Question 1 and 4:

What unique tools and resources does your state have to address the emergency management needs of your residents with disabilities?

Recognizing the catastrophic nature of a 7.0 earthquake and the number of people who speak languages other than English, the Utah Department of Health (UDOH) in cooperation with the Division of Emergency Management (DEM) created the Real Time Information Network for Refugees in a Disaster (RTIN). It was determined that it was impossible to create “scripts” in 50+ languages that would cover all of the contingencies associated with an earthquake of that magnitude. Attached is a summary of the program:

**Executive Summary**

There are approximately 50,000 refugees living in Salt Lake County, more are resettled each year, and it is estimated that over 50 languages are spoken. The Refugee Services Division of the Utah Department of Workforce Services requested that the Utah Department of Health develop a way to define, locate, and communicate in refugee languages in an emergency. A multi-agency taskforce was formed to study the problem. The Division of Emergency Management takes the lead in the program. In a Disaster, the Division of Emergency Management PIO contacts the Refugee Services Office Liaison who contacts Community Leaders who are fluent in English who then contact their members. UDOH oversees and consults. In the event of a health emergency UDOH acts as liaison between Local Health Departments and the Office of Refugee Resettlement.

Advantages of the program: 1. Collaboration and communication between state agencies. 2. Collaboration and communication with Refugee Community leaders. 3. Dissemination of disaster information quickly, in refugee languages, without the need for pre-translating “canned “messages.

**Real Time Information Network for Refugees in a Disaster**

Reaching every person in a community in a disaster is the responsibility of Emergency Management. It is essential to get the right information to the entire population rapidly so that every person is able to make choices for their health and safety. To do this, emergency preparedness planners must know the community: what subgroups make up the population, where they live and work, and how to best communicate with them.

**Federal Mandate**

The Pandemic and All Hazards Preparedness Act (PAHPA) of 2006 requires the Department of Health and Human Services to integrate the needs of at-risk individuals including people with Limited English Proficiency (LEP) on all levels of emergency planning, ensuring the effective incorporation of at-risk populations into existing and future policy, planning, and programmatic documents. PAHPA singles out risk communication and public preparedness as essential public health security capabilities, and it makes state and local preparedness awards contingent upon an explicit mechanism, such as an advisory committee, to obtain public comment and input on emergency plans and their implementation.

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| **Limited English Proficiency (LEP)**People who do not speak English as their primary language or have limited speaking, reading or writing ability are said to have “Limited English Proficiency” (LEP). Executive Order 13166, August 2000 “Improving Access to Services for Persons with Limited English Proficiency,” states that LEP populations qualify for the same anti-discrimination protection designated for race, color, or national origin under Title VI of the Civil Rights Act. Title VI regulations forbid government funding recipients from restricting program benefits to individuals facing linguistic challenges with respect to a particular type of service, benefit or encounter. Language and literacy must be considered in the development of emergency messages. To ensure that everyone can understand the information and follow directives, information must be culturally and linguistically appropriate and accessible to everyone.  |

**Lessons from Past Disasters**

One lesson learned from the response to Super Storm Sandy is that traditional methods of communicating health and emergency information during a disaster fall short of the goal of reaching everyone in a community. State and local officials must design culturally competent risk communication campaigns that use respected, trusted, and culturally competent messengers. Risk communication and emergency planning activities need to include all segments of the population to ensure their voices are heard and incorporated.

In Utah, where approximately 50,000 refugees live along the Wasatch Front, the need for an efficient and effective way to communicate better with *all* residents is critical. Many refugees are fluent in English, but many are not.

Given this great need, the Refugee Services Division of the Utah Department of Workforce Services requested that the Utah Department of Health prepare a procedure that defines, locates, and communicates with refugees in an emergency. The plan has been incorporated into the State Emergency Operations Plan and the Utah Department of Health Emergency Operations Plan.

**Real Time Information Network**

A task force comprised of members of Utah Department of Health, the Division of Workforce Services /Office of Refugee Services, the Division of Emergency Preparedness, and several Utah refugee community organizations was formed. The taskforce determined that the best way to include refugee communities in emergency communication was to develop a Real Time Information Network (RTIN) – a network consisting of emergency managers and refugee community leaders. Trusted leaders are individuals who are respected members of the community, invested in their community’s well-being, are prepared and willing to help, and willing to work with emergency planners to communicate with their communities in a disaster. Utilizing these trusted agents is the key to disseminating information quickly and in a linguistically/culturally appropriate manner.

Each of the member agencies of the RTIN Taskforce has specific responsibilities.

**Division of Workforce Services /Office of Refugee Services**

The Office of Refugee Services (ORS) has provided a list of refugee community organizations with leadership and contact telephone numbers. The leaders are fluent English speakers and are in contact by text and telephone with their organizations members. They are the people in their community who can reach and motivate: they are the trusted sources of information within their communities. It is understood that as new populations arrive in Utah, new refugee groups will be formed. It is also understood that the leadership and contact information of the groups may change. The ORS has appointed a liaison to work with the Division of Emergency Management. The liaison updates the contact list of trusted individuals on a quarterly basis and submits the list to the Division of Emergency Management Public Information Officer (PIO).

**The Division of Emergency Management (DEM)**

The Division of Emergency Management, office of the PIO, is responsible for disseminating information in a disaster and has agreed to act as the lead agency in this initiative.

In an emergency, the DEM PIO includes the ORS liaison in the dissemination of disaster news releases and preparedness information notices. This liaison contacts the representative of each refugee community for the purpose of communicating disaster information that is simultaneously released to the general population.

The DEM PIO works with the liaison to schedule exercises in non-emergency situations. The objective of the exercises is to:

1. Establish an emergency communication network of trusted individuals within the refugee populations
2. Update and test the contact information
3. Insure that the network can be employed rapidly and effectively.
4. Provide information to help prepare refugee communities.

**Refugee Community Leaders**

It is the responsibility of the Refugee Community Leaders to 1. Maintain a contact list of the members of their communities 2. Contact those members when instructed by the ORS liaison for the purpose of relaying the emergency information 3. Participate in exercises.

The attached document provides contact information for Refugee Community Leaders within each community. Where possible, each refugee community has several community representatives’ contact information listed. This allows for back-up individuals, should the primary contact be unreachable or no longer living in Utah, etc. There is no need to contact all of the representatives from a particular community, as long as contact is made with one on the list who will be charged with the assignment of disseminating the information to the rest of the community members.

**State Department of Health (UDOH)/Bureau of EMS and Preparedness**

It is the responsibility of the Utah Department of Health/Division of EMS Preparedness and the office of Preparedness for People with Access and Functional Needs to serve as a consultant to the Division of Emergency Management PIO in matters of Cultural and Linguistic Accessible Services.

In the event of a health emergency which results in the activation of the Utah Department of Health Emergency Operations Center, but not the state EOC; the UDOH PIO, or designee, assumes the responsibility of contacting the ORS liaison.

**Summary and benefits**

The Real Time Information Network for Refugees in a Disaster (RTIN) provides a way to communicate with refugees quickly in an unlimited number of languages. It can be replicated in every jurisdiction small and large, and requires no funding. As a benefit, agencies and CBO’s who often do not communicate work together.

Questions 2, 3, and 5: Utah has insufficient data and experience to answer these questions.

Question 6:

Does your state maintain a disability emergency assistance registry? If so, what has been your states experience at the state and local level either positive or negative. If the past experience with your state’s registry has been poor, what changes have you recommended or implemented?

The Utah Division of Emergency Management (DEM) has maintained a “Special Needs Registry” for over 15 years. Our experience has been negative. Despite attempts to make it acceptable, and periodic campaigns to encourage registration, the registry currently has captured less than 10% of People with Access and Functional Needs and other Disabilities. The Utah Department of Health (UDOH) makes available certain de-identified data, for example EmPower, that comes from federal sources. Although this data captures more individuals it too is not adequate and requires additional refining. Much has been written about the problems with registries and need not be repeated here.

Question 7:

Does your state’s office of emergency management have a state-level disability integration advisor (that does not work for FEMA)?

No. No such office or designation exists in Utah. Rich Foster at UDOH unofficially acts in this capacity, and works in cooperation with FEMA and Utah DEM.