

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

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### 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)<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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<sup>5</sup> 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<sup>6</sup> 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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## Notes and References:

<sup>1</sup> 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).

<sup>2</sup> 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).

<sup>3</sup> 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).

<sup>4</sup> D. Andrulis, N.J. Siddiqui, and J. Gantner, “Preparing Racially and Ethnically Diverse Communities for Public Health Emergencies,” *Health Affairs* 26, no.5 (2007).

<sup>5</sup> 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.

<sup>6</sup> 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).

