

# Findings from Opinion Research with Special Populations Representatives

Prepared for:  
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Consortium for  
Risk and Crisis  
Communication

*HEALTHY SOUTH DAKOTA*

*Live Better. Grow Stronger.*



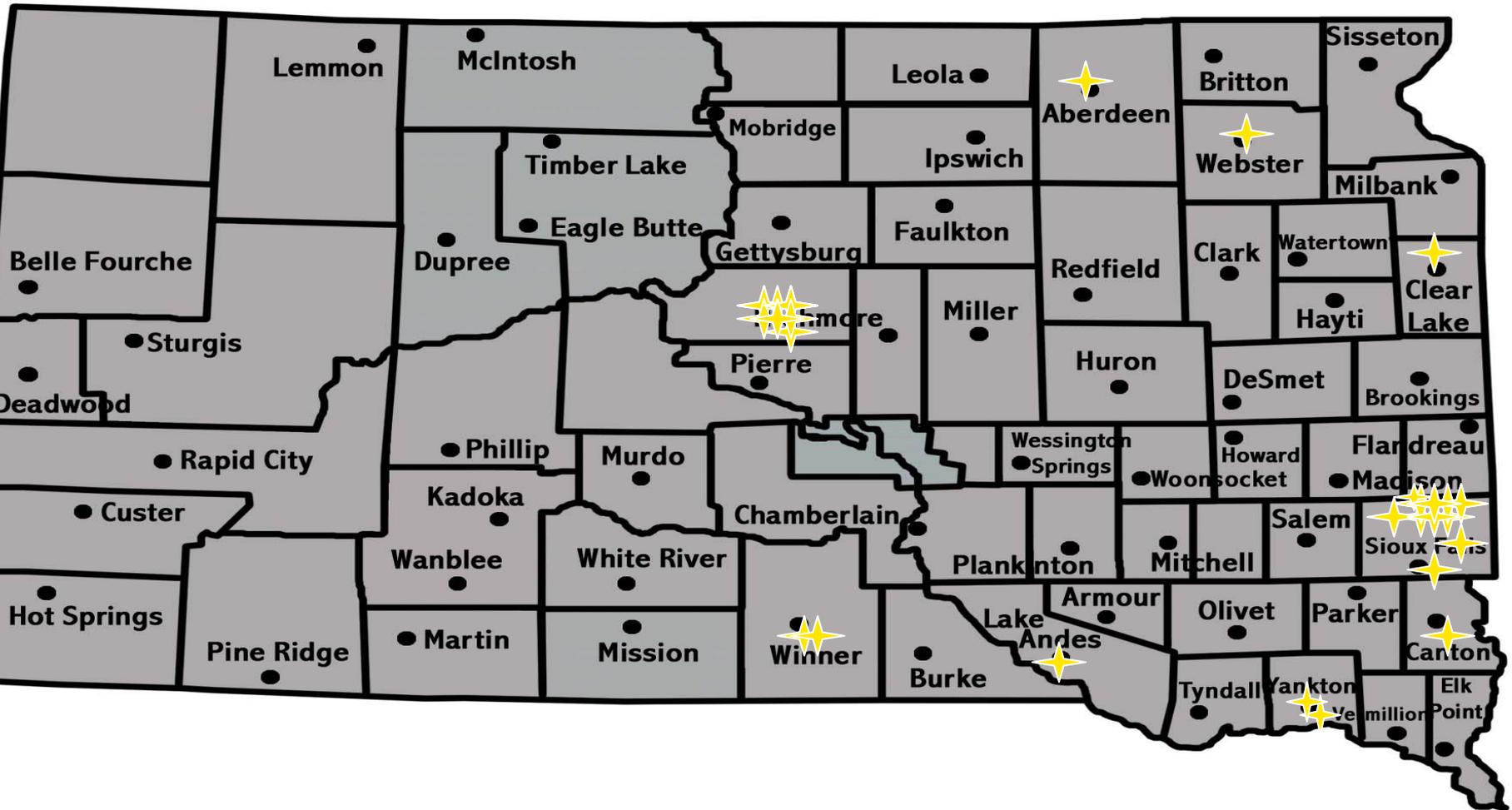
# Project Overview

- Goal: to inform risk communications training and planning.
- Methods: qualitative research to better understand the opinions, needs and preferences of special populations in the state.
- Dates: Four telephone focus groups and three individual interviews were conducted with representatives for SD special populations in May 2007.

# Special Populations Represented

- Priority populations identified by SDDH:
  - Native Americans
  - People with disabilities
  - Senior citizens
  - Immigrants (Hispanic and Bosnian)
  - Low income residents
  - Rural communities
- 31 different organizations participated

# Participants From Around the State



# Key Findings

1. Media access and literacy are the most significant challenges in communicating with South Dakota special populations. Lack of trust in government is also a challenge across populations.
2. Natural disasters are the dominant concern. There is little perceived concern about terrorism, disease outbreaks or other large-scale disasters.
3. Representatives say emergency plans should account for medical needs and remote locations.
4. Representatives for special populations agree that having “ambassadors” to their populations is important, and they say pre-event communications are key.

# Challenges in Communicating with Special Populations

Media access and literacy are the most significant challenges in communicating with South Dakota special populations. Lack of trust in government is also a challenge across populations.

# Special Populations Often Lack Access to the Mainstream News

## Traditional news media do not reach everyone.

*“If there is an emergency, we’re never informed because we can’t hear the radio, and TV announcements may not be captioned.” (Deaf/Hearing Impaired)*

*“A lot of information comes through email, and a lot of the people we serve do not have access to that.” (Seniors)*

*“Many of our individuals don’t have access. For example, they don’t get the newspaper, they don’t have money for cable TV. Many don’t have phones.” (Mental Health/Homeless)*

*“Access is the issue, due to a variety of circumstances, maybe location, maybe income.” (People with Disabilities)*

*“We don’t have communication between communities, let alone to the people out in the rural areas.” (Native Americans)*

# Literacy and Language Are Also Challenges in Reaching Populations

Materials need to be simple and visual; also consider translating them into multiple languages.

*“I think it is real important to look at the literacy level of your materials and actual reading levels. People may be embarrassed to admit that they are not understanding what is being told to them or especially if it is in print.” (Low Income)*

*“I think keeping the communication as basic and simple as possible is key.” (Seniors)*

*“The language barrier is an issue. They are not speaking English, they are not having high reading and writing skills. This is an issue in our city - to provide more visual information.” (Immigrants)*

*“You see a lot of material translated into Spanish, but other people with different languages have been left out.” (Immigrants)*

# Lack of Trust In Government Presents a Challenge for Compliance

Populations can be skeptical. Many have had negative experiences with authorities in the past.

*“I’m finding that the senior population is getting more and more leery of having the government involved in their lives.” (Seniors)*

*“I find that for our people, because many of them come from a policy state, they don’t always trust. If any government or official car comes near, they’ll hide.” (Immigrants)*

*“We still have a lot of our people that do not speak English that well. Even if they do, they do not trust the sources.” (Native Americans)*

*“Trust is a big issue on the reservation, because they’ve had so many organizations and people come and promise to provide help and, low and behold, they’ve just up and left.” (Native Americans)*

# Emergencies of Greatest Concern to SD Special Populations

Natural disasters are the dominant concern. There is little perceived concern about terrorism, disease outbreaks or other large-scale disasters.

# Disasters Perceived as More Likely Seem to Be of Greatest Concern

Representatives say they and their populations are most concerned about:

- Power outages
- Blizzards and snow storms
- Floods

# Representatives Say Their Populations Are Most Concerned About Weather

They report little to no concern about intentional and accidental disasters.

*“Weather is a major concern. Doesn’t matter which season we’re in, we’re dealing with snow or tornadoes or rain or even heat. These can be detrimental to the special populations we’re talking about.” (Seniors)*

*“Concerns that are unique to South Dakota, and I’m sure this is true across the state, are tornadoes, blizzards and flooding.” (Mental Health/Homeless)*

*“People are concerned about things like storms. But I guess what concerns me and my agency is if there were a serious health related issue, like a possible pandemic.” (People with Disabilities)*

*“There’s a nonchalantness about things I’ve seen in rural and American Indian communities. I find it interesting how everybody’s like, ‘yep, hunker down, wait it through, it’s OK.’” (Rural)*

## **Unique Needs Among SD Special Populations**

Representatives say emergency plans should account for medical needs and remote locations.

# Populations May Be at Risk if Medicines or Other Services are Disrupted

Sheltering-in-place or evacuating would be difficult for many of SD's special populations.

*“Power outage is always a big concern. Especially for extended periods of time with people using specialized medical equipment.” (Seniors)*

*“Those day to day issues could be a challenge, you know, having their meals delivered and their medical needs and oxygen.” (Seniors)*

*“For children with special health care needs the issue is how do I maintain the medicines or special equipment that I need on a day-to-day basis?”  
(Low Income)*

*“For individuals with unique medical needs, such as psychotic medications, it would be critical that they could still get their medication.”  
(Homeless/ Mental Health)*

# Isolated Areas Make Communication and Transportation Difficult

Emergency plans need to identify these individuals and emergency alternatives in advance.

*“In a public health emergency, you’ve got distance involved. The ‘ruralness’ of the state of South Dakota is just very difficult to navigate. If no one knows somebody is living in the middle, they may not get the information needed.” (Rural)*

*“Some parts of South Dakota are very, very frontier and so there are many miles between communities.” (Low Income)*

*“The isolation out here is very formidable. Whenever you have six foot snow banks and you still have 60 miles to reach a hospital, it’s pretty tough to get in for their emergency treatments.” (Native Americans)*

*“Certainly mobility would be an issue for people with disabilities in emergencies.” (People with Disabilities)*

## **Suggestions to Effectively Reach SD Special Populations**

Representatives for special populations agree that having “ambassadors” to their populations is important, and they say pre-event communications are key.

# Local “Ambassadors” May Be Needed to Reach Special Populations

Partnering with non-government organizations is one way to communicate with these residents.

*“If SDDH wants the message to get out, you’re going to have to use some ambassador to the local community.” (University)*

*“For example, in Pierre there’s a woman who has lived here over 30 years from Honduras. She stays in touch with every single Spanish speaker who comes to town.” (Immigrants)*

*“I think of my own staff. They represent about ten different countries and a variety of languages, which also means those are people who at night go home to their own communities.” (Immigrants and Low Income)*

*“We have so many groups that meet on a monthly basis, that is a good time to share information.” (Seniors)*

# Existing Organizations Benefit From Previously Established Trust

Representatives say SDDH and officials can build trust by working closely with other organizations.

*“I would just say to expand the communication to schools as much as possible, because sometimes through the school home liaisons, and some of the individuals that we have that are advocates for the children, they do make that very close connection to the families, and sometimes they're the greatest link to supporting what their needs are.” (Immigrants/Refugees)*

*“With the Native American communities, they have a representative that is trusted in the communities and by the tribes. Work closely with them.” (People with Disabilities)*

*“Until we started having an open house and getting the parents down to the center so they could understand what it was about, there was some distance, a lack of trust, concern about the language barrier. We've worked hard to overcome that.” (ESL/Immigrants)*

# Examples of Potential Partner Organizations

- South Dakota Coalition of Citizens
- Department of Social Services, Division of Adult Services and Aging
- South Dakota Alzheimer's Association
- Center for the Active Generation
- Southeastern Behavioral in Sioux Falls
- Tribal and Native American Groups
- Tateya Topa Ho
- National Federation of the Blind
- Multicultural Center of Sioux Falls
- School for the Deaf
- Schools (engage social workers, counselors)
- Churches/Hispanic Ministries

# Many Representatives in Phone Groups Say They Would Volunteer to Help

If SDDH takes the lead, representatives for special populations have a variety of ideas.

*“I think the most effective way would be to contact agencies working with the people with disabilities and provide us with information so that we could educate.” (Mental Disabilities)*

*“Share information with us, provide us with materials that we need to post for clients that come in the door. You know, have a database so you can send out an emergency message to those organizations requesting that they forward it on to their e-mail list.” (Low Income)*

*“I don’t think people realize how much rural communities are using the Internet. Most of these little towns have an Internet provider. The health department could do a lot of banner advertising.” (Rural)*

# Partners Can Help, But SDDH Must Also Conduct Broad Outreach

Partnerships can complement, but not replace, other communication activities.

*“Not every person with a disability is served by agencies, so even though it is important to work through that mechanism, we’ve got to remember that in the general population there are a lot of people that aren’t connected to organizations. I think we have to do both.”*

*(People with Disabilities)*

*“If we’re going to put out those materials, we have to think about what’s in them. I’m thinking of people with cognitive disabilities, the typical wordy information is not going to do for them.”* (People with Disabilities)

*“It is going to be very beneficial and a successful key for the South Dakota Department of Health if it were to use those organizations, our organization to build those relationships with the ethnic community and people in need.”* (Immigrants/Refugees)

# Representatives Say Pre-Event Communications Are Key

## People want information in advance.

*“I think as organizations we can get information out to a variety of people. I’d like to see us do more of that proactively. Getting stuff out on how to prepare versus when something happens.” (People with Disabilities)*

*“I think it’s important for the populations that we work with, to stress you have to have a plan. Where are the emergency phone numbers? Do I have my medical needs handy? The list goes on. We need to have a plan in our homes.” (Seniors)*

## Some organizations may be doing this already.

*“Our sheet is called ‘disaster preparedness.’ It’s something we put into our packets every time we send one out now. Social Services also helped us distribute it last year.” (Seniors/ People with Disabilities)*

# Representatives Have Other Suggestions for SDDH Communications

## Recommendations to consider:

- Coordinate communications.
- Identify media ahead of time.
- Keep language and communications as simple as possible.
- Customize messages to be speak to specific audiences.
- Understand and address cultural differences.
- Include minority languages in communications materials.

# Message Repetition Is Essential

Residents need instruction and reinforcement for what to do in the event of an emergency.

*“There needs to be a recurrence of the information that we’re getting out there. At least in terms of preparedness. Because, for whatever reason, I might not pay attention to it this week, but I will next week. And that’s just reality. We can’t think once we’ve done it, OK, we’re done. We’ve got to have a plan for doing it on a regular basis.” (People with Disabilities)*

*“Patience is a key aspect in getting to our clientele. So many of them have so many medical needs and so forth and it takes a very long time to educate them, even when we work with them every day. So repeating the information to them and the understanding of what they need to do in an emergency it just takes a very long time, so I think that’s huge.” (People with Disabilities)*

# A Variety of Media Outlets and Channels Need to Be Identified in Advance

Representatives say that broad outreach, using a variety of channels, is key.

*“The Department should have a proactive plan on how they’re going to disburse information through the media. Now, the media or that person should be accessible including providing interpreters, providing captioning, providing any type of need, once that’s in place, we will get the information. If we don’t have that plan in place, then we won’t get it.” (People with Disabilities/Hearing Impaired)*

*“It is going to be difficult for a lot of the individuals to understand what’s being presented. The format has to be in such a varied form to meet the comprehension capabilities of the various people.” (People with Disabilities/Hearing Impaired)*

# Communications Materials Need To Be As Simple As Possible

Representatives want language and visuals at an appropriate comprehension level.

*“Keep in mind the language barrier, often times people may also not be able to read their own language so being able to identify their language is one thing but then being able to then identify whether or not they read that language is another piece.” (Refugees/Immigrants)*

*“Keeping the communication as basic and simple as possible is key.” (Seniors)*

*“Cognitive level may not be there for some people with developmental disabilities and to be very clear in what you are saying and make the information as simple as possible.” (People with disabilities)*

# Some Special Populations May Warrant Customized Materials and Messages

If audiences can identify with materials, they will be more effective.

*“I’ve heard too many ads that just don’t relate to the people. They don’t tick into the local language. It’s much easier, you have a much better response if you do an air time at the post to just putting something canned that is on all of the others – it’s not, I guess, for lack of a better word, (nativized), it’s not made specifically for the population you are trying to reach.” (Native American)*

*“Many of our pre-literate and non-literate learners may not even be clued into how print and even visual images are used in a society to convey information. They do not understand how pictures can be used to convey messages.” (Immigrants/Low income)*

*“Imagine going to a different country and you don't understand the way they do things and they force it on you. You're not going to be very comfortable no matter how much help you need.” (Immigrants/Refugees)*

# Representatives Suggest Several Ways to Address Cultural Differences

Addressing cultural differences is important in preparing.

*“We should educate ourselves more about the people we are serving. It's very important to understand the need for the people coming to our community, we have to look indoors and not only in our point of view.”  
(Native American/Refugees)*

*“Whether you're looking at the Native American population or the disabled population or the refugee or immigrant population, I think that the best way to find out what they need is to ask them.” (Refugees/Immigrants)*

*“Learners from African countries have no print tradition to their language. They may not understand pictures. What's the point of these little pictures? How do they relate to me?” (ESL/Immigrants)*

# Conclusions

1. Communication plans need to include alternatives in media (using more than traditional news) and format (various languages and literacy levels).
2. Given the hardiness of South Dakotans and the day-to-day concerns of special populations, the challenge in public preparedness is to make threat scenarios real and relevant.
3. Special populations with chronic health problems and in remote areas may face unique risks in an emergency.
4. Organizations that serve SD special populations are open to the idea of partnering with officials. They caution that this can not be the sole plan for communicating with residents and that pre-event communications are important.

# Recommendations

- **Develop Emergency Preparedness Materials**
  - Materials for pre-event education and for emergency response, i.e., checklists and specific information about what to do during a flood, tornado, winter storm, flu outbreak etc.
  - Emergency contacts for each county (health department, civil defense, etc.), names of shelters and available transportation.
- **Develop Special Needs Materials**
  - Materials written in Braille or on tape for the blind.
  - Materials in large print for elderly or seeing impaired.
  - Materials for non-English speaking residents.
- **Create a CD or DVD**
  - Emergency preparedness guide to distribute to health departments to educate themselves on how better to help their community.
  - Emergency Preparedness Materials that can be customized, printed and distributed.