



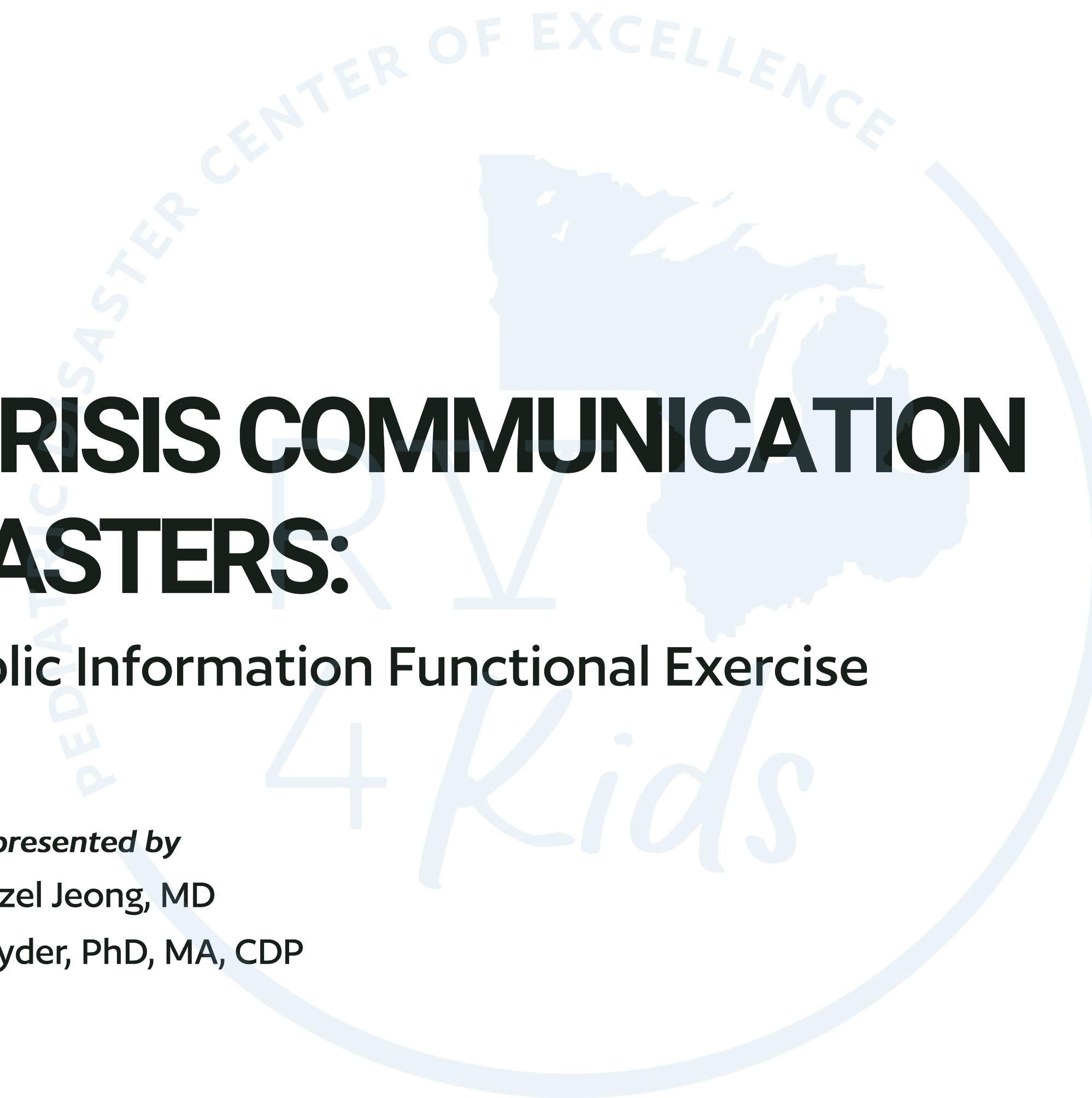
STRENGTHENING CRISIS COMMUNICATION FOR PEDIATRIC DISASTERS:

Lessons from a Multi-Hospital Public Information Functional Exercise

presented by

Hazel Jeong, MD

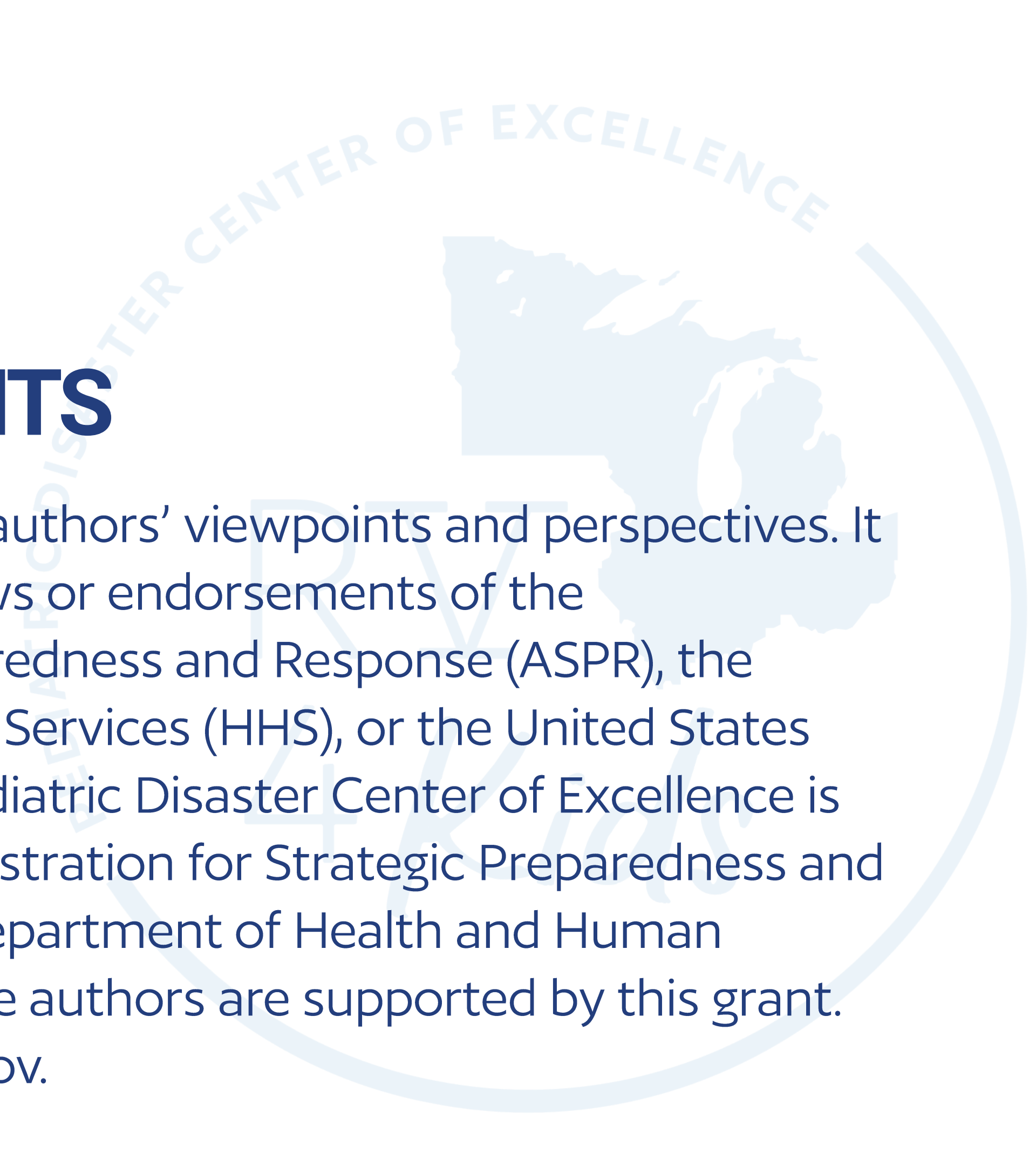
Shari Snyder, PhD, MA, CDP





ACKNOWLEDGEMENTS

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Who Is...

REGION V FOR *Kids* 
PEDIATRIC DISASTER CENTER OF EXCELLENCE

Three Pediatric Disaster Centers of Excellence

- Funded by the Administration for Strategic Preparedness and Response (ASPR)
- Bring together children's hospitals, private and public entities, and national organizations.
- Designed to share best practices in pediatric disaster preparedness, response, and recovery on a regional level.

 <p>Gulf-7 Pediatric Disaster Network</p>	 <p>Region V or Kids</p>	 <p>Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)</p>
<p>Awarded in 2022</p>	<p>Awarded in 2019</p>	<p>Awarded in 2019</p>
<p>Anchored at Texas Children's Hospital (Houston, TX)</p>	<p>Anchored at UH Rainbow Babies & Children's Hospital (Cleveland, OH)</p>	<p>Anchored at UCSF Benioff Children's Hospital (Oakland, CA)</p>
<p>7 U.S. states/territories: AL, FL, GA, LA, MS, TX, Puerto Rico</p>	<p>6 U.S. states: IL, IN, MI, MN, OH, WI</p>	<p>6 U.S. states: AZ, CA, NV, OR, UT, WA</p>



Pediatric Disaster Centers of Excellence



Palau	Federated States of Micronesia	Marshall Islands	Guam	American Samoa	U.S. Virgin Islands	Northern Mariana Islands	Puerto Rico





Emergency Medical Services for Children (EMSC) Program Authorized



1984

1986

1986 - 2008

2008

2010

2012

2014

2015

2016

2019

2021

2022

First EMSC Grants Awarded to Four States

Ongoing pediatric readiness advocacy

National Advisory Committee on Children and Disasters (NACCD) Established

National Commission on Children and Disasters: 2010 Report to the President and Congress

Institute of Medicine, Preparedness, Response, and Recovery Considerations for Children and Families

American Academy of Pediatrics Disaster Preparedness Advisory Council/ Council on Children and Disasters (AAP DPAC/COCD)

National Pediatric Readiness Project launches



2015 National Pediatric Disaster Coalition Conference (Scottsdale, AZ)

EMSC Innovation & Improvement Center replaces National Resource Center

Prehospital Pediatric Readiness Project launches



Pediatric Pandemic Network created

ASPR launches two Pediatric Disaster Centers of Excellence



ASPR launches third Pediatric Disaster Center of Excellence





PIO Exercise

Introduction

During Disasters, emergency management and health agencies are usually the key providers of healthcare services, yet communications breakdown between the two often impede response.

Typically occur for three reasons:

1. Structural
2. Operational
3. Informational exchange

Emergency officials often use digital media to communicate information about disaster risk (Hao & Kang, 2023)

Communication plays a crucial role in preventing deaths, injuries and property loss during disasters (Hao & Kang, 2023;)

How people get their information

Social Media

- Instagram, Facebook, YouTube, X, Snapchat & Tik Tok

Local News & Public Health Agencies

- State Health Departments
- Local News Stations

State & Federal Government

- FEMA

Non-profit Organizations

- Red Cross

Pediatric crisis introduces unique vulnerabilities that demand a specialized response

The Context

- Children have unique vulnerabilities during crisis events.
- Families instinctively rely on hospitals as their primary source of trusted information.

The Mandate

- Communications must be exceptionally timely and accurate to prevent panic and guide safe actions

General vs. Pediatric Disaster Communications

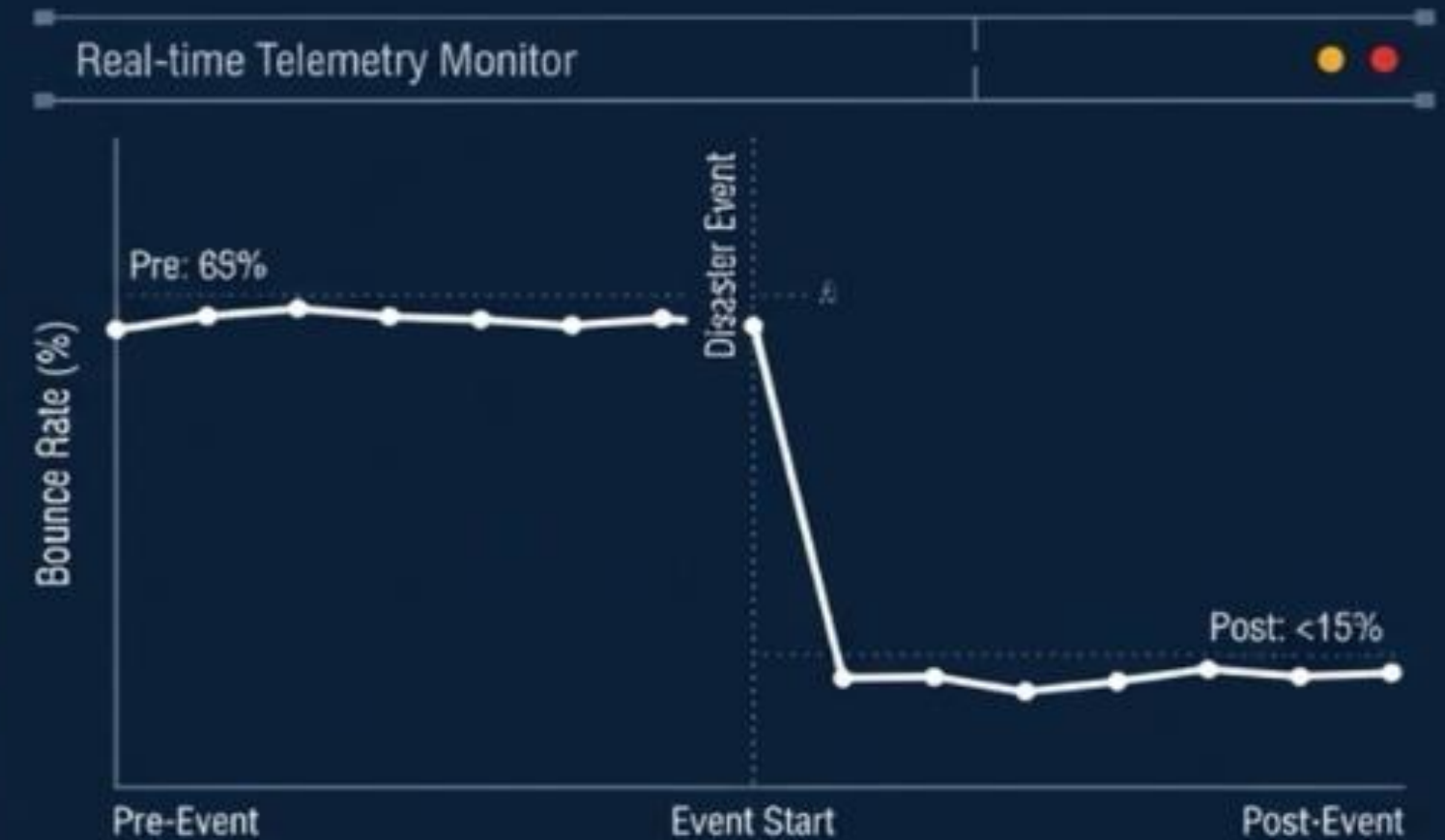
Parameter	General Disaster Comms	Pediatric Disaster Comms
Audience	Broad public.	Hyper-anxious parents and caregivers.
Tone	Public safety and compliance.	Empathetic, highly specific, family-centered.
Content Focus	Evacuation routes, generic medical advise, broad hazards.	Family reunification protocols, specialized pediatric medical needs, specific child vulnerabilities.

Disaster-related posts drive significant spikes in web traffic and retention

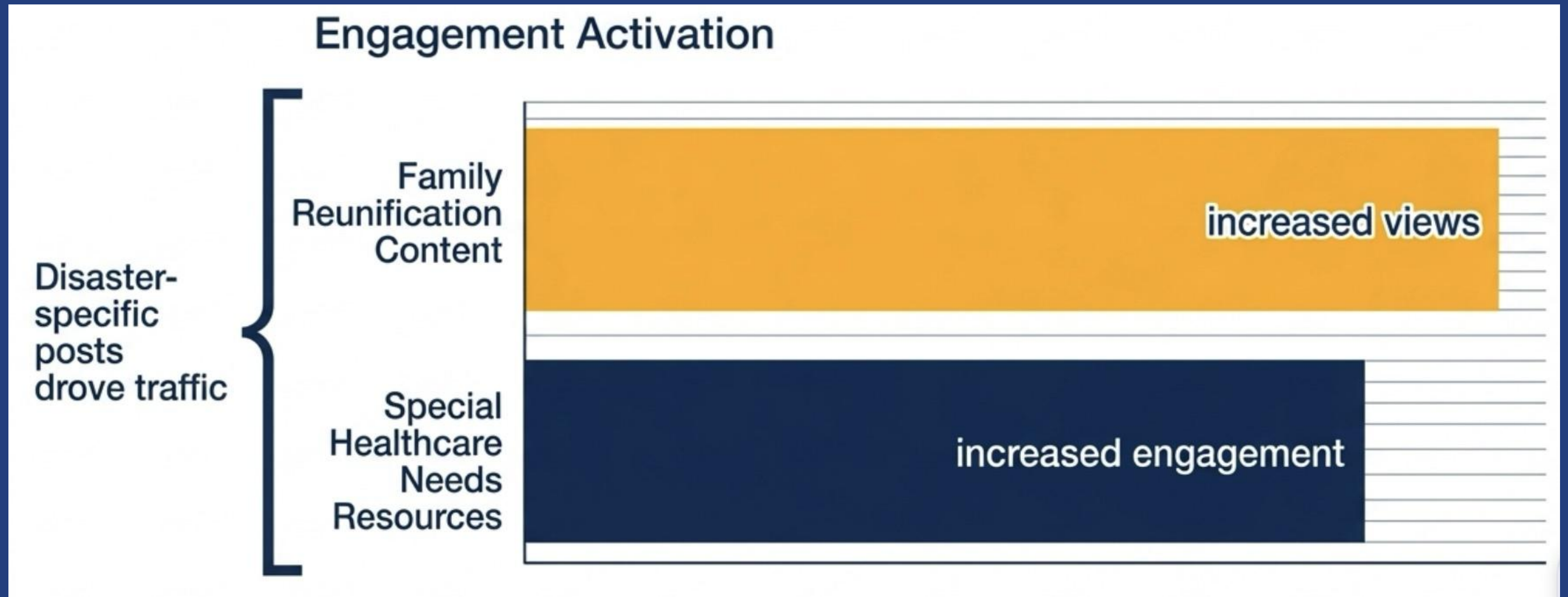
Engagement time increased significantly.



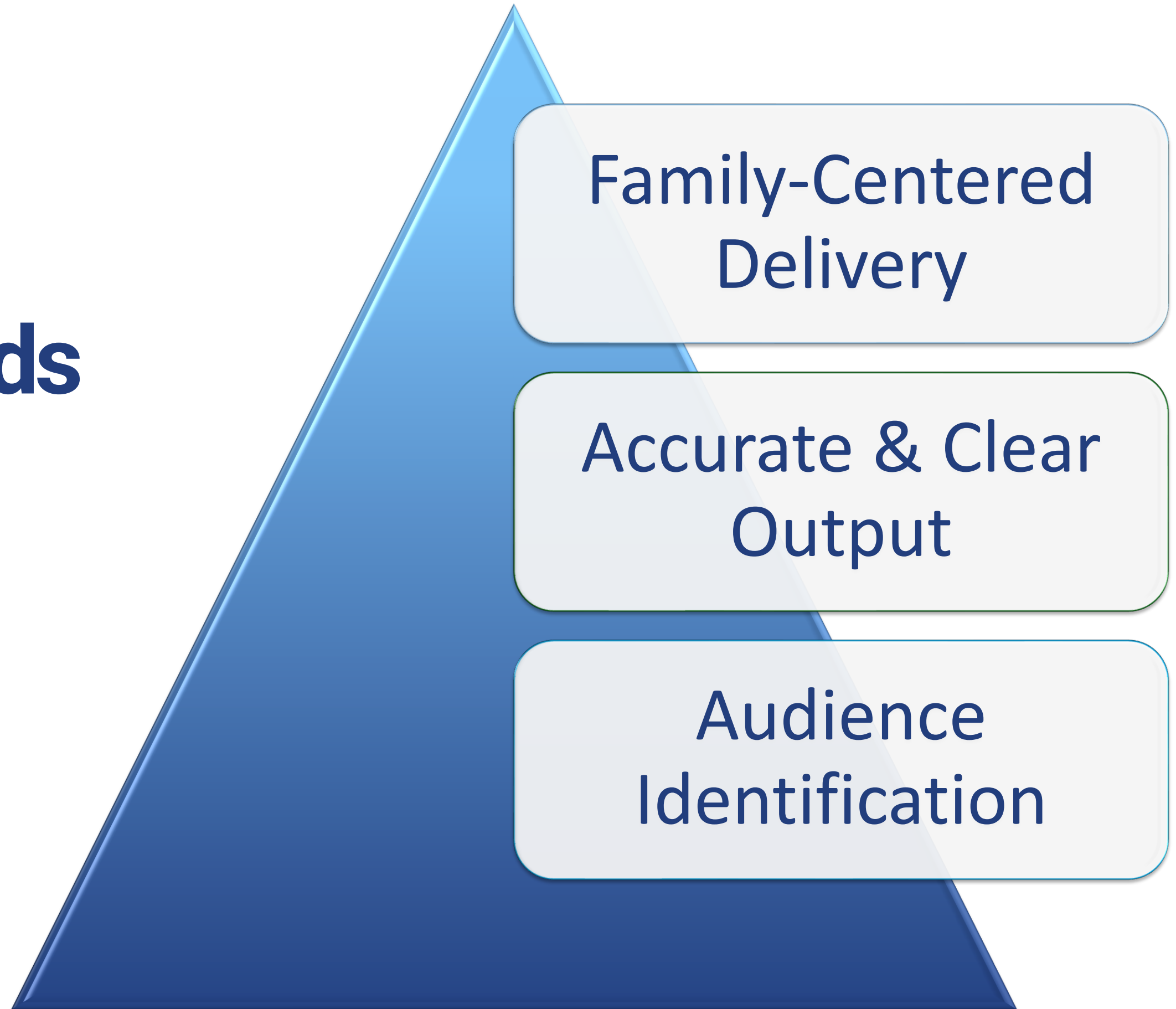
Bounce rates decreased.



Targeted messaging specific to pediatric needs yields the highest engagement



The Pediatric Communication Hierarchy of Needs



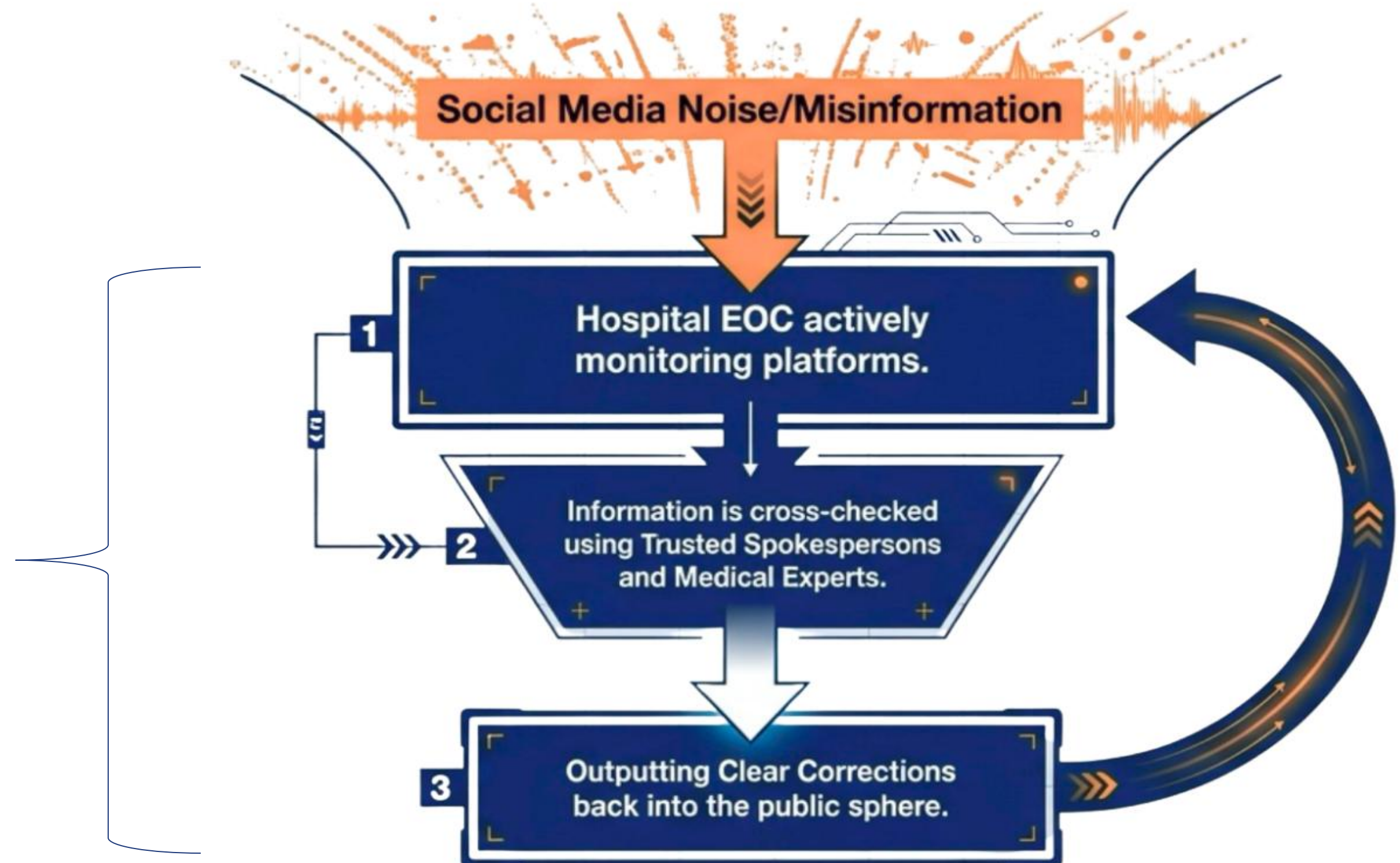
Managing the rapid dissemination of social media misinformation

THE MISINFORMATION FILTER

1. Monitor

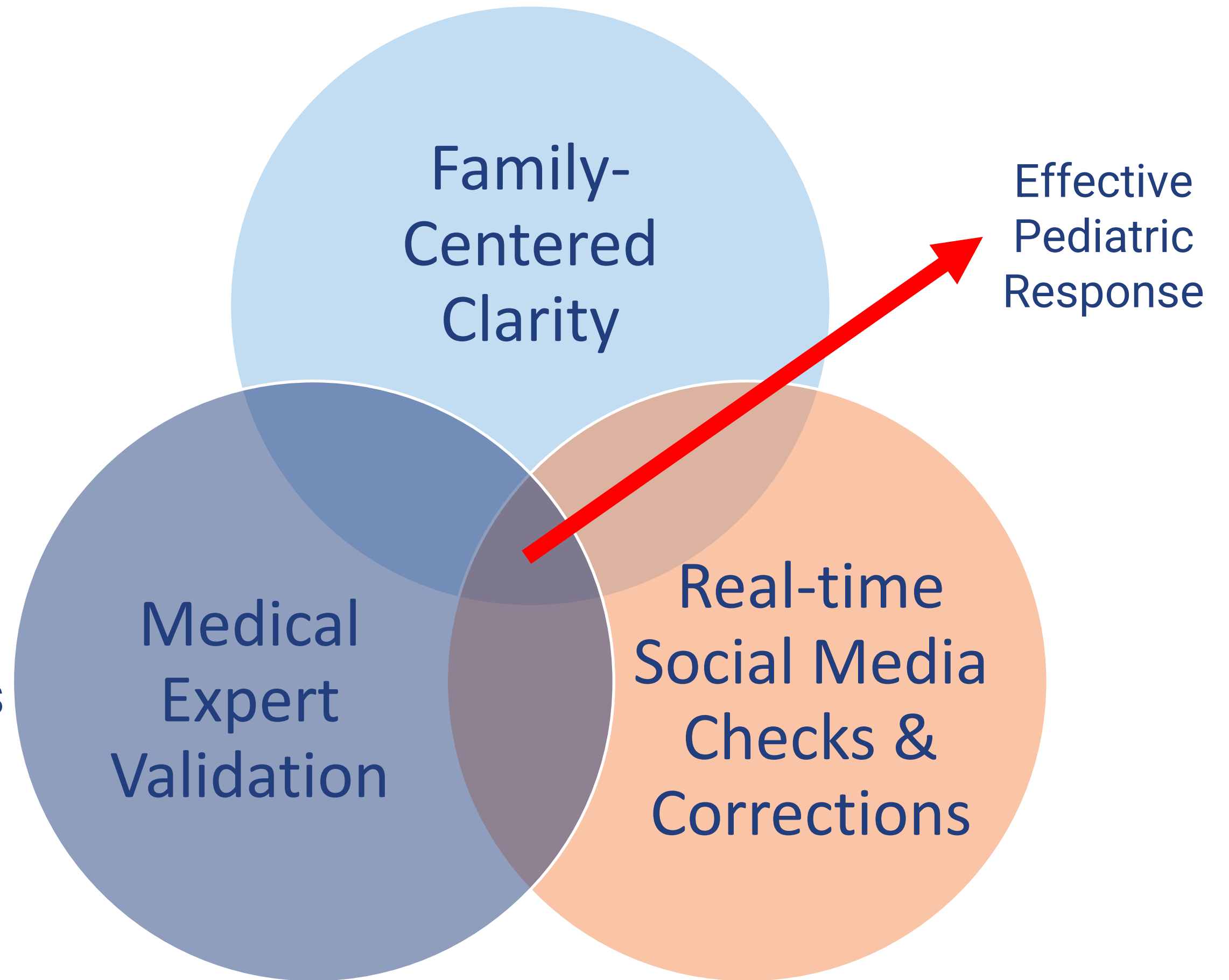
2. Validate

3. Correct

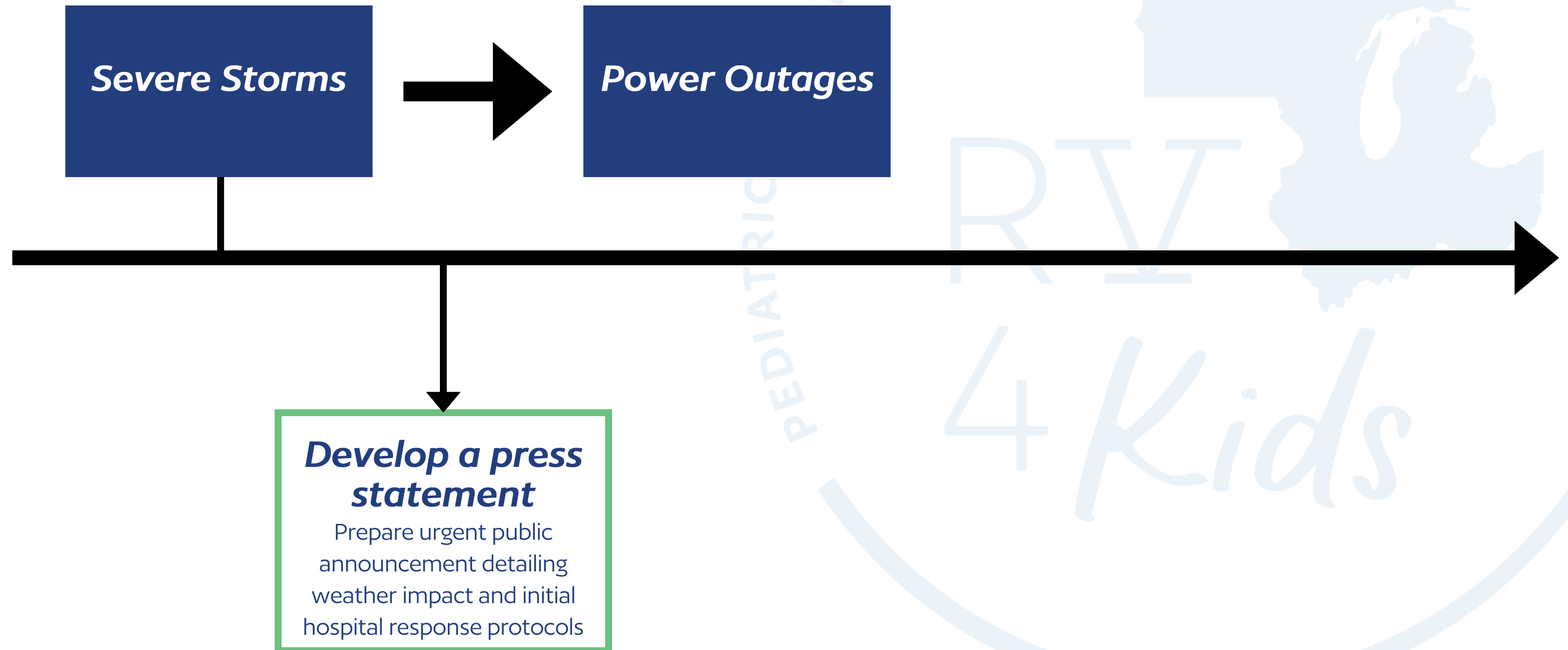


The Crisis Communication Triad

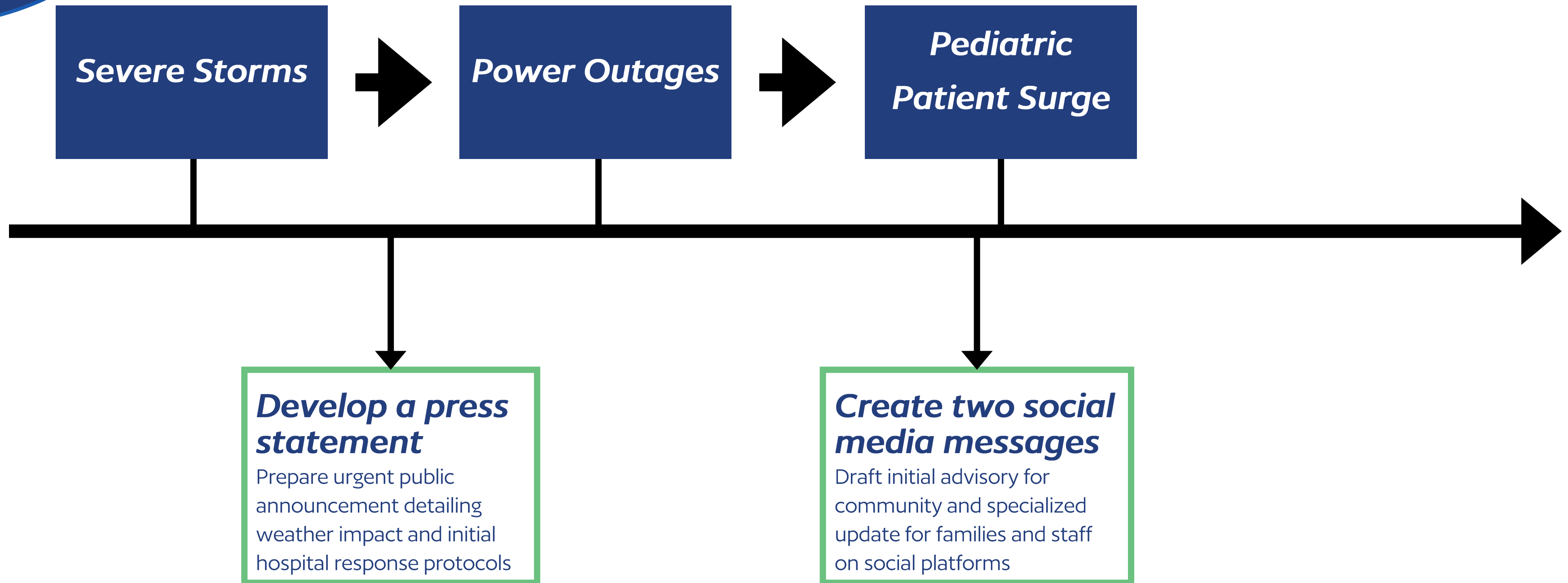
Access to medical experts is essential, but must be paired with active monitoring and clear messaging



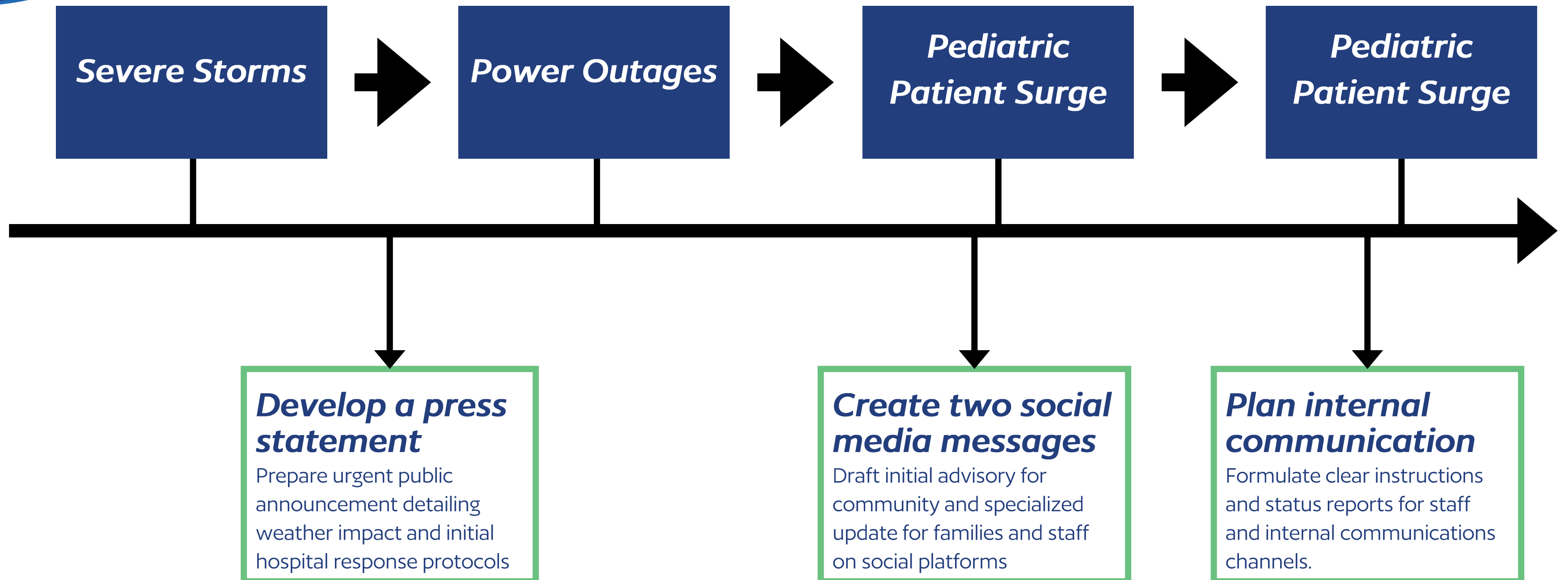
The Communications Tasks (Activity)



The Communications Tasks (Activity)



The Communications Tasks (Activity)



Applying these lessons to operational hospital readiness.

Update

Communications plans to include specialized pediatric information

Train

Train staff on the Misinformation Filter and Hierarchy of Needs

Exercise

Conduct regular scenario-based exercises.

Considerations

- What events do you use social media for?
- How do you build trust and credibility?
- How fast do you release your information without sacrificing accuracy?
- Who do you think still needs to be at the table when building your emergency communications plan?
- How do you coordinate with other organizations?
- Which organization takes the lead in dissemination of information if multiple organizations are involved?
- Meeting the needs of the media?

Resources

- Visit the Region V for Kids website for guidance
- FEMA: <https://www.fema.gov/cbrn-tools/key-planning-factors-chemical-incident/kpf3/7>
- American Hospital Association: <https://www.aha.org/aha-clear/communication-strategies>
- CDC: <https://stacks.cdc.gov/view/cdc/6117>





QUESTIONS

Contact Information:

Nita Gupta, MD | nita.gupta@childrensmn.org

Hazel Jeong, MD | hazel.jeong@nationwidechildrens.org

Shari Snyder, PhD, MA, CDP | shari.snyder@uhhospitals.org

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SURVEY



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THANK YOU