

Access and Functional Needs Toolkit

Integrating a Community Partner Network to Inform Risk Communication Strategies



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Center for Preparedness and Response

Accessible version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

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Note

This publication is an update to CDC's *Public Health Workbook: To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency* published in 2010.

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Introduction

Communicating public health information is an essential element of emergency preparedness and response. Timely and effective messages can help minimize people's risk or vulnerability. For example, public health messages can inform people how to stay safe, take shelter, or evacuate.

Emergency management officials, public health professionals, and other stakeholders achieve effective risk communication by using preparedness planning and by developing messages for the whole community. This includes individuals who may be at greater risk or who need additional assistance because of access and functional needs.¹

What are access and functional needs?

For the purposes of this toolkit, the term "access and functional needs" refers to individuals with and without disabilities, who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to act in an emergency. Individuals with "access and functional needs" do not require any kind of diagnosis or specific evaluation.² These may include but are not limited to

- individuals with disabilities,
- individuals with limited English proficiency,
- individuals with limited access to transportation,
- individuals with limited access to financial resources,
- older adults,³ and
- others deemed "at risk" by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) or the Secretary of Health and Human Services.⁴

1 Definitions of "access and functional needs" may vary somewhat between organizations.

2 <https://emilms.fema.gov/IS0368/DIS01summary.htm>

3 https://www.dhs.gov/sites/default/files/publications/18_0116_MGMT_DHS-Lexicon.pdf

4 <https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

What foundational sources address planning for individuals with access and functional needs?

Pandemic and All Hazards Preparedness Act

The Pandemic and All Hazards Preparedness Act⁵ (PAHPA) was enacted in 2006 to “...improve the Nation’s public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural.”² PAHPA emphasized planning “...for the public health and medical needs of at-risk individuals in the event of a public health emergency.” PAHPA was updated and released as the Pandemic and All-Hazards Preparedness Reauthorization Act in 2013 and later as the 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA).

The 2019 PAHPAIA requires taking into account the public health and medical needs of at-risk individuals. It defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, or others who may have access or functional needs in a public health emergency, as determined by the Secretary of Health and Human Services.⁶

Americans with Disabilities Act

The Americans with Disabilities Act Title II requires all state and local governments to ensure their communications for people with disabilities are effective. Simply put, “effective communication” must be as clear and understandable to people who have disabilities as it is for people who do not. This is particularly important for people who have disabilities that may affect the way they communicate.⁷

The ADA Amendments Act (ADAAA) of 2008 broadens the definition of what it means to have a disability and makes it easier for people with access and functional needs to seek protection under the law. The ADAAA also mandates that individuals with access and functional needs be included in all disaster plans developed for a community under Title II.⁸

Comprehensive Preparedness Guide

The *Comprehensive Preparedness Guide (CPG) 101: Developing and Maintaining Emergency Operations Plans* is the foundation for state, territorial, tribal, and local emergency planning in the United States. Version 2.0 of this guide places greater emphasis on planning for the access and functional needs of the whole community.⁹ Additional comprehensive preparedness guides can be found on the [FEMA website](#).



Planning for populations with disabilities and others with access and functional needs is guided by federal laws, policies, and directives. The foundational documents core to this toolkit are the whole community framework and the CMIST framework. An overview of executive actions, legislation, and regulations related to planning for individuals with disabilities and others with access and functional needs can be found on the [HHS Access and Functional Needs website](#).

5 <https://www.phe.gov/preparedness/legal/pahpa/pages/default.aspx>

6 <https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

7 <https://www.ada.gov/pcatoolkit/chap3toolkit.htm>

8 <https://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>

9 https://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf

Whole Community Approach

In 2011, the United States adopted a “whole community”¹⁰ approach to emergency management policies and practices. This approach promotes developing strong community participation in emergency management planning, response, recovery and mitigation activities. Inclusive planning builds a pathway to understanding and meeting the actual needs of the whole community. The toolkit highlights risk communication and partner integration considerations to ensure that the access and functional needs of individuals are addressed.

CMIST Framework

The **CMIST** framework¹¹ is a tool to plan and operationalize five basic functional needs categories that should be addressed in an emergency:

- Communication
- Maintaining health
- Independence
- Safety, support, self-determination, and
- Transportation

The functions-based approach provides a flexible framework for emergency planning and response, emphasizing a person’s access or functional needs during an emergency, rather than a perceived vulnerability based on a diagnostic category or population characteristic. For example, being an older adult does not necessarily make someone vulnerable. Rather, an older individual may be at greater risk during a public health emergency because of an access-based need such as wheelchair accessible transportation services during an evacuation or a functional limitation that may impact hearing, seeing, or understanding emergency risk information.

10 https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole_community_dec2011__2_.pdf

11 <https://journals.sagepub.com/doi/abs/10.1177/10442073070170040601>

Table 1: CMIST Framework Examples of Individuals with Access and Functional Needs¹²

Use the CMIST framework as a tool for to meet the functional needs of the whole community that must be planned for, irrespective of specific diagnoses or status. These needs can and do overlap.

CMIST Framework	Examples of Individuals with Access and Functional Needs
<p>Communication</p>	<p>Individuals who speak sign language, have limited English proficiency (LEP), or have limited ability to speak, see, hear, or understand.</p> <p>People with communication needs may have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns.</p>
<p>Maintaining health</p>	<p>Individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding, infant and child care, nutrition, etc.</p> <p>Early identification and planning for access and functional needs can help to reduce the negative impacts of a disaster on individuals' health, including the following:</p> <ul style="list-style-type: none"> ■ Managing chronic health conditions ■ Minimizing preventable medical conditions ■ Avoiding worsening health status
<p>Independence</p>	<p>Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, service animals, etc.</p> <p>Independence is the outcome of ensuring that a person's access and functional needs are addressed as long as they are not separated from their devices, assistive technology, service animals, etc.</p>
<p>Safety, support, self-determination¹³</p>	<p>Some individuals may</p> <ul style="list-style-type: none"> ■ become separated from their caregivers and need additional personal care assistance; ■ experience higher levels of distress and need support for anxiety, psychological, or behavioral health needs; or ■ require a trauma-informed approach or support for personal safety. <p>Early identification and planning for access and functional needs can help to reduce the negative impacts of a disaster on individuals' wellbeing. Some people may have lost caregiver assistance and require additional support; some may find difficulty with coping in a new or strange environment or with understanding or remembering; and some individuals may have experienced trauma or be victims of abuse.</p>
<p>Transportation</p>	<p>Individuals lack access to personal transportation or are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, or legal restriction.</p> <p>Disasters can significantly reduce transportation options, inhibiting individuals from accessing services, staying connected, seeking safe shelter, etc. Disaster planning requires coordination with mass transit and accessible transportation services providers.</p>

¹² <https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

¹³ There are variations in how agencies denote the "S." In FEMA's model, "S" denotes "Safety, Support Services, and Self-Determination," whereas in ASPR's model, "S" denotes "Services and Support."

Why was this toolkit developed?

In 2010, CDC published the *Public Health Workbook: To Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency*, which covered core principles of preparedness communication. The 2010 workbook also introduced the concept of building a grassroots community outreach information network (COIN) to inform risk communication planning for individuals who may be disproportionately at risk before, during, and after an emergency. This seminal workbook provided a roadmap to ensure risk communication messages reach those most at risk.

The emergency management landscape has changed significantly over the past years. As a result, CDC published this new ***Access and Functional Needs Toolkit: Integrating a Community Partner Network to Inform Risk Communication Strategies*** (hereafter, the “toolkit”), which replaces the 2010 publication. The purpose of the toolkit is to assist public health professionals in planning risk communication messages and dissemination strategies effective for the whole community through engagement with community partners.

What is included in the toolkit?

Both sections of the toolkit include information and resources to support planning and address emergency communication needs. The sections can be used individually or concurrently to develop, review, and improve communication strategies.

Section 1: Communication planning to address access and functional needs

Provides key considerations for communication and resources to help planners address the access and functional needs of individuals who may be at risk during a public health incident. This section includes examples primarily using an extreme heat scenario to emphasize communication considerations.

Section 2: Framework for integrating community partners

Provides a four-step framework for building a community outreach and information network (COIN) that represents the whole community, including individuals with access and functional needs. This section also integrates templates and checklists useful for planning and evaluating partnership and communication strategies that result in trusted, accessible, and understandable messages.

The four-step framework describes how to integrate your community network into preparedness activities in the following ways:

- Gathering jurisdictional data and information to identify and plan for populations with access and functional needs (who may be disproportionately affected by public health emergencies);
- Reviewing public health preparedness, response, and recovery messages, materials, and dissemination strategies;
- Testing public health messaging with target populations; and
- Creating education and training opportunities such as exercises, drills, and tabletops.

Who should use this toolkit?

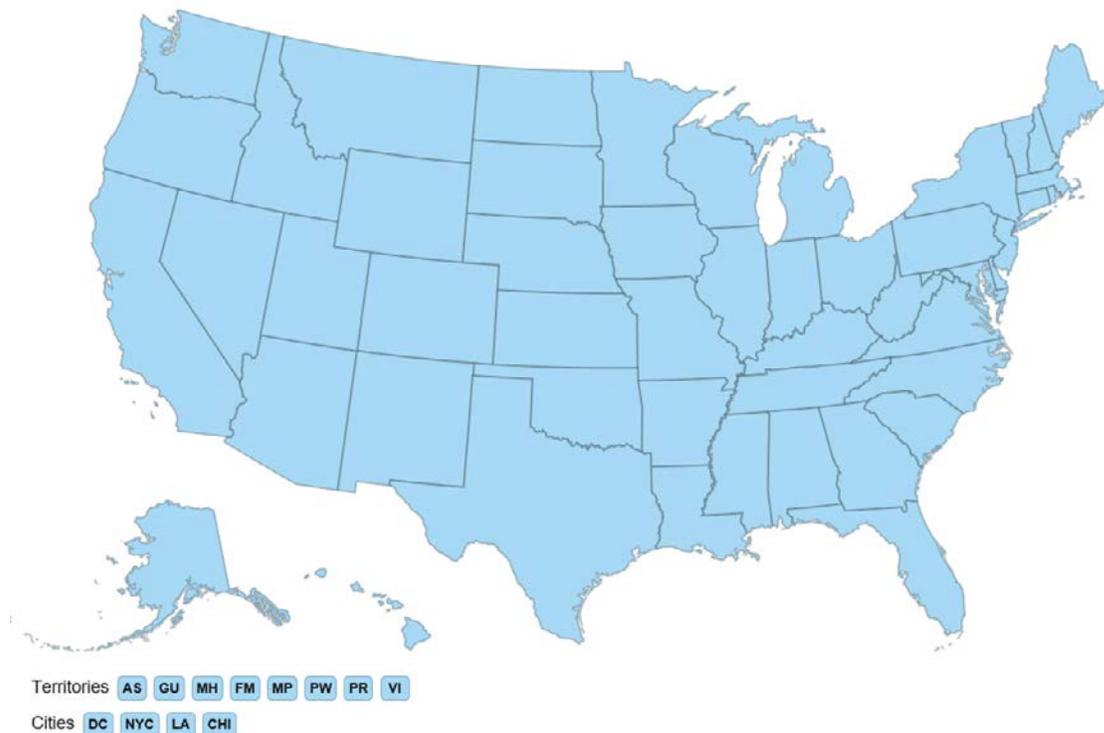
This toolkit is geared toward community planners responsible for developing and disseminating health messages and at agencies responsible for ensuring the access and functional needs of individuals are addressed. While useful as a resource to a broad audience, the toolkit is aligned with the requirements and guidelines of CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program.¹⁴

Through the PHEP program, CDC works with state, local, tribal, and territorial jurisdictions to ensure public health systems are prepared for public health incidents. This toolkit includes new resources, tools, and checklists to help PHEP recipients (and other toolkit users) develop communication plans that address the needs of the whole community.

PHEP recipients conduct risk assessments and engage state and local partners in planning for the needs of the whole community. CDC encourages jurisdictions to identify community partners, such as social service, mental health, and faith-based organizations that have established relationships with diverse populations. Further, CDC encourages PHEP recipients to use open source demographic tools such as CDC's Social Vulnerability Index¹⁵ and the United States Census American Community Survey.¹⁶ Such resources help planners identify locations and estimate the numbers of individuals within the jurisdiction with access and functional needs.

Public Health Emergency Preparedness (PHEP) Program Funding Map

CDC provides funding and guidance to build public health preparedness and response capabilities nationwide.



14 <https://www.cdc.gov/phpr/readiness/phep.htm>

15 <https://svi.cdc.gov/index.html>

16 <https://www.census.gov/programs-surveys/acs/>



Section 1: Communication Planning to Address Access and Functional Needs

Section 1 includes planning considerations, examples, and resources to develop risk communication messages for populations with access and functional needs. Individuals who may be disproportionately affected by a public health emergency may include

- Children, with or without disabilities
- Pregnant women
- Older adults
- People with physical mobility, sensory, intellectual, developmental, cognitive, or mental disabilities
- People with chronic health conditions or pharmacological dependency
- People with limited English proficiency
- People with limited access to financial resources to prepare for, respond to, and recover from the emergency
- People without access to transportation (may be due to age, disability, temporary injury, income, legal restriction, or access to a personal vehicle)
- Other people deemed “at risk” by PAHPAIA or the Secretary of Health and Human Services¹⁷

The extreme heat events used as examples in Section 1 demonstrate the variety of communication factors to consider when planning for access and functional needs of at-risk individuals. For example, while extreme heat events are widely covered by the media, public health messaging should target people at risk for adverse heat-related health effects. Individuals most at risk during heat waves include

- Older adults
- Infants and young children
- People with chronic conditions
- People working outdoors
- People exercising outdoors
- People with low-income and limited or no access to air conditioning¹⁸



Messaging before, during, and after a public health emergency can make the difference in safety and health outcomes. To make informed decisions, people must have access to messages, alerts, and warnings. Well-conceived, effectively delivered emergency messages for the whole community require planning.

¹⁷ <https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

¹⁸ <https://www.cdc.gov/disasters/extremeheat/specificgroups.html>

Figure 1: Inclusive Communication Planning



Communication Planning for Children

Children represent one quarter of the U.S. population and are highly vulnerable during disasters. Emergencies often happen without warning and during times when children are separated from parents and other caregivers. On any given weekday, 69 million children are in schools or childcare and separated from their families for approximately 6 hours a day.

Research indicates that over a third of American households with children are not familiar with their school's evacuation and emergency plans (35%), and even more do not know where their children would be evacuated to during a disaster (40%).¹⁹ Disaster planning for children includes potential provisions for medical needs, temporary care, shelter, reunification, and other services such as decontamination or quarantine.

Communication and early information warnings will alert children, parents, and other caregivers about potential risks and planning response scenarios.

Why children are at higher risk

Because children differ from adults in many ways, it is important to develop public health emergency response plans that take their needs into consideration. Children have different²⁰ self-preservation instincts, communication skills, unique medical needs, and physical and mental abilities. Their developmental attributes also make them particularly susceptible to mental health problems following disasters.²¹ Public health emergencies can disrupt children's daily routines and displace them temporarily or long-term from their homes and families. Exposure to emergency situations can be stressful and sometimes traumatic, especially for children who have previously experienced trauma or have a pre-existing mental, emotional, developmental, or behavioral disorder.



Communication Strategies for Families

Over a third of U.S. households are not familiar with their schools' evacuation and emergency plans.

Emergency contact cards can serve as a lifeline between children and their parents.

- **Identify emergency contacts.** Teach children at least three emergency contacts, including an out-of-town contact. Make a copy of the information and put it somewhere the child can access (backpack, phone, etc.) when they are at school or outside the home.
- **Program all family cell phones with "in case of emergency" information** added to the contacts list.
- **Know caregiver plans.** Ask childcare providers and schools about their emergency communications protocol, including their alert system.

Source: [*Children in Disasters: Do Americans Feel Prepared? A National Survey*](#)

19 <http://dx.doi.org/10.7916/D85M65J9>

20 <https://www.cdc.gov/childrenindisasters/differences.html>

21 <http://pediatrics.aappublications.org/content/early/2015/09/08/peds.2015-2861>



Example of communication considerations for an extreme heat event

Risk communication materials should be targeted toward those who will receive, process, and act upon the information. When developing and disseminating messages and materials intended to keep children safe, engage a broad range of child-serving partners such as schools, daycare facilities, after-school care, youth sport leagues, parks and recreation organizations, pediatricians, and others.

Develop age-appropriate information to help children understand how to protect themselves. Repeat messages often, through different channels, to increase the reach of the message and the number of times it is heard. Student athletes may not perceive heat-related illness as a health risk because they routinely practice in hot weather outdoors or indoors with limited air-conditioning.²² However, teachers, coaches, and parents can reinforce risk communication messages to athletes to stay safe from extreme heat.



NOTEWORTHY PRACTICE

Communicating childcare information during and after an emergency

Childcare programs exist in every community. Local emergencies can result in short- and long-term loss of access to childcare as a result of road closures, power outages, and interrupted access to transportation and clean drinking water. When emergencies occur, risk communication should provide the most up-to-date information to parents about access to services and programs like childcare.

The 2016 California Child Care Disaster Plan recommends each childcare program's disaster plan include a communication hub with an assigned coordinator who will

- Provide information and updates to staff, families, emergency services, and partner agencies;
- Respond to questions from the media and the general public;
- Establish two-way communication with pre-identified local partner agencies; and
- Provide status updates including facility damage, staffing shortages, available childcare slots, program closure, relocation, and disaster relief needs.

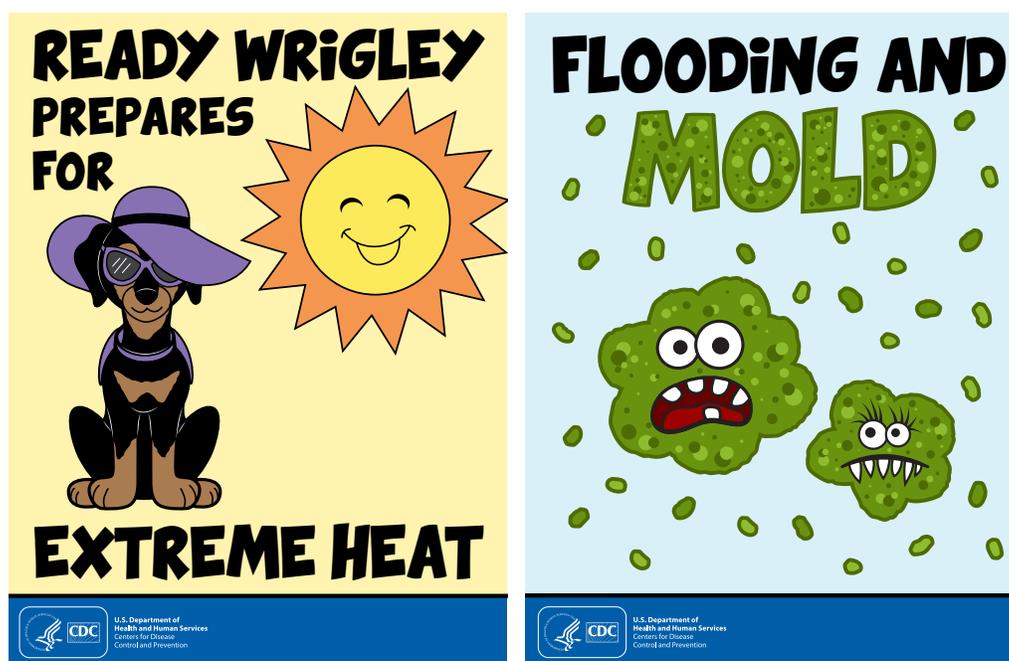
Source: <https://cchp.ucsf.edu/sites/g/files/tkssra181/f/CA-ChildCare-Disaster-Plan.pdf>

22 <https://www.cdc.gov/disasters/extremeheat/athletes.html>

Key considerations for communication planning

- ✓ Engage with educational institutions and childcare facilities (schools, universities, daycare centers, etc.) on the importance of providing students with basic preparedness instruction. Providing school children with take-home materials for their parents may enhance preparedness.²³
- ✓ Create age-appropriate messages and materials. Children of different ages and developmental status understand emergencies and health risks differently.
- ✓ Ensure messaging addresses children's unique needs.
- ✓ Empower children with age-appropriate education that teaches what to do in an emergency.
- ✓ Promote the importance of developing a family preparedness communication plan.
- ✓ Include messages on how caregivers can help children cope.
- ✓ Develop messaging for multiple locations where children congregate, for example, schools, childcare facilities, after-school care, youth sport leagues, parks and recreation organizations, and pediatrician offices.
- ✓ Ensure timely and effective delivery of messages for evacuation, relocation, and reunification of children in educational settings, childcare, or other child congregate facilities.

Figure 2: Example of CDC public health communication materials for children²⁴



23 https://www.fema.gov/media-library-data/1409000888026-1e8abc820153a6c8cde24ce42c16e857/20140825_Preparedness_in_America_August_2014_Update_508.pdf

24 <https://www.cdc.gov/cpr/readywrigley/index.htm>



Resources

Caring for Children in a Disaster

<https://www.cdc.gov/childrenindisasters/index.html>

The National Child Traumatic Stress Network (NCTSN)

www.nctsn.org

The Youngest Victims: Disaster Preparedness to Meet Children's Needs

https://www.aap.org/en-us/Documents/disasters_youngest_victims_disaster_preparedness.pdf

Children and Youth Task Force in Disasters: Guidelines for Development, September 2013

https://www.acf.hhs.gov/sites/default/files/ohsepr/childrens_task_force_development_web.pdf

Planning for the Needs of Children in Disasters Toolkit

<https://emilms.fema.gov/IS0366a/lesson2/Toolkit.pdf>

New York Children's Issues Task Force Lessons Learned from Response and Recovery in Superstorm Sandy in New York

https://www.acf.hhs.gov/sites/default/files/ohsepr/new_york_childrens_issues_task_force_web.pdf

Children in Disasters: Do Americans Feel Prepared? A National Survey

<http://dx.doi.org/10.7916/D85M65J9>

Ready Wrigley books, checklists, mobile app, posters

<https://www.cdc.gov/cpr/readywrigley/>

Communication Planning for Pregnant Women

Pregnant women are cited in PAHPRA (2013)²⁵ as “populations with special clinical needs” who may be at higher risk in a disaster and other public health emergency, like exposure to environmental toxins and infectious diseases. Disasters may limit a pregnant woman’s access to obstetrical facilities. This situation may result in giving birth outside of a health facility or in a facility that does not have access to her prenatal records containing information about high risk medical conditions. These could include preterm labor, triplet/twin gestation, previous stillborn, and vaginal bleeding.²⁶ Pregnant women may face additional risks, including mental distress and the psychosocial stressors of living and giving birth in a post-disaster environment.²⁷

To ensure effective communication with pregnant women, partnership planning should include obstetrics and gynecology (OB/GYN) providers, certified midwives, maternal and child health programs, family planning clinics, hospital emergency preparedness committees, and related community supports. Bringing health care partners together can help develop messaging and materials that are appropriate for pregnant women.

Tips for effective planning and communication for pregnant women

1. Create a plan to ensure that all women have access to safe environments to deliver babies.
2. Develop strategies to share health messages and materials with women in rural and hard-to-reach areas.
3. Develop strategies to reach women when traditional methods are not available.
4. Prepare educational materials on the following topics to give to pregnant women and families with infants:
 - Disaster preparedness and recovery
 - Maternal and child health issues
 - Prenatal and well-baby services
5. Encourage pregnant women to have evacuation plans (and plans for prenatal care and/or delivery should they need to evacuate), and emergency birth kits.

25 <https://www.cdc.gov/reproductivehealth/emergency/index.html>

26 <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2010/06/preparing-for-disasters-perspectives-on-women.pdf>

27 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098448/>



Tips from the American Public Health Association’s Get Ready Campaign for Hurricane Preparedness

- Do not ignore evacuation orders.
- If evacuated, upon arrival at the shelter, let officials know that you are pregnant.
- Wash your hands after coming into contact with floodwaters, as they may be contaminated.
- Continue regular prenatal care visits as soon as you are out of immediate danger.
- Know the signs of preterm labor (labor that begins before 37 weeks). If you have any signs of preterm labor, call your health care provider, go to the hospital, or inform the person in charge of the emergency shelter right away.
- Be aware that clean water may not be available for mixing formula or for cleaning bottles and nipples. Know how to make water safe to drink and use.

Source: Adapted from the [American Public Health Association’s Get Ready Campaign](#)

6. Stress the importance of continuing prenatal care for pregnant women during emergency/disasters.
7. Share information about signs of preterm labor.

Risk communication and safety messages

CDC developed safety messages to help pregnant, postpartum, and breastfeeding women be prepared and protect themselves and their loved ones before, during, and after a natural disaster.²⁸ Safety messages for pregnant women include

- ✓ Preparing for a disaster
 - Talk to your health care provider about how to get medical care if there is a natural disaster.
 - Know where to shelter and be prepared to leave quickly and have important items ready to go.
 - Pack your essential items and supplies—remember to bring any medicines you might be taking, your prenatal vitamins, and a copy of your medical records.
 - Stock healthy low-sodium snacks and bottled water to keep up with your nutrition needs and stay hydrated.
- ✓ During and after a natural disaster
 - If you go to a shelter, tell the staff you are pregnant so they can help you.
 - Get medical care right away if you are having signs of labor.
 - When it is safe to do so, make an appointment to continue your prenatal care, even if it is not with your usual doctor.
- ✓ Post disaster safety
 - After a storm or flood, avoid doing hard physical work or disaster clean-up work, entering a building with mold damage, and touching or walking in flood water.
 - After a wildfire, avoid breathing smoke or fumes from recently burned buildings or houses. Keep young children away from areas with smoke or fumes, and stay indoors if possible.



Example of communication considerations for an extreme heat event

When communicating the effects of heat exposure, public health agencies should specify how warnings apply to pregnant women.²⁹ Extreme heat exposure affects fetal outcomes including stillbirth rates, birth weight, gestational age, and increased congenital heart defects.³⁰ Effective public health messaging can help prevent negative pregnancy outcomes and infant deaths.

Among those at elevated risk for extreme heat exposure are pregnant women working in outdoor agricultural settings and those working in enclosed environments that are not well ventilated, such as greenhouses. Finding relief from excessive heat exposure during non-working hours may also be difficult for pregnant agricultural workers in low-income housing.^{31,32} During a prolonged event, leveraging partnerships may be critical to reach pregnant women with messaging on the dangers of excessive heat and how they can protect themselves.

Risk communication and community engagement strategies in a Zika outbreak

Zika infection³³ is spread mostly by the bite of an infected *Aedes* mosquito, and can cause birth defects if contracted during pregnancy. Developing effective messaging about Zika preventive measures should account for language and cultural differences as well as identifying trusted sources to disseminate information.

Collaborative efforts during the 2016 Zika response resulted in several effective recommendations for coordination of Zika outbreak risk communication and community engagement strategies. The risk communication and community mobilization strategies developed by CDC, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the U.S. Agency for International Development (USAID) and the International Federation of Red Cross (IFRC) provide recommendations for risk communication.

- ✓ Understand local context for acceptance of protective behaviors.
- ✓ Draw on community knowledge and expertise.
- ✓ Consider local contexts, communication practices, languages, suitability for children, and people with sensory or intellectual disabilities.
- ✓ Tailor messages to specific population groups (e.g., women considering becoming pregnant and their partners, pregnant women, doulas, travelers).³⁴

Zika elevated the importance of mobilizing community partners. Alabama, with only three active vector control programs in the state, recognized community partners could assist with disseminating Zika prevention information (primarily to pregnant women). Soliciting the help of local officials, the media, and neighborhood associations facilitated the formation of a community network partnership. The network was instrumental in the timely distribution of information to pregnant women through home visits, emails, newsletters, social media, and flyers left with local businesses.³⁵

29 <https://www.mdpi.com/1660-4601/14/8/853/htm>

30 <https://www.ahajournals.org/doi/full/10.1161/JAHA.118.010995>

31 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5682625/>

32 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3723406/pdf/AJPH.2012.301135.pdf>

33 <https://www.cdc.gov/zika/index.html>

34 <https://www.paho.org/hq/dmdocuments/2016/2016-risk-com-comunity-engag-zika-preven-cont.pdf>

35 http://www.phf.org/phfpulse/Pages/Mobilizing_Community_Partners_to_Action_How_a_Small_Vector_Control_Program_Tackled_Zika.aspx



NOTEWORTHY PRACTICE

Public awareness of heat alerts and warnings and use of resources

The New York City Department of Health and Mental Hygiene assessed pregnant women's awareness and use of heat warning systems and cooling centers during periods of extreme heat. The assessment found the following:

- The most common sources for awareness of heat alerts were TV, radio, and internet.
- Newspapers were the least common source.
- Pregnant woman reported they were more likely to obtain information from their close friends/family members than the community or weather apps on smart phones.
- The highest compliance rates were for staying hydrated (87%) and limiting outdoor activity (75%).
- Respondents indicated they were less likely to find a cool place outside of their own home.

Source: [New York State Energy Research and Development Authority](#)

Key considerations for communication planning

- ✓ Develop communication messages for women in all stages of pregnancy, including postpartum and newborn care.
- ✓ Include online preparedness resources and printed educational materials with icons, graphics, and simple layout.
- ✓ Identify and promote locations for prenatal services, postpartum care, and obstetric treatment during a disaster.
- ✓ Recommend pregnant women keep a copy of prenatal records to bring to emergency care or to a new obstetric care provider, if they cannot access their regular provider or hospital.
- ✓ Continue to promote prenatal care and safe delivery sites, especially if widespread infrastructure damage occurs in the disaster zone.



Resources

Reproductive Health in Emergency Preparedness and Response
<https://www.cdc.gov/reproductivehealth/emergency/index.html>

Disaster Safety for Expecting and New Parents
<https://www.cdc.gov/reproductivehealth/features/disaster-planning-parents/index.html>

Pregnant Women and Influenza
<https://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

Preparing for Disasters: Perspectives on Women
<https://www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2010/06/Preparing%20for%20Disasters%20Perspectives%20on%20Women>

Emergency preparedness for pregnant women and families with infants
<http://www.getreadyforflu.org/pregnantmomsinfants.htm#facts>

Pregnancy and Natural Disasters
<https://mothertobaby.org/fact-sheets/natural-disasters/>

Communicating vulnerabilities to climate change: Pregnant Women
https://19january2017snapshot.epa.gov/climate-impacts/communicating-vulnerabilities-climate-change-pregnant-women_.html

Preparedness for Moms—Packing and Planning for Disasters while Pregnant Infographic
<https://www.acf.hhs.gov/ohsepr/resource/preparedness-for-moms>

Post-Disaster Child Care Needs and Resources
https://www.acf.hhs.gov/sites/default/files/ohsepr/508_post_disaster_child_care_planning_matrix_11mar2016_final.pdf

Communication Planning for Individuals with Limited English Proficiency and Literacy

The U.S. Census Bureau American Community Survey data indicate that in 2015, more than 25 million people had limited English proficiency (LEP), accounting for 9% of the U.S. population 5 years and older. In 2015, more than 20% of individuals with LEP lived in households with an annual income below the official poverty level.³⁶ Over the last decade, nearly every community across the nation experienced significant growth in its immigrant population and diversity of languages spoken.³⁷

Language and culture provide the context for how people make sense of information. Cultural beliefs and values influence how an individual interprets a public health message. Therefore, translating messages into another language does not guarantee comprehension or ensure readability, and some words might not have an equivalent translation. Language and literacy barriers can hinder people's ability to understand how to protect themselves during an emergency.

Effective communication planning for individuals with LEP and limited literacy involves engaging partners who have established relationships within the community of focus. Partners will often include social and information networks that individuals with LEP and limited literacy skills turn to for information. Engaged partners can help test messages with the intended recipients and maximize meaningful interpretation and action. In addition, partners can be a key outlet for disseminating information. Effective communication strategies are culturally and linguistically appropriate and respect the beliefs, practices, and needs of the population. Therefore, a diverse group of partners will be required to adequately address the varied LEP communities.

The Civil Rights Division's Language Map App³⁸ (Figure 3) is an interactive mapping tool that helps users identify the concentration of languages spoken by LEP individuals in a community. Users can click on a state or county to identify the number or percentage of LEP persons, download language data, or visually display LEP maps for presentations.



People with Limited English Proficiency

Ensuring language access is not only good practice, it is also the law. People with LEP qualify for the same anti-discrimination protection designated for race, color, or national origin under Title VI of the Civil Rights Act.

This means that Title VI regulations forbid organizations receiving government funding from restricting program benefits for individuals facing linguistic challenges regarding a service, benefit, or encounter.

Other federal laws and policies, such as the Robert T. Stafford Disaster Relief and Emergency Assistance Act, require considering language access in emergency planning and response.

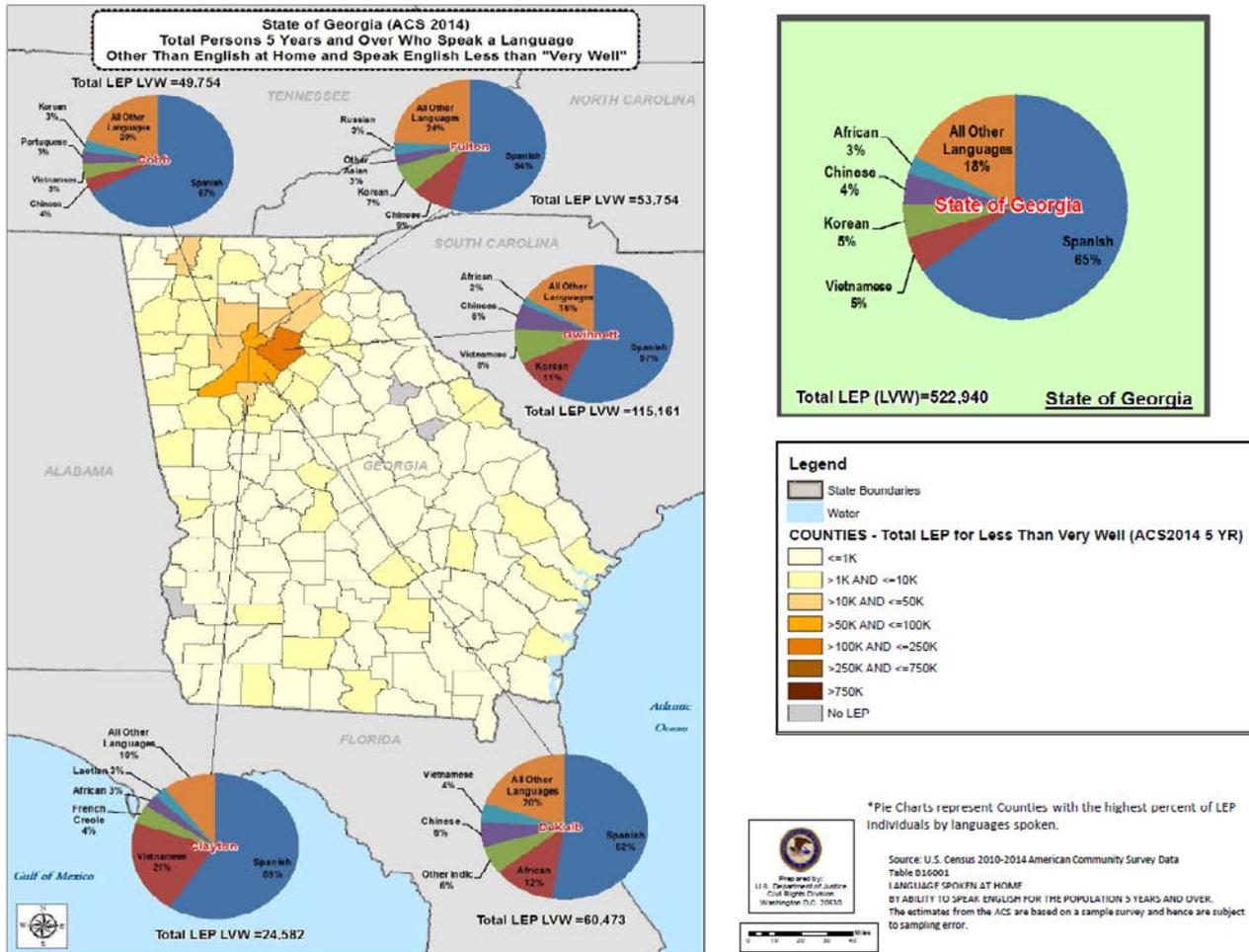
Sources: [Executive Order 13166](#), [Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288](#). [Tips and tools for reaching limited English proficient communities in emergency preparedness, response, and recovery](#). US DOJ 2016.

36 <https://www.migrationpolicy.org/article/language-diversity-and-english-proficiency-united-states#Poverty>

37 <http://theconversation.com/diversity-is-on-the-rise-in-urban-and-rural-communities-and-its-here-to-stay-69095>

38 <https://www.lep.gov/maps/>

Figure 3: Image of the Language Map App



Map terms and acronyms

- LEP = Limited English proficiency
- LVW = Less than very well
- ACS = American Community Survey



Example of communication considerations for an extreme heat event

CDC examined heat-related deaths in the U.S. and found a significant increase in mortality risk among non-U.S. citizens compared with U.S. citizens, especially those aged 18 to 24 and of Hispanic ethnicity.³⁹ Of these heat-related deaths among non-U.S. citizens, 20% of the decedents' site of excessive heat exposure or death was recorded as "farm"; 61% listed "other specified place," and only 0.6% were exposed at home. Working with partners to further explore occupational activities, determine the location of "other specified places," and analyze countries of origin might inform future heat prevention efforts by targeting messages to affected populations with culturally appropriate language.

39 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920731/?report=reader>

Risk communication and community engagement strategies

To assess and improve how residents with limited English skills find and receive critical information during health emergencies, the Minnesota Department of Health evaluated⁴⁰ their strategies to communicate with LEP populations.

Key findings:

- Many people with limited English skills are foreign-born immigrants or refugees who may have a different sense of what constitutes an emergency.
- Once individuals establish a source of information (such as a school nurse, community program, or employer), they continue to rely on that source.
- People with limited English skills are hesitant to ask for more information because of perceived discrimination, prejudice, or other reasons.
- Written translated materials are needed but have limited effectiveness in orally based cultures.
- Translated materials that do not contain the latest, most up-to-date information are far less effective.
- Ethnic-specific media is a primary source of news and information for LEP populations.

Key recommendations:

- Develop formal and informal relationships with LEP community leaders.
- Provide emergency messages in the appropriate language(s) via multiple formats.
- Prepare messages and materials for expected local hazards (e.g., hurricanes in Florida, earthquakes in California) before events occur.
- Partner with organizations that serve LEP populations in preparing and delivering messages before and during an emergency.
- Identify resources for rapid translation/interpretation for statewide and localized emergency messages before events occur.
- Develop “Memorandums of Understanding” to facilitate service delivery during an emergency.

40 Minnesota Department of Health. Evaluation and Recommendations for Emergency Communication Strategies to reach Limited English Proficient Populations. Accessed October 24, 2019.
<https://www.health.state.mn.us/communities/equity/reports/emercmmlep0612.pdf>



NOTEWORTHY PRACTICE

San Diego County Partner Relay system reduces barriers faced by non-English speaking communities in receiving life-saving information during emergencies.

When a local disaster or public health emergency happens, San Diego County Emergency Operations Center provides critical information for translation to its more than 300 trusted community partners representing non-English speaking Latino, Vietnamese, Filipino, Chinese, Korean, Arabic, Somali, and Karen communities through its Partner Relay Network. Partner Relay Network members receive updated information from the EOC on the Partner Relay, an “invitation only” online collaboration platform. The communication platform, hosted by Slack, receives emergency updates posted on the San Diego County Emergency website via an RSS feed and requests Partner Relay Network members to translate and share information with their communities through social media, texts, phones, and face-to-face and public gathering places. During the 2017 Lilac Fire, the Emergency Operations Center, activated at its highest level, activated the Partner Relay Network.

The fast-moving Lilac Fire of December 2017 burned 4100 acres and was the second costliest of the multiple wildfires that erupted in in Southern California in December 2017. As the fire, pushed by Santa Ana winds, ripped through northern San Diego County neighborhoods, an estimated 100,000 residents received evacuation alerts, some mandatory and others voluntary . Prior to the Partner Relay system, a barrier for community organizations was difficulty tracking down rapidly changing critical risk communication information.

The County Offices of Emergency Services and Public Health Services partner to provide regular training opportunities and drills to help the Partner Relay Network community partners understand which information is important to communicate during an emergency. Between May 2015 and September 2019, Partner Relay members held 7 drills and had been activated twice during real emergencies.

Source: [San Diego County Emergency Public Information Plan](#)

Key considerations for communication planning

- ✓ Use simple sentences and plain language; avoid technical and medical terms.
- ✓ Use clear language that cannot be misinterpreted.
- ✓ Limit information to two or three messages at a time. During normal times, people tend to only remember three to seven pieces of information at a time. In an emergency, this drops to three simple directions.
- ✓ Specify actions to take.
- ✓ Use visuals and graphics.
- ✓ Have enough bilingual staff (preferably native speakers) at call centers to handle the volume of callers or provide access to telephonic interpretation services.
- ✓ Test the translation of messages to ensure they are clear and culturally appropriate.
- ✓ Use native language speakers in oral messaging for specific ethnic or cultural groups with limited English skills. Native speakers are often perceived as more trustworthy than non-native speakers, even those who are fluent in the language.
- ✓ Include family, clergy, and friends as informal communication outlets to “validate” disaster warnings and preparedness instructions.
- ✓ Plan for the communication needs of tourists who may have limited knowledge of local alert systems.



Resources

Including Outreach Workers and Community Health Workers in Health Center Emergency Preparedness and Management

<https://outreach-partners.org/wp-content/uploads/2015/09/emergencypreptipsheet.pdf>

Clear & Simple: Developing Effective Print Materials for Low-Literacy Audiences

<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/clear-simple>

Real-Time Warnings and Alerts for Non-English-Speaking Communities Evaluation of Best Practices in Community Outreach and Engagement in the Minnesota Multi-Language Messaging Initiative <https://www.wilder.org/Wilder-Research/Publications/Studies/ECHO%20Minnesota%20-%20Minnesota%20Multi-Language%20Messaging%20Initiative/Real-Time%20Warnings%20and%20Alerts%20for%20Non-English%20Speaking%20Communities.pdf>

Tips and Tools for Reaching Limited English Proficiency Communities in Emergency Preparedness, Response, and Recovery

<https://www.justice.gov/crt/file/885391/download>

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Toolkit for Making Written Material Clear and Effective

<http://www.cms.gov/writtenmaterialstoolkit>

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Simply Put

https://www.cdc.gov/healthliteracy/pdf/simply_put.pdf

Language Diversity and English Proficiency in the United States

<http://www.migrationpolicy.org/article/language-diversity-and-english-proficiency-united-states>

Department of Homeland Security (DHS) Language Access Materials/Resources

<https://www.dhs.gov/publication/dhs-language-access-materials>

Limited English Proficient (LEP) Maps

<https://www.lep.gov/maps>

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Health Literacy website

<https://www.cdc.gov/healthliteracy/index.html>

Communication Planning for Individuals with Limited Financial Resources

When disaster strikes, financially and socially disadvantaged individuals often lack access to resources that could keep them safe—like an extensive social network, transportation to evacuate, or supplies for an emergency kit.⁴¹

Economic disadvantage does not decrease ability to *understand* public health information. Rather, limited resources imply a potential decreased ability to *receive* and *follow* public health recommendations.

For example, residents may be told to prepare an emergency food and water supply for sheltering-in-place. Families and individuals who cannot afford an unexpected, potentially expensive purchase of several days' or weeks' worth of bottled water and nonperishable food will be unable to follow this recommendation.

According to the National Institute for Literacy, 43% of adults with the lowest literacy rates in the United States live in poverty. Economic disadvantage further challenges access to communications.⁴²

Planning considerations for farmworkers

Farmworkers are traditionally defined as people whose primary incomes are earned through permanent or seasonal agricultural labor. Farmworker households tend to have high rates of poverty, live disproportionately in housing of poor condition, and have high rates of overcrowding and low rates of homeownership.⁴³

Large numbers of farmworkers and migrants living in substandard housing conditions in rural communities lost housing during the 2007 San Diego firestorm. General findings from a fire impact assessment study⁴⁴ include

- Lack of general information about the evacuation process, emergency preparedness, and procedures for accessing resources. Furthermore, farmworkers and migrants did not know whom to contact for more information about the evacuation procedure and/or to find available shelters .
- Farmworkers and migrants were disproportionately exposed to fire impacts.
- Large numbers of farmworkers and migrants living in substandard housing conditions in rural communities lost housing during the fires and had no recourse for recovery.



Recommendations for Farmworker Partnership Planning

- Provide farmworker partners with resources at varying reading levels.
- Consider working with local emergency management and farm bureaus to create an emergency response plan specific to farmworkers.
- Engage farmers and farm councils to serve as communication conduits.
- Involve farmers in trainings and exercises.
- Rely on established relationships and partners to communicate information to migrant workers.
- Use visuals to convey critical information across cultures, for example, emergency procedures, food safety, and vaccine availability.

Source: Adapted from the [National Rural Health Association Migrant and Seasonal Farm Worker Emergency Planning Guide](#)

41 <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6220a1.htm>

42 <http://www.proliteracy.org/NetCommunity/Page.aspx?pid=335&srcid=401>

43 <https://hcd.ca.gov/community-development/building-blocks/housing-needs/farmworkers.shtml>

44 <https://www.cidrap.umn.edu/sites/default/files/public/php/27048/San%20Diego%20Firestorm%202007%20Report.pdf>

- Farmworkers and migrants did not receive appropriate evacuation notifications.
- Economic effects of the fires are compounded by language, cultural, and social barriers that limit access to support programs and services.
- Farmworkers and migrants did not receive adequate information about emergency relief eligibility criteria.
- According to the survey, close to half of the participants reported having urgent and long-term needs for food and water.⁴⁵

Messaging for individuals with health conditions in low income communities

Chronic physical and behavioral health conditions are prevalent in low-income communities, further highlighting the importance of providing accessible, understandable, actionable public health information before and throughout an event. Messaging should include information about access to health care, medication refills, and social and mental health services for people without insurance or with limited economic resources.



Example of communication considerations for an extreme heat event

When developing an extreme heat response plan, consider cooling stations. Residents in economically disadvantaged communities may not have air conditioning (AC) in their homes or may use it sparingly because of financial constraints. A cooling station is an air-conditioned building where individuals with no or limited access to AC can go for relief from the heat, such as libraries and senior centers.¹⁴

Example communication strategy for cooling stations:

- Post official heat alerts in newspapers and on appropriate websites, with accurate cooling station information including locations, hours of operation, transportation options, etc.
- Work with community partners to create and disseminate cooling station information across various platforms and languages.⁴⁶

45 <https://www.cidrap.umn.edu/sites/default/files/public/php/27048/San%20Diego%20Firestorm%202007%20Report.pdf>

46 <https://www.cdc.gov/climateandhealth/docs/UseOfCoolingCenters.pdf>



NOTEWORTHY PRACTICE

Surviving Severe Weather: Tools to Promote Emergency Preparedness for People Experiencing Homelessness

The National Health Care for the Homeless Council developed tools that offer a series of severe weather survival tips written by individuals who were homeless and individuals who are currently homeless.

The fact sheet titled *How to Stay Safe During Extreme Heat When You Live Outdoors* provides information on symptoms and first aid for heat cramps, heat exhaustion, and heatstroke.

Source: [National Health Care for the Homeless Council](#)

Key considerations for communication planning

- ✓ Work with community partners to develop effective communication strategies and reach individuals with limited financial resources.
- ✓ Use partners to review information and ensure it is accessible, understandable, and actionable.
- ✓ Offer training for community organizations and outreach workers on communicating emergency information.
- ✓ Ensure communications identify health care and human services locations that serve individuals without insurance or with limited economic resources.
- ✓ Engage amateur (ham) radio operators and weather radio operators such as the National Oceanic and Atmospheric Administration (NOAA) to assist in communicating with hard-to-reach audiences, for example, farm workers, farmers, and rural communities.



Resources

SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin Greater Impact: How Disasters Affect People of Low Socioeconomic Status

https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-low-ses.pdf

Crisis & Emergency Risk Communication (CERC)

<https://emergency.cdc.gov/cerc/>

Emergency Preparedness and Response Information for Specific Groups

<https://emergency.cdc.gov/groups.asp>

Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups A guidance document for Emergency Managers

<https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf>

Risk Communicating Resources for Rural Areas: A Toolkit to help rural public health clinics communicate their message to the community during an emergency or disaster

<http://www.ruralrckit.org/#Toolkit>

Disaster Distress Helpline Brochure

<https://store.samhsa.gov/product/Disaster-Distress-Helpline-Brochure/PEP12-DDHBRO>

Migrant and Seasonal Farm Worker Emergency Preparedness Planning Guide

<http://www.norc.org/PDFs/publications/FILLABLEMigrantandSeasonalFarmWorkersEmergencyPreparednessPlanningGuide.pdf>

SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin Greater Impact: How Disasters Affect People of Low Socioeconomic Status

https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-low-ses.pdf

Crisis & Emergency Risk Communication (CERC)

<https://emergency.cdc.gov/cerc/>

Emergency Preparedness and Response Information for Specific Groups

<https://emergency.cdc.gov/groups.asp>

Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups A guidance document for Emergency Managers

<https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf>

Risk Communicating Resources for Rural Areas: A Toolkit to help rural public health clinics communicate their message to the community during an emergency or disaster

<http://www.ruralrckit.org/#Toolkit>

Disaster Distress Helpline Brochure

<https://store.samhsa.gov/product/Disaster-Distress-Helpline-Brochure/PEP12-DDHBRO>

Migrant and Seasonal Farm Worker Emergency Preparedness Planning Guide

<http://www.norc.org/PDFs/publications/FILLABLEMigrantandSeasonalFarmWorkersEmergencyPreparednessPlanningGuide.pdf>

HRSA Outreach workers: Migrant and Farmworker tip sheet

<https://outreach-partners.org/wp-content/uploads/2015/09/emergencypreptipsheet.pdf>

Surviving Severe Weather: Tools to Promote Emergency Preparedness for People Experiencing Homelessness

<https://www.nhchc.org/surviving-severe-weather/>

Communication Planning for Individuals with Limited Transportation

Data from the 2016 single-year American Community Survey⁴⁷ indicate that over 10 million U.S. households do not own a private vehicle. “Populations with limited transportation” refers to individuals and families who do not have a personal vehicle. Also referred to as “carless populations,” they generally rely on public transportation daily for work, school, worship, and leisure. Evacuation-related messaging is critical to ensuring individuals know how to access transportation and where to go.

A major challenge in disseminating transportation-related communications is identifying the number and location of transportation-disadvantaged individuals in the region. Definition varies by location. In large metropolitan areas like New York City or Washington, DC, public transit use is high and coverage extensive, so carless or transit-dependent populations would not usually be considered at-risk. However, the same population in a small city with limited transportation options may be disproportionately affected by an emergency. Wherever they are, people who are without a car or are dependent on public transit will likely need transportation assistance in an emergency requiring evacuation.



Example of communication considerations for an extreme heat event

Consider the extreme heat events in 1995 and 1999 in Chicago, and the 2003 heat wave in France. Mortality risk factors included lacking AC in the residence, living alone, and not going to a cool place daily. Limited access to reliable transportation can potentially affect compliance with public health recommendations, especially if a person lives alone or has limited mobility, a debilitating health condition, or limited financial resources. To protect individuals with limited transportation options, engage various partners to assist in developing and disseminating actionable extreme heat messaging.



Populations with Limited Transportation

- Older adults and persons with disabilities who have mobility impairments that prevent them from driving
- People who need medical equipment to travel
- Low-income, homeless, or transient persons who do not have a permanent residence or do not own or have access to a personal vehicle
- Children without a legal driver present to transport
- Tourists and commuters who are frequent users of public transportation
- People with limited English proficiency who rely on public transit
- People who, for any other reason, do not own or have access to a personal vehicle

Source: Adapted from the [U.S. Government Accountability Office](#)

47 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP04&prodType=table

Transportation needs of the whole community

During widespread evacuations, transportation systems may be overwhelmed. Understanding the transportation needs of the whole community ahead of an impending incident will help identify community partners and prioritize communication. When developing evacuation messages, consider the accessibility and availability of the different types of transportation, for example, daytime versus nighttime and public versus private, and how these may influence mass evacuation plans.

Engaging partners and stakeholders

Engage traditional and non-traditional partners to identify populations with transportation access needs. These can include public transportation, paratransit service, or accessible vehicle service providers. Establish and maintain working relationships with hotels, stadiums, and convention centers to identify specific information that guests may need during a mass evacuation. Consider and plan for tourists who may not be familiar with the layout of the city or location of and access to designated evacuation shelters.

Potential partners:

- Convention centers
- Event-centers/stadiums
- Hotels
- Licensed care and long-term care facilities
- Low-income housing
- Nonprofit organizations and support groups including faith-based groups
- Paratransit services
- Public and private transit providers such as railways, subways, buses, and ferry services
- Schools
- Social service agencies
- Taxi companies, ride-sharing companies
- Worksites



NOTEWORTHY PRACTICE

Coordinating communications with transportation partners

Evacuation planning and related communication strategies should include coordination with a multitude of transportation partners to ensure public awareness for safe evacuation and return.

Planning before an emergency

- ✓ Use community-based organizations to identify transportation-dependent populations. Include members of the public and private sector.
- ✓ Conduct regular, periodic drills for evacuating transportation-dependent populations.
- ✓ Inform the public about transportation options and evacuation plans before an emergency.
- ✓ Use a variety of media and accessible formats to publicize pick-up and drop-off locations.
- ✓ Equip the public information officer or media spokesperson of partner organizations with answers for transportation and evacuation-related questions.

When an emergency is imminent

- ✓ Notify partner organizations to broadly disseminate risk information to the groups they serve in the potentially affected area.
- ✓ Distribute evacuation route information, including alternative route information.

Assessment

- ✓ Evaluate and make necessary changes to the communication plan; relate changes to partner organizations and the public.

Source: [Transportation and Emergency Preparedness Checklist](#)

Key considerations for communication planning

- ✓ Develop transportation messages for evacuation scenarios, including shelter locations and items to bring.
- ✓ Identify transportation-disadvantaged populations. Plan for needs related to evacuation in state and jurisdictional risk assessments.
- ✓ Develop protocols for communicating transportation options in an evacuation.
- ✓ Conduct drills and evacuation exercises incorporating various types of public and private transportation providers.
- ✓ Communicate transportation options to the public often, not just after an incident.
- ✓ Provide evacuation information to critical stakeholders that support populations with access and functional needs described throughout this document.
- ✓ Engage partners to give evacuation information to transient populations, including tourists or non-residents, who may have limited access to radio, television, or internet.
- ✓ Disseminate information routinely about the availability of paratransit services and pick-up locations.
- ✓ Inform pet owners about how to safely evacuate with service animals or pets.



Resources

Evacuation and Transportation

<https://www.caloes.ca.gov/cal-oes-divisions/access-functional-needs/evacuation-transportation>

National Study on Carless and Special Needs Populations Mobilizing Your Community for Emergency Evacuation

https://www.transit.dot.gov/sites/fta.dot.gov/files/FTA_Report_No._0067.pdf

Actions Needed to Clarify Responsibilities and Increase Preparedness for Evacuations. (U.S. GAO, December 2006)

<http://www.gao.gov/new.items/d0744.pdf>

Evacuating Populations with Special Needs (Chapter 4: Communication Needs)

<https://ops.fhwa.dot.gov/publications/fhwahop09022/index.htm>

Communication Planning for Individuals with a Disability

One in four adults—or 61 million people in the United States—have a disability that affects major life activities. The most common disability, mobility, affects one in seven adults and becomes more common with age, affecting about two in five adults age 65 and older.⁴⁸

Various types of disabilities include hearing, vision, speech, and mobility, as well as cognitive, intellectual, and mental impairment. An individual with a disability, as defined by the Americans with Disability Act (ADA), is a person who

- ✓ has a physical or mental impairment that substantially limits one or more major life activities,
- ✓ has a history of a physical or mental impairment, or
- ✓ is perceived by others to have such an impairment.⁴⁹

In the context of the ADA, “disability” is a legal term rather than a medical one.⁵⁰ Under Title II of the ADA guidance, all state and local governments are required to take steps to ensure that their communications with people with disabilities are as effective as their communication with others. This is especially important during an emergency.

FEMA and other federal agencies expanded the term “disability” to include “people with disabilities and others with access and functional needs.” This expanded definition of disability includes people who may or may not fall within the definitions of civil rights laws and encompasses cross-disability issues.⁵¹



Effective Communication for People with Disabilities

- Include American Sign Language (ASL) interpreters for televised emergency announcements
- Provide accessible emergency notification systems and evacuation maps for all persons
- Ensure on-line emergency information is accessible to screen readers, used by people who are blind or who have low vision
- Use clear, simple language that is understood by people with intellectual or developmental disabilities and people with limited English proficiency
- Upgrade 911 systems to allow people with disabilities to use text-based communications

Source: *Adapted from the 2014 National Council on Disability, Effective Communications for People with Disabilities: Before, During and After Emergencies*



Example of communication considerations for an extreme heat event

A CDC study examined Medicare heat-related illness (HRI) claims. Medicare beneficiaries under 65 years of age are individuals with disabilities. They have a debilitating physical or mental disease or end-stage renal disease. The study found that beneficiaries younger than 65 years had a rate of HRI outpatient visits nearly double that for all other age categories (>65 years). The findings indicate that planning for the needs of individuals with disabilities is important during heat waves. Planners need to ensure that individuals with disabilities receive heat safety communication messages and services, for example, access and transport to a cooling station.⁵²

48 https://www.cdc.gov/mmwr/volumes/67/wr/mm6732a3.htm?s_cid=mm6732a3_w

49 <https://www.ada.gov/cguide.htm>

50 <https://adata.org/faq/what-definition-disability-under-ada>

51 <https://ncd.gov/publications/2014/05272014>

52 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489350/#!po=30.9524>

Standard disability questions for population surveys

Standardized data can help emergency managers identify the number of individuals with disabilities in a community for jurisdictional risk assessments and communication planning. Six survey questions (provided below) are considered the minimum standard to assess disability available on CDC's Disability and Health website.⁵³

1. Are you deaf, or do you have serious difficulty hearing? Yes or No
2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses? Yes or No
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older) Yes or No
4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)
5. Do you have difficulty dressing or bathing? (5 years old or older) Yes or No
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older) Yes or No

Website accessibility

Communication planners should review and update websites for features that support accessibility for persons with disabilities. The U.S. Access Board⁵⁴ provides technical assistance regarding Section 508 standards and how to make webpages accessible to people with disabilities. Placing "alt tags" on graphics, using accessible online forms and tables, and posting documents created in accessible text-based formats are some key features.

Inclusive language for talking about people with disabilities

FEMA's *Language Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery*⁵⁵ provides useful terminology when referring to people with disabilities and others with access and functional needs (Table 2).

53 <https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html>

54 www.access-board.gov/508.htm

55 https://www.fema.gov/media-library-data/1437608810237-65bce1c81c720e99c260ea740e98901d/Language_Guidelines-Inclusive_Emergency_Preparedness.pdf

Table 2: FEMA’s Language Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery⁵⁶

Avoid	Preferred
Special communication, special needs communication	Accessible communication, effective communication
Vulnerable populations, special populations, at-risk populations	Disproportionately affected, access and functional needs
Special access, handicapped access	Equal access, universal access, effective communication access
Suffers from a disability	Has a disability
Mobility impaired, physically challenged, crippled, differently abled, bedridden, house-bound or shut-in, invalid	Has a mobility disability
The blind, sight impaired, vision impaired	Is blind, has low vision
Senile, demented	People with a cognitive disability, a person with dementia or Alzheimer’s Disease
Emotionally disturbed, disturbed	Has a mental illness, mental health support, psychiatric disability; has a diagnosis of schizophrenia; uses behavioral health services
Mute	Unable to speak or uses synthetic speech
Normal person	People without a disability
Handicapped equipment, special devices	Assistive devices, assistive technology, durable medical equipment
Special needs planning, special plans, special needs annex	Whole community planning, inclusive planning, integrated planning

⁵⁶ https://www.fema.gov/media-library-data/1437608810237-65bce1c81c720e99c260ea740e98901d/Language_Guidelines-Inclusive_Emergency_Preparedness.pdf



NOTEWORTHY PRACTICE

New York City “Take Steps to Prepare”

New York City Emergency Management offers tips for people with disabilities or access and functional needs on how to create a plan and be prepared for emergencies.

Take Steps to Prepare

- Provide your emergency contacts a spare key so they can get in your building.
- Make copies of important documents, including health information.
- If you have a pet, or emotional support or service animal, be alert and plan for his or her needs. During an emergency, pets, including emotional support and service animals, can become stressed.
- Consider your dietary needs and always stock nonperishable food at home in case you must shelter in place during an emergency.
- If you take medication, make a list of the medications you take, why you take them, and their dosages.
- If you receive dialysis, chemotherapy, or other life-sustaining treatment, locate back-up locations so your service is not interrupted.
- If you or anyone in your home depends on electrically powered life-sustaining medical equipment (such as a ventilator or cardiac device), receives dialysis, or has limited mobility, you can take specific steps to prepare for a coastal storm.

Source: Adapted from the [New York City Emergency Management, Disabilities, Access & Functional Needs Website](#)

Key considerations for communication planning

- ✓ Involve individuals with disabilities in the communication planning process. Not everyone with a disability has the same communication needs. Individuals with disabilities can best provide first person accounts and convey varying levels of impairment considerations.
- ✓ Engage a broad range of community partners who provide services to individuals with disabilities and others with access and functional needs.
- ✓ Use person-first language. Place the emphasis on the person and not the disability.
- ✓ Become familiar with appropriate terms for persons with disabilities in FEMA's *Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery*.⁵⁷
- ✓ Avoid terms that lead to exclusion such as "special" or "segregated."
- ✓ Provide training, public and planning meetings, and public service announcements that meet accessibility needs.
- ✓ Identify and explain modes of transportation that are available for evacuation.
- ✓ Provide clear, concise information about risks, affected areas, and steps to take.
- ✓ Limit the length of instructions and incorporate universal symbols in printed materials.
- ✓ Provide several methods of emergency notification to inform individuals who are deaf or hard of hearing when emergency warning systems such as sirens are used.
- ✓ Use multimodal alerts and warnings to better reach people with disabilities.⁵⁸

57 https://www.fema.gov/media-library-data/1437608810237-65bce1c81c720e99c260ea740e98901d/Language_Guidelines-Inclusive_Emergency_Preparedness.pdf

58 <https://rems.ed.gov/docs/Effective%20Communications%20for%20People%20with%20Disabilities.pdf>



Resources

Disability and Health Emergency Preparedness

<https://www.cdc.gov/ncbddd/disabilityandhealth/emergencypreparedness.html>

Functional Needs of People with Disabilities: A Guide for Emergency Managers, Planners and Responders

<https://www.preventionweb.net/publications/view/39632>

Department of Health and Human Services (HHS) emPOWER Map

<http://www.phe.gov/empowermap/Pages/default.aspx>

Disability in America Map Series

<http://rtc.ruralinstitute.umn.edu/community-participation-independent-living/maps/>

ADA Best Practices for State and Local Governments General Effective Communication Requirements under Title II of the ADA

<https://www.ada.gov/pccatoolkit/chap3toolkit.htm>

ADA Best Practices for State and Local Governments General Effective Communication Requirements under Title II Checklist

<https://www.ada.gov/pccatoolkit/chap3chklist.htm>

ADA Best Practices for State and Local Governments General Effective Communication Requirements under Title II Title II Checklist. Website Accessibility

<https://www.ada.gov/pccatoolkit/chap5chklist.htm>

ADA Best Practices for State and Local Governments General Effective Communication Requirements under Title II Shelter planning and effective communication

<https://www.ada.gov/pccatoolkit/chap7shelterprog.htm>

Texas Department of Public Safety Effective Communications Toolkit. Applies to emergency management and public information professionals who work for or with local jurisdictions to communicate warnings, notifications, and other messages to news media and to the public

<https://www.preparingtexas.org/preparedness.aspx?page=df9e78fc-3f14-4c6c-aad8-7a2b90c425ef>

Five Steps for Inclusive Communication: Engaging People with Disabilities

https://www.naccho.org/uploads/downloadable-resources/HDfactsheet_accessiblecomms-Oct2016.pdf

California Office of Emergency Services Access and Functional Needs website

<https://www.caloes.ca.gov/cal-oes-divisions/access-functional-needs>

California Office of Emergency Services Access and Functional Needs Library. Includes best practices, guidance documents, after-action reports, and videos

<http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Pages/AFN%20Library.aspx>

A Guide for Including People with Disabilities in Disaster Preparedness Planning

http://www.ct.gov/ctcdd/lib/ctcdd/guide_final.pdf

FEMA's Language Guidelines for Inclusive Emergency Preparedness, Response, Mitigation, and Recovery

https://www.fema.gov/media-library-data/1437608810237-65bce1c81c720e99c260ea740e98901d/Language_Guidelines-Inclusive_Emergency_Preparedness.pdf

Communication Planning for Individuals with Chronic Health Needs

Half of all adults in the United States have at least one chronic condition, such as diabetes, heart disease, or obesity. One in four people has multiple chronic conditions. One in three people aged 65 and older has multiple chronic conditions. About 11.2 million U.S. adults have experienced a serious mental illness such as bipolar disorder, major depression, and schizophrenia.

A chronic illness is a condition that lasts a year or longer and limits activity. It may be an unstable, terminal, or contagious condition requiring ongoing care. People with chronic conditions often rely on medication or electricity-dependent medical and assistive equipment, such as ventilators and wheelchairs.

Disasters can disrupt electricity and water supplies and limit access to routine care, treatment, or accessible transportation. Critical medical services such as dialysis or chemotherapy might not be available because of business closures or lack of transportation. A study of personal disaster preparedness of dialysis patients in North Carolina indicated that, despite the availability of online and printed disaster preparedness material, more efforts are required to ensure messages are received.⁵⁹

After an incident, inform the affected population of the status and availability of health care facilities, pharmacies, and other health services. Understanding how the public prepares for a disaster or emergency provides communication planners with data to guide pre-incident planning strategies and emphasize the importance of personal preparedness.



Substance Abuse and Mental Health Services

Disasters can disrupt access to treatment that individuals with substance abuse and mental health conditions rely upon.

Disasters can also prompt evacuations and overwhelm behavioral health resources in the affected communities.

The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center provides specialized strategies for disaster preparedness to help states, territories, Tribes, and local entities to deliver an effective mental health and substance abuse response to disasters.

Source: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)



Example of communication considerations for an extreme heat event

Extreme heat can be dangerous for anyone, but it can be especially dangerous for those with chronic medical conditions. Individuals with chronic conditions—including cardiovascular and respiratory disease—are at greater risk for adverse health outcomes during extreme heat events, especially during power outages.⁶⁰ People with chronic conditions can stay safe during extreme heat by staying cool, hydrated, and informed, and should seek medical care immediately if experiencing symptoms of heat-related illness.⁶¹

59 <https://www.ncbi.nlm.nih.gov/pubmed/21852660>

60 <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6222a1.htm>

61 <https://www.cdc.gov/disasters/extremeheat/medical.html>

Risk communication messages for individuals with chronic health conditions during a hurricane

In 2017, Hurricane Harvey produced over 50 inches of rain in 36 hours in Texas and states along the Gulf coast, forcing tens of thousands of residents from their homes. In the aftermath of flooding and additional hurricanes, water-logged structures become a breeding ground for mold. Safe clean-up and removal of mold is a major public health concern. At greatest risk from mold are people with asthma, allergies, or other breathing conditions; and immune suppression (for example, people who have HIV, are getting chemotherapy, received an organ transplant).⁶²

CDC developed communication products for protection from mold. The following are examples of available risk communication public service announcements available on the CDC website:⁶³

- [Preventing mold after a disaster](#)
- [Mold removal after a disaster](#)
- [8 tips to clean up mold](#)

Ensuring accessibility of medicines and medical supplies after an emergency

Pharmaceutical dispensing practices can inform planning and highlight chronic disease within a community. Understanding which medication is most frequently dispensed can focus immediate supply chain needs and ameliorate morbidity associated with interruptions in treatment following a disaster.

After a disaster, maintaining health care regimens can be challenging, given disruptions to power, infrastructure, or accessible transportation. Getting medication refills may not be possible. Critical medical services such as chemotherapy might not be available because of business closures or lack of transportation.

A study after Hurricane Ivan affected Mobile, Alabama in 2004 found that 53% of pharmacies had depleted supplies and at least 26% had to prioritize distribution to patients because of limited supplies.⁶⁴ Five days after Hurricane Maria made landfall in Puerto Rico in 2017 (as a Category 4 hurricane), Healthcare Ready⁶⁵ reported only about 29% of pharmacies were open.⁶⁶ IQVIA, a health information technology and research database, has data on drugs dispensed by retail facilities and is used by industries to monitor drug use and market trends. Following Hurricane Maria, CDC provided HHS emergency response teams with projections of formulary health care needs using IQVIA data. Prescription data can also highlight important chronic disease concerns for a community. Pharmaceutical dispensing practices identified using the IQVIA database can provide information for planning both before and after a disaster. Identifying the most frequently prescribed drugs helps focus immediate supply measures for response and recovery efforts, supporting a vital public health need. When access to IQVIA data is limited, retail chains could assist with planning for a community's medication needs after an incident.

62 <https://www.cdc.gov/disasters/mold/index.html>

63 <https://www.cdc.gov/disasters/psa?Sort=title%3A%3Adesc>

64 <https://pubmed.ncbi.nlm.nih.gov/16381412/>

65 Healthcare Ready is an organization that provides information on access to pharmacies during an emergency. <https://healthcareready.org/>

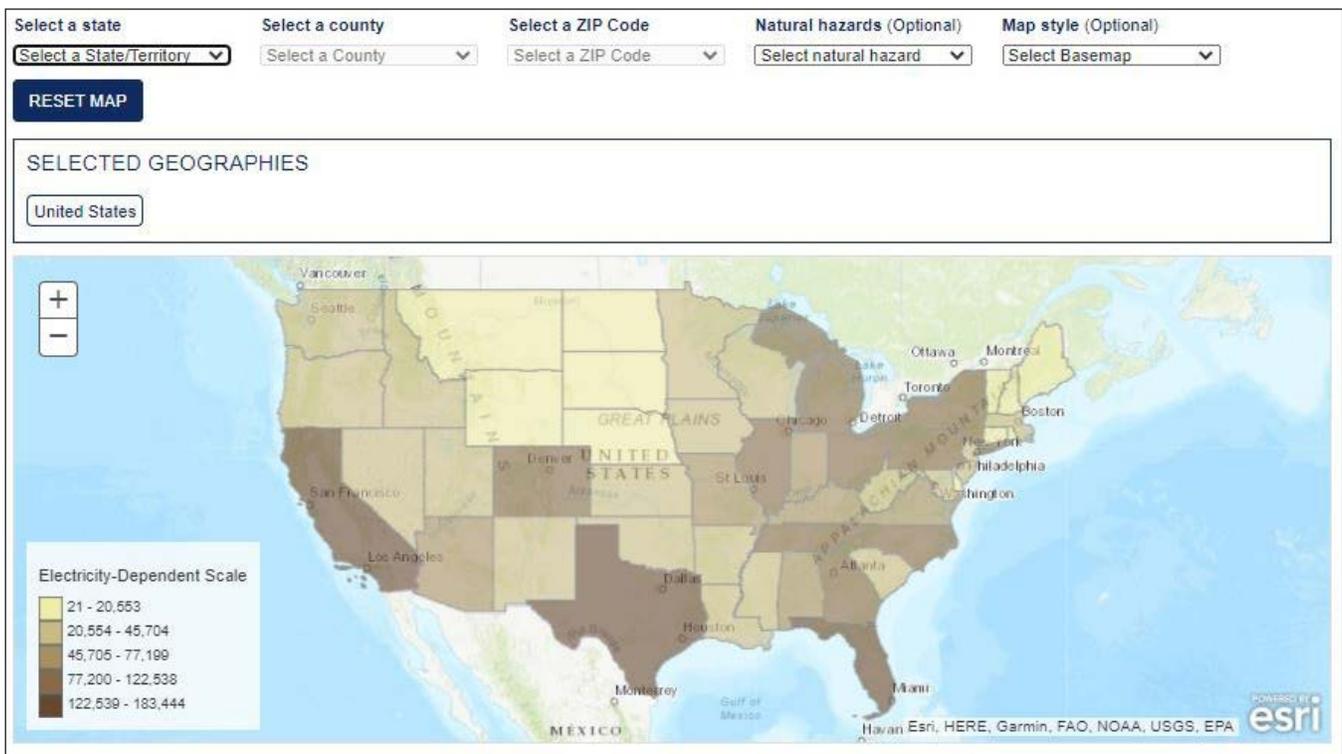
66 https://www.cdc.gov/mmwr/volumes/67/wr/mm6713a4.htm?s_cid=mm6713a4_w

Locating electricity-dependent populations

EmPOWER Map 3.0⁶⁷ (Figure 4) provides information, sorted by zip code, on the number of individuals who use life-sustaining, electricity-dependent, durable medical equipment. It also includes real-time National Oceanic and Atmospheric Administration (NOAA) severe weather mapping. The dataset contains information on de-identified Medicare beneficiaries who have made a claim for 13 types of electricity-dependent medical and assistive equipment, including oxygen concentrators, enteral feeding, dialysis, electric wheelchairs, and cardiac-implantable devices.

This information provides enhanced situational awareness and actionable information for planners and utility companies, and can be used to rapidly identify and locate populations that might be adversely affected after a disaster. Planners can readily prepare and target dissemination of information on how to access needed medical treatment, services, and medicines before, during, and after an incident.

Figure 4: HHS emPOWER Map 3.0



67 <https://empowermap.hhs.gov/>



NOTEWORTHY PRACTICE

Tool helps patients find nearby pharmacies in areas affected by disaster

Rx Open, an online, interactive map developed by Healthcare Ready, helps patients find nearby open pharmacies in areas affected by disaster. In 2017, Hurricane Harvey brought historic levels of rainfall to southeast Texas, disrupting access to life-saving medical services and pharmaceuticals. Throughout the disaster response, the National Association of Chain Drug Stores used pre-existing relationships with federal, state, and local stakeholders to provide aid and information in response to Hurricane Harvey. Healthcare Ready activated Rx Open to publicize pharmacies' operational status in the affected area.

Source: [Healthcare Ready: About Rx Open](#)

Key considerations for communication planning

- ✓ Develop communication strategies with partners for individuals who rely on electricity-dependent medical devices in a power outage.
- ✓ Develop strategies with partners to address limited or no access to medical support, treatment services, and medications.
- ✓ Consider the chronic condition management information needs of individuals displaced or relocated and those unable to temporarily return home.
- ✓ Develop strategies and resources, like telemedicine access, for remote patient monitoring during disasters.
- ✓ Provide messages to the public about maintaining copies of medical records and up-to-date medication lists.
- ✓ Regularly update lists of individuals who rely on electricity-dependent medical or assistive equipment and cardiac devices.
- ✓ Develop strategies and plans with home-based primary care providers and other home health programs to disseminate emergency information.
- ✓ Encourage backup battery supplies for electricity-dependent assistive technology and medical devices.
- ✓ Disseminate information about where to access medical supplies.



Resources

Disaster Information for People with Chronic Conditions and Disabilities

<https://www.cdc.gov/disasters/chronic.html>

Mold After a Disaster

<https://www.cdc.gov/disasters/mold/index.html>

Implementing Telemedicine in Medical Emergency Response: Concept of Operation for a Regional Telemedicine Hub

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3345114/>

Diabetes and Disasters: How to Manage Your Diabetes During Disasters

<https://www.thediabetescouncil.com/diabetes-and-disasters-how-to-manage-your-diabetes-during-disasters/>

Emergency Power Planning for People Who Use Electricity and Battery-Dependent Assistive Technology and Medical Devices

<https://adata.org/factsheet/emergency-power>

Emergency Preparedness for Dialysis Facilities

<https://www.cms.gov/medicare/end-stage-renal-disease/esrdnetworkorganizations/downloads/emergencypreparednessforfacilities2.pdf>

Multiple Chronic conditions Chartbook. 2010 Medical Expenditure Panel Survey Data

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>

Electricity dependent: How Hurricane Responders Track People Whose Lives Depend on Power <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/10/02/how-hurricane-responders-track-people-whose-lives-depend-on-power>

Rx Open (an online, interactive map helps the public and emergency responders see where pharmacies are open and closed in the affected area)

<https://rxopen.org/>

Communication Planning for Older Adults

From 2005 to 2015, the U.S. population 65 years and older increased by 30%, from 36.6 million to 47.8 million. By 2060, that age group is projected to more than double to 98 million people. Age by itself does not create vulnerability. However, older adults are more likely than younger populations to have chronic illnesses; functional limitations; and physical, sensory, and cognitive disabilities. Three in four Americans aged 65 and older have multiple chronic conditions.⁶⁸

While individual needs vary, older adults (>65 years of age) are disproportionately affected in emergencies. Age-related declines in mobility can also make evacuating or preparing for a disaster more challenging. Further, disruption of support services like meal delivery and care-giving assistance can make weathering a disaster more difficult.



Example of communication considerations for an extreme heat event

People aged 65 years or older are more prone to heat-related health problems. Every year, heat exposure kills older adults disproportionately. From 1999–2009, CDC found that of the 7,233 heat-related deaths reported, 69% were males and 36% were adults aged ≥65 years.⁶⁹

Readiness of older adults

Two-thirds of older adults surveyed had no emergency plan, according to the *Preparedness for Natural Disasters among Older U.S. Adults: A Nationwide Survey*.⁷⁰ In addition, they had never participated in any disaster preparedness educational program and were not aware of relevant resources.

Understanding the emergency preparedness levels among this population is important for planning effective emergency communications and outreach. Communication plans must also address potential barriers for accessibility, like technological limitations (less internet access and smart phone use) and social isolation.



Disproportionately Affected—Older Adults in Emergencies

In Louisiana during Hurricane Katrina, roughly 71 percent of the victims were older than 60 and 47 percent were over the age of 75.⁶³ Evidence of public health emergencies around the world points to a disproportionate effect on older people, especially those with chronic diseases, disabilities, or other conditions that require assistance to leave an unsafe area.

Effective communication planning involves engagement with agencies that serve older adults as well as targeting messages to encourage families and friends to “check on” older adults during a disaster.

Sources: [CDC's People 65 Years and Older & Influenza](#), and [CDC's Disaster Planning Goal: Protect Vulnerable Older Adults](#)

68 https://assets.aarp.org/rgcenter/health/beyond_50_hcr.pdf

69 <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6222a1.htm>

70 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953784/>



NOTEWORTHY PRACTICE

Low health literacy among older adults

The success of emergency or disaster communication depends in large part on the ability of individuals to take informed, life-saving action. Health literacy is the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

[The National Assessment of Adult Literacy \(NAAL\)](#) summarized the health literacy skills of older adults as follows:

- 71% of adults older than age 60 had difficulty reading print materials
- 80% had difficulty using forms or reading charts
- 68% had difficulty interpreting numbers and doing calculations

The findings imply that verbally communicating health information might be most effective for this population. All adults, regardless of their health literacy skill, were more likely to get health information from radio, television, friends, family, and health professionals than from print materials.

Source: [America's Health Literacy: Why We Need Accessible Health Information. An Issue Brief from the U.S. Department of Health and Human Services. 2008](#)

Key considerations for communication planning

- ✓ Develop a range of communication methods to reach older adults.
- ✓ Educate the public on the importance of reaching out to family and neighbors during emergencies, particularly older adults who are living alone and have chronic conditions.
- ✓ Engage partners who serve older adults, including those who live in assisted living and those who live alone, in the communication planning process.
- ✓ Ensure health communication messaging for older adults is accessible, actionable, and understandable.
- ✓ Develop training and educational programs to ensure that older adults in the community and their families or caregivers know how to prepare and stay safe in an emergency.



Resources

How Older Adults Make Health Decisions

<https://www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/understanding-decisions.html>

Personal Preparedness for Older Adults & Their Caregivers

<https://www.cdc.gov/aging/emergency/preparedness.htm>

Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities

<https://www.cdc.gov/aging/emergency/index.htm>

Preliminary observations on the evacuation of vulnerable populations due to hurricanes and other disasters

<https://www.gao.gov/products/GAO-06-790T>

Promising Practices and Technologies for Communicating with Persons with Access and Functional Needs (webinar)

<https://share.dhs.gov/p7d56x492el/?launcher=false&fcsContent=true&pbMode=normal>

Personal Preparedness for Older Adults & Their Caregivers

<https://www.cdc.gov/aging/emergency/preparedness.htm>

Capacity-Building Toolkit for including Aging & Disability Networks in Emergency Planning

<https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf>



Section 2: Framework for Integrating Community Partners

This section introduces a four-step framework (see Figure 5) for building and integrating a community outreach information network (hereafter, “partner network”), which can help develop and disseminate effective⁷¹ risk communication messages for the whole community. Conceptually, this framework views the partner network as a dynamic, on-going approach to plan for access and functional needs. This approach can be used as a starting point for integrating partners into risk communications or as a modifiable strategy for planners with already-established partnerships. Each step includes recommended action items to successfully navigate to the next step.

Step 1: Identify and engage partners

- Guides planners through the process of building a partner network to deliver effective emergency information to target audiences

Step 2: Integrate partners

- Leverages partners’ knowledge about the jurisdiction’s population with access and functional needs

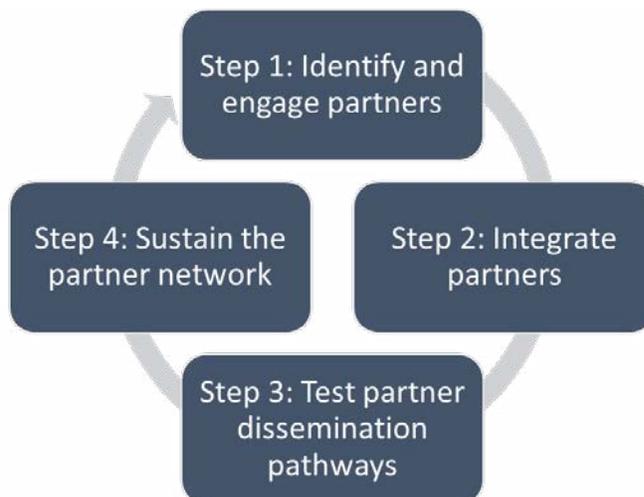
Step 3: Test partner dissemination pathways

- Assesses partner network communication channels by evaluating ability to receive, send, and update messages and distribution lists

Step 4: Sustain the partner network

- Engages partners throughout the preparedness cycle

Figure 5: The four-step framework to engage partners for risk communication planning.



A variety of modifiable worksheets, templates, and tip sheets and corresponding actions are outlined in this section. These tools (see Table 3) facilitate partner planning integration and documentation. The tools support developing or revising changes in partner outreach, integration, and strategies.

Table 3: Action items and tools to support the four-step process for building and integrating a partner network

Step	Action Item	Tool
Step 1: Identify and Engage Partners	<ol style="list-style-type: none"> Create access and functional needs partner list. Engage potential partners. Conduct a partner meeting. 	<ul style="list-style-type: none"> ■ Partner Planning Worksheet ■ Accessible Meeting Tip Sheet ■ Meeting Agenda Template ■ Opportunities to Engage Checklist ■ Partner Contact List
Step 2: Integrate Partners	<ol style="list-style-type: none"> Update jurisdictional risk assessment. Review risk messages and materials. Review dissemination strategies. Improve quality of messages and dissemination process. 	<ul style="list-style-type: none"> ■ Review Checklist and Reviewer Comments Worksheet
Step 3: Test the Partner Dissemination Pathways	<ol style="list-style-type: none"> Test the dissemination process. Address gaps. Develop message adaptation process. 	<ul style="list-style-type: none"> ■ Communication Pathway Template
Step 4: Sustain the Partner Network	<ol style="list-style-type: none"> Integrate partners in drills and exercises. Document key partner activities. Sustain partner support for community resilience. 	<ul style="list-style-type: none"> ■ Partner Contact List ■ Partner Integration Worksheet ■ Success Story Template

Step 1: Identify and Engage Partners

ACTION ITEMS



1. [Create access and functional needs partner list.](#)
2. [Engage potential partners.](#)
3. [Conduct a partner meeting.](#)

Step 1 recommendations and tools will identify opportunities to create or expand existing community partner engagement practices and further integrate partners into your preparedness activities. This step allows emergency planners to engage with community organizations to create accessible risk communication strategies and materials. Community and faith-based organizations are valuable community assets before, during, and after a disaster.

Community partner networks are as unique as communities themselves. People are more likely to receive information and act on it when the message comes from a source they view as credible. Governmental institutions are not always perceived as credible. Community and faith-based organizations are familiar, trusted organizations and can convey critical emergency information.

The media is also an important partner. Outlets that serve minority groups and populations with low English proficiency are valuable resources and can play a key role in disseminating culturally appropriate messages. Other trusted sources or non-traditional leaders in a community include representatives from parent associations and advocacy groups.



Lessons Learned from Public Health Emergencies: Include Trusted Leaders in Risk Communication Planning

Public Health—Seattle and King County (PHSK) led an H1N1 pandemic vaccine campaign to identify ways to improve capacity for rapidly developing and disseminating emergency public health messaging to a Somali community.

Lessons learned

- Somali religious leaders are the most trusted messengers for all types of information.
- Health care professionals are a trusted source of health information.
- Mosques are perceived as the primary place to get, post, or present information.
- Flyers with health information in both Somali and English that include visuals are best understood.

Recommendations

- Develop a meaningful partnership between public health and Somali communities.
- Use in-person, face-to-face messaging or oral communications whenever possible.

Source: [Public Health-Seattle and King County \(PHSK\)](#)

ACTION ITEM 1: CREATE ACCESS AND FUNCTIONAL NEEDS PARTNER LIST.

When building or expanding your partner network, aim to have representation across each of the CMIST functional needs areas. Leverage existing preparedness partners that already think about access and functional needs like those involved in emergency shelter planning. The [Partner Planning Worksheet](#) (see Table 6) provides examples of individuals who may have access and functional needs and examples of local partners that serve these populations.

Table 6: Partner Planning Worksheet: Examples of community organizations to engage in communication planning for individuals with access and functional needs

Examples of individuals who may have access and functional needs	Examples of community organizations to engage
Individuals with a physical, developmental, or intellectual disability	Behavioral and mental health providers Developmental disabilities services Independent living centers March of Dimes Social and human services The Arc
Individuals with economic disadvantage	Community health centers Faith-based organizations Food banks Homeless shelters Local public/low-income housing
Older adults	Alzheimer’s Association Area agencies on aging Assisted living centers In-home health agencies Meals on Wheels Pharmacy/pharmacists Senior centers
Individuals with limited English proficiency or limited literacy	International Rescue Committee Catholic Charities Ethnic health councils English for Speakers of Other Languages (ESOL) services Local literacy groups Migrant Farmworkers Council Social service agencies

Examples of individuals who may have access and functional needs	Examples of community organizations to engage
Individuals with a chronic medical condition	Healthcare coalition Diabetes Association HIV/AIDS service providers Kidney dialysis services Mental/Substance abuse providers OB/GYN, midwives Tribal affairs Utilities
Children	After-school care providers AAP chapter contacts for disaster preparedness Service providers for children with special healthcare needs Recreational and sport leagues (e.g., soccer league) Schools—public and private Childcare programs (e.g., Head Start)
Pregnant women	Prenatal-postpartum care providers Obstetric providers Birthing centers Newborn care providers WIC programs (Women, Infant, and Children) March of Dimes Community health centers Midwifery providers Lactation support providers
Transportation	Paratransit service providers Public transportation providers (trains, buses, vans, shuttles) Senior transportation services ElderCare (public service of the U.S. Administration on Aging) Transportation voucher programs Veterans Affairs transportation programs

ACTION ITEM 2: ENGAGE POTENTIAL PARTNERS.

Use the [Sample Letter](#) to introduce yourself and explain why you are requesting the organization's participation in the partner network. Provide a brief overview of what partners will be asked to do. Keep it simple and use plain language.

Examples of objectives:

- Help create or update risk messages and materials.
- Research and update risk assessment information about individuals who have access and functional needs.
- Be available to receive and send risk messages through appropriate channels or trusted leaders.

Many individuals and organizations may not understand how they can be useful to public health emergency planning. However, because of their insider knowledge, many can provide a wealth of information about who resides in their community, where they live and work, and how to reach them. Consider providing potential partners a few examples of how nontraditional emergency management partners can play a critical role in informing risk communication strategies. For example, illustrate how faith-based partners providing outreach to low-income individuals or those experiencing homelessness can be a trusted conduit for disseminating risk information.

Use the [Partner Planning Worksheet](#) to draft a list of existing partners and potential partners to engage in communication planning for populations with access and functional needs. Your list of partners will look different depending upon whether you are engaging partners for state-level planning or local-level planning.

ACTION ITEM 3: CONDUCT A PARTNER MEETING.

- Develop an agenda. Use the [Meeting Agenda Template](#) to outline the flow of the meeting, items to be discussed, and decisions to be made.
- Send meeting invitations. Include details about how the meeting information is communicated and how to request services such as Braille, sign language interpreters, and readers.
- Review the [Accessible Meeting Tip Sheet](#) in Appendix A.
- Provide copies of the agenda to the partners before the meeting. Send meeting reminders to the partner network in advance of the meeting.

Conducting the meeting

- Provide meeting handouts.
 - ✓ Meeting Agenda
 - ✓ Communication Pathway Graphic
 - ✓ Opportunities to Engage
- Facilitate introductions and walk through the agenda.
- Introduce the whole-community approach and access and functional needs framework.
 - ✓ Highlight how the whole-community approach leverages the knowledge and experience of individuals in a community to help public health and emergency management understand and meet the actual emergency communication needs for the whole community.
 - ✓ Repeat information from your earlier outreach communications about what you are asking the community partner network to do.
 - ✓ Identify and address any questions or concerns about barriers to participation.
- Acquaint the partners with the current risk assessment and risk communication activities in your community.
 - ✓ With a basic understanding of these key planning activities, your partners will have greater insight into how their organization can contribute expertise and knowledge.
 - ✓ **Suggested activity:** Engage attendees in an interactive activity (for example, alerts and messaging for a widespread water contamination event or local ice storm) to illustrate risk communication planning that meets the needs of the whole community. See Appendix B for resources.
- Use the [Opportunities to Engage Worksheet](#)
 - ✓ Use this worksheet to gather information on how to leverage the expertise and knowledge of your network partners.



Your meeting planning should answer these questions:

- Who else should be involved in the planning of this meeting?
- What is the purpose of this meeting?
- Where and when will this meeting take place?
- What is the meeting format (e.g., a conference call, webinar, face-to-face, workshop)?
- What is the core message?
- What information do you want to collect from the participants?
- What do you intend to accomplish during the meeting?

- Use the [Communication Pathway Template](#)
 - ✓ Use this graphic to help your network members understand how messages, alerts, and notifications will flow from risk communicators to partners and the represented populations. Each partner organization can customize the [Communication Pathway Template](#) to identify specific channels for dissemination.
- Solicit feedback on what success looks like for the network.
 - ✓ Understand what your network hopes to accomplish through their involvement.
- End the meeting with a brief “next steps” discussion.
 - ✓ Summarize action items for each participant. If you have asked the participants to submit further information, be sure to explain what information you need, when you need the information, and where to submit. Ask for questions and feedback on the meeting.
- Document key discussion points, decisions, and next steps on the [Meeting Agenda Template](#).
 - ✓ Within one week after the meeting, send the completed agenda and meeting notes to participants. Keep a copy of these meeting summaries to document your partner engagement activities.



Anticipate potential questions from partners

- What are my roles and responsibilities?
- Which agency activates the partner network?
- Under what circumstances should the partner network could be activated?
- How will partners receive network alerts?
- How do the partners communicate pertinent emerging information to the lead agency?



Resources

Emergency Planning for People with Access and Functional Needs video from Chemical Stockpile Emergency Preparedness Program (CSEPP)

<https://www.youtube.com/watch?v=ZsFEG3QaCJ8>

Access and Functional Needs in a Disaster—What you NEED to Know! video from the California Governor’s Office of Emergency Services

<https://www.youtube.com/watch?v=IHLNn5xU1G8>

Disability Training for Emergency Planners: Serving People with Disabilities video from the Ohio State University Nisonger Center

<https://www.youtube.com/watch?v=ME6hcq8Kkdk>

Engaging Faith-based and Community Organizations; Planning Considerations for Emergency Managers (June 2018), Homeland Security

https://www.fema.gov/media-library-data/1528736429875-8fa08bed9d957cdc324c2b7f6a92903b/Engaging_Faith-based_and_Community_Organizations.pdf

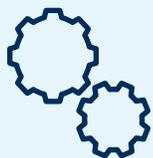
Directory of Community-based Organizations Serving People with Disabilities (December 2017) https://www.naccho.org/uploads/downloadable-resources/Fact-Sheet_Directory-CBO.pdf

American Academy of Pediatrics Roster of Disaster Preparedness Chapter contacts

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/AAP-Chapter-Contacts-for-Disaster-Preparedness.aspx>

Step 2: Integrate Partners

ACTION ITEMS



1. [Update jurisdictional risk assessment.](#)
2. [Review risk messages and materials.](#)
3. [Review dissemination strategies.](#)
4. [Improve quality of messages and dissemination process.](#)

Step 1 was about building the partner network. Step 2 encourages planners to integrate partners in the development and review of risk assessments and relevant population profile updates, health messages, materials, dissemination strategies, and quality improvement actions.

ACTION ITEM 1: UPDATE JURISDICTIONAL RISK ASSESSMENT.

All disasters are local. The community is always growing and changing as are the known hazards and new threats that emergency managers must plan for. A vital part of emergency management and public health planning is understanding the diverse populations that make up the community. Knowledge of the demographic characteristics in a jurisdiction is crucial for emergency communications that are timely, tailored, and accessible to the whole community. Risk assessment population profile data inform local all-hazards planning decisions and provide the basis for understanding the access and functional needs of a community.

Risk assessment information serves as the basis for developing communication strategies effective for people who reside in, work in, and visit your jurisdiction.

CDC's *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*⁷² identifies jurisdictional risk assessments as a priority activity to strengthen community preparedness. Publicly available national and state datasets such as those from the U.S. Census Bureau contribute important population profile information for risk assessments. Experience teaches us that many organizations conduct community needs and health assessments that can yield needed data specific to smaller geographic areas and contribute to understanding who resides in the community.

72 CDC's Public Health Emergency Preparedness and Response Capabilities, October 2018

Below are some tips to help you integrate your partners in risk assessment updates.

Tip 1: Leverage partners' knowledge of the community.

Community partners have valuable insights and perspectives that add to communication planners' understanding of how emergencies, such as pandemic influenza or an environmental hazard, would affect the safety of specific populations in the community. Integrating partners in the risk communication process also ensures underrepresented populations are planned for, particularly groups for which local data sources are limited. Faith-based partners and trusted spokespersons are likely to play an important role by contributing relevant information on how to craft effective messages for target audiences that are geographically remote or reluctant to trust public health messaging.

For planning purposes, recognize that the whole membership of your network will not likely be used for all your activities. For example, some partners may have extensive community population data and therefore may play a more significant role in the updates to the jurisdictional risk assessment. Other community partners could best contribute to the review of cultural and linguistically appropriate messaging.

Tip 2: Integrate partners as subject matter experts and stakeholders in activities.

- ✓ Review identified jurisdictional hazards and public health vulnerabilities for potential effect on community members who are likely to be disproportionately affected. Inform preparedness planners about special considerations that may exist within the jurisdiction.
- ✓ Update population size and characteristics of the jurisdiction such as population density, demographics, and other community risks that could adversely affect public health, related health care, human services, mental/behavioral health, and environmental health systems. Identify
 - populations with access and functional needs,
 - risk communication channels, and
 - effective strategies for delivering accessible, understandable, and timely public health information.
- ✓ Review updated all-hazards communication plans to ensure they consider the needs of individuals with disabilities and others with access and functional needs.



Jurisdictional Risk Assessments as a Priority Activity to Strengthen Community Preparedness

CDC's Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health identifies jurisdictional risk assessments as a priority activity to strengthen community preparedness. To identify risks, jurisdictions conduct a public health jurisdictional risk assessment every five years, at a minimum. A priority component of this assessment is to identify populations that may be disproportionately at risk or affected by an incident or public health threat. Having an accurate picture of the people who live in, work in, and visit the community helps communication planners better anticipate needs and provide the right information before, during, and after emergencies.

The National Standards recommends that jurisdictions take the following actions:

- Conduct a public health risk assessment in coordination with community partners and stakeholders.
- Collaborate with community partners and stakeholders to develop, test, and deliver timely public health messaging to targeted populations through trusted representatives or spokespersons.
- Leverage community networks to disseminate information to the whole community during an incident, for example local businesses, community and faith-based organizations, radio and other broadcast media, social media, text messaging, and other channels in communication networks.

Source: [*Capability 1: Community Preparedness in the CDC Public Health Emergency Preparedness and Response Capabilities, October 2018*](#)

ACTION ITEM 2: REVIEW RISK MESSAGES AND MATERIALS.

Most risk communication planners have a variety of existing preparedness and disaster materials, including key messages that can be quickly disseminated before an event, during the response, and in the recovery stages. Individuals with access and functional needs and partner organizations have valuable insight on whether these resources are accessible, understandable, and culturally and linguistically appropriate for the populations they are intended to inform.

Tip: Review existing messages and materials with partners.

Make a list of existing resources such as brochures, flyers, toolkits, shelter evacuation signage, the local public health department website, etc. Determine your priorities for reviewing these resources. Consider reviewing the material and messages in phases to keep the partner review tasks manageable. Use the [Reviewer Checklist and Comments Worksheet](#) available in Appendix A to document the review process and to identify messages and materials that need improvement.

Consider the following communication questions when reviewing materials:

- Are the messages simple and concise?
- Do messages use short sentences and plain language to allow for easy translation of materials?
- Are written materials provided in bilingual or multi-lingual form?
- Are visual aids such as pictures and maps included to reinforce key messages?
- Do messages include directions and phone numbers?
- Are the materials available in large font?
- Have preferred communication methods (face-to-face, door-to-door, word-of-mouth) been identified?
- Have preferred media for delivering messages (such as local newspaper, religious leader, radio station) been identified for groups that may not use traditional channels?



Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters

To disseminate messages more quickly and effectively before, during, and after an emergency, many key messages can be written in the preparedness phase. CDC developed a reference document that contains key messages on health threats associated with hurricanes and floods.

The Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters resource can help local responders quickly create and adapt health communication products for affected communities. The document contains messages on various topics including food safety, carbon monoxide poisoning, waterborne diseases, and mold.

Public health and emergency management partners can add the key messages document as a resource to their communication plans that address hazards expected from extreme weather involving strong wind and high water. Partners can also use these messages to develop products with protective information for diverse audiences before, during, and after a hurricane, flood, or similar disaster.

Source: [CDC's Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters](#)

ACTION ITEM 3: REVIEW DISSEMINATION STRATEGIES.

When all primary communication systems and technology fail, communicators must think creatively and adapt to the crisis by identifying new communication channels. Social media is a powerful and commonly used tool for disseminating public information and emergency alerts. Determine how the network partners can play a role in social media activities in coordination with the lead agency activities. For example, trusted leaders and other network members can be valuable in helping to dispel rumors or misinformation that may originate from their communities.



- Communication Lessons from Hurricane Maria

Widespread power outages after Hurricane Maria made landfall in Puerto Rico in 2017 meant that residents had no access to internet, social media, or television. The Puerto Rico Department of Health determined how best to reach the most vulnerable communities, including those isolated in rural areas: informative pamphlets. The mass-produced printed materials, on topics such as food and water safety, vector control, mold, and mental health, were distributed from helicopters by military partners delivering food and water supplies to isolated communities. Grassroots and non-profit organizations and religious and community leaders also helped distribute materials when going door-to-door to assist residents and organize community events. Through this collaborative effort, over 1.6 million copies of printed materials were distributed in a 3-month period.

Source: [5 Communication Lessons Learned from Hurricane Maria](#)

ACTION ITEM 4: IMPROVE QUALITY OF MESSAGES AND DISSEMINATION PROCESS.

Develop a realistic action plan to address the gaps and recommendations identified in the partner reviews of messages, materials, and dissemination strategies. For example, by the end of the H1N1 outbreak in April 2010, the United States had an estimated 60.8 million cases of influenza.⁷³ Public Health—Seattle & King County (PHSKC) works to achieve effective methods for culturally specific communication in an emergency to improve the distribution of timely information that is understood, and more likely to be acted upon. Their H1N1 outreach strategies included 1) implementing community sponsored vaccine clinics, 2) engaging trusted leaders, and 3) using a community communications network (CCN) to improve PHSKC's ability to reach out to communities that may not access traditional communication channels. The CCN includes more than 200 community partners.

Following the 2009 H1N1 influenza response, PHSKC identified the following communication and outreach recommendations for African, African American, American Indian, Alaska Native, and Russian/Ukraine communities:⁷⁴

- Work with community groups/organizations to develop culturally and linguistically appropriate public education materials specific to each community.
- Ensure public education materials meet the needs of individuals with low literacy.
- Explore ways to streamline messages and be strategic about the frequency of communications.
- Expand and strengthen relationships with community groups/organizations.
- Use personal, face-to-face communication to engage communities of color and immigrant/refugee communities in public health issues.
- Work with community leaders to disseminate information.
- Promote urgent health issues such as H1N1 within the broader context of health promotion and disease prevention.



Lessons Learned from Hurricane Harvey

Because of Hurricane Harvey's size and scale, an important lesson learned was the changing nature of communications during both the short-term response and long-term recovery phases of a disaster.

- Be mindful of changing communities and methods of communication to be certain that accurate and timely information is distributed and useful information is received.
- The challenges and opportunities created by cell phone technology, the internet, and social media provide new ways to interact with the general public.
- The public has grown more diverse, leading to additional focus on languages beyond English and Spanish, including those with different communication needs, such as the deaf community.
- During the initial response phase, people used social media to provide the locations of people needing rescue, to report on conditions, and to facilitate the coordination of volunteer activities and resources. During the recovery phase, FEMA employed tools such as the FEMA mobile application and Facebook Live to provide real-time updates and disseminate important information.

Source: Written testimony of FEMA Region 6 Regional Administrator Tony Robinson for a House Committee on Homeland Security field hearing titled "[Houston Strong: Hurricane Harvey Lessons Learned and the Path Forward](#)"

73 https://academic.oup.com/cid/article/52/suppl_1/S75/499147

74 <https://www.kingcounty.gov/depts/health/emergency-preparedness/partnerships/Community-Resilience-Equity-Program/~media/depts/health/emergency-preparedness/documents/final-report-h1n1.ashx>



Resources

Lesson 2: Communicating with the Whole Community

https://training.fema.gov/emiweb/is/is242b/instructor%20guide/ig_02.pdf

Colorado Department of Public Health and Environment, Community Inclusion in Colorado: Maps and inclusion exercise resources

<https://www.colorado.gov/pacific/cdphe/community-inclusion-colorado>

Colorado Inclusive Planning Case Studies/Scenarios

http://www.cohealthmaps.dphe.state.co.us/colorado_community_inclusion/downloads/CICO_Inclusive_Planning_Case_Studies.pdf

Community Partnering: A Risk Assessment and Emergency Operations Planning Scenario

<http://perlc.nwcphp.org/node/893>

CDC Social Media Tools, Guidelines & Best Practices

<https://www.cdc.gov/socialmedia/tools/guidelines/socialmediatoolkit.html>

Tips for Effectively Communicating with the Whole Community in Disasters

<https://www.dhs.gov/publication/tips-effectively-communicating-protected-populations-during-preparedness-response-and>

Twitter as a Potential Disaster Risk Reduction Tool

<http://currents.plos.org/disasters/index.html%3Fp=18814.html>

Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters

https://www.cdc.gov/cpr/readiness/hurricane_messages.htm

Step 3: Test the Partner Dissemination Pathways

ACTION ITEMS



1. [Test the dissemination process.](#)
2. [Address gaps.](#)
3. [Develop message adaptation process.](#)

Community partners can play a key role in reaching the populations they represent and sharing life-saving information from public health agencies. Testing the communication pathway prior to an actual public health threat is essential. This will help ensure all partners not only understand how to receive risk messages from the public health agency, but also understand what to do with the messages and when.

ACTION ITEM 1: TEST THE DISSEMINATION PROCESS.

How to conduct a test to determine your partners' ability to receive and respond to an alert.

- ✓ Inform the partners that you will be conducting a test of the network. Provide the date and time the test will take place and give instructions on what they will be asked to do.
- ✓ On test day, send an email test to the partners and their back-up contacts. Indicate this is a **"message test"** in **bold font** on the email subject line.
- ✓ State clearly how the partners need to respond. For example, ask your network members to hit the "reply" button rather than "reply all."
- ✓ Consider attaching non-emergency public health individual preparedness information that partners can use later to promote public education events or activities.
- ✓ When testing or exercising the capacity of your network for information dissemination, look for gaps in message delivery.
- ✓ Review who responded and who did not. Follow-up with those that did not respond and identify any communication barriers.



Questions to help evaluate the test

- What elements worked as planned?
- What did not work as planned?
- Were back-up contacts included in the test?
- Who should be added to the network?
- What reactions and factors did we fail to anticipate?
- Where can we improve?
- How will messages sent to partners after hours be received/disseminated?

ACTION ITEM 2: ADDRESS GAPS.

Document findings from each test of the messaging pathway. Create after-action reports following the tests to outline the gaps in your dissemination plan. Revise and update your communication pathway plan based on the after-action findings. Update and disseminate your communication pathway and your contact information worksheets as necessary.



Clear Communication Goals and Strategies

Seattle and King County Public Health Community Communications Network (CCN) is a two-way information exchange system that ensures essential emergency information reaches all populations in a timely and accessible manner.

Partner agencies are asked to disseminate emergency information received from the public health department to their clients, staff, and community. Partners are responsible for developing a strategy for sharing information internally to staff and externally to clients.

Partners also evaluate and assess their various outreach projects to help move forward in achieving the goal for timely communications that are received, understood, trusted, and acted upon by culturally specific populations.

Source: [Public Health—Seattle & King County](#)

ACTION ITEM 3: DEVELOP MESSAGE ADAPTATION PROCESS.

Determine a process for partners to quickly modify or adapt urgent risk messages to meet the needs of the audiences they reach. Some partners may need help from public health communication staff to adapt messages before disseminating them to their target audiences.

Tip: To ensure the timeliness of messages, ask the partners to assess if they need help in adapting public health messages or alerts. Determine a protocol for them to request assistance before they share any information with their target audiences.



Testing the Activation and Notification Procedure—Multnomah County Health Department

Testing the activation and notification procedure helps community partners practice receiving and responding to risk communications. In a large-scale public health emergency, Oregon's Multnomah County Health Department relays pertinent information through "Community Connectors," who use a community based organization (CBO) emergency contact list to reach designated primary or secondary contacts. CBOs determine the most appropriate method(s) to notify their communities of impending or actual public health emergencies, including using their internal community contact lists.

Source: [Community Connector Activation/Notification Procedures and Exercise Script for PIO](#)



Resources

Commentary: A 2017 Best Practice for Private Sector Communications

<https://www.domesticpreparedness.com/commentary/a-2017-best-practice-for-private-sector-communications/>

Emergency Risk communications: Lessons learned from a rapid review of recent gray literature on Ebola, Zika, and Yellow Fever

<https://www.tandfonline.com/doi/full/10.1080/10410236.2017.1405488>

Texting for Public Health Emergency Communication, Health Promotion, and Beyond

<http://www.nwcphp.org/docs/sms-toolkit/index.htm>

Training program and exercise helps provide risk communication to underserved communities

<http://www.cidrap.umn.edu/practice/training-program-and-exercise-helps-provide-risk-communication-underserved-communities>

Step 4: Sustain the Partner Network.

ACTION ITEMS



1. [Integrate the partners in drills and exercises.](#)
2. [Document key partner activities.](#)
3. [Sustain partner support for community resilience.](#)

Sustaining community partnerships is as important as building relationships. Strive to have your communication partner network serve a long-term purpose. Bolster the momentum of your network—give people work to do! Members feel useful when they know they are contributing.



Inclusive Emergency Drills and Exercises

Including individuals with disabilities and those with access and functional needs in emergency management drills and exercises puts into practice the principles of inclusive emergency planning.

The Los Angeles County Office of Emergency Management approach includes

- ✓ Inviting participants from various stakeholder organizations serving populations with disabilities and access and functional needs
- ✓ Engaging with organizations that represent the diversity of individuals with access and functional needs and disabilities
- ✓ Reviewing the extent of inclusion of people with disabilities and access and functional needs
- ✓ Focusing on the most relevant audience based on the drill or exercise scenario and evaluate the effectiveness of the partner communication plan to reach them
- ✓ Including multiple organizations with differing levels of experience and expertise. When recruiting, consider a range of experts across disabilities and needs who will contribute to a well-tested drill/exercise.
- ✓ Creating opportunities for input at all phases of the exercise including planning conferences, meetings, evaluations, briefings, and after-action meetings.

Source: [Drills and Exercises Guidance for Inclusive Emergency Planning, Version 1, May 2014](#)

Tips for building sustainable community partnerships

- Avoid meeting for the sake of meeting.
- Identify small, tangible tasks the group can accomplish and build from their successes.
- Keep moving forward to ensure long term functioning, as recommended by successful access and functional needs task forces.
- Avoid getting stuck on process, sequential action, or big projects.

Adapted from: <https://static1.squarespace.com/static/5b4ce7dd1aef1d3d04b17323/t/5babfa0853450ad14e2d14bc/1537997348743/DAFN-Report-2016.pdf>

ACTION ITEM 1: INTEGRATE PARTNERS INTO DRILLS AND EXERCISES.

At the center of the whole-community approach is building broad, deep community reliance through partner integration. An important component of institutionalizing your engagement and communication activities is integrating these partners in jurisdictional exercises, drills and tabletops. The *2018 Public Health Emergency Preparedness Capabilities, National Standards for State, Local, Tribal, and Territorial Public Health* emphasizes integrating community partners in building community resilience.



Community partners can provide valuable input during the exercise of plans such as identifying and recommending actions for accessible and understandable alerts, warnings, and notifications.

Drills and exercises provide excellent opportunities to test whether risk communication messaging was effective for the whole community. Community partners can provide valuable input and feedback during exercises:

- Did plans include a combination of methods to provide prompt notification of emergencies to persons who are deaf or hard of hearing?
- Did communication messages adequately explain where and how to find accessible transportation to evacuate when it is in high demand during mass evacuations?
- Were communication barriers at points of dispensing (PODs), such as medical countermeasure instruction sheets not easily understood by individuals with limited literacy or language skills?
- Were shelter signage, communications, and materials available in multiple formats (large print, Braille, audio, electronic)?
- Did public messaging identify accessible transportation resources available to evacuate persons with mobility disabilities, including people who use wheelchairs or scooters, medical equipment (such as oxygen tanks), and service animals?
- Did public messaging identify how the needs of people with disabilities and others with access and functional needs will be addressed? Consider messaging for people who use wheelchairs, scooters, medical equipment, and service animals; those who need assistance getting from their homes to emergency transportation pickup locations or staging areas; and those with cognitive disabilities or serious mental illness.

Tip: Provide educational opportunities to build your network members' knowledge of emergency management and community resilience. See the links in Appendix B for examples of basic emergency preparedness training (many are self-guided). Ask your network partners what types of training opportunities would equip them with the information they need.



Inclusive Practices at Colorado's Open Points-of-Dispensing (POD) Exercises: Lessons for Communication Planning and Reviews

Sixteen of 18 open PODs during a 2017 exercise integrated an evaluator for assessing inclusion of access and functional needs into the POD operation. Evaluators' comments included specific areas for improving communication messages, demonstrating the usefulness of integrating community partners into exercises and drills.

Consider how the following comments suggesting improvement could be used by your partner network:

- Public information outside of POD sites: Ensure that community members know about services available for persons with access and functional needs (for example, advertising when and where interpreters would be available).
- Determine how comments and questions can be answered after leaving the POD (for example, one attendee commented: "Just handing folks a sheet of paper with directions and a bottle of meds isn't enough.").
- Language resources were available selectively for some forms of communication and not others (for example, non-English languages used on signs were not available in forms and handouts).
- "Personnel well trained, but when there were many people, one interpreter is not enough."
- Ensure people understand instructions for taking medicine, especially if people are picking up medicine for others.
- Because people with access and functional needs could arrive in all locations, ensure that public PODs include access and functional needs resources.
- Some exercise PODs were not accessible by public transportation.
- ADA accessible exits and entrances were not integrated into POD flow, causing hard-to-follow detours for people with access and functional needs or other resource-intensive tactics

Five corrective action recommendations

1. Standardize and fund inclusion evaluation projects.
2. Work toward more community representation and participation in exercises to test response systems closer to real conditions.
3. Plan exercises for public education.
4. Continue to develop access and functional needs training and recommendations for public health responses.
5. Encourage local partners to integrate community experts and feedback into planning.

Source: [Colorado Department of Public Health and Environment Special Report: Inclusion Evaluators at Points of Dispensing](#)

Inclusion Evaluator training, guidance, and evaluation forms were developed by the Colorado Community Inclusion Workgroup based on the CMIST (Communication, Maintaining Health, Independence, Safety/Support/Services, and Transportation) framework for Access and Functional Needs (AFN). "The Community Inclusion Evaluation Form 2017" and other community inclusion resources used during PHED Ex 2017 can be found on the CDPHE webpage for Exercise Series 2015–2017.

ACTION ITEM 2: DOCUMENT KEY PARTNER ACTIVITIES.

An important component of any initiative is documenting your efforts. A record of your activities (such as engagement, training, and integration efforts) and the outputs (such as “identified dissemination strategies” and “reviewed messages and materials for readability”) will be beneficial. They can

- Provide a roadmap to inform stakeholders of your jurisdiction’s actions to identify, plan for, and disseminate risk communication information effective for the whole community
- Serve as an evaluation tool
- Provide helpful anecdotes and be used to create “success stories” for formal and informal publications

Use the [At-a-Glance Steps, Tools, and Action Checklist](#).



Training Community and Faith-based Organizations for Emergency Response

New York City (NYC) Department of Health and Mental Hygiene’s (DOHMH) community preparedness program is based on recommendations from FEMA and CDC to engage community partners in preparing for disasters.

In 2016, NYC implemented a sector-based community preparedness program beginning with the human services and faith-based sectors. DOHMH and the sector-led organizations invited 595 human services and faith-based organizations within their memberships (via e-mail) to attend eight in-person half- to full-day preparedness trainings during April 2017–May 2018. Of those invited, 444 organizations attended at least one training.

The trainings covered approaches for strengthening organizational preparedness across [key domains](#), including community resilience, incident management, information management, and surge management. Trainings covered continuity of operations development, communications, emergency planning, NYC City Incident Management Systems, and active shooter guidance, targeting grassroots-level preparedness. Participants were also briefed on the NYC government’s plan to address citywide emergencies and multiple large-scale incidents, highlighting the roles and responsibilities of human services organizations and faith-based organizations as community partners during emergencies.

According to the results of a survey, NYC organizations that participated in community preparedness program training had significantly increased the likelihood of having plans for continuity of operations, emergency management, volunteer management, and emergency communication over those that did not participate in training.

Source: [Participation in Community Preparedness Programs in Human Services Organizations and Faith-Based Organizations—New York City, 2018](#)

ACTION ITEM 3: SUSTAIN PARTNER SUPPORT FOR COMMUNITY RESILIENCE.

Promote the community partner network through success stories. Acknowledge and praise any level of commitment your network partners can make. Use the **Success Story Template**.

Establish formal relationships. Consider establishing more formal relationships with your network organizations through a Memorandum of Understanding or similar letters of commitment. Common components of such letters outline key roles and responsibilities of the partners and lead agency and the key objectives of the partnership.

Appendix A: Worksheets and Templates

- [At-a-Glance Steps, Tools, and Action Checklist](#)
- [Partner Planning Worksheet](#)
- [Sample Partner Outreach Letter](#)
- [Meeting Agenda Template](#)
- [Accessible Meeting Tip Sheet](#)
- [Communication Pathway Template](#)
- [Opportunities to Engage Checklist](#)
- [Partner Contact List](#)
- [Reviewer Checklist and Comments Worksheet](#)
- [Partner Integration Worksheet](#)
- [Success Story Template](#)

At-a-Glance Steps, Tools, and Action Checklist

Purpose: The At-a-Glance Steps, Tools, and Action Checklist provides an overview and a catalogue of the tools and corresponding recommended action steps to build and sustain a partner network.

Instructions: Review and check off the steps, tools, and actions you have completed. The checklist identifies where specific information has been captured and can be used as a roadmap to follow and revisit.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Step	Tool	Action Steps	Dates	Notes
Step 1: Identify and engage partners.	<ul style="list-style-type: none"> <input type="checkbox"/> Partner Planning Worksheet <input type="checkbox"/> Accessible Meeting Tip Sheet <input type="checkbox"/> Meeting Agenda Template <input type="checkbox"/> Opportunities to Engage Worksheet <input type="checkbox"/> Partner Contact List 	<ul style="list-style-type: none"> <input type="checkbox"/> Draft a partner list with representation across CMIST. <input type="checkbox"/> Conduct outreach to secure buy-in. <input type="checkbox"/> Convene partner meeting. 		
Step 2: Integrate partners in risk communication planning and review.	<ul style="list-style-type: none"> <input type="checkbox"/> Review Checklist and Reviewer Comments Worksheet 	<ul style="list-style-type: none"> <input type="checkbox"/> Review and update risk assessment data on size and location of access and functional needs populations. <input type="checkbox"/> Review messages, materials, and dissemination strategies. <input type="checkbox"/> Develop action plan for improvements. 		
Step 3: Test the communication pathway.	<ul style="list-style-type: none"> <input type="checkbox"/> Communication Pathway Template 	<ul style="list-style-type: none"> <input type="checkbox"/> Test the communication pathway. 		
Step 4: Sustain the partner network.	<ul style="list-style-type: none"> <input type="checkbox"/> Network Partner Contact List <input type="checkbox"/> Network Partner Activity and Integration Worksheet <input type="checkbox"/> How to Write a Success Story 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrate network in exercises, drills, tabletops. <input type="checkbox"/> Document activities. <input type="checkbox"/> Develop Memorandum of Understanding/ agreement. <input type="checkbox"/> Acknowledge partner success. 		

Partner Planning Worksheet

Purpose: The Partner Planning Worksheet is the preliminary planning tool for gathering information about existing and potential partners.

Instructions: As a starting point, use the Partner Planning Worksheet to identify existing partners engaged in activities relevant to planning for access and functional needs. Many of these partners may lend their knowledge and expertise for risk communication planning. Next, expand the list and identify potential partners to engage.

- Strive for representation across access and functional needs.
- Define the intended partner role and primary and back-up contact information.
- Note that the organizations listed on a state-based worksheet will look different from those listed on the jurisdictional worksheet.
- Routinely update the worksheet.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Priority Area examples	Organization Name	Existing Role(s)/ Potential Role(s)	Notes
Individuals with a physical, developmental, or intellectual disability			
Individuals with economic disadvantage			
Older adults			
Children			

Priority Area examples	Organization Name	Existing Role(s)/ Potential Role(s)	Notes
Pregnant women			
Individuals with limited literacy or English proficiency			
Individuals with a chronic medical condition, pharmacological dependency, or temporary injury			
Individuals with limited access to transportation			

Sample Partner Outreach Letter

Purpose: The Sample Partner Outreach Letter provides suggested language that can be used to reach out to and invite potential partners

Instructions: Use the sample letter to invite community partners to an introductory meeting with the community outreach information network and encourage them to participate.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

To:

From:

Date:

RE: Community partner for inclusive emergency risk communications

Before, during, and after public health threats, such as floods, infectious disease pandemics, or chemical spills, people need to know how to stay safe and healthy. Inclusive risk communication planning addresses the needs of individuals who may be at greater risk. These could include children; older adults; individuals with limited financial resources; individuals with cognitive, developmental, or physical disabilities; individuals with chronic conditions; pregnant women; or individuals with limited access to transportation.

Community partners can provide a wealth of information about who resides in their community, where they live and work, and how to reach community residents. Our community partners are integral to the [jurisdiction's: state, local, territorial department] commitment to ensure critical public health emergency information is accessible, understandable, and actionable by the whole community. Our community partners can participate in many ways, but the primary role is to be a communication conduit between the [agency name] and the individuals with access and functional needs served by the community partner.

The [agency/workgroup name] is identifying community and faith-based organizations and community leaders who serve or advocate for individuals with access and functional needs to partner with us to improve public health risk communications. We recognize your organization as a community leader in addressing the needs of persons with access and functional needs and as a valuable potential partner. We invite you and your organization to join us during our next Community Outreach Information Network meeting. The agenda and meeting details can be found attached.

Location:

Time:

Date:

We hope you can join us at our next meeting.

Cordially,

State, local, territorial department

Meeting Agenda Template

Purpose: The Meeting Agenda Template serves as a planning and documentation tool. Have a clear purpose for your meetings. Know how the agenda items are intended to produce actions, decisions, and next steps.

Instructions: Use the meeting agenda to inform your network of upcoming meetings, the key issues to be discussed, decisions to be made, or actions to be taken.

- Throughout the meeting, document key discussion points, decisions, and next step actions.
- Within a week of the meeting, submit a copy of the completed notes to your network for review. Make any necessary edits to the document to ensure the meeting discussions and recommended action steps are accurately described.
- Keep a copy of all completed agenda templates to document meetings and the work of the network.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Meeting Agenda Meeting Date and Time: Location: RSVP to _____		
Agenda	Key discussion points	Consensus/Decisions
Welcome and rollcall Recap of last meeting Discussion topics for this meeting <ul style="list-style-type: none"> ■ Topic 1 ■ Topic 2 ■ Topic 3 Next steps <ul style="list-style-type: none"> ■ Review attachments ■ Come prepared to discuss next topic 		
Attachments: (examples) <ol style="list-style-type: none"> 1. Supplemental resources 2. FEMA Whole Community strategy 3. FEMA Inclusive Planning for the Whole Community 		

Accessible Meeting Tip Sheet

Purpose: The Accessible Meeting Tip Sheet, adapted from ADA guidelines, explains factors that make meetings accessible to all members of the partner network.

Instructions: Review the Tip Sheet information to ensure all partners can fully participate in meetings and other activities.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

For meetings to be successful, everyone involved must have an equal opportunity to participate. Three components are essential for hosting meetings that are accessible to all partners, including people with disabilities and others with access or functional needs: location, room arrangement, and meeting discussion.

Location

Meeting location accessibility is of primary importance. A location that is accessible by most people with disabilities has at minimum these accessible features:

- parking, including van accessible handicapped parking and passenger drop-off areas
- accessible routes to the building entrance
- at least one accessible building entrance connected to an accessible route
- accessible routes to the meeting space
- an accessible meeting space floor plan
- accessible restrooms available to participants with disabilities

Room Arrangement

Accessible meeting room floor plans make participants comfortable. An accessible floor plan is one in which people who use mobility devices can easily maneuver; people who are blind or have low vision can safely navigate; and people who use assistive listening systems can clearly see speakers, interpreters, and captioning.

- Set up the meeting room to provide access to all participant seating locations, the speakers' area, and refreshments.
- Aisles should be at least 36 inches wide and have enough turning space (e.g., a 60-inch diameter circle) in key locations throughout the room. These dimensions allow people using mobility devices to enter, exit, and participate safely.

Meeting Discussion

- At the beginning of the meeting, ask all participants to introduce themselves. This not only serves as an icebreaker, but also lets people who are blind or have low vision know who is at the meeting.
- Ask participants to speak one at a time and identify themselves during the discussion so that participants who are blind or have low vision know who is speaking.

Audiovisual Presentations

An accessible meeting presentation ensures that all participants have equal access to the meeting's content.

- If a presentation includes audiovisuals (e.g., computer presentation, video, charts, graphics), describe them for people who are blind or have low vision. Audio description does not have to be presented separately. The speaker can describe visuals as part of the lecture. If the presentation is provided to participants in print, the handouts must also be accessible.
- Caption or interpret the narration on the audiovisual for guests who are deaf or have hearing loss. If the audiovisual has no captioning, interpreters or real-time captioners can supply the text.
- Accessible exchange of information for people who are blind or have low vision may require that printed materials are provided in alternate formats (e.g., Braille, large print, on CD) or that notetakers are provided. The auxiliary aids and services needed at any one event will depend both on the participants and the meeting's format, content, and handouts.

The information on setting up an accessible meeting is summarized from the Department of Justice Americans with Disabilities Act website. For more information, visit: <https://www.ada.gov/business/accessiblemtg.htm>.

Communication Pathway Template

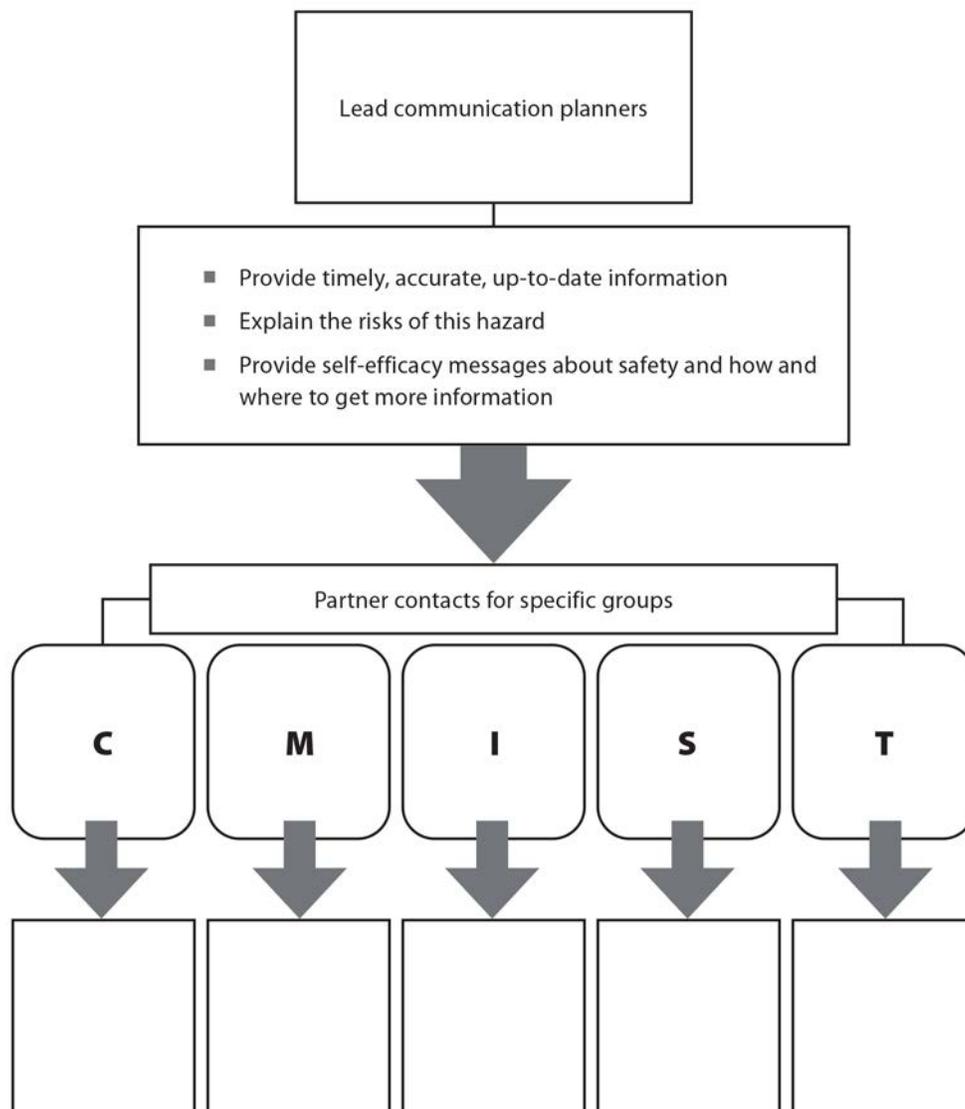
Purpose: The Communication Pathway Template shows how information flows from the lead communication group to the partner network. You can customize this template to identify specific communication partners or channels they will use for risk messaging.

Instructions:

Partner communication is a two-way process. Establish clear processes for activating the partner network:

- Identify methods (i.e., email, text message, or phone call) that will be used to notify partners of information to be disseminated.
- Identify partner contact details and back-up contact information.
- Discuss the preferred method for partners to provide feedback or information to the lead agency. Ask partners to identify their preferred methods for sharing lessons learned or other information with the network.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>



Opportunities to Engage Checklist

Purpose: The “Opportunities to Engage Checklist” provides a list of activities in which the network partners can be integrated. Customize the worksheet to reflect the opportunities specific to your jurisdiction- or state-level planning activities.

Instructions: Network partners can use this worksheet to identify the activities they will participate in. Planners can use this worksheet to introduce potential/new members to the array of activities where their expertise, knowledge, and outreach can be integrated into risk communication planning.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Please check the activities you are most interested in working on.

- Providing input and feedback for a jurisdictional risk assessment (JRA) or equivalent
- Providing input and feedback on existing materials, messages, and dissemination strategies
- Testing the accessibility of the public health emergency preparedness website, relevant documents, messages, and materials
- Testing the accessibility of evacuation shelters, signage, charts, graphics and visuals, and other evacuation related communications
- Identifying language assistance resources relevant to emergency preparedness such as translated materials or interpretation services
- Creating and testing linguistically and culturally competent messaging
- Serving as a distribution point for information and warnings
- Serving as a partner for special public health outreach events
- Introducing emergency preparedness concepts to the populations you serve
- Piloting test messages and materials
- Gathering input from the populations you serve
- Establishing your organization as a trusted source of timely, reliable information
- Identifying trusted messengers
- Other (please describe)

Reviewer Checklist and Comments Worksheet

Purpose: The Reviewer Checklist and Comments Worksheet is a template to assist in partner reviews of existing and proposed communication materials and messages. This tool can provide planners important feedback necessary to ensure communication products are effectively reaching the whole community.

Instructions: Use the worksheet to make a customized list of the tasks partners may be asked to review. Develop a timeline and targeted completion date for each task. Engage partners to review communication materials and provide feedback about whether the information is accessible, understandable, and actionable by the whole community. To keep the review process manageable, some jurisdictions may want to consider staggering the review of print materials, key messages, and website information.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Task 1: Review preparedness and risk communication materials and messages

Communication product	Product type	Key messages	Public health websites	Reviewer comments	Review date
Example Tips for Managing Asthma during an evacuation	Example Brochure		Example County Health Department	Example Include how to manage asthma if additional medications cannot be purchased or if pharmacies are disrupted due to the disaster.	
Example Tips for staying safe in the flu season	Example Brochure		Example State Health Department	Example "Flu" is not a term that can be translated in (X) language. Graphics used in flu brochure are not culturally appropriate for these ethnic groups (specify). Children were not depicted in the graphics.	

Task 2: Review alerts, notifications, and warnings for accessibility (example)

Task 3: Review mass shelter communications (example)

Task 4: Review point of dispensing (POD) access and functional needs plans (example)

Partner Integration Worksheet

Purpose: The Partner Integration Worksheet documents your existing partner network and provides critical information for self-evaluating network engagement activities. This information can help determine additional ways to leverage your partners' expertise and outreach. This worksheet is a planning and evaluation tool that can also be used to generate project narrative and success stories to share with your stakeholders.

Instructions: Customize the worksheet to reflect the various activities in which partners are integrated. Document the participation of your partners and their specific roles. Review the worksheet with your network to ensure that your documentation is accurate, increasing the likelihood of your network sharing the documented participation with their organization and other stakeholders.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Access and functional needs population(s)	Partner	Partner role/focus	Partner integration phase(s)	Participation level	Notes
Sample options <ul style="list-style-type: none"> ■ Children ■ Pregnant women ■ Older adults ■ Limited English proficiency and literacy ■ Limited financial resources ■ Transportation disadvantage ■ Disability ■ Chronic health needs 	Sample options <ul style="list-style-type: none"> ■ Head start programs ■ Community parent resource centers ■ Assisted living centers ■ Local literacy groups ■ Faith-based organizations ■ Paratransit service providers ■ Developmental disability agencies ■ Healthcare coalition 	Sample options <ul style="list-style-type: none"> ■ Update risk assessments. ■ Review existing messages/materials. ■ Review existing dissemination strategies. ■ Develop new messages/materials. ■ Develop new dissemination strategies. ■ Assist with action plan process. ■ Test communication pathway/s for the population served. ■ Integrate communication strategies into exercises. 	Sample options <ul style="list-style-type: none"> ■ Pre-Incident ■ Response ■ Recovery 	Sample options <ul style="list-style-type: none"> ■ Jurisdictional risk assessment (JRA) ■ Training ■ Exercise ■ Response ■ Planning meeting ■ Communication 	

Below is an example of a completed Partner Integration Worksheet for populations with limited financial resources.

Access and functional needs population(s)	Partner	Partner role/focus	Partner integration phase(s)	Participation level	Notes
<p>Example Limited financial resources</p>	<p>Example United Way</p>	<p>Example Risk assessment updates. Review existing messages/materials. Review existing dissemination strategies.</p>	<p>Example Pre-incident</p>	<p>Example JRA <ul style="list-style-type: none"> ■ JRA data review/update: provided updated data on homeless populations and locations. Training <ul style="list-style-type: none"> ■ FEMA Access and Functional Needs Communication training (date) ■ Workshop: Emergency Preparedness workshop (date) Exercise <ul style="list-style-type: none"> ■ Jurisdiction Hurricane Drill (date) Communication <ul style="list-style-type: none"> ■ Dissemination strategies review group ■ Public health websites review group </p>	<p>Example Met on [date] and identified ways to improve dissemination of alerts and safety information to individuals with limited financial resources in the community</p>

Success Story Template

Purpose: The Success Story Template can assist in summarizing important successes for routine updates about the activities your community network is engaged in for the public, businesses, nonprofit and governmental agencies, and others in your jurisdiction. Compelling preparedness planning stories provide real-world examples of how an activity made a difference in people’s lives and reinforce the importance of empowering communities’ ability to mitigate, respond to, and recover from public health threats.

Instructions: Use the template to promote information already compiled in your Partner Integration Worksheet. These success stories highlight the importance of community partners in emergency and disaster planning for the whole community and highlight the commitment of your partners.

- Submit success stories to local media and news outlets, your network partners, and the populations they represent.
- Encourage your network partners to use the success stories in newsletters, articles, and conference presentations to show how community partners strengthen risk communication planning for those with access and functional needs.

Editable version: <https://www.cdc.gov/cpr/readiness/afntoolkit.htm>

Title

A good title is simple, summarizes the story, and includes action verbs that bring the story to life.

- Capture the overall message of the story.
- Include an action verb.

Title

Problem overview

The first paragraph should highlight the challenge. Start with a compelling human interest story .

- Describe the issue being addressed and why it is important.
- Specify the affected population(s).

Problem overview

Communication partner activity description

Describe the actions that were taken, what was learned, and what changed.

- Identify who was involved.
- Describe the activity that was planned and how it was implemented.
- Define the target audience of the activity.

Communication partner activity description

Activity outcomes

- Identify how the activity helped to address the problem.
- Provide a conclusion to the success story.

Activity outcomes

More Tips

- Make a compelling point.
- Explain the impact of a strategy.
- Define content area terms.
- Include photographs to illustrate the story.
- Highlight partner contributions.
- Include quotes from beneficiaries or partners.
- Avoid jargon and acronyms.
- Include contact information for follow-up.

Appendix B: Resource Guide

National Guidance

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Microsoft Office: Word

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Extreme Heat

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