

Final Report by the Governor's Task Force on Emergency and Non-Emergency Communications

January 1, 2015



Important information!
Please translate.

Ważna informacja!
Prosimy postarać się o
jej przekład.

Enfòmasyon Enpòtan!
Tanpri fè tradui sa a.

Informations importantes!
Prière de les traduire.

Información importante.
Haga traducir esto.

Informazioni importanti.
Farle tradurre.

Informações importantes!
Favor mandar traduzir.

Thông Tin Quan Trọng!
Xin nhờ người phiên dịch
thông tin này



State of Connecticut

Department of Emergency Services and Public Protection



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January 1, 2015

The Honorable Dannel P. Malloy
Governor, State of Connecticut
Hartford, Connecticut

Dear Governor Malloy:

This past March you issued an Executive Order establishing a Task Force, and appointing me Chair, to review and make recommendations to strengthen emergency and non-emergency communications, particularly with non-English speakers and individuals with disabilities and other functional needs.

I am proud to report that in the nine months that followed, a diverse and energetic group has undertaken a highly collaborative effort that has been both informative and productive. Outstanding representatives from state agencies and commissions including African American Affairs, Asian-Pacific American Affairs, and Latino and Puerto Rican Affairs, the University of Connecticut, a number of state agencies including Aging, Consumer Protection, Developmental Services, Education, Emergency Services and Public Protection, Public Health, and Rehabilitation Services as well as the Office of the Governor, along with the Governor's Non-Profit Liaison, Liaison to the Disability Community, and the Office of Protection and Advocacy, joined together with members of the media, Red Cross, United Way 2-1-1, community groups, the Connecticut Conference of Municipalities and others to listen and learn from each other. The Task Force also heard from representatives of other state agencies and industry to garner best practices from both the private and public sectors.

We provided you with an interim report in August and now, submit this final report. In the time between the two reports, the Task Force was instrumental in the dissemination of information on Ebola preparedness to members of the state's non-English speaking communities, including the West African community. The response was positive and immediate.

As required by your charge, our Report includes findings and recommendations with regard to both emergency and non-emergency communications. I am particularly pleased to note that the Task Force members have agreed to continue to meet as an emergency support function working group under the State Response Framework, thus fulfilling one of the stated goals in your request letter, "To establish a more comprehensive framework," to overcome communications barriers, particularly in emergency situations.

I would like to commend the Task Force members and invited representatives, who, recognizing the importance of this mission, devoted many hours to the Task Force with enthusiasm, insight, boundless energy and always good humor.

Sincerely,

Dr. Dora B. Schriro, Commissioner
Department of Emergency Services and Public Protection

I. Executive Summary

In March of 2014, Governor Malloy established a Task Force to “...evaluate the cost, benefit, efficiency, effectiveness and measurable performance of the existing communications methods used by the State,” and to develop best practices in communicating with its diverse residents, particularly with non-English speakers and individuals with disabilities or other functional needs.¹ The goal of the Task Force is to review and make recommendations on both emergency and non-emergency communications. The Governor asked Commissioner Dora B. Schriro of the Department of Emergency Services and Public Protection to convene and chair the group.

Mindful that the traditional height of hurricane season in Connecticut runs from August to November, Dr. Schriro determined that an interim report on emergency communications, including a plan of action, should be submitted in August of 2014. The interim report captured the work of the Task Force to date with regard to emergency communications. This full report now covers both emergency and non-emergency communications. For the purpose of this Task Force, the difference between emergency and non-emergency communications is that non-emergency communications are day-to-day preparedness and health and safety messages, and emergency communications are those that must take place in response to a specific and potentially imminent threat. The group found that improvements in emergency communications also improved everyday communications and vice versa, so the group’s recommendations for both emergency and non-emergency communications are provided together.

The primary goal of the Governor’s charge is to enhance preparedness and response in Connecticut by bolstering current best practices and implementing new practices to communicate successfully with all of the state’s residents before, during, and after

¹ Functional needs is an inclusive term. The Federal Emergency Management Agency (FEMA) currently defines access and functional needs populations as those individuals who may have additional needs before, during, and after an incident in functional areas including, as examples: maintaining independence; communication; transportation; supervision, and; medical care. Individuals in need of additional assistance may include those who have disabilities; live in congregate settings; are elderly; are children; are from diverse cultures; have limited English proficiency, are non-English speaking or have other communications barriers, or; need transportation assistance.

dangerous weather events, significant public safety threats and other emergency situations. For the purpose of this Task Force report, the difference between emergency and non-emergency communications is that non-emergency communications are day-to-day preparedness and health and safety messages, and emergency communications are those that must necessarily be conveyed in order to adequately respond to a specific and potentially imminent threat.

Recognizing that the most effective communications strategies are developed and implemented in collaboration and partnership with stakeholders, the Task Force is made up of a cross-section of representatives from state agencies, nonprofit organizations, the media, including Spanish and Portuguese media, as well as individuals from communities across Connecticut. [See Appendix A](#) for a list of members and contributors. Since its formation this past March, the Task Force has met as a full group six times, and has also convened as three subcommittees on a number of occasions, to gather information and develop data and recommendations concerning:

- The identification of diverse populations within the state,
- The identification of optimal communications methods, both technical and “person-to-person,” to reach the state’s special populations, and
- Best practices and next practices to effectively communicate with them.

The Task Force identified a wide variety of groups of people who could benefit from specialized communications strategies, including the many persons who speak one or more of 300 primary languages and dialects other than English in Connecticut, including Spanish, Portuguese and various dialects of Chinese, as well as those persons with one or more functional needs. The Task Force, mindful of the need to reach all individuals in the state, explored alternative means of communicating such as faith-based and community-based groups. It also solicited information from power and communications utilities and other private sector entities about the ways in which these companies reach their customers for everyday purposes and in emergencies.

Finally, with the goal in mind of identifying methodologies to reach the most people in the most effective ways, the Task Force has developed a set of recommendations and an action plan to accomplish these recommendations. These recommendations can be divided into five overarching categories, and include:

1. Address diverse language issues in meaningful ways, including engagement of private and public sector partners:

- A sign language interpreter at every Governor's press conference at the State Emergency Operations Center (EOC) for broadcast by the Connecticut Television Network (CT-N) (now in place);
- Create a pilot for Spanish translation services during an emergency, because it is the second most common language spoken in Connecticut after English;
- Educate all radio and television broadcasters on the availability of the Connecticut Television Network (CT-N) as a source of live feeds during activations of the State EOC;
- Working with Mass Care Emergency Support Function Working Group, as well as the Red Cross, develop universal visual signage and logos;
- Build on United Way 2-1-1's role as the state's 24/7 multi-lingual information and referral resource before, during, and after emergencies to streamline access to information;
- Engage specific organizations and private sector partners in emergency preparedness, particularly to assist in public messaging; specifically, power and cable utilities, CT Association of Nonprofits, CT Community Providers Association, Community Health Center Association of CT, the CT Association of Healthcare at Home, and the Brain Injury Association;
- Continue to identify community organizations that can translate emergency messages into the languages of the people that they serve;
- Continue to work with the state Board of Regents to develop a network of individuals across the state university system who can volunteer to provide translation services during emergency situations on an as-needed basis; and
- Explore different funding sources to support initiatives to communicate with diverse communities.

2. Enhance public preparedness messaging and individual resilience, including:

- Encourage the public to sign up for the state/local Emergency Notification System;
- Collaborate to disseminate general preparedness messages, including the message to "Check on your neighbors;"
- Public messaging at the local level regarding the percentage/number of functional needs individuals in each community, in order to encourage all people to realize that they are not alone and may feel safe in identifying themselves as needing additional assistance (self-identifying);

- Create a communications mechanism by which messages are forwarded by members of the Task Force to the communities they serve or with whom they have communications links;
- Continue to enhance the use of social media as a means of quickly reaching many people; and
- Explore the use of non-electronic means of public messaging, in order to reach the elderly and others who might not have the capability or desire to use a computer or other electronic device.

3. Emphasize and support local planning and preparedness initiatives related to communicating with all community members, including:

- Continue to support the establishment of Community Emergency Response Teams (CERTs) in all communities in the state, to include faith-based and neighborhood organizations, and CERTs that specialize in languages and/or functional needs;
- Continue to work with municipalities to:
 - Develop a strong emergency preparedness message to residents, including, for example, the creation of a home emergency preparedness kit that includes key contact information, medication and medical equipment back-up, etc..;
 - Enhance communications with residents on such crucial issues as where to find or how to access emergency shelter and transportation resources;
 - Identify community demographics, and include diverse groups in emergency preparedness planning;
 - Engage neighborhood and faith-based organizations in emergency planning and public messaging;
 - Through the External Affairs working groups of the Regional Emergency Planning Teams, emphasize the two key messages of:
 - Self-reliance, and;
 - Neighbors helping neighbors;
 - Include representatives from the diverse populations within each municipality in emergency planning, including convening a functional needs work group that can help to identify needs and implement solutions to increase the flow of emergency preparedness, response, and recovery information to all members of the community.

4. Enhance state agency communications resources to assist in emergency preparedness, response, and recovery messaging, including:

- During emergencies, continue to create and publicize a dedicated disaster website at the state level, including describing multiple resources to receive information in different languages or by different means;
- Continue the development of a State preparedness website, anticipated to be ready by early winter 2015, to review the website for compliance and accessibility for functional needs community. This website will serve as a virtual “kit” for state, federal and private sector and the public;
- Work through state agency public information offices to enhance recognition of resources available at various agencies, including those that are not usually involved in management of emergencies at the State Emergency Operations Center (see, for example, summary of capabilities of Department of Children and Families, Section IV below);
- Following the example of the Department of Revenue Services, state agencies should take inventory of employees to assist with phone or face-to-face conversations;
- Increase links on state and private sector websites to other websites that provide preparedness and emergency information in multiple languages and/or in multiple ways;
- Explore additional uses of the state’s Emergency Notification System; Identify and communicate with broad spectrum of media outlets, including ethnic and culturally diverse media outlets, CRIS radio for the blind and low power radio stations;
- Work with purchase-of-service state agencies specifically, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Children and Families, Department of Public Health, Department of Housing, Department of Rehabilitative Services, Department of Social Services, Department of Aging, to use their email list serves to enhance emergency communication preparedness, response and recovery messaging;
- Work with state, federal, and private sector partners to ensure that broadcast media have access to needed resources such as access to generator fuel and appropriate priority for power restoration, to deliver emergency messages to mass audiences; and
- Create and maintain a comprehensive list of current media organizations for state agencies to use to send out messages.

5. Continue the work of the Governor’s Communications Task Force:

- In order to implement these recommendations, the Task Force plans to continue to meet and work together as a subcommittee of the Division of Emergency

Management and Homeland Security (DEMHS) Statewide Advisory Council within the Department of Emergency Services and Public Protection.²

II. State Demographics

The Task Force identified a number of groups that could benefit from diverse communications methods. Over 625,000 of Connecticut's 3.4 million residents were born outside of the United States, and over 300 languages or dialects are spoken here. [Appendix B](#) demonstrates the wide variety of languages spoken in Connecticut, including over 368,000 residents for whom Spanish is the primary language, and over 37,000 individuals whose primary language is Portuguese. Another indicator of the state's diversity is provided by the Asian American Pacific Affairs Commission which reports that over 157,000 Asian Americans live in the state and that, within that population, estimates that there are likely at least 50 distinct sub-groups.

[Appendix C](#) describes additional groups for whom traditional communications methods may not be sufficient. Almost 11,000 people in Connecticut are listed on the Bureau of Education and Services for the Blind registry. The Department of Rehabilitation Services provided data that indicated that over 30,000 residents have been identified as deaf or hard of hearing.

It is not always easy for communities to determine the number of people who may use or need different methods of emergency communication. For example, individuals may not want to self-identify as needing additional assistance, and therefore it can be difficult to determine what additional communications methods would be most useful. Some data may be gleaned from other sources however. For example, the federal Department of Health and Human Services has provided Connecticut with general information on the number of Medicare recipients; including data on the number of people using ventilators, oxygen concentrators, dialysis, and enteral feeding who are

² Specifically, under the National and State of Connecticut Response Frameworks, emergency management disciplines are organized at the federal, state, and local levels in what are known as Emergency Support Function (ESF) groups. Each discipline is identified by a different number. This Task Force will continue to meet as the statewide Emergency Support Function (ESF) 15 External Affairs working group. In addition, members of this larger ESF 15 group can be convened as a mission-centric Task Force to assist the Governor's Unified Command to address public messaging issues that may arise during an emergency activation of the State Emergency Operations Center (EOC), which is the state's central point of emergency management. This approach is consistent with the Governor's Executive Order 34, requiring state agencies to comply with the National Incident Management System (NIMS)² and also with existing procedures associated with activation of the State EOC.

relying on Medicare payments for these services. (Note: The totals do not include private insurance.) Recent data indicates that at least 16,000 Connecticut residents rely on this equipment. [See Appendix D.](#)

In addition to these groups, the Task Force also identified other populations that might benefit from specialized messaging:

- Other Disabled communities, including those with physical/mental disabilities,
- Persons who are homeless/ living in shelters,
- Residents of group homes or other institutional facilities,
- Immigrants and refugees and undocumented individuals,
- Home-bound individuals, including the elderly,
- Persons with low income,
- Individuals with difficulty reading, including people with low or no literacy,
- Commuters,
- Transients including tourists and visitors,
- Others dependent on Durable Medical Equipment (DME),
- Transient workers, and
- Those without computers, access to the internet, television or radio.

As mentioned above, one of the biggest challenges is determining those who may need additional help, but who have not self-identified within one or more of these categories.

III. Current Public and Private Sector Emergency Communications Practices

The Task Force identified existing opportunities and practices within the private (both for-profit and non-profit) and public sectors alike, including infrastructure that is currently available to enhance emergency communications. Private sector representatives from power and communications companies shared current communications practices, including:

- The availability of translating services;
- Bi-lingual service representatives or translations (language dependent on the demographics of the company's customers);
- Bills in large print or Braille; closed captioning; equipment with large button remote controls, audio narratives;
- Screen readers for web browsers; and,
- Readable voice mail (transcript of voice mails sent by email).

Some companies convey emergency preparedness messaging as an insert with their existing customers' bills or include with electronic billing. It would be useful to evaluate whether such messaging may be an effective means of communicating emergency information, as well as which companies might be in the best position to do so. For example, cable bills may go to a number of individuals within an apartment complex, while the electrical bill may go only to the landlord. Northeast Utilities has messages prepared in advance in a variety of languages to inform people about potential severe weather. [Appendix E](#) provides some examples of best practices that the Task Force reviewed, as well as some examples of communications tools from other jurisdictions.

The public and non-profit sectors have also established some critical communications practices and resources. The American Red Cross maintains a Disaster and Safety Library, a centralized web location where Red Cross preparedness resources in multiple languages are gathered. [See http://www.redcross.org/prepare/disaster-safety-library](http://www.redcross.org/prepare/disaster-safety-library). The Library is available to any groups looking to communicate preparedness information on a wide range of topics. Most of the materials can be downloaded and easily reproduced or shared.

United Way 2-1-1 occupies a critical role as the state's 24/7 multi-lingual information and referral resource before, during, and after emergencies. In addition to providing crisis intervention and information on health and human services, United Way 2-1-1 services continue to be heavily utilized both online and by phone during disasters. For example, in previous disasters and emergency situations, 2-1-1 has provided, among other things real time tracking and reporting of the trends and types of callers seeing assistance during emergencies, ensuring Connecticut residents find shelter during cold weather events, relief from hot weather, storm damage reporting, handling calls and tracking volunteer assistance offers, reporting health related emergency cases to utility companies, disseminating preparedness materials to service providers, consolidating state agency emergency resource information for the public, pandemic flu vaccination information, connections to disaster case management services, and access to long term recovery resources.

United Way 211 frequently handles calls from non-English speaking people through its third party vendor, Tele-interpreter. [See Appendix G](#) for a breakdown of calls received in a one-year period. Within an average of 30 seconds, the interpreter comes on the call, which becomes a three-way call with the caller, the 211 call specialist, and the interpreter. United Way 211, Red Cross and other nonprofit agencies work together through Connecticut Volunteer Agencies Active in Disaster (CT VOAD). CT VOAD is another excellent resource for the dissemination of information.

Public state agencies also employ a number of effective messaging practices. For example, the Department of Public Health (DPH) has worked with other state agencies including DESPP/DEMHS to provide a *Guide to Emergency Preparedness* in many different languages. This guide has been widely distributed, including to local health departments. DPH can reach pockets of the population through these local health departments as well as health-related community groups such as Asian Family Services. Similarly, the DESPP/DEMHS Radiological Emergency Preparedness Unit (REP) Unit, which works with local, state, federal, and private sector partners including Dominion, follows the Voter Registration Act of 1965 requirement that, if census data indicates that five percent or more of the population speak a particular language, the public information must be translated into that language. In the area around Millstone Nuclear Power Plant in Waterford Connecticut, Spanish has been identified as being spoken by more than five percent of the population and, therefore, the REP Unit provides Spanish materials both in the Emergency Preparedness Zone and in the Host Communities. REP also posts signs regarding evacuation routes and warning system to provide guidance for the transient tourist population. In addition, an annual survey card is sent to residents to identify functional needs, but very few – only about one percent – of the cards are returned.

The State 9-1-1 System uses a language service, Language Line, which is available to all Public Service Answering Points (PSAPs) to provide translation services during 9-1-1 calls with local and state law enforcement. PSAPs are the dispatch locations where 911 emergency calls are taken and responses are initiated. Statistics of requests for interpreters over a 12-month period indicated that there were over 4,300 calls for the service, with Spanish as the most often requested language, at over 3,800 requests, followed by Portuguese and Mandarin at approximately 100 requests each. [See Appendix F.](#)

Connecticut has the first-of-its-kind statewide Emergency Notification System (ENS) in place, which is also available free-of-charge for municipalities to use in times of emergency. Also known as CT Alert, the Everbridge ENS currently used by the State has the capability to track special needs of the public who opt in such as those individuals with hearing, visual, speech, mental health, physical (dialysis, oxygen tank, power dependent, refrigerated medications), and intellectual and mobility impairments.

At the time that the ENS was established, the Division of Statewide Emergency Telecommunications (DSET) chose not to utilize these special needs categories in the CT Alert System, at least in part because of a concern that simply by registering for

alerts, an individual might expect that additional help would automatically be sent in an emergency. DSET is exploring the possibility of expanding the use of the ENS.

An additional emergency communications system is the Emergency Alert System (EAS), a national public warning system that requires broadcasters, cable television systems, wireless cable systems, satellite digital audio radio service (SDARS) providers, and direct broadcast satellite (DBS) providers to provide, among other things, communications capability for the President to address the American public during a national emergency. The system is also used by state authorities to deliver important emergency information, such as AMBER alerts and weather information targeted to specific areas. The Department of Emergency Services and Public Protection is the state agency responsible for this function.

The Federal Communications Commission (FCC), in conjunction with Federal Emergency Management Agency (FEMA) and the National Oceanic and Atmospheric Administration's National Weather Service (NWS), implements the EAS at the federal level. The NWS develops emergency weather information to alert the public about imminent dangerous weather conditions. At the state level, the Governor or his designee may activate the EAS. The EAS has been used most recently by Governor Malloy when road conditions during a blizzard became life threatening

The federal government is instituting a new communications system known as IPAWS, the Integrated Public Alert Warning System. The alerting standards for IPAWS, the circumstances under which the system should be used, are determined in Connecticut by DESPP. IPAWS improves alert and warning capabilities by allowing authorities to deliver alerts simultaneously through multiple communications devices in an effort to reach as many people as possible to save lives and protect property. This includes the ability to send alerts to geographically targeted alerts via wireless cell broadcasts. IPAWS has the capability to be sent out in different languages, but the federal government does not provide the software or any other assistance to do the translations.

One of the most significant communications infrastructures in the state is CT-N, the Connecticut Television Network, which provides coverage of events occurring in state government. CT-N broadcasts from the State Emergency Operations Center when it is activated, including providing closed captioning and a pool feed for local radio and television stations. The network has the capacity to send out video/audio feeds to provide a live web stream from the State EOC, by providing the embedded code. The stream can go out in a number of ways, including as examples websites and Twitter feeds. One of the highest numbers of visitations to use the CT-N feed occurred during

the recent snow storms, tropical storms and hurricanes. CT-N feeds as well as local broadcast media should continue to be utilized as one of the primary vehicles to reach the largest populations in the shortest amount of time.

Finally, Connecticut has taken steps to bring functional needs planning and communications to the forefront of emergency preparedness through the recent statewide exercise held annually as part of the Governor's Emergency Planning and Preparedness Initiative. Since 2012, these exercises have increased preparedness for the next inevitable event. The 2014 exercise was held on two separate days, Saturday, June 21, and Monday, June 23, so that towns with largely volunteer staff would have a weekend day to participate. Thirty-four towns drilled on Saturday, and 132 towns and both tribal nations drilled on Monday. The exercise tested the state's Emergency Notification System with over 12,000 ENS successful messages transmitted. After action reviews will allow communities to identify challenges, share best practices, and map out next steps for improvement.

Among the main focuses of this year's exercise was functional needs planning and communication, particularly with regard to sheltering and evacuation. As part of the exercise, each municipality was encouraged to convene a mass care/functional needs working group in advance of the exercise. DEMHS provided the following information in one of several memos to municipalities regarding the exercise, "Depending on the size of your community, this working group may include, in addition to the usual Unified Command (emergency management, CEO, police, fire, school superintendent, etc...), local public health, emergency medical services, transportation companies, social services, day care centers, nursing homes and elderly housing representatives, Meals on Wheels, and local charitable groups.

Ask yourself, where can I get the most accurate information on the size of the functional needs population in my community, and who has the resources to assist in planning before, and responding to, an emergency? For example, how



FEMA Definition of Functional Needs

The exercise made it clear that the concept of functional needs is a very broad one, providing this definition FEMA currently defines access and functional needs populations as those individuals who may have additional needs before, during, and after an incident in functional areas including, but not limited to: maintaining independence; communication; transportation; supervision, and; medical care. Individuals in need of additional assistance may include those who have disabilities; live in congregate settings; are elderly; are children; are from diverse cultures; have limited English proficiency, are non-English speaking or have other communications barriers, or; need transportation assistance.

many childcare centers do you have within your jurisdiction? Answer can be found: <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>; search Child Care at <http://search.211childcare.org/>".

Municipalities were encouraged to incorporate functional needs representatives into their emergency planning. Suggested issues for consideration by the functional needs working group included the following:

- How can you best collect data on the demographics and needs of your community? Talk to partners such as first responders (Fire, Police and EMS) and public health/social service agencies.
- What other partners should be at the table?
- Review the local Mass Care Annex for your municipality. Are there any updates or revisions that should be made? The local Mass Care template is located on the DEMHS website at http://www.ct.gov/demhs/lib/demhs/eppi/leop_esf_6_mass_care_standards_guidelines_v_1.pdf.

- What other plans does your community have that might relate to these topics? For example, is there a Public Health Point of Distribution plan? For another example, have the nursing homes in your community enrolled in the Long Term Care Mutual Aid Plan?
- What resources are available in your community and how can you plan on their use during an emergency?
- Do you know where most of your residents are located and where will you most likely need to supply resources such as transportation or food/water?
- Public Messaging:



Best Practice: 2014 Statewide Exercise-City of Bristol

As part of this year's statewide exercise, the City of Bristol convened a functional needs working group that included city and state agency representatives, the American Red Cross, and community organizations such as the local housing authority, senior center, youth center, faith-based organizations, homeless shelters, a local hotel, and city youth and community services. As a result, the local emergency management director will be working with partners to update the Local Emergency Operations Plan, create surveys and wellbeing checks, and enhance contacts with functional needs and other service organizations.

- How does the municipality's planning provide people with functional needs the opportunity to develop a personal emergency plan? For some planning examples for various groups, see: <http://www.getreadycapitolregion.org/>.
- What is the municipality's plan to provide people with functional needs information about the existence and location of accessible services in an emergency?
- What is the municipality's plan for canvassing or otherwise ensuring that people with functional needs, those who may be unable to leave their homes after a disaster, are able to access the services provided by the municipality after an emergency?
- How does the municipality's plan to distribute resources in the aftermath of a disaster provide for accessible communications at the points of distribution where resources are distributed?
- How can you use social media such as Facebook and Twitter to reach various groups in your community?
- Does the municipality's evacuation planning address the needs of people with disabilities?
 - With respect to accessible transportation? (For example, are there plans in place to provide special transportation before, during, and after emergencies?);
 - With respect to high-rise evacuation?
- Does the municipality's shelter plans require that shelters be sufficiently accessible, both architecturally and programmatically, to accommodate people with functional needs in an emergency?
 - For example, access to the building, access to facilities within the building;
 - For another example, once an individual has entered the building, how will information be communicated to them?"

This exercise underscores the critical role that municipalities play in emergency planning and communications, as well as the support that the state can provide in the form of guidance and information.

IV. State Agency Everyday Communications Methods

The group reviewed the work of state agencies in reaching diverse communities and made several important observations. First, although translation services can be a valuable resource, there are issues associated with their use. For example, it is very important that the service doesn't perform literal translations of the information but instead makes a "trans-creation" of the message. The translation should be simpler than the message itself, and use a neutral form of the language.

Secondly, it is also critical to partner with influencers in the community that the population trusts in order to spread messages. Reaching the right person in the community enables it to trickle down to other levels. For example, there is the potential barrier of immigration status, which may be addressed by providing information to an organization or individual with whom the immigrant community feels at ease. Another example is the use of Twitter or similar social media to reach college students as well as other tech savvy groups of people.

Examples of state agency communications methods that were reviewed include the following:

- The Department of Children and Families (DCF) uses telephonic interpretive services 24/7, but primarily after-hours as a primary source for DCF workers doing investigations. There is a list of language provider vendors provided by the Department of Administrative Services (DAS), for written and oral translations. Agency policy requires that communications with clients who speak languages other than English be provided in their preferred language.
- Currently, DCF provides interpretive services in over 169 languages. The budget for these services is between \$1.3 and \$1.7 million annually on average. Generally, the agency is able to find an interpreter within 48 hours who can speak what are referred to as "low frequency languages." Oral transcriptions can also be



**Best Practice: Multicultural Outreach Within the State
Department of Revenue Services**

The Department of Revenue Services (DRS) has a diverse workgroup, which is an asset used to provide translation when possible. DRS purchased a set of official translation books used to review letters that are sent to clients, as tax language can be difficult to translate. It has several employees who act as volunteers to translate 12 or 13 different languages over the phone and several more who serve as proof readers. DRS also maintains a list of staff for translations.

provided for people who are illiterate. Once translations are completed, DCF also vets messages through native speakers on staff if possible to ensure accuracy.

- Like DCF, the Department of Social Services (DSS) also uses DAS-approved interpreter services. DSS vets translations with people in the field and also utilize state employees in its field offices as interpreters. DSS uses both Language Link and workers in the field to serve up to 900,000 people annually.
- Central Connecticut State University (CCSU) offers a medical interpretation class. Its students have to be proficient in English. A faculty member gives the class and language coaches are present as well to work with the students individually and in small groups. CCSU also offers a court interpretation class that prepares its students to work in the judicial branch. CCSU's Modern Language Department also receives a lot of requests for interpreters, and conducts English classes with added on-line support.
- Access Health CT, the new state insurance system, enrolled 280,000 residents during its first open enrollment period including approximately eight percent who were non-English speaking. Much of the task last year was self-promotion and product roll-out. Ad campaigns were produced in English and Spanish to reach the largest number of people. Communications, such as an email list which reaches 150,000 people was sent out in English and Spanish. Use of social media has grown dramatically with currently approximately 36,000 followers of Access Health CT. An In-Person Assistance program put 300 Access Health CT workers in the communities in locations such as health facilities and libraries and store fronts. Over 300 additional staff members, many of whom are bi-lingual, worked at the call center, and a language line enabled them to communicate in over 130 languages. Promotional material was done in 15 languages, but due to budget constraints this year and the complexity of the material covered, Access Health CT is looking for individuals to translate to others rather than continuing the practice of creating printed materials.

V. Comprehensive Task Force Recommendations and Action Items

The recommendations compiled by the Task Force can be broadly divided into the following four categories: Maintaining the Task Force as a Tool to Achieve Goals; Addressing Language and Cultural Differences; Enhancing Planning and Communications with Functional Needs Communities, and; Encouraging Self-Reliance and Preparedness.

A. Maintaining Task Force to Achieve Goals:

Perhaps the most important action item identified by the Task Force is to continue meeting to plan and implement methods by which to accomplish the group's primary goal of enhancing communications with Connecticut's diverse population, particularly with non-English speakers and individuals with disabilities or other functional needs. As described in the Executive Summary, the infrastructure to continue and enhance these meetings is already in place through the DEMHS Statewide Advisory Council and the State Response Framework.

At the national, state, and local levels, under the National Incident Management System (NIMS), Emergency Support Functions (ESF) are an excellent means to develop integrated, coordinated planning by providing a structure through which subject

matter experts within a particular discipline can collaborate. With the Governor's support after the recent severe storms, DESPP/DEMHS established both ESF policy working groups under the Advisory Council and ESF Task Forces to assist the Governor's Unified Command in times of emergency. The Governor's Emergency Communications Task Force can be continued as the ESF 15 External Affairs Working Group as well as provide representatives as needed to support an ESF 15 Task Force during emergencies. By continuing to work with public and private partners, including radio, television, and other media outlets, the networking established by the Governor's Emergency Communications Task Force will enhance communications flow to all residents of Connecticut in times of crisis.

The work of the Task Force as the state's ESF 15 group will not be confined to emergency situations, however. A significant amount of the work will focus on preparedness and prevention messaging in advance of any emergency event. This work will help to increase the resiliency of all state residents as well as to lessen the effects of crisis.



Identification: State Response Framework

The purpose of the Connecticut State Response Framework (SRF) is to describe the interaction of state government with local, federal and tribal governments, nongovernmental response organizations and other private sector partners, the media, and the public in implementing emergency response and recovery functions in times of crisis. Version 4.0 of the SRF is available on the DEMHS website:

http://www.ct.gov/demhs/lib/demhs/srf_v_4_1.pdf

B. Addressing Language and Cultural Differences:

Many recent studies indicate that nearly all non-English/Spanish speakers depend on local “trusted sources” to gain information in emergency situations. Such trusted sources may include places of worship, community organizations, ethnic food markets, barber shops and hair salons, public libraries, social and cultural clubs and organizations, community centers, and day care providers. Flyers and other printed resources and local radio often reach these non-English/Spanish speaking communities effectively in non-emergency times, which will assist in developing resiliency and personal participation in pre-disaster preparation. For local messaging during emergencies, simple visual signage in different languages is recommended. General preparedness messages, including “Check on your neighbor,” should be disseminated in a variety of languages.

Enhanced emphasis on the 2-1-1 Infoline as a 24/7 multilingual resource, either online or by phone for emergency preparation information and disaster assistance information, will provide a recognizable means of information sharing with diverse communities. One of the national 2-1-1 tag lines is “*Get Connected. Get Answers.*” This could be customized for emergency/disaster focus with the messaging that will be developed. The 2-1-1 system can build on its role as the go-to (easy to remember) number/website for streamlined access to information and support before, during, and after emergencies.

The Task Force also recommends increasing the visibility and content of the State’s existing preparedness website. Currently, the State has a hurricane preparedness website, and often sets up disaster-specific web sites as needed. The State’s enhanced preparedness web site should be simple to navigate with information on what to do in the event of disaster or emergency, and with basic fact sheets or FAQs available in the state’s top 10 most spoken languages other than English. Information could be provided in audio formats for those individuals who are blind or visually impaired and pre-recorded video American Sign Language interpretation for people who are deaf and/or hard of hearing.

The Task Force recommends an additional section dedicated to disaster-related information for members of the special needs community with other physical disabilities. This need to collaborate with neighborhood and faith-based organizations in order to bring emergency messaging to the places where people of different cultures are most likely to congregate can be done through, among other methods state agencies that work with the organizations; CT Volunteer Organizations Active in Disaster (VOAD); municipal emergency management, first responders and public health, and state media.

Identifying community leaders and volunteers for the creation of community teams such as Community Emergency Response Teams (CERTs), and providing training in physical spaces that are familiar would reinforce the “Check on Your Neighbor” message as well as to enhance the ability to answer questions and maintain printed material that is relevant to the local community. The ethnic media is a key partner in reaching out to neighborhood organizations. Localizing outreach will increase messaging to as many residents as possible.

An important tool is to develop and maintain a list of ethnic and culturally diverse media in all forms (e.g., print, radio, and television) in advance of emergencies, and provide them with access to information and possible resources. Most are equipped to translate quickly, and thus this communications flow is vital.

Low-power radio stations, news bulletins published by houses of worship, community newsletters, rural weeklies, regular messages from neighborhood associations, and targeted diverse and varied media are important tools to complement the information provided by major ethnic and English-speaking media, the major dailies or mainstream online aggregators. There is also wide usage of streamed internet radio from countries of origin; it would be useful to investigate whether there are ways to access those during times of emergency. Municipalities and state agencies can be encouraged to know and work collaboratively with *all* available media in emergency situations.

Recognizing that Spanish is the next major language in Connecticut after English, the Task Force recommends a pilot program of translation services with regard to preparing for an upcoming potential severe storm, as well as providing information during and after the storm. The Task Force sees a benefit in using certified translation services rather than computer-generated translation systems that often provide imprecise or inaccurate translations. In terms of language accessibility, the ability to find information about where to go for language translation may be more feasible than directly providing translation on the screen. Using the resources and knowledge of the state’s varied network of ethnic media may be helpful to determine how to implement this recommendation.

Since the establishment of this Task Force, in coordination with the CT Broadcaster’s Association, CT-N has met with television and radio engineers to investigate methods for widespread distribution of video and audio feeds from the Emergency Operations Center during state emergencies. Attendees in the meeting included engineering staff from at least 15 television and radio stations in the state. The goals for the meeting were: 1) to inform all radio and television broadcasters of the production elements being

provided under the CT-N pool arrangements, 2) to brainstorm options for distribution of video and audio during state emergencies and 3) to discuss technical options for creating live Spanish language translation during emergency briefings.

A follow-up conference call meeting was held this past July, and included representatives from AT&T, Connecticut Broadcasters Association, the Connecticut Network (CT-N) and television broadcast engineers from several television stations. The goal for the meeting was to reach consensus on the most effective methods for distributing CT-N pool feeds to all broadcasters. Outreach has been made to the Connecticut television station General Managers outlining the need, detailing the opportunity, and encouraging stations to authorize the expenditure necessary to connect to the new digital switch which CT-N is installing.

Upon completion of a transition to the new digital HD video switch, it is anticipated that CT-N will provide a live video and audio feed with closed captioning of all emergency briefing occurring in the Emergency Operation Center in Hartford. All television broadcast television stations that decide to connect to the AT&T digital video switch will have direct access to all events covered by CT-N. Radio stations may simulcast the telecast by accessing the audio portion from broadcasters, on cable from CT-N or through the live web-stream. CT-N can provide any media outlet with the required embed code necessary to simulcast the CT-N video web on their website, thereby greatly increasing the reach of these briefings beyond the traditional media outlets.

In addition, CT-N can work with United Way 2-1-1 to explore the possibility of using the 211 translating service to listen to and translate live feeds.

C. Enhancing Planning and Communications with Functional Needs Communities

As indicated by the above summary of this past year's statewide exercise, state and local officials are working in partnership with functional needs groups to address issues related to emergency preparedness, response, and recovery, including communications planning and implementation. Members of the functional needs community must be included in planning at the state and local levels.

Another overall Task Force recommendation is to emphasize the Governor's message of "Check on your neighbor"

both through state messaging and at the local level. The Task Force recognizes that everyone is a partner in emergency preparedness, and that community resiliency can be increased when everyone



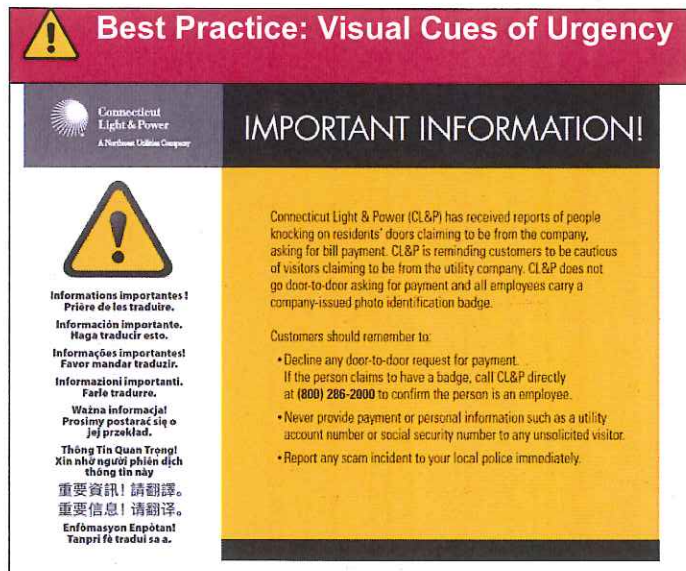
Best Practice: Sign Language Interpreter During Emergencies

The state has committed to having a sign language interpreter at the State EOC for every Governor's press conference during an emergency activation. CT-N's transition to High Definition will include the capacity for a second camera feed to be isolated on the sign language interpreter and inserted onto the screen in a secondary video window.

takes on a role. As part of this community involvement, the Task Force recommends the continued establishment of volunteer Community Emergency Response Teams (CERT), particularly those that focus on different languages, cultures, or functional needs.

The Task Force recognizes that identifying the number and type of functional needs present in any one community can be a difficult task. Disseminating generalized information regarding the number of individuals who may need assistance in an emergency may help to make others feel more comfortable to self-identify for the limited purpose of emergency preparedness and response. Municipal officials must be supported by state and private partners to help identify the populations they serve. For example, state utilities can continue the practice of proactive outreach to customers that rely on medical equipment, with an immediate referral to the Red Cross if they need assistance during an extended outage.

Many people use television as the main source of news in emergency situations. Assuring that these broadcasts can reach as many people as possible is important. Sign language interpreters, closed captioning and rolling banners are necessary for certain residents.



As described earlier, a strong set of visual images, graphics, aids and tools that are used consistently to communicate with the public various kinds of emergency situations, along with directions on how to respond safely, would be extremely helpful. The use of common visual elements removes most communication barriers with the exception of individuals with visual impairment. An example of a common visual element is the use of an exclamation point to emphasize the critical nature of a message. See the accompanying box and [Appendix E](#) of

this document for an example of the CL&P scam alert card.

The ever-increasing methods of communication must also be utilized to their best advantage. Cell phones and other mobile devices are currently used to send weather and flood alerts. Expanding that system to include other kinds of emergency messages would be a way to reach people who do not regularly access television or radio. Social media provides additional avenues of communication with the public.

When other means of communication are not available or are down because of the disaster, a simple, battery-powered or crank radio may be the best means of public messaging. It is important to include organizations like the Connecticut Radio Information Service (CRIS) in any dissemination plan.


Just as neighborhood and faith-based organizations can assist in planning, preparedness and response activities, reaching out to associations related to particular functional needs such as CT Association of Nonprofits, CT Community Providers Association, Community Health Center Association of CT, the CT Association of Healthcare at Home, and Brain Injury Association, will increase awareness and provide yet another means of communicating with specific groups of Connecticut residents.

D. Encouraging Self-Reliance and Preparedness

The experiences of the last few years have taught us that although federal, state, local and private sector partners can and will provided aid to residents in disasters, there is

also a need for people to plan and prepare for the next inevitable emergency. For persons with language barriers or functional needs, this may be particularly important.

Public preparedness messaging is key. The Task Force recommends using existing

 **Best Practice: Education and Outreach**

DESPP/DEMHS, in collaboration with FEMA and local school districts, administer a program known as “STEP” or Student Tools for Emergency Planning. The STEP program provides sixth graders with preparedness messaging and basic tools and educates, encourages, and empowers them to take an active, if not leadership, role in their family’s emergency preparations. Expansion of this or a similar program may be particularly helpful in immigrant and refugee communities where children may already act as cultural brokers for their older family members. The program can include having students create a “safety kit” of what they might need in case of an emergency while they are at school, or create a communication tool for their families to use in case of emergencies. A homework assignment could be to make a list for an “emergency preparation kit” for their family’s home. Available at the following link: www.fema.gov/studenttools-emergency-planning-step.)

methods of communication to send information about preparedness that is geared toward those with functional needs and language challenges, including inserts in utility bills, cable bills, and notifications from state agencies such as

Department of Social Service, Department of Children and Families, Department of Revenue Services, and Department of Motor Vehicles. One possible tool could be a what-to-do-in emergencies wallet-card, distributed through paper or electronic utility bills. This card would be consistent in language and design with the overall messaging. This would encourage people to talk about preparedness with family, and if it included a request to encourage your neighbors to fill out their cards, it would reinforce the “Check on Your Neighbors” message.

At the local, state and federal level, emergency management professionals have consistently encouraged preparedness, including recommendations about having a basic home emergency kit consisting of bottled water, flashlights and batteries, a first aid kit, among other supplies. See, for example, www.ready.gov. It is sometimes a challenge to get people to think more proactively about emergencies, but is particularly important for people who may need special accommodations like refrigeration for medicine, power for medical equipment, etc. Working with neighborhood groups may help to bring this important message home.

V. Conclusion

As the previous sections demonstrate, the Task Force realizes both the importance and the challenge of its mission. The best emergency preparedness messages are those that are positive, personal and powerful. Many strategies and partners are necessary to maximize the Connecticut's communications opportunities to effect change that is personal, cultural and institutional. These recommendations represent a significant starting point, and the continuation of this Task Force will ensure that this work will also continue.

APPENDIX A: List of Task Force Members and Contributors

Chair:

Dr. Dora B. Schriro, *Commissioner, Emergency Services and Public Protection (DESPP)*

Co-Chairs:

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Scott DeVico, *DESPP*

William Hackett, *State Emergency Management Director, DESPP/DEMHS*

Samaia Hernandez, *Governor's Office*

Members:

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Catherine Blinder, *Department of Consumer Protection*

Richard Branigan, *Red Cross*

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Kelly Donnelly, *Department of Education*

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Gretchen Knauff, *Protection & Advocacy for Persons with Disabilities*

Maria Lino, *The Latino Way*

Stephanie Marino, *Department on Aging*

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Mike Varney, *DESPP*

Special thanks to Eric Scoville and Ken Dumais of DESPP/DEMHS for their technical assistance in the creation of this report

APPENDIX B: Languages Spoken in Connecticut

Language Spoken in CT	Estimate	Margin of Error
Total	3,387,266	+/-264
Speak only English	2,656,183	+/-7,612
Spanish or Spanish Creole:	368,384	+/-3,964
Polish:	39,357	+/-2,333
Portuguese or Portuguese Creole:	37,426	+/-3,148
Italian:	36,507	+/-2,107
French (incl. Patois, Cajun):	35,163	+/-2,412
Chinese:	27,043	+/-1,897
Other Indo-European languages:	14,363	+/-2,347
Asian languages:	14,334	+/-1,617
French Creole:	13,246	+/-2,073
Hindi:	12,143	+/-1,438
Indic languages:	12,020	+/-1,680
German:	11,438	+/-1,094
Russian:	11,359	+/-1,555
Arabic:	10,578	+/-2,095
African languages:	9,590	+/-1,430
Greek:	9,009	+/-1,260
Tagalog:	8,745	+/-1,230
Vietnamese:	8,471	+/-1,463
Urdu:	6,638	+/-1,659
Korean:	6,046	+/- 995
Slavic languages:	4,782	+/- 641
Gujarati:	4,582	+/- 973
Serbo-Croatian:	4,212	+/- 1,044
Laotian:	3,674	+/- 899
Japanese:	3,076	+/- 637
Hungarian:	2,726	+/- 568
West Germanic languages:	2,493	+/- 605
Mon-Khmer, Cambodian:	2,348	+/- 721
Scandinavian languages:	2,326	+/- 414
Hebrew:	2,306	+/- 615
Persian:	1,763	+/- 454
Thai:	1,628	+/- 677
Other and unspecified languages:	1,215	+/- 371
Pacific Island languages:	819	+/- 295
Armenian:	713	+/- 297
Yiddish:	337	+/- 199
Native North American languages:	223	+/- 141

*Source: U.S. Census Bureau, 2010- 2012 American Community Surve

APPENDIX C: Demographics in Connecticut

The following figures breakdown demographical and sociological information essential to understanding challenges regarding Emergency and Non-Emergency communications in Connecticut.

Fig 1: Foreign Born Population

Source: 2012 American Community Survey 1-year Estimates,
www.census.gov/acs

	Estimated Population
Population born outside the United States	625,024

Fig 2: Foreign Languages

Source: 2012 American Community Survey 1-year Estimates,
www.census.gov/acs.

LANGUAGE SPOKEN AT HOME	Estimated Population
Population 5 years of age and older	3,397,277
English only	2,641,980
Language other than English	755,297
Speak English less than "very well"	288,142
Spanish	381,942
Speak English less than "very well"	158,059
Other Indo-European languages	260,515
Speak English less than "very well"	84,834
Asian and Pacific Islander languages	77,976
Speak English less than "very well"	34,280
Other languages	34,864
Speak English less than "very well"	10,969

Fig 3: Deaf, Hard of Hearing (HOH) and Blind statistical information in CT

Deaf and Hard of Hearing (HOH) (no breakdown)	# Deaf consumers who rely on visual communication	# of HOH or Oral Deaf Consumers	# of Deaf Blind consumers
1057	11479	19503	301
<p>Blindness: There are 10,751 people in Connecticut on the BESB (Bureau of Education and Services for the Blind) blind registry. These individuals are legally blind, those with vision of 20/200 or vision with a very restricted field.</p>			
<p>Deaf and Hard of Hearing: Department of Rehabilitation Services (DORS) provided the following information, for a total of approximately 32,340 with a hearing impairment.</p>			

Fig 4: Telephone Communications:

Type of Service	Number of Consumers
Traditional Phone Service (Wireline)	Approx. 1/3 of State Consumers
<p>Source: Based on a recent article in the New London Day, one third of households have a traditional phone service. However, this may not include the number of people who have telephone service through their cable provider.</p>	

"Estimates of the percent Distribution of Household Telephone Status for Adults Aged 18 and Over in the State of Connecticut"						
Wireless Only %	Wireless Mostly %	Dual-Use %	Landline Mostly %	Landline Only %	None %	Total %
20.6	18.8	32.0	18.5	9.0	1.1	100%
<p>Source: 2014 National Health Statistics Report "Wireless Substitution: State Level Estimates from the National Health Interview Survey" Published December 18, 2013 http://www.cdc.gov/nchs/data/nhsr/nhsr070.pdf</p>						

APPENDIX D: Public Health Medicare Demographics from Federal Health and Human Services Assistant Secretary for Preparedness and Response

LOOKBACK REFERENCE DATES

Specification	Date Range
90 Day lookback Range	Jul 20, 2013 - Oct 18, 2013
1 Year Lookback Range	Oct 18, 2012 - Oct 18, 2013
3 Year Lookback Range	Oct 18, 2010 - Oct 18, 2013

SUMMARY COUNTS

State	Number of Medicare Beneficiaries	# ESRD (90-day lookback)	# Ventilator (1-year lookback)	# Concentrator (36-mo lookback)	# Enteral Feeding (1-year lookback)
CT	404,800	2,883	1,096	11,676	585

METHODOLOGY OVERVIEW

Medicare population is restricted to alive beneficiaries as of September 1, 2013 who are enrolled in Medicare Fee for Service (FFS) parts A and B.

NOTES

All cells with counts with cells from 1-10 have been replaced with 11.

Ventilator, concentrator, and enteral feeding users are included in counts only if they are not residing in a nursing home.

Summary counts on the Overview Tab reflect the actual number of Medicare beneficiaries living in each zip code. That is, if a zip code included only one Medicare beneficiary we would include in the summary counts only one individual and not the masked [11 replacement] count.

DATA DESCRIPTION

End-Stage Renal Disease (ESRD)—Dialysis—Facility & At-Home DME Data: This data is comprised of all Medicare FFS beneficiaries that have been identified as having received dialysis treatment in an outpatient facility or using at-home dialysis DME in the past 90 days. Please note that Medicare requires all ESRD patients that use at-home dialysis DME to also identify a dialysis facility where they can obtain dialysis at should their equipment not function.

Oxygen Durable Medical Equipment (DME) Data: This data is comprised of Medicare FFS beneficiaries that have been identified as living at home (i.e. not a LTC/nursing home) and having either an oxygen concentrator or a ventilator. The reimbursement cap period (look back) for oxygen concentrators is 36-months and 12 months for ventilators.

Additional Oxygen DME Information:

An **Oxygen concentrator** extracts and concentrates oxygen from the air and delivers it to the patient via tubes or masks. Concentrators may be used to provide life-maintaining/saving oxygen 24-7 or in some cases are used during different periods of a day to provide supplemental oxygen required for certain respiratory conditions.

A **Ventilator** provides life-maintaining/saving oxygen for an individual 24-7.

Enteral Feeding DME Data: This data is comprised of all Medicare FFS beneficiaries that have been identified as living at home (i.e. not a LTC/nursing home) and using at-home enteral feeding DME. The reimbursement cap period (look back) for enteral feeding DME is 12 months.

Additional Enteral Feeding DME Information:

An **enteral feeding tube** is a medical device used to provide nutrition to patients who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation.

APPENDIX E—Best Practice Examples

Figure 1 Examples of Multilingual Instructional Guides:

Haga decisiones saludables en su selección de pescado
 Utilice esta tabla para obtener los beneficios de comer pescado y reducir el riesgo de exposición a químicos
Una guía para las mujeres y los niños

Consuma 2 comidas a la semana de:	Consuma 1 comida a la semana de:	Evite
Salmón (salvaje) ♥ Trucha ♥ Caballa de Atlántico ♥ Lenguado y platija ♥ Pescadilla ♥ Perca Bacalao Abadejo Tilapia Arenque Atún ligero (enlatado)	Salmón (de granja) Hipogloso Filete de atún Atún blanco (enlatado) Pargo rojo Siluro (degranja)	Pez espada Tiburón Lubina rayada Azulejo Caballa rey
Mariscos: ostra camarón almeja ostiones lagosta		

Departamento de Salud Pública de Connecticut
 Llame gratis al 1-877-458-FISH (3474) Sitio web: www.ct.gov/dph/fish
 Los pescados con los corazones ♥ pueden ser comidos más que dos veces a la semana.

MAKE HEALTHY FISH CHOICES

Use this chart to get the benefits from eating fish and reduce the risk to chemicals
A Guide for Women & Children

Eat 2 meals a week:	Eat one meal a week:	AVOID:
Atlantic Mackerel ♥ Sole ♥ Salmon (wild) ♥ Trout ♥ Flounder ♥ Pollock ♥ Light Tuna (canned) Haddock Herring Cod Perch Tilapia	Halibut Catfish (farm-raised) Red Snapper Salmon (farm-raised) Tuna Steak White Tuna (canned)	King Mackerel Shark Striped Bass Swordfish Tilefish
SHELLFISH: Clams Lobsters Oysters Scallops Shrimp		

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
 Call Toll Free: 1-877-458-FISH (3474) Website: www.ct.gov/dph/fish
 Fish with hearts ♥ can be eaten more than twice a week.

Figure 2

Example of Multilingual Informational Planning Guides:

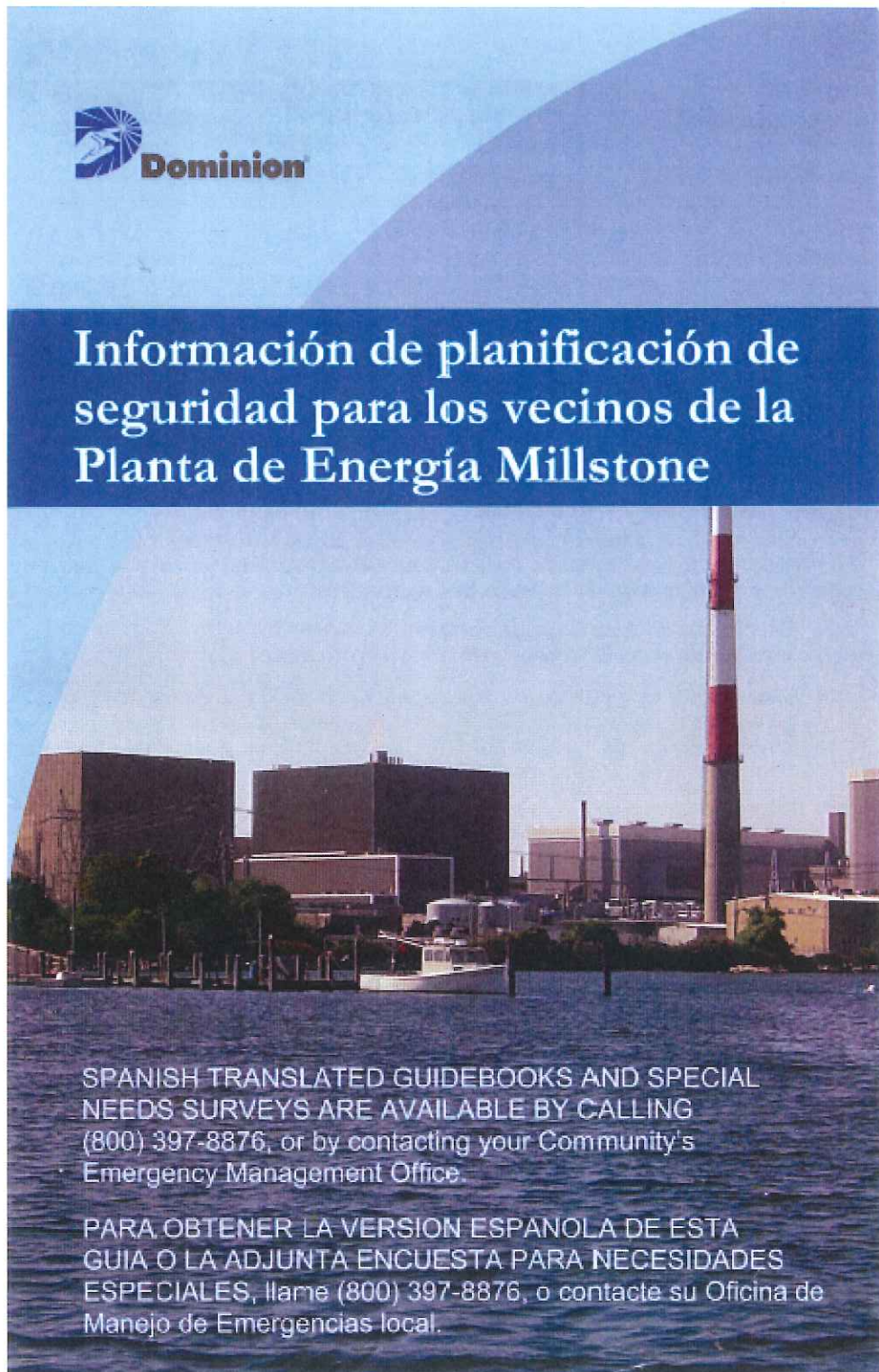
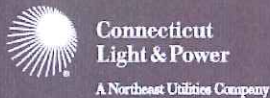



Figure 3

Example of Multilingual Warnings and Important Information:



**Connecticut
Light & Power**
A Northeast Utilities Company



Informations importantes!
Prière de les traduire.

Información importante.
Haga traducir esto.

Informações importantes!
Favor mandar traduzir.

Informazioni importanti.
Farle tradurre.

Ważna informacja!
Prosimy postarać się o
jej przekład.

Thông Tin Quan Trọng!
Xin nhờ người phiên dịch
thông tin này

重要資訊! 請翻譯。
重要信息! 請翻譯。

Enfòmasyon Enpòtan!
Tanpri fè tradui sa a.

IMPORTANT INFORMATION!

Connecticut Light & Power (CL&P) has received reports of people knocking on residents' doors claiming to be from the company, asking for bill payment. CL&P is reminding customers to be cautious of visitors claiming to be from the utility company. CL&P does not go door-to-door asking for payment and all employees carry a company-issued photo identification badge.

Customers should remember to:

- Decline any door-to-door request for payment.
If the person claims to have a badge, call CL&P directly at **(800) 286-2000** to confirm the person is an employee.
- Never provide payment or personal information such as a utility account number or social security number to any unsolicited visitor.
- Report any scam incident to your local police immediately.

Figure 4

Example of Factsheets in Multiple Languages:

<http://www.kingcounty.gov/healthservices/health/preparedness/disaster.aspx>

Public Health - Seattle & King County

You're in: Public Health home » Emergency preparedness » Disaster preparedness

Disaster preparedness fact sheets and flyers

- **Carbon monoxide fact sheets and flyers** (available in multiple languages)
- **Cleaning a house after a flood**
- **Cleaning basements after a flood**
 - Chinese
 - Korean
 - Russian
 - Somali
 - Spanish
 - Vietnamese
- **Cleaning indoor sewage spills**
 - Chinese
 - Korean
 - Russian
 - Somali
 - Spanish
 - Vietnamese
- **Emergency toilets**
- **Disinfection of private wells**
 - Chinese

Figure 5

Example of a Website:

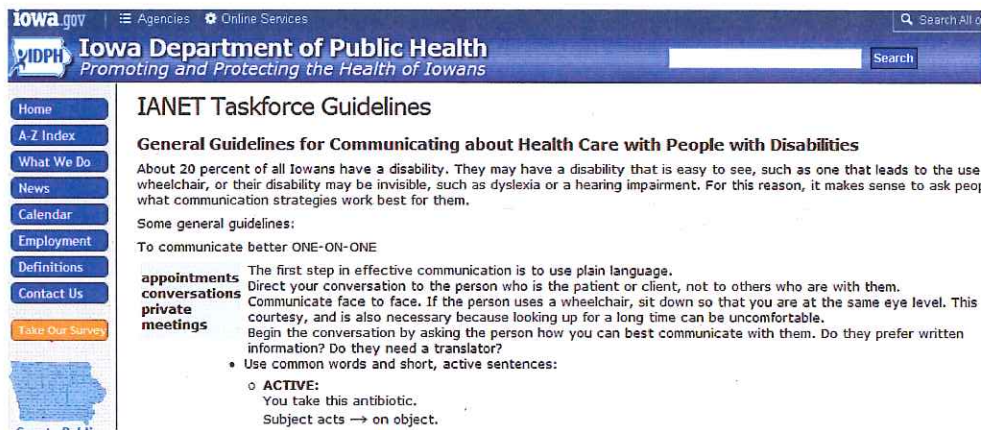
<http://www.utah.gov/beready/index.html>



Figure 6

Examples of Accessibility Tools for Special Needs:

http://www.idph.state,ia.us/bh/ianet_guide1.asp



<http://www/co/cameron.tx.us/emergency/deaflink.htm>



APPENDIX F: Interpreter Services Requested for 9-1-1 Dispatch Calls

Language	Number of Calls (March 2013-March 2014)
Spanish	3866
Tagalog	4
Mandarin	100
French	19
Arabic	27
Russian	31
Farsi	3
Portuguese	106
Polish	48
Turkish	6
Vietnamese	20
Italian	14
Serbian	1
Haitian Creole	12
Cantonese	6
Amharic	1
Hindi	4
Albanian	8
Swahili	6
Tigrinya	5
Korean	10
Gujarati	1
Urdu	7
Hmong	1
Hungarian	3
Bulgarian	2
Sinhalese	1
Laotian	3
Karen	1
Susu	1
Akan	2
Serbian	1
Greek	1
Japanese	2
Thai	3
Cambodian	3
Dutch	1
Bosnian	1
French Canadian	1
Chin	1
Mandingo	1
TOTAL	4334

APPENDIX G: United Way Language Line Analysis



United Way of Connecticut Language Line Analysis

Number of Calls By Program and Language
 July 2012 - June 2013

	211	C4K	CDI	Child Care	EBT	EMPS	Financial Stability	FS Waterbury	HUSKY	MedConn	Totals
Spanish	5,125	1,439	119	121	438	165	294	27	1,371	2	9,101
Portuguese	19	113	14	6	5	2			31		190
Haitian Creole	7	74	3						3		87
French	9	33	3	1					2		48
Arabic	17	7	13	2		2			5		46
Albanian	18	10	1	1					7		37
Mandarin	8	8	7			1			2		26
Vietnamese	8	2	1		2	1	3		9		26
Urdu	5	6	2	2					7		22
Polish	5	4	1		1				9		20
Swahili	12	5		1		1					19
Turkish		14			1				1		16
Karen	2	6	4								12
Hindi	4	1	1						4		10
Bengali	2	1	3						2		8
Italian	4	2	1			1					8
Cantonese	2					1			4		7

State of Connecticut
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Farsi	1	4											1											6	
Korean	2												1	2											6
Russian						3																			5
Gujarati																									4
Somali	1	1	2																						4
Bosnian	1	1																							3
Cambodian	1	2																							3
Hmong																									3
Nepali	1	1	1																						3
Ukrainian						1																			3
Bulgarian	2																								2
Japanese			2																						2
Mongolian						1																			2
Thai						1																			2
Akan	1																								1
Amharic																									1
Burmese																									1
Croatian	1																								1
German	1																								1
Greek																									1
Patois																									1
Punjabi	1																								1
Romanian																									1
Serbian																									1
Tibetan																									1
Tigrinya	1																								1
Grand Total	5,261	1,739	184	134	448	176	297	27	1,475	2	9,743														