DWCC 2025-180 - DDBHH Accessibility of the National Public Alerting System

DDBHH Accessibility of The National Public Alerting System

The Deaf Wireless Canada Consultative Committee (<u>DWCC</u>) is conducting a national survey to help improve the National Public Alerting System (NPAS), with a focus on accessibility for Deaf, Deaf-Blind, and Hard of Hearing individuals across Canada.

The initiative is part of the Canadian Radio-television and Telecommunications Commissions (<u>CRTC</u>) ongoing proceeding to improve the public alerting systems: <u>CRTC</u> 2025-180.

What are Public Alerts?

Public alerts are important messages sent by the government to warn people about emergencies or danger. These alerts help keep people safe during urgent situations like wildfires, floods, or missing children. You might see or feel these alerts on your phone, TV, radio, or other devices. It is also known as an emergency alert. In this survey, we will use the word "emergency alert."

What is the survey about?

This survey asks about your experiences with emergency alerts (also known as public alerts or public alerting) which are the messages sent to your phone, TV, or other devices during emergencies like wildfires, floods, or missing persons.

DWCC wants to better understand:

- Accessibility barriers to receiving alerts
- Preferred languages and sign languages
- Nationwide gaps or inconsistencies in alerting
- How the system can be monitored and improved over time with feedback

This is an opportunity to have your voice and perspective included in national discussions about accessibility and public safety for DDBHH individuals in Canada.

Survey Details:

- Available in English, French, ASL, and LSQ
- Hosted on SurveyMonkey
- Available by request: PDF or paper mailed copy
- Up to 38 questions, covering both multiple choice and open-ended responses
- Approved by the CRTC (see link)

Why is this important?

DWCC's goal is to ensure that NPAS becomes fully accessible, especially through:

- Alerts in sign languages (ASL and LSQ)
- Compliance with the Accessible Canada Act, which aims to remove barriers for people with disabilities by 2040.

 Compliance with Canadian Human Rights Act to duty to accommodate persons with disabilities including Deaf, Deaf-Blind, and Hard of Hearing individuals across Canada

Your participation will provide valuable data that can help guide policy and implementation of accessible alerts in Canada.

Conditions for participation

To take this survey, you must be:

- 1. At least 18 years old; and
- 2. A Canadian consumer of a wireless or internet company for at least one year; and
- 3. Deaf, Deaf-Blind, Hard of Hearing, Oral deaf, or Late-deafened.

Your privacy, confidentiality and trust are important to us. All data collected will be stored according to industry wide data security standards. At the end of the survey you will have the <u>option</u>, it is your choice, to enter your name and e-mail to enter your name in a prize draw. This contact information is used only for the verification purposes for the prize draw. Once the draw finishes, your contact information will be erased from our records.

If you have any concerns or questions, you may contact Jeffrey Beatty, DWCC Chair at chair@deafwireless.ca.

Thank you for participating in this survey.

PART I: QUALIFYING QUESTIONS (3 questions)

1.	I hereby consent that my responses will be used to present the information to the Canadian Radio-television and Telecommunications Commission (CRTC) Notice of Consultation $\underline{2025-180}$.			
	Answering this "Yes" will allow you to continue, or if answering "No," you cannot do the survey.			
	a.	Yes		
	b.	No		
2.	Are you Ca	nadian or	a resident of Canad	da?
	Answering cannot do		_	ontinue, or if answering "No," you
	a.	Yes		
	b.	No		
3.	Are you 18	or older?		
	Answering cannot do		_	ontinue, or if answering "No," you
	a.	Yes		
	b.	No		
	ART II: DEMO		CS (8 questions)	
4.	Are you Deaf-Blind or DeafBlind? (answers will lead to related questions) If answer Yes \rightarrow Continue to Question 5. If answer No \rightarrow Skip to Question 6.			
	a. Yes			
	b. No			
5.			munication do you	use?
	a. Sign Larb. Tactile A	•	ile I SQ	
			nmunication)	
	c. Protactil	е		
	d. Two har	nd manual		

	b. c.	Deaf (a sign language user— for example: ASL or LSQ) Hard of Hearing Oral deaf Late-deafened	
	u.	Late-dealetted	
7.	Ho	ow old are you?	
	a.	18 to 24 years	П
		25 to 34 years	П
		35 to 44 years	П
		45 to 54 years	
		55 to 64 years	
	f.	65 years or older	
	g.	I prefer not to provide information.	
8.	WI	hat is your gender?	
	a.	Female	
	b.	Male	
	C.	Non-binary	
	e.	I prefer not to provide information	
9.	WI	hich languages do you use? Click on a	all applicable languages.
	a.	ASL	
	b.	LSQ	
	C.	English	
	d.		

6. How do you self-identify?*

RESIDENTIAL INFORMATION (2 questions)

10. Which Canadian province or territory do you currently live in?

a.	British Columbia		
b.	Yukon		
C.	Alberta		
d.	Northwest Territories		
e.	Saskatchewan		
f.	Nunavut		
g.	Manitoba		
h.	Ontario		
i.	Québec		
j.	Newfoundland and Labrador		
k.	Nova Scotia		
1.	Prince Edward Island		
m	. New Brunswick	\boxtimes	
11. W	here do you live (metropolita	n vs. rural)?	
a.	City or metropolitan/suburban	area (50,000 or more people)	
b.	City or town (between 2,500 –	· 50,000 people)	
C.	Village (fewer than 2,500 peop	ole)	
d.	I am nomadic, living from towr	n to town	
e.	I prefer not to provide informat	tion	

PART III: DEVICE AND SERVICE USAGE (3 questions)

12. D	o you use wireless and/or internet se	rvices?	
b	Wireless only (LTE/5G)Internet only (WIFI)Both, Wireless and Internet (WIFI)		
	o you currently have a wireless Accessiscount or features specifically for pe	• • •	offers a
а	. Yes		
b	. No		
С	. I did not know such a plan exists.		
	Vhat kind of device do you own that you? Click on all applicable answers.	ou receive or do not receiv	ve the alerts
a	. Apple iPhone		
b	. Android (i.e. Blackberry, Google, LG, S	Samsung, Sony).	
С	. Windows device		
d	. Tablet (i.e. Apple iPad, or Android: Ga	laxy, Lenovo, or Amazon)	
е	. I do not receive any alerts		
f.	Other (please specify): [Please type of	or write in the text box]:	
		_	
	Vhat other platforms do you receive en martphones or tablets? (Select all that	•	ın
	. TV		
b	 Visual Display in transportation centre (airport, ferry or train stations). 	s	
С	. Visual Signage on highways		
d	. Public spaces in building spaces (ie. lo	obby)	
е	. Instant Messenger and Chat		

f.	Social media (e.g., Facebook, Twitter/X)		
g.	Email or text from government sources		
h.	Emergency Alert app		
PAR1	IV: NATIONAL PUBLIC ALERTING SYSTE	M (EMERGENCY ALERT	S)
PERS	SONAL EXPERIENCE (3 questions)		
	ave you ever received an emergency alert Yes $ ightarrow$ Skip to Question 18. If No $ ightarrow$ Conti	• • • • • • • • • • • • • • • • • • • •	
	Yes □ No □		
(P	you do not receive any alerts, why not? lease type or write in the text box below. A uestion 24.)	after answering → Skip to)
	hat kind/type of emergency alerts have you	u received? Click on all a	ipplicable
	Test Alert (Alert Ready system test)		
	AMBER Alert (child abduction emergency) Weather Alert (tornado, blizzard, extreme he	eat/cold	
0.	severe thunderstorm, etc.)	arouu,	Ш
	Natural Disaster Alert (wildfire, flood, earthque	,	
e. f.	Civil Emergency Alert (dangerous person, sl Environmental & Technological Hazards (rad		
1.	infrastructure failure, etc.)	alological, offerfittel,	
g.	Emergency Alert (9-1-1 service outage, publ	lic health, etc.)	

19.	19. Do you want to be able to review past alerts?			
	a.	Yes		
	b.	No		
TE	ST	EMERGENCY ALE	RTS (3 questions)	
20.		•	ed a test emergency alert? Question 21. If No → Skip to Question 24.)	
	a.	Yes		
	b.	No		
21.	(If	•	ou give feedback on a test emergency alert? Question 22. If No → Skip to Question 24.)	
		No		
22			to submit your foodback about the clart?	
22.			to submit your feedback about the alert?	
		Click a button on the	e alert notification	
		Email Designated text nur	nher	
		Alert Ready website		
			rial Emergency Management Office	
		Local Broadcaster of		
	g.	I don't know/Not sur	re	
23.		hy is it important fo	or you to be able to give feedback on a test e	mergency
	a.	To ensure alerts are	e delivered in accessible formats	
		(e.g., visual, text, ta	ctile, braille).	
	b.	To verify that alerts	are effective for DDBHH individuals.	
	C.	To test the technica methods.	l effectiveness of current alert delivery	
	d.	To identify how aler cause confusion.	t language, visuals, or delivery might	
	e.	To educate about th	ne specific needs of the DDBHH community.	
	f.	To support the deve safety systems.	elopment of more inclusive public	

_	emergency communication	
EME	RGENCY ALERTS ACCESSIBILITY (6 q	uestions)
	o you find current alert systems access r Hard-of-Hearing person?	sible for you as a Deaf, DeafBlind,
a.	Yes □	
	Somewhat	
	No □ I'm not sure □	
u.	Till flot sure	
25. W	hat are the main barriers you face whe	n receiving emergency alerts?
a.	No visual notification (e.g. no flashing lig	ht or pop-up)
b.	No vibration haptic alert	
C.	Audio-only alerts without text	
d.	Alert not available in ASL or LSQ	
e.	Poor timing or delays in alert delivery	
f.	Difficult language (too complex or unclea	ar)
g.	Alert not accessible on device	
h.	Lack of instructions in the alert	
i.	Internet or cellular service too weak to re	eceive alerts
j.	Alerts don't match location	
k.	Information on screen disappeared too	quickly/
_	could not review information	
I.	Not enough details	
m	. No photos of the missing person	
g.	Other [Please type or write in the text	box]: □
	I .	

g. To raise awareness about accessibility issues in

26.	6. Which format is the most accessible for you during an emergency? (Select all that apply)			
	a.	Sign language video	o (ASL or LSQ)	
	b.	Text captions		
	C.	Visual flashing alert	s	
	d.	Haptic alerts		
	e.	Vibration alerts		
	f.	Visual icon or emoji	for a specific emergency event.	
	g.	Background and for	nt colours.	
	h.	Audio alerts		
	i.	Other (please speci	fy): (Please type or write in the text box)	
27	Δr	e vou satisfied with	the information included in the emergen	cv alerts?
Z 1.	(If	Yes → SKIP to Que	estion 29. If No → Continue to Question 28	-
	a.	Yes		
	b.	No		

28.	28. What information would you like included in emergency alerts? (Select all that apply)				
	a.	Plain language description of the emergency.			
	b.	What to do next (instructions), ie, food rationing in supply chain crisis.			
	C.	Links to where to go for shelter and safety (ie, cooling/warming centre)			
	d.	Specific phone number, text, or email to contact for help.			
	e.	Visual alert with symbols or icons			
	f.	ASL or LSQ video explanation			
	g.	Location-specific details (e.g. nearby danger zones)			
	h.	How long the emergency is expected to last (be specific or say "unknown")			
	i.	Where to go for updates (website, social media, etc.)			
	j.	Accessibility support information (e.g. VRS/VRI,			
		DeafBlind assistance).			
	k.	Other (please specify). [Please type or write in the text box]:			

PART V: LANGUAGES IN EMERGENCY ALERTS (3 questions)

	29. Which languages do you prefer to receive the emergency alerts in? Click on all applicable languages.			
a	. ASL (American Sign Language)			
b	. LSQ (Langue des signes québé	coise)		
c	. English			
C	I. French			
	30. Do you support a federal requirement for sign language inclusion in all emergency alerts?			
a	ı. Yes			
b	o. No			
C	. Not sure			
31. Do you believe emergency alerts should be available in sign language across all platforms (TV, phone, social media)?				
	ı. Yes			
	o. No			
C	. Not sure			
PAF	RT VI: REAL LIFE EXPERIENCES	(4 questions)		
V	Have you been in a location wher veather, or any other emergency If Yes $ ightarrow$ Continue to Question 34	event(s)?	_	
a	ı. Yes			
b	o. No			

Continue to next page....

	W	nat kind of emergency event was it?	
	a.	AMBER Alert (child abduction emergency)	
	b.	Weather Alert (tornado, blizzard, extreme heat/cold, severe thunderstorm, etc.)	
	C.	Natural Disaster Alert (wildfire, flood, earthquake, etc.)	
	d.	Civil Emergency Alert (dangerous person, shooting,	
		bombing, etc.)	
	e.	Environmental & Technological Hazards (radiological, chemical, i	infrastructure
		failure, etc.)	
	f.	Emergency Alert (9-1-1 service outage, public health, etc.)	
	g.	Other (please specify): [Please type or write in the text box]:	
34.	Ar		
	-	e you willing to participate in a follow-up interview or focus g ur experiences and barriers you faced in that emergency eve Yes → Continue to Question 35. If No → Skip to Question 36)	nt(s)?
	(If	ur experiences and barriers you faced in that emergency even	nt(s)?
	(If a.	ur experiences and barriers you faced in that emergency even Yes → Continue to Question 35. If No → Skip to Question 36)	nt(s)?
35.	(If a. b.	ur experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences and barriers you faced in that emergency eventually experiences are continued to Question 35. If No \rightarrow Skip to Question 36) Yes	nt(s)?

Note: this contact information is used only for the draw. Once the draw finishes, your contact information will be erased from our records.

PART VII: YOUR COMMENTS

Anything else that you would like to share with us and/or with the Canadian Radio-television and Telecommunications Commission (CRTC) related to accessibility of public alerting?				
[Type in text box or do video in ASL, LSQ, any ISLs in YouTube and insert link here].				
OR				
[Please write on the lines below or on the back of the last page of this survey]				

Part VIII: TO ENROLL IN THE DRAW - OPTIONAL

37. I want to enter my name into the prize draw for this survey. (If Yes \rightarrow Continue to Question 38. If No \rightarrow End of Survey.)	
a. Yes □	
b. No \square	
38. If you would like to enter your name in the draw for the prizes, choose which prize you want: ☐ iPhone ☐ Android	h
Name:	
City of Residence:	
Province:	
Email or phone number (your preferred contact):	
$\hfill\square$ By entering this draw, I acknowledge and agree that the winners' names and their cities will be made public. No other identifying information will be made public.	ſ
Note: this contact information is used only for the draw. Once the draw finished your contact information will be erased from our records.	s,
PART IX: Thank you for your participation.	
Thank you for your participation in this survey. Your feedback will help improve accessibility of public alerts for the Deaf, DeafBlind, and Hard of Hearing community Canada.	in

End of Document