Emergency Preparedness for Racially and Ethnically Diverse Communities

Presenters:

Dennis Andrulis, PhD, MPH, Director

Nadia Siddiqui, MPH, Health Analyst

Jenna Gantner, BS, Graduate Intern

Center for Health Equality, Drexel University

Philadelphia, PA

National Emergency Management Summit
New Orleans, LA, March 5, 2007

Introduction

- In the aftermath of such tragic events as September 11 attacks and Hurricane Katrina, emergency preparedness has moved to the forefront of federal and state, as well as private initiatives.

- However, the vast majority of these efforts fail to specifically address the special needs of racially and ethnically diverse populations.

- Where diversity issues are addressed, they tend to be translations of already existing preparedness materials.

- Scientific evidence shows that at each stage of an event minorities suffer disproportionately.

Introduction

- The Center for Health Equality at Drexel University received support from the Office of Minority Health, DHHS, to provide guidance and assistance to public and private organizations for integrating racially and ethnically (R/E) diverse communities into emergency event planning and execution.

Overview

- Background: Scope of the Problem

- Design and Methodology

- Findings: Current Initiatives on Preparedness for R/E Diverse Communities

- Preliminary Conclusions

- Next Steps: National Consensus Panel on Preparedness for R/E Diverse Communities

Background:
Scope of the Problem

- Before an Emergency:

    - Minorities are more likely to be under-prepared (Pastor et al., 2006)

    - They are less likely to receive disaster educational opportunities (Faupel et al., 1992)

    - They are less likely to be involved in preparedness activities (Fothergill et al., 1999)

Background: Scope of the Problem

- ## During an Emergency:

  - ### Warning Communication:
    - Minorities are less exposed to disaster warnings and evacuation information, and often rely on informal sources (Fothergill et al., 1999)

    - Minorities are more likely to encounter cultural and language barriers (Pastor et al., 2006)

  - ### Physical Impact:
    - Minorities experience disproportionately higher morbidity, mortality and injury (Fothergill et al., 1999)

Looking Back at Katrina:

Of those who stayed in New Orleans, approximately 33% reported they had not heard an evacuation order and about 30% state that they had heard an evacuation order but that it had not provided clear information about how to evacuate.

Brodie et. al, 2006 - Findings from a survey developed by Washington Post, KFF, and Harvard School of Public Health.

Background: Scope of the Problem

- <u>During an Emergency:</u>

  - Psychological Impact:
    - Minorities suffer more from psychological impacts
    - Minorities have less access to mental health services
    - Minorities are more reluctant to receive mental health services (Pastor et al., 2006)

Looking Back at Katrina:

Armies of mental health professionals are trying to counsel the thousands of evacuees who have been displaced and disoriented by Hurricane Katrina, but some say cultural, social and racial barriers could hinder the effort.

USA Today, Sept. 13, 2005

Background: Scope of the Problem

- <u>After an Emergency:</u>

  - Minorities recover more slowly because they are more likely to:

    - Experience cultural barriers

    - Receive inaccurate or incomplete information due to language barriers

Looking Back at Katrina:

Language barriers and cultural isolation make it more difficult for some communities to seek and obtain government and private assistance. Relief workers who reflect the community or who are sensitive to racial and cultural issues can speed recovery and ease victims' trauma.

Jacqueline L. Salmon
The Washington Post, Dec. 5, 2005

Design and Methodology

- A comprehensive and systematic review of:
  - Literature
  - Websites

- To elicit current initiatives and information available on emergency preparedness for racially and ethnically diverse populations

Design and Methodology

Literature Selection and Inclusion Process:

- PubMed (Medline) Search
    - Initial search of "emergency" or "disaster" and "preparedness" yielded ~ 1,500 articles

    - Search individually refined by key terms: race, ethnicity, vulnerable, at-risk, special, minority, underserved, diverse and language

    - Only ~ 30 articles on emergencies or disasters focus explicitly on R/E diverse communities, and few of these discuss needs of this subgroup in preparedness

Design and Methodology

Website Selection and Inclusion Process:

- Web Search Engine: "Emergency Preparedness" **(n=134)**

  - First 500 websites selected for review

  - Websites from public, private or community organizations *and* those offering generic preparedness information were included

- Center for Health Equality Environmental Scan **(n=57)**

  - ~ 200 websites with focus on R/E Health Disparities and Cultural Competence reviewed

  - Only those with preparedness initiatives were included

- All State/Territorial emergency management websites **(n=58)**

- All CDC Centers for Public Health Preparedness websites **(n=52)**

Design and Methodology

Website Analysis Process:

- A total of <u>301</u> websites from organizations were analyzed to assess the extent to which they addressed emergency preparedness for R/E diverse communities.

- Each website was analyzed by key terms.

Key Terms for Preparedness Websites:
- Race/ethnicity
- Minority
- Diverse
- Vulnerable
- Special Needs
- Language

Key Terms for Culture-related Websites:
- Emergency
- Disaster
- Emergency Preparedness
- Emergency Management
- Disaster Preparedness
- Disaster Management

Design and Methodology

- **Website Analysis Process:**

  - Websites categorized as:

    - Generic preparedness

    - Mentioning or acknowledging preparedness for R/E populations

    - Offering translated materials on preparedness for R/E populations

    - Providing programs, resources, or publications with an explicit or major focus on preparedness for R/E populations

Of **301** websites providing generic preparedness information in our study:

152 (51 %) mention or acknowledge

92 (31 %) offer translated materials

38 (13 %) explicitly focus

on the issue for racially and ethnically diverse communities.

Findings: Current Initiatives on Preparedness for R/E Communities

- Abundant resources and initiatives on preparedness

- Many acknowledge the need to address preparedness for R/E communities, some provide translated materials, and relatively few focus explicitly on the issue

- Among the few, there are some promising models

- Select models, and gaps, will be discussed at State/Local vs. National levels for:

  - Resource Guides
  - Training and Education
  - Policies and Programs
  - Measurement

Findings: Current Initiatives on Preparedness for R/E Communities

- ## National Resource Guides

  - 2 guides have emerged with an explicit focus on preparing and working with R/E communities in emergency events

    - *Public Health Workbook to Define, Locate and Reach Special, Vulnerable and At-Risk Populations* (CDC, 2006)

    - *Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principals and Recommendations* (SAMHSA, 2003)

Findings: Current Initiatives on Preparedness for R/E Communities

- **National Training and Education Initiatives**

  - Availability of translated materials to prepare individuals/families

    - E.g., Red Cross and FEMA

  - However limited training/education for emergency response personnel and managers, public health professionals, and hospital clinicians

    - Emergency Management Institute at FEMA offers one course on preparedness for populations with "special needs"

    - Department of Homeland Security (www.Firstrespondertaining.gov) – of 200+ courses and workshops offered, no course addresses preparedness for R/E diverse populations

    - Noble Training Center operated by DHS, FEMA and EMI does not offer courses on preparedness for R/E diverse populations

Findings: Current Initiatives on Preparedness for R/E Communities

- National Policies and Programs

  - Federal agencies have initiated funding for projects focused on integrating R/E diverse communities into preparedness.

    - Office of Minority Health (OMH)

    - Centers for Disease Control and Prevention (CDC)

    - Health Resources and Services Administration (HRSA)

    - National Institutes for Health (NIH)

    - Federal Emergency Management Agency (FEMA)

Findings: Current Initiatives on Preparedness for R/E Communities

- **National Measurement Mechanisms**

  - Currently no assessment tools exist to evaluate effectiveness of current initiatives in preparing R/E communities

    - Trust for America's Health

      - 10 key indicators to assess health emergency preparedness capabilities for each state

      - No indicator addresses preparedness for R/E diverse populations

      - "Ready or Not?" 2006 Report mentions the need for "language translation services"

Findings: Current Initiatives on Preparedness for R/E Communities

- ## State/Local Resource Guides

  - Some resource guides with explicit focus on integrating R/E communities into preparedness

    - *Bridging the Cultural Divide: Cultural Competence in Public Safety* (Massachusetts Executive Office of Public Safety)

      - Strategies on communicating with R/E communities in times of emergencies

    - *Template for District Health Departments: Health Preparedness Coordination with Populations with Special Needs in Idaho* (Idaho DOH, 2004)

      - Collecting data on preparedness needs of R/E diverse communities

Findings: Current Initiatives on Preparedness for R/E Communities

- ## State/Local Training and Education Initiatives

  - Seminars, training and workshops on integrating R/E minorities into preparedness plans are emerging

    - ~ 7 CDC-funded Academic Centers for Public Health Preparedness (CPHP) have some training/education programs for public health professionals, hospital clinicians, students and community representatives

    - Community Volunteer Programs, such as CERT, Citizens Corps, MRC and Neighborhood Watch Programs

    - Other Community-based Programs, such as Collaborating Agencies on Response to Disasters (CARD) in California

Findings: Current Initiatives on Preparedness for R/E Communities

- **State/Local Policies and Programs**
  - State/local emergency management agencies, as well as community organizations have made progress through programs specifically addressing the issue
    - State Program
      - E.g., *Barriers to and Facilitators of Effective Risk Communication Among Hard-to-Reach Populations in the Event of a Bioterrorist Attack or Outbreak Study*, Texas Department of Health
    - County Program
      - E.g., *Culturally-Specific Populations Emergency Communications Project,* Multnomah County, Oregon
    - Community Program
   - E.g., Collaborating Agencies on Response to Disasters (CARD, California)

Findings: Current Initiatives on Preparedness for R/E Communities

- ## State/Local Measurement Mechanisms

  - ### Lack of standardized, evidence-based measurements

  - ### Some tools exist to assess capacity to respond to needs of R/E minorities

    - E.g., Association of State and Territorial Health Officials (ASTHO) website offers the following tools:

      - *CDC State/Local Public Health Preparedness and Response Capacity Inventory (for Bioterrorism Programs)*

      - *State/Local Public Health System Performance Assessment Instrument*

      - *Promising Practices in Public Health Preparedness*

Findings: Current Initiatives on Preparedness for R/E Communities

National
CDC & SAMHSA Guides
Limited Training
Funding Programs
No Measurement Tools

State and Local
Limited Resource Guides
CDC CPHP Training/Educations Programs
Emerging State/Local Programs and Project
Few Measurement Tools
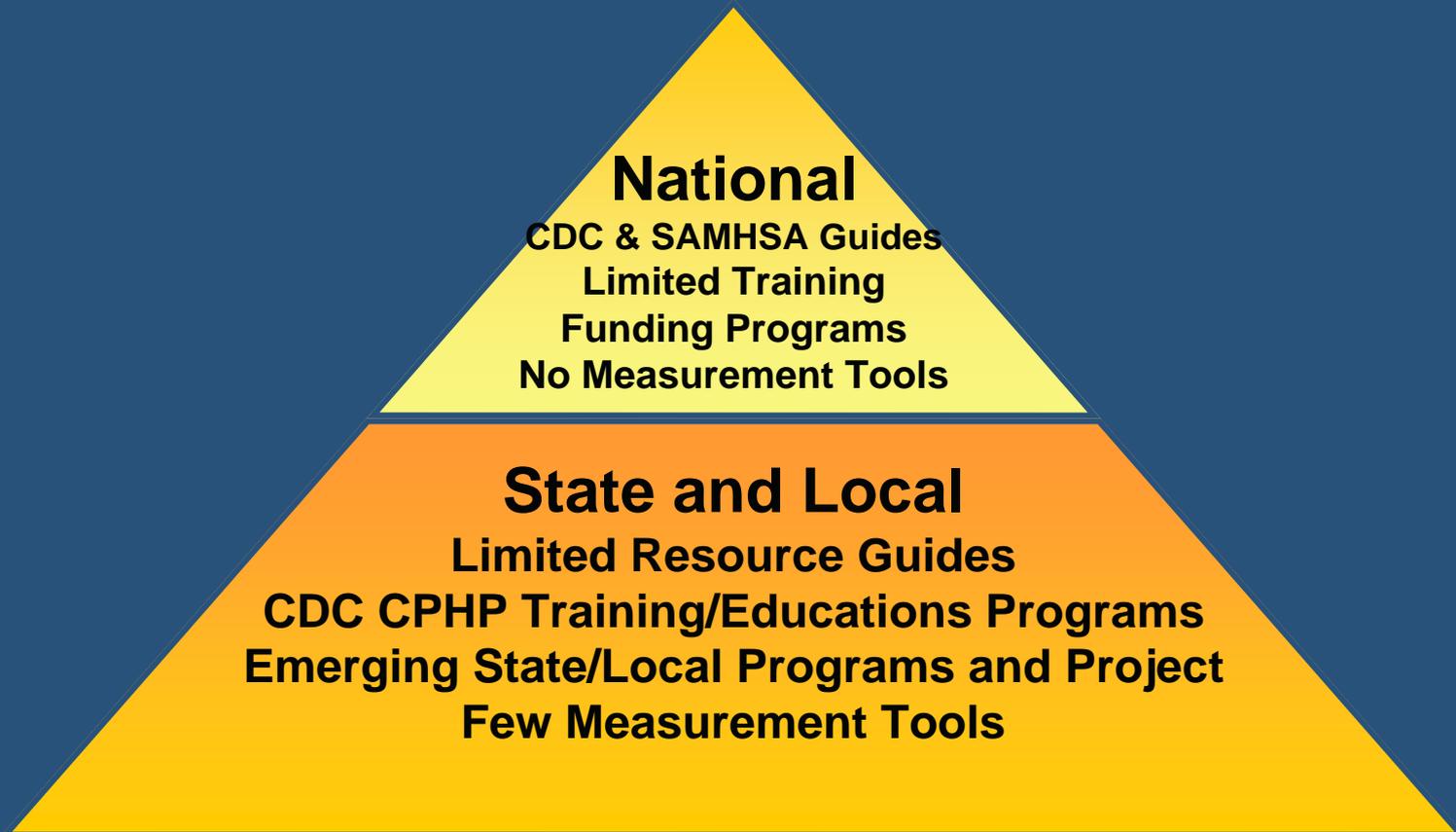
Findings: Current Initiatives on Preparedness for R/E Communities

While efforts and promising models have emerged to address R/E communities in emergency preparedness, these efforts are vastly fragmented,
with little coordination and
no central repository.

Several priorities need to be addressed…

Preliminary Conclusions

- Major areas of concern and priority for integrating R/E communities into preparedness:

    1. Risk communication

    2. Training

    3. Organization, Coordination and Responsibility

    4. Measurement and Evaluation

Preliminary Conclusions

1. Risk Communication

- How can risk communication for preparing R/E communities be best addressed?

- What are the roles for organizations responsible for preparedness to ensure effective risk communication among R/E communities?

- What do responsible organizations need to know to develop and disseminate risk communication materials?

Preliminary Conclusions

2. Training

- How can cultural competence be best integrated with current preparedness training for each stage of an emergency event?

- How will training and education for preparing R/E communities be maintained, especially in times without emergency events?

Preliminary Conclusions

3. Organization, Coordination and Responsibility

- What are the roles and responsibilities of organizations at the federal, state and local levels, as well as at each phase of an event?

- How will these roles be coordinated?

- Who will serve as the coordinating agency?

Preliminary Conclusions

4. Measurement and Evaluation

- Need to develop evidence-based practice measures and standardized evaluation tools as they relate to:

  - Needs, beliefs, and behaviors of minorities in specific communities in context of emergencies

  - Current and future initiatives (e.g., translated materials, messages and warnings) in meeting preparedness needs of minority communities

Next Steps: National Consensus Panel on Preparedness for R/E Diverse Communities

- ## Mission:

  To provide guidance to national, state and local agencies and organizations on the development of effective strategies for integrating racially and ethnically diverse communities into emergency planning and execution.

Next Steps: National Consensus Panel on Preparedness for R/E Diverse Communities

- Rationale:

1. Bringing together, for the first time, the perspectives and expertise of key individuals in Emergency Preparedness and Cultural Competence.

2. Elements of cultural competence will work to significantly inform and advance the quality of preparedness strategies addressing the needs of R/E diverse populations.

Next Steps: National Consensus Panel on Preparedness for R/E Diverse Communities

- Members of Panel include representatives from:

  - Federal, state and local health agencies

  - Major geographic regions of the country

  - Preparedness agencies and organizations

  - Racially and ethnically diverse communities

  - Organizations with expertise in cultural competence

Next Steps: National Consensus Panel on Preparedness for R/E Diverse Communities

- Integrating Cultural Competence with Preparedness for R/E Diverse Communities

Definition of Cultural Competence:

*A set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations. It reflects the ability **to acquire and use** knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups.*

(Cross et. al. 1989 and Lavizzo-Mourney and Mackenzie 1996 as cited in *Cultural Competence: A Journey, Bureau of Primary Health Care*. HRSA, US DHHS, n.d.)

Key Features of Cultural Competence

Within Interactions:
1. Knowledge about beliefs, values, needs
2. Knowledge about diverse cultures
3. Awareness of disparities and discrimination affecting minority groups
4. Awareness of own biases and assumptions
5. Build rapport and trust
6. Find common ground
7. Maintain and convey positive regard
8. Effectively use interpreter services when needed

Within Organizations:
1. Tracking current activities in diverse communities
2. Involving community to set priorities, plan, deliver and coordinate activities
3. Diverse workforce reflecting community
4. On-going staff training on delivery of culturally and linguistically appropriate services
5. Ensuring convenience of facilities and services
6. Language assistance available for LEP

Adapted from Beach et al., 2006

Key Features of Cultural Competence

Acquire Knowledge

Use Knowledge

Within Interactions:
1. Knowledge about beliefs, values, needs
2. Knowledge about diverse cultures
3. Awareness of disparities and discrimination affecting minority groups
4. Awareness of own biases and assumptions
5. Build rapport and trust
6. Find common ground
7. Maintain and convey positive regard
8. Effectively use interpreter services when needed

Acquire Knowledge

Use Knowledge

Within Organizations:
1. Tracking current activities in diverse communities
2. Involving community to set priorities, plan, deliver and coordinate activities
3. Diverse workforce reflecting community
4. On-going staff training on delivery of culturally and linguistically appropriate services
5. Ensuring convenience of facilities and services
6. Language assistance available for LEP

Adapted from Beach et al., 2006

Application of Cultural Competence to Prepare R/E Diverse Communities for Emergencies

Acquire Knowledge about Diverse Communities ↔ **Use Knowledge to Prepare Diverse Communities**

- Collection of Information on Community being served:
- Racial/ethnic subgroups residing in the area.
- Beliefs, values and needs of residents
- Languages spoken in the community
- Trusted health care settings & sources of information.
- Current preparedness initiatives.
- Preparedness concerns of residents.

-Formulation & Dissemination of Information:
- Work with trusted sources and networks of communication
- Establish concrete methods & channels of communication.

- Language & Literacy
- Assure accuracy & acceptable translation of critical messages and materials.
- Standardize materials & messages to meet literacy.
- Provide language assistance.

- Diverse Workforce

The Seattle Times

If you don't have electricity

Do not burn charcoal or use gasoline generators indoors, including the garage. Never use gas ovens to heat your home. Do not use gas or kerosene heaters in closed rooms.

These things produce deadly carbon monoxide, which has killed several people since Thursday's storm.

For more information, call: 1-800-222-1222

Note to readers

Carbon-monoxide poisoning has killed six people and sickened scores of others in our community since Thursday's storm. In hope of preventing more tragedies, The Seattle Times, in cooperation with Public Health — Seattle & King County, has dedicated the top of today's front page to warning local residents in their native languages. In addition, you can help spread the word among your friends and neighbors. Use this page, or look online at seattletimes.com for a printable version that can be posted or handed out. Also, for more detailed information about the dangers of carbon monoxide, go to the Public Health Web site: www.metrokc.gov/health.

Nếu quý vị không có điện

Không đốt than củi hoặc dùng máy phát điện chạy bằng xăng trong nhà, kể cả nhà đậu xe. Không bao giờ nên dùng bếp lò đun ga để sưởi ấm nhà. Không dùng lò sưởi chạy bằng khí ga hoặc kerosene trong các phòng khép kín. Các chất này tạo ra khi carbon monoxide gây chết người và đã gây tử vong cho nhiều người kể từ cơn bão hôm thứ Năm.

Để biết thêm chi tiết, xin gọi số 1-800-222-1222.

(Vietnamese translation)

如果你家裏斷電

切勿在室內（包括在車房內）燃燒或使用汽油發電機。
切勿在家裏使用煤氣爐取暖。
切勿在密封的房間裏使用煤氣或煤油取暖器。
這些產品會產生致命的一氧化碳，自週四的風暴至今，已有數人因一氧化碳中毒而死亡。

如欲瞭解詳情，請接打 1-800-222-1222。

(Chinese translation)

Si usted no tiene electricidad

No queme carbón ni use generadores con gasolina dentro de la casa, esto incluye el garaje. Nunca use hornos a gas para calentar su casa. No use calentadores a gas o querosén en habitaciones cerradas. Estas cosas producen monóxido de carbono, el cual ha causado la muerte de varias personas desde la tormenta del pasado jueves.

Para obtener mayor información, llame al 1-800-222-1222.

(Spanish translation)

Если у вас прекратилась подача электроэнергии

Во внутренних помещениях, в том числе в гараже, не жгите древесный уголь и не пользуйтесь генераторами, работающими на бензине. Не применяйте в закрытом помещении газовые или керосиновые обогреватели. Эти устройства вырабатывают смертоносный угарный газ, от которого с тех пор, как в четверг пронеслась буря, погибли несколько человек.

За дополнительной информацией обращайтесь по телефону 1-800-222-1222.

(Russian translation)

Haddii ay Koronradu kaa Maqantahay

Ha ku shidin dhuxusha ama matoorka korontada dhaliya aqalka gudihiisa, oo uu ku jiro garaashka. Marna ha u isticmaalin foomada gaaska ku shaqeysa in aad aqalka ku kululaysid. Ha ku isticmaalin qolalka xiran gaaska ama kuleyliyeyaasha ku shaqeeya kerosene-ka. Waxyaabahani waxaa ay dhaliyaan carbon monoxide-ka lagu dhinto, kaasoo dhowr qof dilay tan iyo duufaanankii Khamiistii.

Haddii aad macluumaad dheeraad ah doonaysid, waxaad wacdaa 1-800-222-1222.

(Somali translation)

Next Steps: National Consensus Panel on Preparedness for R/E Diverse Communities

- Anticipated work to be derived from Consensus Panel:

    1. Guidance on risk communication; specifically how to develop and disseminate appropriate preparedness information to R/E diverse communities.

    2. Training content for audiences and constituents on preparing R/E diverse communities , and guidance on how to maintain and sustain these training efforts in times without disasters.

    3. Guidance on coordination of roles and responsibilities to integrate R/E diverse communities in preparedness at the federal, state and local levels, as well as at each stage of an emergency event.

    4. Guidance on developing standardized measurement tools to assess progress toward successfully integrating R/E communities into preparedness.

    5. Policy and program directions for effectively integrating R/E diverse communities into preparedness activities.
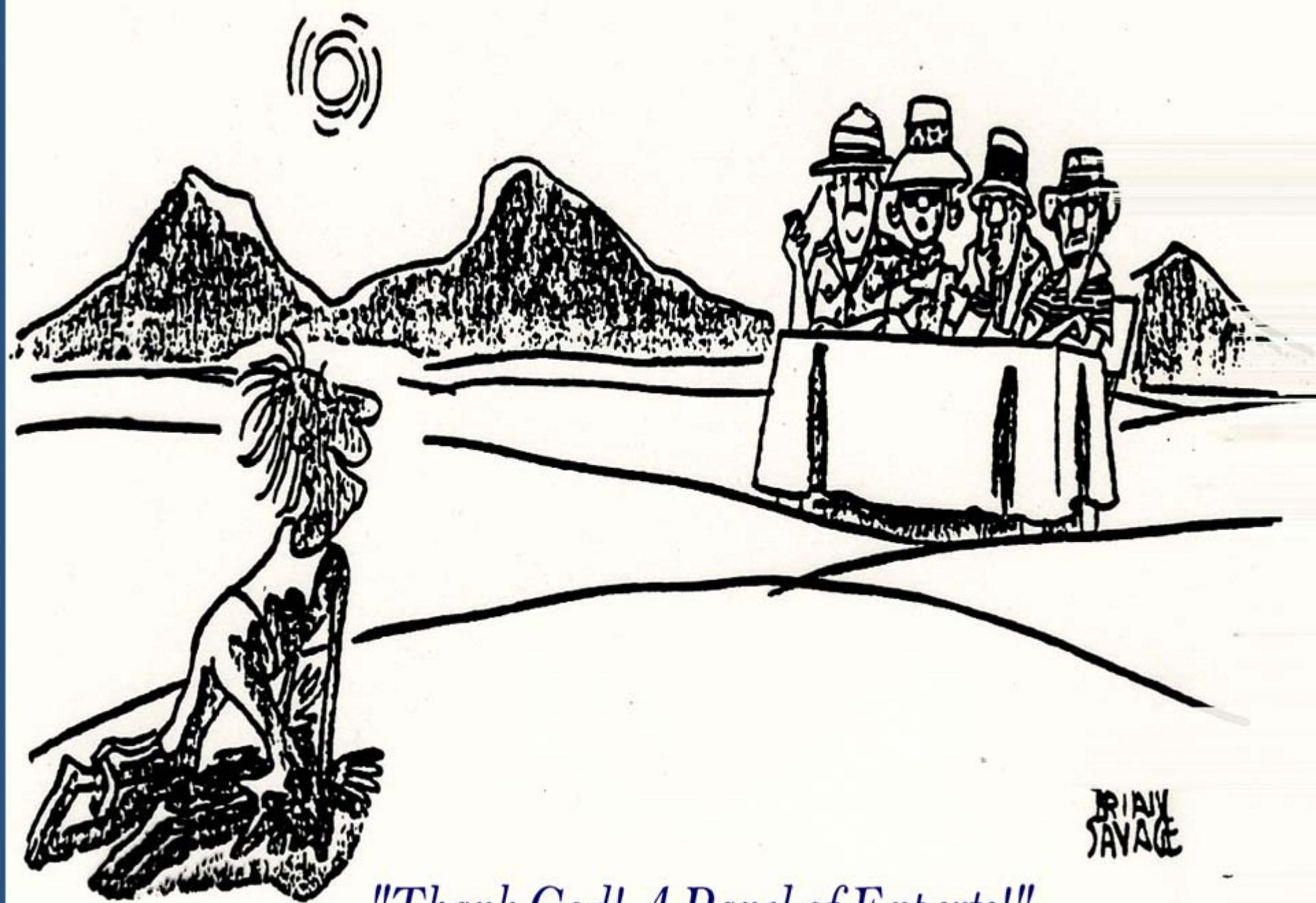
"Thank God! A Panel of Experts!"