



REACHING VULNERABLE POPULATIONS IN WIDESPREAD EMERGENCIES:



LESSONS LEARNED IN KENTUCKY



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Reaching Vulnerable Populations in Widespread Emergencies: Lessons Learned in Kentucky

A fundamental paradox underlies planning to identify and reach vulnerable populations in a widespread emergency. Only the local community can really understand and reach its special populations, but the demands of daily public health work, lack of staff and lack of funding often prevents comprehensive planning. State level planners are sufficiently removed from local exigencies that most statewide plans have not included special or vulnerable populations, beyond some Spanish translation. Yet state level planning is key to enabling a process that can help at the local level.

An ongoing discussion in public health communication has been the jurisdictional level at which effective planning takes place. Most citizens assume that “government” planning permeates every level of federal, state and local activity. But public health professionals know that planning can and should take different forms to meet different needs at various planning levels. Kentucky has begun a state-led planning process with localized components and the goal of being able to reach everyone in Kentucky if a widespread emergency should dictate.

It is an ambition thrown into dramatic relief by recent disasters. Images that dominated the media in the aftermath of Hurricane Katrina shocked a nation that had imagined its governments at every level were prepared for most widespread emergencies – if not terror, then at least weather-related events. The ugly reality of Katrina revealed that the most vulnerable people – poor, sick, aged, mentally or physically challenged or others outside the channels of mainstream communication and the means to act in such emergencies – were *disadvantaged* in the broadest sense of the word.

At the same time, the communication failures around Katrina underscored the widely broadcast recognition that communication gaps or errors had plagued response to terror events in America in the past five years – notably events surrounding September 11, 2001, and the anthrax attacks that followed.

Clearly, communication is an element of emergency preparedness that has not uniformly received the priority focus required to reach all citizens effectively with information they can use to help themselves and others.

Combining the broad-based requirements of public health crisis and risk communication planning (*Be First. Be Right . Be Credible.*) with the localized challenges of identifying and reaching special populations is daunting. Few planning models exist and much of the information about effective communication activities is anecdotal and limited to event-specific experiences in particular locales. It is a subject of debate whether preparedness communication planning at a state level can really make a difference in individual/local communities.

The Commonwealth of Kentucky's Cabinet for Health and Family Services/Department for Public Health decided that state level planning for vulnerable populations not only could make a difference for communities statewide, *it had to*. Much of Kentucky's population can be considered "vulnerable." By national standards, Kentucky's population is disproportionately poor; moreover, the state is home to an increasing population of limited-or non-English speaking residents, as well as comparatively high numbers of migrant workers, residents who are disabled and a growing elder population. The rural areas of Kentucky are legendary for their difficult topography and remoteness from modern services. Kentucky needed planning to reach those populations with actionable information simply to meet a baseline of emergency readiness set by the state Commissioner of Public Health in 2001: "to process large numbers of sick people, whatever the reason."

Since 2002, the Kentucky Cabinet for Health and Family Services (KCHFS) Communication Office has worked with a consulting team led by Jane Mobley Associates (JMA), a Kansas City, Missouri-based firm, to build and implement a process for identifying and reaching the state's most vulnerable people in a widespread health emergency. The results thus far include:

- an accessible body of knowledge about people living in the state, both vulnerable and mainstream residents: how they get information, whom they trust, what triggers their action-related decisions in health emergencies;
- a developing database of community outreach resources that augments the state Health Alert Network (HAN);
- a growing volunteer "safety net" of resource people trusted by different populations (e.g. deaf, Hispanic, remote rural);
- closer connections with traditional and non-traditional media outlets throughout the state;

- collateral materials that support the planning initiative and raise public awareness of Kentucky Department for Public Health (DPH) and emergency preparedness;
- successful use of some elements of the plan for events such as ice storms, Monkey Pox and hurricane aid; and
- future phases to continue the work into increasingly localized settings in cities, towns and rural areas.

Perhaps the most important lesson of the process to date has been the recognition of the gap between “preparedness authorities” (elected and appointed officials, health and emergency professionals, the media) and the public at large. While excellent planning has linked agencies, health and emergency services providers and many levels of government, the links stopped there in terms of communication planning. Research by the project team confirms that this is true in many states. In general, comprehensive emergency planning has been designed to connect authorities, agencies and providers; little has been done to build an operational, connected network from this top level to the ground level. Kentucky’s approach has put the state in a leadership role to build the connections needed to create a safety net for all Kentuckians.

Background

This report is a brief overview of three consecutive projects funded initially through Bioterrorism Cooperative Agreements from the Centers for Disease Control and Prevention in the United States Department of Health and Human Services through Kentucky’s Focus Area F: Public Health Information Dissemination and Risk Communication.

Since 2002, the Kentucky Department for Public Health has worked steadily on planning for communication around bioterrorism events or other widespread emergencies, including the challenge of identifying and reaching special populations. Completed and ongoing work around this planning effort has proved useful not only to emergency activities, but for other public health communication needs. Elements of these projects contributed to more effective communication with Kentuckians in vulnerable populations and in general during the Monkey Pox scare, deadly ice storms and Hurricane Katrina.

Before these projects were begun, the DPH and the KCHFS Communications Office had not had a coordinated approach to communication. Instead, each of 56 local health departments handled its own communication work, often without consultation with DPH or the Cabinet. Likewise, the Cabinet had a set of procedures in place, but no data to support the effectiveness of those procedures or to show a path for continuing improvement in communication. The Cabinet

and the health departments at the local level had experienced firsthand the shortcomings of this approach to communication.

Kentucky contracted with JMA to conduct a detailed communication infrastructure assessment that would demonstrate current capacity and necessary change related to emergency or vital public health information communication.

Crisis communication in the face of emergency preparation for all hazards including widespread public health emergencies is an expanding arena that builds on basic principles of disaster management, risk communication and public relations. At its most effective, crisis planning has a sure grip on the realities of various populations' capacities to receive and act on health-related information and directives. The Kentucky team's objectives for the communication infrastructure assessment included:

- determine what was already in place throughout the state;
- identify communication barriers (both statewide and specific to certain communities);
- identify unique challenges to communication with special needs populations;
- gather input about how members of the public felt about the way they were currently getting information, their preferences for getting information from the state and their level of trust for DPH;
- identify vulnerable populations' preferences for getting information from other sources than the state and to whom they turned as trusted sources; and
- based on findings from the assessment, make recommendations about how Kentucky could move forward and increase its communication capacity, create a plan that would be comprehensive, improve media relations and extend its reach into all communities across the Commonwealth.

The project began with research on crisis communication, emergency preparedness, public health communications and the demographics of special populations plans nationwide. Recent emergencies, national and regional, were studied, such as a coal slurry disaster in 2000 in eastern Kentucky – the Big Branch sludge pond near the headwaters of Wolf Creek. The spill, 30 times the 10 million-gallon spill of the Exxon Valdez, contaminated sources of drinking water for much of eastern Kentucky, affecting water systems in 10 counties and putting many residents at risk because of minimal timely, local news coverage.

This phase was followed by telephone surveys in Kentucky administered to samples of the general public and of special populations, including but not limited

to the deaf, blind, limited- and non- English speaking, elderly and those living in remote rural areas. Focus group discussions, community roundtables and one-on-one interviews were conducted with members of the media, experts in disaster planning, representatives and service providers to special needs populations and public health officials. The qualitative research focused on barriers to getting messages out to the public and on receiving those messages.

Key findings from the surveys and roundtables with special populations citizens and representatives showed that:

- Nearly a quarter of the special needs populations interviewed did not feel at all prepared for large-scale emergencies.
- Fifty-two percent said they could not think of anything that could be done to help them prepare for a large-scale emergency.
- Ratings of preparedness were lower among limited- and non-English speaking and remote rural residents than among blind and deaf.
- Members of special populations would be highly dependent on getting emergency information through mass telecommunication methods that typically use electricity (television in particular) and through intentional personal contact.
- Special populations indicated the following would help them prepare for a large-scale emergency.
 - Preparedness classes or training
 - Household emergency kits, community supplies and equipment made available by agencies
 - Citizens seeking information on their own and sharing it

Based on the initial research, draft planning led to community workshops with media and persons viewed as trusted resources by a variety of special populations. Further research and community outreach steps have led to enhancing the HAN with more contacts and to building the Kentucky Outreach and Information Network (KOIN) with people who are willing and able to reach some of Kentucky's most difficult to reach populations; stronger connections with representative/advocates for some of the state's special population groups representing the largest numbers of people; informational materials for the public and media, including pocket community information guides for residents and for the media; and pilot efforts to foster individual and family preparedness, including informational refrigerator magnets in Spanish and English; planning models useful for local communities; and planning for future phases, to include locations for the distribution of information and, potentially, supplies.

Some Lessons Learned

A key outcome of this project has been increased awareness at the state and local levels of the ongoing work required for readiness. Putting a safety network in place and maintaining it must now be a critical element of health department planning.

Other lessons learned in this project include:

- **No one among the media and special needs populations studied feels adequately prepared for a grave crisis, whether terrorism-related or the result of disease or natural disaster.**

- Who will be in charge? Who will give orders? What is the game plan? If an individual is near the site of a catastrophe or sees danger looming – whom do they call? If a dam collapses triggering flooding – whom do you call? Who alerts the Emergency Broadcast System? What happens when the electricity goes out?

These questions were raised consistently throughout assessment interviews. In answer, many common sense recommendations were described by authorities and by individual citizens. However, **the fact remains that there are few good working models – on a state level – from which to extrapolate practical guidance for reaching people with communication barriers.** At a local level, many public health professionals reported that they will have to rely on the contacts made through ordinary interactions with their communities – or hope that people from special populations “find their way to us” – in the event of emergency.

- **Disaster isn’t the exception; over the long term, it is the rule, and should be treated as such through planning, training and policymaking.** That is the overwhelming opinion of disaster preparedness officials interviewed as part of the project research, as well as the consensus that emerges when analyzing the comments of scores of journalists, community leaders, healthcare professionals and others in Kentucky whose insights were crucial to planning.

- **The key communication issue in a disaster is information pervasiveness, and developing that pervasive network – through training, the creation of resources, possible policy decisions and local partnerships – is an incremental effort that will evolve over time as local resources are identified.**

- Because the first people on the scene at a disaster are typically neighbors, co-workers or other non-official responders, there is an overwhelming need for **pervasive preparedness** in the form of training, resources and information access that can be “pushed down.” This will require significant planning across multiple agencies and jurisdictions and will likely need legislative action for ultimate effectiveness.

- If neighbors and co-workers are the first-tier responders within the physical boundaries of a disaster, then **the media is the first-tier conduit of information between those affected by a disaster and those outside the immediate impact of it.** Although the state should endeavor to get information to those dealing with the impacts of a disaster as directly as possible, the media are the first place that many will turn for information if they are in the path of an oncoming or uncertain disaster event. The media readily admit that they lack understanding of the state’s disaster-response and information-dissemination mechanisms. As a result, the venue most people will turn to for information in a time of crisis is characterized by chaotic and inconsistent information gathering. Training and state-provided information resource guides can significantly reduce the inconsistencies of the information gathering process and create more useful, more accurate and more consistent information when it is needed most.

- Disasters compress adjacent relationships and erode secondary relationships. Locally trusted sources gain more trust in a time of shared crisis and outside sources (which may include the media or the state) lose credibility not through inaccuracy, but simply because they’re not a recognized face on the ground. Accordingly, **a core goal of a state’s disaster communication model must be to push preparedness and information down through the communication hierarchy as much as possible.** This can only be accomplished through local identification of trusted channels, training and a grid approach to dispatching information in a time of crisis.

- Beyond the reach of much of the media, the subjects of special concern are special populations, such as the disabled, the rural poor and those for whom language is a barrier. Although these groups were found in Kentucky to have very distinct and well-established communication channels with others in their communities, they typically rely much less on mainstream media. The task of identifying where the information must be

“pushed down” to the local level is much easier, but communication between disaster and non-disaster portions of the state that is usually carried out through mainstream media becomes much more complex. **For vulnerable populations, the state cannot readily rely on the media and must be prepared to develop and maintain direct communication with the leadership institutions and channels that these population groups trust.**

- **States could benefit from a physical infrastructure – perhaps built almost entirely from the existing public infrastructure – that could be tasked to emergency communication in the event of a disaster.** In the Kentucky project, these are under study with a working-title of Emergency Information Points (EIPs), partly modeled on California’s earthquake emergency system. The locations for these will grow out of workshops to be conducted around the state, will accommodate daily living patterns and will involve trusted community leaders.
- Kentucky is distinct in that the special needs populations often found in any state – groups separated from the mainstream by disability or by language – are joined in this state by a large number of rural poor residents. **These rural poor may lack basic communication infrastructure, and a high rate of illiteracy makes written communication (already too slow in many disaster scenarios) even more problematic. These circumstances are likely echoed among the urban poor in large metropolitan areas.** Poverty is a core vulnerability, but in some areas, such as Kentucky, it is exacerbated by geography.

The best solution for special populations, including the very poor, appears to be to create a parallel track for information to these populations – a track that can leverage the strong leadership and high visibility of those who work with and care for many in these groups.

Conclusion

The theme of the study and implementation work done thus far in Kentucky to identify and reach vulnerable populations in emergencies is *Prevent. Prepare. Cope*. The theme reflects the state's intent to develop the trust and the level of collaboration with citizens that will be required to meet all hazards. The projects with special populations have confirmed the initial premise: that leadership at a state level can, in fact, produce a communication network that reaches deep into local communities of all sizes in all locales.

Dr. Lee Clarke, professor at Rutgers University, a specialist in disaster studies and an adviser to the U.S. Department of Homeland Security, during an interview for the research phase of this project, said

Our officials need to trust the people, to see the public as part of the solution rather than a problem to be managed. Money, training, all need to be pushed downward. There needs to be devolution of authority: that is the key implication for policy.

Kentucky's special populations projects reported here have begun an approach to public health preparedness planning that shows promise for reaching vulnerable populations as well as the community at large. This approach – *pervasive preparedness* – will rely not only on the state's leaders and professionals in government, health and emergency management, but on Kentuckians in every community.