

# COMMUNICATING IN A CRISIS

**Special needs...**

**Common ground**

*Findings from a Roundtable Discussion*

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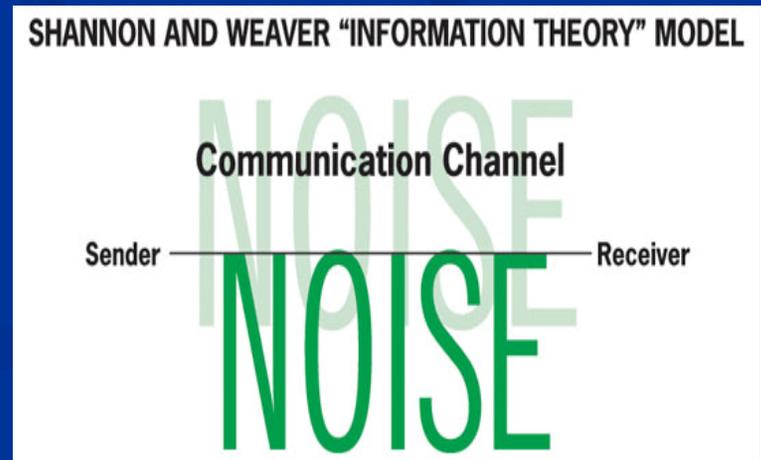


# Learning Objectives

- To assess the current capacity of organizations and agencies that serve SNPs in New York State to communicate effectively in an emergency
- To identify primary barriers to effective communication to SNPs in an emergency
- To share "lessons learned" and explore successful practices

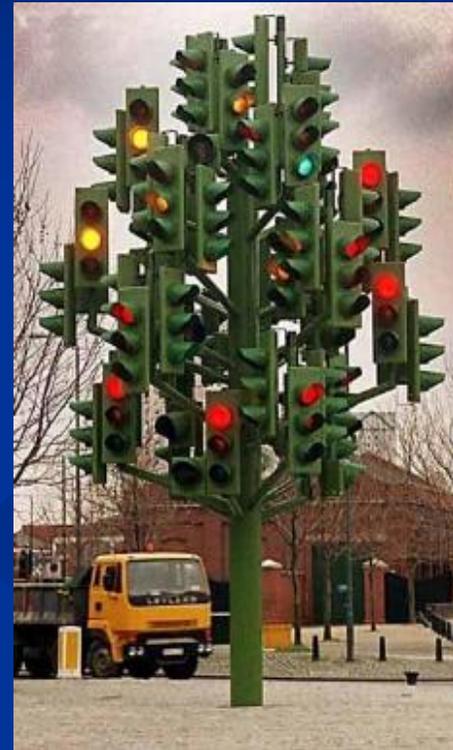
# Communicating about Health Risks in a Major Emergency...

- Assumption: it will not be “business as usual” ...Especially true for Special Needs Populations (SNPs)
- Message reception will be affected by “noise in the channel”



# Multiple Sources of “Noise”

- **Physical barriers:**
  - Insufficient channel capacity (system overload or failure, e.g. cellular service unavailable during 9/11 and Blackout of August 2003)
  - Inaccessible formats (especially relevant to SNPs)



# Mental “Noise”

## ■ Literacy barriers:

- Messages are culturally inappropriate for target audience
- Translations are not-existent or inadequate
- Reading level is too high

## ■ Psychological barriers:

- Denial
- Confusion
- Anxiety
- Helplessness
- Hopelessness
- Fight or Flight

Source: Barbara Reynolds, M.A., CDC



# “Special Needs” Populations *Defined*

SNPs are:

- People with disabilities
- People with serious mental illness
- Minority groups
- Non-English speaking persons
- Children
- Older individuals

# Another Definition of SNPs

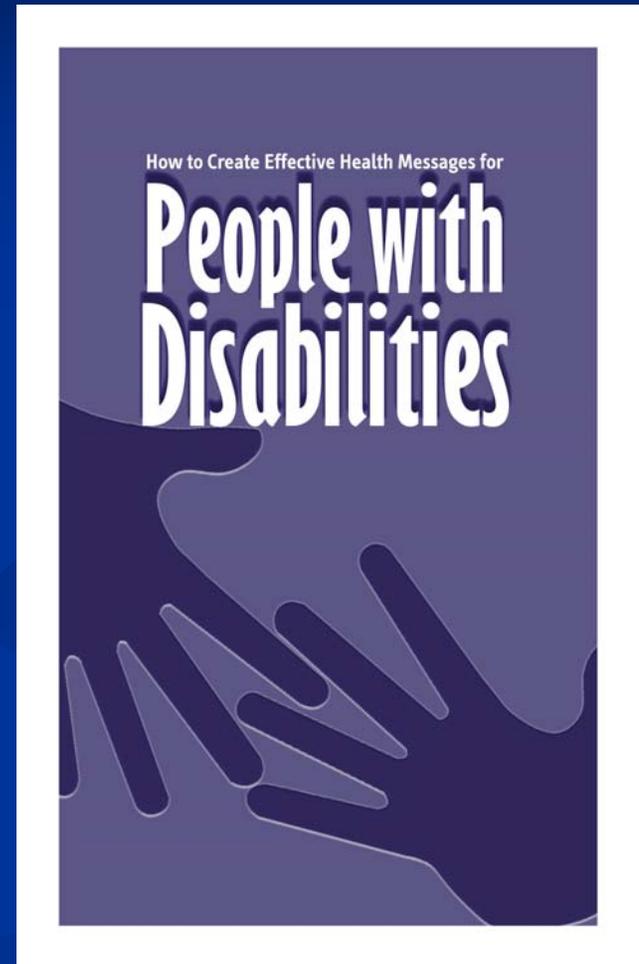
SNPs are people who...

- Can not (or will not ) *receive* the message
- Can not (or will not) *understand* the message
- Can not (or will not) *act upon* the message
  - All could apply to persons with disabilities

Source: SNS "Toolkit"

# New York State Experience

- Long experience of working with PWDs and in partnerships
- “People First” series of health promotion materials for PWDs
- Currently focusing on emergency communications for Special Needs Populations



# ROUNDTABLE PLANNING

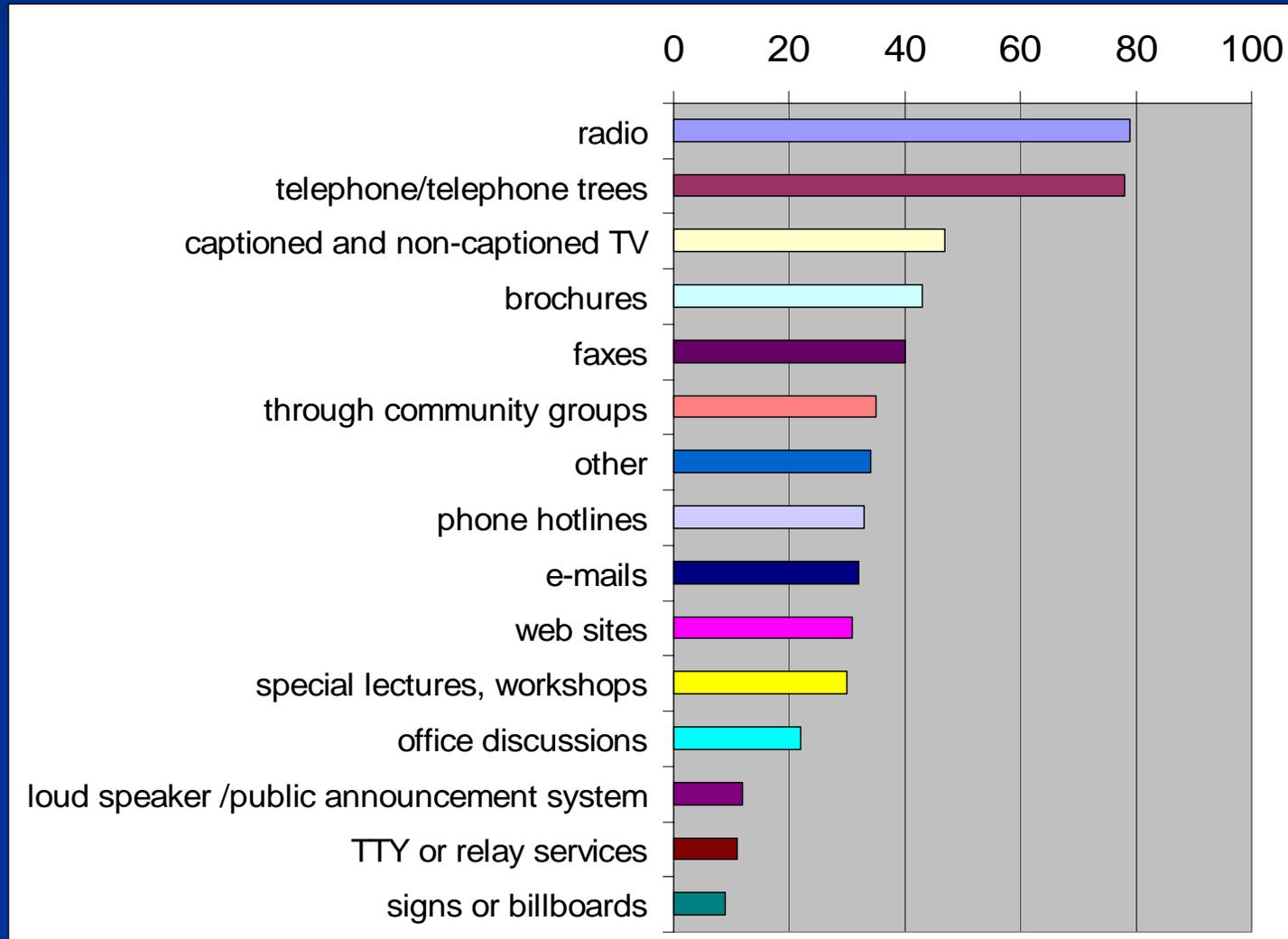
## *The Needs Assessment*

- Distributed (e-mailed and regular mail) to and through SNP Workgroup (our vested experts) and many SNP-related professionals
- Included questions on SNP communication channels, format of materials, barriers, past emergency experiences, etc.
- Posted on the DOH intranet and sent to local health departments

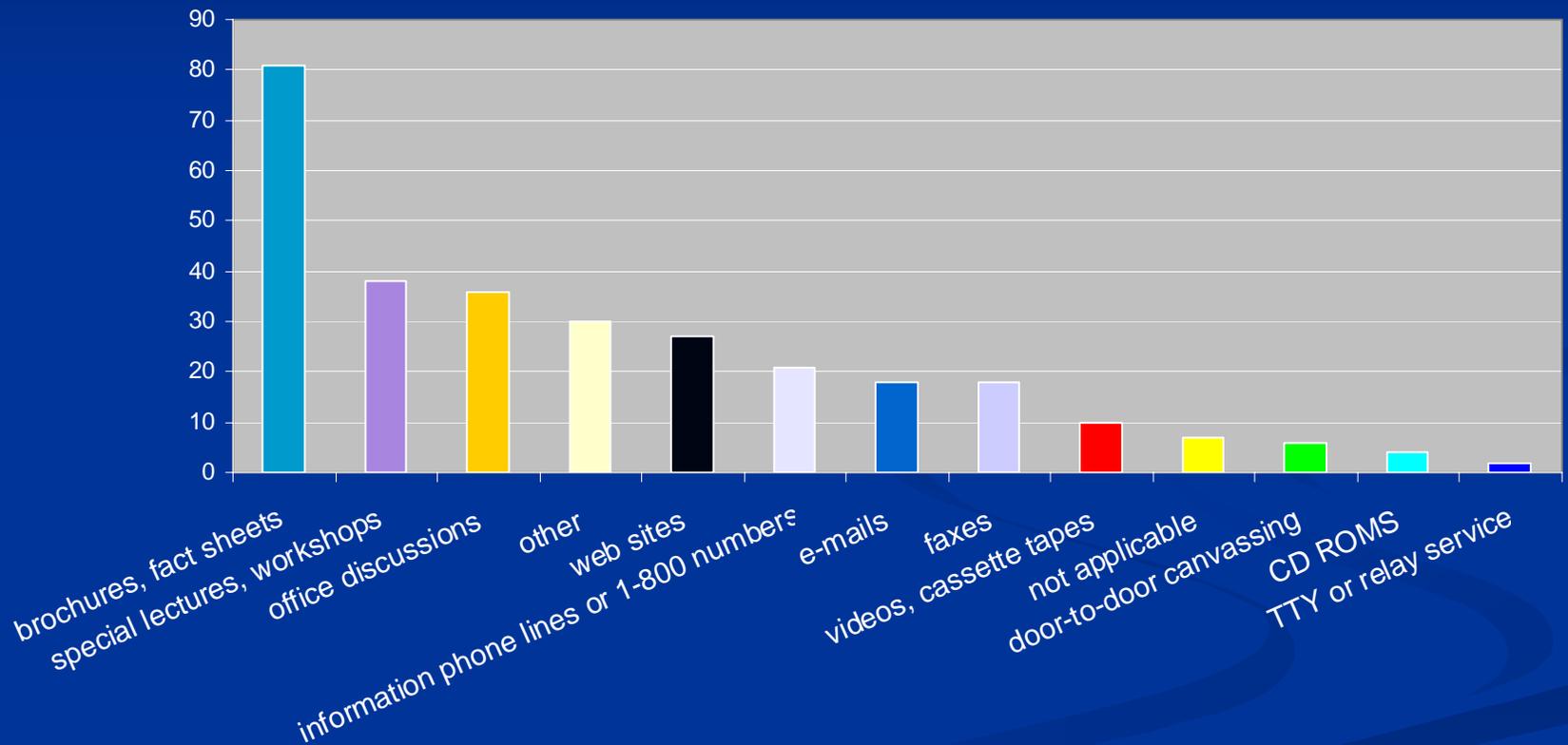
# Effective Channels to SNPs

## Findings from *Needs Assessment*

*N=129*



# How is emergency information distributed?

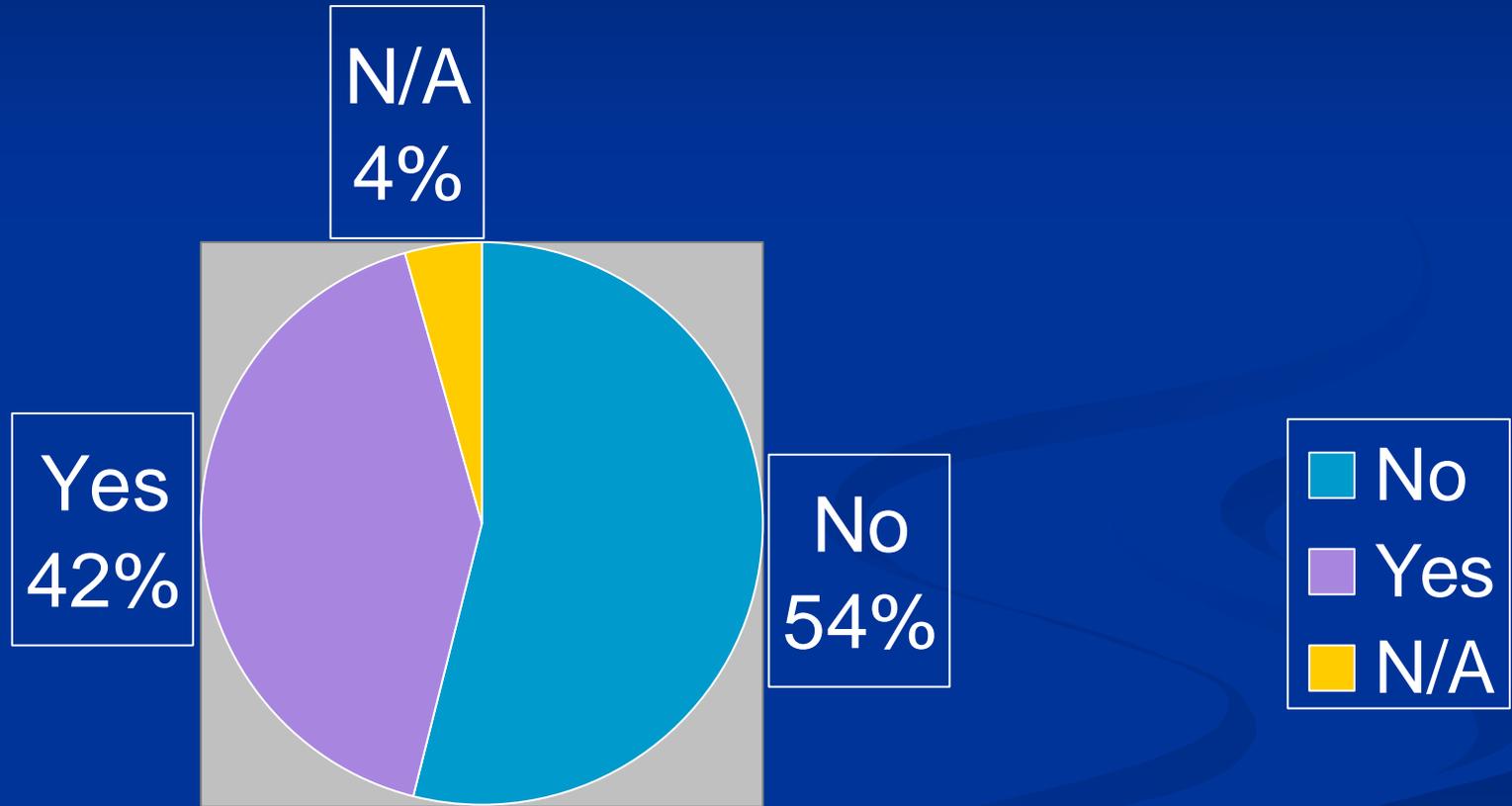


# Some Other “Preferred” Distribution Channels

- Public access TV stations
- Town meetings
- Automated outbound calling
- Agency newsletters
- Utility bill statements

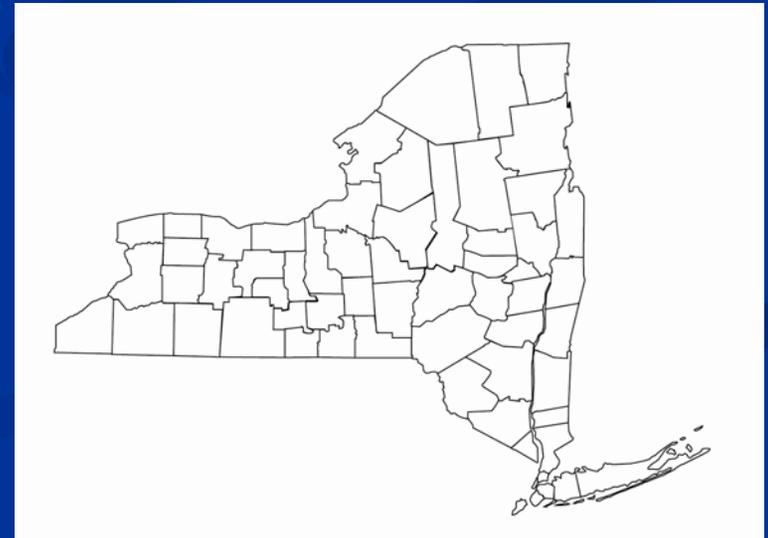
# Are Your Emergency Materials Available in Different Formats?

N= 129



# Can One Size Fit All? (*Not Really*)

- 62 Counties in New York State
- 58 Local Health Departments
  - Urban/suburban/rural communities
  - Varying response capacities
  - Geographic isolation
  - Racial and cultural diversity



# Bringing it All Together: The Roundtable Discussion

28 individuals participated in February 2004

- Represented state and local agencies and not-for-profit organizations that serve SNPs
- Diverse in needs and mission
  - *Nine represented disabilities community (blind, deaf, physically challenged, disabilities organizations, etc)*
  - *Immigrants, minority health*
  - *Mental health, alcoholism and substance abuse providers*
  - *Homecare providers, rural health providers*
- Some were also “consumers”

# How We Did It

- Participants were divided into three separate discussion groups
- Discussion was professionally facilitated and recorded for later transcription
- Each group addressed the same questions re:
  - *Preparations already in place for emergency communications*
  - *Communications channels and barriers, options for addressing gaps*
  - *Sources of information, preferred information formats*
  - *Strategies for informing target audience and “lessons learned”*

# *Getting Personal*

- Participants also were asked to share personal anecdotes based on real life experiences with communication problems
  - *Aftermath of 9/11*
  - *Blackout of August 2003*
  - *“North Country” ice storm*
  - *Long Island hurricane*

# Items for Discussion

**Pre-Roundtable:** Discussion topics were suggested based on previous NYSDOH needs assessment (129 surveys returned)

- SNP workgroup members initially reviewed topics and suggested specific questions and language
- 14 questions were selected and finalized with assistance from Roundtable facilitators

# Findings from the Roundtable: *Preferred Communication Channels*

- TV (meteorologists are especially trusted)
- Radio (battery operated, weather alert radio)
- Programmable road signs
- *Person-to-person communication*
- Handheld technology (cell phones, Blackberries, interactive pagers)
- Community-based organizations (e.g., Independent Living Centers)
- *Registries*

# About “Person-to-Person” Communication

- Responders may have to be prepared to go from door to door to deliver a critical message
- Provide information where people normally gather (e.g. beauty salons, places of worship, schools, community centers)
- Use “trusted leaders”
  - Community and religious leaders
  - Community Based Organizations
  - Advocates

# About Registries

- Roundtable participants like the Registry *concept*
  - Expressed concerns about privacy issues
  - Discussed challenge of maintaining up-to-date information
- Conclusion: Registries are worth further exploration but aren't universally available or accepted

# “Personal Responsibility”

- Identified as key both to *prepare for* and *respond to* emergencies
- **To prepare:**
  - If dependent on electricity (e.g. ventilator dependent) then Registry is crucial
  - Establish personal support network (family, friends, health care providers)
- **For response:**
  - Have an Emergency plan customized *to* and *by* the individual
  - Use alternative communication strategies (e.g., sheet hanging out window, flashing lights, pad and pencil/pre-printed message cards “I am deaf”)

# SNP "Stories"

## *Personal Responsibility Anecdote*

- One woman ignored family's advice that she have a flashlight and fresh batteries on hand...
- "Why would a blind person need a flashlight?"
  - Resided in high-rise apartment during Blackout of August 2003
  - Relied on a guide dog to negotiate the stairs
  - Too dark for dog to see, dog refused to go further—she was stuck!
    - *Could have used flashlight to light dog's path*

# SNP "Stories"

## *Alternative Communication Anecdote*

- Person who is deaf encountered problems while driving home during a bad storm...
- Needed guidance on best travel route to avoid heavy winds battering much of the region
  - Car radio was no help—obviously!
  - Friends sent text messages via her interactive pager

# SNP Communication Challenges Identified by Participants

- Overcoming denial, making it “real”
- Turf issues
  - Competitiveness over decision-making
  - Who will receive “credit”
- Effective messaging
  - “Glut” of information is a problem—keep it clear and simple
  - Language and cultural barriers
  - *Accessible formats*

# *About Accessible Formats*

## ■ Closed Captioning

- Sometimes incorrect or incomprehensible:  
*"Everyone deserves access to die as a tick"*
- During emergencies, message can get lost in the "breaking news" scroll
- Human interpreter preferred, but there is a time-lag

# Lessons Learned

- Importance of partnerships
  - *Cross-jurisdictional*
  - *Pre-event*
- Plans shouldn't rely primarily on mass media—what happens if cable is out?
- Foster personal responsibility
- Plan to address “vicarious rehearsal”
  - *Problem is elsewhere, but people fear “it could happen here,” (e.g. anthrax “white powder” scares)*
  - *Consider town meetings, other interactive communication*

# Special Needs—Common Ground

- Involve people with disabilities, other SNPs in planning and foster personal responsibility:
  - Self-sufficiency for isolated rural persons or PWDs
  - Support networks/personal emergency plans
- Get beyond your own turf: Cultivate new relationships and make partnerships mutually beneficial
- Practice regularly for the “real thing”
- Use partnerships to pre-test messages
- Enhance capacity for person-to-person contact during emergencies

# Effective Communication is Easier Said Than Done!

“The public does not always appear to be rational. Our job is not to change their rationality, but to understand it”

Source: Clifford Scherer, PhD,  
Cornell University

