

## **Community Communication Network Vulnerable Populations Action Team (VPAT)**

Public Health - Seattle & King County has formed a Community Communication Network (CCN) to reach individuals who may not or cannot access information from traditional sources that serve the general public. The Community Communication Network is a partnership between Public Health and community-based organizations and community leaders in order to disseminate essential health-related information in an emergency to hard-to-reach, vulnerable residents. Public Health recognizes that without the information and assistance of community-based agencies serving vulnerable individuals and communities, notification efforts will not be successful.

**Goal:** The goal of the CCN is to ensure that in the event of a public health emergency, communication channels are in place and that the CCN members are able to notify individuals within their appropriate communication channels.

**Secondary Goal:** Establish a mechanism to communicate Public Health information (i.e., health education, grant opportunities, immunization clinics, etc) to community based organizations in day to day situations.

Efforts are being focused on partnering with community based organizations that serve the vulnerable populations (identified in the VPAT population segments listed below) for inclusion in the Network:

- Physically disabled
- Blind
- Deaf, deaf-blind, hard of hearing
- Seniors
- Limited English proficient
- Children
- Homeless and shelter dependent
- Impoverished
- Undocumented persons
- Mentally Disabled
- Medically Dependent, Medically Compromised
- Chemically Dependent
- Clients of Criminal Justice System
- Emerging or Transient Special Needs

### **Responsibilities of Public Health**

- Provide Communication Network members (via email and fax) with timely and factual information and instructions throughout the response and recovery phases of an emergency.
- Involve member agencies and individuals in the ongoing development and enhancement of the Communication Network.
- Maintain accurate community agency contact information.
- Develop and maintain a mechanism for soliciting and receiving communication from community agencies during an emergency.
- Solicit information and updates regarding community needs from agencies during an emergency response.

## **Categories of Health Messages**

Organizations can choose their level of participation. Options include receiving both categories of Health Messages or Health Alerts only.

- **Health Alert**: conveys the highest level of importance; warrants immediate action or attention. After hours contact information may be used to contact organizations.
- **Health Advisory**: provides important information for a specific incident or situation.

## **Role of Community Based Organizations**

Public Health recognizes that participation is purely voluntary and that organizations may not be able to fully meet all of the requests made by Public Health during the disaster.

CBO participants in the CCN will:

1) **Receive** timely health and safety information from Public Health.

- AfterHours Contact\*- VPAT is asking for after hours contact information for key leaders in organizations in case an emergency occurs outside of the normal work week.
  - Only in the event of an emergency/Health Alert status would after hours contact information be utilized.
- CBOs would receive Health Advisories via their regular contact information.
  - Pertains to both categories of messages.

2) **Redistribute** to staff, volunteers, partner/like agencies, residents/clients timely health and safety information as appropriate and throughout an emergency;

3) **Report** to Public Health (as appropriate) the needs of staff, volunteers, partner/like agencies, residents/clients, and/or report essential situational information (be the “eyes and ears” for Public Health) to facilitate response and recovery during an emergency.

- Pertains to emergency/ Health Alert situations only.

## **Communication Pathways**

Communication pathways for **receiving** and **redistributing** health and safety information include:

- Fax
- E-mail
- Phone call (land line, cell, after hours)
- Website (Public Health, media, other responding agencies, RPIN)
- Media – ethnic and larger public (broadcast, print, EAS, weather radio/NOAA)
- Other
- Post and distribute throughout neighborhood (retail and public locations)
- Door-to-door
- Other (translate – language, ASL, Braille, alternate formats)

\*Public Health - Seattle & King County is a public agency and must make records available when required by Washington's Public Records Act (PRA). The PRA does not authorize agencies to provide access to lists of individuals requested for commercial purposes.

*Please email or fax completed forms to [robin.pfohman@kingcounty.gov](mailto:robin.pfohman@kingcounty.gov) or fax to 206. 296.0629, Attn: Robin Pfohman.*

## COMMUNITY COMMUNICATION NETWORK: AGENCY EMERGENCY CONTACT INFORMATION

Because your agency is a member of the Community Communication Network, Public Health-Seattle & King County may need to contact you during work time or after-hours in the event of an emergency. Please refer to the COMMUNITY COMMUNICATION NETWORK document if you have questions or contact robin.pfohman@kingcounty.gov.

*Personal contact information will not be shared and would only be utilized in the event of an emergency.*

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Name of agency:

Address:

Phone number:

Number of paid staff:

Number of unduplicated clients and client demographics (please be as descriptive as possible):

Geographic area(s) served:

### Primary contact person

Name:

Title:

Work Phone:

Work Email:

Work Address:

Cell Phone:

After-Hours/Personal Email:

After-Hours/Home Phone:

### Secondary contact person

Name:

Title:

Work Phone:

Work Email:

Work Address:

Cell Phone:

After-Hours/Personal Email:

After-Hours/Home Phone:

If translated information were available, please indicate which language(s) would be relevant to your organization?

Please choose the communication format(s) you prefer and indicate your first choice:

Email\_\_ Fax\_\_ Phone\_\_ Other (*please describe*):\_\_\_\_\_

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