



NW Oregon

Health Preparedness Organization

Culturally-Specific Populations Emergency Communications

Project Summary

Presented in partnership with:

African American Health Coalition

African Community Center of Oregon

Asian Health & Service Center

Hacienda Community Development Corporation

Immigrant and Refugee Community Organization

Latino Network

Native American Rehabilitation Association

Multnomah County Health Department

Multnomah County Emergency Management

El Programa Hispano

Russian Oregon Social Services

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Introduction

This is a summary of a pilot project implemented to improve community health through more effective emergency communications with selected culturally-defined communities in Northwest Oregon. The project is one component of the Northwest Oregon Health Preparedness Organization's (HPO) work aimed at preparing the region's healthcare system to respond to large-scale health emergencies. This summary is not a manual for communicating with non-majority cultures, but rather a summary of the process and findings of the seven-month pilot project conducted in 2006.

Catastrophes like Hurricane Katrina have demonstrated the disastrous results that can occur when communications systems, designed primarily for the majority culture, fail to reach all people affected by an emergency. As part of preparing Northwest Oregon for large-scale health emergencies, HPO project leadership set the following goal:

Methods for communicating with culturally-specific populations in an emergency will be clearly defined and enhanced, in order to improve the timely distribution of information. As a result, culturally-specific populations throughout the region will receive, understand, trust, and be able to act upon the information they receive.

Background

This project originated with the Northwest Oregon Health Preparedness Organization (HPO). The HPO is a collaboration of public and private healthcare partners whose goal is to prepare and respond effectively and efficiently to serious large-scale health emergencies that have impacts across institutional and jurisdictional lines. The HPO Steering Committee serves as the lead planning body for regional health system preparedness and oversees the allocation of designated HRSA (Health Resources Service Administration) funds, a major source of federal funding for health system emergency preparedness. HPO staff is based at the Multnomah County Health Department.

The 2005 HRSA Hospital Preparedness grant included a directive to be able to serve "vulnerable populations" within all established response benchmarks. The HPO Steering Committee chose to initially address this HRSA directive by initiating a project that would assess communication channels with culturally-specific communities during health emergencies. One hospital partner shared the experience of an influx of Russian-speaking patients requesting evaluation and treatment for avian flu. While the hospital quickly realized these requests arose from a false rumor, it had no means of communicating with the Russian-speaking community to correct the misunderstanding and stem the tide of people inappropriately presenting at the hospital. The project, named the Culturally Specific Emergency Communications Project (CSPEC), was developed to work

with identified populations to create culturally-appropriate communication plans that could be quickly and effectively activated in emergencies.

CSPEC was conceptualized as an advancement of Multnomah County Health Department's Community Emergency Preparedness framework. Initial work focused on developing leadership among Health Department staff who had professional and/or personal connections to vulnerable communities. These staff members were trained and exercised to serve as Community Connectors, providing two way communications between communities and appropriate emergency response organizations (e.g. Incident Command organizations). Both internal staff and Community-Based Organizations (CBOs) are empowered to influence emergency responses to meet their communities' needs as well as to develop communications to promote safety and health during an emergency. This project work also embodies the principle of engaging vulnerable communities in two-way communication functions.

Project Planning Steps

Assembled an internal advisory group. An advisory group was made up of Multnomah County Health Department employees with strong connections to specific ethnic, racial or cultural communities. A county public information staff person was added to the group to represent the information needs of a public information officer in an emergency response. The advisory group reviewed current health department outreach efforts, emergency preparedness needs, HPO Steering Committee directives, and HRSA grant guidelines. The advisory committee guided the project throughout the planning phase and made decisions by consensus. HPO staff provided facilitation and support to the advisory group.

Selected target populations based on Region 1 census data. With a seven-month time frame and \$295,000 budget, the advisory group decided to limit this first phase of the project to culturally specific groups with the largest populations in the six-county region based on census data.

Defined the project goal and scope of work. The HPO Steering Committee directed a focus on communications. The advisory committee, however, emphasized the communities' need for and right to emergency preparedness information and resources. Since HRSA grant guidelines limit the purchase of personal emergency preparedness materials, HPO staff agreed to pursue other sources of funding to meet this need. The advisory group agreed on the project goal and outlined the scope of work: conduct culturally relevant community assessments, create written communications plans, and conduct or participate in community events or gatherings to increase emergency preparedness.

Chose to partner with Community-Based Organizations (CBOs) and locate project oversight in County Office of Emergency Management (OEM). HPO staff initially considered using a consultant for the

entire project due to the complexity of managing multiple contracts. In consulting with project advisors, it became clear that partnering with Community-Based Organizations (CBOs) currently working in the designated communities would be the most effective strategy, especially since project results were expected within a very short timeline. Although HPO staff oversaw the project, actual project management was placed in the Multnomah County Office of Emergency Management (OEM) because the long-term vision was to institutionalize the project within OEM as a component of its citizen preparedness responsibilities. A dedicated project coordinator was later hired with a portion of project funds and assisted the OEM Director in project execution.

Selected CBOs and designed funding formula. The advisory committee set criteria for CBO selection. Committee members with knowledge of targeted cultural communities, in consultation with community leaders, assessed emergency preparedness interest of CBOs meeting the selection criteria. Funding was allocated among targeted populations roughly in proportion to population estimates; the minimum funding level was set at \$10,000. Nine CBOs emerged as interested and qualified project partners.

Project Execution

The advisory committee members with community connections became project liaisons; they worked with the CBOs throughout the project. CBOs had identical contracts with the exception of those serving the Latino community. Due to the size and geographic spread of the Latino population, three CBOs decided to work together and divided the deliverables among their organizations. All contracts contained these deliverables:

1. Conduct culturally relevant community assessments to understand:
 - Current communication methods the community utilizes to disseminate information;
 - Ways in which the community will most likely respond to a public health emergency;
 - Considerations that influence the community response to a public health emergency;
 - Community preparedness needs.
2. Create a written description of the assessment detailing development, implementation, and results.
3. Create a written plan that describes how to communicate with the community during a public health emergency including:
 - A detailed description of the most efficient and culturally appropriate communication methods;
 - Community leaders who will serve as messengers and provide information back to the response organization;
 - Primary and secondary contacts to be utilized for communicating with the community in an emergency.
4. Conduct or participate in community events and/or community gatherings to increase emergency preparedness.

Each CBO determined culturally-specific approaches to producing contract deliverables. Due to delays in CBOs receiving contracts, CBOs faced the challenge of completing their work in five months (this was later extended by two months due to an extension granted by HRSA).

The advisory committee designed an initial orientation and planned subsequent monthly meetings for all CBOs. The meetings brought CBOs together regularly to share their progress and challenges. Skillful meeting facilitation and culturally-sensitive activities helped CBOs develop trust and connect with each other as they worked on their community's assessments and plans. Project liaisons also had periodic meetings with each other, Emergency Management and HPO staff to monitor project progress and work through problems. The project coordinator provided staff support to this phase of the project.

Results and Next Steps

CBOs worked with great dedication, effort and haste to meet project deliverables which included a report of their assessments and preliminary communications plans. Reports varied in comprehensiveness and completeness; no common format was proscribed. Awareness of emergency preparedness was raised through community events and gatherings. Some CBOs began integrating emergency preparedness information into their routine home visits. By the end of the pilot project, CBOs had built a rapport and feeling of unity among themselves; they came to consensus in renaming the project *Cultures Uniting for Emergency Preparedness*.

The second phase of the project is underway. CBO partners will use HRSA FY06 funds to refine and test communications plans started in this pilot phase. In response to the need for emergency preparedness resources, HPO and County Emergency Management staff secured additional UASI (Urban Area Security Initiative) funding for CBO partners to obtain these resources.

Community relationships, plans, and emergency contacts will need to be continuously maintained and updated in order to be ready for future emergencies.

General Findings

These findings are based on the Community-Based Organizations' final project reports:

- ◆ The most effective way to engage people in communities outside of the majority culture is to work through people and organizations known to and trusted by community members. Three examples are: Community-Based Organizations (CBOs), Mutual Assistance Associations (MAAs) and respected persons.
- ◆ Community-Based Organizations (CBOs) can serve as a link to broad cultural groups. CBOs have a track record of delivering culturally appropriate services to their members and have developed trusted relationships. CBO leaders are

often fluent in English and understand the majority culture. They are willing to work with government entities for the benefit of their community. As non-profit organizations, however, they do not have the surplus staff and resources to do unfunded work.

- ◆ A single cultural or ethnic group is not homogenous; subgroups are based on factors such as religious belief, length of time in U.S., age, acculturation, income, literacy level and education.
- ◆ The messenger and other contextual elements cannot be separated from the message. This contrasts to majority culture communication in which words (content messages) tend to be of greater importance. While messages need to be delivered in native languages, the context of the culturally-appropriate message is integral to its comprehension and credibility.
- ◆ Many members of non-majority cultures have a low literacy level in their native language. Therefore, translating dense English text-based materials is not an effective communications strategy. Using pictures, diagrams, and other visuals along with simple and culturally appropriate text greatly increases comprehension.
- ◆ Many cultural communities have experienced majority culture institutions coming to their communities to collect information without delivering anything of benefit in return. This has engendered suspicion and bitterness among these cultural communities, since their effort to provide information creates expectations of positive results in the form of follow-up and possible solutions.
- ◆ CBOs have a shared experience of being enlisted to distribute pre-designed messages or programs to their communities. These messages and programs are often wholly or partly inappropriate or irrelevant to their community members. Involving communities at the front end of communication and outreach efforts will increase their effectiveness.
- ◆ Family and relationships are of primary importance and will affect the response to an emergency. Across cultural groups, respondents expressed the importance of joining with their extended family during an emergency.
- ◆ Economic considerations are a major factor in preparation and response across groups. Many people cannot afford to create an emergency kit. Public directives to stay home during a health crisis will compete with the need to earn money and keep jobs that do not offer paid time off.

Specific Considerations

The following examples illustrate the complexity of and need for specific cultural knowledge in effective communications with local groups outside the majority culture. There is no one-size-fits-all method for communicating with all groups. These examples are taken from the project reports of the Community-Based Organization partners. We present them not as stereotypes, but as examples of diversity that must be considered in designing effective emergency communications networks. The complete reports are available and provide in-depth information on specific cultural groups.

- ◆ Spanish-language radio is a primary source of daily news and information for Latinos.

- ◆ Internet sites are a popular communication mechanism among Cambodian, Hmong, Mien, Lao and Vietnamese.
- ◆ Most members of the local Russian-speaking community are evangelical Christians whose daily lives are intertwined with their church. While pastors might serve as a link to the Russian-speaking community, past government persecution suggests a need to develop consistent trusting, stable relationships between the church and outside organizations.
- ◆ Many Asian and African immigrant communities have active Mutual Assistance Associations (MAAs) that play a leadership role. MAAs are often embedded in temples, mosques, churches and other houses of worship.
- ◆ A face-to-face introductory meeting or, if new to the community, a formal letter followed by a phone call and face-to-face introductory meeting is the preferred way of contacting respected leaders in many African communities.
- ◆ Over two-thirds of African Americans surveyed indicated that they would gather at church during a public emergency.
- ◆ Mistrust of government agencies and fears of experimental vaccines could restrict participation in vaccination campaigns among Native Americans.

The following Community-Based Organization partners executed the project. Please contact them for a project report on specific communities.

CBO	Contacts	Community Served	Services Provided
<p>African American Health Coalition, Inc. 2800 N Vancouver Ave, Suite 100 Portland, OR 97227 (503)413-1850 www.aahc-portland.org</p>	<p>Primary Corliss McKeever 2800 N Vancouver Ave, Suite 100 Portland, OR 97227 (503)413-1850 corlissm@aaahc-Portland.org</p> <p>Secondary John Barnett Same address and phone as above johnb@aaahc-portland.org</p>	<p>❖ African American residents of Portland</p>	<ul style="list-style-type: none"> ❖ Nutrition seminars ❖ Diabetes support group ❖ Substance abuse support ❖ Physical activity awareness ❖ Health and body seminars ❖ Health disparities
<p>Asian Health & Service Center 3633 SE 35th Place Portland, OR 97202 (503)872-8822 (503)872-8825 www.ahsccpdx.org</p>	<p>Primary Holden Leung 3633 SE 35th Place Portland, OR 97202 (503)872-8822 hleung@ahsccpdx.org</p> <p>Secondary Christine Lau Same address as above (503)872-8822 ext. 201 clau@ahsccpdx.org</p>	<p>❖ Chinese and Korean residents of Oregon</p>	<ul style="list-style-type: none"> ❖ Asian mental health program ❖ Community and senior program ❖ Family and youth services ❖ Addiction treatment program ❖ Chinese immersion preschool
<p>Ecumenical Ministries of Oregon-Russian Oregon Social Services 4033 SE Woodstock Blvd. Portland, OR 97202 (503) 777-3437 (503) 777-6545 fax ross@emoregon.org www.emoregon.org/ross.php</p>	<p>Primary Shelley McIntosh 4033 SE Woodstock Blvd. Portland, OR 97202 (503) 777-3437 (201) 779-5348 smcintosh@emoregon.org</p> <p>Secondary Yelena Hansen Russian Oregon Social Services (503) 777-3437 yhansen@emoregon.org</p>	<p>❖ Russian speaking immigrants & refugees of Portland-metropolitan area, greater Oregon & Clark County Washington</p>	<ul style="list-style-type: none"> ❖ Community orientation and agency referrals ❖ Domestic violence services ❖ Sexual assault services ❖ Breast health educational program ❖ Youth services ❖ Mental health counseling ❖ Notary services ❖ Dental services ❖ Pro-bono legal consultation ❖ Emergency preparedness

CBO	Contacts	Community Served	Services Provided
<p>El Programa Hispano-Catholic Charities 451 NW 1st Street Gresham, OR 97030 (503) 669-8350 www.catholiccharitiesoregon.org</p>	<p>Primary Nathan Teske El Programa Hispano 451 NW 1st Street Gresham, OR 97030 (503) 669-8350 ext. 233 (503) 515-4850 nteske@catholiccharitiesoregon.org</p> <p>Secondary Adriana Martinez El Programa Hispano Same address as above (503) 669-8350 ext.237 adrianamartinezb@gmail.com</p>	<p>❖ Low-income, Latino residents of Multnomah & North Clackamas Counties</p>	<p>❖ Emergency economic assistance ❖ Self-sufficiency activities ❖ Mental health counseling ❖ Domestic violence case management ❖ Youth services</p>
<p>Hacienda CDC 5136 NE 42nd Avenue Portland, OR 97218 (503)595-2116 fax www.haciendacdc.org</p>	<p>Primary Rebecca Hernandez 5136 NE 42nd Avenue Portland, OR 97218 (503)961-6413 (503)595-2111 ext. 413 rhernandez@haciendacdc.org</p> <p>Secondary Tanya Wolfersberger Same address as above (503)595-2111 ext. 402</p>	<p>❖ Low-income Latino residents of Portland & close rural areas</p>	<p>❖ Affordable urban housing ❖ Educational, economic, and community development ❖ Community building ❖ Leadership programs ❖ Holistic community service ❖ Healthcare awareness</p>
<p>Immigrant & Refugee Community Organization 10301 NE Glisan Street Portland, OR 97220 (503)234-1541 www.irco.org</p>	<p>Primary Hongsa Chanthavong Asian Family Center 4424 NE Glisan Street Portland, OR 97213 (503)235-9396 (503)235-0341 fax Hongsac@mail.irco.org</p> <p>Secondary N/A</p>	<p>❖ Refugee & immigrant communities of the Portland Metropolitan area</p>	<p>❖ Social services ❖ Employment services</p>

CBO	Contacts	Community Served	Services Provided
Latino Network 5123 N Michigan Portland, OR 97217 (503) 283-6881 marialisa@latnet.org	Primary Maria Lisa Johnson 5123 N Michigan Portland, OR 97217 (503) 283-6881 marialisa@latnet.org Secondary N/A	❖ Latino residents in Rockwood, NE Killingsworth area neighborhoods and schools	❖ Outreach to targeted communities ❖ Support in organizing grassroots responses ❖ Assistance in completing individual and community emergency planning
Native American Rehabilitation Association 15 N Morris Portland, OR 97227 (503)230-9875 (503)230-9877 fax www.naranorthwest.org	Primary Jeff Mildenberger NARA Indian Health Clinic Health Director 503.230.9875, ext. 267 503.230.9877, fax jmildenberger@naranorthwest.org Secondary N/A	❖ Native population of Oregon & SW Washington	❖ Substance abuse treatment center ❖ Residential family treatment center ❖ Outpatient treatment center ❖ Family resource program ❖ Primary healthcare clinic

For a full report, information on the project planning, or for information on the Northwest Oregon Health Preparedness

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