PUBLIC HEALTH WORKBOOK
To Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency

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INTRODUCTION

The capacity to reach every person in a community is one of the major goals for emergency preparedness and response. The goal of emergency health communication is to rapidly get the right information to the entire population so that they are able to make the right choices for their health and safety. To do this, a community must know what subgroups make up its population, where the people in these groups live and work, and how they best receive information. Although knowing this type of information might seem obvious, many jurisdictions have not yet begun the process to define or locate their at-risk populations.

To maintain consistency with the Pandemic and All-Hazards Preparedness Act (PAHPA), this workbook uses the term "at-risk populations" to describe individuals or groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response, and recovery efforts. These groups include people who are physically or mentally disabled (e.g., blind, deaf, hard-of-hearing, have learning disabilities, mental illness or mobility limitations), people with limited English language skills, geographically or culturally isolated people, homeless people, senior citizens, and children.

Regardless of terminology, trust plays a critical role in reaching at-risk populations. Reaching people through trusted channels has shown to be much more effective than through mainstream channels. For some people, trusted information comes more readily from within their communities than from external sources.

This document describes a process that will help planners to define, locate, and reach at-risk populations in an emergency. Additional tools are included to provide resources for more inclusive communication planning that will offer time-saving assistance for state, local, tribal, and territorial public health and emergency management planners in their efforts to reach at-risk populations in day-to-day communication and during emergency situations.

If you follow the process outlined in this document, you will begin to develop a Community Outreach Information Network (COIN)—a grassroots network of people and trusted leaders who can help with emergency response planning and delivering information to at-risk populations in emergencies. Building a strong network of individuals who are invested in their community's well-being, who are prepared and willing to help, and who have the ability to respond in an emergency is just the start. You must also include network members in your emergency preparedness planning, test the capacity of your COIN to disseminate information through preparedness exercises, and make changes to your preparedness plans based on the evaluation of those exercises.

PURPOSE

One lesson learned from events since 2001, especially Hurricane Katrina in 2005, is that traditional methods of communicating health and emergency information often fall short of the goal of reaching everyone in a community. Although a great deal of work has been done, public engagement for emergency response planning remains low. Other reports and legislation have also acknowledged this challenge as indicated below.

In December 2008, the Trust for America's Health released its sixth annual *Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism* report.[1] This report recommends that "risk communication and emergency planning activities need to include all segments of the population to ensure their voices are heard and incorporated." The 2008 report further recommends that "federal, state, and local officials must design culturally competent risk communication campaigns that use respected, trusted, and culturally competent messengers."

When enacted in December 2006, Pandemic and All Hands Preparedness Act required the U.S. Department of Health and Human Services (HHS) "to integrate the needs of at-risk individuals on all levels of emergency planning, ensuring the effective incorporation of at-risk populations into existing and future policy, planning, and programmatic documents."[2] PAHPA singled out risk communication and public preparedness as essential public health security capabilities, and it made state and local preparedness awards contingent upon an explicit mechanism, such as an advisory committee to obtain public comment and input on emergency plans and their implementation.

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[1] Trust for America's Health. February 2, 2009. *Ready or Not? Protecting the Public's Health from Diseases, Disasters, Bioterrorism*. December 2007. http://healthyamericans.org/reports/bioterror07/PAHPAProgressReport.pdf
[2] *Pandemic and All-Hazards Preparedness Act Progress Report*. Assistant Secretary for Preparedness and Response. November 2007. U.S. Department of Health and Human Services. November 2, 2007. http://www.phe.gov/preparedness/planning/authority/pahpa/Documents/pahpa-at-risk-report0901.pdf

Furthermore, Homeland Security Presidential Directive 21 (HSPD-21), signed in October 2007, establishes the National Strategy for Public Health and Medical Preparedness including, community resilience as a critical component along with bio-surveillance, countermeasure distribution, and mass casualty care.[3] Community resilience is how community and personal characteristics facilitate the ability to "bounce back'' from adversity. This resource assists the inclusion of at-risk populations communication needs to promote their resiliency.

The Centers for Disease Control and Prevention (CDC), with the assistance of many state/local government and non-governmental agencies, has responded by compiling and disseminating information and materials for public health and emergency preparedness planners to better communicate health and emergency information to at-risk populations for all-hazard events. The process outlined in this document and the additional tools, templates, and materials included in the toolkit are some results of this effort.

THE CATEGORIES

As planners and communities embark on the process of defining, locating, and reaching their at-risk populations, there are advantages to beginning with very broad categories. Working in broad categories can be an effective and manageable starting point. The key advantage of this approach is that it allows you to examine the nature of the vulnerability that might put someone at higher risk in an emergency.

For example, a plan to identify every language other than English spoken in a community will produce a very long list. On the other hand, a plan to identify demographically significant groups of individuals with no or limited English proficiency or those with very low literacy levels will yield one category: Language and Literacy.

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 does not read or understand English well, the communication barrier is a language or literacy issue 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 have initiated pilot efforts to convey crucial information in simple, picture-based messages that are easily understood by everyone.

As you start to define, locate, and reach at-risk populations, five broad, descriptive categories will help you group people who are at risk:

- Economic Disadvantage

- Language and Literacy

- Medical Issues and Disability (physical, mental, cognitive, or sensory)

- Isolation (cultural, geographic, or social)

- Age

> **Categories Checklist**
> Look in the Resource Guide for a checklist of people and groups that might fall into each category.

Many individuals do not typically fall neatly into one category or population group or they might fall into more than one. In some cases, an individual might not fall into one of these categories but could have a family member who does. When this occurs, efforts to provide emergency services can be thwarted because family members do not want to be separated.

After a widespread emergency, people might find themselves stranded, displaced, destitute, homeless, or sick. They might experience challenges that leave them newly vulnerable or suddenly outside of mainstream communications in ways they did not experience before the emergency. These factors can create new at-risk populations.

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[3] *Homeland Security Presidential Directive 21.* October 18, 2007. http://www.dhs.gov/xabout/laws/gc_1219263961449.shtm#1

Economic Disadvantage

Start with economic disadvantage. If resources permit a community to address only one at-risk population characteristic, using poverty as a criteria may help reach a large number of people.

Economic disadvantage does not necessarily impair the ability of an individual to receive information, but it can significantly affect his/her ability to follow a public health directive if the individual does not have the resources or means to do what is being asked (e.g., stockpile food, stay home from work and lose a day's pay, evacuate and leave their home, or go to a point of dispensing).

Economic disadvantage is so broad because many people that fall into other categories also live at or below the federal poverty level. When individuals are placed at risk because of both limited language or literacy and economic disadvantage, their risk is compounded, and planning efforts should reflect that.

Language and Literacy

This category includes people who have a limited ability to read, speak, write or understand English, have low literacy skills, or who cannot read at all (in English or in their native language).

It is important to consider language and literacy when you develop public health messages. To ensure that everyone can understand the information and follow public health directives, information must be culturally and linguistically appropriate and accessible to everyone.

Medical Issues and Disability (physical, mental, cognitive, or sensory)

According to the Americans with Disabilities Act, a person has a disability "if he or she (1) has a physical or mental impairment that substantially limits a major life activity, (2) has a record of such an impairment, or (3) is regarded as having such an impairment."[4]

The most easily recognized people in this category are those who are blind, deaf, and hard of hearing, as well as those with health conditions that limit mobility or make them dependent on electricity. As much as 14% of the population has hearing, vision, or mobility limitations.[5]

People with mental disabilities are thought by many health and emergency planners to be the most challenging at-risk population in widespread emergencies because people who cannot understand and follow directions could jeopardize others in addition to themselves. Mental disability is a population category that will require priority attention in some emergencies.

> **Limited English Proficiency**
> Those who do not speak English as their primary language or have limited speaking, reading or writing ability are described by the term "Limited English Proficiency" (LEP).
>
> Following the August 11, 2000 passage of Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency," LEP populations qualify for the same anti-discrimination protection designated for race, color, or national origin under Title VI of the Civil Rights Act. This is important because Title VI regulations forbid government funding recipients from restricting program benefits to individuals facing linguistic challenges with respect to a particular type of service, benefit or encounter.

Isolation (cultural, geographic, or social)

People can be isolated if they live in rural areas or in the middle of a densely populated urban core. There are many ways in which people might be considered isolated, including:

- **Rural populations** include ranchers, farmers, and people who live in sparsely populated communities. Rural areas can have special communication challenges, such as dependence on satellite television, which does not always provide local channels or news. Additionally, radio stations have moved to a canned commercial feed in many communities and might not be useful for dispensing local information in an emergency.

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[4] *Executive Summary: Compliance Manual Section 902, Definition of the Term "Disability."* March 2009. The U.S. Equal Employment Opportunity Commission. February 3, 2010. http://www.eeoc.gov/policy/docs/902sum.html

[5] *Public Involvement Techniques for Transportation Decision-Making. December 1996.* U.S. Department of Transportation Federal Highway Administration. April 2, 2008. http://www.fhwa.dot.gov/reports/pittd/ada.htm.

- **In urban areas,** people can be isolated because of language, lack of education, cultural practices, chronic health problems, fear, lack of transportation or access to public transit systems, unemployment, and other factors. Even if they have access to mass media, they might not have the means to respond to emergency directives.

- **Temporary residents** can be a major population for many communities, but there are big differences in the types of temporary residents: people living on a military base, students, tourists, or seasonal farm workers, for example.

- **Undocumented immigrants** are foreign-born persons who reside in the United States and have not yet achieved legal residency. Therefore these individuals might consciously avoid interaction with social and public agencies.

- **Single parents and caregivers** face challenges because they have no one to share their responsibilities to care for those who are dependent on them. This increased responsibility can impair their ability to plan for emergencies or carry out public health directives, and it can be emotionally overwhelming.

- **Religious and cultural practices** may reduce the likelihood of certain groups receiving emergency communications. For example, mass media communications would be ineffective for reaching Amish and Mennonite communities which usually do not have televisions or radios.

Age

Although many elderly people are competent and able to access health care or provide for themselves in an emergency, chronic health problems, limited mobility, blindness, deafness, social isolation, fear, and reduced income put older adults at an increased risk during an emergency.

Infants and children under the age of 18 can also be at-risk, particularly if they are separated from their parents or guardians. They could be at school, in daycare, or at a hospital or other institution—places where parents expect them to be cared for during the crisis. There are also increasing numbers of children who are home alone after school. 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 and sent to separate shelters, even to different states.

CREATING A COIN IN YOUR COMMUNITY

Every person who lives, works, or travels through your community should be able to access information in an emergency. To ensure that happens, regardless of the communication and other barriers, you must first know who is in your community at any given time, and how best to reach them with messages that will motivate action.

Community engagement and collaboration is crucial to achieve truly inclusive emergency planning. Comprehensive preparedness is only 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. Community organizations should be involved in emergency preparedness planning from the beginning and engaged at every step of the way.

> **Principles of Community Engagement** (CDC, 1997) represents the first time that the relevant theory and practical experience of community engagement has been synthesized and presented as practical principles for this important work. It defines key concepts and insights from the literature that support and influence the activities of community engagement.
>
> A summary of *Principles of Community Engagement* can be found in the Resource Guide.

The process to accomplish this mission is divided into three phases: define, locate, and reach. Each phase includes specific activities to help you create and maintain your own Community Outreach Information Network (COIN), a grassroots network of people and trusted leaders who can help with emergency planning and give information to at-risk populations during an emergency.

By following the steps in each of these phases, you will have laid a solid foundation for your network, and you will be more prepared to reach at-risk populations during an emergency.

> **Kentucky Outreach Information Network (KOIN)**
> Since many people can be difficult to reach through mainstream media in a disaster, the Kentucky Cabinet for Health and Family Services is working to build a person-to-person network that can reach these at-risk populations. This network is referred to as the Kentucky Outreach and Information Network (KOIN).
>
> Through the KOIN, the State is using trusted people and agencies in local communities, informal and formal groups, and the media to get their preparedness messages out. The KOIN includes hundreds of trusted partners and can reach vulnerable segments of the population.
>
> This network can be used not only in emergencies or disasters, but also to protect the population's health in day-to-day situations such as immunization clinics, diabetes education/screening, or flu shots.

Phase 1: Defining At-risk Populations

Defining at-risk populations will require investigation to build an understanding of the unique demographics represented in your community. You will need to learn about the spoken languages, cultural practices, belief systems, and the physical and mental limitations of the residents.

In this first phase, you will identify the populations you consider at-risk and then initiate a dialogue and engage those who represent organizations and government agencies that can reach many people in your community. These organizations can provide a wealth of information about at-risk populations and their representatives. You will start building a network of collaborators and partners as you delve into the specific demographics that distinguish your community from others.

Step 1 – Collect Population Information and Data

Begin by investigating and analyzing available data gathered by others to shed light on different population groups in your community. You can use many sources of population statistics from the national level down to local agencies. This quantitative data, previously gathered by others, will help you begin the process and build a "snapshot" of your community. Some resources that are available to help you with creating this snapshot include:

- U.S. Census data
- Information provided by state/local health departments
- SNAPS
- Chambers of Commerce
- United Way
- Public Health Foundation's database on counties, the National Public Health Performance Standards Program (NPHPSP)

> **Snapshots of Data for Communities Nationwide (SNAPS)**
> SNAPS provides local-level community profile information nationwide. Data can be browsed by county and state or searched by zip code. It provides a "snapshot" of key variables for consideration in guiding and tailoring health education and communication efforts to ensure diverse audiences receive critical public health messages that are accessible, understandable, and timely.

Review the National and State Information Sources in the Resource Guide for more examples of resources that may be available to help you create this snapshot.

Step 2 – Estimate the Number of People in At-risk Populations Living in Your Community

Once you have collected information, establish baseline criteria to define groups within your community. As you consider the data you are gathering, identify the categories that are significant to your community. You can then synthesize the data into a brief report to estimate the number of people in different population segments within your community. This will help you gain a greater understanding of the scope of the outreach required.

At first, you might want to only focus on a few populations that will give you access to the largest number of people. As your program grows and you establish more partnerships, you can then consider adding categories to your plan.

Step 3 – Identify Overarching Organizations/Agencies and the Key Contacts That Can Help You

Many organizations and agencies in communities across the country have extensive knowledge about the needs of various at-risk populations. Overarching organizations that fund or partner with smaller, direct service providers are often the best place to start engaging your community. In many areas, this would be an organization such as the United Way.

Review the Category Resources in the Resource Guide for more examples of overarching organizations/agencies and key contacts that may be available to help you.

These organizations provide a direct link to community-based organizations and faith-based organizations that serve many different populations. These direct service providers and agencies have the know-how and "big picture" understanding that can be a valuable resource in planning for preparedness, response, and recovery activities. In phase two of this process, you'll work with your overarching organizations to identify these direct service providers and trusted leaders. Public libraries can also serve as excellent resources with information about community service providers, particularly in very small communities that do not have a community foundation or local United Way.

As you identify these organizations, determine the most appropriate representative with whom you can work and the best approach (personal appointment, phone, mail, e-mail, etc.) to reach them. You might be working with the leader of the organization, the person who oversees community affairs, or a student intern. Whatever the level of authority, this person can become a valued resource.

Step 4 – Facilitate Discussions with Key Contacts

This step establishes relationships and identifies other potential partners and collaborators. Make an appointment to meet the key contacts at the overarching organizations and agencies to introduce yourself and explain the critical role this organization will play in the process of reaching at-risk populations during an emergency.

Offer reciprocal assistance to the organizations and agencies that you ask for help. You might be able to help these potential partners by offering to share information or resources. Remember that they may also have concerns about spreading resources too thin.

Cook County Shares Information With Their Partners
The Cook County Department of Public Health (CCDPH) in Illinois is taking a community-based approach to include at-risk populations in planning and preparedness efforts.

Fostering relationships with agencies that serve at-risk populations in the Chicagoland area is integral to the success of this endeavor. Since the summer of 2007, CCDPH has done extensive outreach to learn more about these agencies, their interest in emergency preparedness, and the value they see in partnering with a local health department.

As a result, CCDPH has had the opportunity to present on how to "Be Aware, Get Prepared, and Take Action," a campaign that promotes individual and family preparedness to clients of partner agencies. More specifically, the presentation emphasized the role of public health, raised awareness about potential emergencies, and described how to put together an emergency kit and create a family communications plan.

Arrange a time to meet with several key contacts at a location most convenient for the attendees. If time and travel constraints 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 and brainstorming on topics such as:

- Sharing the results of data collection to identify at-risk populations

- Long-term goals and objectives

- Other people who should be part of this discussion and their contact information

- How partner organizations might contribute to reaching at-risk populations with critical information in a public health emergency

As you collaborate with your planning partners, be sure to address the terminology you will be using as descriptors, or definitions, for the at-risk populations you wish to include.

Step 5 – Stay in Touch

Sustaining community engagement is as important as building relationships. It is important to stay in touch—not only to update your partners on your activities, but also to stay updated on staff turnover and transitions in partner organizations. It is important to communicate with your contacts on a regular basis and build in a mechanism to maintain updated contact information. You might find it helpful at this stage to provide regular brief updates on the progress of your work through e-mail, mail, or telephone calls. Later, as resources allow, you might want to develop a newsletter (in print or electronic formats) to keep people in your network connected, informed, and responsive. Build opportunities into your communication and outreach activities for feedback from your partner organizations.

How to Use the Information

You have been collecting information that you will use throughout the process to locate and reach your community's at-risk populations. You need to be able to manage the information in a way that can grow as you acquire new data, contacts, characteristics, and other details.

Develop a database. A database is one of the best ways to record information so you can track multiple factors, share data with others, and keep information current. Record specific demographic information about key contacts at organizations and government agencies including:

- names
- phone and fax numbers
- e-mail addresses
- postal addresses

> A database template included in the Resource Guide illustrates different headings and information categories to get you started.

Your database does not have to be complex. You can use a simple table in a word processor or spreadsheet to organize the information that you collect. If you want to plan for a more robust database and have information technology (IT) staff to help you develop, build, and plan for future growth of your database, including them now in your planning activities will be beneficial. If they are involved from the beginning and understand your goals, they will be better able to help you anticipate ways to organize the data so that it will be most useful as you expand your database.

Phase 2: Locating At-risk Populations

In most jurisdictions, a good approach to locating at-risk populations is to combine geographic information system (GIS) technology with information acquired through community collaboration, and networking in the data collection process.

In this phase, you will map gathering places and trusted sources within your community. Developing this system will help you get a visual representation of the network you are developing. Eventually this will allow you to identify gaps in coverage.

This phase will also lead you through further engaging community members in this process. In the Define phase, you started building your network through representatives of organizations. You are now taking your COIN to the next level by engaging people who are on the front lines of providing service to the at-risk populations in your community, members of your identified groups, and their trusted leaders.

Step 1– Assess Existing Processes to Locate At-risk Populations

You probably already know who some at-risk populations are and how to reach them because they are enrolled in programs and receive services from your agency. State and local public health departments, for example, know women who are connected through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and generally know how to get in touch with them; or they know how to contact daycare providers who can help locate parents and guardians in an emergency.

Using Other Government Resources to Locate Specific Populations
In Montana, the road crews who clear snow off the roads in the winter know which people need their roads cleared because of mobility issues. Therefore, they know who may need mobility assistance in emergencies.

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

- Who are the at-risk populations served by the department?

- Where are their gathering places?

- What is the department's process for locating these people? What data are available to use in the mapping efforts?

- How do at-risk populations receive information from the department?

- Who are their trusted sources?

- What other community and religious organizations serve these same groups?

- What other links do these at-risk population groups have to the community?

- What privacy rules could impact efforts to locate at-risk population groups?

This type of intra-departmental assessment can provide locating strategies as well as data that can be used in the mapping process. You might also consider asking your partners to gather this information from their networks.

Step 2 – Choose Digital Mapping or Alternate Methods

Research indicates that about 80% of all government information has a geographic component.[6] A Geographic Information System (GIS) captures and stores data which are then displayed on a map for analysis. These systems can include a wide variety of information including geographic, social, political, environmental, and demographic data.

Mapping Resources
If you do not have access to digital mapping resources, you might want to consult with organizations that could become partners to help you map your at-risk populations. Examples of such organizations include:

- The Metropolitan Planning Organization (MPO) or regional council that serves your area (in regional communities with populations over 50,000).

- Your state GIS coordinator.

- Your state GIS data clearinghouse.

- The geography department at local colleges and universities.

- Your state department of transportation.

- Your state or county department of emergency management.

- Your local police, fire, or public works departments.
In addition, your state demographer maintains data on populations in your state and can be a resource for analyzing these data. The state demographer will often have GIS professionals on staff. To locate resources with GIS software to help you, start with MPOs and regional councils. MPOs may be the most likely to have the GIS software to locate at-risk populations. You might also want to contact your state GIS Coordinator to request information about the data clearinghouse for your state. The National States Geographic Information Council is the professional organization that will be able to direct you to the GIS coordinator or the contact for your state.

[6]Geographic Information Systems: Challenges to effective data sharing. United States General Accounting Office. June 10, 2003.
http://www.gao.gov/new.items/d03874t.pdf

Although mapping technology is available in the United States, mapping of specific populations is sporadic. In many coastal communities, for example, mapping is used by fire departments and cities in evacuation planning. In other places, Area Agencies on Aging or county offices on elderly affairs have mapped older populations. Other local agencies might be using digital mapping techniques to display information ranging from neighborhood crime data to environmental information such as air quality and the amount of smog.

In addition, every state has a GIS coordinator who is familiar with the digital mapping activities in the state. In most states, resources to help update and interpret demographic data to map at-risk populations and track changing population dynamics are available at the state departments of public health, family services, transportation, commerce, economic development, ethnic affairs, or other similar offices.

When using GIS software to locate at-risk populations, you will bring the population data you collected to define populations into the mapping program. Some GIS mapping software comes with U.S. Census data embedded.

Remember that the timeframe between Census data updates and its reliance on self-reporting will require that you update your data periodically. Also, consider printing out the data at regular intervals so the information is accessible in emergencies should widespread power outages occur.

If you do not have access to or are unable to use GIS software, post a map of your community on a wall. Use the census and other data you've collected in the Define phase and information gathered from community collaborators to determine where your at-risk populations might be found. Use pushpins or markers for a visual representation.

In small communities, mapping is often viewed as unnecessary because "everyone knows everyone else." Yet, mapping—whether it is done with colored pins on a paper map or electronically—provides an exceptionally clear picture of where at-risk population groups might be found during an emergency. It is a time-saving benefit regardless of community size or diversity. Saving time is especially important when the people responding with emergency support come from outside a community and might be unfamiliar with the local demographics. The best planning efforts will incorporate both geographically mapping the populations with their gathering places, and forming collaborations and partnerships to create additional lasting relationships with various groups and their trusted sources.

Mapping is a community-building process. You will collect information from sources at the local level and from those who know the community (e.g., police officers, public works crews, utility workers, tribal entities, social service providers, places of worship, barber shops, and schools).

This information will help you dig deeper into your community for information about neighborhoods and the people who live there, about community centers and the people who congregate there, and about the places and people to whom those most at-risk will turn in a time of crisis.

The geography or information technology (IT) department at local colleges and universities might be able to provide names of students who would develop your GIS system in return for course credit. You might also locate knowledgeable students who are willing to serve as interns or even volunteer their time to help you. You can also contact departments of transportation or local police and fire departments to see if they use GIS software and are willing to assist. Ask to speak with someone in the GIS, research, or planning departments when seeking this information.

Step 3 – Locate and Map Gathering Places for the At-risk Populations You Have Identified

Collaborate with your partners to find the places where your identified populations gather. This will help you to locate individuals and groups within these populations. People who share important aspects of their lives gravitate socially and geographically to traditional gathering places or venues where they feel comfortable.

Obvious examples are soup kitchens for homeless populations, or day-worker sites that attract undocumented immigrants. In very small communities, the post office may be a central point for daily information sharing and community updates, and the local postmaster is often a knowledgeable and trusted community resource. Commercial locations can be important gathering places. For example, people who live in remote rural areas gather at shopping locations on weekends. In many cases, employees at these stores will be trusted information sources because they are part of extended families in the area and are therefore excellent resources to find people and share health or emergency information.

Step 4 – Identify and Map Trusted Sources in the At-risk Communities

People are more likely to receive information and act on it when the message comes from a trusted source they view as credible. Some examples of trusted sources or non-traditional leaders in your community may be the PTA president, local pastor, and respected school teacher. Spokespersons in authority are not always perceived as the credible, trusted sources we hope they will be in delivering information to the general public and might even be less credible for the at-risk populations you are trying to reach.

This lack of credibility underscores why it is so important to build your network, or COIN, of trusted spokespersons with whom your at-risk populations will identify and trust. These individuals might not serve in an official capacity, or be known to public health and emergency providers yet, but they can serve as a channel of information and become a cadre of leaders

> **New America Media**
> New America Media (NAM) is the largest national collaboration of ethnic news organizations. Founded in 1996, NAM is headquartered in California, where ethnic media are the primary source of news and information for over half of the state's new ethnic majority.

in emergencies. The same qualities that make them leaders in their communities often make them willing to serve as a liaison between health professionals and at-risk populations before and during an emergency.

A COIN might also include members of the media, especially those who have closer connections to at-risk populations, such as the local ethnic media outlets. These media outlets can be a very powerful voice and provide a close connection to the populations they serve. Another trusted source might be the director of a multicultural community center or a community health worker (CHW). In addition to having the confidence of the people the center serves, this person might also have a good network already in place to reach community members through an e-mail listserv, telephone tree, mailing list, or simple word of mouth.

Include trusted sources in meetings and planning sessions with other community organizations and service providers. Add them to your database, capturing their contact information and how they prefer to be reached. As you build your network of trusted sources, map their locations in your community so you can begin to get a visual representation of the network you are developing.

Eventually you will be able to integrate this information in such a way that you can develop digital maps showing the locations of trusted sources, spokespersons and community resources coordinated with the populations that they serve. Later on, this graphic representation of your network and the populations that they serve will help you identify gaps in coverage for at-risk populations in your community.

Engaging community members in activities to locate at-risk populations requires collaboration, contribution, and commitment. You will be asking very busy people to share their time, energy, and information to help you disseminate emergency and public health information. You will be developing long-term relationships built on respect, credibility, and a shared concern that people in at-risk population groups are included in health and emergency planning, response, and recovery.

The process of identifying trusted leaders in your community is an ongoing process. You will want to continuously identify who is missing from the COIN. Your current COIN members may be a good resource in directing you to such non-traditional leaders.

Step 5 – Facilitate Discussions With Representatives From Community Organizations Connected With At-risk Populations

Ongoing engagement of your partners and representatives from community organizations is important throughout each phase of this process. You can host a meeting or conference call with the representatives of community organizations that you have already identified to discuss the issues involved as you locate at-risk populations. Talking with representatives of community organizations that serve at-risk populations, including those that address human service needs as well as community needs, is essential to determine which organizations can help you the most. Not every community representative will have a role to play in the Locate phase, but they can be valuable connections to reach groups and to disseminate health or emergency information. This dialogue will enable you to meet community

collaborators who can help you learn where to locate at-risk population groups. 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

Step 6 – Expand Your COIN to Include Service Providers, Businesses, and Others Who Work With, Represent, and Belong to At-risk Populations

An overarching organization is the lead organization that might partner with or provide funding to many direct service providers. The service provider organizations are a more direct link to the populations they serve. You first contacted overarching organizations and government agencies in the define phase. These organizations can now serve as a link to service providers, providing detailed information and saving you time and resources.

If the overarching organization is unable to provide the requested information about its member organizations, you might have to contact the service providers directly to get the information you need. In such cases, an important way to build trust is to build upon existing relationships. Many CBOs and FBOs are already involved in public health initiatives to reach at-risk populations to eliminate health disparities. Reach out to these programs to enlist their help to reach the partners for your network.

At the local level, small FBOs such as missions, ministries, or individual congregations can provide informal community outreach through programs that visit sheltered-in populations or provide after-school mentoring. By asking general questions about such programs, you might locate some of the at-risk populations in your community.

As you expand your list of organizations and contacts, the following tips might be helpful:

- Many of these organizations are listed in telephone directories or can be found online through a keyword search on the Internet, using words such as "disability," "blind," "deaf," "developmental disability," and "mental health."

- People might self-select into groups based on their particular disability or need:
  - University students who have mobility impairments often form organizations that provide support and advocacy.
  - People who belong to various cultural and ethnic groups might form close bonds with other individuals in the same groups.
  - People who speak a common language, share a common country of origin, or a common religion might join together in informal ways. The church, the mosque, or other houses of worship are often the places where community needs, political opinions, and employment options are discussed. In some ethnic populations, community storefronts are the gathering and information centers.
  - These groups might 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, community elder, religious leader, or the club president, can provide pertinent information about the groups they represent. These leaders also serve as valuable links in the process of building a network of collaborators and sustaining community engagement.

- You might locate these affinity groups by asking the representatives of the overarching organizations if they are aware of any of 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 belonging to the group will be the best source of information.

After identifying those organizations most appropriate to locate at-risk populations, you can begin to discuss the roles of your department and the other network members to locate and reach everyone in your jurisdiction, regardless of individual or community barriers.

How to Use the Information

As you continue to build and develop the network, maintaining the trust and anticipating possible concerns of your members will ensure the future success of your COIN.

Develop policies and procedures for the information you gather and maintain confidentiality of contact information for your COIN members. As you continue building and updating your database, the information you collect will likely become very attractive to other partners (including federal and state agencies), and you might get requests to share contact information for your network members.

The success of your network is built upon trust. Demonstrate your commitment to COIN members by having clear policies for how contact information will be used and by clearly defining confidentiality issues at the start of your relationship with each member. As keeper of this important contact information, decide ahead of time if you would be willing to disseminate messages on behalf of other partners during normal, non-emergency times, and include policies and procedures for non-emergency communications.

Expand and update your database. You will want to continue expanding the database you created in the Define phase by adding contact information for community collaborators and program partners. You might also want to add the places where you have been able to locate at-risk populations and their gathering spaces.

As the work to locate and reach at-risk populations continues over time, members of your COIN might change or their contact information might change. Keeping your database current will be extremely important as your work moves forward.

Phase 3: Reaching At-risk Populations

In an emergency, messages must not only inform and educate, but they must also mobilize people to follow public health directives. People are reached by using the languages they speak in dissemination methods such as television, radio, newspaper, bill inserts, or flyers. Messages are also spread by word-of-mouth (often the most effective communication method), and through 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.

By now, you have developed a COIN that has extensive knowledge about the needs of various at-risk populations in your community. These organizations can provide a direct, trusted link to the populations they serve. The challenge is to incorporate their skills, knowledge, and communication strategies into your plans to reach at-risk populations. This integration will provide a more inclusive response in public health emergencies.

A Case Study in North Dakota
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 crisis. Investigators used telephone interviews and telephone focus groups with organizations that represent 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. Telephone focus groups are a cost-effective way of canvassing the views of professionals who provide services to and interact regularly with special populations.

McGough, M., Frank, L.L., Tipton, S., Tinker, T., & Vaughan, E. (2005). 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, 3(5).*

Step 1 – Survey Agencies and Organizations to Learn About Their Successes and Failures

The best way to learn what works well is to ask people who are already in the business of reaching at-risk populations. You can conduct a simple interview or survey with people in and outside your agency who routinely

communicate with members of at-risk populations. This might include professionals such as first responders (fire, police, and emergency medical services), people who are in charge of programs such as Meals on Wheels, tribal elders, instructors in English-as-a-second-language classes, ethnic media representatives, and health care practitioners at clinics.

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

Step 2 – Conduct Focus Groups or Community Roundtables

An important next step is to use community assessment techniques (surveys and focus groups) to reveal in-depth details on the barriers and specific communication needs of at-risk populations in your community. Although these techniques can be the same used in research, you can use them for local program purposes, not for creating general knowledge. Policies and procedures should be followed to ensure the privacy of the participants and the information collected.

Focus groups and community roundtables allow you to talk directly with members of the populations you want to reach. Your COIN members can help you in establishing and facilitating these focus groups. For example, their existing relationships could be beneficial to you as you recruit participants, pose appropriate questions, and gather information. This information can give you a better understanding of your at-risk populations by delving into topics such as:

- Barriers to receiving information based on past experiences

- Preferred methods of communication

- Key spokespersons and trusted sources for public health messages

- Media usage/habits

- Primary languages spoken

- Developing culturally competent messages

Reaching Specific Populations

The Texas Department of Health undertook a project to identify message content and channels of communication among eight specified hard-to reach populations. Methodology included a literature review, demographic mapping to determine key areas of concentration, key informant interviews, and focus groups.

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

- Best communication methods to reach the population in an emergency

- Most and least trusted messengers

- Who the population would contact to confirm information they receive; and

- Most preferred way 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)

This information can be obtained by asking leading questions like:

- In the past, what types of barriers have kept you from receiving important information?
- What sources do you usually use to get news and other information?
- Whom do you trust to give you information about health care 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 for information?
- How do you prefer information to be communicated (e.g., in what language, verbal, or written)?

American Sign Language Resources
The following resources can help you locate foreign language and American Sign Language (ASL) interpreting services and additional information that will be helpful:

- National Council on Interpreting in Health Care (NCIHC).
- Registry of Interpreters for the Deaf (RID).
- National, state and local on-site interpreting providers.
- State and local interpreting associations.
- Recommendations from local organizations that frequently use interpreting services (CBOs, clinics, hospitals, courts, law offices, etc.)

Before you conduct focus groups or community roundtables, check with your COIN and within your own agency to determine if these have already been done. Also consider the best ways to access your intended population. For example, if your target demographic is the elderly, conducting a focus group might not be effective because elderly people might have transportation or mobility issues that prohibit them from attending a focus group. This population may also mistrust people they do not know and worry about their personal safety.[7]

In these instances, a telephone interview might be a more appropriate data collection method if trusted members of the community adequately prepare this population for such outreach. Telephone surveys are not without limitations and do not capture those without telephones, are possibly biased due to mobile phone use, and have a potentially low response rate because of caller identification and answering machines. As an alternative, a written survey delivered by a trusted source, such as a Meals on Wheels provider or a family member, could be an effective way to encourage participation.

A written survey, whether administered in-person or through the Internet, does not have the qualitative capability of assessing perceptions, attitudes, and behaviors through interpersonal communication and interaction. However, it can provide statistical data that reveal recurring themes, best communication methods and practices, media outlets used most often, and information sources that are trusted by the populations you are trying to reach.

If you plan focus groups for your intended population, schedule them at convenient times and at locations such as multi-cultural community centers, churches, schools, or senior centers that are easily accessible. You might need to arrange for interpreter services, depending on the specific population you are inviting.

Step 3 – Analyze Data Gathered From the Surveys, Focus Groups, and Your Previous Assessment Efforts

As you review your findings from the define and locate phases of this process, along with your recent focus groups and surveys, you might see common characteristics and needs that will enable you to create a list of key findings for each population. Look for common themes and emerging patterns that relate to reaching at-risk populations with messages they understand and to which they can respond.

Your findings might show that some cultural groups are less trustful of official government messages than the population as a whole and that they desire communication materials that are culturally relevant to their group. CBOs and FBOs can serve an important role in reinforcing and validating information for these groups who might receive information through mainstream channels first. The messages disseminated through these trusted sources will be consistent and reinforce the messages through the mainstream channels.

[7] McKinlay, JB. (1991). Optimal survey research methods for studying health-related behaviors of older people. *Vital Health Stat 5*, 6, 81-92.

Step 4 – Collaborate With Community Organizations

Your assessment provides the basis for understanding the cultural and linguistic characteristics of your community and the communication barriers faced by at-risk populations. Such findings will serve as the basis for developing communication strategies that overcome communication barriers and convey information that is understandable and relevant to members of the diverse populations.

Community collaborators who have become a part of your network will bring their experiences in implementing communication strategies to the process. Ask your collaborators to share their strategies. In an emergency, public information must meet the needs of at-risk populations to be effective. Some communication tactics include:

- 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 written materials in bilingual or multi-lingual form.
- Include visual aids such 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.
- Identify preferred media through which messages are delivered. Is it the local newspaper, ethnic radio station, or the church pastor?

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

- Help sustain relationships with members of your 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 the network.

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

- Viewing a basic "train-the-trainer" video on disaster-related communication, the leaders' roles and responses, and techniques for conveying information quickly and accurately to members of the intended populations.
- Reviewing materials produced specifically for at-risk population groups.
- Gathering input on how existing materials can be adapted or new materials developed to better meet the needs of various populations.

Collaborate with community organizations or bring COIN members to the planning table to address the needs of at-risk populations in your agency's all-hazards emergency preparedness plan by:

- Asking them to identify the information needs of their community.
- Asking them for ideas about how best to reach them or address their needs in an emergency.
- Inviting them to review and make suggestions to the public health emergency preparedness plan that address specific strategies to use with at-risk populations.
- Working together to include this information in your preparedness plans and testing the plans in your preparedness exercises.

- Inviting them to participate in your exercises and including them in post-exercise evaluations and after-action reporting activities.
- Ensuring you complete the process by updating your preparedness plans based on what you learn from your exercises.

Step 5 – Identify Appropriate, Trusted Messengers to Deliver Messages

At-risk populations might respond differently to a message depending on the messenger. For many groups, the person delivering the message is often better received if he or she is from a similar racial or ethnic group or is in a similar situation as the intended audience. Doors are more likely to open for peers who deliver health care messages to their neighbors than for someone from a different background who lives outside the neighborhood.

Even when members of an at-risk population group have access to the mainstream media, they might be more responsive (and therefore more willing to follow directions) if someone they know or trust delivers the message. For instance, elderly persons might watch television and listen to the radio, but might be more easily persuaded to take action if encouraged to do so by family or caregivers. For non-English speakers, a family member or representative of their faith community might have the most influence in delivering information.

> **Getting Creative With Trusted Messengers**
> Some localities have become creative with their methods of reaching the public in an emergency. For example, one local health jurisdiction has signed agreements to post emergency information on the marquees of banks, churches, grocery stores, and other local businesses. In addition to these important messages coming from local trusted community sources, this is useful in general for smaller communities where the might not be local daily media outlets.

People to consider as messengers include:

- Trusted persons within at-risk populations. Such persons are essential conduits of information to and from those groups. They must be identified, invited to the process, and their needs and concerns met so they are willing to be active participants in the emergency preparedness process prior to a public health emergency. The network you have been building throughout this process contains names of the community leaders considered credible by specific at-risk populations.

- Religious leaders, barbers, and hair stylists. Such persons can be trusted sources of information about health care and the community.

- Community and neighborhood leaders who are perceived as credible. Such persons are more likely to be believed by at-risk populations than official government spokespersons.

- Reporters, editors, announcers, and news directors in media outlets that serve your community Such persons can be considered traditional messengers that will have a broad reach into most at-risk populations. Remember to include the ethnic media outlets as methods to disseminate your messages.

- The matriarch of a family. For many populations, the matriarch is the most respected and trusted source of information, while in other cultural groups, elders are the respected and trusted sources of information. As you meet with community members to build your network, ask representatives from the different groups whom they consider to be the best person to disseminate messages to their community. Avoid making assumptions about whom the trusted person might be based upon your interactions with other groups.

How to Use the Information

As your COIN continues to grow, you will want to ensure that you keep in touch with the members and that you are incorporating their input into your existing communication and emergency operations plans.

Update your database. In your existing database, add vertical headings (such as barriers, channels, and messages) and enter the new information from your assessment on barriers for at-risk populations, preferred channels of communication, and the messages ranked most effective by your focus groups. This information will be an excellent resource and help you keep focused on the goals you have set.

Enhance your communication plan to reach at-risk populations. Using key findings from your surveys, focus groups, and other searches, along with the information in your database, you can enhance your existing communication plan to include at-risk population groups and to designate the appropriate, trusted spokespersons. Be sure to include members of the at-risk populations in your planning sessions. Encourage them to provide input so that your communication plan is feasible and appropriate.

Your plan could be a supplement to your organization's existing crisis and emergency risk communication (CERC) plan, or it could be incorporated into the body of the CERC plan itself. Elements to address in your communication plan include:

- Identifying the roles played by state, local, and tribal officials and staff, public agencies and service providers, CBOs, and members of your COIN. This element is often overlooked in communication plans and can lead to confusion, duplication of effort, and turf issues.

- Defining your at-risk population groups.

- Finding these intended audiences and their gathering places.

- Developing strategies to describe your approach to achieve your goals and objectives around reaching at-risk populations.

- Developing specific tools and tactics to address gaps.

Next Steps

In a community, this systematic process can be used by all emergency planners to work together to define, locate and reach at-risk populations. We hope that everyone exploring the process will work to connect with one another and to coordinate their activities. Now that the process is complete, you will need to continue strengthening the relationships that you have developed.

Exercise your network with drills and preparedness exercises. Include your COIN members in preparedness exercises and drills to test their capacity to disseminate information to the at-risk populations they represent. Using the information in your database, plan and carry out a simple drill to test your network using an e-mail message. Before the test, alert COIN members and give instructions for their response.

> **Email Drill Template**
> A template for an email drill is included in the Resource Guide

At the appointed time and day, send an e-mail test to the network members. Consider including information on individual emergency preparedness in the email to COIN members to promote public education events or activities. You might even consider using your network to disseminate non-emergency public health messages periodically. As you get more experience and get a better understanding of your network membership, it will become easier to separate groups for different message dissemination purposes.

When exercising the capacity of the network for information dissemination, look for gaps in message delivery. Questions that you and your COIN members should ask include:

- What elements worked as planned?

- Were community leaders of at-risk populations reached effectively?

- Was anyone left out?

- Who needs to be added to the COIN?

- What reactions and factors did we fail to anticipate?

- Where can we improve the plan?

These exercises should generate after-action reports that will outline the gaps in your emergency communications and preparedness plans. Be sure to revise and update your preparedness plans based upon the after-action report findings.

Continue to include your network in preparedness planning and exercises for at-risk populations and regularly repeat the cycle to:

- Exercise the capacity of your network

- Evaluate the effectiveness of your network

- Identify gaps in information dissemination and planning for the needs of at-risk populations

- Identify ways to address gaps

- Identify agencies and organizations that will need to coordinate activities to address each gap

- Determine a reasonable timeframe to address each gap

- Assign responsibility to an individual in each agency or organization tasked to address each gap

- Update respective preparedness plans to reflect changes that are implemented

Expand your scope. Once you have been able to successfully define, locate, and reach members of your initial five at-risk population groups, you can expand your initiative to include more groups using the same steps you followed in each phase of this process.

Other ways to expand your scope in this work include:

- Host meetings for your COIN members to keep them involved and connected with one another

- Provide training sessions to train COIN members on their responsibilities during an emergency. This is also an opportunity to learn more about your at-risk community through your partners. For example, health department and first responders can learn more about the community and neighborhood, culture, priorities, and roles and responsibilities

- Develop training materials for your COIN members to help them keep up to date

- On a limited basis, you might consider enlisting the voluntary participation of COIN members to help disseminate public health prevention messages. Your COIN will be exercising its capacity to reach its members and helping you disseminate public health information. This can only make your COIN stronger and more effective when it is needed to reach at-risk populations in an emergency and to possibly save lives

- Include more COIN members in preparedness planning activities for the at-risk populations they represent

We encourage you to make the connections to build a robust and functional (COIN) that will serve your community well during an emergency.

RESOURCE GUIDE

Diversity in the United States

U.S. Census Bureau data indicate that the United States was more racially and ethnically diverse in the year 2000 than in 1990. 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.

Much more than race and ethnicity contribute to diversity in the United States. Geographic location, nationality, citizenship status, gender, education, literacy, age, sexual orientation, political affiliation, socio-economic status, disabilities (physical, mental, cognitive, or sensory), language, religious or spiritual beliefs, cultural values, and health practices are among the many factors that contribute to the diversity of a community. Sometimes these factors generate communication barriers that create at-risk populations.

The public sector recognizes that communicating with at-risk populations in emergencies is critical. Communicating in a crisis is different from communicating when there is not an emergency. In an emergency, the urgency of the situation doesn't leave room for exploring options for message content or delivery mechanisms. Those options must be in place before the crisis occurs.

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 simply don't trust authority any more, and certain populations do not trust government authority at all.

Effectively reaching diverse populations requires communication through multiple channels. These channels of communication are especially important if the crises occur in conjunction with prolonged periods without electrical power. These channels will depend on relationships developed over time that are already well-established when the crisis occurs. A (COIN), built from trusted communication sources and channels, can be the lifeline to carry messages across communication barriers and provide the safety net to ensure that public health messages will reach at-risk population groups.

You need a strong understanding of the socio-economic, cultural, linguistic, and other characteristics of these communities in order to better address the communication barriers and preparedness planning challenges faced by at-risk populations.

Principles of Community Engagement

Principles of Community Engagement (CDC, 1997) represents the first time that the relevant theory and practical experience of community engagement has been synthesized and presented as practical principles for this important work. It defines key concepts and insights from the literature that support and influence the activities of community engagement. This publication, available online at www.cdc.gov/phppo/pce, sets the standard and continues to be used nationally and internationally.

Principles of Community Engagement provides a science base and practical guidelines for engaging the public in community decision-making and action for health promotion, health protection, and disease prevention. These guidelines can help public health professionals and community leaders improve communication, promote common understanding, and strengthen coordination, collaboration, and partnership efforts among themselves and community members and institutions.

Key principles forming the core of the document hold true across public health disciplines regardless of the initiating organizations:

- Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.

- 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.

- 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.

- Remember and accept that community self-determination is the responsibility and right of all people who comprise a community. You should not assume that you can bestow on a community the power to act in its own self-interest.

- Partnering with the community is necessary to create change and improve health.

- You 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).

- Community engagement can only be sustained by identifying and mobilizing community assets, and by developing capacities and resources for community decisions and action.

- You 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.

Community collaboration requires long-term commitment on the part of the engaging organization and its partners. To earn public trust and the trust of your partners:

- 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.

- Be transparent. Make your goals, values and priorities evident.

- Be a role model. Practice these principles as a model for your partners.

Developing and Testing Messages for Cultural and Linguistic Competence

It is important to remember that your perception of the messages you develop might not be the same as your audience's. While you want them to understand and respond to the information you provide, they are first listening to hear that 1) you respect them, 2) their needs have been considered, and 3) they are included in emergency plans.

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 might need to be translated into that community's native language or presented visually in a picture format. Also consider that for those who are not literate in their native language, these written materials will not be effective, and recorded audio messages might be more appropriate.

Consider the cultural relevancy of photographs, images, and other visual features when creating messages and materials.

You might need to consider the reading and comprehension level of your intended audience 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 during emergencies.

After you have worked with the community to develop sample messages and materials, you can conduct a series of focus groups with members of different at-risk 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 motivates them to change. Work with them to make appropriate changes to these materials so that they meet these goals.

Culturally CAPABLE: A Mnemonic for Developing Culturally Capable Materials™[8]

You can pose these questions to focus group members to ensure that the materials you are testing are appropriate for the audiences you are trying to reach.

Colors: Certain colors may convey different meanings for different groups, religions, cultures and communities.

- Do the colors in the document have any cultural significance (positive or negative) for you or members of your community?
- Do you feel that the colors in this document should be changed?

Art: Certain images may or may not be appropriate for the target audience. Ideally, images should be used that are reflective of the readers.

- Are the pictures and artwork representative of your community?
- What message does this art/picture/logo send to you?

Paper: Some groups may have difficulty reading information on certain colors and holding certain paper types. Some paper sizes and binding formats are also more or less common for specific groups.

- Is the paper easy to handle/read?
- Is the paper size appropriate for your community?

Access: Materials should be placed in locations that can be easily accessed, and at physical distribution points and height placement that will enable easy access for all members of a community.

- Where should we place these materials for ease of access?
- Should we make these materials available electronically, and if so, what is the best way to distribute them?

Buy-In: It may be helpful to have multiple members of the community review the materials to create buy-in and awareness. If the reviewers grant permission to be acknowledged on a final version of the material that has been reviewed by them, their status within the community may in turn increase the level of buy-in from the community at large.

- Would other individuals/organizations be willing to review the materials?
- May we print an acknowledgement directly on the final version of the material, to enable other individuals from your community to see that you have supported us?

Language: Words should be easy to read and understand, and the content should be written in a way that is most appropriate for the target community.

- Are the words easy to read, in a font size that the majority of readers will be able to read?
- Is the content easy to understand, appropriate for the community being served and written at a reading level that will be understood by the majority of readers?

Evaluation: To make a final assessment regarding materials, it is important to understand the impact of the changes proposed by the reviewers.

- What would be the consequences of the material being distributed "as is"?
- Would you be willing to evaluate the material again after changes have been implemented?

[8]Kelly, N., Graves, D., & Txabarriaga. Culturally Capable Translations: The Essential Role of Culture in Translation Quality Processes. The ATA Chronicle, March 2007, 20-26.

Planning for Language Interpretation/Translation Services

About Translation[9]
In popular usage, the terms "translator" and "translation" are frequently used for conversion of either oral or written communications. Within the language professions, translation is distinguished from interpreting according to whether the message is produced orally or in writing.

Translation: The conversion of a written text into a corresponding written text in a different language.

Interpreting: The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account.

Translation Services

Professional translation services are the first choice when converting any important written information into another language. To ensure quality, ask if the provider uses certified and/or accredited translators, and if the provider has insurance to protect against omissions and errors.

Experienced translation providers often offer "translation memory" or "terminology management" services that reduce costs by recording recurring terms and phrases in a database and leveraging these over time, so that you do not have to pay multiple times for the same text to be translated in different documents. This can significantly decrease costs, especially when departments pool resources and decide to use the same text with slight variations through the same translation provider.

Checklist: Things to Look For in a Translation Provider

- ✓ Uses accredited/certified translators
- ✓ Employs a quality process flow that includes a separate editor and proofreader
- ✓ Has desktop publishing capabilities (to translate text on brochures directly in native file formats)
- ✓ Can provide translation of websites
- ✓ Offers cultural adaptation as well as linguistic adaptation of content, images, etc.
- ✓ Is willing to provide samples of similar work and/or testimonial
- ✓ Utilizes translation memory or terminology management services
- ✓ Has an insurance policy that covers errors and omissions
- ✓ Can assist with other language needs, such as multilingual voice recording, for non-written communication needs.

[9]National Council on Interpreting in Health Care (NCIHC). The Terminology of Health Care Interpreting: A Glossary of Terms. August 2008. http://data.memberclicks.com/site/ncihc/NCIHC%20Terms%20Final080408.pdf

Community Health Workers

CHWs can become trusted resources to help you plan and disseminate information to at-risk populations in an emergency.

The following bullets are excerpted from *Introduction to Training Community Health Workers: Using Technology and Distance Education.* April 2006 (DHHS, HRSA)
ftp://ftp.hrsa.gov/ruralhealth/TrainingCHW.pdf

- CHWs play a pivotal role in meeting the health care needs of rural communities.

- They might work under many labels, including CHWs, Community Health Advisor (CHA), Promotora, ayudante, and other locality-specific titles.

- CHWs help increase access to health services (particularly among racial and ethnic minority groups).

- They contribute to broader social and community development.

- According to the National Rural Health Association, "the most significant commonalities of CHA programs are that:
  - they are focused on reaching at-risk populations;
  - the workers usually are indigenous to the target population;
  - their expertise is in knowing their communities rather than formal education" (National Rural Health Association, 2000).

- As "in-between people," CHWs "draw on their insider status and understanding to act as culture and language brokers between their own community and systems of care."

- Although not always accepted by the medical establishment, a number of key organizations support the development of CHW programs, including The American Public Health Association (2002), the CDC (2005), and the National Rural Health Association (2000).

- The Pew Health Professions Commission recommended in its 1998 report: Recreating Health Professional Practice for a New Century that public health schools, programs and departments focus some of their resources on training lay health workers and community residents to understand the mission of public health and equip them in basic competence to achieve this mission.

- CHWs might be paid or unpaid/volunteer, and could have varying levels of job-related education and/or training.

- As isolated populations increase, their dependence on these multi-tasking and frequently over-burdened health care workers also increases.

Delivery Channels

Channels for disseminating and delivering the messages are varied and your selection of which ones to use will depend on availability, access, and how well they reach your different populations. Some methods to consider include:

- Television, in particular, is considered the preferred medium among all populations for receiving emergency information such as weather alerts and news about disease outbreaks and prevention.

- The ethnic media community is usually underestimated. Few communication plans emphasize ethnic media, although one in four adults use ethnic media daily[10]. Even when members of an intended audience have access to the mainstream media, they are far more responsive to messages delivered by a person from a similar cultural or ethnic group. Most organizational communication plans do not include in-depth use of ethnic media.

- Internet access is an important source of information for many in America. Even people who are homeless have access at public libraries and regularly use the Internet for information. Many state government websites have been translated and are available in languages other than English For people who are deaf or hard of hearing, electronic messaging is an invaluable communication tool. Blogging and other types of online bulletin boards with direct posting to an electronic network community at large provide additional dissemination of underutilized possibilities. Also consider podcasting as an information dissemination channel for those who are visually impaired or those who prefer to listen to, rather than read, information.

- The use of cell phone/text messaging technology has dramatically increased. Text messaging is a main access point for young people and is a resource for the people in deaf and hard of hearing communities. Newer cell phones also allow for Internet access.

- Reverse 911 is a mechanized phone system technology 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 country.

- Telephone calling trees are effective ways to reach remote rural populations. Often, 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.

- 2-1-1 is an easy to remember telephone number that, where available, is answered by live operators and referral specialists who can connect people with important community services and volunteer opportunities. As the public becomes more and more familiar with using 2-1-1, they might think to call this number in an emergency. Both telephone 2-1-1 and the 2-1-1 website www.211.org might be available to assist with providing public health information, tailored by location for your community. Services that are offered through 2-1-1 will vary from community to community, so contact your local 2-1-1 to see what capabilities are available in your jurisdiction.

When Mainstream Media is Not an Option

Channels for delivering the messages are varied and will depend on availability, access, and how well they reach your populations. In certain emergencies, a loss of power will severely limit options.

Delivery channels, when the electricity has not been affected or limited, can include:

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

[10]New America Media. Ethnic Media in America: The Giant Hidden in Plain Sight, June 2005. http://www.ncmonline.com/polls/full_em_poll.pdf

- Satellite radio
- COIN
- National Oceanic and Atmospheric Administration Weather Radio All Hazards (NWR)
- 2-1-1 website: www.211.org

Delivery channels during a blackout or when electricity is not available to all areas could include:

- Cell phone/text messaging
- Battery-powered radio
- Reverse 911
- Battery-powered walkie talkies
- 2-1-1 telephone
- Ham radio networks
- Telephone calling trees/networks (using landline phones that do not require electricity)

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

Other tactics for reaching at-risk 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, restaurants, markets)
- Peer ambassadors designated to help neighbors receive information
- Police alerts

Tools for reaching at-risk populations include:

- Picture books
- Braille and alternative language handouts
- Closed-captioned videos
- Audiotapes

Regional Councils and Metropolitan Planning Organizations

When local governments (city or county) work cooperatively to address problems or issues for a region, they often do so as part of a council of governments, metropolitan planning organization (MPO), or regional council.

Regional councils have state and locally defined boundaries. They can deliver federal, state, and local programs and can function as planning organizations. They are accountable to local units of government and typically work in transportation planning, economic development, workforce development, environmental planning, services for the elderly, and providing information via clearinghouses.

A MPO is an agency created by federal law to provide local input for urban transportation planning and to allocate federal transportation funds to cities with populations of greater than 50,000. According to the National Association of Regional Councils (NARC), nearly half of all MPOs operate as part of a Regional Council serving the same general geographic area.

Many Regional Councils and MPOs have sophisticated GIS that they use to map transportation and other planning activities. This data can be extremely valuable to you for community mapping.

The Categories Checklist

Economic Disadvantage

- ✓ Living at or under the poverty line, including those who have been in poverty for at least two generations
- ✓ Homeless
- ✓ Medicaid recipients
- ✓ Working poor with limited resources, often working multiple jobs
- ✓ Single mothers and sole caregivers
- ✓ Low wage workers in multiple jobs
- ✓ Ethnic and racial minorities

Language and Literacy (limited English proficiency, low literacy or non-English speaking groups):

- ✓ Spanish
- ✓ Asian and Pacific Island languages (Chinese, Korean, Japanese, Vietnamese, Hmong, Khmer, Lao, Thai, Tagalog, Dravidian, Polynesian and Micronesian languages)
- ✓ Other Indo-European languages (Germanic, Scandinavian, Slavic, Romance French, Italian), Indic, Celtic, Baltic, Iranian, and Greek languages).
- ✓ All other languages (Uralic and Semitic languages as well as indigenous languages of the Americas)
- ✓ Sign Languages/American Sign Language (ASL)
- ✓ Limited language proficiency (read, write) in native language
- ✓ Foreign visitors
- ✓ Illegal/undocumented immigrants
- ✓ Immigrants/refugees

Medical Issues and Disability

- ✓ Blind and visually impaired
- ✓ Deaf and hard of hearing
- ✓ Developmentally disabled
- ✓ Mobility impaired
- ✓ Medically dependent (life support/medical equipment)
- ✓ Chronic disease/infirm
- ✓ Diagnosed with HIV/AIDS
- ✓ Immunocompromised
- ✓ Drug and/or alcohol dependent (perhaps not in treatment)
- ✓ Diagnosed with mental illness and substance abuse
- ✓ Mentally ill or having brain disorders/injuries
- ✓ Chronic pain
- ✓ Non-hospitalized patients:
  - ○ Require renal dialysis
  - ○ Require supplemental oxygen
  - ○ Require daily medication (e.g., insulin, antihypertensive agents, narcotics, antipsychotics)

- ○ Receiving chemotherapy for cancer treatment
- ○ Clinically depressed individuals who may be unable to follow directions
- ○ Stroke patients with limited mobility and additional care requirements

✓ Pregnant women

✓ People recuperating at home from acute injury (e.g., broken bones, recent surgery, back injury, burns)

✓ Individuals who do not identify as visually impaired, but would be impaired if they were to lose their glasses during an emergency.

Isolation (cultural, geographic, or social)

✓ Homebound elderly

✓ Homeless people

✓ People living alone

✓ Sole caregivers

✓ Single individuals without extended family

✓ Low-income people

✓ People living in remote rural areas with spotty or no reception of mass media

✓ People living in shelters, for example, homeless people, runaways, or battered persons

✓ Undocumented immigrants

✓ People dependent on public transportation

✓ Rural and urban ethnic groups

✓ Religious communities (e.g., Amish, Mennonite)

✓ Seasonal or temporary populations and those in temporary locations

✓ Commuters

✓ People displaced by a disaster

✓ Schools; students, teachers, administrators, and employees at schools, universities, and boarding schools

✓ Seasonal migrant workers

✓ Seasonal tourists, residents, and workers

✓ People isolated by recreational activity (e.g., primitive campers or backpackers)

✓ Truckers, pilots, railroad engineers, and other transportation workers

✓ Military personnel

✓ Campers and staff at residential summer camps

Age

✓ Elderly with limited strength, but not disabled

✓ Senior citizens

✓ Infants

✓ Mothers with newborns

✓ Teens, school-age children, latchkey children

✓ Families with children who have health care needs

✓ Grandparents who are guardians of grandchildren

Resource Checklist

National Information Sources

- U.S. Census Bureau
  www.census.gov
  The census provides extensive data on national, state, county, and city populations.
    - State and County QuickFacts
      www.census.gov/qfd
      Population information by jurisdiction according to race/ethnic group, language other than English spoken at home, density, income, including those below poverty, foreign born, persons with disabilities over the age of five years.
    - American FactFinder
      www.factfinder.census.gov
      American FactFinder compiles data (at the sub-county/census tract level) on persons according to age and sex, origins and language, income, aging, poverty, veterans, disability, race and ethnicity, employment, and education.

- CensusScope: Your Portal to Census 2000 Data
  www.censusscope.org
  CensusScope is an easy-to-use tool for investigating U.S. demographic trends.

- MPOs and Regional Councils

- Regional councils of governments and MPOs in the United States and Worldwide
  www.abag.ca.gov/abag/other_gov/rcg.html

- National States Geographic Information Council (NSGIC)
  www.nsgic.org
  NSGIC works on the creation of intelligent maps and databases that enable public and private decision makers to make better informed and timelier decisions in a wide array of governmental areas, and can direct you to the GIS coordinator or contact for your state.

- National Association of Counties (NACo)
  www.naco.org
  NACo collects information on counties, including statistical and geographical information.

State Information Sources

- State public health departments
  www.statepublichealth.org
  Some state public health departments gather and analyze data for reports or systems including:
    - Information on the health of the state's population, the condition of the health care system, and alerts populations to the health department's most recent activities.
    - CDC's Behavioral Risk Factor Surveillance System (BRFSS) surveys are distributed to provide population characteristics for health departments.
      www.cdc.gov/brfss
    - Healthy People 2010 Health Status Improvement Objectives for the nation's compliance reports
    - State health improvement plans

- Other state agencies (an online search should help you find resources for your jurisdiction):
    - State Offices & Agencies of Emergency Management
      www.fema.gov/about/contact/statedr.shtm
    - Departments of transportation
      www.fhwa.dot.gov/webstate.htm
    - Departments of commerce
      www.commerce.gov/statemap2.html
    - Public libraries by state
      www.publiclibraries.com

- ○ Departments of ethnic affairs
- ○ Divisions for family services
- ○ Departments of education
- ○ Offices of multicultural/ minority health
- ○ Departments of mental health/mental retardation
- ○ Offices of economic development
- ○ Offices of elderly affairs/department on aging

Category Resources
Economic Disadvantage

- U.S. Census Bureau Poverty Home page:
  www.census.gov/hhes/www/poverty/poverty.html
  Official statistics on poverty in the United States

- National Center for Children in Poverty State Demographic Profiles
  http://www.nccp.org/profiles/

- Also see 50-state Demographics Data Wizard
  http://nccp.org/tools/demographics/

- Resources on Poverty Measurement, Poverty Lines, and Their History
  www.aspe.hhs.gov/poverty/contacts.shtml

- American Red Cross
  www.redcross.org

- Emergency management offices & agencies
  www.fema.gov/about/contact/statedr.shtm

- United Way and funded organizations
  http://www.efsp.unitedway.org/EFSP/wc.dll?EFSP~FundedStates

- 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, racial and ethnic minority organizations)

- FBOs
  - ○ White House Office of Faith-based and Community Initiatives provides links to state liaisons and other information
    www.whitehouse.gov/government/fbci/contact-states.html
  - ○ Salvation Army, Catholic Charities, Lutheran Social Services, church schools, urban ministries

- Disaster Response: National Voluntary Organization Active in Disaster (NVOAD)
  www.nvoad.org

- Area Health Education Centers (AHEC)
  www.nationalahec.org

- Primary Care Public Housing Health Center
  http://newsroom.hrsa.gov/inside-hrsa/aug07/phpc.htm

- Community Action Partnership
  www.communityactionpartnership.com

- National Health Law Program (NHeLP): Working for justice in health care for low income people
  www.healthlaw.org

LANGUAGE AND LITERACY

- The Modern Language Association (MLA)
  www.mla.org
  - The MLA Language Map
    www.mla.org/map_main
    Uses Census data to locate and display a map of speakers of 30 languages spoken in the
    United States (based on English as a Second Language homes).

- The 2003 National Assessment of Adult Literacy (NAAL)
  http://nces.ed.gov/naal/kf_demographics.asp

- Health Literacy
  http://nces.ed.gov/naal/health.asp

- Federal Interagency Working Group on Limited English Proficiency
  www.lep.gov

- Office for Refugees and Immigrants
  www.ncsl.org/programs/immig/immigstateoffices05.htm

- Office of Minority Health
  www.omhrc.gov

- 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)

- National Council of La Raza (NCLR)
  www.nclr.org

- Business resources (e.g., ethnic grocers, translation services)

- New America Media
  www.newamericamedia.org

- CBOs - community-based organizations (e.g., multicultural community centers, immigrant
  assistance services, racial and ethnic minority organizations)

- Indian Health Service
  www.ihs.gov

- Culture-specific houses of worship and FBOs - faith-based organizations

- White House Office of Faith-based and Community Initiatives
  www.whitehouse.gov/government/fbci

- Diversity RX
  www.diversityrx.org

- Refugee Health Promotion and Disease Prevention (RHPDP) Initiative
  http://www.refugeewellbeing.samhsa.gov/

- Migrant Health Centers
  http://www.migranthealth.org/

- National Center for Cultural Competence (NCCC)
  www.georgetown.edu/research/gucchd/nccc

- National Council on Interpreting in Health Care (NCIHC)
  www.ncihc.org

- American Translators Association (ATA) Online directories to find professional translator or interpreters
  www.atanet.org/onlinedirectories

- National Health Law Program (NHeLP)
  www.healthlaw.org

- Hablamos Juntos: Language Policy and Practice in Health Care.
  www.hablamosjuntos.org
  See web site for signs that work (universal symbols for health care) and Interpreter Services

MEDICAL ISSUES AND DISABILITY (physical, mental, cognitive, or sensory)

- National Organization on Disability
  www.NOD.org
  The mission of the National Organization on Disability (N.O.D.) is to expand the participation and
  contribution of America's 54 million men, women and children with disabilities in all aspects of life
  By raising disability awareness through programs and information, together we can work toward
  closing the participation gaps.

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  www.samhsa.gov
  A public health agency within the HHS, responsible for improving the accountability, capacity, and effectiveness
  of the nation's substance abuse prevention, addictions, treatment, and mental health services delivery system.

- National Alliance on Mental Illness (NAMI) and state and local NAMIs
  www.nami.org
  The nation's largest grass-roots mental health organization dedicated to improving the lives of
  persons living with serious mental illness and their families.

- State departments and divisions of mental health
  www.state.sc.us/dmh/usa_map.htm

- State departments of social services

- Salvation Army
  www.salvationarmyusa.org

- County government/quasi-governmental agencies (e.g., centers for developmental disabilities and
  mental health, schools for the blind and visually impaired)

- City government/quasi-governmental agencies (e.g., city human relations departments, local
  health departments)

- CBOs (e.g., Veterans Affairs hospitals, council on disability)

- FBOs

- White House Office of Faith-based and Community Initiatives
  www.whitehouse.gov/government/fbci

- Nursing homes and other full-time care facilities

- Department of Human Services Interagency Coordinating Council on Emergency Preparedness and Individuals
  with Disabilities www.disabilitypreparedness.gov

- Area Health Education Centers (AHEC)
  www.nationalahec.org

- Health Centers
  www.bphc.hrsa.gov

- Bureau of Primary Health Care
  www.ask.hrsa.gov

- Refugee Mental Health Links
  http://www.refugeewellbeing.samhsa.gov/Contacts.aspx

- Mental Health America (MHA) Affiliate Network search page
  www.mentalhealthamerica.net

ISOLATION (cultural, geographic, or social)

- The National Center for Cultural Competence (NCCC)
  www.georgetown.edu/research/gucchd/nccc
  The NCCC works to strengthen the cultural competence of health and mental health programs.
    ○ NCCC Database: 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 websites. www.georgetown.edu/research/gucchd/nccc/resources/database.html

- U.S. Citizenship and Immigration Services
  www.uscis.gov

- MPOs
  www.ampo.org

- Departments of transportation
  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)

- National Center for Cultural Competence (NCCC)
  www.georgetown.edu/research/gucchd/nccc

- Business resources (e.g., hotel associations and visitors organizations, barbers, hair salons, rural markets)

- CBOs (e.g., rural health initiatives, prenatal/pregnancy health services, local ham radio emergency services)

- American Civil Liberties Union, Immigrants' Rights Project
  www.aclu.org

- FBOs, urban ministries and delivery programs, culture-specific houses of worship

- Single parent/caregiver support programs

- Compendium of Cultural Competence Initiatives in Health Care - Henry J. Kaiser Foundation
  www.kff.org/uninsured/6067-index.cfm

- Cultural Competency - Office of Minority Health
  www.omhrc.gov

- The Urban Institute
  www.urban.org
  The Urban Institute provides information on immigration, including information on impacts, integration of families and children, labor market, settlement patterns, and undocumented immigrants. The Urban Institute publishes New Neighbors: A User's Guide to Data on Immigrants in the U.S. Communities

- National Council of La Raza (NCLR)
  www.nclr.org
  The largest national civil rights and advocacy organization in the United States. NCLR works to improve opportunities for Hispanic Americans.

- The Pew Hispanic Center
  www.pewhispanic.org
  A nonpartisan information 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, identity, nationalities, economics, immigration, and education.

- New Patterns of Hispanic Settlement in Rural America
  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 about the movement of the Hispanic population in the United States.

- Asian and Pacific Islander (API) American Health Forum
  www.apiahf.org

- The API Center for Census Information and Services
  www.apiahf.org/programs/accis
  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.

- Tribal governments

- National Congress of American Indians (NCAI)
  www.ncai.org
  Serving as the major national tribal government organization, NCAI is positioned to monitor federal policy and coordinated efforts to inform federal decisions that affect tribal government interests.

- National Indian Health Board
  www.nihb.org
  NIHB advocates on behalf of all Tribal Governments and American Indians/Alaska Natives in their efforts to provide quality health care.

AGE

- National Association of Area Agencies on Aging
  www.n4a.org

- State department of education
  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)

- FBOs (e.g., child and adult daycare, day programs, children's camps)

- Child and adult daycare centers

- Senior living facilities

- American Association of Retired Persons (AARP)
  www.aarp.org

- Schools

- Maternal and child health providers, practitioners and professional organizations

- Migrant Health Centers
  www.bphc.hrsa.gov/migrant

- Migrant worker organizations

- Health Care for the Homeless Health Centers
  www.bphc.hrsa.gov

- Federal Interagency Forum on Aging Related Statistics
  http://www.agingstats.gov/Agingstatsdotnet/Main_Site/Contacts/Resource_Links.aspx

- Links to Aging-Related Statistical Information on Forum member websites

- Forum on Child and Family Statistics
  www.ChildStats.gov
  This website offers easy access to statistics and reports on children and families, including: population and family characteristics, economic security, health, behavior and social environment, and education

- Association Maternal Child Health Programs
  www.amchp.org

Resource Dictionary

2-1-1

www.211.org

2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. United Way chapters across America are spearheading the implementation of 2-1-1. United Way of America and the Alliance for Information and Referral Systems strongly support federal funding so that every American has access to this essential service.

American Association on Intellectual and Developmental Disabilities (AAIDD)

www.aamr.org

AAIDD is an organization that promotes policies, information, and human rights for people with intellectual and developmental disabilities.
Also see disability resource list at www.aamr.org/About_AAMR/resources.shtml

American Foundation for the Blind (AFB)

www.afb.org

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

American Red Cross

www.redcross.org

The American Red Cross offers humanitarian care to the victims of war and aids victims of devastating natural disasters. Over the years, the organization has expanded its services, with the aim of preventing and relieving suffering.

Area Agency on Aging (AAA)

www.n4a.org

The AAAs provide local services that make it possible for older individuals to remain at home, preserving their independence.

Area Health Education Centers (AHEC)

www.nationalahec.org

The AHEC (Area Health Education Centers) program was developed by Congress in 1971 to recruit, train and retain a health professions workforce committed to underserved populations. Together, with the Health Education and Training Centers program, helps bring the resources of academic medicine to bear in addressing local community health needs. By their very structure, AHECs and HETCs are able to respond in a flexible and creative manner in adapting national health initiatives to the particular needs of the nation's most vulnerable communities.

Asian and Pacific Islander Health Forum (AAPIHF)

www.apiahf.org

A national advocacy organization that promotes policy, program, and study to improve the health and well-being of Asian American and Pacific Islander communities.

Behavior Risk Factor Surveillance System (BRFSS)

www.cdc.gov/brfss

CDC's BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Conducted by the 50 state health departments as well as those in the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands with support from CDC, BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more. Federal, state, and local health officials use this information to track health risks, identify emerging problems, prevent disease, and improve treatment.

BRFSS Operational and User's Guide

ftp.cdc.gov/pub/Data/Brfss/userguide.pdf

The User's Guide is a manual covering all aspects of BRFSS survey operations and includes information on many aspects of the BRFSS survey that can help you as you develop survey tools and need to train people to conduct telephone surveys.

CDC Emergency Preparedness & Response
www.bt.cdc.gov
This site is intended to increase the nation's ability to prepare for and respond to public health emergencies. This site provides information on preparing for specific hazards such as bioterrorism, chemical emergencies, radiation emergencies, mass casualties, and natural disasters and severe weather.

Centers for Independent Living (CIL)
www.ed.gov/programs/cil
CILs are non-residential, private, and CBOs that provide services for individuals with all types of disabilities. The CILs program provides grants for agencies that are designed and operated within a local community by individuals with disabilities and provide an array of services. At a minimum, centers must provide core services (information and referral, independent living skills training, peer counseling, and individual and systems advocacy) and most centers also provide additional services such as community planning and decision making; school-based peer counseling, role modeling, and skills training; working with local governments and employers to open and facilitate employment opportunities; interacting with local, state, and federal legislators; and staging recreational events that integrate individuals with disabilities with their able-bodied peers.

Community Action Agencies (CAA)
www.communityactionpartnership.com
CAAs work to fight poverty at the local level. The Community Action Partnership was established in 1971 as the National Association of Community Action Agencies and is the national organization representing the interests of the 1,000 CAAs working to fight poverty at the local level.

Community Development Block Grant Program (CDBG)
www.hud.gov/offices/cpd/communitydevelopment/programs
The CDBG program is a flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD.

The CDBG program works to ensure decent affordable housing, to provide services to the most vulnerable in our communities, and to create jobs through the expansion and retention of businesses. CDBG helps local governments tackle serious challenges facing their communities. The CDBG program has made a difference in the lives of millions of people and their communities across the nation.

Office of Community Planning and Development (CPD)
http://www.hud.gov/offices/cpd
The Office of Community Planning and Development (CPD), U.S. Department of Housing and Urban Development (HUD) seeks to develop viable communities by promoting integrated approaches that provide decent housing, a suitable living environment, and expand economic opportunities for low and moderate income persons. The primary means is the development of partnerships among all levels of government and the private sector, including for-profit and non-profit organizations.

Crisis and Emergency Risk Communication (CERC)
http://publichealth.yale.edu/ycphp/CERCFiles/TrainerResources/CDCCERC_Book.pdf
Published by CDC in 2002, this resource provides tools for communicating to the public, media, partners and stakeholders during an intense public health emergency.

- **CERC: For Leaders by Leaders**
  www.cdc.gov/communication/emergency/leaders.pdf
  Developed in 2005, this course provides tools for speaking to the public, media, partners and stakeholders during an intense public-safety emergency, including terrorism.

- **Fundamentals of Crisis and Emergency Risk Communication (CERC)**
  http://publichealth.yale.edu/ycphp/cerc.html
  This toolkit developed by Yale Center for Public Health Preparedness to support a "train the trainer" program for state and local public health practitioners in public health emergency preparedness.

- **Emergency Risk Communication CDCynergy**
  www.orau.gov/cdcynergy/erc
  Based on CERC principles, ERC CDCynergy is a step-by-step tutorial and performance support tool to help federal, state, and local public health communicators systematically plan, implement, and evaluate emergency health communications. Contained on a single CD-ROM, ERC CDCynergy contains resources, examples, and tools for pre-event planning and preparation, communication response during and after an event, and advice from risk communication experts.

Disability Preparedness Center
www.disabilitypreparedness.gov
This disability preparedness web site provides practical information on how people with and without disabilities can prepare for an emergency. It also provides information for family members and service providers of people with disabilities. In addition, this site includes information for emergency planners and first responders to help them prepare for serving persons with disabilities.

Diversity Rx
http://www.diversityrx.org
A clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care.

Emergency Food and Shelter Programs (EFSP)
www.efsp.unitedway.org
The EFSP is an organization created to supplement the work of local social service organizations within the United States to help people in need of emergency assistance – shelter, food, and other support services.

Federal Emergency Management Agency (FEMA)
www.fema.gov
FEMA's continuing mission within the DHS is to lead the effort to prepare the nation for all hazards and effectively manage federal response and recovery efforts following any national incident. FEMA also initiates proactive mitigation activities, trains first responders, and manages the National Flood Insurance Program.

- Resources for Individuals with Special Needs
  www.fema.gov/plan/prepare/specialplans.shtm
  Additional steps individuals with disabilities or special needs should take to prepare or respond to a disaster.

First Hours: Communicating in the First Hours
www.emergency.cdc.gov/firsthours
The Office of Public Affairs of the HHS and the CDC have developed messages and other resources for federal, state, local, and tribal public health officials to use during a response to an emergency. The messages apply to all Category A Biological Agents, as classified by CDC, as well as messages about chemical and radiological events and suicide bombing and were written to be used by federal public health officials and to be adapted for the use of state and local public health officials during a terrorist attack or suspected attack.

- Use these messages as follows:
  - To communicate with the public during a terrorist attack or a suspected attack
  - To adapt for a specific event (These messages were written for fictitious situations, so assumptions were made about an event.)
  - To provide information during the first hours of an event
  - To save precious moments during the initial response time and to buy the time necessary for public health leaders to develop more specific messages

Geographic Information System (GIS)
GIS is a system for creating, storing, analyzing and managing spatial data and associated attributes. In the strictest sense, it is a computer system capable of integrating, storing, editing, analyzing, sharing, and displaying geographically-referenced information. In a more generic sense, GIS is a tool that allows users to create interactive queries (user created searches), analyze the spatial information, and edit data. Geographic information science is the science underlying the applications and systems, taught as a degree program by several universities.

Health Centers

bphc.hrsa.gov

The diverse public and non-profit organizations and programs that receive federal funding under section 330 of the Public Health Service (PHS) Act, as amended by the Health Centers Consolidated Act of 1996 (P.L. 104-299) and the Safety Net Amendments of 2002. They include:

- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Health Centers
- Primary Care Public Housing Health Centers

Health Centers are characterized by five essential elements that differentiate them from other providers:

- They must be located in or serve a high need community, i.e. "medically underserved areas" or "medically underserved populations";
- They must provide comprehensive primary care services as well as supportive services such as translation and transportation services that promote access to health care;
- Their services must be available to all residents of their service areas, with fees adjusted upon patients' ability to pay;
- They must be governed by a community board with a majority of members health center patients; and,
- They must meet other performance and accountability requirements regarding their administrative, clinical, and financial operations.

Health Insurance Portability and Accountability Act (HIPAA)

www.hhs.gov/ocr/hipaa

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The HHS issued the Privacy Rule to implement the requirement of theHIPAA. The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

Indian Health Service (IHS)

http://www.ihs.gov

HIS IHS is the federal health program to promote healthy American Indian and Alaska Native people, communities, and cultures.

Meals On Wheels Association of America (MOWAA)

http://www.mowaa.org/

The oldest and largest organization in the United States representing those who provide meal services to people in need, MOWAA works toward the social, physical, nutritional, and economic betterment of vulnerable Americans.

The MOWAA provides the tools and information its programs need to make a difference in the lives of others. It also gives cash grants to local senior meal programs throughout the country to assist in providing meals and other nutrition services.

Mental Health America (MHA)
www.nmha.org or www.mentalhealthamerica.net
Formerly National Mental Health Association (NMHA), a nonprofit organization addressing all aspects of mental health and mental illness.

Modern Language Association (MLA) Language Map
www.mla.org/map_main
The MLA Language Map and its Data Center provide information about more than 47,000,000 people in the United States who speak languages other than English at home. It uses data from the 2000 U.S. Census to display the locations and numbers of speakers of 30 languages in the United States.

National Assessment of Adult Literacy
http://nces.ed.gov/naal/
The 2003 National Assessment of Adult Literacy is a nationally representative assessment of English literacy among American adults age 16 and older. Sponsored by the National Center for Education Statistics (NCES), NAAL is the nation's most comprehensive measure of adult literacy since the 1992 National Adult Literacy Survey (NALS).

- Health Literacy Component
  http://nces.ed.gov/naal/health.asp
  Introduces the first-ever national assessment of adults' ability to use their literacy skills in understanding health-related materials and forms

National Area Health Education Center (AHEC) Organization (NAO)
http://www.nationalahec.org
The national organization to support and advance the Area Health Education Center (AHEC)/Health Education Training Center (HETC) network in improving the health of individuals and communities by transforming health care through education.

There are currently 50 AHEC programs with more than 200 centers and a dozen HETCs operating in almost every state and the District of Columbia. Approximately 120 medical schools and 600 nursing and allied health schools work collaboratively with AHECs and HETCs to improve health for underserved and under-represented populations.

National Alliance on Mental Illness (NAMI)
http://www.nami.org
The nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a national organization including NAMI organizations in every state and in over 1,100 local communities across the country who join together to meet the NAMI mission through support, education, and advocacy

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

National Association on Alcohol, Drugs, and Disability (NAADD)
http://www.naadd.org
NAADD promotes awareness and education about substance abuse among people with co-existing disabilities.

National Association of Counties (NACo)
www.naco.org
NACo is the only national organization that represents county governments in the United States. NACo understands the importance of strong public-private partnerships and is committed to assisting counties and businesses explore new, innovative ways of working together.

National Association of Regional Councils (NARC)
http://www.narc.org
NARC is a non-profit organization that represents pro-active, multi-functional, full-service organizations that serve local units of government. Members are local elected officials and professionals who work with community leaders and citizens in several core areas, such as transportation, community and economic development, environmental quality, homeland security and emergency preparedness.

National Center for Cultural Competence (NCCC)
www11.georgetown.edu/research/gucchd/nccc
The mission of the NCCC is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

NCCC Resource Database
www4.georgetown.edu/research/gucchd/nccc/app/resources/index.cfm
The NCCC Resource Database includes of a wide range of resources on cultural and linguistic competence (e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and Websites, etc.). The NCCC uses specific review criteria for the inclusion of these resources. As part of the NCCC's web-based technical assistance, a selected searchable bibliography of these resources is made available online. The database is not an exhaustive listing and it is updated on a regular basis.

National Center for Frontier Communities
http://www.frontierus.org
The only national organization dedicated to the smallest and most geographically isolated communities in the United States - the frontier. The Center operates a clearinghouse for Frontier communities as a central point of contact for referrals, information exchange, and networking among geographically separated communities.

National Council on Aging (NCOA)
http://www.ncoa.org
NCOA is a nonprofit service and advocacy organization headquartered whose mission is to improve the lives of older Americans.

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

National Council on Independent Living (NCIL)
http://www.ncil.org
NCIL is a membership organization that advances independent living and the rights of those with disabilities.

National Council of La Raza (NCLR)
www.nclr.org
The NCLR is the largest national Latino civil rights and advocacy organization in the United States. NCLR works to improve opportunities for Hispanic Americans.

National Council on Interpreting in Health Care (NCIHC)
http://www.ncihc.org
NCIHC is committed to promoting ethics, standards and quality for medical interpreters in the United States.

National Family Association for the Deaf-Blind (NFADB)
http://www.nfadb.org
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 Indian Health Board
http://www.nihb.org
The National Indian Health Board advocates on behalf of Tribal Governments and American Indians/Alaska Natives in their efforts to provide quality health care.

National Oceanic and Atmospheric Administration (NOAA)
NOAA Weather Radio All Hazards (NWR)
http://www.nws.noaa.gov/nwr
A nationwide network of radio stations broadcasting continuous weather information directly from the nearest National Weather Service office. NWR broadcasts official Weather Service warnings, watches, forecasts and

other hazard information 24 hours a day, 7 days a week. Working with the Federal Communication Commission's Emergency Alert System, NWR is an "All Hazards" radio network, making it a single source for comprehensive weather and emergency information. In conjunction with federal, state, and local emergency managers and other public officials, NWR also broadcasts warning and post-event information for all types of hazards – including natural (such as earthquakes or avalanches), environmental (such as chemical releases or oil spills), and public safety (such as AMBER alerts or 911 Telephone outages).

National Organization on Disability (NOD)
http://www.nod.org
The mission of the National Organization on Disability (NOD) is to expand the participation and contribution of America's 54 million men, women, and children with disabilities in all aspects of life. By raising disability awareness through programs and information, together we can work toward closing the participation gaps.

National Rural Health Association (NRHA)
http://www.nrharural.org
NRHA is a national nonprofit membership organization. NRHA's mission is to improve the health and wellbeing of rural Americans and to provide leadership on rural health issues through advocacy, communications, and education.

National Standards for Culturally and Linguistically Appropriate Services (CLAS)
http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf
The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services. Ultimately, the aim of the standards is to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans. There are 14 CLAS standards organized by themes:

- Culturally Competent Care (Standards 1-3),

- Language Access Services (Standards 4-7)

- Organizational Supports for Cultural Competence (Standards 8-14)

They include three types of standards of varying stringency:

- CLAS mandates are current federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

- CLAS guidelines are activities recommended by the Office of Minority Health (OMH) for adoption as mandates by federal, state, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

- CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Additional resources to help you apply the CLAS standards:

- Diversity Rx
  www.DiversityRx.org

- National Center for Cultural Competence (NCCC)
  www11.georgetown.edu/research/gucchd/nccc

National States Geographic Information Council (NSGIC)
http://www.nsgic.org
NSGIC is committed to efficient and effective government through the prudent adoption of geospatial information technologies (GIT). Members of NSGIC include senior state GIS managers and coordinators.

National Voluntary Organizations Active in Disaster (NVOAD)
http://www.nvoad.org
NVOAD is an organization that coordinates planning efforts by many voluntary organizations responding to disaster. NVOAD is not itself a service delivery organization. Instead, it upholds the privilege of its members to independently provide relief and recovery services, while expecting them to do so cooperatively. NVOAD is committed to the idea

that the best time to train, prepare, and become acquainted with each other is prior to the actual disaster response. Organizations and agencies that wish to become NVOAD members go through an application process and need to demonstrate their capability to work within the parameters agreed to by the members of NVOAD.

New America Media (NAM)
http://www.newamericamedia.org
NAM is the country's first and largest national collaboration of ethnic news organizations. Founded by the nonprofit Pacific News Service in 1996, NAM is headquartered in California, where ethnic media are the primary source of news and information for over half of the state's new ethnic majority.

NOAA Weather Radio
See National Oceanic & Atmospheric Administration

Paralyzed Veterans of America (PVA)
http://www.pva.org
Congressionally chartered veterans service organization with a unique expertise on the special needs of veterans.

Pew Hispanic Center
pewhispanic.org
The Pew Hispanic Center is a nonpartisan research organization that works to improve understanding of the U.S. Hispanic population.

Refugee Health Promotion & Disease Prevention (RHPDP) Initiative/Office of Refugee Resettlement (ORR)
http://www.refugeewellbeing.samhsa.gov
An approach to health and mental health to increase awareness and interest in health promotion and disease prevention programs targeting refugees, and provide information and tools to assist organizations in related activities and services. The overall objective of this initiative is to increase the health and well-being of high risk refugee populations in the United States.

Regional Councils
http://www.narc.org
Regional Councils are multi-service entities with state and locally defined boundaries that may deliver federal, state, and local programs while functioning as planning organizations. They are accountable to local units of government and typically work in comprehensive and transportation planning, economic development, workforce development, the environment, services for the elderly, and clearinghouse functions. According to the National Association of Regional Councils (NARC), nearly half of all MPOs operate as part of a Regional Council.

Registry of Interpreters for the Deaf (RID)
www.rid.org
A national membership organization of professionals who provide sign language interpreting/ transliterating services for deaf and hard of hearing persons.

Reverse 911
http://www.reverse911.com
REVERSE 911® is a communications solution that uses a patented combination of database and GIS mapping technologies to deliver outbound notifications. Users can quickly target a precise geographic area and saturate it with thousands of calls per hour. The system's interactive technology provides immediate interaction with recipients and aids in rapid response to specific needs.

Users can also create a list of individuals with common characteristics (such as a Neighborhood Crime Watch group or emergency responder teams) and contact them with helpful information as needed. REVERSE 911® is used effectively in thousands of communities, counties, commercial businesses, schools and non-profit organizations to dramatically improve the lines of communication to the general population and targeted groups.

Snapshots of Data for Communities Nation-Wide (SNAPS)

SNAPS provides local level community profile information nation-wide. It can be browsed by county and state and searched by zip code. SNAPS serves as a valuable tool when responding to public health emergencies at the state, tribal, and local levels. It provides a "snapshot" of key variables for consideration in guiding and tailoring health education and communication efforts to ensure diverse audiences receive critical public health messages that are accessible, understandable, and timely.

Online access to SNAPS is available at: http://www.bt.cdc.gov/snaps/. Additional information and SNAP CD-ROMS can be requested by contacting the ECS Community Health Education Team at 404-639-0568.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

wwww.fns.usda.gov/wic
WIC serves to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

The Sphere Project

http://www.sphereproject.org
Launched in 1997 by a group of humanitarian Non-governmental Organizations and the Red Cross and Red Crescent movement, Sphere has an international scope and is based on two core beliefs: first, that all possible steps should be taken to alleviate human suffering arising out of calamity and conflict, and second, that those affected by disaster have a right to life with dignity and therefore a right to assistance. Sphere is three things: a handbook outlining minimum standards of support, a broad process of collaboration, and an expression of commitment to quality and accountability.

Strategic National Stockpile (SNS)

http://www.bt.cdc.gov/stockpile
CDC's Strategic National Stockpile is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories. Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

Substance Abuse and Mental Health Services Administration (SAMHSA)

http://www.samhsa.gov
A public health agency within the HHS, responsible for improving the accountability, capacity and effectiveness of the nation's substance abuse prevention, addictions, treatment, and mental health services delivery system.

Tips for First Responders (2nd Edition)

cdd.unm.edu/products/tips_web020205.pdf
This booklet provides tips for first responders on dealing with specific populations, including: seniors, people with service animals, mobility impairments, autism, deaf or hard of hearing, blind or visually impaired, cognitive disabilities, multiple chemical sensitivities, and mentally ill.

Trust for America's Health (TFAH)

http://www.tfah.org
TFAH is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

TFAH released the fourth annual report: *Ready or Not? Protecting the Public's Health from Disease, Disasters, and Bioterrorism in December 2006.*
www.healthyamericans.org/reports/bioterror06/BioTerrorReport2006.pdf

U.S. Census Bureau

http://www.census.gov
Part of the U.S. Department of Commerce, the U.S. Census enumerates the population once every ten years, and collects statistics about the nation, its people, and economy.

U.S. Citizenship and Immigration Services
http://www.uscis.gov
Responsible for the administration of immigration and naturalization adjudication functions and establishing immigration services, policies, and priorities.

The United Way
http://www.unitedway.org
The United Way is an overarching organization that mobilizes local leaders and their communities to identify and address local human needs.

Women and Infants Service Package (WISP)
National Working Group for Woman and Infant Needs in Emergencies in the United States
www.whiteribbonalliance.org/resources/documents/wisp.final.07.27.07.pdf
The goal of WISP is to ensure that the health care needs of pregnant women, new mothers, fragile newborns, and infants are adequately met during and after a disaster. The guidelines are intended to aid emergency planners and managers, maternal and child health organizations, professional associations, and federal, state and local government agencies.

Templates

Database Template to Develop Your COIN

Organization	First Name	Last Name	Title	Address	City	State	Zip	Phone	Email
Overarching Organizations									
Government Agencies									
MPO									
FBO and CBO									
Advocacy Groups									
Other									

Sample Telephone Survey Template

Hello, my name is _____NAME_____. I am with _____ORGANIZATION_____.

We are conducting a brief survey to help us define our at-risk 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).

We are collecting information to help us locate and reach at-risk populations with health care and emergency preparedness information.

Let's begin the survey.

- What distinguishes the community you live in from others in the nation or state?

- How would you define at-risk populations?

- Who are the at-risk populations in the community?

- What population trends are occurring in the community that might impact at-risk 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 at-risk 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, has barriers to communication, or is hard to reach?

- Which populations are easiest to reach?

- Which populations are the hardest to reach? Why?

- What is the biggest gap in communicating with at-risk 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?

- What are the most common methods of sharing information with members of the group (e.g., written materials, radio, in-person conversations)?

- On average, what is the highest level of education achieved by most members of the group?

Thank you for your time and answers. Goodbye.

Training interviewers so they collect accurate information is very important. Please refer to The Behavioral and Risk Factor Surveillance System (BRFSS) Operational and User's Guide at: ftp://ftp.cdc.gov/pub/Data/Brfss/userguide. pdf for more information about properly conducting a survey. The User's Guide is a manual covering all aspects of BRFSS survey operations and includes information on many aspects of the BRFSS survey, including the following:

- Processes of the BRFSS
- Survey protocol
- Survey methodology
- Quality assurance, funding
- Staffing
- Reference material

- Data use and promotion
- Tips and pointers from the states
- Questionnaire development
- Data collection and management
- Survey methodology
- Reference material

Build a Digital Map for Your COIN: Using Free Online Software

We recommend enlisting the help of a GIS professional (through your agency or by partnering with other agencies with this expertise) for generating digital maps to locate the at-risk populations you have identified from secondary data. However, as you collect address/location information for your network, there are two online tools that can help you generate maps showing exactly where your COIN members are located. You can even "zoom in" to satellite photography and see what the location looks like. The directions on the Web sites listed below are very good, and we include the following information to help you understand the tools and anticipate using them.

The Map Multiple Locations online tool at (www.batchgeocode.com) will let you generate simple maps based on address information you provide in a spreadsheet format. You can also generate a file that will open in the free Google Earth software (earth.google.com) allowing you to actually view the location using satellite photography.

Here are some tips:

- If you will want to look at satellite photos of your network member locations, you will need to download and install the free Google Earth software: www.earth.google.com. If you do not have administrator rights on your computer at work, you will need to have someone from your IT department download the software for you.

- Go to the geocoding website (www.batchgeocode.com) and follow their directions to use an Excel spreadsheet to "geocode" your addresses so they can be used to generate maps. This should be easy to do if you have been using Excel to develop your database.

- To view your map in Google Earth, go to the bottom of the geocoding page and select the button "Download to Google Earth (KML) File." Save the .kml file generated from your data. You must have already installed the Google Earth free software AND have Internet access for this next step to work: Double click on .kml file you saved from the geocoding Web site, and it will launch Google Earth and let you zoom in an look at the location.

- Think about generating different maps to show network members for the different at-risk populations you have located (such as blind, deaf, rural, etc.) by creating separate geocoded files for Google Earth.

Questionnaire Template/Phone Script

Hello, my name is _____ with _____.

We are currently working in the community to identify and reach at-risk populations to improve day-to-day communication and to be prepared to reach them in an emergency. I've done some searching and I understand that your organization serves _____ in _____.

We want to improve our ability to communicate with at-risk populations in the community. Would someone in your organization be willing to assist us by answering some questions about your organization, the populations it serves, and its communication capabilities?

Sample Questions:

- What populations does your organization serve?
- What are your organization's outreach capabilities?
- How many people do you serve?
- Where is your organization located?
- What geographic areas does your organization serve?
- How do your communicate with or reach the populations you serve?
    - U.S. Mail address list
    - Phone or fax list
    - E-mail listserv
    - Other
- Do you target messaging specifically for different populations?
- Would you consider your organization to be an overarching organization?
- Does your organization have member organizations?
    - If so, who are they?
    - If not, how does your organization fit in your community's communication chain?

If the phone conversation goes well and the organization representative seems to fit with your goals and objectives:

- Ask them for his/her contact information
- Try to schedule a meeting to talk more in depth about future and ongoing formal or informal collaboration.

Memorandum of Understanding Template

This document serves as a Memorandum of Understanding (MOU) between:
<Your Agency Name> AND <Community Organization Name>

General Purpose: To provide <Your Agency Name> with _____
_____

This collaboration supports improved communication with at-risk populations for emergency preparedness planning and information dissemination during emergencies.

Agreement:

<Community Organization Name> agrees to:

1.

2.

3.

<Your Agency Name> agrees to:

1.

2.

3.

If <Community Organization Name> staff have any questions that cannot be answered through <Community Organization Name>, they should contact <Your Agency Contact Person> at <Your Agency Name Contact Person> <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 Community Agency_____ Name of Your Agency_____

Address_____Address_____

City, _____ST___ ZIP _____ City, _____ST____ZIP_____

Telephone number_____ Telephone number_____

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. Our organizations could work well together on behalf of <at-risk Population> to improve daily communication as well as for emergency preparedness planning before an emergency and for information dissemination during an emergency. In the meeting, we agreed that the purpose of our collaboration is to

_____

_____.

Our common goals and objectives were identified as:

Goals

    1.

    2.

    3.

Objectives

    1.

    2.

    3.

Your organization, <Community Organization Name>, will fulfill the following roles, and/ or provide the following services:

-
-
-

Name
Title
Phone
Fax
E-mail

Team members involved will be:
The <Your Agency Name> will fulfill the following roles, and/ or provide the following services:

-
-
-

Name
Title
Phone
Fax
E-mail

Team members involved will be:
The collaboration will begin on <DATE> and end on <DATE>, at which time the partnership goals and objectives will be reviewed and a new collaboration document will be created. The terms of the agreement will only be activated upon the <Your Agency Name> receiving a signed copy of the agreement letter from your organization.

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

-

-

-

<Community Organization Name> will be responsible for the following in-kind contributions:

-

-

-

This document is an agreed collaboration between two organizations – <Your Agency Name and Community 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 Community Agency_____ Name of Your Agency_____

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,

<Your Name>

<Your Agency Name>

Focus Group, Interview, or Roundtable Discussion Template

The purpose of a focus group is to reveal the in-depth attitudes, perceptions, and behaviors of at-risk populations in your community. This information can be used to augment the existing emergency communication plans. 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 health care 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 to you?
- In the past, what has kept you from receiving important information?

Interview/Survey Template: Learning From Other Organizations

Conduct an interview or a survey with people in and outside your agency who routinely communicate with members of at-risk populations. Use this information to augment your existing emergency communication plans. A survey or interview list could include:

- Professionals such as first responders – fire, police, and emergency medical services
- People in charge of programs such as WIC or Meals on Wheels
- Instructors in ESL classes
- Health care practitioners
- Utility companies
- Church groups

You will be able to use this information to start planning ways to augment your existing communication plan to include at-risk population outreach.

- Do you have a list of at-risk 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? Do you use U.S. postal address or physical location (street address) lists, phone numbers, fax lists, e-mail listserv, or other means?
- 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

Consider linking this with the Health Alert Network in your state.

Inserts
At-a-Glance: Defining At-risk Populations

Step 1 – Collect population information and data
Use U.S. Census Bureau 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).

Step 2 – Estimate the number of people in at-risk populations who live in your community
Work with your health, emergency, and safety professionals, and other community partners to agree on the definitions you will use for at-risk populations in your community.

Step 3 – Identify overarching organizations/government agencies and the key contacts there that can help you
Collect phone numbers, e-mail addresses, and postal addresses.

Step 4 – Facilitate discussions with key contacts
Topics can include:

- The process of defining at-risk 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 5 – Stay in touch
Keep your partners engaged. Ensure they remain updated on your activities and that you keep up-to-date on any turnover or staff transitions.

How to Use the Information
Develop a simple database that includes your partner contact information. This database will grow throughout the process.

At-a-Glance: Locating At-risk Populations

Step 1 – Assess existing departmental processes to locate at-risk populations

Step 2 – Choose digital mapping or alternate methods
Use Census and other data previously collected to map locations where there are significant numbers of people who are members of at-risk populations. This will help provide a visual representation of where your populations are. Consider working with partner organizations, such as a local Metropolitan Planning Organization (MPO) if departmental resources are not available for digital mapping programs. Also consider using colored pins or dots placed on a map of your community.

Step 3 – Locate and map gathering places for the at-risk populations you have identified.
Create a map that shows the locations of community centers, missions, churches, or grocery stores that might be used by at-risk populations in an emergency.

Step 4 – Identify and map trusted sources in the at-risk communities
It is important to find contacts and service providers representing the at-risk population groups, and to know where they can be reached during an emergency.

Step 5 — Facilitate discussions with representatives from community organizations connected with at-risk populations
Talk with leaders and representatives from community organizations that are connected with at-risk populations. Meeting face-to-face the first time will do a lot to build trust and build a solid foundation for an ongoing successful working partnership. Arrange roundtable meetings or conference calls. Discuss goals, objectives, roles, and common issues surrounding the challenges in accurately finding at-risk populations.

Step 6 – Expand your COIN to include service providers, businesses and others who work with, represent and belong to at-risk populations. Members of this network are your community collaborators and program partners. Maintain regular contact with the COIN members through a newsletter, conferences calls, or meetings.

How to Use the Information

- Expand your database by adding contact information for community collaborators and program partners.

- Review the community organizations that helped you locate at-risk populations.

- Develop policies and procedures for the information you gather and maintain confidentiality of contact information for your COIN members.

At-a-Glance: Reaching At-risk Populations

Step 1 – Survey agencies and organizations to learn about their successes and failures
Learn about their successes and failures other departments have faced in reaching at-risk populations.

Step 2 – Conduct focus groups or community roundtables
Focus groups or community roundtables with members of different at-risk population groups can identify their needs and barriers to communication.

Step 3 – Analyze data gathered from the surveys, focus groups, and your previous assessment efforts

Step 4 – Collaborate with community organizations
Work together with your partners to develop messages and materials that reach at-risk populations.

Step 5 – Identify appropriate, trusted messengers to deliver messages

How to Use the Information

- Update your database.

- Enhance your communication plan to reach at-risk populations.

At-a-Glance: Next Steps

- Exercise your network with drills and preparedness exercises.

- Expand your scope.

Quick Reference Guide
The Categories
As you start to locate and reach at-risk populations, you can focus on five broad, descriptive characteristics that put people at-risk:

- Economic Disadvantage

- Language and Literacy

- Medical Issues and Disability (physical, mental, cognitive, or sensory)

- Isolation (cultural, geographic, or social)

- Age

Economic Disadvantage: encompasses those people who live at or below the federal poverty level.

Language and Literacy: includes those who have a limited ability to read, speak, write or understand English, have low literacy skills, or who cannot read at all (in English or in their native language).

Medical Issues and Disability (physical, mental, cognitive, or sensory): includes those with physical, mental, cognitive, or sensory limitations. The most easily recognized people in this category are those who are blind, deaf, and who have health conditions that affect mobility.

Isolation (cultural, geographic, or social): includes those who are separated from mainstream society, either because of their culture (migrant workers), religious beliefs (Amish), or geographic location (farmers in rural areas). These people can be very difficult to reach in emergencies because they usually do not have access to traditional means of communication.

Age: Chronic health problems, limited mobility, blindness, deafness, social isolation, fear, and reduced income could put older adults at-risk. Infants and children under the age of 18 also can be at-risk, particularly if they are separated from their parents or guardians in an emergency.

Phase 1: Defining At-risk Populations

Defining at-risk populations will require investigation to build an understanding of the unique demographics represented in your particular community. You will need to learn about the spoken languages, cultural practices, belief systems, and the physical and mental limitations of the citizens.

Step 1 – Collect population information and data

Step 2 – Estimate the number of people in at-risk populations who live in your community

Step 3 – Identify overarching organizations/government agencies and the key contacts
      that can help you

Step 4 – Facilitate discussions with key contacts

Step 5 – Stay in touch

Develop a Database

An electronic database is one of the best ways to record information so you can track multiple factors, share data with others, and keep information current. Record specific demographic information such as: names, phone numbers, e-mail addresses, and postal addresses for key contacts at organizations and government agencies.

Phase 2: Locating At-risk Populations

The best approach to locate at-risk populations in your jurisdiction would be to combine Geographic Information System (GIS) technology with information acquired through community collaborations and networking.

Step 1 – Assess existing departmental processes to locate at-risk populations

Step 2 – Choose digital mapping or alternate methods

Step 3 – Locate and map gathering places for the at-risk populations you have identified

Step 4 – Identify and map trusted sources in the at-risk communities

Step 5 – Facilitate discussions with representatives from community organizations connected with at-risk populations

Step 6 – Expand your COIN to include service providers, businesses, and others who work with, represent, and belong to at-risk populations

Phase 3: Reaching At-risk Populations

In an emergency, messages must not only inform and educate, but they must also mobilize people to follow public health directives.

Step 1 – Survey agencies and organizations to learn about their successes and failures

Step 2 – Conduct focus groups or community roundtables

Step 3 – Analyze data gathered from the surveys, focus groups, and your previous assessment efforts

Step 4 – Collaborate with community organizations

Step 5 – Identify appropriate, trusted messengers to deliver messages

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