
Making up for History: Advancing Programs and Policies to Integrate Culturally Diverse Communities into Public Health Emergency Preparedness

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American Public Health Association 137th Annual Conference
Philadelphia, PA
November 9, 2009

Overview

- National Consensus Panel on Emergency Preparedness & Cultural Diversity
 - Background on Panel
 - National Consensus Statement
 - Guiding Principles
 - Actions Steps to Operationalize Statement & Principles (H1N1 Scenario)
 - National Resource Center for Advancing Emergency Preparedness for Culturally Diverse Communities (www.diversitypreparedness.org)
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National Consensus Panel on Emergency Preparedness and Cultural Diversity

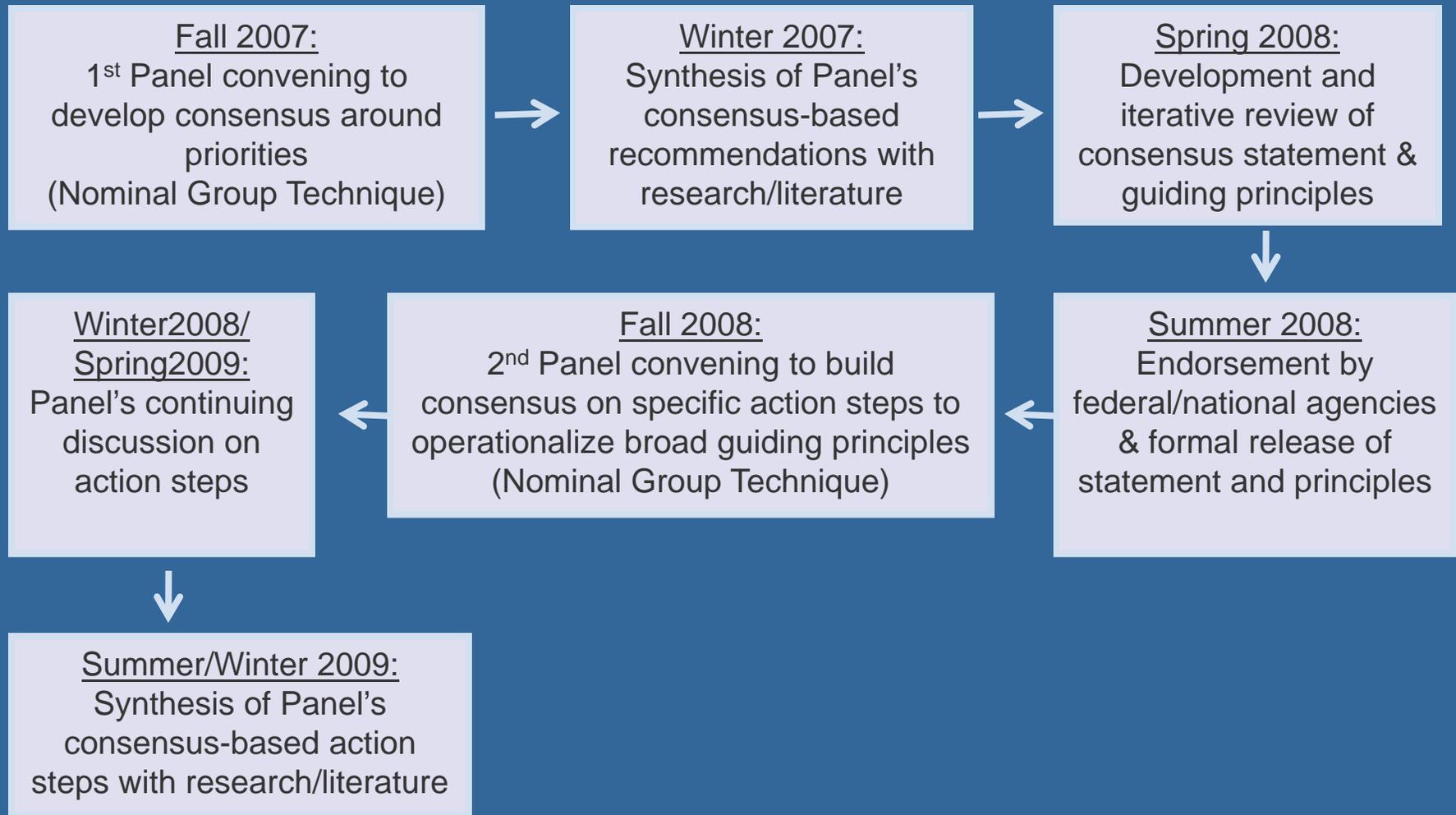
Panel's Mission & Objectives

- Initiated in 2007 with support from USDHHS/Office of Minority Health, CHE created and convened the nation's first panel on preparedness and diversity.
 - Panel's Mission: Provide guidance to national, state, and local agencies and organizations on developing public and private sector strategies to advance preparedness and eliminate disparities for racial/ethnic minorities across all stages of an emergency.
 - Panel's main objectives:
 - Create a National Consensus Statement & Guiding Principles on integrating issues of racial/ethnic diversity into preparedness planning & action;
 - Identify Specific Action Steps to operationalize recommendations highlighted in the consensus statement and guiding principles.
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National Consensus Panel Members

- 34 federal, state, and local government, academic, not-for-profit and for-profit organizations representing:
 - Emergency Management and Homeland Security
 - Healthcare and Public Health
 - Crisis Communication
 - Racial and Ethnic Communities
 - Cultural Competence and Disparities Reduction
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Panel's Consensus-Making Process & Development of Statement, Principles & Action Steps



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

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.

Guiding Principles

- 1: **Identifying, locating and maintaining a profile** of diverse racial/ethnic, immigrant, and limited English proficient (LEP) populations within the community.
 - 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.
 - 3: **Engaging community representatives** to design, implement, and evaluate emergency risk communication strategies, ensuring that they are culturally and linguistically appropriate.
 - 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.
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Guiding Principles

- 5: **Building capacity** within the public health preparedness system to respond to unique needs of diverse communities.
 - 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.
 - 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.
 - 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.
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Action Steps to Operationalize Consensus Statement & Guiding Principles

- **Purpose: Offer practical recommendations to assist agencies in engaging and incorporating needs of diverse communities across the continuum of preparedness activities**
 - Intended to complement existing resources (e.g. ASTHO At-Risk Populations Guide and CDC Public Health Workbook)
 - Not intended to be prescriptive; rather guidance will offer recommendations and strategies that can be adopted or adapted across settings
 - **Specific guidance for operationalizing stresses:**
 - Actively involving and engaging community leaders and representatives
 - Integrating/considering broader social and economic needs and circumstances of communities
 - Coordination and communication across public and private sectors
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Operationalizing Guiding Principle 1: H1N1 Scenario

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

Action Step 1: Locating diverse/at-risk populations within a region (e.g., undocumented immigrants, culturally isolated, LEP, especially H1N1 priorities--pregnant women, pre-existing conditions, concentrations of individuals under age 24)

- At minimum, utilizing publicly available data sources and reports to develop a portrait of the community
- Profiling social, economic, demographic and health characteristics of communities—matched with H1N1 priorities

Potential Sources of Information: American Community Survey, BRFSS, National Immunization Survey, CDC Snaps 1.5, Federal Transit Administration, Statistics, Pew Hispanic Center, Urban Institute Immigrant Data , National Center for Education Statistics

Operationalizing Guiding Principle 1: H1N1 Scenario

(continued)

Action Step 2: Collecting information on preparedness beliefs, norms, and preferences as well as assets in diverse communities

- **Preferences:** preferred channels and methods of communication
- **Attitudes:** history with/trust in health care service providers, perceived risks of H1N1 susceptibility and severity, attitudes toward quarantine/isolation, attitudes toward vaccination
- **Behaviors:** vaccination rates during past flu seasons, compliance with past emergency warnings
- **Knowledge:** risk factors, recommended preventive behaviors, symptoms and treatment for H1N1
- **Community assets:** community health clinics, pharmacies, cultural/faith institutions, public transportation, interpreters

Potential Sources of Information: community leaders, community-based organizations, faith institutions, racial/ethnic organizations, Board members of community health centers, school principals

Operationalizing Guiding Principle 1: H1N1 Scenario

(continued)

Action Step 3: Mapping community needs and assets

- Consider mapping community resources and assets in relation to demographic and socioeconomic composition of communities
 - E.g., Location of community health centers, hospitals, pharmacies and other health care resources in relation to concentration of high-poverty, diverse, or at-risk populations
 - E.g., Location of potential vaccination sites and public transportation in relation to location of high-poverty, diverse, or at-risk populations

 - Publicly available mapping tools:
 - Census Bureau GIS Gateway
 - MapCruzin.com GIS Software
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Operationalizing Guiding Principle 2: H1N1 Scenario

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

Action Step 1: Inviting individuals from diverse communities to participate in developing, implementing, and evaluating plans and programs.

- Who to invite? Community representatives from faith institutions, cultural/tribal associations, neighborhood councils, youth centers, health clinics, advocacy organizations, ethnic media outlets, community health centers, schools
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Operationalizing Guiding Principle 2: H1N1 Scenario

(continued)

Action Step 2: Engaging community members and representatives in innovative ways to build partnerships and foster mutual trust and respect

- Creating H1N1 advisory boards comprised of community representatives to advise public health officials on issues affecting racially/ethnically diverse, LEP, and immigrant populations
 - Convening co-educational regional meetings hosted by public health departments at community locations for the engagement of community representatives. Forums' primary objective: educate communities on H1N1, preventive behaviors, vaccination guidelines, procedures, and supply; elicit feedback on their applicability, challenges, and barriers to implementing in communities.
 - Embracing principles of Community-Based Participatory Research (CBPR) that focus on co-learning, mutual benefit, and long-term commitment
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National Resource Center on Advancing
Emergency Preparedness for Culturally
Diverse Communities

www.DiversityPreparedness.org

National Resource Center's Mission

- *Mission:* To provide a central and comprehensive database of resources and an information exchange portal on advancing preparedness and eliminating disparities.
 - *Broad Target Audience:* Communities, government, emergency planners, emergency managers, first responders, health care providers, public health professionals, researchers, businesses and policymakers
 - *Supported by the U.S. Department of Health and Human Services, Office of Minority Health*
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National Resource Center's Activities

- Offers a central database of resources on emergency preparedness for diverse communities
 - Over 500 annotated English-language resources
 - Translated materials in 58 languages
 - Information on promising practices and lessons learned
 - Courses, drills, and training programs
 - Assessment tools
 - Research articles
 - Policy documents
 - Provides a forum for the exchange of information
 - Bi-monthly e-newsletter
 - Voices from the field
 - Option to submit new resources
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National Resource Center's Response to H1N1

- Initial response to H1N1 outbreak (Spring 2009)
 - Actively collaborated with partners (e.g., National Council of La Raza, ECHO Minnesota) to centralize translated materials and other H1N1 planning resources for racially/ethnically diverse communities
 - Created H1N1 webpage and disseminated information via website, e-mail, and Twitter
- Website traffic during H1N1 outbreak
 - Traffic increased 400% in first week of outbreak
 - Traffic increased 600% in second week of outbreak
 - Most dramatic increases in user volume from areas with highest H1N1 incidence rates (e.g. Texas, New York)
- Continued Response to H1N1 Pandemic
 - Translated H1N1 materials in over 20 languages
 - Updates on webcasts and training opportunities

www.DiversityPreparedness.org

National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities



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

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H1N1 Update: With vaccine production in its early stages, federal and global officials are taking steps to prepare for a heightened H1N1 outbreak with the onset of flu season in the Northern Hemisphere this fall. The [CDC](#) has estimated that up to 40% of the U.S. workforce could contract the virus if vaccination efforts are ineffective. [WHO](#) officials consider asthma and diabetes to be risk factors associated with the disease, conditions which are disproportionately prevalent among African Americans in the U.S. For more information on the H1N1 update [CLICK HERE](#).



To view past and current DiversityPreparedness.org E-Newsletters [CLICK HERE](#).

Influenza A H1N1: For a comprehensive list of resources and translated materials on H1N1 (swine flu) [CLICK HERE](#).

Questions?

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Presenter Disclosures

Dennis P. Andrulis

- 1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose