Crisis and Emergency Risk Communication: Tools you can use

Tribal Public Health Emergency
Preparedness Workshop
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Oregon Health Authority

ACUTE AND COMMUNICABLE DISEASE | HEALTH SECURITY PREPAREDNESS AND RESPONSE
Public Health Division

Session overview

- CDC Crisis and Emergency Risk Communication
- Oregon Health Authority Crisis and Emergency Risk Communication Toolkits
- Community-based Methods
  - Participatory Learning and Action (PLA)
  - Care groups

CDC CERC Tools

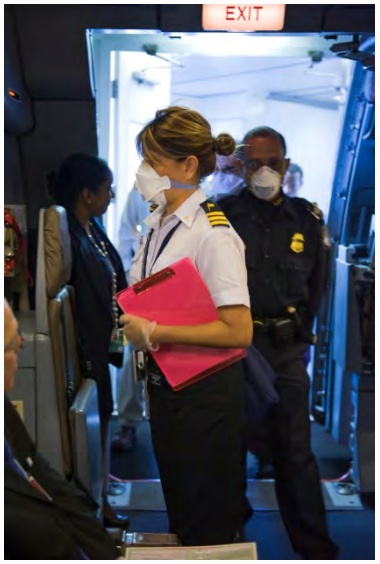
CRISIS + EMERGENCY RISK COMMUNICATION

Principle 1: Be first

- Crises are time-sensitive.
- The first sense of information is often preferred.







Principle 2: Be right



- Accuracy establishes credibility.
- Information should include what is known, what is not known, and what is being done to fill in the gaps.

Principle 3: Be credible

- Honesty should not be compromised.



Principle 4: Express empathy

- Suffering should be acknowledged in words.
- Build trust and rapport.



Principle 5: Promote action

Giving people meaningful things to do:

- Calms anxiety.
- Promotes a restored sense of control.









Principle 6: Show respect

- Important when people feel vulnerable.
- Promotes cooperation and rapport.



CERC Tools

CRISIS + EMERGENCY RISK COMMUNICATION

- Manual
- Training
  - Online
  - In-person

- Templates and tools
  - CERC Assessment Tool
  - Immediate Response Checklist
  - Anticipated Questions Tool
  - Message Development Worksheet
  - CERC Rubric
  - Wallet Cards

CDC CERC Tools

www.emergency.cdc.gov/cerc

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CERC Toolkits

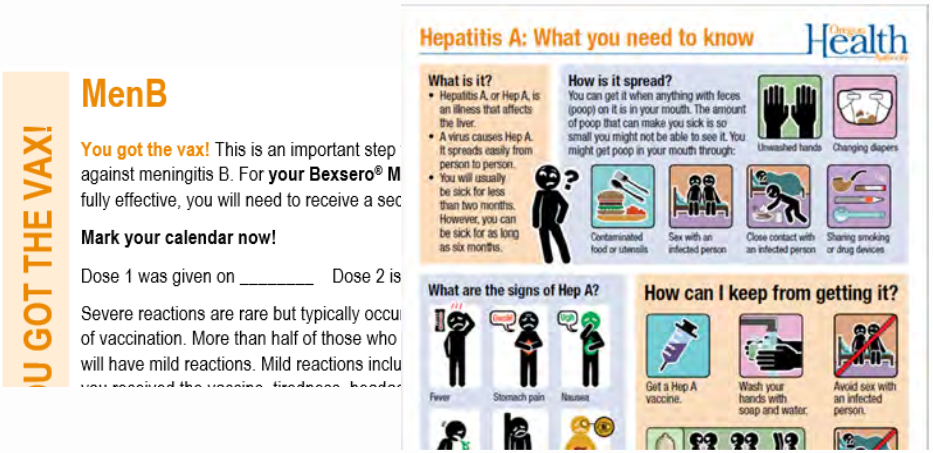
OHA CERC Toolkits: Topics

Current

- Extreme Heat
- Flooding
- Hepatitis A
- Meningococcal Disease
- POD and Vaccine Clinic Resources
- Seasonal Influenza
- Wildfire Smoke
- Winter Weather

Coming by end of June

- Contact Airborne
- Contact Droplet
- Fecal-oral



OHA CERC Toolkits: Contents

- Fact Sheets
- Frequently Asked Questions (FAQs)
- Social media messages and videos
- Talking points
- Sample press releases

Also

- Bookmarks
- Vaccine reminder cards
- Public service announcements
- Infographics


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FACT SHEET

Caring for Your Vulnerable Patients During a Heat Wave

Talking to patients during routine visits about how they can prevent heat-related illness can go a long way toward avoiding such illnesses. Simple steps can make a big difference, particularly for high-risk patients. These steps include encouraging patients to:

- Stay cool.
- Stay hydrated.
- Stay informed.

Here are some simple steps you can take to help your high-risk patients:

- Help patients identify cool air-conditioned public places they can go to when their home gets too hot.
- Tell patients that fans should not be relied on to keep them cool once the temperatures are above 90°F.
- Make sure patients know they should drink water before they become thirsty. Provide extra guidance if their medications or condition will affect how they stay hydrated.

healthoregon.org/cerc

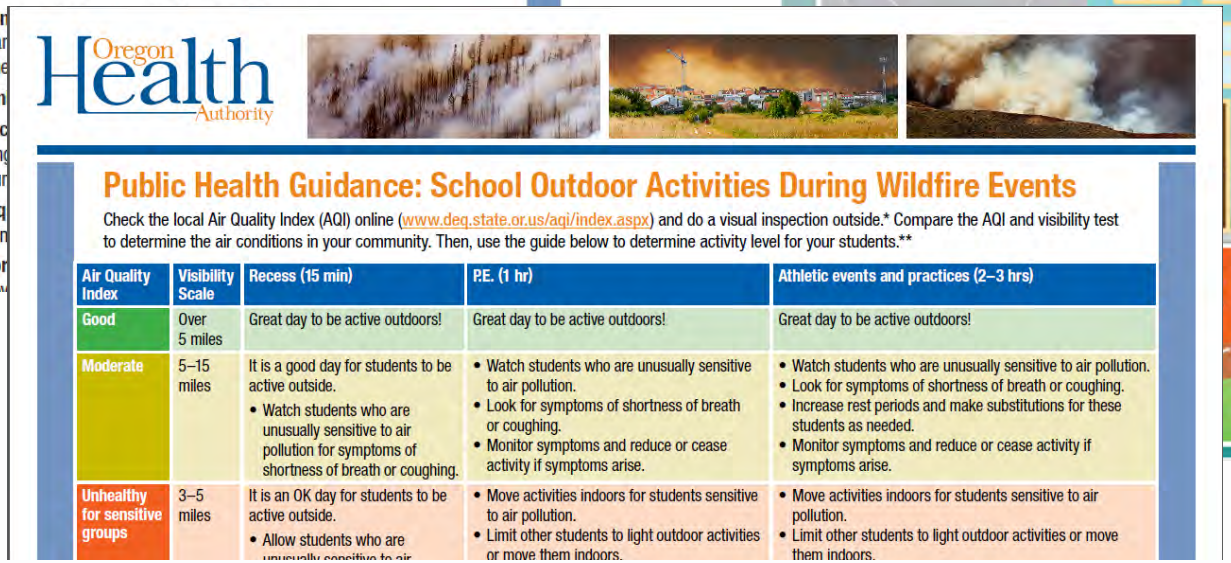

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FACT SHEET

Hazy, smoky air: Do you know what to do?

- **Limit your exposure to wildfire smoke.**
- **Reduce time spent outdoors.**
  This can usually provide some protection, especially in a tightly closed, air-conditioned house. Set your A/C to recycle or recirculate, when at home or in your car, to limit your exposure.
- **Reduce time you er**
  It can be an importar
  in. It can minimize he
- **Stay hydrated. Drin**
- **Reduce other sourc**
  These can be burning
  furnaces, and vacuur
- **Check current air q**
  Go to http://oregonsn
- **If you have heart or**
  your health care prov




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Public Health Guidance: School Outdoor Activities During Wildfire Events

Check the local Air Quality Index (AQI) online (www.deq.state.or.us/aqi/index.aspx) and do a visual inspection outside.* Compare the AQI and visibility test to determine the air conditions in your community. Then, use the guide below to determine activity level for your students.**

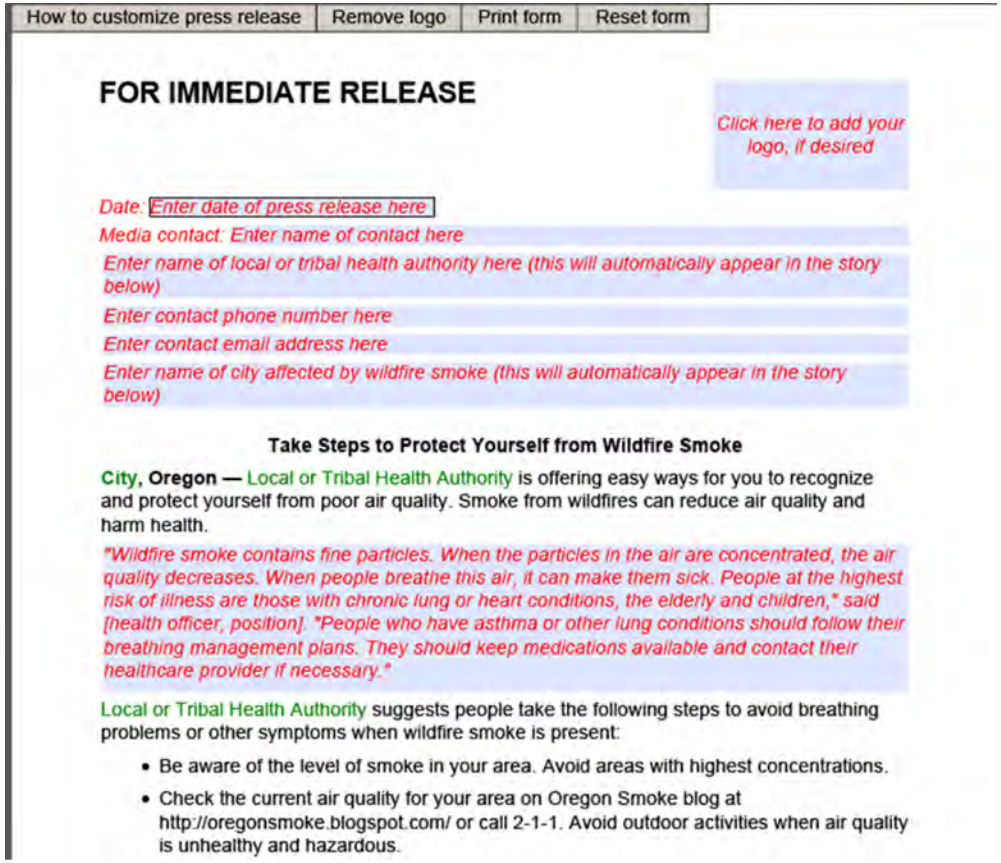
Air Quality Index	Visibility Scale	Recess (15 min)	P.E. (1 hr)	Athletic events and practices (2–3 hrs)
Good	Over 5 miles	Great day to be active outdoors!	Great day to be active outdoors!	Great day to be active outdoors!
Moderate	5–15 miles	It is a good day for students to be active outside. • Watch students who are unusually sensitive to air pollution for symptoms of shortness of breath or coughing.	• Watch students who are unusually sensitive to air pollution. • Look for symptoms of shortness of breath or coughing. • Monitor symptoms and reduce or cease activity if symptoms arise.	• Watch students who are unusually sensitive to air pollution. • Look for symptoms of shortness of breath or coughing. • Increase rest periods and make substitutions for these students as needed. • Monitor symptoms and reduce or cease activity if symptoms arise.
Unhealthy for sensitive groups	3–5 miles	It is an OK day for students to be active outside. • Allow students who are	• Move activities indoors for students sensitive to air pollution. • Limit other students to light outdoor activities	• Move activities indoors for students sensitive to air pollution. • Limit other students to light outdoor activities or move

healthoregon.org/cerc

Templates

- PDF templates designed as forms that auto populate text
- Provide space for some customized quotes or facts
- Note you may need to update your version of Adobe
- Word versions are fully editable

Borrow and customize away!



Culture matters

- Language
- The perception of risk
- Beliefs about institutions, including government
- Credible sources of information
- Rituals for grieving and death
- Beliefs about family relationships and roles
- Beliefs about acceptable and appropriate forms of communication
- Emphasis on the individual v. the group



Community-based Methods

Possible fit for tribes?

- Low tech – addresses some of the concerns tribes have shared
- Relationship and community focused
- Group thinking and decision-making leveraging local knowledge
- Communities often build on traditions to relay messages
  - Story-telling
  - Song
  - Dance
  - Images
- Adaptable

Community-based Methods: Participatory learning and action

Initial community meeting



- Notify the community of activities.
- Invite the community into the process.
- Set expectations.
- Ask for support.
- Share results.
- Arrive at agreement on priorities.
- Obtain recommendations on who should participate on the Action Team (8-10 people).
- Make sure everyone is invited…this is a continuous process.

Typical day

- Head to the site
- Set up
- Train community participants in data collection
- Information collection (90 min for most; 2-3 hours for a walk-about or mapping)
- Writing up notes (as a team)
- Discussing the activities from that day
- Planning for the next
- Pack up and head home

The exercises

- Participatory map
- Walkabout
- Free-listing, add an asset focused list with your challenges
- Pile sorting
- Pair-wise ranking
- Venn Diagram

Record everything using the community's terms and language.



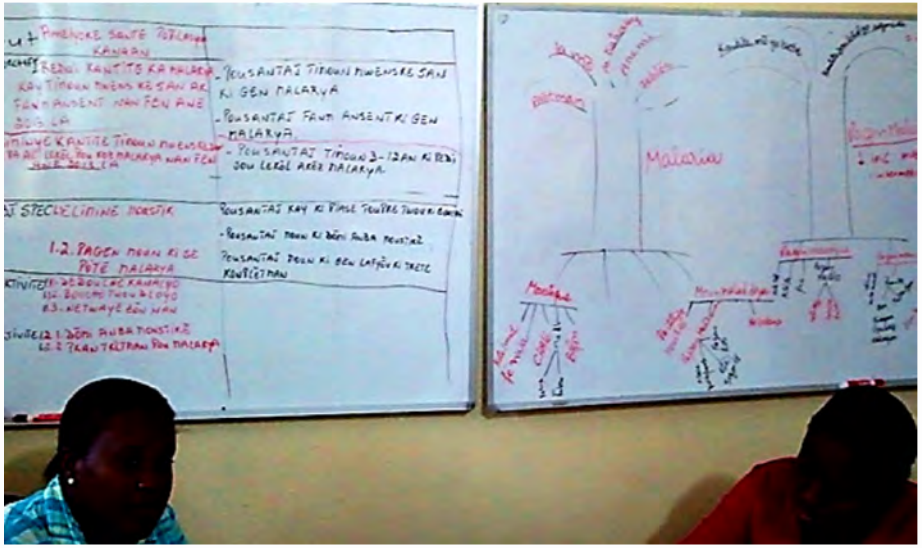
The exercises

- Key informant interviews (optional)

There are others:

- Holistic Worldview Analysis
  (not in packet)
- Problem/Solution tree
  (not in packet)

Record everything using the community's terms and language.



Who should we talk to?

- Many methods to choose from….
  - Some are purely convenient…this is good for exploration or testing your tools.
  - Some are purposeful….this gets you closer to a small, but representative group.
  - Some are based on probability….this gets you closer having generalizable information.
- The choice often depends on the exercise, circumstances of the community, the needs and the capacity of the organization facilitating.

Free Listing

Question 1: What are the main difficulties that people living in Canaan face? (List the names of each difficulty mentioned in local terms.)	**Question 3: You mentioned _____ was a difficulty here. Please describe to me how this affects the lives of individuals faced with this difficulty?**
1.	
2.	
3.	

Question 2: What are the primary assets that help people living in Canaan? (List the names of each difficulty mentioned in local terms.)	**Question 4: You mentioned _____ was an asset here. Please describe to me how this affects the lives of individuals using this asset?**
1.	
2.	
3.	

Analysis of Free Listing

Form: Free Listing Tabulation Form- Problem and Asset Identification

Name of Item: Difficulties	Frequency #	Percent %

Form: Free Listing Tabulation Form- Problem and Asset Identification

Name of Item: Assets	Frequency #	Percent %

Pair-wise ranking

PROBLEMS TO BE COMPARED AND RANKED

Problems	HUNGER	Water	Shelter	SICKNESS	"CAN" POVERTY	CONGESTION
HUNGER	X					
Water	Water	X				
Shelter	Hunger	Water	X			
SICKNESS	Sickness	Water	Sickness	X		
POVERTY	Poverty	Water	Poverty	Sickness	X	
CONGESTION	Hunger	Water	Shelter	Sickness	Congestion	X
TOTAL	2	5	2	4	2	1
RANK	3	1	4	2	5	6

Community-based Methodologies: Care Groups

In pure form…Care Groups

- Community-based strategy for promoting behavior change
- 10-15 Community based volunteers who meet regularly with staff for training and supervision
- Meet with 10-15 neighbors, sharing what they've learned and promoting behavior change.
- Can have a multiplying effect through peer to peer support
- Can lay the structure for non-technology based information systems

Structure

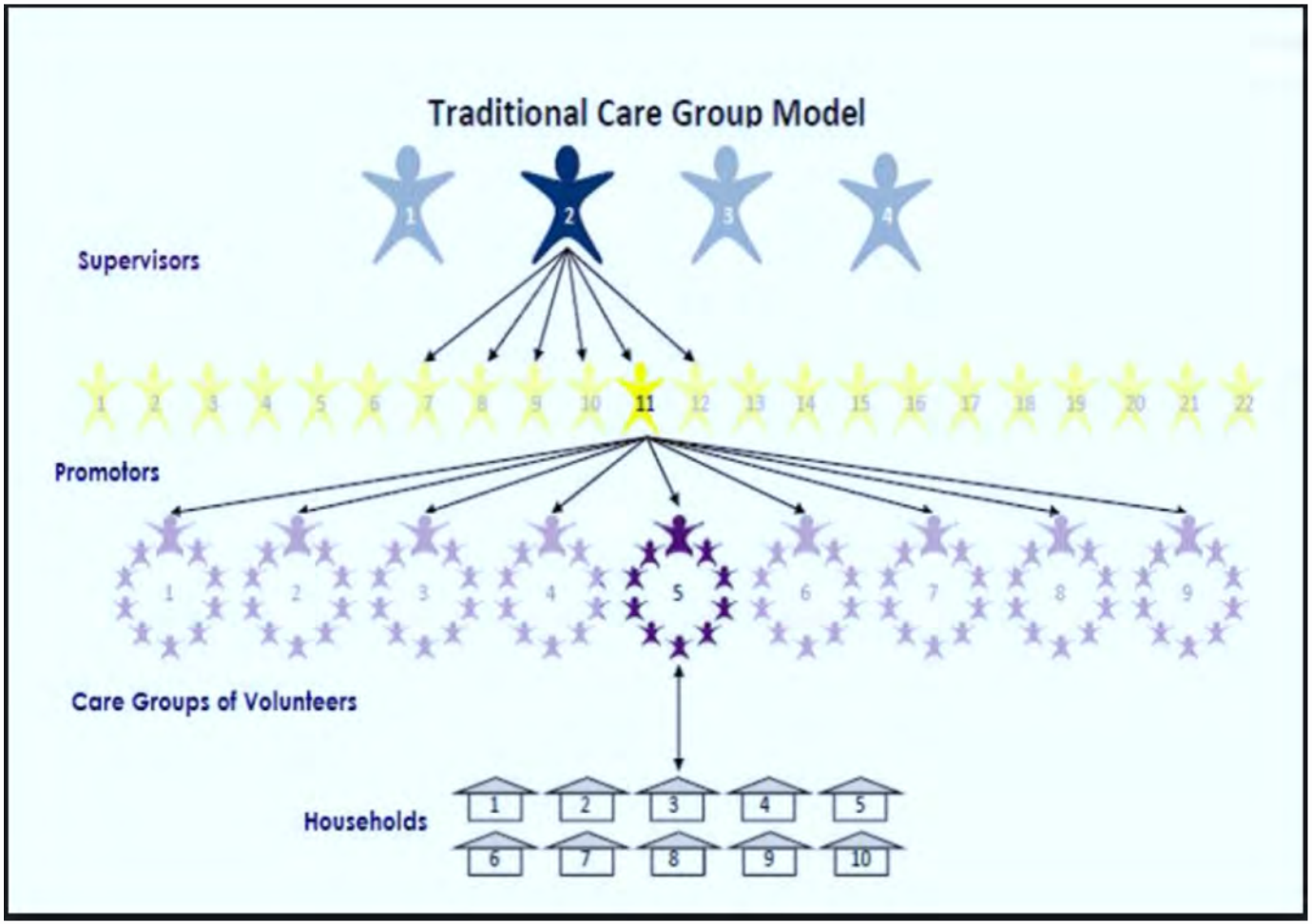


Image taken from: https://www.curamericas.org/care-groups-the-innovative-community-based-strategy-to-improve-maternal-and-child-health/?ajax

Meetings

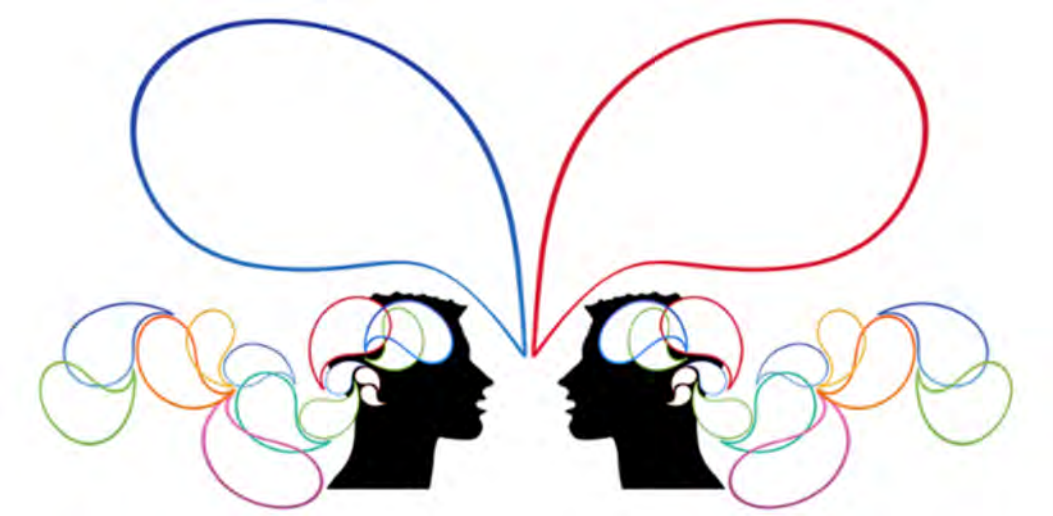
- Promoters teach care group leaders messaging & behaviors
- Care group leaders take it back to their neighborhood groups
- Each neighborhood group is made up of households that meet regularly
- Peer to peer messaging and promotion
- Participatory
- Should monitor attendance
- May need teaching an learning tools
- Quality Improvement Verification Checklists (QIVC)

Meetings

Example activities:

- Build a preparedness kit.
- Deliver health or preparedness messaging.
- Conduct mass vaccination promotion & follow up.
- Build awareness and supporting referral for services.
- Small scale mitigation activities.
- Care group leaders and promoters can collect any information needed for a feedback loop.

Thoughts? Questions???



Resources

» Adams, L., & Canclini., S., (August 29, 2008) "Disaster Readiness: A Community - University Partnership" *OJIN: The Online Journal of Issues in Nursing*; Vol. 13 No. 3.

» **Food Security and Nutrition Network Social and Behavioral Change Task Force. (2014) Care Groups: A training Manual for Program Design and Implementation. Washington, DC: Technical and Operational Performance Support Program.**

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» Na, J., Okada, N., & Fang, L. (2010) A participatory Workshop Approach to Scenario Development for Disaster, Relief, Response and Recovery Processes. *SMC* 978-1-4244-6588-0/10: 3433-3438.

» Pearce, L. (2003) Disaster management and Community Planning, and Public Participation: How to Achieve Sustainable Hazard Mitigation: *Natural Hazards 25*:211-228.

Resources

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» **Reynolds, B., Seeger, M., Palenchar, M., Gable, L., Holsinger, R. Neuberger, B. & Christoffel, T. (2014). *Crisis and Emergency Risk Communication.* Cox, J. et al. editors. Atlanta, GA: Centers for Disease Control and Prevention (CDC)**

» **Weiss, W., Bolton, P., & Shankar, A. (2000) *Rapid Assessment Procedures (RAP) Addressing the Perceived Needs of Refugees and Internally Displaced Persons Through Participatory Learning and Action.* 2nd Edition.**