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2017 Model Practices

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Model Practice Title

Please provide the name or title of your practice: *

San Diego County Risk Communication Plan: Targeted outreach to diverse language communities to form a partner-relay communication syste

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- ☐ Access to Care
- ☐ Advocacy and Policy Making
- ☐ Animal Control
- ☑ Coalitions and Partnerships
- ☑ Communications/Public Relations
- ☑ Community Involvement
- ☑ Cultural Competence
- ☑ Emergency Preparedness
- ☐ Environmental Health
- ☐ Food Safety
- ☐ Global Climate Change
- ☑ Health Equity
- ☐ HIV/STI
- ☐ Immunization
- ☐ Infectious Disease
- ☐ Informatics
- ☐ Information Technology
- ☐ Injury and Violence Prevention
- ☐ Marketing and Promotion
- ☐ Maternal-Child and Adolescent Health
- ☐ Organizational Practices
- ☐ Other Infrastructure and Systems
- ☐ Organizational Practices
- ☐ Primary Care
- ☐ Quality Improvement
- ☐ Research and Evaluation
- ☐ Tobacco
- ☐ Vector Control
- ☐ Water Quality
- ☐ Workforce
- ☐ Conference Theme: Bridging Clinical Medicine and Population Health

Other::

Is this practice evidence based, if so please explain. :

The recommended practice for effectively reaching diverse and isolated communities centers on developing partnerships with trusted sources in the target communities before an emergency occurs (Andrulis, Siddiqui, & Gantner, 2007; Minnesota Department of Health, Office of Minority and Multicultural Health, 2012; Rowel et al., 2009; U.S. HHS, Office of Minority Health, 2011). Sources ranging from federal agencies and local health departments, to community based organizations recommend that local governments identify and develop relationships with both formal and informal leaders of Limited English Proficient populations in their communities who can serve as gatekeepers and trusted sources of information for at-risk populations in the event of an emergency (Minnesota Department of Health, Office of Minority and Multicultural Health, 2012; Office of Public Health Preparedness and Response, Division of Emergency Operations, 2011).

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly.Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *

- ☐ Food Safety
- ☐ HIV in the U.S.
- ☐ Nutrition, Physical Activity, and Obesity
- ☐ Tobacco
- ☐ Healthcare-associated Infections
- ☐ Motor Vehicle Injuries
- ☐ Teen Pregnancy
- ☑ None

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Please use this portion to respond to the questions in the overview section. : *

In support of the Live Well San Diego Strategic vision, the County of San Diego has committed to helping all communities and residents with health and emergency preparedness information in a linguistically and culturally competent manner. San Diego is California's second largest county and the sixth largest county in the United States, based on population. Located on the border of the United States and Mexico, and serving as home to immigrants from numerous other countries, San Diego County has one of the state's more culturally diverse populations. Over 400,000 (12.5%) of the county's residents speak a language other than English at home and report that they speak English less than "very well" (County of San Diego, 2012). Of those who speak English "not well" or "not at all," nearly a third report that they are not prepared for a disaster (UCLA Center for Health Policy Research, 2009). Additionally, the County's geography makes it prone to earthquakes and wildfire, creating a need for a robust disaster warning and communication system. Communicating with this large and diverse population presents a complex challenge. The County must be prepared not only to communicate with residents in the appropriate languages, but also to communicate with them in an effective and culturally competent manner. In the event of a natural disaster or public health emergency, communicating with Limited English Proficient (LEP) populations is paramount and one of the most important goals of the County of San Diego, Office of Emergency Services (OES) and Public Health Services (PHS). Since November 2012, OES and PHS have collaborated on efforts to improve communication with LEP populations by engaging with community leaders to create a "Partner Relay" with trusted, diverse community organizations who have agreed to share critical information in various languages during emergencies. In order to develop this trusted network of community partners, many activities have taken place, such as a 2013 forum in which community members and leaders representing eight different language communities (Arabic, Chinese, Karen, Korean, Somali, Spanish, Tagalog, Vietnamese), provided feedback on communication preferences, trusted information sources, and outreach recommendations. Based on the recommendation to utilize existing networks to disseminate information, the County OES and PHS have reached out to community leaders, houses of worship, refugee resettlement agencies, media, non-profit organizations, and civic groups serving LEP populations (all named by the community as trusted partners) and invited them to become members of the "Partner Relay." Since 2013, over 300 individuals have agreed to join. The Partner Relay utilizes an invitation only, online communication platform supported by the Office of Emergency Services. In order to establish regular communication with the Partner Relay organizations, OES and PHS have organized quarterly drills to practice using the platform and have identified community leaders "Language Champions," who provide ongoing feedback and recommendations. These Language Champions have agreed to be contacted 24-7 in the event of an emergency. OES and PHS also hold trainings 3 times per year to provide valuable information related to timely public health and emergency preparedness topics and to maintain consistent communication with the Partner Relay organizations. These trainings accomplish several goals by: providing information on timely emergency preparedness and public health topics, providing resources on where to get trusted up-to-date information, training on how to use various communication platforms and asking agencies to partner with the County of San Diego in this effort by joining the Partner Relay. Local health department website: http://www.sandiegocounty.gov/hhsa/

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR **(2) a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)

  - What is the target population size?
  - What percentage did you reach?

- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?

  - Is it new to the field of public health
    OR
  - Is it a creative use of existing tool or practice:
    What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Sharing information with LEP communities is a universal challenge. Unfortunately, agencies cannot rely on computer programs to translate sensitive information into multiple languages because any mistake could have serious consequences. Several publications on communication with culturally and linguistically diverse populations highlight community engagement as one of the most important steps to creating a successful communication strategy. Engaging community members in the planning, design, and implementation of communication plans fosters community buy-in and support, ensures that strategies are culturally and linguistically appropriate for target communities, and allows for the development of relationships with community liaisons that can be leveraged across a number of health and emergency communication efforts. Research establishes that community participation strengthens emergency preparedness, response, and recovery for at-risk populations (Rowel, Sheikhattari, Barber, & Evans-Holland, 2009). Community representatives can help develop and vet educational materials, language services, emergency messages, dissemination strategies, and ensure the quality of translation and interpretation services (U.S. Department of Health and Human Services, Office of Minority Health, 2011). In addition, community participation is essential for the dissemination of essential emergency information through channels and media that County agencies may not be able to access directly. The U.S. Centers for Disease Control (CDC) identifies three steps that agencies should take in carrying out a community-centered approach to communication: 1) define, 2) locate, and 3) reach the target population. The County of San Diego has taken many of the recommended steps to define and locate target populations, including collecting population-level information; identifying organizations and key contacts within target communities; facilitating discussions with key contacts; and creating maps that identify community resources, such as shelters, community centers, local service groups and neighborhood response networks (CDC, 2010; Lemyre, Gibson, Zlepnig, Meyer-Macleod, & Boutette, 2009). The recommended practice for effectively reaching diverse and isolated communities centers on developing partnerships with trusted sources in the target communities before an emergency occurs (Andrulis, Siddiqui, & Gantner, 2007; Minnesota Department of Health, Office of Minority and Multicultural Health, 2012; Rowel et al., 2009; U.S. HHS, Office of Minority Health, 2011). Sources ranging from federal agencies and local health departments, to community based organizations recommend that local governments identify and develop relationships with both formal and informal leaders of LEP populations in their communities who can serve as gatekeepers and trusted sources of information for at-risk populations in the event of an emergency (Minnesota Department of Health, Office of Minority and Multicultural Health, 2012; Office of Public Health Preparedness and Response, Division of Emergency Operations, 2011). Grassroots Risk Communication System – the "Partner Relay": The County of San Diego has established a Grassroots Risk Communication system – the "Partner Relay" which is a partnership that enables public health and emergency management practitioners to involve faith-based, community-based, and business organizations serving low-income and/or monolingual non-English speaking populations, in risk communication activities during imminent danger (warning), response and recovery phases of disaster. A partner relay that continuously delivers important messages to the community, particularly vulnerable populations, may overcome many of the communication problems that exist among this group. Working with community-based organizations could lead to new strategies for preparing limited English proficiency communities, especially low-income populations, for disasters and other daily crises. In the partner relay, faith and community-based organizations and businesses that serve diverse populations in the county are identified and have agreed to help with risk communication activities that reach various cultural and linguistic groups. These partners indicate that they will serve as a point of distribution for risk communication materials in the event of a disaster or public health threat. The partner relay utilizes an online communication platform to share information. San Diego County is one of the first Counties utilizing this approach and is having successful outcomes. Further, there is no standard prescription for creating a partner relay and relays will have unique strategies to respond to their communities' preferences. San Diego County utilizes an online information sharing platform, the social media site: Ready San Diego Partner Connection, supported by the OES. It serves as a central two-way communication forum for agencies to interact with the Emergency Operations Center during an emergency. The site is updated throughout the duration of an emergency and members have agreed to translate this information into various languages and share it with their communities. From 2013 to present, over 300 community leaders have agreed to join the partner relay. Since July 2015, the County of San Diego HHSA-PHS and OES organized 9 emergency preparedness trainings and 4 communication drills for agencies serving the target communities. Over 200 individuals have participated representing government, clinical, educational, community-based, faith-based, and relief organizations. In addition, 9 respected community leaders have agreed to serve as "Language Champions," and in this role they will provide feedback on the project, make recommendations for new partnerships and serve as key contacts during actual emergencies. Trainings and efforts to build the network and maintain these critical relationships will continue indefinitely. References Andrulis, D. P., Siddiqui, N. J., & Gantner, J. L. (2007). Preparing Racially And Ethnically Diverse Communities For Public Health Emergencies. Health Affairs, 26(5), 1269–1279. doi:10.1377/hlthaff.26.5.1269 Lemyre, L., Gibson, S., Zlepnig, J., Meyer-Macleod, R., & Boutette, P. (2009). Emergency preparedness for higher risk populations: psychosocial considerations. Radiation Protection Dosimetry, 134(3-4), 207–214. doi:10.1093/rpd/ncp084 Minnesota Department of Health, Office of Minority and Multicultural Health. (2012). Evaluation and Recommendations for Emergency Communication Strategies to reach Limited English Proficient Populations. Rowel, R., Sheikhattari, P., Barber, T., & Evans-Holland, M. (2009). A Guide to Enhance Grassroots Risk Communication Among Low-Income Populations. Maryland Department of Health and Mental Hygiene. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Strategic and Proactive Communication Branch. (2009, April). Simply Put: A guide for creating easy-to-understand materials. Retrieved from http://www.cdc.gov/healthliteracy/pdf/simply_put.pdf U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Retrieved from http://www.health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf U.S. Department of Health and Human Services, Office of Minority Health. (2011). Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other

outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
  - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

Community Collaboration is essential to this project and the foundation for its success. Initial community engagement began on May 28, 2013, when San Diego State University Graduate School of Public Health and the County of San Diego, Health and Human Services Agency and the Office of Emergency Services, hosted a one-day forum with local stakeholders, community leaders, and community members to seek input on how to better share preventive and emergency information to residents with limited English language skills. The one-day forum provided invaluable information and recommendations that have shaped subsequent activities. The Community leaders and members made suggestions and recommendations about actions that may be taken by San Diego County to either spread health messages or prepare for disasters. The most common recommendation was to utilize existing networks to disseminate information about prevention, emergency preparedness, and emergency communications through schools, libraries, CBOs, refugee assistance organizations, local markets, and religious organizations. The County of San Diego Health and Human Services and Office of Emergency Services has met with and recruited over 300 individuals representing non-profit organizations, houses of worship, and refugee resettlement agencies to assist in public communication during disasters and public health emergencies. The office has meet with 17 ethic media outlets, including Univision, Radio Latina, Korea Daily of San Diego, Filipino Press, Epoch Times (Chinese newspaper), and Tien Nuoc Toi Radio (Vietnamese radio). In addition, the County has partnerships with 17 faith based organizations/houses of worship, 15 organizations serving the homeless population, and over 70 community based organizations. These partners have agreed to assist the County by translating and disseminating critical disaster, safety and health information to residents who are monolingual non-English speakers or may be homeless. No money is exchanged. This partner relay system will facilitate the delivery of potentially lifesaving information to vulnerable residents by mobilizing community leader volunteers. Staff time within Public Health Services and the Office of Emergency Services is utilized to coordinate the effort. This program provides a valuable service through partnerships rather than paid contractors. The community forum and focus groups hosted by the County and partner agencies were a significant success. Many participants expressed gratitude for San Diego County's leadership in preparing LEP community members for emergencies, and a couple of groups suggested that this topic was particularly relevant to their community. Cultural differences and historical experiences for each group highlight the complexities of creating a system for touching some of these hard to reach populations. The greatest and most critical finding that came out of these focus groups is just how much these community members rely on each other. This illustrates the importance of partnering with community-based agencies that are known and trusted by the communities they serve.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
  - List any primary data sources, who collected the data, and how (if applicable)
  - List any secondary data sources used (if applicable)
  - List performance measures used. Include process and outcome measures as appropriate.
  - Describe how results were analyzed
  - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

From the 2013 forum, a summary was produced of the focus group findings (available upon request) for the 8 language communities. This summary informed the subsequent activities. For instance, it was apparent that among all communities, individuals rely on each other for support, whether for sharing important information or for the emotional strength needed to face challenges, particularly as a group that feels disadvantaged in an English speaking society. All cultural groups expressed that they trust their own social networks, mostly close friends and family, as well as community-based organizations. This critical finding, coupled with national recommendations, was the impetus of the partner relay. This project has utilized process evaluation in terms of documenting the number of partners who have joined the partner and the number of participants at the initial forum and subsequent trainings and drills. Qualitative data has been collected through training and drill evaluations. From 2013 to present, over 300 community leaders have agreed to join the Partner Relay. Since July 2015, the County of San Diego has organized 8 emergency preparedness trainings and 4 communication drills for agencies serving the target communities. Over 250 individuals have participated representing government, clinical, educational, community-based, faith-based, and relief organizations. In addition, 9 respected community leaders have agreed to serve as "Language Champions," and in this role they provide feedback on the project, make recommendations for new partnerships and serve as key contacts during actual emergencies. The trainings have received positive evaluations from participants. One participant shared the following: "For the Mexican Consulate, it is of the utmost importance to disseminate this type of information to our community to get prepared for any contingency that may arise in the future. For this reason, we celebrate San Diego County's efforts to create resilient communities," Victor E. Corzo, Head of the Consular Protection and Legal Assistance Department, Consulate General of Mexico in San Diego. Recently, the California State Association of Counties acknowledged the efforts of this project though a "Merit Award" as part of their annual statewide program honoring innovation and best practices in county government.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
  - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

This is a constantly evolving project that relies fundamentally on strong relationships with the community. Building these relationships requires patience, time and a high level of cultural sensitivity. Since approaching these communities in 2012, the County has welcomed ongoing feedback from community leaders on how to engage with vulnerable populations. For instance, there are varying levels of trust among community members toward governmental agencies. Understanding that community members may prefer to receive risk communication from trusted sources, such as community leaders, rather than the County, is a key component of this project. Since beginning outreach efforts in 2012, and throughout all the community feedback sessions and trainings to date, emergency preparedness has been identified as a priority for every community. There is a great interest in partnering to serve the most vulnerable, isolated populations. Among many lessons learned, the community has expressed the following: 1) during emergencies, individuals turn to one another for information; 2) social networks are critical in relaying information; 3) and community-based organizations are viewed as trusted sources of information and are relied upon during emergencies. Building the partner relay takes time, due to the importance of building trusting relationships with partner agencies and the communities they serve. Trainings and efforts to build the network and maintain these critical relationships will continue indefinitely.

Additional Information

How did you hear about the Model Practices Program:: *

- ☐ I am a previous Model Practices applicant
- ☐ At a Conference
- ☐ NACCHO Website
- ☐ Public Health Dispatch
- ☑ Colleague in my LHD
- ☐ Model Practices brochure
- ☐ NACCHO Exhibit Booth
- ☐ NACCHO Connect
- ☐ Colleague from another public health agency
- ☐ E-Mail from NACCHO
- ☐ NACCHO Exchange