Crisis Standards of Care
Public Communication Task Team
Technical Assistance Panel Meeting
May 18, 2023
9:00 am -11:00 am

Meeting Notes

Meeting Materials:
- Agenda
- Working Public Communication Draft

Agenda:
9:00 am – Discuss Joint Meeting Feedback
9:05 am – Review Guidance Draft – Identify Gaps
10:55 am – Wrap Up
11:00 am – Adjourn

Attendees
Public Communication Task Team members: Ami Hyten, Topeka Independent Living Resource Center; Monica Cissel, Sedgwick County Department on Aging and Central Plains Area Agency on Aging; Irene Caudillo, El Centro

KDHE: James Roberts, Ed Bell, Rebecca Adamson

KHI Staff: Hina Shah, Emma Uridge

Changes to the Public Communication Guidance Section
The group discussed both Phase I and Phase II sections of the guidance. Bullets reflect changes made and discussion.

Section: Communication Systems:
- **One Uniform Message.** The groups emphasized the need for "One Uniform Message" when conveying crisis-specific information.

Section: Steps to build capacity for crisis:
- **FEMA Training Link.** FEMA training is online, and prerequisites are offered for PIOs. Some training and information are available online and noted in the guidance.

Section: Steps to build capacity – conventional:
- **Provider Surveyor Training.** Joint LeadingAge Kansas/KDADS training was questioned to be relevant for this guidance. Monica indicated KHCA associations may be interested in developing public communication training for long-term care facilities and other providers in the future.
- **Community-based Organizations Collaborate and Coordinate**. Ensuring that the right information about COVID was shared in a way that resonated with diverse communities. This involved understanding the languages and cultural context of different groups and effectively relaying the messages to them. Collaboration and coordination among community-based organizations played a crucial role in this effort. This idea was reflected in the guidance.

- **American Disabilities Act (ADA) compliance.** The group discussed how ADA has requirements and that cultural and linguistic needs are factored in; but emphasized translation may not ensure messaging is understood. The ADA has a minimum standard and may not be effective.
- **Culturally and linguistically responsive.** Messages being culturally and linguistically responsive were added and reflected throughout the document.
- **Community Partner Identification.** Building capacity involves identifying community partnerships as a conventional approach.

Section: Communication Team
- **Point of contact position.** For the last paragraph, noting that specific care and social work positions can be used to transport patients was kept but may be moved to a more applicable guidance section.

Section: System Administrators
- **Local Emergency Planning Committee (LEPC).** The task team recognized that the LEPC is not composed of administrators but rather emergency-focused partners. The aging sector in Sedgwick County actively participated due to the significant impact on that population.
- The LEPC functions as a closed internal communication group, with discussions and information not accessible to the public.

Section: Collaborating Organizations
- **Hospital Liaison.** Hospital liaison and hospital member facilities were indicated as needing to be involved more with communication and were moved up to partnerships since guidance may be read as a hierarchy.
- Local Health Education Groups were also added to list.

Section: Modes of Communication
- **Community Websites.** The group selected specific community websites as examples to be included in the guidance.

Resource Load Balancing
- **Open Lines of Communication.** The group added a conventional capacity building item: ensure open lines of communication to corporate leadership. Facilities will need to identify a corporate point(s) of contact.
- Local RLB-related information is driven by the specific locality and falls under their continuum of operations plans.
- **Questions for PIO.** The group looked at questions to consider for the PIO to have on hand regarding resource load balancing. Some of the questions included:
  - What is the current impact on the community from this crisis?
  - What is the duration of this crisis and how long will services be delayed or paused? *Example: COVID-19; elective operations being paused.*
  - Who is my facility PIO, liaison, and/or spokesperson?
  - Who are my stakeholders and partners for guidance and information on resources. *Note: This list should be updated and reviewed as needed and may differ based on the crisis.*

Section: Equity Considerations by Population
- **Using Family for Translation Limitations.** The group talked about the LTC task team's inclusion of addressing language barriers and the limitations of relying solely on translation services. They

emphasized that using family members may not be feasible and that it is important to maintain a consistent and unified message, rather than relying on multiple messengers.

- **Changing gathering locations.** The team acknowledged that during a disaster or crisis, people may use different natural gathering places, and it is important to identify these locations as part of capacity-building at each stage.
- It is noted that at all stages, Public Information Officers (PIOs) should ensure that communication strategies are customized and tailored to specific populations.

Section: Long term care Communications
- **Healthcare Passport**. The Healthcare Passport maintenance may be linked to the CARES assessment, which is already a required completion, during conventional circumstances.
- **Regular Patient Information Updates.** Regular updates to patient information are essential for both contingency and crisis situations in any healthcare facility. While it may be too late during a crisis, it should still be considered, whereas during conventional and contingency, it is crucial.
- **Allowable Volunteer Activities.** Volunteers may be utilized to assist residents with technology during contingency and crisis situations.
- **Recruiting and Training Volunteers.** Local universities have been added to the partner list, and the identification and recruitment of volunteers for future crises were discussed and retained. Training would be necessary, as referenced in the LTC guidance, if the facility requires such assistance. The long-term care guidance section includes an example list of volunteers who can be utilized in long-term care facilities.

Section: Community Liaisons Roles and Responsibilities (table)
- Group added step for activation and notification of volunteers needing to assist with the crisis.

Section: Appendix: CSC questions for long-term care representatives of long-term care residents.
- Group agreed to add questions for "How do I bring my loved one home temporarily?"

Section: Communication Plan Flow Chart
- The group reviewed the Communication Plan Flow Chart template and will use a smallpox example to be used as the example.
- There will be a link/reference to the flow chart in the front matter of the guidance.

Message Map Template
- **Provide Smallpox Example.** The group talked about including one example of a message map, with the CDC having relevant examples that will be provided by James.
- **Changing information.** It was agreed upon to mention that messaging during a crisis can change rapidly, and "the most recent information" can be considered the standard. Constantly referring to outdated messaging as inaccurate can perpetuate distrust.
- **Nine Message Mapping Principles.** James included list of vetted principles to be listed with the message map to guide users with development.
- The LTC task team proposal regarding handling new and contradicting messaging was retained as a reminder.

Section: Plain Language Glossary
- **May be removed.** The group did not reach consensus to keep, but resources were provided to develop this section more. The definition list may be sufficient.

- **University of Iowa Medical Terms in Lay Language:** https://hso.research.uiowa.edu/medical-terms-lay-language https://www.selfadvocacyinfo.org/resource/a-plain-language-toolkit-on-covid-19/
- **CDC translator:** https://tools.cdc.gov/ewapi/termsearch.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhealthcommunication%2Feverydaywords%2Findex.html
- **CDC Plain Language Materials and Resources:** https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html

Definitions
- **Usability.** For the first use of an acronym or glossary term, KHI will hyperlink to the definition list.
- KHI will explore if there can be a return link or a hover and pop-up definitions in PDF.
- **Additions:** 'Linguistically and culturally responsive' and 'caregiver' were added to the definition list.

Action Items
- If you have additions or questions regarding the public communication section, email Hina Shah at hshah@khi.org.
- KHI will explore the use of definition hyperlink and hover features for terms used throughout the guidance.
- The group will not meet in June.
- The combined draft will be sent between June 10-15.