



CONSIDERING COMPLEXITY: LANGUAGE, CULTURE, TRUST AND PREPAREDNESS

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Overview:

- Disparities in Preparedness, Response, Recovery
- Challenges & Barriers
 - Language
 - Trust
 - Culture
- Promising Practices
 - National Consensus Panel on Emergency Preparedness Cultural Diversity
 - Toolkit

Long-Standing Racial/Ethnic Disparities Across All Phases of an Emergency:

Before:

- Less likely to be prepared
- Less likely to hear/comprehend/comply with warnings
- Geographic/structural vulnerability

During:

- Greater mortality, morbidity, injury
- Greater relative economic loss

After:

- Greater psychological effects
- Encounter more barriers to receiving recovery assistance

Racial/Ethnic Disparities: Causes

Social Inequities

- Legacy of Discrimination
- Poverty
- Community Disinvestment
- Housing Segregation

Practical Challenges

- Language
- Trust
- Culture

Challenges: Language

- Individual-level:
 - ▣ Limited English-Proficiency

- Organizational-level:
 - ▣ Limited resources for translators/interpreters
 - ▣ Quality of translations



Example: Language

- Carbon Monoxide Poisoning Epidemic: King County, Washington (December, 2006):
 - Wind storm knocks out power
 - Charcoal and gas generators are used for heat
 - Disproportionate toll on LEP immigrants

- Lack of Vietnamese Recovery Materials/Assistance in Gulf:
 - Hurricanes Katrina/Rita
 - BP oil spill

Challenges: Trust

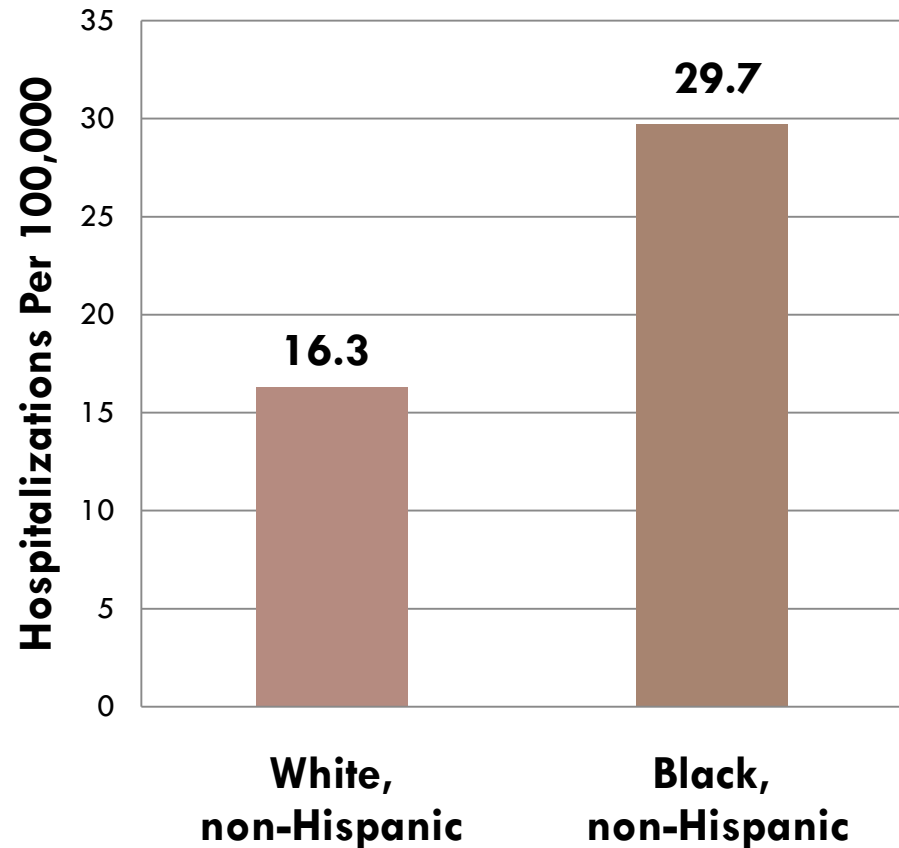
- Individual-level:
 - Distrust of government/
local officials
 - Fear of deportation
- Organizational-level:
 - Barriers to collaboration
with trusted intermediaries
 - Knowledge
 - Rigid funding sources



Example: Trust

- 2007 California Wildfires:
 - ▣ Uniformed officials oversaw evacuation efforts
 - ▣ Undocumented migrant farm workers retreated into fires
- H1N1 Vaccination Disparities:
 - ▣ “Flu shots make me sick”
 - ▣ African Americans nearly twice as likely to have negative attitudes toward influenza vaccination than whites (18.4 Vs 30.2%) [^]

**Age-Adjusted H1N1
Hospitalization Rates: 9/09-1/10***



[^]Hebert PL, et al. 2005.

*Centers for Disease Control and Prevention.

Challenges: Culture


- Individual-level:
 - Distinct cultural world views and preferences
 - Non-mainstream information seeking patterns
 - Unique help seeking behaviors

- Organizational-level:
 - Lack of awareness of own culture, values, bias
 - Lack of knowledge about other cultures (traditions, history)
 - Lack of skills (verbal, non-verbal)

Example: Culture

- Religious Beliefs:
 - Somali refugees in Lewiston, ME
 - “Everything is from Allah”
 - Significantly less prepared
- Mental health:
 - Help seeking behaviors
 - Culturally appropriate treatment options





National Consensus Panel on
Emergency Preparedness &
Cultural Diversity

National Consensus Panel

- Origin:
 - 2005: Hurricane Katrina
 - 2005-2006: Comprehensive literature review
 - Supported by USDHHS, Office of Minority Health: 2006-Present

- Mission:
 - “To provide guidance to national, state, territorial, tribal and local agencies and organizations on the development of effective strategies to advance preparedness and eliminate disparities for racial/ethnic minority communities.”

- Objectives:
 - 2008: Consensus Statement: Provide a unified voice around priorities
 - 2008: Guiding Principles: Offer direction on priorities
 - 2011: Toolkit- Operational guidance and action steps for implementation

National Consensus Panel: Composition

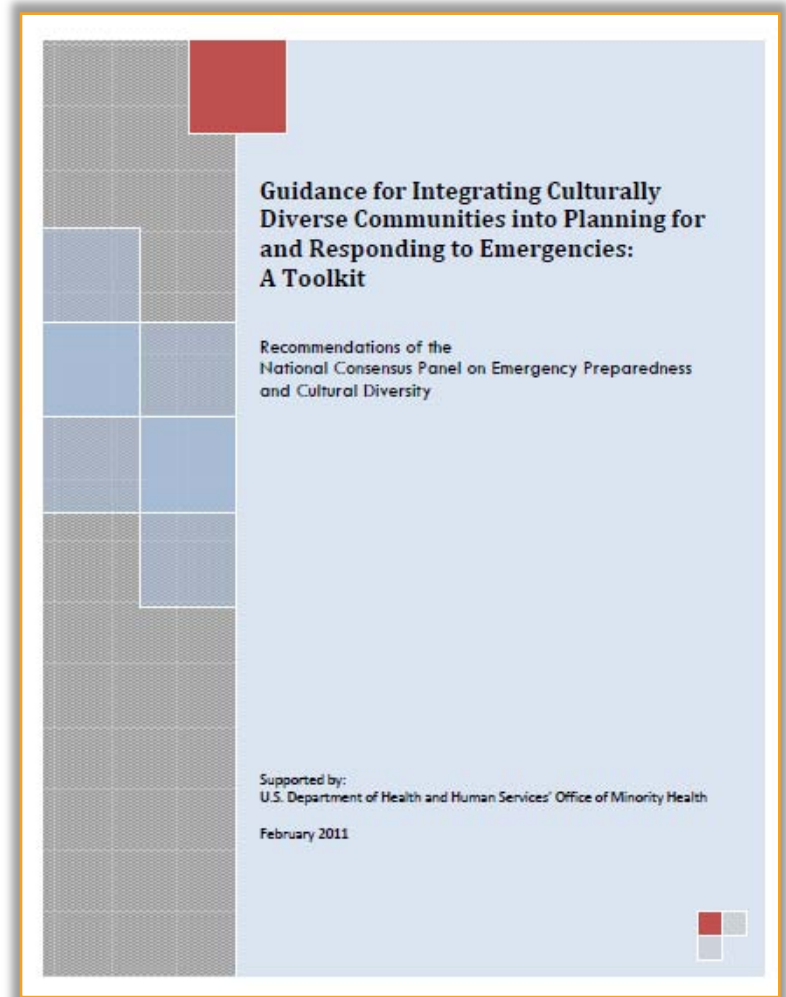
- 33 experts from leading federal, state, local and community-based public and private organizations, representing:
 - Public health (CDC, Chicago DPH, LA DPH)
 - Emergency management (FEMA)
 - Diverse communities (La Raza, ACCESS)
 - CBOs/FBOs (ECHO Minnesota, CARD)
 - Health care (AHRQ, AMA, NMA,)
 - Academia (Columbia, Drexel)
 - Cultural competence (OMH, Intercultural Cancer Council)

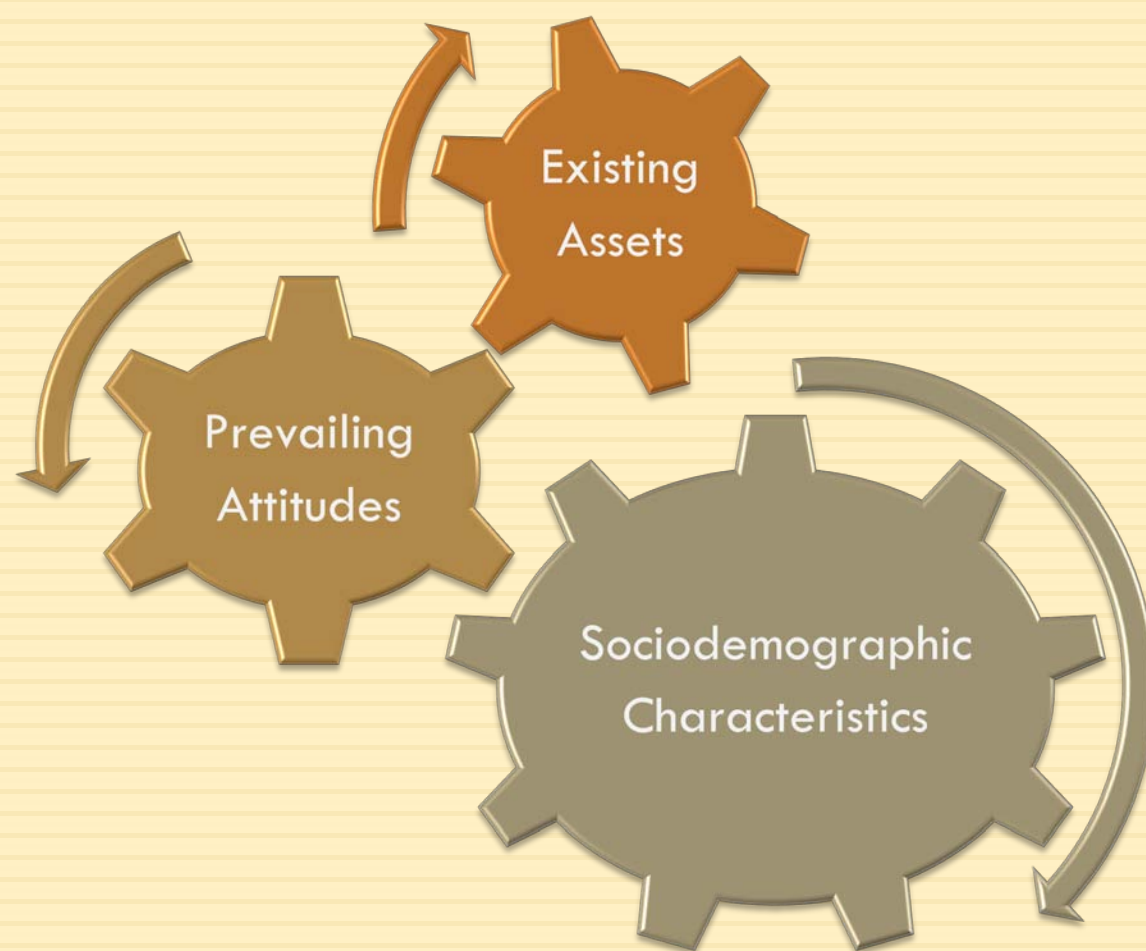
Toolkit: Purpose

- Provide an all-hazards framework and specific guidance for engaging diverse communities in preparedness and response
- Complement existing resources on vulnerable populations with specific guidance on issues related to culture, language, and trust
 - CDC's Special Populations Public Health Workbook
 - ASTHO's Guidance for At-Risk Populations and Pan Flu
 - RAND's Special Needs Toolkit
- Offer promising practices, action steps, and web-based resources related to diversity
- Not intended to be prescriptive

Toolkit: Underlying Themes

- Community engagement across all aspects of preparedness and response activities
- Consideration of preparedness in broader context of social, economic, political, and health priorities





Guiding Principle 1: Community Needs & Assets

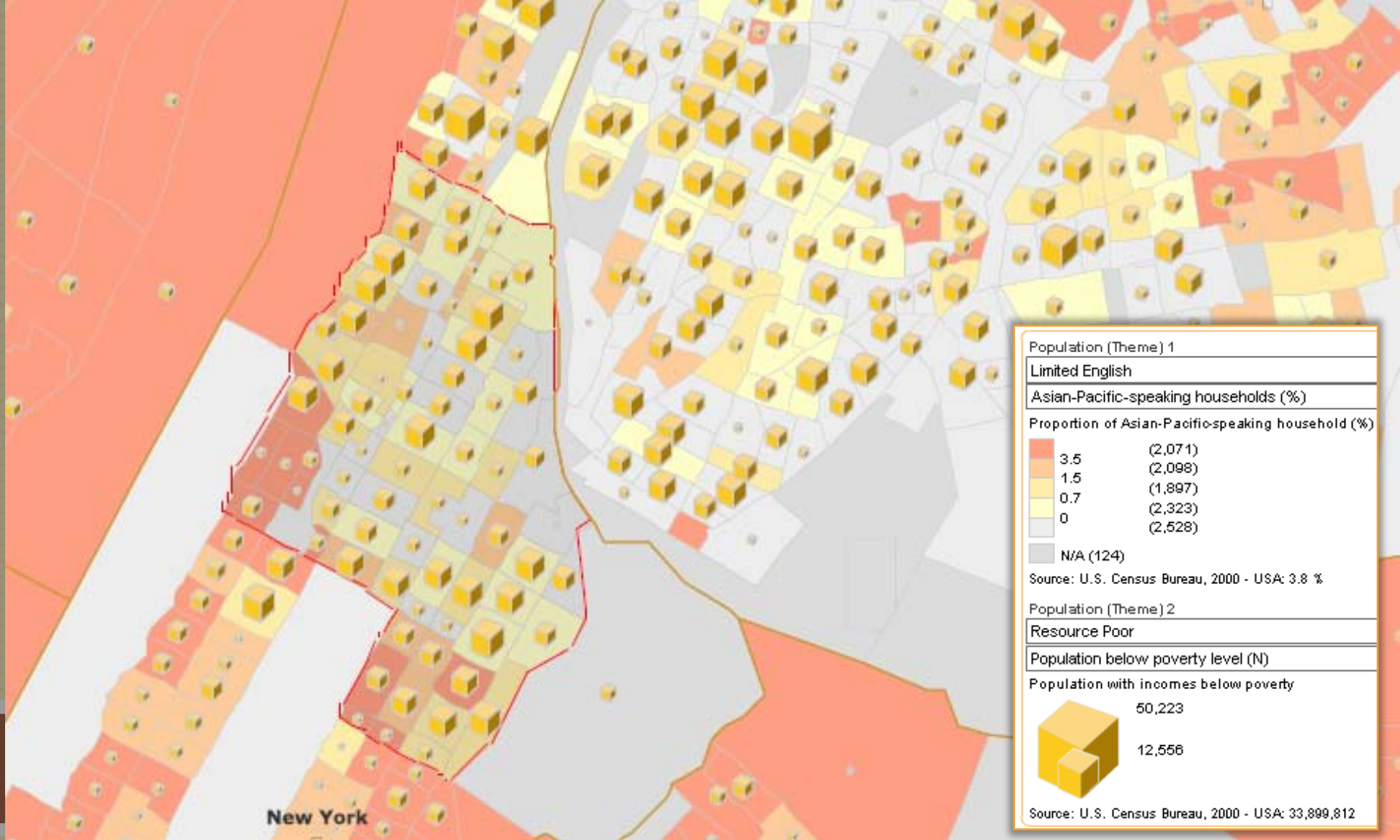
Identify, locate, and understand the distinctive needs of diverse communities, particularly as they relate to race, ethnicity, culture, language and trust

Community Needs & Assets: Community Characteristics

Key Characteristics:

- Race /ethnicity
- Religion
- Refugee/ immigration status
- Languages and dialects spoken
- Literacy level
- Income and poverty levels
- Housing status
- Access to transportation
- Unemployment rate
- Insurance status
- Immunization status
- Health status/disease prevalence



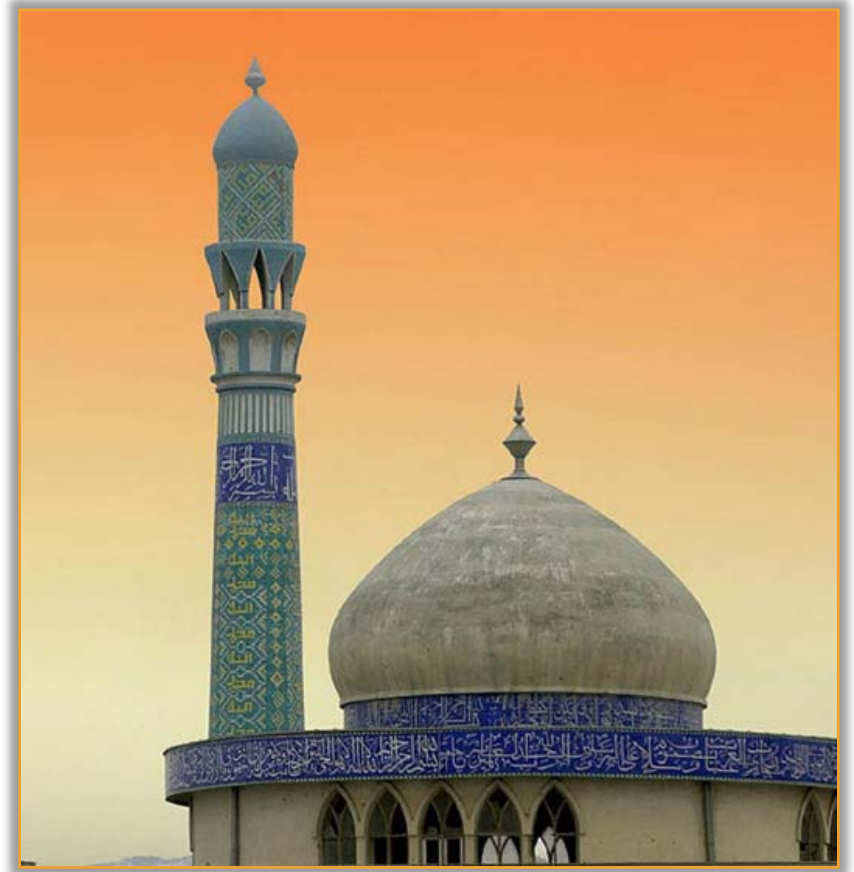


Community Needs & Assets: Mapping

- RAND: Special Needs Populations Mapping for Public Health Preparedness
- U.S. Census Bureau GIS Tool

Community Needs & Assets: Community Characteristics

- Existing Assets:
 - CBOs/FBOs
 - Health care institutions
 - Businesses
 - Human resources
 - Schools
 - Colleges/Universities



Community Needs & Assets: Community Characteristics

Beliefs:

- Common beliefs
- Perceptions of risk

Preferences:

- Channels of communication
- Modes of communication

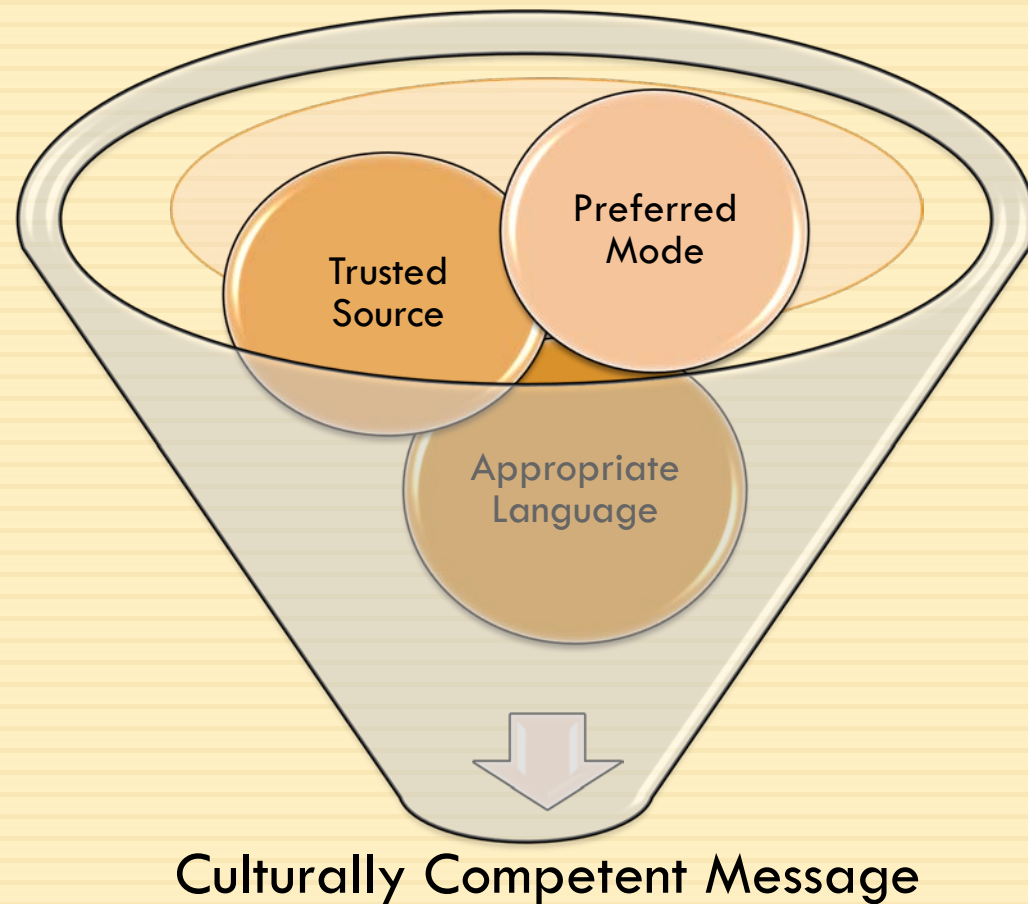
Community Engagement

Knowledge:

- Hazards and risks within the community
- Preparedness and response actions
- Community assets

Attitudes:

- Trust in messengers and service providers
- Attitude toward personal protection—
e.g., evacuation, isolation, quarantine



Guiding Principle 3: Risk Communication

Engaging community representatives to design, implement, and evaluate emergency risk communication strategies that are appropriate to the community's culture, language, and preferences.

Guiding Principle 3: Risk Communication

Trusted Sources:

- ❑ Faith leaders
- ❑ Ethnic media
- ❑ Community health educators and promotores
- ❑ Local interpreters
- ❑ Community-based organizations
- ❑ Cultural association leaders
- ❑ English as a Second Language (ESL) teachers
- ❑ Ethnic business and restaurant owners

Preferred Modes:

- ❑ Television
- ❑ Radio
- ❑ E-mail
- ❑ Text messages
- ❑ Social media (e.g., Facebook, Twitter)
- ❑ Face-to-face conversations
- ❑ Fotonovelas (comic-style novels that use photos)

Guiding Principle 3: Risk Communication

Assess Readability

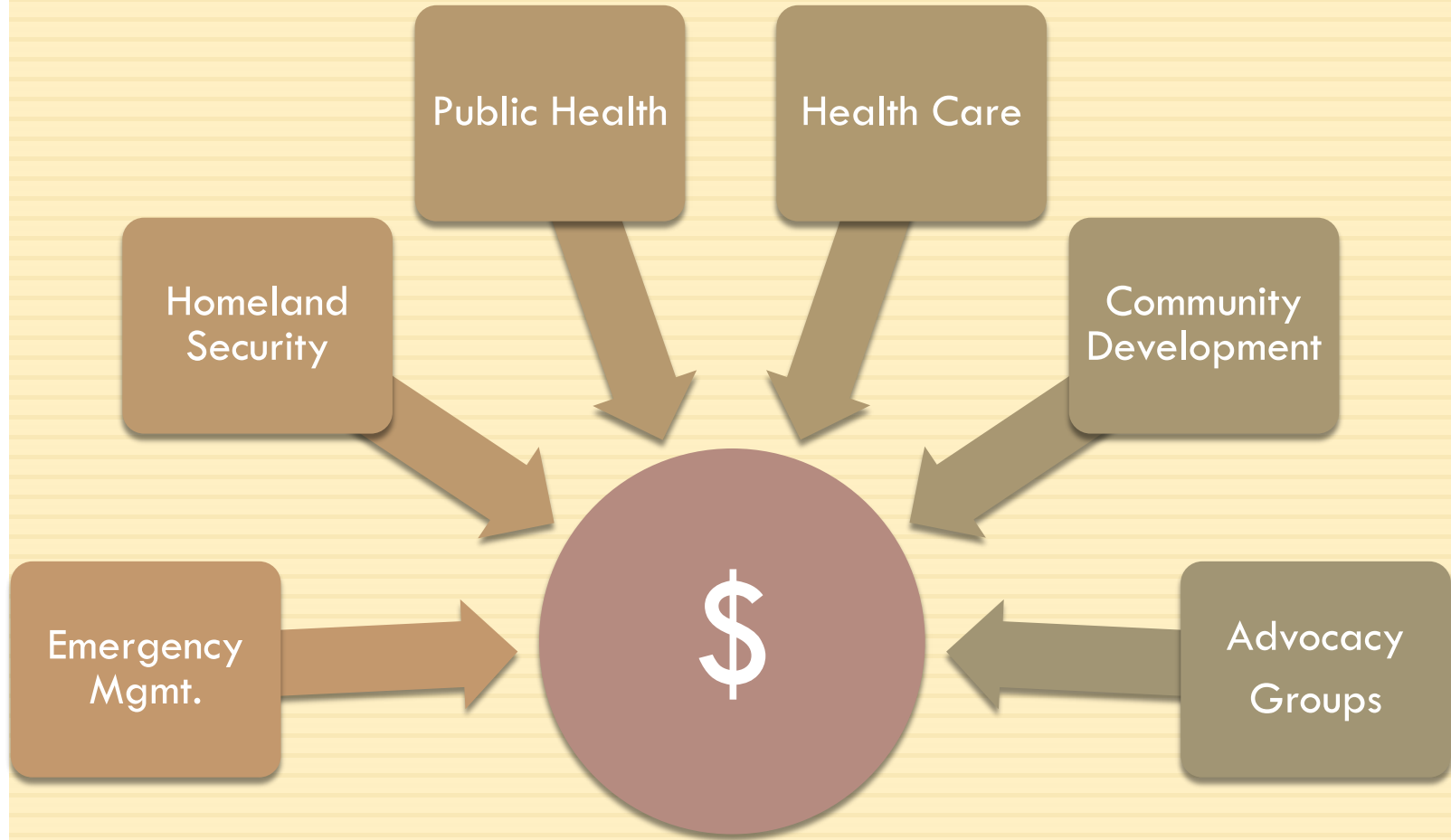
- Language
- Translation quality
- 6th grade reading level

Assess Cultural Appropriateness

- Avoid idioms
- Preferred mode
- Trusted source

Evaluate Effectiveness

- Pre-post test
- Focus groups
- 6-8 week follow up surveys
- What was the take home message?



Guiding Principle 8: Funding & Program Development

Securing the availability of funds to develop and sustain services, programs and policies that strengthen diverse communities' ability to prepare, respond, and recover from emergency events.

Guiding Principle 8: Funding & Program Development

- Grant Writing Strategy:
 1. Identify funders interested in diverse communities (minority, immigrant, LEP)
 2. Describe proposed project as it addresses broad community needs (beyond preparedness)
 3. Emphasize measurable project aspects (community participation, public education)
 4. Highlight past collaborations with diverse communities
 5. Demonstrate community support (CBOs/FBOs)

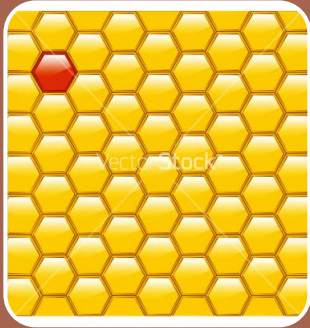
*Annie E. Casey Foundation

Guiding Principle 8: Funding & Program Development

- *Affordable Care Act:*
 - Community health workers for diverse communities
 - Grants administered by CDC (\$ TBD)
 - Reauthorizes the *Indian Health Care Improvement Reauthorization Act of 2009*
 - Expands Urban Indian Health Projects
 - Community Health Centers
 - \$9.5 billion expand operational capacity (2011-2016)
 - Public Health & Prevention Fund
 - \$2 billion annually



Conclusion: Key Take Aways



Acknowledge
Diversity



Build
Relationships

Conclusion:

“A monkey and a fish were caught in a terrible flood and were being swept downstream amidst torrents of water and debris. The monkey spied a branch from an overhanging tree and pulled himself to safety from the swirling water. Then, wanting to help his friend the fish, he reached into the water and pulled the fish from the water onto branch. The moral of the story is clear: Good intentions are not enough. If you wish to help the fish, you must understand its nature.”

~ Ancient Chinese Fable

(From Marsella & Christopher, 2004)



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Welcome to the National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities, a project of the [Drexel University School of Public Health's Center for Public Health Readiness & Communication](#), developed with support from the [HHS Office of Minority Health](#).

Topic of the Month: Promoting All Aspects of Recovery in Diverse Communities

Recovering from a disaster or public health emergency is a non-linear process which is marked by no clear start and an even less precise end. While there is general consensus that recovery is a lengthy, costly, and complex process, there is little agreement on what complete recovery looks like—particularly in impoverished communities with sub-standard living conditions prior to the event. Recovery efforts have also typically focused on rebuilding physical infrastructure and revitalizing local economies, but largely neglected to address issues related to psychological health and regaining social normalcy. [CLICK HERE](#) for a select list of guidance documents, journal articles, and translated materials to inform integrated recovery efforts that promote social, psychological, economic, and physical



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