Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit

Recommendations of the National Consensus Panel on Emergency Preparedness and Cultural Diversity

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Introduction

BACKGROUND

The disproportionate destruction and costs in lives and quality of life for racially and ethnically diverse communities resulting from Hurricane Katrina and other recent public health events have served as tragic and recurring reminders of the longstanding inequities that exist in times of emergency. Evidence from other national incidents, such as the H1N1 Pandemic Influenza of 2009-2010, where diverse residents suffered significantly higher rates of illness, hospitalization and death compared with whites, only serve to reaffirm that these populations remain especially vulnerable across a broad spectrum of events. These experiences and related consequences for diverse populations also bring to light and intersect with challenges in access to health care, education, housing and structural inequalities starkly evident during times of disasters and public health emergencies. Compounding these circumstances is the increasing awareness that many of these communities, facing extreme poverty, high rates of violent crime, and toxic waste sites in their neighborhoods, are living emergencies every day.

At the same time, as national and global events have continued to highlight disparities affecting diverse communities, especially over the years since Katrina, federal and state programs as well as many communities across the U.S. have been working to assure greater equity in response to emergencies. Local, state and national organizations have drawn attention to the needs of racially and ethnically diverse communities as well as the potentially dire consequences of failing to address them—such as higher rates of morbidity, mortality, loss of homes and other measures—and have supported efforts explicitly aimed at improving preparedness plans and community capacity to respond to these events. In addition, public agencies and federal offices have recognized this need, incorporating strategies for vulnerable populations, including racially and ethnically diverse residents. Finally, the enactment of the *Patient Protection and Affordable Care Act of 2010*, with its dozens of provisions focused on improving health equity, significantly elevates the visibility of these priorities and offers innovative opportunities for preparedness efforts as well.

In recognition of these priorities and the continuing need to bring together resources to address them, the U.S. Department of Health and Human Services' Office of Minority Health (HHS/OMH) supported the creation of a novel expert group, The National Consensus Panel on Emergency Preparedness and Cultural Diversity, to develop and issue cohesive guidance on integrating diverse populations into planning for and responding to emergencies. This document builds and integrates recommendations distilled from the consensus-based discussion of the National Consensus Panel over its three year history with peer-reviewed research, leading public and private publications, and existing guidance documents on vulnerable, at-risk and special populations. It offers, for the first time, a comprehensive framework and specific guidance for engaging communities to inform the integration of issues related to race, ethnicity, culture, language and trust into preparedness plans, programs and actions.

By issuing the toolkit the Consensus Panel intends to achieve at least three goals:

(1) To highlight the importance of taking specific actions that recognize and integrate distinct, individual and especially community-focused race, ethnic, cultural, and language priorities and perspectives into mainstream emergency preparedness, response and recovery plans and programs;

(2) To "ground" efforts to reduce disparities with state-of-the-art leading practices and models, experience, expertise and research around these recommended actions that can provide practical guidance for programs and services as well as communities; and

(3) To provide for local, state and federal officials information and a specific set of initiative areas that can assist in informing decisions around programs and policies that work to assure effective outreach and engagement of diverse communities in critical emergency strategies.

In all, the Panel believes that the content and guidance in the toolkit will offer promise for assisting agencies in working with communities to address a broader set of priorities to improve health and quality of life that are central to effective emergency event strategies and actions.

HISTORY OF NATIONAL CONSENSUS PANEL

The National Consensus Panel is a group of nearly three dozen experts representing a cross-section of public and private organizations at national, state, and local levels from a breadth of fields and disciplines, including public health, emergency management, response and relief, hospital and health care, risk communication, cultural competence, racially and ethnically diverse communities and faith-based partnerships. The panel was formed with the mission of providing "guidance to national, state, territorial and local agencies and organizations on the development of effective strategies to advance emergency preparedness and eliminate disparities for racial and ethnic communities across all stages of an emergency event."

The National Consensus Panel was brought together for the first time on September 10-11, 2007 in Washington, D.C. The objectives of this meeting were two-fold:

(1) To develop a National Consensus Statement that would raise awareness of the critical need and urgency to engage and integrate diverse populations in preparedness planning and response; and

(2) To develop Guiding Principles to offer a cohesive set of priorities and initial guidance for achieving objectives in the National Consensus Statement.

Panel participants at this first meeting acknowledged not only the importance of this initiative, but its uniqueness, as it brought together for the first time such a varied and well-respected

group of agencies and professionals to speak with a unified voiced on the needs of racially and ethnically diverse populations in public health preparedness.

Formal Panel deliberations and discussions identified a common set of priorities, actions, and processes for integrating issues around race, ethnicity, culture, language and trust into emergency preparedness. Results from this work served as the foundation for the National Consensus Statement and Guiding Principles, which were released on June 11, 2008 and garnered national attention and support from leading public and private agencies. An abridged version of the National Consensus Statement also appeared in the Institute of Medicine's 2009 Report entitled, *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations*, in its recommendations for the engagement of vulnerable communities.

A second National Consensus Panel meeting on October 16-17, 2008 in Los Angeles, California, launched a next phase of work that focused on the eight Guiding Principles accompanying the National Consensus Statement. The goal of this meeting was to develop specific recommendations on actions, strategies and processes for operationalizing each Guiding Principle. Central to the work of the Panel was identifying initiatives that engage representatives of racially and ethnically diverse communities, and documenting practices that have shown promise in improving preparedness and response to these communities.

Beginning in 2009, the Project Team started the process of synthesizing leading research and models around each of the Principles. The National Consensus Panel was subsequently divided into content-based work groups, each focusing on a single guiding principle, to further develop and enhance recommendations around practices, strategies and resources for engaging, preparing and responding to diverse populations in emergency events.

Prior to the release of this toolkit, the Panel convened for a third time on October 4-5, 2010, in Washington, D.C. to review, refine, and finalize objectives, content, scope, and format.

PURPOSE OF TOOLKIT

This toolkit was developed to provide preparedness planning and response agencies, organizations, and professionals with practical strategies, resources and examples of models for improving existing activities and developing new programs to meet the needs of racially and ethnically diverse populations.

An underlying tenet of this toolkit is the recognition that effective preparedness and response requires the ongoing and active engagement of diverse communities. Only then can plans and programs be tailored to a community's distinct social, economic, cultural, and health-related circumstances. Thus, recommendations and information offered in the toolkit are grounded in community engagement, while also providing specificity around issues of race, ethnicity, culture, language, and trust. The aims of the toolkit are closely aligned with those of the

National Health Security Strategy, which places a strong emphasis on community engagement and resilience.

The toolkit is a user-friendly reference guide, with succinct summaries of key principles, practices, and strategies for appropriately working with diverse communities. It also builds on a wealth of existing resources on cultural competence, language assistance, and community engagement, and as such, complements and supplements such resources as:

- ✓ *Public Health Workbook to Define, Locate, and Reach Special, Vulnerable and At-risk Populations in an Emergency*; issued by the Centers for Disease Control and Prevention (CDC);

- ✓ *At-Risk Populations and Pandemic Influenza Planning Guidance for State, Territorial, Tribal, and Local Health Departments*, issued by the Association for State and Territorial Health Officials (ASTHO);

- ✓ *Toolkit for Enhancing Public Health Emergency Preparedness for Special Needs Populations*, issued by the RAND Corporation.

- ✓ *Migrant and Seasonal Farmworker Emergency Preparedness Planning Guide*, issued by the National Opinion Research Center at the University of Chicago; and

- ✓ *A special 2009 Supplement of the American Journal of Public Health*, featuring peer-review articles on CDC's 2008 pandemic influenza and minority workgroup meetings.

Drawing from the RAND definition, emergency preparedness in this toolkit refers to the capability of the public health, health care and emergency management systems, communities and individuals "to prevent, protect against, quickly respond to and recover from" emergencies and it involves "a coordinated and continuous process of planning and implementation."[1] Phrases such as racially and ethnically diverse communities, culturally diverse communities, diverse communities, and racial/ethnic communities, are used interchangeably to refer to a collective group of individuals associating with differing cultures, races, ethnicities, nationalities, languages, tribes and/or religions. These phrases are intended to also include immigrants and populations with limited English proficiency (LEP).[2]

For added functionality, the toolkit includes references and direct web-based links to useful sources of information and tools. Finally, guidance within the toolkit is not meant to be prescriptive or directive. Rather, identified guidance offers recommendations that can be adapted and tailored across settings, regions and priorities.

ORGANIZATION OF TOOLKIT

The toolkit is organized into two main sections. Section I presents the *National Consensus Statement on Emergency Preparedness and Cultural Diversity*, formally released on June 11, 2008. This section offers a vision and mission statement that sets the context for understanding the application of principles, actions, and strategies identified in Section II.

Section II presents eight guiding principles that agencies, organizations, and providers should consider in planning and response to racially and ethnically diverse populations during public emergencies. To ground theory in practice, the toolkit provides recommended actions, potential strategies, promising practices, and resources to help implement and operationalize the objectives identified within each principle.

INTENDED AUDIENCE

The toolkit is intended broadly for agencies, organizations, and professionals with a role in engaging, planning for, preparing or responding to diverse populations in a disaster or emergency event. This may include, for example:

- State, regional and local public health agencies;
- State, regional and local emergency management agencies;
- Relief organizations;
- First responders, such as public safety, fire and emergency medical technicians;
- Community-based organizations and faith-based organizations; and
- Hospitals and health centers.

USING THE TOOLKIT

There are at least three ways that organizations and agencies can use this toolkit: as a practical list of steps to get started; as a reference guide with tools, leading practices and examples; and as a primer for understanding topics of diversity, cultural competence and language assistance in context of disaster preparedness and management.

First, content specific to each principle can be used as *"steps"* for getting started. For example, a public health agency could use the toolkit to collect information on its community's preparedness beliefs and practices. For such an organization, the toolkit offers guidance on how to partner with and engage diverse communities to participate in a focus group or survey, or to identify questions to ask and ways to evaluate program effectiveness. An agency could also adapt and apply recommended actions and data elements for their specific settings.

Secondly, as each principle includes selected resources, the document can serve as *a reference guide* to improve current preparedness activities for diverse populations. For example, Principle

1, on identifying priority communities, lays out specific objectives, measures, and methods, and offers web-based links to existing tools to assist an organization in developing and adapting data collection methods.

A third application may benefit organizations seeking *to integrate cultural competence, language assistance and equity initiatives more broadly into its mission and actions*. For example, an emergency management agency may be familiar with the term "cultural competence," but may need guidance on integrating culturally competent practices into its operations. To this end, the toolkit offers a primer on cultural competence and leading initiatives from the health care field that can be applied to emergency preparedness—such as the *National Standards for Culturally and Linguistically Appropriate Services* (CLAS) issued by HHS/OMH; Think Cultural Health, an online cultural competence education and training portal; and the Organizational Cultural Competence Assessment Tool.

Section I. National Consensus Statement

OVERVIEW

This section presents the *National Consensus Statement on Emergency Preparedness and Cultural Diversity*, developed by the National Consensus Panel on Emergency Preparedness and Culturally Diversity. The National consensus Statement and its preamble were formally issued on June 11, 2008, with endorsement from leading public and private organizations across the U.S.

The release of the National Consensus Statement represented a historic moment in the life of the nation's emergency preparedness efforts. For the first time ever, a varied group of national experts spoke with a unified voice and offered a national blueprint for addressing and integrating the needs of racial and ethnic minorities in preparedness activities. The impetus for this work was the devastating inequities exposed in the wake of Hurricane Katrina, not only in terms of disproportionate lives threatened and lost among diverse communities, but inadequate consideration of these communities in planning for and responding to emergencies.

PREAMBLE

The tragedy surrounding Hurricane Katrina brought to light the serious consequences that can occur when all segments of the community are not fully integrated into public health emergency preparedness[3] planning and implementation. Studies document that racial and ethnic minorities experience higher rates of injury, disease, traumatic stress, death and loss due to public health emergencies as compared with non-minority populations.[4] This may be due to historic societal patterns of neglect, as well as individual and community factors such as lower socioeconomic status, culture and language barriers, distrust of service providers, limited personal preparedness, and reliance on informal channels and non-mainstream sources of information.[5] Limited ability to tailor planning and response also contribute to the lack of preparedness for such minority communities.[6] Insufficient attention to these challenges significantly limits the effectiveness of current preparedness and response strategies, with potential adverse implications for the entire nation.

There is, therefore, an immediate need to develop initiatives and coordinate planning for a full range of activities—from mitigation and preparedness to response and recovery. Strategies will require identifying and assigning roles and responsibilities, as well as developing coherent guidance and strategies for incorporating diverse communities in key areas of preparedness and response—e.g., risk assessment, risk communication, training and education, research and evaluation, and program and policy development. Fundamental to all these actions is the involvement and engagement of diverse communities.

STATEMENT

The National Consensus Panel on Emergency Preparedness and Cultural Diversity[7] has concluded that the elimination of these historic racial and ethnic disparities calls for a common mission statement to bring attention to challenges and needs as well as to encourage and guide the development of programs, services and policies for communities, states, and the nation. To this end, the Panel presents the following national consensus statement to promote and support the integration of racially and ethnically diverse communities[8] into emergency preparedness and to build community resilience:

> *The integration of racially and ethnically diverse communities into public health emergency preparedness is essential to a comprehensive, coordinated federal, state, tribal, territorial and local strategy to protect the health and safety of all persons in the United States. Such a strategy must recognize and emphasize the importance of distinctive individual and community characteristics such as culture, language, literacy and trust, and promote the active involvement and engagement of diverse communities to influence understanding of, participation in and adherence to public health emergency preparedness actions. Additionally, this strategy must acknowledge the critical commitment to developing effective and sustainable services, programs and policies and building mutual accountability. Only through these comprehensive, unified efforts can we work to counter the legacy of racial and ethnic disparities and ensure that quality and equality for all communities form the foundation of the Nation's planning for any and all public health emergencies.*

Section II. Guiding Principles and Recommended Actions

OVERVIEW

As Section I reveals, the National Consensus Statement offers a unified vision for addressing and enhancing preparedness activities for racially and ethnically diverse populations. Achieving this vision requires actionable objectives and specific strategies. To this end, the National Consensus Panel identified a core set of principles that public health and emergency management professionals should consider as they work with diverse communities. This section presents eight Guiding Principles issued by the National Consensus Panel and discusses recommended actions, potential strategies, and promising practices to help operationalize each principle.

These recommendations are intended to provide a collaborative foundation for use by the broad spectrum of key players. These principles and actions also offer practical steps for organizations and professionals in response to an event.

GUIDING PRINCIPLES

Principle 1: *Identifying, locating, and maintaining a profile of diverse racial/ethnic, immigrant, and limited English proficiency (LEP) populations within the community.*

Principle 2: *Establishing sustainable partnerships between community representatives and the public health preparedness system to assess, build, and sustain trust with diverse racial/ethnic, immigrant and LEP populations.*

Principle 3: *Engaging community representatives to design, implement, and evaluate emergency risk communication strategies, ensuring that they are culturally and linguistically appropriate.*

Principle 4: *Developing and testing drills and exercises that reflect the community and incorporate scenarios that explicitly involve culturally and linguistically diverse populations.*

Principle 5: *Building capacity within the public health preparedness system to respond to unique needs of diverse communities.*

Principle 6: *Measuring and evaluating emergency plans and actions from preparedness to recovery, ensuring the active involvement of participants from the public health preparedness system and the community in a continual process of review.*

Principle 7: *Coordinating information, resources, and actions across organizations and diverse communities to maximize compliance and adherence to preparedness practices.*

Principle 8: *Ensuring the availability of funds to develop and sustain activities that strengthen diverse communities' ability to prepare, respond to, and recover from emergency events.*

RECOMMENDATIONS FOR OPERATIONALIZING GUIDING PRINCIPLES

Principle 1. Community Needs & Assets

Identifying, locating and maintaining a profile of diverse racial/ethnic, immigrant, and limited English proficiency populations within the community.

An important first step is to identify and understand the distinctive needs of diverse communities, particularly as they relate to race, ethnicity, culture, language and trust. Establishing a record of experience over time working with these communities will inform agencies where the gaps in planning and implementation exist, and thus guide the development of more effective strategies for reaching diverse communities.

Recommended Actions:

- ✓ **Locate diverse populations within a specific geographic area.** Publicly available national and state datasets serve as good starting points for locating and quantifying diverse populations in certain geographic areas, such as County, Zip Code or Census Tract (Exhibit 1.1). In cases where national datasets are not sufficiently up-to-date or specific to small geographic regions, contacting and collaborating with state/local public health agencies, demographers, academic centers, foundations, or advocacy organizations may yield needed data. Local area data on racial/ethnic populations may also be available in peer-reviewed publications or reports published by community and service organizations that have conducted community needs, assets, or health assessments of the region of concern.

Exhibit 1.1 Examples of Publicly Available Data Sources

Demographic & Socioeconomic Data

- U.S. Census Bureau
  - American Community Survey
  - Decennial Census
  - Small Area Health Insurance Estimates
  - Coastal Population Data
- State Demographer Websites
- National Center for Education Statistics
  - Common Core of Data

Health Related Datasets

- U.S. Department of Health and Human Services
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - Community Health Status Indicators
  - Office of Women's Health, Quick Health Data Online
- State Health Departments
- Local Health Departments

Exhibit 1.2 Identifying Key Community Characteristics

- Race and ethnicity
- Age
- Gender
- Religion
- Refugee/ immigration status
- Languages and dialects spoken
- Literacy level
- Income and poverty levels
- Housing status
- Access to transportation
- Percentage of residents living in rural versus urban areas
- Unemployment rate
- Number of schools
- Number and types of businesses
- Percentage of uninsured
- Health status/disease prevalence
- Immunization status

Adapted from: Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations. Rockville, MD: Center for Mental Health Services, SAMHSA, 2003.

- ✓ **Identify the demographic, socioeconomic, and health characteristics of diverse populations.** A large body of research indicates that social, economic and health conditions—such as employment status, financial resources, social supports, housing situation and pre-existing health conditions— play a significant role in a community's ability to prepare for, respond to and recover from disasters.[9] To gain a better understanding of diverse communities' characteristics, public health and emergency management agencies can start by identifying these variables for a specified geographic region (see Exhibit 1.2 for examples of such variables).

  An understanding of community characteristics can also be critical to providing services in the period immediately following a disaster. Created in response to experiences of cancer patients and survivors following Hurricane Katrina, Baylor College of Medicine's *Project Reconnect* collaborated with community-based organizations (CBOs) and faith-based organizations (FBOs) to create a web-based mapping process model and ensure that continuous care was available for underserved populations with chronic conditions in the first 100 hours after a disaster.

- ✓ **Identify the preparedness beliefs, norms, and preferences of diverse populations.** While public data sources can provide insight into a community's social, economic and health characteristics, speaking with local community leaders and representatives is critical to understanding "why" communities behave or respond in certain ways in an emergency (See Exhibit 1.3). Qualitative data collection, through interviews and focus groups, offers a

Exhibit 1.3 Questions to Ask in Understanding Community Disaster Preparedness Beliefs and Norms

Beliefs and Customs:
- Common beliefs and customs within communities that may impact preparedness and response
- Belief regarding disasters and emergencies
- Perception of risk

Preferences:
- Preferred channels of communication (e.g., social networks, ethnic media, and places of worship)
- Preferred modes for receiving preparedness information (e.g., print, in-person, internet, text messages)
- Preferred level of involvement in preparedness planning and response

Attitudes and Behaviors:
- Level of trust in different messengers and service providers
- Information-seeking behavior
- Attitude toward personal protection—e.g., evacuation, isolation, quarantine

Knowledge:
- Knowledge about the different hazards and risks within the community
- Knowledge about recommended preparedness and response actions for different emergencies
- Knowledge about community assets

Exhibit 1.4 Community & Health Care Assets

- Health care institutions, particularly those serving minorities (e.g., public hospitals, community health centers, faith-based clinics)
- Culture and faith institutions (e.g., cultural associations, churches, synagogues, temples and mosques)
- Infrastructural resources (e.g., public transportation, grocery and convenience stores with emergency supplies)
- Human resources (e.g., interpreters, volunteers, and preparedness champions)
- Local Medical Reserve Corps
- Local Voluntary Organizations Active in Disaster (VOAD)
- Schools

wealth of detail about community beliefs, norms, and behaviors that are unavailable from data sets alone.[10] This process also ensures that the voice of underserved and underrepresented populations is heard in planning processes, particularly for groups for which data sources are limited—e.g., undocumented immigrants. At the same time, it offers an opportunity to build trust within the local community. Service provider agencies, CBOs and FBOs are likely to play an important role in this process, by contributing useful background information, including relevant historical information on relations and politics between diverse populations and others in the community.

- ✓ **Identify community assets and strengths.** Equally important is the need to identify and maintain an inventory of community resources, which may enable agencies to access collective assets to reach diverse populations in the event of an emergency. Examples of community assets include: faith-based institutions; health care programs already in the community; schools; businesses; community health centers; and other health care delivery sites that serve large minority populations (see Exhibit 1.4).

- ✓ **Map community characteristics, needs, and assets, where possible.** Geographic information systems (GIS) mapping provides a unique tool to integrate a wide range of data to better locate needs and resources before, during, and after a disaster (see Exhibit 1.5). However, mapping software is often expensive and requires extensive knowledge to use effectively. If financial and staff resources are scant, an organization may consider partnering with the regional metropolitan planning office (MPO) in regions serving a population of

Exhibit 1.5 GIS Mapping: Questions and Tools

What to Map?

- Where concentrations of poor, racial/ethnic sub-populations are located within a geographic area.
- Where public health/health care services—e.g., hospitals, community health centers, and emergency departments—are located in relation to poor and diverse populations.
- Where community assets—e.g., faith centers, community-based organizations, public transportation—are located in relation to poor and diverse populations.
- Where public health, disaster and environmental health risks—e.g., flood zones and active fault lines—are located in relation to poor and diverse populations.

Examples of Interactive Mapping Tools

- RAND: Special Needs Populations Mapping for Public Health Preparedness
- Census Bureau GIS tool
- St. Luke's Episcopal Health Charities Interactive Mapping
- California Department of Public Health Map Viewer

Examples of Mapping Software

- Microsoft Map Point Software
- ESRI ARC Software

greater than 50,000 to share mapping software. Organizations can also consider partnering with academic and public health institutions for assistance. Alternatively, web-based interactive mapping tools have emerged that offer some capability for mapping demographic, health, and health care data for specific geographic regions (see examples in Exhibit 1.5).

- ✓ **Ensure an ongoing process of assessing community needs and assets.** Public health and emergency management agencies should ensure that identifying community characteristics, needs and assets is an ongoing process. Only by updating this information frequently will such agencies know that the information is current and reflective of communities in real-time situations.

Quick Sources on Racially and Ethnically Diverse Populations

- The **Pew Hispanic Center** offers State and County Demographic Profiles for Hispanic populations.
- The **Asian and Pacific Islander American Health Forum** houses Census data on Asian and Pacific Islander populations for States and Counties.
- The **Association of Asian Pacific Community Health Organizations** offers an Asian American and Pacific Islander Health Database.
- The Administration for Children and Families at HHS provides **Refugee Arrival Data** for States.
- The Urban Institute offers a **Children of Immigrants Data Tool** by State and a variety of demographic measures.

Principle 2. Community Partnerships

Establishing sustainable partnerships between community representatives and the public health preparedness system to assess, build, and sustain trust with diverse racial/ethnic, immigrant and LEP populations.

Cultivating trust between cultural communities and public health and emergency management systems is of paramount importance. Thus, public health and emergency management agencies must identify and work in collaboration with trusted individuals and organizations to reach diverse communities across all phases—from mitigation and preparedness to response and recovery. Trusted entities within communities may include community leaders, faith-based organizations (FBOs), cultural associations, neighborhood centers, community health clinics, and other community-based organizations (CBOs).

Recommended Actions:

- ✓ **Identify and invite community partners.** Individuals that are trusted, knowledgeable about and representative of populations of concern need to be present at the table to inform the development, implementation and evaluation of preparedness and response policies and procedures. These include, in particular, individuals from ethnic, cultural, faith-based and community organizations (see Exhibit 2.1 for potential community partners). To identify potential partners may involve drawing on existing networks and collaborations within an agency (e.g., established partnership for diabetes prevention in a Hispanic/Latino community) as well as proactively seeking new opportunities to work together. To identify new partners, public health and emergency management agencies may consider contacting or working with overarching organizations that fund and work

Exhibit 2.1 Potential Community Partners

- Community-based organizations
- Ethnic and cultural organizations
- Faith-based organizations
- Tribal organizations
- Ethnic media
- Community health educators, *promotores,* and outreach workers
- Advocacy and activist groups
- Community health centers
- Local ethnic businesses—e.g., hair salons, grocery stores
- Family and youth centers
- Neighborhood associations
- Philanthropic organizations

Exhibit 2.2 Promising Programs on Partnership Building and Collaboration

- **Collaborating Agencies Responding to Disaster (CARD),** in California, trains and prepares CBOs for disasters and works to link them with state and county emergency agencies, such as the Office of Public Health or Office of Emergency Services, to create emergency response plans which meet community-specific needs.

- **Emergency Community Health Outreach (ECHO),** in Minnesota, collaborates with health and safety experts, bilingual community leaders, and media spokespersons to develop multi-language television, radio and other communication messaging on health, safety, civic engagement and emergency readiness.

- **Building Coalitions among Communities of Color: A Multicultural Approach**, issued by the Summit Health Institute for Research and Education in Rockville, MD, offers guidance on coalition-building, inter-group relations, organizational development, group maintenance and related topics for fostering partnerships with diverse communities.

with smaller organizations within the community, such as United Way, or other state/local philanthropies and non-profits. These organizations often have well-established relationships with community organizations and representatives, and can serve a liaison role. Furthermore, town hall meetings, mini-summits, and neighborhood events including health, education and cultural fairs, may provide opportunities for establishing links.

✓ **Explore opportunities for collaboration and partnership with diverse communities.** Effective community engagement involves a co-learning process that educates and empowers communities about preparedness, and at the same time, increases awareness and knowledge among planners and responders about communities. To this end, community partners must be actively involved and engaged in important aspects of implementing preparedness and response, especially in planning, identifying needs and local assets, designing local policies and programs, and responding within their communities in a coordinated way.[11] Participation of these groups can help enhance knowledge and understanding in public health and emergency management agencies about the "socioeconomic, cultural, educational, and linguistic barriers faced by these populations, including intra-racial differences."[12] Collaborative efforts may involve creating community advisory boards or convening co-educational forums. See Exhibits 2.2 and 2.3 for examples of partnerships and engagement strategies.

The Gulf Coast Trans-disciplinary Research Recovery Center for Community Health (TRRCCH), also known as *Project SECURE Gulf Coast*, is a consortium of seven medical and public health institutions and centers with the mission of developing and implementing disaster preparedness solutions that are

Exhibit 2.3 Ways to Involve Community Partners

- ***Creating Advisory Boards.*** One option for engaging community partners from planning through evaluation is creating a Community Advisory Board to advise local public health and emergency management agencies on issues affecting diverse populations and how best to serve and reach them. The New Jersey Special Needs Advisory Panel (NJSNAP), for example, serves as an advisory board to the New Jersey Office of Emergency Management and the New Jersey Office of Homeland Security and Preparedness on issues that affect at-risk and special needs populations in the state.

- ***Community–based workers.*** Community outreach that is culturally and linguistically tailored and provided by trusted messengers is core and central to ensuring preparedness messages are received, understood and adhered to by local members of the community. Community-based workers, also referred to as *promotores* in Hispanic/Latino communities, are seen as trusted sources of health information and can help with educating and reaching communities well in advance of an event with information on prevention, preparedness and response.

- ***Convening co-educational forums.*** Agencies may consider partnering with well-respected and trusted CBOs and philanthropies to host regional educational forums, inviting 15-20 local community representatives to participate. Co-educational forums are intended to provide education, materials and information on topics of most concern to communities, such as hurricane preparedness in Houston, Texas or wildfires in San Diego, California. At the same time, they include feedback sessions, where community partners and representatives can assess and evaluate the validity and application of recommendations, resources and materials to their communities' cultural, social and economic circumstances.

culturally competent and grounded in community contexts. Specific Project SECURE focuses include community-centered trans-disciplinary research that targets social determinants of health and community engagement to develop culturally competent intervention research for vulnerable populations.

- ✓ **Ensure community engagement and collaboration is an ongoing process.** Community engagement must not be considered a one-time event. Rather, working collaboratively with communities must be an ongoing process that is established well in advance of an emergency, and sustained over time. To this end, agencies could benefit from embracing basic principles and practices of community-based participatory research (CBPR). CBPR provides a collaborative approach that equitably involves academic and community partners in research and program development. "Fundamental to CBPR are principles of co-learning, mutual benefit and long-term commitment as well as a focus on incorporating community theories, participation and practices."[13] Furthermore, ensuring sustainability will require adequate resources, including a reasonable operating budget, dedicated staff, and possibly reimbursement for community participation.[14] Finally, sustaining formal partnerships over an extended period can benefit from establishing a Memorandum of Understanding (MOU) with each partner, which outlines roles, responsibilities and expectations. An MOU can also serve as a useful tool for ensuring mutual understanding and accountability for both communities and emergency organizations.

Principle 3: Risk Communication

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

Community representatives play important roles in developing and vetting educational materials, language services, emergency messages, dissemination strategies, and ensuring the quality of translation and interpretation services. Consulting cultural representatives to vet the cultural appropriateness and accuracy of translated materials—particularly those that may be literal translations of English—is important to ensuring that accurate and consistent messages are relayed and received across communities. Print materials should be accessible to persons with disabilities and electronic materials should be 508 compliant. Once the message is developed, the utilization of trusted community voices and channels of communication, such as ethnic media, community-based and faith-based organizations, are also critical to reaching these communities. Refer to Guiding Principle 2 for recommendations on engaging community partners to facilitate these processes.

Recommended Actions:

- ✓ **Design and develop emergency risk communication strategies that utilize trusted sources.** "Different communities will trust different people, based on direct experience as well as historical, socio-cultural, or legal reasons."[15] Therefore, a wide range of trusted voices and channels, both formal and informal, need to be utilized to ensure messages are received, understood and followed (see Exhibit 3.1). Ethnic media has been identified as one of the most effective ways to reach immigrants and populations with limited-English proficiency (LEP). New American Media and

Exhibit 3.1 Potential Trusted Sources of Information

- Faith leaders
- Ethnic Media personalities
- Community health educators and *promotores*
- Local interpreters
- Community-based organizations
- Cultural association leaders
- Tribal elders
- English as a Second Language (ESL) teachers,
- Ethnic business and restaurant owners
- Hair salon operators

Exhibit 3.2 Examples of Different Modes of Communication

- Television
- Radio
- Brochures and flyers
- Cars with loudspeakers
- E-mail
- Text messages
- Social media (e.g., Facebook, MySpace, Twitter)
- Face-to-face conversations
- Fotonovelas (comic-style novels that use photos instead of illustrations)
- Pictograms

Multicultural Broadcasting Inc provide links to local ethnic media outlets across the country.

- ✓ **Identify effective modes of communication.** Modes are the variety of ways in which risk communication strategies can reach the target audience. Ensuring that messages are not just relayed, but also received by communities, requires the use of multiple modes of communication (see Exhibit 3.2). Maintaining a database of trusted sources of information, as well as bilingual interpreters and effective modes of communication, will be a useful planning tool over time. Dr. Randy Rowell and colleagues provide a number of sample forms to help develop and maintain such a database in *A Guide to Enhance Grassroots Risk Communication among Low-Income Populations*.[16]

- ✓ **Assess the cultural and linguistic appropriateness of messages.** Once message content is developed, and trusted messengers and modes of communication have been identified, public health agencies and other service providers must ensure messages are audience-appropriate—including being clear, easily understandable, and culturally and linguistically appropriate. Various recommendations, tools and resources exist to assess the cultural/linguistic appropriateness of message content as well as its readability (i.e., not exceeding a 6th grade reading level) (see Exhibit 3.3).

- ✓ **Collaborate with community representatives to evaluate risk communication strategies.** Community representatives serve as key informants in the evaluation process prior to launching a risk communication message to the general public. This process will verify cultural and linguistic appropriateness by exposing community members to the risk communication strategies and gathering feedback on specified indicators of effectiveness. Grassroots outreach workers are

Exhibit 3.3 Tools to Assess the Appropriateness of Message Content

Cultural and Linguistic:

- National Council on Interpreting in Healthcare
- National Center for Cultural Competence
- American Association of Language Specialists
- American Translators Association
- State and Local Immigrant and Refugee Offices
- Diversity Rx Webinar on Translation Best Practices

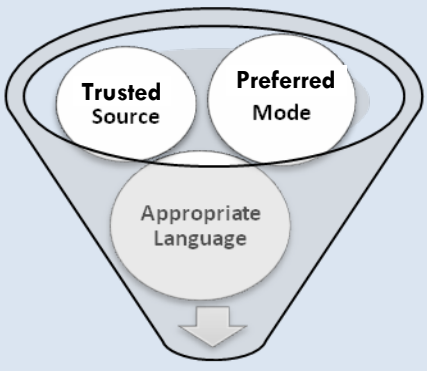
Readability:

- Flesch-Kincaid Reading Ease Test
- Online-Utility Readability Test
- "SMOG" Manual Readability Test

Exhibit 3.4 Methods for Evaluating Message Effectiveness

- Pre-to-post testing
- Surveys
- Focus groups
- Key informant interviews
- 6-8 week follow up surveys

Exhibit 3.5 Key Elements of Risk Communication



well positioned to serve as liaisons between local public health/emergency management agencies and community representatives to help facilitate this process.[4]

- ✓ **Conduct evaluations to test and verify the appropriateness of messages.** Persons that reflect the community culture and language should be recruited, and when possible compensated, to participate in evaluations (Exhibit 3.4), including hearing and reviewing messages and providing feedback. Specific indicators for evaluating effectiveness include comprehension, retention, and behavioral change (i.e., compliance with message guidance). Indicators will vary based on message content and which "take-home" messages are desired.

Principle 4: Training and Education

Developing and testing drills and exercises that reflect the community and incorporate scenarios that explicitly take into account situations involving culturally and linguistically diverse populations.

Emergency planners and managers should involve and engage racial/ethnic, immigrant, and limited-English proficient (LEP) populations in their local drills as well as develop and test training exercises that include specific scenarios around these populations. Such activities can be focused explicitly on special issues facing these communities, such as challenges in reaching individuals with little understanding of English or low trust in government. They can also integrate concerns for diverse residents into area wide efforts involving the general population. Refer to Principle 2 for recommended actions to engage community partners.

Recommended Actions:

- ✓ **Work in concert with community representatives to develop drills and exercises that are inclusive of unique circumstances characterizing diverse communities**. Public health, emergency management, and response agencies should ensure that exercise scenarios and objectives address issues specific to the needs of diverse communities (see Exhibits 4.1 and 4.2). Drills and exercises should also cover the range of issues required to effectively coordinate efforts for diverse populations across different sectors, agencies and levels of practice. Existing frameworks, such as the *Homeland Security Exercise and Evaluation Program* (HSEEP), can be adapted to develop drills and exercises that are tailored to the needs of diverse communities. Existing drills and exercises that are inclusive of diverse populations can also be used as models (see Exhibit 4.3).

Exhibit 4.1 Community Characteristics to Consider in Drills and Exercises:

- Race/ethnicity
- Language proficiency
- Cultural norms
- Religion
- Literacy
- Immigrant/refugee status
- Tribal affiliation
- Poverty
- Employment
- Transportation
- Housing
- Geography
- Collaborating volunteer organizations

Exhibit 4.2 Questions that can be Explored Through Drills and Exercises:

- What are potential cultural or linguistic barriers?
- Who will translate time sensitive emergency information?
- What is the process for relaying emergency information to ethnic media outlets and trusted sources of information (e.g., community-based organizations)?
- How will service providers and responders work with interpreters and translators?
- How can service providers and responders integrate principles of cultural competence into their encounters with diverse populations?
- How will public health and response agencies coordinate roles, responsibilities and resources with CBOs, FBOs and other community?
- How will jurisdictional boundaries of tribal lands be addressed?

- ✓ **Engage local communities to test and evaluate drills and exercises.** As with risk communication strategies (Guiding Principle 3), obtaining feedback from local participants is critical to assessing the effectiveness of drills and exercises. Representatives from community-based organizations (CBOs), faith-based organizations (FBOs), translators, interpreters, and lay participants are all valuable sources of information to determine the extent to which an exercise was successful in achieving its stated objectives and identifying gaps in emergency response plans and procedures. HSEEP's *Exercise Evaluation Guidelines*, including one focused on *Community Preparedness and Participation*, serve as adaptable models for evaluating drills and exercises as is criteria developed by *RAND*. Strategies for evaluation are also discussed in Guiding Principle 6.

Exhibit 4.3 Model Drills and Exercises:

- The Great California Shake Out
- Chinatown Disaster Response Project
- Yale Center for Public Health Preparedness Tabletop Exercise for Diverse Populations

Principle 5: Capacity Building for Culturally and Linguistically Appropriate Services (CLAS)

Building and sustaining capacity within the public health preparedness system to respond to the unique needs of diverse communities.

Public health departments, emergency agencies, and other service providers should make a concerted effort to build and sustain their workforce and capacity to prepare, respond to, and aid the recovery of diverse communities. Core to sustainable capacity-building strategies for effectively preparing and responding to diverse communities is the need to improve organizational and individual cultural competence. See Exhibit 5.1 for strategies for building and improving organizational capacity for CLAS.

What is 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.

Source: Cross, T. L., B. J. Bazron, K.W. Dennis, and M. R. Isaacs. (1989). *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Recommended Actions:

- ✓ **Draw on successful programs for building organizational capacity to reduce racial/ethnic disparities and improve cultural competence.** The proliferation of cultural competence initiatives in health care offers an opportunity to learn from, build upon and adapt many successful models and tools in the public heath and emergency management fields (see Exhibits 5.2 and 5.3). As such, building organizational capacity to meet the needs of diverse communities can start with an organizational cultural competence assessment adapted from the health sector. This process entails the organization asking

Exhibit 5.1 Strategies for Building Organizational Capacity:

- Collaborate with cultural competence experts who can provide training on integrating key principles of cultural competence into emergency planning and response.
- Offer cultural competence education and training to emergency planners and first responders.
- Promote diversity in staffing and leadership.
- Develop a workforce language registry.
- Establish clear procedures for utilizing bilingual personnel and volunteers.
- Develop a repository of translated materials that have been vetted for accuracy and appropriateness.

Exhibit 5.2 Cultural Competence Resources

- Diversity Rx Webinar on Culturally Responsive Organizations
- Kaiser Family Foundation: Compendium of Cultural Competence Initiatives in Healthcare
- National Center for Cultural Competence: Pool of Consultants
- American Translator Association: Directory of Professional Translators and Interpreters
- NACCHO: Model Cultural Competence Practices
- HHS Office of Minority Health: National Standards for Culturally and Linguistically Appropriate Services

itself a series of questions to assess where cultural/linguistic competence issues fit within the broader mission, goals and objectives of the organization. Conducting organizational assessments can help elicit baseline information that can be used to define service needs, identify opportunities for improvement, develop action plans and design programs and activities for diverse communities (Exhibit 5.4). See also, Guiding Principle 6 for more details on conducting organizational evaluations. Following are leading resources on cultural competence:

- Issued by U.S. Department of Health and Human Services' Office of Minority Health (HHS/OMH) in 2001, the *National Standards for Culturally and Linguistically Appropriate Services (CLAS)* have provided guidance on specific actions to improve cultural competence in health care and have served as a seminal resource for guiding cultural competence, language access and organizational support initiatives.

- OMH has developed an online *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*. This series of online training modules are intended to educate participants about the concept of cultural competence and its relevance to the readiness, response, and recovery phases of a disaster. Topics covered include working with interpreters, locating translated materials, negotiating cultural differences, and implementing the CLAS Standards.

- The *CLAS-ACT* website is designed to help researchers and organizations assess how well individual trials and research sites incorporate the CLAS Standards into their trials, including assessing efforts to recruit minority and other underrepresented patients. The CLAS-ACT project is an outgrowth of the *EDICT (Eliminating Disparities in Clinical Trials)* Project

Exhibit 5.3 Expert Organizations

National Organizations:

- The Office of Minority Health
- The Health Resources and Services Administration
- National Multicultural Institute
- The Cross Cultural Health Care Program
- Resources for Cross Cultural Health

Academic Centers:

- The National Center for Cultural Competence, Georgetown University
- National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities, Drexel University
- Center for Healthy Families and Cultural Diversity, Robert Wood Johnson Medical Center

Local Organizations:

- Collaborating Agencies on Responding to Disasters (CARD)
- Montgomery County, MD NACCHO Advanced Practice Center
- Seattle & King County, WA NACCHO Advanced Practice Center
- Multnomah County, OR NACCHO Advanced Practice Center

and the Chronic Disease Prevention and Control Research Center at Baylor College of Medicine. These resources can be adapted to provide guidance in assessing the cultural competency of organizations, programs, and policies relating to public health preparedness and emergency response.

- Dr. Robert T. Carter's *Disaster Response to Communities of Color- Cultural Responsive Intervention* also provides guidance for responders to provide psychological first aid and meet the mental health needs of diverse populations in disasters.

✓ **Identify and utilize resources that can assist in providing education, training and/or consultation on cultural competence principles and their application to emergency preparedness.** As the focus on cultural competence has gained momentum, many organizations have created inventories to catalog cultural competence resources as well as model practices and language interpretation/translation services (see Exhibit 5.2). Organizations across sectors and geographic scope also serve as resources (see Exhibit 5.3). Trusted community leaders and organizations serving diverse communities are also sources of guidance for cultural competence (see Guiding Principle 2).

✓ **Ensuring public health and emergency staff are reflective of the demographic composition of communities.** Building workforce diversity is an important element of building organizational capacity to serve and respond to diverse communities. As outlined in HHS/OMH's National Standards for CLAS, organizations "should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area." A growing body of research in the health care field suggests that patient-physician concordance in language and culture improve communication and

Exhibit 5.4 Organizational Self-Assessment Questions

Formative Questions:

- How does working effectively across cultures relate to the organization's mission?
- How does the ability to work across cultures relate to the effectiveness of the organization?

Summative Questions:

- Do frontline staff and responders reflect diverse communities?
- How accessible are interpreter services?
- Are translated and culturally appropriate information and resources being provided to diverse communities?
- Are existing risk communication strategies reaching diverse communities and encouraging adherence to recommended actions?

adherence to medical treatment.[17] Similarly, through a Department of Homeland Security Fire Prevention and Safety Research Grant, *Fire 20/20* conducted a study that identified the importance of multicultural diversity among Fire/EMS personnel in ensuring timely emergency response. To this end, the *Patient Protection and Affordable Care Act of 2010* includes over a dozen provisions focused on expanding workforce diversity which public health agencies may be able to take advantage of to expand diversity among frontline personnel and first responders in emergency events.

Principle 6. Measurement & Evaluation

Measuring and evaluating emergency plans and actions from preparedness to recovery, ensuring the active involvement of participants from the public health preparedness system and the community in a continual process of review.

A collaborative effort between community representatives and the public health system must occur to measure and evaluate the effectiveness of plans and actions, especially in terms of their ability to encourage understanding of and adherence to emergency directives by diverse populations. In general, efforts to evaluate programs will want to answer the following basic questions, as adapted from the National Committee for Quality Assurance's *Multicultural Health Care: A Quality Improvement Guide*:

- How well is the program running?
- Is it successful?
- What factors contribute to its success?
- Should the program be continued or changed?
- Is the program improving knowledge, understanding and adherence to emergency preparedness directives?
- Are disparities decreasing?

Exhibit 6.1 offers a set of key steps to consider in measuring and evaluating preparedness programs for diverse populations.

Recommended Actions:

- ✓ **Incorporate evaluation of programs for diverse communities in planning and routine organizational activities.** Measurement and evaluation are necessary to gauge community and organizational capabilities and readiness in times of emergencies, and are key elements of ensuring accountability. Their integration into

Exhibit 6.1
Key Elements of Evaluation

- ***Defining roles and responsibilities.*** An important first step is to designate who is responsible for undertaking evaluation within the organization, including identifying or developing measures, collecting and analyzing data, and reporting results.

- ***Defining what is to be measured.*** Organizations must clearly and specifically define what to measure. Following are three types of measures that are often evaluated:
  - **Structure Measures** to assess an organization's capacity to support initiatives for diverse communities;
  - **Process Measures** to assess content and quality of programs; and
  - **Outcome Measures** to assess impact of programs in terms of change in knowledge, behavior or health.

- ***Identifying measures.*** While a daunting task, many agencies are tackling this objective. For example, *HRSA's Study on Measuring Cultural Competence in Health Care Delivery Settings* offers a useful framework and tool for identifying and developing measures on diversity and cultural competence.

- ***Establishing a uniform approach.*** It is important to utilize consistent measures and definitions over time to monitor trends, challenges and improvements.

- ***Using both qualitative and quantitative methods.*** Survey data as well as publicly available national, state and local datasets are useful for quantifying priorities and identifying and monitoring trends. However, conducting surveys can be expensive and public data have their limitations. Qualitative data collection and feedback, through interviews or focus groups with community members, is a way to fill this data gap and can add significant depth and dimension from experience, practice and real-life situations. It can be especially valuable to evaluating and improving the cultural/linguistic appropriateness of messages, programs and drills.

preparedness plans and routine organizational quality assurance activities is important to comprehensively assess current processes and outcomes, identify shortfalls, and make improvements in programs and actions. Some evaluation and measurement activities have already been covered in this guide, including:

- Principle 1: Assessing community characteristics, needs and assets;
- Principle 3: Evaluating effectiveness of risk communication strategies;
- Principle 4: Evaluating drills and exercises and the appropriate incorporation of scenarios related to diversity and trust; and
- Principle 5: Evaluating cultural competence within organizations.

✓ **Engage representatives from diverse communities in the evaluation process.** Members of the local community must be involved in any evaluation of preparedness and response programs, plans and policies to assess their appropriateness and relevance to communities and assure they maximize understanding, and compliance with recommended actions. Guiding Principle 2 provides guidance for identifying and partnering with community representatives that can be applied to implementing collaborative evaluation processes.

✓ **Measure and evaluate organizational capacity and resources to effectively reach and respond to diverse communities in emergencies.** Complementing efforts to identify community needs and assets (outlined in Guiding Principle 1) is the need for organizations to evaluate their own efforts, resources, and challenges to reaching diverse populations. *The Cultural Competence Self Assessment Protocol for Health Care Organizations and Systems*, developed by Dr. Dennis Andrulis and colleagues, offers a tool that can be adapted for public health and emergency management agencies to do just that.

Exhibit 6.2
Potential Questions for Organizational Assessment

For agencies with limited financial resources and staffing, a basic organizational questionnaire may be carried out through surveys and/or key informant interviews. At a minimum, agencies should inquire about the following:

- What preparedness programs, policies and plans are currently in place for diverse populations?
- What are the objectives of these programs and what specific populations do they serve?
- How have these programs been successful (or not successful) in reaching and meeting the needs of diverse populations? How has success been measured?
- What are resources and assets within the organization and community that have facilitated efforts to effectively reach these populations?
- Are there racial/ethnic population subgroups that the agency would like to reach, but have not been able to? What have been challenges and barriers to addressing their needs?
- What have been challenges and barriers to working with diverse populations overall and ensuring their needs are met across all phases of an emergency?
- Discuss both challenges encountered in community interactions (e.g., lack of community participation in education and outreach efforts or lack of culturally-tailored preparedness materials) as well as within the organization (e.g., lack of cultural competence training for staff and limited financial resources for translating preparedness materials).

Specifically, the tool can help: provide insight into an organization's overall preparedness landscape for diverse communities; systematically identify organizational assets, challenges, and opportunities for integrating diversity into preparedness actions; review the effectiveness of agency activities in meeting cultural and linguistic needs of diverse communities; and offer opportunities to build existing infrastructure to increase scope and quality of preparedness plans and programs for these populations. Exhibit 6.2 highlights questions that may be asked in an organizational assessment.

Principle 7. Information Coordination

Coordinating information, resources and actions within and across organizations as well as with diverse communities in a concerted effort to maximize compliance and adherence to preparedness practices.

Recognizing the wide range of agencies and sectors involved in preparedness and response activities, there is a critical need to share resources, expertise and information. The distinct cultural and linguistic preferences and varied socioeconomic circumstances of diverse communities requires organizations to cross traditional sectoral boundaries to share information and collaborate to develop plans and activities that are grounded in the realities of diverse communities.

Recommended Actions:

- ✓ **Catalog and make readily available information on successes, challenges and lessons learned internally within an organization.** Public health departments, emergency management agencies, and other service providers should consider maintaining an internal record of information, resources and assets that can inform practice and help serve diverse individuals and families. This may be an electronic inventory of community-based organizations (CBOs) and faith-based organizations (FBOs) that the agency has well-established relationships with or a registry of bilingual staff that can be drawn upon, and shared, to assist in outreach or response in the event of an emergency (see Exhibit 7.1).

- ✓ **Share experiences, informational resources, promising practices and lessons learned with the field.** Organizations need to make a concerted effort to share their experiences, resources, promising practices and lessons learned with the field to foster the exchange of

Exhibit 7.1 Examples of Information for Internal and External Sharing

Internally:

- CBOs/FBOs, schools, and health clinics serving minority populations
- Local ethnic media outlets
- Vetted translated materials
- Cultural competence training and education modules
- Workforce and volunteer language registries
- Information on preferred channels of communication

Externally:

- Practice-based evidence
- Lessons learned
- Regional translation and interpretation services
- Regional information materials

Exhibit 7.2 Online Venues for Information Exchange

- National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities
- CIDRAP Promising Practices: Pandemic Influenza tools for Vulnerable Populations
- Partners in Information Access for the Public Health Workforce
- Community-Based Participatory Research Listserv
- NACCHO Health System Collaborations Distribution List
- Resource Guide for Public Health Preparedness Mailing List
- Natural Hazards Center Listserv

information and collaboration and reduce fragmentation. This information can be organized and presented in a variety of formats. For example, *AAPCHO* has developed an online compendium of best practices for preparing Asian American and Pacific Islander communities. The report *California's Emergency Preparedness Efforts for Culturally Diverse Communities: Status, Challenges and Directions for the Future* offers an inventory of programs in the state that are organized into a user-friendly matrix. FEMA provides best practices in the form of *publicly available reports* and *in-depth case studies*. Other examples of sharing of information and practices is provided in Exhibit 7.2.

- ✓ **Utilize existing venues for sharing information.** Many promising venues exist for sharing information and resources on preparedness and diverse communities. These include online locations, such as Web sites and Listservs, and face-to-face meetings that can foster networking and information sharing to identify shared priorities and solutions (Exhibits 7.2 and 7.3).

- ✓ **Engage diverse communities in the information sharing process.** Marketing the importance of emergency preparedness to diverse communities can help foster a culture of preparedness and encourage information and collaboration across sectors. Examples and strategies for public health marketing include *NACCHO's public health and advocacy website*, *CDC's health marketing website*, and *ASPH's "This is Public Health" campaign*. Social media sources, such as Facebook and Twitter, have also become a popular tool for marketing and diffusing messages rapidly across the public.

Exhibit 7.3 Face-to-Face Venues for Sharing Information

- NACCHO Annual Conference
- NACCHO Public Health Preparedness Summit
- National Conference on Quality Health Care for Culturally Diverse Communities
- National Emergency Management Summit
- American Public Health Association Annual Meeting
- National Voluntary Organizations Active in Disaster Conference

Principle 8: Funding and Program Development

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

As a core part of this objective, organizations and agencies should dedicate at least a portion of existing emergency preparedness funding, staffing and/or resources to programs focusing explicitly on enhancing preparedness and response for diverse populations. This may include, for example, support for: building collaborations with representatives of diverse communities, increasing bilingual staffing within agency workforce to match cultural and linguistic diversity in the community, or offering cultural competence training to first responders. Should existing resources be scant, agencies may seek opportunities to apply for public, foundation or philanthropic grants, mini-grants and other funding streams. However, given the fundamental tenet that community engagement is essential to effective preparedness planning and response, their active participation and collaboration should, in turn, be considered a core component of funding strategies. Finally, agency efforts to seek related support may benefit from becoming part of broader based initiatives to improve minority health and reduce health disparities. As the *National Health Security Strategy* places emphasis on "community resilience" and the importance of quality of health infrastructure as well as social and economic conditions in mitigating disaster outcomes, proposals should frame preparedness within the context of broader health improvement initiatives.

Recommended Actions:

- ✓ **Utilize existing funding for emergency preparedness programs to engage and partner with community-based representatives and organizations.** Public health, emergency management and other agencies should consider

Exhibit 8.1 Examples of Potential Public Funding Sources for Diversity and Preparedness Initiatives

- HHS Office of Minority Health
- CDC Public Health Emergency Preparedness Cooperative Agreement
- DHS Grant Programs, including the Urban Areas Security Initiative, State Homeland Security Program, and Citizen Corps Program.

Exhibit 8.2 Examples of Mini-Grant Opportunities on Diversity and Preparedness

- NACCHO's Public Health Preparedness "Mini" Grant Project offers local health departments an opportunity to address and improve community preparedness.
- The Public Health Department of Seattle and King County issued an RFP for up to 10 grants of no more than $15,000 to: (1) Enhance staff trainings and tabletop exercises for vulnerable populations; and (2) Solidify a network of community based organizations that are trained, coordinated and ready to assist vulnerable residents during and after an emergency.
- The FAITHS Program, based out of Bay Area, California, awarded mini-grants equaling $4,000 to faith-based organizations and congregations from diverse Bay Area neighborhoods to provide disaster preparedness training to vulnerable populations and prepare their institutions to be effective first responders.

using existing grants or awards with a broad focus on improving health and safety of communities for at least laying the groundwork for establishing relationships and building trust with diverse populations.

- ✓ **Identify public sources of funding for community preparedness at the federal, state and local levels**. While there is no one particular agency that dedicates funding for improving preparedness and response for diverse populations, a combination of federal, state and local public health and emergency management agencies offer some support (see Exhibit 8.1). Among public health agencies is the HHS Office of Minority Health, which has supported programs such as the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* as well as Project Reconnect, established in partnership with the Intercultural Cancer Council and AAPCHO to ensure cancer patients displaced by Hurricane Katrina were connected to comprehensive cancer control services. The Centers for Disease Control and Prevention's Public Health Emergency Preparedness Cooperative Agreement program offers funding to state and local governments to enhance and improve their preparedness and response to bioterrorism, outbreaks or other emergencies. While community collaboration is not required, public agencies receiving funding are "encouraged to work with partners who bring insights about the needs of particular communities and connections to those communities to ensure the broadest impact of preparedness planning." [18] Another potential federal source may include the US Department of Homeland Security's (DHS) grants on community preparedness. In 2008, DHS' Citizen Corps released a list of suggested community preparedness and participation projects that it would fund including "expanding existing public education/outreach efforts by focusing on immigrant ethnic communities…"[19] Finally, the National Institute for Minority Health and Health Disparities at the National Institutes for

Exhibit 8.3 Strategies for obtaining funds from Philanthropies, Businesses, and Foundations

- Identify local/regional foundations interested in racially/ethnically diverse communities, LEP residents, and immigrants.
- Describe how the proposed project addresses important community needs in addition to preparedness.
- Identify and emphasize measurable aspects of the project that appeal to specific funders (e.g., community participation, public education) and provide clear timelines.
- Highlight past and present collaboration with diverse community partners.
- Demonstrate support for proposed project from government and community leaders as well as other key stakeholders.
- The Foundation Center Website provides guidance for organizations unfamiliar with the grant writing process.

Adapted from: *Integrating Immigrant Families in Emergency Response, Relief and Rebuilding Efforts*. P.13-17.

Health (NIH) has provided support for addressing the needs of diverse communities and has noted its intent to continue preparedness as a priority. Grants.gov, HHS Health Resources and Services Administration (HRSA), and HHS Agency for Healthcare Research and Quality (AHRQ) also all provide information on relevant federal funding opportunities.

- ✓ **Identify grant and mini-grant opportunities from private business, foundations, philanthropies and trade associations.** Private foundations, philanthropies and organizations, at all levels—national, state, regional and local—represent another potential source for funding, ranging from offering mini-grants to larger opportunities to support community preparedness and collaborative programs. A report, entitled, *Integrating Immigrant Families in Emergency Response, Relief and Rebuilding Efforts* (pages 13-17), offers a detailed framework that agencies and community-based organizations can consider when identifying and approaching private organizations for grant opportunities (Exhibit 8.3). Mini health disparities grants, such as those offered by the Society for Public Health Education's (SOPHE) Health Equity Project, represent opportunities for funding as do philanthropic programs led by corporate entities, such as the Walmart Foundation.

- ✓ **Seeking opportunities that may emerge from the new health care reform law.** The *Patient Protection and Affordable Care Act of 2010* contains over three dozen provisions specific to race, ethnicity, language assistance, cultural competence and disparities in research, workforce development and service settings.[20] Together with more general provisions such as supporting public health priorities and community outreach, organizations and agencies dedicated to preparedness and response can seek either specific funding streams that complement their goals (e.g., language assistance or cultural competence training) or collaborate with others to include emergency assistance as part of broader public health and health related initiatives.

Conclusion

This toolkit offers for the first time, a comprehensive framework and specific guidance for engaging communities to inform the integration of issues related to race, ethnicity, culture, language and trust into preparedness plans, programs and actions. It builds on the recommendations derived from the consensus-based discussions of the National Consensus Panel on Emergency Preparedness and Cultural Diversity and integrates programs, resources and tools from leading public and private research and resources. As such, the toolkit intends to provide content and guidance that may offer promise for assisting agencies in working with communities to address a broad set of priorities to improve health and quality of life that are central to effective emergency event strategies and actions.

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National Consensus Panel on Emergency Preparedness and Cultural Diversity[1]

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[1] Members listed are current as of October 2010.

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References & Notes

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[3] Public health emergency preparedness (PHEP) is defined as "the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to and recover from health emergencies, particularly those whose scale, timing or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action." RAND (2007). This definition reinforces what is summarized in the Homeland Security Presidential Directive (HSPD-21) regarding PHEP and encompasses a range of emergency management and public health agencies, such as the Federal Emergency Management Agency (FEMA), American Red Cross and the Office of the Assistant Secretary for Preparedness and Response (ASPR). For more information on HSPD-21, please visit: http://www.dhs.gov/xabout/laws/gc_1219263961449.shtm(Last accessed: January 14, 2011).

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[7] The National Consensus Panel on Emergency Preparedness and Cultural Diversity is comprised of 33 leading national, state and local public and private organizations representing public health, health care, emergency management, homeland security, cultural competence, and minority communities across the country.

[8] The National Consensus Panel also recognizes the importance of integrating the functional needs of "at-risk" individuals into emergency preparedness plans and actions. These functional needs

are: maintaining independence; communication; transportation; supervision; and medical care. Examples of individuals with these functional needs include other at-risk, special needs and vulnerable populations such as children, senior citizens, and pregnant women, as well as individuals who may need additional assistance (e.g., those who have disabilities, live in institutionalized settings, are transportation disadvantaged, have chronic medical disorders or have pharmacological dependency).

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