**National Consensus Statement on Integrating Racially and Ethnically
Diverse Communities into Public Health Emergency Preparedness**

Background

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 (PHEP)[1] across all phases of an emergency – before, during and after. Studies document that racial and ethnic minorities in particular experience higher rates of injury, disease, traumatic stress, death and loss due to public health emergencies.[2] Reasons cited include 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, lower perceived risk from disasters, limited preparation, and reliance on informal channels of information.[3] Limited knowledge and capacity of sectors and agencies to tailor planning and implementation also have been shown to contribute to the lack of preparedness for racially and ethnically diverse communities.[4] Insufficient attention to these challenges and needs will significantly limit the effectiveness of current PHEP strategies, with potential adverse implications for the entire Nation.

There is, therefore, an immediate need to encourage the development of initiatives and coordinate planning and implementation for a full range of activities—from mitigation and preparedness to response and recovery—for public and private sector organizations critical to PHEP at the national, state, tribal, territorial and local levels. 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 PHEP—e.g., risk assessment, risk communication, training and education, research and evaluation, and program and policy development. Fundamental to all these actions is the full, active and sustainable involvement and engagement of communities.

National Consensus Statement

The National Consensus Panel on Emergency Preparedness and Cultural Diversity[5] 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[6] into PHEP 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.*

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HHS Office of Minority Health
June 11, 2008

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Notes and References:

[1] 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.whitehouse.gov/news/releases/2007/10/20071018-10.html (Last accessed: April 11, 2008).

[2] M. Pastor et al., *In the Wake of the Storm: Environment, Disaster, and Race after Katrina*, New York: Russell Sage Foundation (2006); A. Fothergill, E.G. Maestas and J.D. Darlington, "Race, Ethnicity and Disasters in the United States: A Review of the Literature, *Disasters* 23, no.2 (1999).

[3] Pastor et al., 2007; D. Andrulis, N.J. Siddiqui, and J. Gantner, "Preparing Racially and Ethnically Diverse Communities for Public Health Emergencies," *Health Affairs* 26, no.5 (2007); K. Elder et al., "African Americans' decisions not to evacuate New Orleans before Hurricane Katrina: a qualitative study," American Journal of Public Health 97, Supplemental 1 (2007): S124-129; P.R. Spence, K.A. Lachlan, and D.R. Griffin, "Crisis Communication, Race and Natural Disasters," Journal of Black Studies 37, no 4 (2007):539-554; D.K. Messias and E Lacy, "Katrina-Related Health Concerns of Latino Survivors and Evacuees," Journal of Health Care for Poor and Underserved 18, no 2 (2007): 443-464.; O. Carter-Pokras et al., "Emergency Preparedness: Knowledge and Perceptions of Latin American Immigrants," Journal of Health Care for Poor and Underserved 18, no 2 (2007): 465-481; Brodie et al., "Experiences of Hurricane Katrina Evacuees in Houston Shelters: Implications for Future Planning," American Journal of Public Health 96, no.9 (May 2006): 1402-1408; and Katrina and the Asian-American Community Congressional Briefing, 29 September 2005, http://www.navasa.org/PressReleases/2005/Katrina%20Congressional%20Briefing.doc (Last accessed: April 11, 2008).

[4] D. Andrulis, N.J. Siddiqui, and J. Gantner, "Preparing Racially and Ethnically Diverse Communities for Public Health Emergencies," *Health Affairs* 26, no.5 (2007).

[5] The National Consensus Panel on Emergency Preparedness and Cultural Diversity is comprised of 34 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.

[6] 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).

Drawing from the conclusions and recommendations of the National Consensus Panel, the Center for Health Equality at Drexel University's School of Public Health proposes the following guiding principles for integrating culturally diverse communities into public health emergency preparedness planning and implementation.

Principle 1: Identifying, locating and maintaining a profile of diverse racial/ethnic, immigrant and limited English proficient (LEP) populations within the community. A critical first step to integrating diverse communities into preparedness planning and implementation is identifying and understanding their distinctive needs, particularly as they relate to race/culture, immigrant status, language, and literacy. Furthermore, public health and emergency management agencies must establish a record of experience working with these communities, including challenges, barriers, successes and lessons learned. Maintaining such a profile over time will inform agencies where the gaps in planning and implementation exist, and thus guide the development of more effective strategies for reaching diverse communities.

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. Cultivating trust between cultural communities and the public health preparedness system 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, cultural associations, neighborhood centers, community health clinics and other community-based organizations.

Principle 3: Engaging community representatives to design, implement, and evaluate emergency risk communication strategies, ensuring that they are culturally and linguistically appropriate. Community representatives can play important roles in developing and vetting educational materials, language services, emergency messages and dissemination channels and strategies. Consulting cultural representatives to vet the 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. Furthermore, utilizing trusted community voices and channels of communication, such as ethnic media, community-based and faith-based organizations, is also critical to reaching these communities. In addition, identifying and establishing a registry of bilingual community volunteers can provide a pool of translators and interpreters that are both trusted and can communicate information accurately and appropriately.

Principle 4: 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 LEP populations in their local drills as well as develop and test training exercises that include specific scenarios around these populations. Such programs can be focused explicitly on the special issues facing these communities, for example, challenges in reaching documented and undocumented immigrants with little understanding of English; or can integrate special concerns for diverse residents into area wide efforts involving the general population.

Drexel University Center for Health Equality
June 11, 2008

Principle 5: Building capacity within the public health preparedness system to respond to unique needs of diverse communities. Public health and emergency agencies must make a concerted effort to build and expand their workforce and resource capacity to prepare and respond to diverse communities. Strategies for building capacity may include: working with experts in the community or region that can provide training on integrating key cultural competence principles across all emergency management phases; offering emergency planners, managers and responders with ongoing cultural competence education; ensuring diversity in staffing and leadership; developing a workforce language registry; establishing clear procedures for utilizing bilingual personnel and volunteers; and developing a repository of translated materials that have been vetted for accuracy and appropriateness.

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. A collaborative effort between community representatives and the public health system must occur to track the effectiveness of plans and actions, especially in terms of their ability to encourage adherence by racial/ethnic, immigrant and LEP populations to recommended mitigation, preparedness, response and recovery procedures.

Principle 7: 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. For example, a concerted effort needs to occur to coordinate such resources as: vetted translated materials and messages; cultural competence training and education modules; workforce and volunteer language registries; and information on preferred communication channels and strategies of communities.

Principle 8: 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 assistance, agencies, foundations and corporations supporting preparedness and response initiatives should encourage if not require building collaborations between the public health preparedness system and communities as a funded deliverable.

These principles are intended to complement and reinforce guidance issued by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and Office of the Assistant Secretary for Preparedness and Response (ASPR) on reaching, preparing and responding to at-risk, vulnerable and special needs populations, and provide additional guidance to public and private agencies, governments and responders for application to culturally diverse communities.

Drexel University Center for Health Equality
June 11, 2008

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