective ways to convey information to members of diverse populations. Often the main form of communicating public health information is through written materials, such as brochures, newsletters, and flyers. If you are trying to reach a population or community with limited English proficiency, then materials may need to be translated into that community's native language or presented visually in a picture format.

When creating messages and materials consider the cultural relevancy of the photographs, images, and other visual features. Also you may need to consider the reading and comprehension level of your target population and use simple sentences, plain language, and avoid technical and medical terms. Most successful communications to the general public are produced at a sixth grade reading level. Studies show that even sophisticated readers are subjected

to so much information in a day that they now require this level of simplicity for full comprehension, particularly in stressful emergency situations.

After you have developed sample messages and materials, you can conduct a series of focus groups with members of different special populations. Ask their opinion on the content, the presentation, whether the materials are sensitive toward their needs and culture, and if the message increases their awareness, changes their opinion and/or motivates them to change. A template with sample questions to help test materials in focus groups for cultural and linguistic competencies is available in **Tools and Templates**. Interpreters should be made available for sessions with people who are deaf or who have no or limited English language skills.

It is important to remember that your perception of the communication may not be the same as the audience's. You want them to understand and respond. But, often the audience first wants to know that you respect them, that their needs have been considered, and that they are included in emergency plans.

STEP 6 – IDENTIFY APPROPRIATE, TRUSTED MESSENGERS TO DELIVER THE MESSAGES

Special populations might likely respond to the message differently depending on the messenger of any crisis communication. For ethnic minorities, the person delivering the message is often better received if he or she is from a similar racial or ethnic group, or if the messenger was in a similar situation as the target population. Doors are more likely to open for peers who deliver healthcare messages to their neighbors than for someone from a different ethnic background who lives outside the neighborhood.

Even when members of a special population have access to the mainstream media, they may be more responsive (and therefore more willing to change behavior) if someone personally known to them delivers the message. For instance, elderly persons may watch television and listen to the radio, but may be most persuaded to take an action if encouraged to do so by family or caregivers. For non-English speakers, a family member or representative of their faith community may have the most influence in delivering effective communication.

In Midtown Kansas City, peer educators, part of Health Ambassadors, a Swope Health Services program, aimed at getting critical health information into the hands of medically underserved families in targeted city neighborhoods.

Going door-to-door, trained volunteers from the neighborhoods visit on porches and in living rooms about health issues.

"When people are close to the poverty line, or below that, they don't always trust institutions," said Anne Lesser the project director who oversees Swope's outreach programs. "This project begins the link back into the public health system."

Through a new grant, Swope plans to add two ambassadors to the program and an information focus on pediatric health care.

In one small rural town, a public health department has an informal arrangement with the local newspaper to have its carriers hand deliver public health alerts to customers in an emergency.

"No matter what the emergency is likely to be, take care of things in advance by being media savvy. That means the reporters should know you, trust you, and be quick to call you, knowing that you'll respond with the most up-to-date information possible."

– Dr. Vincent Guinee, former director/Bureau of Preventable Diseases for New York City

People you can consider using as messengers of both crisis and non-crisis communication include:

- Trusted persons (called "gateways" by some sources) within vulnerable populations are essential conduits of information to and from those groups. They must be identified, invited to the process, their needs and concerns met, so they are converted to active participants in the emergency preparedness process before a public health emergency occurs. The Community Network you have been building throughout this process is filled with names of the community leaders considered credible by specific special populations.
- In urban areas, church leaders, barbers and hair stylists are trusted sources of information about health care and the community.
- Among Hispanic/Latino populations, the matriarch of a family is often the most respected and trusted source of information.
- Community and neighborhood leaders who are perceived as credible are more likely to be believed during a crisis by special populations than official government spokespersons.
- Reporters, editors, announcers, and news directors in media outlets that serve your community can be considered traditional messengers that will have a broad reach into most special populations.
- Among Native American populations, elders are often the most respected and trusted source of information.

Delivery Channels

Channels for delivering the messages are varied and your selection of which to use will depend on availability, access, and how well they reach your target special populations.

- Television, in particular, is considered the preferred medium among all special populations for receiving emergency information, such as weather alerts and news about disease outbreaks and prevention.
- The ethnic media community is a giant hidden in plain sight. Few communication plans emphasize ethnic media although one in four adults use ethnic media daily. Even when members of a target group have access to the mainstream media, they are far more responsive to messages delivered by media from a similar cultural or ethnic group. Most organizational communication plans do not include in-depth use of ethnic media.
- Internet access is a primary source of information for most of America. Even people who are homeless have access at public libraries and regularly use the Internet for information. Many state government Web sites have language translations available. For people who are deaf and hard of hearing electronic messaging is an invaluable communication tool. Blogging and other types of bulletin boards with direct posting to a network community at large provide untapped possibilities.
- The use of cell phone/text messaging technology has exploded. Text messaging is a main access point for young people and is a resource for the people in deaf and hard of hearing communities. Third generation cell phones also allow for Internet access.
- Reverse 911 technology is a mechanized phone system that can dial and deliver a pre-recorded message to homes with phones in a particular jurisdiction. Some form of it is currently used in many communities to give neighborhood announcements and crime alerts. It is not available in all areas of the county.
- Telephone calling trees are effective ways to reach remote rural populations. These trees are self-initiated by residents of these areas. During blizzards, for example, rural neighbors will call or use ham radios to check on each other.

A list of delivery channels and tactics/tools is available in **Tools and Templates**.

STEP 7 – MAINTAIN RELATIONSHIPS WITH COMMUNITY NETWORK MEMBERS

Community Network members will be your lifelines in an emergency. It is essential to keep them informed and active participants in your process. They will be more willing partners if you keep meetings short, infrequent, filled with accomplishment, and conclude with assigned tasks.

Continue to use newsletters, e-mails, and calls to stay in touch with your collaborators and to receive their feedback.

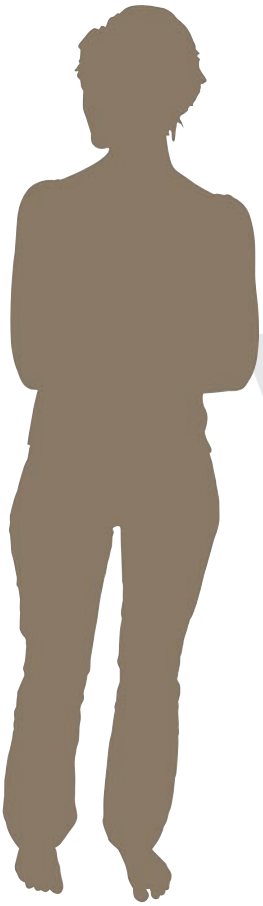
HOW TO USE THE INFORMATION

STEP 8 – ENTER NEW INFORMATION IN DATABASE

In your existing database, add vertical headings (such as barriers, channels, and messages) and enter the new information from your research on barriers for special populations, preferred channels of communication, and the messages ranked most effective messages by your focus groups.

STEP 9 – CREATE A PLAN TO REACH SPECIAL POPULATIONS

Using your key findings from your surveys, focus groups and research and the information in your database, you can begin to create a plan for reaching special populations that designates appropriate, trusted spokespersons for different groups.



Your plan should supplement your organization's existing risk or crisis communication plan. If your agency or department does not yet have a formal crisis communication plan, *Crisis and Emergency Risk Communications (CERC)* – developed by the Centers for Disease Control and Prevention (CDC) is an introductory course addressing a number of topics critical to successful public, partner, and stakeholder communication during an emergency situation. The course manual with training materials for this excellent resource is available online at: http://www.orau.gov/cdcynergy/erc/CERC%20Course%20Materials/CERC_Book.pdf

Elements you can address in your plan include:

- Identifying the roles played by state, local, and tribal officials and staff, public agencies and service providers, CBOs, and members of your special population Community Network. This element is often overlooked in communication plans and can lead to confusion, duplication of effort, and "turf" issues.
- Defining your target special population groups.
- Locating these target audiences and their gathering places.
- Developing strategies to describe your approach to achieve your goals and objectives around reaching special populations.
- Developing tools and tactics that define actions to be taken or materials to be developed.

STEP 10: TEST YOUR COMMUNITY NETWORK

Using the information in your database, plan and carry out a simple test of your Communication Network using an e-mail message. Before the test, alert network members and give instructions for their response. Plan a test message that is relevant and brief.

At the appointed time and day, send an e-mail test with the Community Network members. A template for the test is in **Tools and Templates**.

STEP 11 – REVISE OUTREACH PLANS

After testing your Community Network, examine your plans for areas that need revision. Look for gaps in message delivery. Conduct an assessment, asking yourself and Community Network members questions such as:

- What elements worked as planned?
- Were community leaders of special populations reached effectively?
- Was anyone left out?
- Who needs to be added to the Community Network?
- What reactions and factors did we fail to anticipate?
- Where can the plan be improved?

Revise your special population outreach plans and Community Network according to the outcomes of your test. Schedule tests at least annually to keep your Community Network members up-to-date and familiar with their roles.

STEP 12 – EXPAND YOUR SCOPE

Once you have successfully defined, located, and reached members of your initial five special population groups, you can expand your initiative to include more groups using the same steps you followed in each stage of this process.

TOOLS AND TEMPLATES

- List of Resources and the Populations They Serve 92
- Focus Group, Interview, Round Table Discussion Template 94
- Media Stories Checklist 95
- Translator Questions Template 96
- Press Release Template 97
- Delivery Channels/Tactics/Tools Checklist 98
- Communication Plan Interview/Survey Template 99
- E-mail Test Template 100
- Expanded Sample Database 101

CHECKLIST

- ☐ Conduct survey inside and outside agency.
- ☐ Determine best methods of conducting research with special population members:
  - Focus group
  - Phone interview
- ☐ Administer written survey.
- ☐ Plan focus group logistics.
- ☐ Analyze data and findings.
- ☐ Write report on patterns and themes revealed in research.
- ☐ Interview Community Network members about their outreach strategies.
- ☐ Plan Community Network workshop logistics.
- ☐ Identify trusted messengers for special populations.
- ☐ Identify appropriate delivery channels and tools.
- ☐ Maintain contact with Community Network members.
- ☐ Update database.
- ☐ Create special population outreach plan.
- ☐ Test Community Network.
- ☐ Analyze test results.
- ☐ Revise plan.
- ☐ Test plan annually.
- ☐ Chose five new special population groups to define, locate and reach.

LIST OF RESOURCES AND THE POPULATIONS THEY SERVE INCLUDING:

REGIONAL, COUNTY, CITY, LOCAL GOVERNMENT AGENCIES, QUASI-GOVERNMENTAL AGENCIES, BUSINESS RESOURCES

Economic disadvantage

- ☐ American Red Cross: http://www.redcross.org
- ☐ Emergency Management Offices: http://www.emergencymanagement.org/states
- ☐ United Way and funded organizations: http://national.unitedway.org/myuw/
- ☐ County government and quasi-governmental agencies (e.g., local health departments, welfare programs)
- ☐ City government and quasi-governmental agencies (e.g., chambers of commerce, code enforcement officers)
- ☐ Business resources (e.g., thrift stores, utility services)
- ☐ CBOs (e.g., food banks, homeless shelters)

Language competence

- ☐ Office for Refugees and Immigrants: http://www.ncsl.org/programs/immig/immigstateoffices05.htm
- ☐ Office of Minority Health: http://www.omhrc.gov/OMH/sidebar/stateliaisons.htm
- ☐ County government and quasi-governmental agencies (e.g., Office of International Affairs)
- ☐ City government and quasi-governmental agencies (e.g., multicultural chambers of commerce, offices of employment and training)
- ☐ Business resources (e.g., ethnic grocers, translation services)
- ☐ CBOs (e.g., multicultural community centers, immigrant assistance)

Disabilities

- ☐ Department of Mental Health: http://www.state.sc.us/dmh/usa_map.htm
- ☐ Department of Social Services
- ☐ Salvation Army: http://www.salvationarmyusa.org
- ☐ County government and quasi-governmental agencies (e.g., centers for developmental disabilities and mental health, schools for the blind and visually impaired)
- ☐ City government and quasi-governmental agencies (e.g., city human relations departments, local health departments)
- ☐ CBOs (e.g., VA hospitals, council on disability)

Cultural/Geographic isolation

- ☐ Metropolitan Planning Organizations (MPOs): http://www.abag.ca.gov/abag/other_gov/rcg.html http://www.narc.org/links/cogslist.html
- ☐ Department of Transportation: http://www.fhwa.dot.gov/webstate.htm
- ☐ County government and quasi-governmental agencies (e.g., farm bureaus, road crews)
- ☐ City government and quasi-governmental agencies (e.g., utility workers, fire department, post offices)
- ☐ Business resources (e.g., hotel associations and visitors organizations, barbers, hair salons, rural markets)
- ☐ CBOs (e.g., newspaper carriers, local HAM radio emergency service group)

Age vulnerabilities

- ☐ Area Agencies on Aging: http://www.n4a.org/
- ☐ State Department of Education: http://www.doe.state.in.us/htmls/states.html
- ☐ Divisions for Family Services (state office)
- ☐ County government and quasi-governmental agencies (e.g., aging services, child and family services)
- ☐ City government and quasi-governmental agencies (e.g., local health department, offices for senior services)
- ☐ Business resources (e.g., daycare centers, pharmacies)
- ☐ CBOs (e.g., assisted living facilities, senior centers, Big Brothers, Big Sisters)

FOCUS GROUP, INTERVIEW, OR ROUNDTABLE DISCUSSION TEMPLATE

The purpose of a focus group is to reveal the in-depth attitudes, perceptions, and behaviors of special, vulnerable, and at-risk populations in YOUR community. In-depth information can be obtained by asking leading questions such as:

- What sources do you usually use to get news and other information?
- Who gives you the most reliable information about healthcare and other health-related issues?
- What forms of communication are most effective (e.g., door-to-door, face-to-face, or written materials)?
- When there is an emergency, how do you get information?
- If there were a public health emergency, where would you go for information?
- How do you prefer information to be communicated (e.g., in what language, verbal, or written)?
- In the past, what has kept you from receiving important information?

MEDIA STORIES CHECKLIST

Is it newsworthy? Do people need to know the topic in order to be informed to make decisions or to understand what is going on in their community?

- ☐ Is the contact person identified by name, title, and phone number?
- ☐ Is the lead complete? Does it include the who, what, when, where, why, and how arranged in order of importance?
- ☐ Will the lead sentence or paragraph attract attention? Does it summarize the story?
- ☐ Did you avoid jargon?
- ☐ Is the information documented or attributed? Would a skeptic question the validity of the message?

WHAT DO YOU LOOK FOR IN A TRANSLATOR?

When searching for a translator, use the following checklist to help you look for someone who retains the most valuable characteristics and experiences.

Organization/Professional Name _____ Address _____ City, ST _____ ZIP _____

Phone # _____

Contact name _____ Language _____

E-mail _____

Organization/ Professional	Fully bilingual in written AND spoken forms	Bicultural – a native speaker who understands your audience	Knowledgeable about the subject area	Experienced in writing translations to a specified population	Willing to provide samples of previous work

Write the name of each organization or professional in the left column and then check the boxes that each can fulfill. In the end choose the one that best fits with your department, and fill the information in above for easy reference.

PRESS RELEASE TEMPLATE

CONTACT: (name of contact/s) _____
PHONE: (number of contact/s) _____
E-MAIL: (e-mail of contact/s) _____

FOR IMMEDIATE RELEASE

HEADLINE

DATELINE, e.g. Atlanta, GA, January 1, 2006 – THE LEAD is two to three sentences describing what happened – the most important facts of the release.

BODY
Paragraph two should include essential background material, names of key characters or sources, a second important element, and names of secondary characters or sources. Also, include supportive quotes.

Paragraph three is an elaboration of the material in the first paragraph, background material, and attribution. Include supportive quotes.

Paragraph four is more background material and elaboration. Include supportive quotes.

# # #

DELIVERY CHANNELS/TACTICS/TOOLS FOR REACHING SPECIAL POPULATIONS

Channels for delivering the messages are varied and will depend on availability, access, and how well they reach your populations.

Delivery channels when the electricity has not been impaired include:

- ☐ Television/mass media (radio, newspaper)
- ☐ Ethnic media
- ☐ Internet

Delivery channels when the electricity is out should include:

- ☐ Cell phone/text messaging
- ☐ Reverse 911
- ☐ Telephone calling trees/networks (utilize CBOs and FBOs to disperse messages)

Plans for message delivery should be set up in advance of a disaster so that a telephone calling tree is available when disaster strikes.

Tactics for reaching special populations include:

- ☐ Door-to-door information distribution including door hangers and pamphlets
- ☐ Information distribution to a pre-determined emergency information point (churches, libraries, grocery stores, post offices, schools)
- ☐ Peer ambassadors designated to help neighbors receive information
- ☐ Police alerts

Tools and Templates for reaching special populations include:

- ☐ Picture books
- ☐ Braille and alternative language handouts
- ☐ Close-captioned videos
- ☐ Audiotapes

INTERVIEW/SURVEY FOR AUGMENTING YOUR EXISTING COMMUNICATION PLAN

Conduct an interview or a survey with people in and outside your agency or department who routinely communicate with members of special populations. A survey or interview list could include:

- ☐ professionals such as first responders – fire, police, and emergency medical services
- ☐ those in charge of programs such as WIC or Meals on Wheels
- ☐ instructors in ESL classes
- ☐ healthcare practitioners
- ☐ utility companies
- ☐ church groups

You will be able to use this information to start planning appropriate ways to augment your existing communication plan to include valuable special population outreach.

- Do you have a list of special populations your organization serves? Could it be made available to our organization?
- What are your organization's outreach capabilities?
- What type of Community Network do you have set up to reach the different populations you serve? U.S. Mail address list, Phone or fax list, email listserv, etc.?
- How many people do you serve?
- What geographic regions does your organization serve?

E-MAIL TEST TEMPLATE

How to conduct an e-mail test:

- ☐ Alert network members that you'll be conducting a test
- ☐ Give instructions for their response
- ☐ Plan a test message that is relevant and brief
- ☐ Send the message through your compiled listserv (or other e-mail list)
- ☐ Ask the network members to respond to the e-mail or get in touch with you to let you know whether or not they received the message to determine if the network works or does not work
- ☐ Record results

SAMPLE:
REACHING SPECIAL POPULATIONS PARTNER AND COLLABORATOR DATABASE

Notes on Outreach and Geography	Collaborator/ Partner	Organization	First Name	Last Name	Title	Address	City	State	ZIP	Phone	Cell Phone/Home Phone	Fax	E-mail	Locate Population/ Suggested Gathing Places	Barriers	Appropriate Channels	Appropriate Messages
Economically Disadvantaged																	
CBOs																	
Has a listserv that reaches 10,000 in 5 counties	Collaborator	Salvation Army	Jennifer	Stevenson	Communication Director	200 Baltimore	Any City	USA	22222	555-2223	555-6611		jsteven@salarmy .org	public housing complexes	no television	print media or door-to-door fliers	appeal to what empowers local economic disadvantaged
MPOs																	
Has a phone list that reaches 20 organizations in Louis County	Collaborator	Association of Metropolitan Planning Organizations	Joe	Johnson	Executive Director	2 Charles Street	Any City	USA	88888	555-8885		555-2333		GIS mapping	don't want to accept messages from gov't	through trusted sources	
FBOs																	
Uses a mailing list to reach 120 people in Any City, USA	Collaborator	Catholic Charities	Jane	Doe	Outreach Coordinator	150 Boardwalk Avenue	Any City	USA	55555	555-5555			jdoe@cathchar .org				
Government Agencies																	
Has a listserv that reaches 100 in 2 counties	Partner	Department of Emergency Management	Jim	Jones	Communication	444 W. Carrolton Street	Any City	USA	44444	555-4444	555-4141	555-4242	jjones@emer mgmt.com				
Other																	
Has a phone list that reaches 20 multicultural organizations and 5 disabled organization in 2 counties	Collaborator	Jane's Research Organization	Jane	Wilson	President	2525 Research Court	Any City	USA	52525	555-7413			wilson@research .com				
Limited Language Competence																	
CBOs																	
Has a listserv that reaches 5,000 and phone list that reaches 100 in 3 counties	Partner	Operation Read	Kim	Burns	Administrator	555 Williamsburg Drive	Any City	USA	52525	555-2525					don't understand materials given to them	ethnic media; Adult Education centers	provide step by step process

Appendices

Glossary
Examples
Resources

GLOSSARY OF TERMS

Agency for Toxic Substances and Disease Registry (ATSDR)
An organization that performs specific functions in relation to hazardous substances in the environment and their effect on public health.

American Association of Mental Retardation
An organization that promotes policies, research, and human rights for people with intellectual and developmental disabilities.

American Foundation for the Blind
A nonprofit organization that advocates for the blind or visually impaired in the United States.

Area Agency on Aging (AAA)
The AAAs provide local services that make it possible for older individuals to remain at home, preserving their independence.

Asian and Pacific Islander Health Forum
A national advocacy organization that promotes policy, program, and research efforts to improve the health and well being of Asian American and Pacific Islander communities.

Behavior Risk Factor Surveillance System (BRFSS)
The world's largest telephone survey, tracks health risks in the U.S.

Bioterrorism
The use of biological agents, such as pathogenic organisms, for terrorist purposes.

Community Action Agencies (CAA)
CAAs work to fight poverty at the local level.

Computer Assisted Real Time Translation (CART)
Instant translation of the spoken word into text.

Centers for Disease Control and Prevention (CDC)
Federal agency that investigates and diagnoses, and tries to control and prevent disease.

Centers for Independent Living
Non-residential, private, and community-based organization that provides services for individuals with all types of disabilities.

Chemically Dependent
A physical and psychological addiction to a mood- or mind-altering drug.

Community-based Organization (CBO)
A nonprofit that provides social services.

Community Development Block Grant (CDBG)
Requires local governments to try to extinguish poverty and urban blight.

Culture
The learned and shared patterns of information that a group uses to generate meaning among its members.

Cultural Brokers
The act of linking groups or persons of differing cultural backgrounds to reduce conflict or affect change.

Cultural Isolation
Reduced access to information based on an individuals cultural group and beliefs.

Disabled
Those who have a physical, sensory, or cognitive impairment that makes them vulnerable and not able to comfortably or safely use some of the standard resources offered.

Emergency Food and Shelter Programs (EFSP)
An organization created to supplement the work of local social service organization within the U.S. to help people in need of emergency assistance – shelter, food, and other support services.

English as a Second Language (ESL)
Refers to the learning of English – generally by refugees, immigrants, and students – within an English-speaking region.

Epidemic
An infection that spreads rapidly and affects many individuals in an area at the same time, e.g. an epidemic outbreak of influenza.

Ethnic Group
People of the same nationality who share a distinctive culture.

Faith-based Organization (FBO)
Churches, synagogues, mosques, church sponsored service agencies, and all charitable organizations with religious affiliations.

Federal Communications Commission (FCC)
Independent government agency that regulates interstate and international communications by radio and television – wire, cable, and satellite.

Federal Emergency Management Agency (FEMA)
A U.S. agency dedicated to swift response in the event of disasters, both natural and man-made.

Gathering Place
A place or venue toward which people gravitate.

Geographic Information System (GIS)
A computer system for managing spatial data and associated attributes.

Illegal Immigration
The act of moving to or settling in another country or region, temporarily or permanently, in violation of the law.

Immigration and Naturalization Service (INS)
Agency that enforces laws and regulations for the admission of foreign-born persons to the United States.

Indian Health Service (IHS)
The federal health program for American Indians and Alaska Natives.

Indicator-Based Information Systems (IBIS)
A database that provides information on the health status of individuals.

Linguistic Competence
The capacity of an organization and its personnel to communicate effectively and convey information in an easily understood manner.

Macro-culture
Macro-culture represents an entire society with common national, ethnic, or social groups.

Majority-Minority State
A term used to describe a U.S. State in which a majority of the state's population differs from the national majority population.

Meals on Wheels
A program that focuses on delivering meals to the homes of older adults unable to purchase and prepare meals for themselves.

Memorandum of Understanding (MOU)
A legal document describing an agreement between parties.

Metropolitan Planning Organization (MPO)
An organization in urbanized regions, with a population of 50,000 or more, that provides a forum for local decision-making on issues of a regional nature.

Micro-culture
Sub-societies or sub-cultures which share values, political and social institutions, which may not be common to the macro-culture.

Migrant worker
An itinerant worker who travels in search of work.

Minority
An ethnic, racial, religious, or other group with a distinctive presence, but little representation relative to other groups within a society.

Modern Language Association Language Map
The map uses data from the 2000 U.S. Census to display the locations and numbers of speakers of 30 languages.

National Alliance on Mental Illness
A nonprofit organization for people affected by serious mental illnesses.

National Association of the Deaf (NAD)
An organization that promotes, protects, and preserves the rights of deaf and hard of hearing individuals.

National Association on Alcohol, Drugs, and Disability (NAADD)
Promotes awareness and education about substance abuse among people with co-existing disabilities.

National Council on Disabilities (NCD)
An independent federal agency that works to enhance the quality of life for all Americans with disabilities and their families.

National Center for Cultural Competence
Organization that increases the capacity of health and mental health programs.

National Council on Independent Living (NCIL)
Membership organization that advances independent living and the rights of those with disabilities.

National Family Association for the Deaf-Blind
A nonprofit association that works to ensure deaf and/or blind individuals are entitled to the same opportunities as other members of the community.

National Mental Health Association (NMHA)
A nonprofit organization addressing all aspects of mental health and mental illness.

Outbreak
A sudden rise in the incidence of a disease.

Pandemic Influenza
A global outbreak of a new influenza virus in humans.

Paralyzed Veterans of America (PVA)
Congressionally chartered veterans service organization with a unique expertise on the special needs of veterans.

Pew Hispanic Center
A nonpartisan research organization that works to improve understanding of the U.S. Hispanic Population.

Physical Disability
A physical or mental impairment.

Qualitative Research
Research that uses interviews, surveys, and other techniques that reveal more intimate details on behaviors, attitudes, motivations, and needs.

Quantitative Research
A numerical representation of observations for describing the phenomena that those observations reflect.

Quasi-governmental agency
A non-elected government body that spends public funds and sets policies under the authority of an elected board.

Reverse 911
A community notification system used to warn residents and businesses of a potential emergency.

Secondary Data Sources
These sources come from research conducted by others, e.g., the U.S. Census.

Self-Quarantine
A period of time a person separates his/herself from the general public to prevent the spread of a contagious disease.

Service Provider Organization
Organizations that provide services directly to the populations they represent.

Severe Acute Respiratory Syndrome (SARS)
An unusual form of pneumonia.

Social Barriers
Anti-social behavior that deters an individual or group from receiving a specific message.

Social Networks
Interacting in informal communication with others for support.

Special Populations
Groups whose needs are not fully addressed by traditional services or resources.

Text Telephone (TTY)
An electronic device used for telephone communications by deaf persons and those who are hard of hearing.

Tribal Nations
A tribal group that has a federally acknowledged legal and political relationship with the federal government.

Trusted Sources
A person with a leadership role in the community, whether by title or constancy.

Overarching Organization
A lead organization that oversees or funds many smaller or service provider organizations.

U.S. Census Bureau
Part of the U.S. Department of Commerce, the Census enumerates the population once every ten years, collects statistics about the nation, its people, and economy.

United Cerebral Palsy Association (UCP)
An advocate for the rights of persons with any disability and the leading source of information on cerebral palsy.

United Way, The
An organization that mobilizes local leaders and their communities to identify and address local human needs.

Viable Real Time Transcriptions (VRT)
An innovative system that integrates existing state-of-the-art technologies to create communication access for the deaf and hard of hearing.

ACRONYMS

AAA
Area Agency on Aging

AAMR
American Association of Mental Retardation

ATSDR
Agency for Toxic Substances and Disease Registry

AFB
American Foundation for the Blind

AAPI
Asian American and Pacific Islander

APIHF
Asian and Pacific Islander Health Forum

ATSDR
Agency for Toxic Substances and Disease Registry

BRFSS
Behavior Risk Factor Surveillance System

CAAs
Community Action Agencies

CART
Computer Assisted Real Time Translation

CDC
Centers for Disease Control and Prevention

CBO
Community-based Organization

CDBG
Community Development Block Grant

DPH
Department of Public Health

EFSP
Emergency Food and Shelter Programs

ESL
English as a Second Language

FBO
Faith-based Organization

FCC
Federal Communications Commission (USA)

FEMA
Federal Emergency Management Agency

GIS
Geographic Information System

INS
Immigration and Naturalization Service

IHS
Indian Health Service

IBIS
Indicator-Based Information Systems

MOU
Memorandum of Understanding

MPO
Metropolitan Planning Organization

NAADD
National Association on Alcohol, Drugs and Disability

NACAA
National Association of Community Action Agencies

NAD
National Association of the Deaf

NAMI
National Alliance on Mental Illness

NCD
National Council on Disabilities

NCIL
National Council on Independent Living

NFADB
National Family Association for Deaf-Blind

NMHA
National Mental Health Association

PVA
Paralyzed Veterans of America

SARS
Severe Acute Respiratory Syndrome

TTY
Text Telephone

UCP
United Cerebral Palsy Association

VRT
Viable Real Time Transcriptions

EXAMPLES

The content of this Workbook is based on information obtained from an extensive literature search and interviews with public health professionals and other experts. While the literature search has been extensive (a bibliography is available at _____), it is only a snapshot at a particular point in time. States and community organizations are continually at work in addressing the communication needs of special populations and there may be high quality resources that are not included in this initiative because they were not yet available or widely known at the time of the research.

The Examples in this Workbook highlight additional material that can provide more detailed information about how to accomplish suggested tasks and strategies contained in each section. Examples have been included to highlight strategies developed by state agencies and other organizations that demonstrate work already underway in defining, locating, and reaching special populations.

The Examples are meant to facilitate the work of local health officials in identifying those resources and examples that may be useful in their locale.

Examples

The following examples have been identified as practices from the public health, health and risk communication fields that demonstrate how various elements of the process described in this Workbook (defining, locating, and reaching special populations) are being addressed. Some examples are excerpts lifted from larger plans or reports; the source is included at the conclusion of each example in order that the reader may reference it if desired.

DEFINING SPECIAL POPULATIONS

Building the New American Community

The **Building the New American Community** demonstration project is an experiment in refugee and immigrant integration in which the cities of Lowell, Massachusetts; Nashville, Tennessee; and Portland, Oregon, formed coalitions to identify integration challenges in their communities and address them collaboratively. The project was funded by the U.S. Department of Health and Human Services, Office of Refugee Resettlement. These cities were assisted by a national team of policy analysts, advocates, and researchers from the National Conference of State Legislatures, the National Immigration Forum, the Southeast Asia Resource Action Center, The Urban Institute, and the Migration Policy Institute.

To assist the coalitions in understanding the size, composition, and characteristics of their newcomer communities, The Urban Institute prepared a demographic profile of the foreign-born population for each site. **These profiles included data on immigrant population**

growth, diversity, settlement patterns, English language ability, poverty, and citizenship trends. Data on immigrants and refugees can be used as a tool by the coalitions to attract future funding opportunities, target services such as English as a Second Language classes or job training, or strengthen media outreach and advocacy efforts.

The data for the profiles were from the 2000 Census. Census data make it possible to map settlement patterns in great detail and to analyze their implications for communities at the national, state, and local levels. Detail on numbers of immigrants, their countries of origin, the language they speak, and their English proficiency is available down to the level of the Census tract – a geographic area no larger than many city neighborhoods.

(Katherine Lotspeich, Michael Fix, Dan Perez-Lopez, Jason Ost; "A Profile of the Foreign-Born in the Portland, Oregon Tri-County Area;" October 2003.)

Colorado Demographics and Effective Risk Communication

The **Colorado Department of Public Health and Environment** launched a project to enhance emergency communication with all citizens. The project's objectives were:

- Identify eight target populations that were particularly at risk in the event of a bioterrorism attack or epidemic
- Collect demographics with regard to these populations including size and geographic location
- Identify their particular communications needs and barriers
- Recommend the most effective communication methods for each target population in the event of a bioterrorism attack or epidemic

The first step of the project was to identify groups of people who are at risk for not receiving emergency communication, not understanding it, or not being able to follow instructions. The literature supports the idea that different groups will need different modes of communication. The operating assumption in the research was that members of special populations living in institutions, group homes, or other residential facilities will not need special communication: the staffs know best how to communicate with their resident populations and will do so in the event of an emergency. This was confirmed by conversations with representatives of the Developmental Disabilities Resource Center, the Colorado Division of Mental Health's Disaster Coordinator, and CDPHE professionals who work with prisons, jails and hospitals.

Twenty-three interviews were conducted with representatives of a range of urban and rural healthcare, education and human services organizations. They identified 19 groups at risk for not receiving risk communication or not following emergency directions. After consultation with CDPHE Health Risk Communication Manager, three groups were eliminated because they represented very small numbers of people or were only mentioned one time during the data collection (groups where there were not communication barriers but there might be barriers to carrying out emergency instructions). Sixteen groups were identified as targets for further research. These groups became the focus of a literature review and

local agency research. Interviews were then conducted with thirty-two representatives of the sixteen target populations (two for each target group). Results of the individual interviews narrowed the target populations groups to eight and fifteen focus group discussions were held with these population groups.

(Market Views, LLC; Colorado Demographics and Effective Risk Communication; July 8, 2003)

Pew Hispanic Center Research

The **Pew Hispanic Center** is a nonpartisan research organization supported by the Pew Charitable Trusts. Its mission is to improve understanding of the U.S. Hispanic population and to chronicle Latinos' growing impact on the entire nation. The Center does not advocate for or take positions on policy issues. It is a project of the Pew Research Center, a nonpartisan "fact tank" in Washington, DC that provides information on the issues, attitudes, and trends shaping America and the world.

The Pew Hispanic Center conducts and commissions studies on a wide range of topics with the aim of presenting research that at once meets the most rigorous scientific standards and is accessible to the interested public. The center also regularly conducts public opinion surveys that aim to illuminate Latino views on a range of social matters and public policy issues.

The Center conducted a study "Counting the 'Other Hispanics' How Many Colombians, Dominicans, Ecuadorians, Guatemalans, and Salvadorans are there in the United States?" **The study reports on an alternative estimate of the breakdown of the Hispanic population according to national origin groups.** Based on recently released Census Bureau data, the estimate reduces the "other" category by more than half. This estimate does not change the overall size of the Hispanic population, but it does offer a new calculation of how national groups are distributed within that population.

Among the key findings using these new estimates:

- The number of Dominicans may have actually increased by some 80 percent between 1990 and 2000 to more than 938,000 nationwide. The Census 2000 count of 764,495 Dominicans yielded an increase of only 47 percent over 1990. **In the New York City metropolitan area the Dominican population may be 25 percent larger than the count in Census 2000.**
- The population with origins in El Salvador apparently increased by 65 percent nationally to more than 932,000, compared to a Census 2000 count of 655,155, which would have marked an increase of only 16 percent. **The Salvadoran population in the Los Angeles metropolitan area is some 60 percent larger in the alternative estimate than the Census 2000 figure.**
- **The alternative estimates indicate that the Mexican population may have grown by 60 percent nationwide to more than 22 million rather than the Census 2000 count of 20.6 million, which produced a growth rate of 54 percent since 1990.**

- **In Florida, where the Latino population is increasingly diverse, the Central American population is nearly 55 percent larger** in the alternative estimate than the Census 2000 figure and the South American population is 37 percent larger.

(The Pew Hispanic Center; "Counting The 'Other Hispanics' How Many Colombians, Dominicans, Ecuadorians, Guatemalans and Salvadorans Are There In The United States?" August 25, 2005)

Communicating the Risks of Bioterrorism and Other Emergencies in a Diverse Society: A Case Study oF Special Populations in North Dakota

In the event that terrorists use air, water, or food to deliver destructive agents to civilian populations, some groups and populations may be disproportionately at risk and have unique communications needs. Bioterrorism represents an even greater national public health threat if the nation's preparedness and readiness plans do not address the needs and perspectives of, for example, low-income residents, racially and ethnically diverse communities, and other "special populations." The objective of a study in North Dakota was to develop communication strategies to reach special populations in the state before, during, and after a bioterrorism attack or other crisis. **Investigators used telephone interviews and telephone focus groups with organizations that represented special populations.** Areas of inquiry included attitudes and concerns about crises, sources of information used and those identified as most credible, methods to reach people during a crisis event, and awareness of and attitudes about the agencies and organizations that affect risk communications.

A random, census-balanced telephone survey (random-digit dialing) of approximately 15 minutes was conducted among 257 residents of North Dakota defined as belonging to a "special population." Respondents were designated as special populations if they met specific criteria, based on their answers to a number of self-selected screening questions:

- Seniors: respondents 65 years of age and older
- Rural residents: lived in rural areas of the state as defined by U.S. Census data
- Non-English-speaking residents or residents who said English is not their native language and/or those who said, "I was born in a country other than the U.S."
- Native American residents
- Disabled residents: answered yes to the question "Are you disabled?"
- Hard-of-hearing residents: answered yes to the question "Are you hard of hearing?"
- Residents with poor eyesight: answered yes to the question "Do you have problems seeing?"
- Homebound residents: said they "live alone and have trouble getting out" and/or "I am homebound and rely on others for transportation"

Telephone focus groups are a cost-effective way of canvassing the views of professionals who provide services to and interact regularly with special populations. These professionals include officials who work at nonprofit advocacy organizations and local public health officials in areas where special populations live. These officials have firsthand experience communicating with special populations and can offer keen insights

on what risk communications strategies are effective. Four telephone focus groups were conducted with representatives of special populations in North Dakota.

(Marty McGough, Loreeta Leer Frank, Stacia Tipton, Tim Tinker and Elaine Vaughan; Communicating the Risks of Bioterrorism and Other Emergencies in a Diverse Society: A Case Study of Special Populations in North Dakota; Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*; Volume 3, Number 3, 2005; Mary Ann Liebert, Inc.)*

New Patterns of Hispanic Settlement in Rural America

This report **uses data from the 1980, 1990, and 2000 Censuses of Population to explain recent Hispanic residential patterns during a decade of rapid population growth and dispersion in nonmetro counties.** The USDA study considered three broad research questions:

- *What factors have affected Hispanic population growth and dispersion in rural areas?*

  Research examined nonmetro population distribution and change to identify both established and new, rapidly growing Hispanic destinations. Nonmetro counties with rapidly growing Hispanic populations are scattered throughout most of the nation, and it was expected their residential patterns would differ from those of established Hispanic counties, mostly in the Southwest.

- *Are socioeconomic characteristics of Hispanics associated with recent settlement patterns?*

  Because relative socioeconomic position influences residential separation, researchers compared characteristics of Hispanics with the dominant nonmetro group – non-Hispanic Whites – across a range of county types.

- *Was residential separation affected by recent patterns of nonmetro Hispanic population growth?*

  Research analyzed residential separation at the county, place, and neighborhood levels. Changing levels of separation in established and newly emerging Hispanic counties was compared because such a comparison provides useful insights on the prospects for social and economic integration of rural Hispanics. **Findings for nonmetro and metro counties were contrasted to provide a relative basis for understanding the scale of residential settlement patterns in rural areas compared with more familiar urban patterns.**

(William Kandel and John Cromartie; New Patterns of Hispanic Settlement in Rural America; RDRR-99, Economic Research Service/USDA*)*

LOCATING SPECIAL POPULATIONS

Linn County, Iowa

"Special Needs Registration Program" – The **Linn County Emergency Management Association's** Special Needs Registration Program uses the country's geographic information system (GIS) to map the location of elderly residents and others with special needs who may be in need of special assistance during an emergency evacuation. The local Red Cross chapter assisted in identifying and distributing registration cards to residents with special needs who live within ten miles of the local nuclear power plant. Approximately 1,500 people are registered in the program's database. The database is compatible with the county's GIS to indicate a registrant's location on a computer-generated map of the Metropolitan Evacuation Plan (MEP). Using the GIS, staff can have information in advance of a crisis and respond early to evacuation needs, thereby saving time and limited resources. The $14,000 project included such expenses as the printing of registration cards, as well as the development, reproduction, and distribution of evacuation maps. Funding for the program came from the state's only nuclear power plant.

(Walter Wright, Director of Emergency Management; Linn County Emergency Management Agency; 50 Second Avenue Bridge; Cedar Rapids, IA 52401 on National League of Cities Web site, http://www.nlc.org/)

Kentucky

Since 2002, the **Kentucky Cabinet for Health and Family Services (KCHFS) Communication Office** has been working with a consulting team led by Jane Mobley Associates (JMA), a Kansas City, Missouri-based firm, to build and implement a process for identifying and reaching the state's most vulnerable people in a widespread health emergency. Kentucky had begun a state-led planning process with localized components and the goal of being able to reach everyone in Kentucky if a widespread emergency should dictate. While excellent linkages were in place among government agencies and health and emergency services providers, the links stopped there in terms of communication planning. Little had been done to build an operational, connected network from this top level to the "ground" level.

Early in the process, telephone surveys were administered to samples of the general public and special populations, including but not limited to the deaf, blind, non- or limited-English speaking, elderly and those living in remote rural areas. Focus group discussions, community roundtables, and one-on-one interviews were conducted with members of the media, experts in disaster planning, representatives and service providers to special needs populations, and public health officials. The qualitative research focused on barriers to getting messages to the public and barriers to receiving those messages.

Initial research findings led to community workshops with media and persons viewed as trusted resources by a variety of special populations. Findings from the research and feedback in community workshops led to the enhancement of the state's Health Alert Network (HAN) with special populations contacts and the establishment of a Community Outreach and Information Network (COIN), a network of people willing and able to reach some of Kentucky's most difficult to reach populations on behalf of the Department for Public Health – in both emergency and non-emergency situations.

As the Kentucky Cabinet for Health and Family Services pursues the mapping/locating of its special populations and channels for outreach throughout the state, the COIN members will play a crucial role. Reaching special populations, including the very poor, calls for a parallel track for information dissemination – a track that can leverage the strong leadership and high visibility of those who work with and care for many in these population groups. **Utilizing community based organizations and resources for identifying, locating, and reaching its special or vulnerable populations is a strategy that will ultimately help the state create pervasive preparedness** – where not only are Kentucky's leaders and professionals in government, health, and emergency management prepared, but also local communities and individuals.

(Gwenda Bond and Jane Mobley, Ph.D.; "Reaching Vulnerable Populations in Widespread Emergencies: An Overview of Some Lessons Learned in Kentucky"; 2005)

Texas

The **Texas Department of Health (TDH)** in conjunction with its efforts to improve communications with special, hard-to-reach populations in the event of an emergency, such as a bioterrorist event, smallpox, or West Nile virus outbreak, undertook a project to identify message content and channels of communication to improve disaster response among eight specified hard-to-reach populations. Specifically, the project had four objectives:

- To identify eight target populations that may require alternative methods of communication in the event of a bioterrorist attack or epidemic;
- **To collect demographics of the target populations in regard to geographic location and size**;
- To identify preferred communication methods and possible barriers that may exist; and
- To recommend the most effective communication methods for each target audience in the event of a bioterrorist attack or epidemic.

TDH specified the methodology for the study to include a literature review, demographic mapping of the TDH regions to determine key areas of concentration, key informant telephone and in-person interviews, and focus groups.

The literature was reviewed to ascertain findings of existing research with regard to key areas for disaster preparedness:

- Risk communication dissemination with identified special populations;
- Problems and barriers that may exist when disseminating information to these specific populations;
- Trusted news sources to deliver information;
- Myths and misconceptions when communicating high-risk information; and
- Expected health and/or emotional state of individuals when receiving information of this nature.

Using census tract data, population densities were mapped for each special population to determine areas of concentration among TDH regions.

Individual interviews and/or focus groups were conducted with population members and/or key informants for these populations: African American, Hispanic, the mentally ill and the rural. Interviews were used to validate key informant opinions and to assess effective communication strategies. Topics covered include these points:

- Best communication methods to reach the population in the event of a bioterrorist attack or outbreak;
- Most and least trusted to deliver this information;
- Who the population would contact to confirm information they receive; and
- Most preferred way or ways for the information to be presented.

(Barriers to and Facilitators of Effective Risk Communication Among Hard-to-Reach Populations in the Event of a Bioterrorist Attack or Outbreak; Texas Department of Health; February 2004; www.dshs.state.tx.us)

National Organization on Disability

The **National Organization on Disability** provides information to assist local organizations in locating people with disabilities in a community. Many of the strategies for locating people with disabilities could also apply to locating other vulnerable populations.

- Contact national disability organizations and/or their local affiliates (NOD keeps a list on their Web site).
- Contact your local Center for Independent Living. There are several hundred Centers for Independent Living (CILs) across the country. CILs are community-based resource and advocacy centers managed by and for people with disabilities, promoting independent living and equal access for all persons with physical, mental, cognitive, and sensory disabilities.
- Contact your state's Committee, Commission, Council, etc., concerning disability. Most state governments have such an entity, often part of the Governor's office or cabinet.
- Contact your State Vocational and Rehabilitation Agency. Part of their work is to introduce volunteer and public service opportunities to their clients.
- Contact your state's Veterans Administration facilities which serve people with disabilities.
- Contact your community's commission or committee for people with disabilities, or local ADA coordinator, which usually can be located through the Mayor's office or county government office.
- Contact your local congregations, who may know of specific community members with disabilities.

Ask professionals who serve people with disabilities – such as special education teachers, or occupational, physical or speech therapists – if they can suggest individuals to participate in emergency planning.

(Locating People with Disabilities in Your Community; National Organization on Disability; January 1, 2003; www.nod.org)

REACHING SPECIAL POPULATIONS

Reverse 911

The **REVERSE 911** , Interactive Community Notification system allows for rapid communication of information within a community. The system can distribute emergency and non-emergency messages to targeted groups and is available as a basic bundle of services which include a computer-based contact for out bound calls. A message is recorded by a voice and can be tailored to different circumstances. Messages can be recorded in any language and at whatever comprehension level desired.

A complete overview or demonstration of REVERSE 911 , can be obtained by contacting a Sigma Communications representative at 1-800-247-2363. A few examples of how communities have used this system to reach various population groups for various reasons follows.

Salem, NH – April 4, 2005

A southern New Hampshire community used a new way to alert residents about potential emergencies during the weekend's heavy rain.

The rain sent many smaller rivers and streams over their banks, leading to localized flooding. In Salem, fire officials used its reverse 911 system to alert people along the Spicket River about a flood watch.

A computer sent a recorded message to more than 600 homes and businesses on Friday. It was the first time the system was used in Salem.

"It also gives us the ability to send follow-up messages over the weekend that if they're over by the river and the river is rising now, they may need to evacuate," Deputy Chief Michael Wallace said.

The department may end up using the system again later in the week when more storms are expected.

Loudoun County, VA – March 29, 2005

Everyone knows to call 911 to contact the authorities in an emergency. But what do the authorities do if there is an emergency and they need to contact you?
Thanks to Loudoun County's recent purchase of a new Reverse 911 community notification system, Loudoun citizens can now get the emergency warnings and instructions they need over the phone.

The system allows police, fire, and rescue officials to send recorded voice messages with emergency information to homes and businesses in targeted geographic areas.

According to Sheriff's spokesman Kraig Troxell, the Reverse 911 system can be used to give evacuation instructions to people in heavily flooding area or a neighborhood of a chemical spill. The alert system could also serve a crime-fighting role, Troxell said, such as alerting citizens of a child abduction and providing a description of the suspect.

The Reverse 911 system can alert everyone in a given area, unlike the county's other citizen-alert system, which allows people to sign up on the Loudoun County Web site for certain types of alerts, which they can receive via e-mail, pager or cell-phone text message.

The county paid for the new system with a combination of local funds and a federal emergency preparedness grant.

(Sigma Communications 1-800-247-2363; http://www.reverse911.com/)

Hattiesburg, Mississippi

Hattisburg's Early Warning Weather Alert program provides **low- to moderate-income residents, as well as elderly and disabled citizens,** with NOAA Weather Radios to warn them of impending weather emergencies. Requirements for participation include certification of eligibility, and a mandatory training session. The hour-long course instructs residents on what to do during various weather warnings and other alert situations, as well as use and maintenance of the radio and replacement of the back-up battery once each year. **The radio can also be programmed to send messages for other emergencies, such as Amber alerts, hazardous spills, and terrorist attacks**. The program is funded with a Community Development Block Grant and is primarily a partnership of the city, the local emergency management agency, and the U.S. Department of Housing and Urban Development. In June 2004 the program earned the Mark Trail Award from the National Weather Service.

(B.J. Miller, Entitlements Administrator; City of Hattiesburg; P.O. Box 1898; Hattiesburg, MS 39403-1898; 601-545-4597; on National League of Cities Web site, http://www.nlc.org)

Sterling Heights, Michigan

The Municipal Security Council (MSC) in Sterling Heights informs local residents and businesses about emergency preparedness and acts as community liaison to the federal Office of Homeland Security and Citizen Corps. Evolved from earlier city task force, the MSC is consists of interested citizen volunteers including graduates of fire and police academies, medical personnel, senior citizens, neighborhood watch groups, and others. Nurses and senior volunteers train to visit homebound residents, providing information on emergency procedures and a copy of the 15-page Community and Family Emergency Preparedness Workbook. The workbook, produced by the city was mailed to 53,000 homes and businesses.

(Nuts & bolts, ICMA Newsletter, v83 n15; Jul. 29, 2002; p12, Washington, DC: International City/County Management Association)

Maine

Maine's Emergency Notification System (ENS) provides its deaf and hard-of-hearing residents with immediate emergency alerts and information via e-mail, pagers, and other e-mail compatible devices. ENS participants receive written versions of amber alerts, weather warnings, and other emergency information from such agencies as the National

Weather Service, Maine Department of Public Safety, Maine Emergency Management Agency (MEMA), and the Maine Department of Transportation.

In addition, participants can opt to receive county-specific alerts to warn them of impending emergencies pertaining to weather, transportation and safety. Maine residents with proven hearing loss are eligible for this program and may qualify for free or reduced-price equipment. All participants who receive equipment are given an emergency information manual that instructs them on how to stay safe during various types of emergencies. The manual serves as a reference tool and helps to relay important information without exceeding the character limits on pagers. The program is primarily a partnership of the Maine Center on Deafness, the MEMA, and the Division of Deafness and is funded by the MEMA and Maine's Communications Equipment Program.

STEPS AT-A-GLANCE

SECTION 1 – Defining Special Populations and the Agencies that Serve Them

RESEARCH AND FACT FINDING

Step 1 – Collect population information and data, using Census and other national data as well as data developed just for your community (studies conducted by area agencies or quasi-governmental organizations, such as a Metropolitan Planning Organization [MPO]). *(page 21)*

Step 2 – Establish baseline criteria to define special populations in your community. *(page 22)*

Step 3 – Estimate the number of people in special population groups who live in your community (or jurisdiction, or whatever area you are addressing).

Setting special population descriptors or definitions is a crucial step best accomplished by consulting with some of your community partners, to benefit health, emergency, safety, and other persons responsible for managing widespread emergencies. *(page 23)*

Step 4 – Select up to five broad categories of population descriptors that will provide access to the most numbers of people. As time and resources permit, this list can be expanded, but selecting five will let you begin your planning with a manageable body of information. *(page 23)*

COMMUNITY ENGAGEMENT

Step 5 – Identify key contacts at overarching organizations and government agencies and collect phone numbers, e-mail addresses, and postal addresses. *(page 26)*

Step 6 – Facilitate discussions with key contacts. Topics can include:

- The issue and process of defining special populations
- Long-term goals and objectives
- Other people who should be part of the discussion and their contact information
- Information about the populations under discussion

(page 26)

Step 7 – Survey representatives of overarching organizations and government agencies to learn:

- Their interaction (or lack of) with special populations in your community
- Names and contact information for direct service providers and advocacy organizations that work with special populations

- Barriers special populations have to receiving routine health or emergency information

(page 27)

Step 8 – Commit to regular contact with members of your community network and build in opportunities for them to give you feedback about their involvement. *(page 29)*

HOW TO USE THE INFORMATION

Step 9 – Develop a database that includes:

- Broad categories of three to five special populations
- Contact information on key representatives or trusted sources from overarching groups and government agencies

(page 29)

Step 10 – Expand your database to include:

- New special population demographics and characteristics gathered from research
- Contact information for organizations and agencies that provide services, such as human service government agencies, tribal, CBOs, FBOs, businesses, and others who work with special populations
- Updated information on contacts and populations

(page 29)

SECTION 2 – Locating Special Populations

RESEARCH AND FACT FINDING

Step 1 – Assess existing processes within your department or agency for locating special populations. *(page 49)*

Step 2 – Choose GIS mapping or alternate methods to locate special populations.

- If departmental resources are not available for GIS mapping programs, consider working with a partner organization, such as a local Metropolitan Planning Organization (MPO), Department of Transportation, fire departments, or election offices, many of which have access to such resources.
- If electronic mapping is not available, consider using colored pins or dots placed on a map of your community to indicate the size and locations of defined special population groups.
- Using Census and other data previously collected in the defining stage, locate on a map the neighborhoods or communities where members of special populations live in significant numbers.

(page 50)

Step 3 – Locate and map gathering places for the broad categories of special populations (e.g., community centers, missions, churches or grocery stores). *(page 54)*

Step 4 – Identify and map trusted information sources representing the special population groups.

- Collect names, telephone numbers, e-mail and mail addresses.

(page54)

COMMUNITY ENGAGEMENT

Step 5 – Facilitate discussions with leaders of community organizations with which special populations have existing networks and ties.

- Arrange roundtable meetings or a conference calls.
- Discuss goals, objectives, roles, and common issues surrounding the challenges in accurately locating special populations.

(page 55)

Step 6 – Establish a Community Network of overarching organizations, service providers, businesses, and others who work with special populations.

- Members of this network are your community collaborators and program partners.
- Maintain regular contact with the community network through a newsletter, conferences calls, or meetings.

(page 56)

Step 7 – Develop an agreement stating the terms of the collaboration. Choose between a formal agreement and an informal agreement. *(page 57)*

HOW TO USE THE INFORMATION

Step 8 – Expand your existing computer database by storing additional names and contact information for community collaborators and program partners. Also include special population gathering places in the database. *(page 58)*

Step 9 – Update database of all the community organizations that you've worked with to locate special populations because it will be important for reaching special populations. *(page 59)*

SECTION 3 – Reaching Special Populations

RESEARCH AND FACT FINDING

Step 1 – Survey people from agencies and organizations outside your department to learn their successes and failures in reaching special populations. *(page 78)*

Step 2 – Conduct focus groups or community roundtables with members of different special population groups to identify their needs and barriers to communication. *(page 78)*

Step 3 – Analyze data gathered from the surveys, focus groups, and your previous research efforts in defining and locating special populations. Look for common themes. *(page 80)*

COMMUNITY ENGAGEMENT

Step 4 – Collaborate with community organizations to develop messages and materials to reach special populations. *(page 83)*

Step 5 – Develop and test messages for cultural and linguistic competence with members of the targeted populations. *(page 84)*

Step 6 – Identify appropriate, trusted messengers to deliver the messages and appropriate channels of delivery. *(page 85)*

Step 7 – Maintain ongoing relationships and partnerships with community organizations, government agencies, first responders, and other service providers. *(page 87)*

HOW TO USE THE INFORMATION

Step 8 – In your existing database, enter information from your research on communication barriers for special populations and preferred channels of communication. This database will become your special population Community Network. *(page 88)*

Step 9 – Create a plan to reach special populations using a variety of methods, messages, and messengers. This plan will supplement your organization's existing crisis communication plan. *(page 88)*

Step 10 – Test your Community Network. Look for gaps in message delivery. *(page 89)*

Step 11 – Revise your special population outreach plans according to the outcomes of your test. Schedule tests at least annually. *(page 89)*

Step 12 – Once you have successfully defined, located, and reached members of your initial special population groups, you can expand your initiative to include more groups. *(page 89)*