



Leveraging Community Partnerships for Delivering Messages and Impacting Outcomes

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Significance of Risk Communications



Health Communications During Crises

- The Environment
 - Perception of risk
 - Lifecycle of the news
 - Immediacy
 - Evolution of the information
 - Role of Social Media
 - The “Blame Game”
- What works:
 - Be first, be right, be credible
 - Give actionable recommendations
- What doesn't work:
 - Science gobbledigook
 - Mixed messages



H1N1

- Poor vaccination rates in African-American males
- COMMUNICATION and TRUST
 - Spokesperson matters
 - Message matters
 - Accessibility matters

Results from “Qualitative Assessment: H1N1 Vaccination Campaign Participation by African Americans in Wake County, Strengthening the Black Family, Inc and Wake Co Human Services, 2010.



The Trusted Leaders in the Community Project (TLC)

The Trusted Leaders in the Community program aims to enhance **community resiliency** and streamline **community outreach** by bringing together a network of public sector and community partners who work together through **mutually beneficial relationships** that ensure all North Carolina communities are prepared for and able to respond to all types of emergencies that threaten the health of the public.



Vision

- A system of systems to provide effective public health preparedness communications, especially for at risk populations
 - State and local government partners
 - Trusted leaders and other sources of information
- Address cultural competency concerns in communicating with specific communities
- Empower communities and enhance resiliency during disaster

“To get right message to right people at right time”



Partnership Opportunities

- Receive accurate, timely and relevant health preparedness information
- As trusted sources within your community, share preparedness information with constituents to enhance personal preparedness and community resiliency
- Provide feedback on preparedness materials and communication strategies to ensure messages are received and understood by all constituents



Program Workshop Objectives

- Enhance cultural competency and relevancy of various public health preparedness messages
- Identify significant obstacles to reaching different community groups with timely and relevant preparedness information
- Identify effective channels of communication to maximize community awareness and action

Q1: Help us identify the primary communication methods your constituents use to receive news and other important information

Representatives from minority advocacy groups: refugees, farmworkers, HIV/AIDs advocates, & community health center

Word of mouth: firefighters, community leaders, HCP, neighbors, local businesses, case managers, outreach workers, religious leaders, teachers, local radio stations (incl. foreign language), community centers, community-based newspapers, DJs

“Anywhere that invites us”

Emailed and in-person presentations

Websites with multi-lingual and culturally competent resources for *trusted leaders*

Representatives from a Senior advocacy group and Local Health Departments

Printed flyers and newspaper articles/notes, magnets, fax, utility bills, rX pads and bags

Support Groups

Social media, community email/chat list, webinars

TV and radio

Email and texts

LED sign (?)



Q3: *What are the best communication methods to reach you and other trusted leaders?*

- Emails (with key words, clear action steps, flag “Action Required,” follow up call or text)
- Texts
- Face-to-face meetings (use scheduling tool, different state locations, group size optimization) → annual TLC update meeting, or perhaps four regional office meetings
- NO conference calls or meeting fatigue
- Give feedback to partners and acknowledge their efforts
- Go through local health directors/PCs and health alliances
- Use existing systems and organizational structures



GROUP DISCUSSION

- We will give you three scenarios and associated draft messages crafted for your input
- These messages are not complete nor are they “real”, even though they are based on real events. They are crafted to generate discussion and to get your feedback on language and content. There may be some technical errors, please try to ignore them
- **We are particularly interested in your feedback on the language and the cultural context**
- **When you look at these, ask:**
 - Are the words “right”? Could I say them to my constituents/clients? (Give us feedback about which words to use and which ones to avoid)
 - Do these messages generate trust and enable people to follow directions, or will they generate fear and distrust?



Communication Strategies

- What are the primary communication methods your constituents and community use to receive news and other important information?
- What are ways you and other trusted leaders receive important information, for example: are you part of existing networks, advisory committees and workgroups, and will it be better for us to go through these groups to communicate with you?

Currently

- Ebola:
 - Community Engagement Team embedded within the IMT
 - Ebola Community Outreach Toolkit was developed for partners working with West African populations
- TLC Listserv:
 - Flooding and wildfire messages sent out
- Refugees and Immigrants:
 - Partnership with the Refugee Advisory Council
- Creating a “playbook” for Local Health Departments and Districts
- Incorporating TLC in exercises

Questions?

