



San Mateo County
Health Department

**Emergency Public Health Information
and Vulnerable Populations
in San Mateo County**

**After Action Report
Community Forums**

August 2005

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Overview

In the event that a public health emergency is declared in San Mateo County, the Health Department will be informing residents about the actions individuals need to take to protect themselves and their loved ones. The primary means of communication with the public will be through mainstream media channels such as the television, radio and newsprint. However, there are members of our community that because of language, cultural, accessibility or other barriers that affect ability to receive *and* act on public health emergency information, cannot be reached effectively through mainstream communication channels. For the purposes of risk-communication in San Mateo County, these vulnerable populations have been defined as the following: seniors, the mentally and physically disabled, the homeless, the undocumented, non-English or limited-English speakers, and rural residents.

It is imperative that the Health Department's risk-communication plan includes protocols for reaching these vulnerable populations. Community-based organizations (CBO's) provide a direct link to the local community and the vulnerable populations that they serve. In April 2004, the San Mateo County Health Department surveyed CBO's serving vulnerable populations throughout the county. The survey results demonstrated promising opportunities for collaboration in message delivery during a public health emergency and a need to further explore communication barriers, how to overcome these barriers and specifics on how we can work together to provide effective communication to vulnerable populations.

As a follow up to the survey, in July/August 2005 the Health Department held three Community Forums for CBO's serving vulnerable populations. In the Forums, CBO's discussed and explored (1) communication barriers, (2) how to overcome these barriers and (3) opportunities for formal collaboration between CBO's serving vulnerable populations and the Health Department for effective communication during a health emergency.

Key Findings Internal Interviews

As a prelude to the Community Forums, interviews were conducted with key Health Department staff to assess internal Health Department resources and needs with regard to risk-communication with vulnerable populations. Staff were asked about their department's disaster plan, whether their department has agreements in place with CBO's related to response to a public health emergency, their department's capacity to reach out to vulnerable populations, and which CBO's would be ideal collaborative partners for risk-communication.

Seniors, the Mentally Disabled, and the Physically Disabled

Donald Weiher, L.C.S.W, was interviewed about County Mental Health Services. According to Mr. Weiher, the severely mentally ill in San Mateo County are served

through the five mental health clinics and the Adult Resource Management Team of Mental Health Services or by one of three CBO's (Caminar, Mental Health Association and Mateo House) who contract with Mental Health Services.

As part of Mental Health Services disaster plan, during an emergency, caseworkers at the five County mental health clinics would be responsible for notifying their clients of the emergency situation. While the agencies that contract with Mental Health Services are required to have a disaster plan in place, there is no formal agreement between Mental Health Services and their contract CBO's for emergency communication or response.

Lori Sweeney, Program Services Manager, states that Aging and Adult Services, which serves disabled adults and seniors, will communicate with the most vulnerable of their approximately 3,500 to 4,000 clients during an emergency through a phone tree. Currently there is no agreement with the approximately 30 CBO's that have contracts with Aging and Adult Services to serve an additional 14,000 clients, 20% of whom may need further assistance during an emergency. Aging and Adult Services does require that all contact agencies have a disaster plan, but there is no formal linkage between Aging and Adult's disaster plan and their contract CBO's disaster plan.

Ms. Sweeney believes that CBO's will be willing collaborative partners in the Health Department's risk-communication plan because it ensures their clientele access to accurate and timely information. However, CBO's have limited resources and supplying them with copies of the messages/ pamphlets to be distributed as well as appropriate translations will facilitate their participation.

The CBO's recommended to collaborate with the Health Department on emergency communication with the mentally disabled, physically disabled and seniors include:

- **Mental Health Association**
- **Mateo House**
- **Caminar**
- **Golden Gate Recreational Center**
- **Center for the Independence of the Disabled**
- **Catholic Charities**
- **Senior Coastsiders**

Non-English/ Limited-English Speakers, Rural Residents and the Undocumented

To understand the County's ability to reach these vulnerable groups, Toby Douglas and Marmi Bermudez with the Children's Health Initiative and Ellen Sweetin, representing the Mobile Clinic were interviewed.

The Children's Health Initiative (CHI) reaches low and middle-income, as well as undocumented children and families in San Mateo County through outreach and enrollment in free and low-cost health insurance programs for children including Healthy Kids, Healthy Families and Medi-Cal. CHI does have a small staff of application

assistants, but the great majority of their work is conducted through contracts with eight CBO's that serve low-income residents. CHI does not require that their contract agencies have a disaster plan in place and there is currently no agreement between CHI and their contract CBO's for emergency communication or response. During an emergency CHI staff would have a limited ability to contact the vulnerable populations that they serve. However, through an agreement with their contract agencies, they would be able to communicate with a large number of non-English/ limited-English speakers, undocumented, and rural residents in Pescadero/ La Honda.

The Mobile Clinic is a mobile medical clinic that serves the homeless and other medically underserved residents in San Mateo County, including rural residents on the Coastsides. While the Mobile Clinic is a provider of services to the most vulnerable in the County, in the event of an emergency it will be deployed as part of the Health Department's disaster response and will not necessarily be able to communicate with the vulnerable populations that it serves on a daily basis. The Mobile Clinic does not have any agreements with CBO's related to emergency response.

The CBO's recommended to collaborate with on emergency communication with rural residents, non-English Speakers, and the undocumented include:

- **North Street Community Resource Center, Pescadero**
- **Puente de la Costa Sur, Pescadero**
- **La Honda Fire Station**
- **California Health Initiative**
- **Ravenswood Family Health Center**
- **El Concilio**
- **North Peninsula Neighborhood Services**

Homeless

Within the Health Department, the Mobile Clinic and Mental Health's Adult Resource Management Team serve the homeless. The Mobile Clinic offers medical services to the homeless at shelters and other sites around the County. The Adult Resource Management Team works hand in hand with the Mobile Clinic to serve clients in need of Mental Health services. The Outreach and Support Team, a branch of the Adult Resource Management Team, also meets monthly with local law enforcement, the Transit Authority and Probation and Parole to identify those who are mentally ill and in need of services. Due to the nature of their work, the Team sometimes comes into contact with the homeless. As mentioned above, the Mobile Clinic would not necessarily be available to communicate with the homeless during an emergency because they may be deployed as a medical clinic or in another capacity during an emergency situation. Members of the Adult Resource Management Team could communicate with the homeless during an emergency, but suggested that the mobile support team of Mateo House, a Mental Health Services contract CBO, has a much greater reach into the street homeless population and shelters around the county would be most appropriate to notify their clients. Currently, however, there are no formal agreements between the Mobile Clinic or Mental Health Services and CBO's for emergency communication or response.

The CBO's recommended to collaborate with on emergency communication the homeless include:

- **Mateo Lodge – the Mobile Support Team**
- **Shelter Network**
- **St. Vincent de Paul**
- **Samaritan House**
- **Free at Last**
- **St. Bruno's in San Bruno**
- **Urban Ministries in Palo Alto/ East Palo Alto**
- **St. Anthony's in Redwood City**

Community Forums

In July of 2005, 160 community-based organizations that serve vulnerable populations in San Mateo County were invited to participate in one of three community forums titled, *Leaving no one behind: Communicating with Vulnerable Populations*. The 2-hour forums were held in North County, South County and Coastsides in order to get participation from CBO's in all areas of San Mateo County. In all, 69 participants representing 51 CBO's attended.

The purpose of the forum was to discuss with CBO's barriers that would hinder communication with vulnerable populations during a public health emergency, how to overcome the barriers, and opportunities for collaboration between the Health Department and CBO's. The format of the Forum was as follows:

- I. Welcome and Introductions
- II. Health Department Role in Public Health Emergency
- III. Recap of Flu Vaccine Shortage
- IV. Scenario – (Plague)
- V. Small Group Discussions
 - a. Questions
 - i. During a public health emergency, would residents come to your agency for information? Could your agency reach your clientele during an emergency?
 - ii. What barriers would your clients experience in receiving and acting on a message? What barriers are there for your agency to deliver the message?
 - iii. What are some possible solutions to the barriers?
 - iv. What opportunities are there for collaboration between CBO's and the Health Department?
- VI. Next Steps
- VII. Evaluation

Plague Scenario / Small Group Discussion

During the Forum, the CBO's were led through a plague epidemic scenario. Participants watched a video of a health officer giving a televised message to the public regarding the plague epidemic. Participants also received a written communication from the Health Department and a FAQ sheet about the plague. Participants were then divided into small groups to answer the small group discussion questions.

Small Group Discussion Analysis

Question 1: During a public health emergency, would residents come to your agency for information? Could your agency reach your clientele during an emergency?

Most of the agencies participating in the Forum agreed that their clients would come to or call their agency if they needed assistance during a public health emergency and most of the participating agencies stated they would be able to contact their clientele during an emergency.

Question 2: What barriers would your clients experience in receiving and acting on a message? What barriers are there for your agency to deliver the message?

The participants discussed many barriers that vulnerable populations would face in receiving or acting on an emergency communication. The barriers included:

- Language/ dialect (n=10)
- Mode of communication not appropriate (n=10)
 - i.e. clients did not have television, radio, phone, newspaper, etc.
- Transportation (n=9)
- Literacy/ comprehension of message (n=8)
- Fear / confusion/ mental health (n=7)
- Isolation/ geographical barriers (n=6)
- Accessibility/ lack of mobility/ disability (n=6)
- Lack of trust (n=2)

Barriers for the agencies in communicating public health emergency to their clientele:

- Language capacity of agency/ staff (n=3)
- Limited office hours (closed evenings and weekends) (n=3)
- Small staff size (n=3)
- HIPAA/ confidentiality issues (n=2)
- Client data not updated (n=1)

Question 3: What are some possible solutions to the barriers?

- Vulnerable populations best reached by alternative means, such as: phone tree, in-person outreach, TDD, announcement using car with loud speaker, post notices in grocery stores, fax, e-mail, emergency message to Lifeline subscribers, the Amber Alert system, (n=14)
- Coordinate with other agencies including: police, transportation, homeowner's associations, churches, Meals-on-Wheels program, the Amber Alert System, telephone company (n=11)

- Disaster preparedness training for public/ emergency hotline number/ pamphlet (n=11)
- Training/ pre-planning for CBO's regarding disaster preparedness (n=4)
- Neighborhood organizations trained to respond (CERT – Community Emergency Response Teams) (n=4)
- Siren System (n=3)
- Bilingual Staff/ interpreters (n=3)
- Volunteers (n=3)
- Use consistent format for all Health Department emergency communications (n=1)
 - Develop emergency notice logo

Question 4: What opportunities are there for collaboration between the CBO's and the Health Department?

- CBO's can recruit or serve as volunteer disaster workers (n=5)
- County trainings and drills include CBO's (n=3)
- Hold community meetings related to disaster preparedness for public led/ paid for by Health Department (n=2)
- Train-the-trainer program. Train service providers to give disaster preparedness trainings to public (n=1).
- CBO's can also be used to notify other CBO's, organizations, churches, schools, private housing, grocery stores, etc. (n=1)
- Collaborate with SamTrans / Redi-wheels regarding transportation (n=1)

Large Group Discussion Analysis

In general CBO's were not prepared for an emergency and were eager for disaster preparedness information/ training. Agencies that did not already have a disaster plan in place requested help from the County in developing one. Participants felt that the Health Department should include CBO staff in their disaster preparedness trainings and hold community forums for the public on various disaster preparedness topics.

Participants wanted to learn more about the Health Department's disaster plan and all agreed that getting their organization's contact information into the Health Department's database for the LAN Fax system was important. However, concerns were raised about the emergency communication system. CBO's wanted to be sure that emergency communications from the County looked like emergency communications. They felt that there needed to be an emergency logo and that an emergency bulletin should state *****ALERT*****.

Participants had many ideas of how other organizations and agencies, as well as the general public, could play a role in emergency communication and response. During all of the forums, the idea of developing and sustaining Community Emergency Response Teams (CERT's) was discussed. Participants felt that neighbors would likely know who lived alone and may be in need of assistance during an emergency. Other ideas included collaborating with the faith community, schools, local businesses including grocers, and homeowner associations for emergency communication. Participants in all

three forums also felt that a siren system would be an appropriate emergency communication tool.

Recommendations

- **Supply CBO's with adequate copies and appropriately translated messages for emergency communication outreach.**
- **Contract with the local chapter of CARD (Collaborating Agencies Responding to Disaster) for disaster preparedness training, including disaster plan development, for collaborating CBO's.**
- **Include CBO's in Health Department disaster plan and Health Department disaster preparedness trainings and drills.**
- **Develop a standard emergency communication format to be used when communicating with CBO's.**

Opportunities for Formal Collaboration with CBO's on Risk-communication

It is evident that the Health Department's reach into the community and particularly into vulnerable populations is greatly extended through contracts with community-based organizations. During the forums, CBO's were excited about the possibility of collaborating with the Health Department on risk-communication and many felt that they could potentially offer more to the Health Department than solely outreach to their clientele. Some organizations wanted to explore the possibility of recruiting volunteers to transport clients to NETVAC sites or volunteers to assist the County as disaster workers. There is great potential to collaborate with CBO's for disaster preparedness and response.

The Health Department has several options for formal and informal collaboration with CBO's regarding risk-communication with vulnerable populations. The Health Department can seek a Memorandum of Understanding (MOU) from individual CBO's that serve vulnerable populations. Most agencies that attended the community forums were interested in participating in the Health Department's communication plan (by having their agency in the LAN Fax system), and most of them would likely be willing to sign an MOU and formalize that participation. The benefit of such an agreement is that by signing an MOU, the CBO becomes familiar with the County's risk-communication plan and understands their role in the plan. A drawback from this type of collaboration is that the Health Department would need MOU's with many agencies in order to ensure that each of the seven vulnerable populations in all geographic areas of the County were covered. There are hundreds of CBO's that serve vulnerable populations in San Mateo County. Forming and maintaining MOU's with these CBO's could prove to be a cumbersome process.

Another option for formal collaboration with CBO's is to add a disaster services agreement to Health Department contracts. Disaster preparedness and communication to vulnerable populations during an emergency can become deliverables in County contracts. The County cannot make residents prepare for a disaster, but through

contractual agreement the County can ensure that CBO's are prepared. At the very least the agreement can link the Health Department and CBO's together by information, putting a system in place so that CBO's receive timely and accurate information from the Health Department so that they, in turn, can share the information with their clients.

According to Ana-Marie Jones, Director of CARD Alameda County, CBO's will benefit greatly by formal collaboration with the Health Department on risk-communication and/or other disaster preparedness and response. A formal agreement with the Health Department will give the CBO an excellent chance for reimbursement post-disaster. In general, CBO's do not qualify for Federal and State disaster relief funding. Reimbursement will reach only to the lowest level of government. Through a contract or MOU with the Health Department, the CBO becomes an extension of the Health Department and is therefore within the chain of funding. The Office of Emergency Services (OES), the County agency responsible for applying for disaster relief funding is currently working with the Peninsula Community Foundation (PCF) on the role of CBO's in the County's disaster plan and would like to explore the possibility of reimbursement for CBO's who participate in the County's disaster response.

Whether the Health Department decides to pursue formal collaboration with CBO's through MOU's or by adding a disaster services agreement to County contracts, it is important to include some level of disaster preparedness training, including development of a disaster plan, for the participating CBO's. CBO's need to be oriented to the Health Department's disaster plan and have a clear understanding of their role in it. They need to understand, in general terms, the types of situations they would be communicating to their clients, as well as, an understanding of the types of responses required of their clients. For example, CBO's need to have an understanding of the NETVAC system and orders such as "shelter-in-place". During the forums, CBO's had concerns about the safety of their staff while conducting outreach to vulnerable populations during an emergency. Those concerns would also need to be addressed by the Health Department.

Recommendations

- **Add a disaster services agreement to Health Department contracts with CBO's that serve vulnerable populations.**
- **Include disaster preparedness training for CBO's in the disaster services agreement.**
- **Join the work started by OES and PCF to explore the role of the CBO in San Mateo County's disaster plan and the possibility of Federal and/or State reimbursement for CBO's who participate.**

Other Opportunities for Collaboration

During the Forums, the CBO's had many suggestions for collaboration with other agencies around disaster preparedness and response and vulnerable populations. As mentioned earlier, CBO's suggested that the Health Department collaborate with police departments in developing and sustaining Community Emergency Response Teams (CERT's). They also recommended collaboration with the Transit Authority, SamTrans,

and Redi-Wheels for transportation to NETVAC sites for those with mobility issues or who lack transportation. Also, CBO's felt that schools, childcare centers, and churches need to be considered in the County's risk-communication plan.

Recommendations

- **Collaborate with local law enforcement to develop and sustain CERT's.**
- **Include cities, schools and childcare centers, and faith-based groups in the Health Department's risk-communication plan.**
- **Include agreements with local transportation agencies to transport those with mobility issues or who lack transportation to NETVAC sites in the Health Department disaster plan.**

Conclusion

Community-based organizations play an important role in their communities. They are located within communities and they have the trust of the vulnerable populations that they serve. By collaborating with the Health Department on risk-communication, the CBO's are ensured timely and accurate information that is crucial for their clients and the Health Department is provided with a direct link to the vulnerable populations that it is required to protect. Focusing on the recommendations in this report will assist the Health Department in forming a mutually beneficial collaboration with CBO's in San Mateo County and ensure that the most vulnerable receive emergency communication.

Appendix A

Organizations participating in Community Forums

Aging and Adult Services, San Mateo County Health Department
 Bayshore Family Resource Center
 Boys and Girls Club of Half Moon Bay
 Cabrillo Unified School District / Migrant Education
 CASA de Redwood
 Center for the Independence of the Disabled
 Childcare Coordinating Council
 City of Half Moon Bay
 Coastside Children's Program
 Coastside Health Collaborative
 CoD
 Commission on Aging
 Community Action Committee of San Mateo County
 Community Gatepath
 Daly City A.C.C.E.S.S.
 Daly City Community Resource Center
 Doelger Senior Center
 Elliot Bloom Associates
 Family Service Agency
 Family Service Agency/ Fair Oaks Senior Center
 Golden Gate Regional
 HICAP
 HIP Housing
 Home Instead Senior Care
 Lesley Foundation
 Menlo Park Senior Center
 North Street Community Resource Center
 Nurse Providers Plus
 Pacifica Resource Center
 Parca
 Peninsula Community Foundation
 Peninsula Jewish Community Center
 Pilipino Bayanihan Resource Center
 Public Health Department
 Puente de la Costa Sur
 Rebuilding Together, Peninsula
 Rosner House
 RR Senior Care Center (SMMC)
 Samaritan House
 San Bruno Senior Center
 San Carlos Adult Day Support
 Self Help for the Hard of Hearing

Senior Coastsiders
Senior Focus
Sequoia Hospital Advisory Board
Seton Coastside
Shelter Network
SMC Library Raising a Reader Program
St. Vincent de Paul
State Senator Joe Simidian's Office
Veterans Memorial Senior Center

Appendix B

Evaluation Question: What would interest you for future presentations related to disaster preparedness, public health emergencies or partnership building?

Participant Response:

1. The County could help CBO's develop individual plans for how they'll contact their clients.
2. Noteworthy models from other countries especially Scandinavia, Singapore, Japan.
3. Coalition of agencies working together for greater good!
4. More in depth training so agencies could be prepared.
5. Meetings for coalitions or consortiums with more specific focus.
6. Update and statistics of current public hearings/meetings. How often and how successful on population. Are they prepared for a disaster?
7. Most effective/ best way to communicate information verbally to families.
8. Learning how to prepare as a community or community-based organization.
9. A roundtable discussion where agencies exchange/explain their mission/role in the event of an emergency.
10. Invite the Police Department or City Manager to next meeting?? This may be an EOC training subject, but how does the command center work with the non-profits in an emergency?
11. Inviting resource agencies that can be of help. Actual resource sheets with numbers of who to call and where to go.
12. Learning more specifically examples of situations and given more plans of where to go and what to do.
13. Keep these meetings coming.
14. Anyway to help our clients prepare for emergencies.
15. How our organization can best meet the need of our community.
16. Seeing specific steps that have been taken to deal with emergencies.
17. Building community and organizing.
18. How to maintain funding to continue programs during emergencies.
19. Cultural diversity.
20. Present participants with list of outcomes/information collected, as well as, contacts of participants.
21. Any training on plans for our community and how to train others. Resources within our community.
22. More participation by emergency personnel, i.e. police, firemen, etc.
23. Help design a communication plan for our organization.
24. Workshops on different languages. Communication workshops on disaster preparedness. Cultural workshops on disaster preparedness.
25. CARD information and what they are doing.

Appendix C

CBO Information Sheet Question: Do you have any comments or concerns about participating in the County's risk-communication plan?

Participant Response:

1. What can San Mateo County adopt from other countries' emergency response systems?
2. What is involved? Time?
3. The plan seems heavily telephone and/or radio/TV dependent. I'm concerned about those who are hearing impaired and/or those who are "out of the loop".
4. I think I'm not high enough in the chain of command to participate.
5. It's good to know and have a plan in case of emergency.
6. Link to major cities, etc. so not to duplicate efforts. List of persons that participated at 7/29/05 forum.
7. Need training for an emergency call number for CBO employees to call in and volunteer to assist during an emergency.
8. Need the training for participating.
9. Train volunteer community persons annually from each city in neighborhoods and have at least one community contractor more.
10. Building together branches could easily change their volunteer application forms to allow volunteers to subscribe to emergency/ disaster mobilization lists...

Appendix D

**Community Forum Group Discussion Notes
Half Moon Bay, July 29, 2005**Agenda

- I. Welcome / Introductions
- II. Health Department Role
 - a. Public Health Emergencies
- III. Flu Vaccine Shortage
- IV. Scenario – Plague (Groups)
- V. Next Steps
- VI. Evaluation

Questions for group discussion

1. What role would your agency play? Would individuals go to your agency for information?
 - a. Group 1:
 - Notify other organizations besides CBO's – schools, churches, private housing, grocery stores, laundry mats, etc.
 - Libraries and housing providers will receive Land Fax and post information
 - Self-help for the Hard of Hearing will send out information in newsletters, special mailing or e-mail
 - b. Group 2:
 - Dependent on time of day – school hours, service hours
 - ICE plan – In Case of Emergency – storing emergency numbers in cell phone under ICE
 - Yes, be prepared
 - c. Group 3:
 - Inform public, families
 - With phone, contact liaison at each school
 - Home visits to seniors as well as children and families
 - Outreach to community gathering places, staff and other agencies
 - d. Group 4:
 - City of Half Moon Bay
 1. All departments participate in EOC
 2. Communication – shelter, food, info distribution
 - Seton Coastside Emergency
 1. Treatment
 2. Communication
 3. Possible shelter
 4. Nurses and doctors
 5. Infection control nurse – telephone tree

- Public Health
 1. Running NETVAC – information distribution
 - Home Instead
 1. Phone tree info distribution
 - Puente
 1. Translator for information (maybe)
 2. Ranch to ranch flyer distributor
 3. Contact other local agencies
2. What barriers exist to receive and act on this message?
- a. Group 1:
 - Power down, hearing difficulty, rural/ isolated geography, language, visual impairments, lack of mobility, lack of transportation
 - b. Group 2:
 - Language, clarity of message, state of mind, transportation, isolation, communication, disability, confusion on who needs to go, fear of illness, reprisals (undocumented = afraid), rumors
 - c. Group 3:
 - Language, transportation, reading, some people have no phone or TV's or radios, no answering machines, weekends
 - d. Group 4:
 - Transportation, language, power outage, no access to media, panic, making more palatable, clear, understandable, literacy, trust, communication (lack of phone), protecting messengers on site visits
3. What are possible solutions? Can your agency reach your clientele during an emergency? How?
- a. Group 1:
 - Phone tree, email, door-to-door, newspapers, intercoms on trucks, messengers, inserts in bills, inserts/fliers with Meals-on-Wheels/ Brown Bags, Emergency sirens, airplane banners, amber alert
 - b. Group 2:
 - Have a plan, agency and family
 - Consistent format for health message so you know how to react. Develop an emergency notice logo. Do NOT use NETVAC logo – it looks like a housing logo. Use something like the logo that HAZMAT uses. And/ or start communication with ALERT.
 - Dependent on time – phone tree
 - c. Group 3:
 - Have a list of clients and best way to contact them
 - Central work areas communicate with schools
 - Build good relationships/ communication between CBO's
 - d. Group 4:
 - Phone list/ address list at hand
 - Simple list of important contacts/ resources
 - Set up temp sites in rural communities
 - Having multi-lingual contacts

- Invite public transportation agencies to help
- 4. What opportunities for collaboration are there? What does partnership mean to you?
 - a. Group 1:
 - More communication between organizations
 - Volunteers from CBO's to public health department
 - Pre-disaster preparation for communication
 - Pre-disaster presentations to raise awareness in the community
 - Education about organizations in the community and their roles
 - Willing and purposeful cooperation
 - b. Group 2:
 - Yes. Communicate
 - School-centered
 - EOC begins process. How do we find out their process?
 - Where do we fit?
 - Drills?
 - Printed Action Plan.
 - Post your plan.
 - c. Group 3:
 - Coastside collaborative
 - Health Department
 - EOC
 - Volunteers
 - Health Committee
 - d. Group 4:
 - Collating info

Parking Lot

- 1) Recently we received a tsunami warning, but what were we supposed to do? I didn't know what I was supposed to do.
- 2) You did a good job getting the message out about the flu vaccine sites during the shortage, but seniors had to wait a long time at the sites. Many can't stand there for so long.
- 3) How will you communicate with the public if the electricity goes out?
- 4) During an emergency will you be working with the Coastside Health Clinic? They were not notified of this meeting.
- 5) Although CBO's will not be expected to do in person outreach during an emergency in which residents are told to shelter-in-place, what do we do if our clients seek us out for information? They will come to us regardless.

Appendix E

Community Forum Group Discussion Notes Redwood City, August 2, 2005

Agenda

- VII. Welcome / Introductions
- VIII. Health Department Role
 - a. Public Health Emergencies
- IX. Flu Vaccine Shortage
- X. Scenario – Plague (Groups)
- XI. Next Steps
- XII. Evaluation

Questions for group discussion

- 5. Would residents come to your agency for information? Can your organizations reach your clientele during an emergency?
 - a. Group 1:
 - IHSS and GGRC have vendors and workers with contact to target population.
 - Yes, clients will call HICAP but there is a staffing shortage and counselors are volunteers who will be dealing with their own families
 - b. Group 2:
 - More likely to call for information than to physically come to our agency
 - c. Group 3: Did not answer
 - d. Group 4:
 - Residents would probably not come to our site, but we can reach people. Emergency contact binder is always on site.
 - Yes for Senator Simitian
 - e. Group 5:
 - Some will call in or agency could make phone calls to the people
 - Yes, only during office hours
 - Staff on site 24/7 – info would be available
 - Residents would not, however other agencies would contact them.
 - f. Group 6:
 - Part A
 - List serv (n=75)
 - Parents/schools (n=300)
 - Caregivers (n=30)

- Hospital – information vs. treatment center
- Clients (n=200)

Part B

- Depending on internet
- Voice relay system
- Phone service
- When parents come to school (flyers, handouts)

6. What barriers are there to receiving and acting on the message? What barriers are there for your agency to deliver the message?

a. Group 1:

- No phones (Coastside)
- Phone list may not be up to date
- No answering machines
- Language/ literacy
- Mental health
- Not everyone has a TV
- May not go to ER as instructed because of lack of finances to pay
- Lack of transportation

b. Group 2:

- Time, day of week
- Language
- Consistency of message

c. Group 3:

- Vets and San Bruno Senior Center – telephone or come to agency- feel safe
- CID- same
- Confidentiality – database
- How would people identify themselves
- Could we get volunteers to come in?
- Could people call from home?
- Put on cable, e-mail, phones
- Could it cause more confusion?
- Closed captioned
- People could be at our location- lunch program
- Flyers
- TDD

d. Group 4:

- Insufficiently eye-catching bulletins,
- Inadequate distribution system
- Computer access,
- Languages,
- Geography

e. Group 5:

- Limited on-site office hours (after hours, weekends)
 - Language barriers
 - Culture, trust issues, documentation
 - Old or not updated contact information
 - Translation services at the agency
- f. Group 6:
- Not all listen to TV, radio,
 - Language appropriateness,
 - Hearing impairments,
 - Disabilities,
 - Technology – phones, etc.
 - Literacy, level of language
 - Accuracy of contact information
 - Fear of authorities (especially undocumented)
 - Geographical distance
7. What are some possible solutions?
- a. Group 1:
- IHSS- involve union to contact workers
 - GGRC – each client has social worker- also through family members, day programs, board and care, etc.
 - Para-transit: coordinate with CBO's to locate groups (senior housing)
 - Educate populations on who to call in an emergency and where to go
 - 1. CBO on speed dial
 - Neighborhood groups (CERT)
 - Post offices
 - Community boards (display notices)
 - Churches (phone tree)
- b. Group 2:
- Have specific phone numbers/ radio stations in different languages for people to call or tune into for information. Make sure there is a designated contact
- c. Group 3:
- Risk of spread epidemic if come to site
 - Personnel
 - Resources
 - Telephone availability
 - People who are isolated. How do we know?
 - How do we communicate? Radio, TV, water bills?
 - What is the emergency broadcast system? Do people know?
 - Senior centers are a site for congregating
 - Use existing networks
 - Closed caption and TDD
 - Utilize organizations like CID who know about people

- Phone tree- call from home agencies with relationships
 - Group of volunteers to come in and help
 - Lifeline participants – could they contact their clients?
 - Confidentiality
 - Siren system is lacking
 - Phone number, cable,
 - Home health agencies, meals on wheels, telephone service (speed dial with recorded message)
- d. Group 4:
- Lifeline contact to subscribers
 - HHA contact
 - Meals-on-Wheels contact
 - Phone company emergency contact line (auto-dial)
- e. Group 5:
- Agencies network capabilities
 - Volunteer services
 - Connect people with resources
 - Complete follow-up
 - Prep mechanism
 - 1. Have community information workshops at community centers, churches, local housing complex
- f. Group 6:
- CBO's have clear, simple information
 - Give everyone a primary contact
 - Public alert system
 - "Neighborhood watch" / buddy system
 - Printed information, "In case of..."
8. What opportunities are there for collaboration?
- a. Group 1: Did not answer
- b. Group 2: Did not answer
- c. Group 3:
- Lifeline info and referral, senior centers, CID,
 - Neighbors do check in calls, neighborhood associations, churches, clinics, schools, buddy system,
 - Collaborations would be important to meet the challenges
 - Need accurate information through Health Department
- d. Group 4:
- Presentation to faith communities,
 - TV/ Newspaper/ Radio
- e. Group 5:
- Volunteers helping out between agencies (fire dept, police, hip housing)
 - Community information programs (CIP) meetings, information sessions

- f. Group 6:
 - Determine primary affiliation/ affinity groups by population/ location/ accessibility

Appendix F

Community Forum Group Discussion Notes Daly City, August 5, 2005

Agenda

- XIII. Welcome / Introductions
- XIV. Health Department Role
 - a. Public Health Emergencies
- XV. Flu Vaccine Shortage
- XVI. Scenario – Plague (Groups)
- XVII. Next Steps
- XVIII. Evaluation

Questions for group discussion

- 9. Would residents come to your agency for information? Can your organizations reach your clientele during an emergency?
 - a. Group 1:
 - Part A
 - 1. Pilipino Bayanihan Resource Center (PBRC) – Yes residents would come to us
 - 2. Daly City Community Resource Center (DCCRC) – Yes
 - 3. Doelger Senior Center – Yes
 - Part B
 - 1. PBRC – Yes, most probably (would rely on volunteers)
 - 2. DCCRC – Yes, by phone and outreach (would rely on volunteers)
 - 3. Doelger – Yes (would rely on volunteers)
 - b. Group 2:
 - Shelter Network –
 - 1. Clients would come to facility expecting/ needing shelter. Need would possibly exceed capacity (can house 12 families)
 - 2. Would not have a problem receiving information. Challenge would be to reach potential clients – i.e. homeless

- Home Instead Home Care -
 1. More finite client list than Shelter Network. Would call all clients and /or caregivers until everyone communicated with.
 - Aging and Adult –
 1. Have a phone calling plan in place
 - Bayshore Family Center
 1. Have nurses at center. Not 24-hour response. May not be able to communicate out.
- c. Group 3: Did not answer
- d. Group 4:
- Community Gatepath – disabilities
 - Center for the Independence of the Disabled – phone, share wave radio
 - Hospital Clinics
 - Senior Centers
 - Database with client information
- e. Group 5:
- Community Gatepath- Yes. Limited contact if transportation in problematic
 - Alicia – Senior Advocate – W.O.M.
 1. Neighborhood groups
 - Rebuilding Together – No. Depends on clientele (nonprofit organizations or individuals)
 - NP+ - No. Yes, via caregivers.
10. What barriers are there to receiving and acting on the message? What barriers are there for your agency to deliver the message?
- a. Group 1:
- Barriers for residents
 1. Non-English speaking (languages on hand)
 2. Different dialects of within languages (Tagalog)
 3. Most people don't read printed materials
 4. Not knowing who is in our communities
 5. Lack of communication between organizations during crisis
 - Barriers for agency
 1. Small staff size
 2. Different languages that would be needed
 3. Time necessary to mobilize volunteer units/ coordinate
- b. Group 2:
- Power/ phone outage
 - Transportation
 - Reliance on NETVAC centralized
 - HIPAA disclosure laws might be a barrier
 - Language

1. If mono-lingual may not learn of emergency
2. If undocumented may fear making contact

c. Group 3:

- Transportation to NETVAC's
- Language
- Isolation

d. Group 4:

- Physical disability – accessibility (ramps, railings)
- Transportation
- Language
- Physical distress/ confusion
- Geographical barriers
- Illegal immigrants
- Homeless

e. Group 5:

- Language
- Transportation
- Those with no means of communication/ receiving message – i.e. television
- Clients comprehension
- Communication – capacity to communicate
- Staffing if not with client

11. What are some possible solutions?

a. Group 1:

- Community siren
- Public news stations online
- Pre-planning
- Organize neighborhood
- Employ multi-lingual staff
- Phone tree
- Coordinate with other agencies
- Police involvement

b. Group 2:

- Power/ phone outage
 1. Possible solutions: radio, AM/FM, HAM
- Transportation
 1. Possible solutions: public transit
- Reliance on NETVAC centralized
- HIPAA disclosure laws might be a barrier
 1. Possible solutions: include language in release of information about large scale emergencies to allow for release of information
- Language
 1. If mono-lingual may not learn of emergency

- 2. If undocumented may fear making contact
 - a. Possible solutions: have bi/multi-lingual workers on site
 - Need to keep emergency supplies on site
 - Include Homeowners Association in communities
 - c. Group 3:
 - Transportation
 - 1. Free busses
 - 2. Redi-wheels
 - 3. Volunteer network of drivers
 - Language
 - 1. Car with loudspeaker
 - 2. Volunteer interpreters
 - 3. Non-English media outlets
 - Isolation
 - 1. Neighborhood networks
 - 2. Car with loudspeaker
 - 3. Flyer distribution system
 - d. Group 4:
 - Physical disability – accessibility
 - 1. Possible solutions: make sure buildings are accessible with ramps, railings, etc.
 - Transportation
 - Language
 - 1. Interpreters, multi-linguists, more bilingual staff
 - Physical distress/ confusion
 - 1. Counselors, social workers
 - Geographical barriers
 - 1. Send volunteers or staff to places,
 - 2. Email
 - 3. Faxes
 - 4. Education on general disaster preparedness
 - Illegal immigrants
 - 1. Language
 - 2. Ethnic background
 - Homeless
 - 1. Send information to shelters
 - e. Group 5:
 - Provide information regarding transportation plan if family not available
 - 1. Health wagons
 - 2. Mobile canteens with health workers (Salvation Army)
 - Have voicemail to provide emergency information on whom to call
 - Emergency hotline number/ pamphlet
12. What opportunities are there for collaboration?
- a. Group 1:
 - E-mail and fax

- Community meetings with Public Health
 - 1. Led and paid for by Public Health
- Trainings for the community
- b. Group 2:
 - County training to include non-profit/ private CBO's in coordinated response
 - Establish County-wide emergency call list
 - 1. Clients as well as social service providers
 - Have to consider safety of workers if emergency
 - Email might be good way to get message out (if no power problem)
- c. Group 3:
 - Teenagers (multiple opportunities)
 - Schools as centers
 - Churches – volunteers
 - SamTrans
 - Home Teams (outreach to provide in-home service)
 - Post office
 - Training for City workers
 - Senior housing –vans/ staff
- d. Group 4:
 - Special communication
 - Staff (i.e. nurses) at agencies to administer treatment
 - Communication with Daly City Access members
 - Neighborhood associations
 - Red Cross
 - Hospitals and clinics
 - CARD
 - Senior Centers
 - Making people aware of vulnerable populations (potentially a neighbor)
 - Disease Control Center
 - Amber alerts (Highway Patrol)
 - Public Transportation groups (SamTrans, BART, VTA)
 - PCC for disaster plans
 - Inter-agency collaboration
 - Public schools as daycare centers
- e. Group 5:
 - Transportation companies to collaborate with medical staffers for NETVAC.
 - Friendly visitors/ volunteers/ peer counselors to call clients after disaster message
 - Collaboration with immigration services on providing information to immigrants

- Coordinate train-the-trainers programs with service/community providers

Additional Comments:

“Vulnerable population base” needs to include identification of childcare centers to coordinate infectious disease issues and communication through emergency.

- Children are separated from parents for 8-10 hours/day in high-risk populations (2 parents working)
- For licensed child care centers County should require an emergency communications protocol
 - In case of road closure parents are separated from children and child care centers are not prepared for long term care
 - Children are most susceptible to infectious disease, etc.