

# EMERGENCY PLAN FOR VULNERABLE POPULATIONS

2019

FOR  
THE COUNTY  
OF SIMCOE  
&  
THE DISTRICT  
MUNICIPALITY  
OF MUSKOKA

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## **KEY ACRONYMS**

CEMC

Community Emergency Management Coordinator

ECCG

Emergency Community Control Group

## INTRODUCTION

In disaster preparedness and response, the term “vulnerable populations” is often used to characterize individuals who, because of a variety of health, social or cultural determinants, are more likely to experience a serious impact as a result of a large scale community emergency incident, and who are less likely to benefit from traditional response and recovery measures and/or who may be negatively affected by traditional response and recovery measures.

Communities within Simcoe Muskoka are made up of diverse groups of residents with varied and sometimes complex needs, which may amplify during emergency or disaster events. Every community is comprised of different groups of people that have needs that could be overlooked during a disaster. Emergency preparedness planning begins at the local level with planners who are knowledgeable of the local risks that may impact on their communities and understand how to access and acquire resources or information necessary to develop initiatives and strategies to address the growing needs of vulnerable populations.<sup>i</sup>

Vulnerable populations can be defined broadly to include any individual, group, or community whose circumstances present barriers to obtaining or understanding information or to access resources offered before, during and after a disaster event. Circumstances that may create barriers are not limited to: age; physical, mental, emotional, or cognitive status; culture; ethnicity; religion; language; citizenship; or socioeconomic status.<sup>ii</sup>

As stated in the Ontario Public Health Standards 2008, *boards of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).*

The social determinants of health refer to a specific group of socio-economic factors within the broader determinants of health that relate to an individual’s place in society, such as income, education or employment, and provide clear indicators of social vulnerability.<sup>iii</sup>

These indicators have identified 10 high-risk groups in Canada:

<b>Indigenous Persons:</b>	The indigenous people of Canada comprise the First Nations, Inuit and Métis (FNIM) peoples. These distinct groups have unique heritages, languages and cultures.
<b>Age-related groups:</b>	Refers to populations whose health or health equity could be specifically impacted by factors related to their age (such as the ability to vote) or developmental factors (early childhood) or physical changes (such as frail elderly). Potential groups within

	this category include infants, children, youth, seniors, and the elderly.
<b>Disability:</b>	Refers to people with physical or mental disability, infirmity, malformation or disfigurement such as blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, mental impairment (developmental or learning disability), a mental disorder, or a workplace injury or disability. This could also refer to people with a mental illness, addiction or substance use problem.
<b>Ethno-racial Communities:</b>	An ethnic group (or ethnicity) is a group of people whose members identify with each other through a common heritage, often consisting of a common language, a common culture (often including a shared religion) and/or an ideology that stresses common ancestry or endogamy. Potential communities include racial or racialized groups, cultural minorities, immigrants, refugees, etc.
<b>Francophone:</b>	People who communicate in French as their primary official or preferred language, including new immigrant Francophones, deaf communities using French or Quebec sign language (la langue des signes québécoise) (LSQ)/la langue des signes française (LSF), etc.
<b>Homeless:</b>	Includes marginally or under-housed people, those without a permanent address, and those without stable housing or high-quality housing, including transient people.
<b>Linguistic Communities</b>	People uncomfortable receiving care in either English or French or who prefer a first language other than English or French, or those whose literacy level affects communication in any language.
<b>Lower levels of Education Attainment</b>	Persons who's highest level of achievement where the learning objectives of that level, typically validated through the assessment of acquired knowledge, skills and competencies is at the primary or Secondary school level whether or not the person has obtained a secondary school (high school) diploma or equivalency certificate (Statistic Canada, 2016)
<b>Low income</b>	Includes economically vulnerable people who are underemployed, unemployed, living on a fixed income, receiving social assistance, etc.
<b>Rural/remote or inner-urban populations</b>	Includes people facing geographic or social isolation, or living in under-serviced areas, or living in densely populated areas.

<b>Sex/gender:</b>	Sex refers to the biological and physiological characteristics that define male and female, while gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. Potential groups include female, male, women, men, transsexual, transgendered, two-spirited, etc.
<b>Sexual orientation:</b>	Sexual orientation is a personal characteristic that covers the range of human sexuality from lesbian and gay, to bisexual and heterosexual

Source: [Statistics Canada](#) and [MOHLTC HEIA Workbook](#)

Low-income populations, especially those belonging to minority groups, are among the most vulnerable groups before, during, and after a natural disaster. One of the factors that can be attributed to their vulnerability is the ineffectiveness of traditional risk communication systems in reaching this population. Many low-income populations are distrustful of government agencies and those who typically communicate risk messages. Consequently, traditional systems are not as effective in reaching these communities. Furthermore, traditional systems have been based on the social media that the general population uses and not based on social networks of disadvantaged populations which are more important than formal channels in these communities for dissemination of information. To bridge the gap, an approach is needed that relies on trusted agencies and leaders to educate and warn low-income communities about possible public health threats. A grassroots approach can enhance the capacity of the risk communication systems to more effectively reach these vulnerable populations by engaging grassroots organizations in risk communication activities. <sup>iv</sup>

The Vulnerable Populations Emergency Notification Protocol laid out within this Vulnerable Populations Plan, depends heavily on the assistance and communication support of many local grassroots organizations, who work closely with the most vulnerable populations within Simcoe Muskoka.

## **BACKGROUND**

In 2006, the Simcoe Muskoka Health Sector Emergency Planning Committee created a Pandemic Influenza Plan for the Simcoe/Muskoka Region. It is designed to meet the needs of the community and to be coordinated with the current plans that have been developed by the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care (MOHLTC) and other health care agencies in our communities. Communications was identified as an important and vital component of a comprehensive response to a pandemic plan and a sub-committee of the Simcoe Muskoka Health Sector Emergency Planning Committee was put together to create a general communications plan, as well as a crisis communication plan for the pandemic phase that will help to inform and guide the public, media, staff and partners/stakeholders in implementing an appropriate response to a pandemic situation.

It was highlighted during the planning process that there is a need to identify our local vulnerable populations and develop strategies for support in the event of a pandemic. This need was further identified by the Health Sector Communications sub-committee which recommended that communication strategies be developed to ensure effective communications with vulnerable populations. As a result, a working group was set up to consider some potential strategies which originally began with staff from the County of Simcoe, the District Municipality of Muskoka and the Simcoe Muskoka District Health Unit. This working group was expanded to include other agencies in the community who work closely with various service providers who serve vulnerable populations. The intent originally was to develop a fan out list that lead communication agencies could maintain and utilize to communicate with other service providers, who in turn could assist with communicating to vulnerable populations.

The objectives of the working group expanded to include developing strategies to not only communicate with vulnerable populations during a pandemic, but to better serve vulnerable populations during any emergency. A Terms of Reference, attached as **Appendix 1: Vulnerable Populations Emergency Planning Committee Terms of Reference**, was developed that outlined 10 objectives of the Committee.

## **AIM**

The aim of the vulnerable populations plan is to create a coordinated approach to communicating to vulnerable populations and to facilitate interagency strategies and provide communication mechanisms which support the identification issues/concerns as well as the provision of a two way communication mechanism to receive and disseminate timely information to vulnerable populations within Simcoe County and the District Municipality of Muskoka during any large scale emergency.

## **AUTHORITY AND CUSTODIAN**

This plan is published as the Vulnerable Populations Emergency Plan for the County of Simcoe, the District Municipality of Muskoka and the Simcoe Muskoka District Health Unit. The contents may be adopted or used as a resource by any municipality in the development of their own annex to their municipality's Emergency Response Plan. The custodians of this plan are the Co-Chairs of the Vulnerable Populations Emergency Planning Committee. The Committee convenes semiannually to review and modify the plan, system and processes as deemed necessary.

# THE VULNERABLE POPULATIONS PLAN

## DEFINITION

Vulnerable populations may broadly include any individual, group, or community whose circumstances present barriers to obtaining or understanding information or to access resources offered before, during and after a disaster event. Circumstances that may create barriers are not limited to: age; physical, mental, emotional, or cognitive status; culture; ethnicity; religion; language; citizenship; or socioeconomic status.<sup>v</sup>

For the purposes of planning and response the following definition of vulnerable populations has been adopted:

*In disaster preparedness and response, the term “vulnerable populations” is often used to characterize individuals who, because of a variety of health, social or cultural determinants, are more likely to experience a serious impact as a result of a large scale community emergency incident, and who are less likely to benefit from traditional response and recovery measures and/or who may be negatively affected by traditional response and recovery measures.<sup>vi</sup>*

## PLAN ACTIVATION AND TERMINATION

The County of Simcoe, the District Municipality of Muskoka and the Simcoe Muskoka District Health Unit have been designated as Level 1 Communication Agencies that may activate or terminate the *Emergency Plan for Vulnerable Populations* and its strategies to support identified needs of vulnerable populations within the County or the District Municipality in the event of an incident or emergency.

If circumstances arise and communication to the vulnerable populations identified in this plan is required in a municipally-managed emergency, the request to activate this plan will be made through the Community Emergency Management Coordinator (CEMC) for the County of Simcoe and/or the District Municipality of Muskoka.

The plan may be activated in whole or in part based on the needs of vulnerable populations within the impacted community.

Vulnerable Populations Communication Leads/designates will be notified using the protocol outlined in **Appendix 3: Vulnerable Populations Emergency Notification Protocol**

## COMMUNICATION STRATEGIES

To increase the effectiveness of communications to vulnerable populations, key messages developed by the appropriate Emergency Community Control Group (ECCG) in the event of a

municipally- managed emergency, will be made through the Municipal Emergency Information Officer.

In the event of an non-municipally-managed emergency where communication to the vulnerable populations identified within this plan is vital, the key messages generated by the County of Simcoe, District of Muskoka or Simcoe Muskoka District Health Unit will be forwarded to designated vulnerable populations Level 2 Communication Agencies identified within the Vulnerable Populations Plan utilizing email/telephone or SendWordNow, (a web-enabled emergency notification tool) depending on the urgency and expected response. See **Appendix 3: Vulnerable Populations Emergency Notification Protocol.**

The preferred method of communicating key messages is in writing, via mail or SendWordNow. This communication may be supplemented by a voicemail message indicating that the emergency notification protocol for vulnerable populations has been implemented.

Level 2 agencies will forward this information to their designated service providers using their existing methods of communication and further maintain contact information for each of their designated service providers. The listings of community service providers for vulnerable populations by sector are identified in **Appendix 4: Directory of Community Service Providers.**

The designated Level 2 agencies will further circulate information to their respective Level 3 service providers using their 24/7 response capability. Level 2 agencies will also receive any concerns related to the issue from level 3 partners and bring them forward to the Level 1 agency initiating the plan.

If necessary, a joint teleconference will be established to bring forward the issues and determine the appropriate course of action to address the concerns.

## ROLES AND RESPONSIBILITIES

To effectively address the objectives identified in the terms of reference the Level 2 agencies will assume the following roles/responsibilities:

1. To actively evaluate the identified listing and agencies within the plan and identify any new agency that would be best suited for communicating and conveying the needs of these populations in an emergency.
2. To ensure membership is representative of potential vulnerable populations within the Simcoe County and the District of Muskoka.
3. To compile and maintain a directory of community service providers for vulnerable populations by sector.
4. To develop a two way communication protocol to ensure the timely dissemination of information and the receipt of issues and/or concerns.
5. To develop core presentation materials inclusive of the communications protocol that sector representatives can use as an active tool to share information regarding the Vulnerable Population Plan:
  - a. To increase the awareness of the existence of the Vulnerable Population Plan and Committee and its relation to existing community service providers of vulnerable populations.
  - b. To Increase the awareness of community providers access to information and the forwarding issues of concern during an emergency.
  - c. To increase the awareness of community service providers to access emergency management authorities through sector representatives to ensure a coordinated response to service delivery during an emergency.
6. To identify varied strategies to provide continued knowledge exchange and increase awareness of the various services currently provided to vulnerable populations and how service providers may be able to support each other during an emergency.

## **PLAN MAINTENANCE**

The co-chairs of the Vulnerable Populations Emergency Planning Committee maintains the master copy of the Plan. Any major revisions to the plan, requires the approval of the Vulnerable Populations Steering Committee.

It is the responsibility of each Level 2 agencies identified within the plan to notify the co-chairs forthwith, of any administrative changes.

## **VULNERABLE POPULATIONS PLAN TESTING**

Routine exercising of the plan brings about an overall effectiveness of the Vulnerable Populations Emergency Notification Protocol and provide ongoing training and knowledge exchange to the Vulnerable Populations Emergency Planning Committee and planning partners.

For the testing of the plan, whenever an alert is initiated using the VP Communication Protocol, this will be used as an exercise test. All lead agencies will advise that they have disseminated the information to their level 3 and therefore serve as a test and an informal evaluation of the system

Formal exercises in addition to the routine alerts will also test and evaluate the plan and its protocols to ensure it's capable of providing the desired level of support to the intended population identified within the plan.

Revisions to this plan should incorporate recommendations, promote awareness and increase effectiveness and knowledge transfer.

# APPENDICES

## **APPENDIX 1: VULNERABLE POPULATIONS EMERGENCY PLANNING COMMITTEE** **TERMS OF REFERENCE**

In disaster preparedness and response, the term “vulnerable populations” is often used to characterize individuals who, because of a variety of health, social or cultural determinants, are more likely to experience a serious impact as a result of a large scale community emergency incident, and who are less likely to benefit from traditional response and recovery measures and/or who may be negatively affected by traditional response and recovery measures.<sup>vii</sup>

Vulnerable populations may broadly include any individual, group, or community whose circumstances present barriers to obtaining or understanding information or to access resources offered before, during and after a disaster event. Circumstances that may create barriers are not limited to: age; physical, mental, emotional, or cognitive status; culture; ethnicity; religion; language; citizenship; or socioeconomic status.<sup>viii</sup>

### **Purpose**

The purpose of the committee is to work with existing organizations that provide service to persons identified as vulnerable and provide a platform to identify issues/concerns as well as the provision of a two way communication mechanism to receive and disseminate timely information to vulnerable populations within Simcoe County and the District Municipality of Muskoka during any large scale emergency.

### **Objectives**

1. To actively evaluate the identified listing and agencies within the plan and identify any new agency that would be best suited for communicating and conveying the needs of these populations in an emergency.
2. To ensure membership is representative of potential vulnerable populations within the Simcoe County and the District of Muskoka.
3. To compile and maintain a directory of community service providers for vulnerable populations by sector.
4. To develop a two way communication protocol to ensure the timely dissemination of information and the receipt of issues and/or concerns.
5. To develop core presentation materials inclusive of the communications protocol that sector representatives can use as an active tool to share information regarding the Vulnerable Population Plan:

- a. To increase the awareness of the existence of the Vulnerable Population Plan and Committee and its relation to existing community service providers of vulnerable populations.
  - b. To Increase the awareness of community providers access to information and the forwarding issues of concern during an emergency.
  - c. To increase the awareness of community service providers to access emergency management authorities through sector representatives to ensure a coordinated response to service delivery during an emergency.
6. To identify varied strategies to provide continued knowledge exchange and increase awareness of the various services currently provided to vulnerable populations and how service providers may be able to support each other during an emergency.

### **Membership**

- Canadian Mental Health Association (CMHA) - Barrie
- Canadian Mental Health Association (CMHA) - Muskoka Parry Sound
- Central Local Health Integration Network (LHIN)
- Community Connections 211
- County of Simcoe - Emergency Management
- County of Simcoe – Social & Community Services
- District Municipality of Muskoka – Community Social Services
- District Municipality of Muskoka - Emergency Management
- North Simcoe Muskoka Local Health Integration Network (LHIN)
- Simcoe Muskoka District Health Unit

### **Committee Member’s Responsibilities**

- To actively participate in meeting the committee objectives.
- To carry out the objectives outlined in the objectives and the plan.
- To actively be engaged in the dissemination and receipt of information as per the communication protocol.
- To participate in committee meetings and complete assigned tasks.
- To actively be engaged in increasing the awareness of the Vulnerable Populations Plan and Committee through knowledge exchange sessions and presentations.

### **Role of Chair/Co-Chair**

The chair/co-chair of the committee will be either from the County of Simcoe, District of Muskoka or the Simcoe Muskoka District Health Unit. The term of the chair/co-chair will consist of minimum 3-years. The chair/co-chair of the committee will be selected by committee

members. The chair's position is linked to the identified agency and not to an individual. If the individual leaves the position prematurely the representative replacing that individual will carry out the duties until the end of the term.

The committee chair will:

- Coordinate and chair semi-annual committee meetings.
- Hold meetings at a location convenient for all committee members.
- Disseminate all materials relevant to meeting (not limited to agendas or minutes).
- Liaise directly or designate a representative to liaise with Simcoe Emergency Response Committee (SERC) and the Muskoka Emergency Response Committee (MERC).
- Retain official committee documents, including but not limited to; agendas, minutes and correspondence.
- Transfer all official committee documents, including all electronic or hard copies, to the next committee chair.

#### **Role of the Recorder**

The recorder of the meeting minutes will be on a rotational schedule based on agency representation. The recorder for each meeting will be determined at the end of each committee meeting.

The recorder will:

- Track agenda items and ensure that actions to be completed are clearly documented.
- Provide to the Chair with completed minutes for distribution via email within **one month** of the meeting date.

#### **Frequency and Duration of Meetings**

- Meetings will be called by the chair twice a year at a minimum. Meetings will preferably be held in Spring (i.e., March/ April) and Fall periods (i.e., October/November).
- Additional meetings may be called at the discretion of the chair, or an identified need to complete projects, agreed to by all committee members.
- A suitable location will be determined and teleconference and web conferencing options will be made available for all meetings. Meeting dates schedule to be based upon mutually agreed upon times.
- Duration: ½ day sessions.

**Reporting Relationships:**

- Co-Chairs to communicate the activities of the Vulnerable Populations Emergency Planning Committee to Simcoe Emergency Response Committee (SERC) and the Muskoka Emergency Response Committee (MERC).
- Committee members to communicate the activities of the Vulnerable Populations Emergency Planning Committee to their respective organizations.

**Quorum**

At least 50% representation must be present at all meeting (in person or via teleconference) to proceed with committee business. Committee representation is linked to the agency identified in the membership not the number individual representatives.

**Date Committee Formed**

October 2006

**Duration of Committee**

Ongoing participation

**Review of Terms of Reference**

The terms of reference will be reviewed on a bi-annual basis by all committee members.

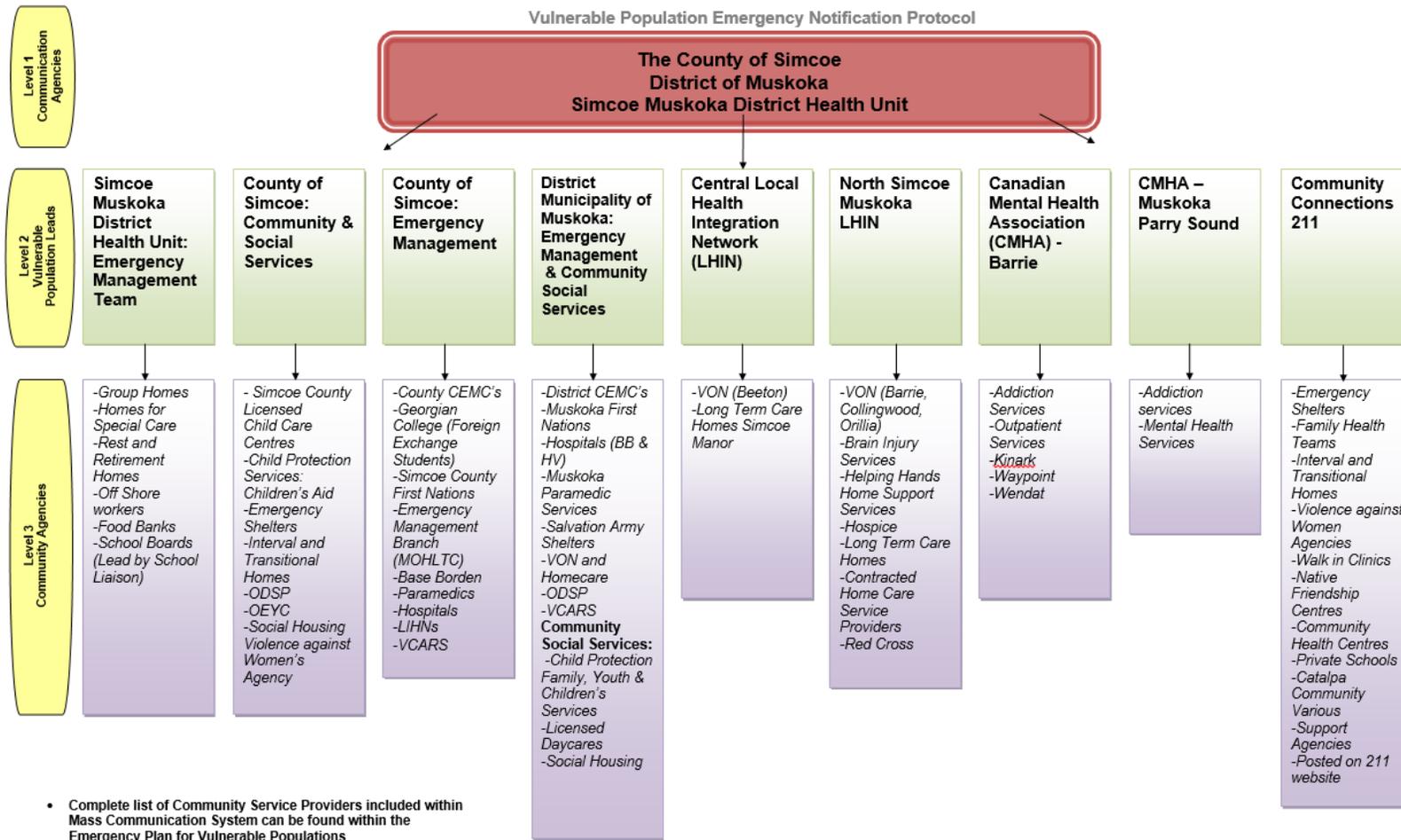
## **APPENDIX 2: LEVEL 1 AND 2 COMMUNICATIONS AGENCIES**

Vulnerable Populations Level 1 and 2 Communication Agencies with 24/7 capabilities:

- Canadian Mental Health Association (CMHA) - Barrie
- Canadian Mental Health Association (CMHA) - Muskoka Parry Sound
- Central Local Health Integration Network (LHIN)
- Community Connections 211
- County of Simcoe - Emergency Management
- County of Simcoe – Social & Community Services
- District Municipality of Muskoka – Community Social Services
- District Municipality of Muskoka - Emergency Management
- North Simcoe Muskoka Local Health Integration Network (LHIN)
- Simcoe Muskoka District Health Unit
- Georgian College (ad hoc)

**APPENDIX 3: VULNERABLE POPULATIONS EMERGENCY NOTIFICATION PROTOCOL**

**Vulnerable Populations Emergency Notification Protocol**



## Level 1

- **The County of Simcoe, The District of Muskoka and the Simcoe Muskoka District Health Unit**
  - *Daytime and After-hours Response*
- If **Daytime** response is required then routine communication via email &/or telephone to Level 2
- If **After-hours** response is required then use of SendWordNow to communicate with Level 2
- Message from SendWordNow-- Attend a Teleconference or Check Email for communique
- Level 2 agencies must confirm receipt and dissemination of communique from Level 1
- Note: During After-hours, if there is no response from level 2 within 30 minutes then Level 1 agency will contact Level 2 via phone
  - If SendWordNow is used then confirmation information will be generated

## Level 2

- **Level 2 Agencies**
  - *Leads with 24/7 capabilities*
  - Assigned agencies to disseminate communique from Level 1 to Level 3
  - If matter is urgent then Level 2 will include caption in email communique, instructing Level 3 agencies to reply to email and confirm receipt
- Note: If matter is urgent and assigned agencies are directly affected, a phone call in addition to the email communique may be required.

## LEVEL 3

- **Designated Service Providers in Vulnerable Populations Plan**
- Receive communique from Level 2 to assist with decision making or for information only
- If matter is urgent then Level 3 agencies will reply to email and confirm receipt as instructed by Level 2

**APPENDIX 4: DIRECTORY OF COMMUNITY SERVICE PROVIDERS**

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## REFERENCES

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- <sup>iii</sup> Ministry of Health and Long Term Care (2013). Health Equity Impact Assessment. Accessed: August 10, 2013 at <http://www.health.gov.on.ca/en/pro/programs/heaia/tool.aspx>
- <sup>iv</sup> Rowel, R. (2012). Introduction of a guide to enhance risk communication among low-income and minority populations: a grassroots community engagement approach. Health Promotion Practice 13(1): p. 124-32.
- <sup>v</sup> Gilbert A. Nick., Savoia, E., Elqura, L., Crowther, S., Cohen, B., Wright, T., Auerbach, J., Koh, H. (2009). Emergency Preparedness for Vulnerable Populations: People with Special Health-care Needs. Public Health Reports. 124(2): 338–343., Accessed : <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2646456/>
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