



SPECIAL POPULATIONS ASSESSMENT TOOL

This special populations assessment tool may help in identifying those groups of individuals who require differing messages from the general public information message or who can not be reached through mass communication channels. In conducting the assessment, consulting individuals within a population, or representative organizations, may be helpful in understanding how the population may receive information during emergencies. Allow the populations in question to have a say in whether they do or do not need special assistance, especially early in a crisis. Be realistic about what can be accomplished early in a crisis and, remember, never promise what you can't deliver.

After conducting your emergency public information assessment, some population groups:

- May qualify as a special population for purposes related to public health's public information and health-risk communication activities;
- May have status as a special population from an operational perspective but may not qualify as a special population for purposes related to public health's public information and health-risk communication, or
- May qualify as a special population for purposes related to public health's public information and health-risk communication activities, including early in a crisis, but resources are not available within the PIO activity to meet their communication needs. Emergency management planners in the jurisdiction should be alerted to these groups to permit alternate planning.

Assessment and Planning Worksheet:

Identifying barriers to emergency mass communication

1. Describe the population group (estimated number/percent in your jurisdiction)

What is different?

Primary understood language(s)

Degree of English comprehension?

None

Simple written understanding

Simple verbal understanding

Proxy/guardian NOT available to receive message

CRISIS EMERGENCY RISK COMMUNICATIONS (CERC)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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Major Cultural/Religious Taboos (dietary, medical practices, human interaction)

Unique lifestyle characteristics (tourist, homeless, isolationist, migrant, undocumented)

Mobility (physical, transportation, civil rights)

2. Describe the emergency event and recovery actions for planning purposes:

Would any aspect of the disaster, response, and recovery create a communication challenge for the population described above?

Disease Outbreak

- transmission from person to person
- transmission by animals
- transmission by environment
- no transmission between persons
- transmission by insects
- unknown

Natural Disaster

- fire
- flood
- wind
- earth (quake, mudslides)

Nuclear/Radiological Incident

Infrastructure Collapse

- cyber terrorism
- water/sewer plant contaminated
- medical resources unavailable
- power outage
- food contaminated

Explosion

Harmful Chemical release





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Emergency event “action” recommendations:

- Shelter in place
- Evacuate
- Report to public place to receive treatment
- Ingest specific food
- Avoid specific animals, plants, insects, bodies of water
- Remain at home to receive treatment
- Turn in to authorities or destroy specific animals, plants, insects
- Stay “tuned” for updates
- Avoid specific population groups (e.g., contaminated, showing disease symptoms)
- Remove contaminated clothing in public setting
- Receive immunization
- Bring identification to authorities to receive treatment
- Do not ingest specific food
- Take prescribed medicine

3. Describe barriers inherent in the message

Will the content of the message in its present form-- if delivered--still not be received and acted on, based on assessment of the population described above?

Language:

Action recommendation is perceived as an affront to a major cultural/religious belief

Action recommendation is perceived as an egregious blow to economic security and/or civil rights not shared by all

4. Describe barriers in the distribution channels for the population described above

What breaks down in the mass communication delivery systems for an acceptable emergency action message?

- No access to an electronic mass communication channel (TV, radio, Internet)
- Power outage/communication infrastructure damaged or overwhelmed
- No address at which to receive information by mail or automatic phone messages
- Not served by specialized media (in understood language)





5. Describe barriers inherent in the population, as described above

What would prevent them from receiving an initial action recommendation from authorities during a public safety emergency?

- Language (no English comprehension or proxy)
- Cognitive impairment (can't comprehend/remember message and no proxy)
- Strongly held cultural/religious taboos (action interferes with it)
- Fear of coming forward for help (outstanding warrants, child support defaults, runaways, undocumented workers/families)
- Physical impairments without compensating technology/ human resource support
- No way to identify where/how to reach the population with alternate messages or communication delivery systems (e.g., no geographic gathering place, no way to identify as "without mass communication access," no way to know person is not under constant proxy/guardian care such as an individual who is blind and cognitively impaired and lives alone with only intermittent and un-invested outside care)
- Phobias, relevant to event, that can't be overcome through mass communication

6. Describe the communication alternatives for populations that will not receive or take the action recommended and communicated to the general population

Can you, with available resources: change the message, change the population characteristic, or change the delivery system to reach the population described above?

- Message
- Translate into understood language
- Translate into pictographs
- Change message to respect cultural taboos
- Acknowledge cultural taboo and explain reason it is being superseded and what would happen if the offensive action was not taken (use validator)
- Channels (that serve targeted population)
- Flyers (for door to door distribution)
- Community posters (for posting in public places)





Civic/community/advocacy organizations

Schools

Workplaces

Places of worship (church, hall, temple, mosque)

Retailers

Government services agencies (post office, community health center)

Translators (contract or volunteers)

Identified proxies or guardians (community leaders, family)





7. Prioritize identified “special populations” for public health information and health risk communication activities during a public safety emergency

Which populations can public health reach through its public information and health risk communication efforts? Which populations can't be reached within public health's public information capabilities and should be referred to the jurisdictional emergency operation planners?

Percentage of the population in the jurisdiction _____%

Messages can be altered during the pre-event stage.

- No
- Yes

Adequate resources can be identified, made available, and described in communication plans.

- No
- Yes

8. Identify the human resources needed to reach the population through the above selected alternate communication channels (#6) with initial messages during an intense public safety emergency.

Which people will act as a communication delivery system for messages to the population described above who cannot receive emergency messages intended for the general population through routine mass communication channels?

Organizations engaged to provide human resources

- Memorandums of understanding are in place
- People are trained and can be notified during the emergency event if needed
- Persons within the population group described above accept the alternate delivery systems and believe they are necessary and will work
- Alternate delivery systems have participated in drills/exercises
- Alternate delivery systems can be sustained, if needed, for days

9. Provide jurisdictional Emergency Management Operations planners with information regarding populations you have identified who may have special communication needs, but who can not be served through public health's public information and health risk communication channels.

