EXPERT PERSPECTIVE

Building a National Strategy for Advancing Preparedness Programs and Policies for Racially and Ethnically Diverse Communities

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Racially and ethnically diverse populations often experience higher rates of injury, disease and death from disasters and other public health emergencies.[75] While this unequal impact is clearly linked to community poverty and underlying socioeconomic inequalities, longstanding inattention to the profound influence of race, ethnicity and language—intimately related to, but extending far beyond emergency events—contribute significantly to this gap. As a result, failure to learn about and consider cultural beliefs and norms, limited English proficiency, legacies of distrust in government, and historic lack of access to health care, may greatly affect these communities' understanding of, participation in and adherence to preparedness recommendations and directives that can make the difference between life, disability and death.

While the legacy of Hurricane Katrina prompted attention to this national priority, other recent events reinforce patterns of inequity. For example, the Southern California Wildfires of 2007 had severe adverse health effects on Hispanic and Latino farm workers, migrant families and immigrants, who in many cases did not evacuate firestorms due to fear of detention or deportation by Border Patrol and lack of culturally and linguistically tailored communication on where, when and how to evacuate.[76] The 2009 H1N1 Pandemic catastrophically affected American Indians and Alaska Natives, who were found to have a three to eight times higher rate of hospitalization and mortality associated with the infection across at least 12 states.[77] And in the wake of the BP Oil Spill in the Gulf of Mexico, large scores of Vietnamese fishing communities were adversely affected, their response and recovery made difficult by cultural misunderstandings and language barriers that did not account for intra-cultural and dialectal differences.[78]

These legacies strongly reinforce the important and complex role that race, ethnicity, culture and language often play in influencing emergency preparedness, response and health outcomes. At the same time, they point to the need and urgency for national policies to build infrastructure, programs and strategies that ultimately eliminate inequities.

In recognition of this priority, the U.S. Department of Health and Human Services' Office of Minority Health supported a unique initiative, known as the National Consensus Panel on Emergency Preparedness and Cultural Diversity, to develop and issue "guidance to national, state, territorial, tribal and local agencies and organizations on the development of effective strategies to advance emergency preparedness and eliminate disparities for racial and ethnic communities." Created in 2006, the Panel is comprised of nearly three dozen experts from leading federal, state and local/community based public and private organizations, representing a broad spectrum of perspectives including public health, emergency managers and responders, hospitals and health care, risk communication, faith-based and neighborhood organizations, and diverse racial and ethnic groups. A complete list of National Consensus Panel members is available at http://www.diversitypreparedness.org/NCP/92/.

In 2008, the Panel released a National Consensus Statement and eight Guiding Principles, representing the nation's first, and only, blueprint on advancing preparedness for diverse populations. Built on the foundation of creating informed, empowered and resilient communities, a theme central to the U.S. Department of Health and Human Services' National Health Security Strategy, the consensus statement stresses that coordination in working with diverse communities is key to success, and concludes that their active involvement and engagement is essential to their understanding, participation in and adherence to public health preparedness and response actions. Core to success in the long term is commitment and support at all levels for developing sustainable programs and services that build in mutual accountability. (An abbreviated version of the statement can be found in the Institute of Medicine's 2009 Report entitled, Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations.)

Accompanying the consensus statement are eight guiding principles that provide a roadmap of actions and practical strategies for incorporating diverse communities into preparedness and response. Examples of featured principles include: identifying diverse community risks, needs and assets; creating drills and exercises that incorporate specific scenarios around diversity, race, culture, language and trust; building capacity for culturally and linguistically appropriate services and programs; and utilizing tools and measures to evaluate cultural and linguistic appropriateness of programs.

The consensus statement, guiding principles and Panel's specific recommendations around operationalizing the principles served as the foundation for developing a toolkit to offer guidance to public health and emergency management agencies as

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well as community-based organizations on practical strategies, promising models and resources for improving programs, plans and practices in meeting the needs of racially and ethnically diverse communities. In addition, the Panel's work offers important guidance and added depth and dimension on application of the toolkit and identified priorities for pandemic influenza planning and response in diverse communities, covering issues of public awareness, data and evidence, governance, community engagement, outreach and delivery networks. The complete toolkit will be available by Winter, 2011. For further information or to request the toolkit please contact Nadia Siddiqui at nsiddiqui@texashealthinstitute.org.

Finally, recent Panel discussions have stressed the need to identify and develop sustainable funding mechanisms for building community and organizational capacity for advancing emergency preparedness in diverse communities. Recognizing that investments in public health preparedness are declining at federal, state and local levels, the Panel recommends turning to the recent Patient Protection and Affordable Care Act (ACA) of 2010 for opportunities to frame diversity and preparedness priorities within the broader health care and community health context. For example, through the Centers for Disease Control and Prevention, ACA appropriates $100 million in competitive Community Transformation Grants (CTGs) between 2010-2014.[79] These grants are available to state and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities to, among other priorities, "address health disparities". As such, CTGs offer one vehicle for agencies and organizations to address preparedness and response for diverse populations—broadly through enhancing community resilience as well as for distinct events such as seasonal and pandemic influenza. Other funding opportunities to address preparedness for diverse populations may be embedded in provisions focused on workforce diversity, cultural competence training and community health workers.

The work of the Panel generally and in the context of health care reform offers new opportunities for bridging an important divide in planning for and responding to racially and ethnically diverse communities and, in so doing, improving the health and well-being of all populations. Its dedication and continued contributions are testaments to the need for maintaining a national focus on this critical priority.

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