CHAPTER 4: RACE, ETHNICITY, AND LIMITED ENGLISH PROFICIENCY (LEP)

Why Are Minorities and LEP Populations Vulnerable in a Public Health Emergency?

Racial and ethnic minorities and LEP populations are vulnerable to harm during a public health emergency for several reasons: They are more likely to be among those with less income and less education and those who lack the material resources needed to navigate a disaster [17, 18]. Minorities often have higher rates of disability and poor health [4, 31]; and they are more likely to be culturally or linguistically isolated [17, 18]. Low trust in traditional sources of public health information may also serve as a barrier to successful navigation of public health emergencies by some of these groups [9–11]. Because racial and ethnic minorities and LEP populations are likely to encounter multiple difficulties simultaneously, they are not only vulnerable to the immediate impact of an emergency but are also less able to rebound after the threat has passed and are at greater risk for longer-term ill effects [17, 18, 32, 33].

Issues That Flow from These Vulnerabilities and Strategies for Addressing Them

To overcome the challenges posed by the complex interactions of these vulnerabilities, local public health agencies should consider how best to integrate factors related to resources, race, culture, health, and language into public health emergency planning and preparedness efforts [17]. The challenges that minorities face in public health emergencies, as well as some strategies that local health departments can implement to address these needs, are discussed in more detail in the remainder of this chapter. Additional strategies can also be found among the chapters of this toolkit that focus on other special needs populations (e.g., disabled). Moreover, all of the common strategies described earlier in this toolkit (e.g., involving members of the special needs population in planning, coordinating efforts with relevant organizations, and identifying and locating special needs populations) are relevant to minority and LEP populations.

In addition to consulting the practices illustrated in this toolkit, public health departments can identify additional resources through organizations such as the National Resource Center on Advancing Cultural Preparedness for Diverse Populations at www.diversitypreparedness.org.

Low levels of income, education, and wealth reduce the capacity of minority and LEP populations to prepare and respond to public health emergencies.

One of the key challenges that minorities face is that they are more likely to be found among groups that lack the resources to navigate an emergency. For example, the poverty rates of both African Americans and Latinos are more than twice that of whites and Asians. African Americans and Latinos also have the lowest educational attainment of all race groups [34]. As a result, public health departments might consider some of the following strategies:

- *Create evacuation plans that do not rely on individual resources*. Low-income populations may not own cars or have access to extra cash for temporary housing. The city of New Orleans, Louisiana recently provided an example of how to address such shortages. In 2008, the city set up temporary shelters in locations away from the oncoming danger of Hurricane Gustav. Residents needing the shelters were taken from the city on buses and Amtrak trains. Seventeen locations across the city were identified as loading sites where residents without cars could gather to board local buses that would take them to the Amtrak Terminal.

- *Provide premade home disaster kits for low-income populations.* Without financial resources, people are less able to stockpile resources to prepare for an emergency. Although the makeup of disaster kits will differ by region, potential disaster, and individual needs, FEMA offers information on what their most important contents are: http://www.fema.gov/areyouready/assemble_disaster_supplies_kit.shtm

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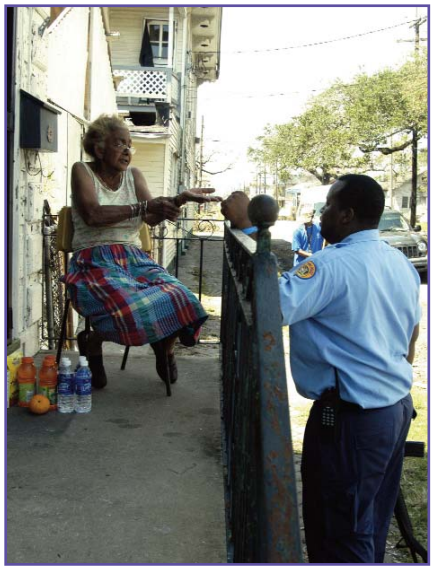

Liz Roll, FEMA

- *Plan for longer-term food, shelter, clothing, and medical needs of recovering low- income minority populations*. Because of higher poverty, members of minority groups are more likely to reside in dense neighborhoods with poorer-quality housing, which places them at increased risk for losing their homes during a physical disaster, such as a hurricane, tornado, or earthquake [18]. Reduced access to resources also hampers individuals' ability to find jobs and housing after the immediate effects of a disaster have passed [18].

- *Communicate information about legitimate disaster-related resources*. There is some evidence to suggest that minority and LEP populations are at risk of falling victim to fraudulent recovery services [18].

One way to bolster the availability of resources for these populations is to improve the public health emergency preparedness capacity of the local nonprofit community. This is the goal of the Seattle King County Vulnerable Action Team (VPAT) which is described in more detail below.

Vulnerable Populations Action Team

Seattle King County Public Health has partnered with various community-based organizations (CBOs) to create the Vulnerable Populations Action Team (VPAT). VPAT is a collaborative community-based network focusing on the public health preparedness needs of populations with special needs. At its core, VPAT builds on the established relationships that CBOs have with their clients so that in the event of an emergency, VPAT contacts the CBOs and they, in turn, ensure that vulnerable populations receive real time critical health alerts and instructions. One of the strengths of VPAT, however, is that it is not merely a communication tool, but it also works to build the capacity of local nonprofits to serve the overall public health preparedness needs of these groups. Since 2006 they've provided small grants to CBOs to develop emergency plans and have partnered with Community Agencies Responding to Disaster--a nonprofit organization based in Oakland, CA--to provide technical assistance and conduct trainings.

VPAT is also strengthened by its use of some of the other promising practices discussed in this report. For example, it identifies its vulnerable populations and their needs through the use of GIS technology and by fielding community surveys. For example, focus groups were conducted with African Americans, Mexican Americans, and Vietnamese Americans to help the public health department craft public health messages targeted toward these populations. VPAT also works with relevant public health and community based experts to identify the specific populations that are in need and the organizations that are best equipped to serve them.

Evidence of the success of VPAT came in 2006 when an immigrant population in the community began burning charcoal to keep warm. A local hospital reported an increase in the incidence of carbon monoxide poisoning to the health department, which activated the VPAT. Other vulnerable populations were promptly informed of the dangers of carbon monoxide poisoning, thus avoiding additional harm.

For more information, please visit:
http://www.kingcounty.gov/healthservices/health/preparedness/VPAT.aspx

Health, disability, and health insurance are also critical determinants of vulnerability among minority populations.

Minorities and LEP populations have the highest rates of disability [31], suffer disproportionately from disease and injuries [35–36], and have the lowest rates of insurance [37]. Poor health and inadequate health insurance coverage among minorities also mean that they may be more likely to rely on informal networks or patchworks of supports and services [4]. This increased dependence on others means that, as populations evacuate, shelter in place, or respond to personal needs, the availability of these networks may diminish [4]. Multipronged efforts are needed to address these concerns. As a result, local health departments should consider strategies recommended in the disabled chapter (Chapter 3) of this toolkit, including *creating registries of disabled persons within the minority and LEP populations to facilitate advance planning for their needs; and equipping shelters with appropriate medications, medical supplies, and facilities to address their short-term needs*. In the longer term, it will also be necessary to

- *Coordinate efforts with relevant organizations.* For example, conducting tabletop and other training exercises with scenarios focused on minority disabled or chronically ill patients can address concerns over whether emergency responders and public health agencies are adequately prepared to cope with their unique mobility or health care needs [25]. A number of organizations can help identify how to conduct such exercises. For example, the NICOS Chinese Health Coalition sponsors community-wide disaster drills in San Francisco's Chinatown neighborhood. More information on these exercises can be found on their Web site at: http://www.nicoschc.org/cdrp.html. The nonprofit organization Collaborating Agencies Responding to Disaster (CARD) also works with public health agencies to conduct such exercises with minority and other special needs populations. For more information, see CARD's Web site at http://www.FirstVictims.org

- *Seek out information on the special needs and concerns of the minority and LEP populations.* The North Carolina Pandemic Flu Program provides a good example of how a public health agency can reach out to minority populations to identify and address their unique needs and concerns.

North Carolina Pandemic Flu Program
Old North State Medical Society

To ensure that special needs populations in North Carolina received timely and accurate information on pandemic flu, the Old North State Medical Society and the Department of Public Health embarked on a campaign to identify gaps in pandemic flu information and services. This pandemic flu outreach and education campaign targeted the three main racial and ethnic minority groups in North Carolina: African Americans, Hispanics, and American Indians. Identification of gaps was accomplished through (1) a survey of the state's minority populations' needs in the case of pandemic flu, (2) a disparities-prevention action plan developed to guide health efforts that engage racial and ethnic minority groups, and (3) pilot projects to reach residents with critical information through the development of local partnerships and population-tailored communication strategies.

One of the primary strengths of this program is that it is directly measuring the needs of area minorities through a survey and focus groups conducted by a trusted community partner, the Old North State Medical Society—which primarily serves African American physicians. Through these surveying efforts, the state has been able to pinpoint the specific needs of these groups for their pandemic preparedness planning activities and develop appropriate strategies.

For more information, please visit:
http://www.oldnorthstatemedicalsociety.org/index.html

Cultural and linguistic isolation can shape communication and meaning, perceptions of risk, and the capacity to understand public health messages [13–15, 17].
Preparing for the unique needs of culturally and linguistically isolated populations includes implementing the common strategies of identifying and locating special needs populations and coordinating efforts with the community-based organizations that care for and support these populations. Coordination with CBOs can help to inform local health departments about cultural nuances that are important to effective communication and program development. Such coordination efforts may also lead to partnerships for other public health activities. For example, CBOs can serve as critical components in community-based public health communication strategies, since they have the capacity to share public health information with the populations they serve and they can communicate back to local health departments about the needs of their constituency. Other strategies include the following:

- *Construct preparedness and response programs in a manner that is consistent with cultural differences in living arrangements, family structure, and behavioral norms.* Cultural norms can affect how racial and ethnic minorities perceive public health services and programs; if services are offered in ways that ignore these norms, these groups may not use them or benefit from them. A review of failures in responding to the needs of racial and ethnic minority populations in past disasters identified several problems. For example, relief workers preparing meals after the Loma Prieta earthquake used ingredients unfamiliar to Latino residents, which made them ill; Haitian families displaced by Hurricane Andrew in Florida were forced to live in housing designed for nuclear families, even though their family structures tended to include many more members. Similarly, in Alaska, the Bureau of Indian Affairs provided temporary housing relief for Alaskan Native survivors of an earthquake and tsunami. However, this housing inappropriately emphasized living room areas over the kitchen (the primary gathering spot in the home for these families) [18].

- *Translate materials into the languages spoken in the local community; help culturally or linguistically isolated populations understand the steps they must take to protect themselves in an emergency.* Although many public health departments are working toward translating emergency information into appropriate languages, even these messages may be misunderstood when the literal translations fail to capture critical differences in how the underlying concepts are understood in other languages and cultures. One way to overcome such misunderstanding is through the use of audio and visual tools and pictograms to represent the appropriate steps to be taken [17].

- *Communicate in more than one medium.* Translate TV and radio messages, as well as written information, to ensure that important messages are available wherever and however people access them.

- *Tailor messages to persons with low literacy by using audio and visual aids and use multiple media to convey public health information, including radio, television, print, and the Internet.* This practice will help address the difficulty that low education, low literacy, and limited English proficiency make for communicating risk [14, 15, 17, 18]. For further information and access to relevant communication tools, see the National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities at: http://www.diversitypreparedness.org/

The Emergency and Community Health Outreach (ECHO) program in Minnesota employs many of the strategies described above. ECHO provides information on how to coordinate with local nonprofits to improve the communication of public health information to diverse communities.

Emergency and Community Health Outreach (ECHO) Association of Minnesota Counties

Emergency and Community Health Outreach (ECHO) is a risk-communication program created by the Minnesota Department of Public Health targeted toward LEP populations. ECHO provides ongoing public health information on public television. They've produced a series of 20-minute programs in several different languages, including Hmong, Khmer, Lao, Somali, Spanish, Vietnamese, and English, covering a range of topics, such as Lyme disease, severe weather warnings, and pandemic influenza. They also have the capacity to transmit information during an emergency. During such a scenario, ECHO would receive, translate, and distribute health and safety information through a network of community partners and via television, phone, and the Internet.

One of ECHO's critical successes has been in forging a positive response among a diverse population. It has done this by customizing each topic for each language and featuring native-speaking on-air personalities and expert guests. These offerings are possible because ECHO has worked diligently to develop a coalition of a wide range of organizations from state, county, and local health and service agencies, many of which serve the populations they are attempting to reach.

For more information, please visit:
http://www.echominnesota.org/

Because of cultural and linguistic isolation, minority and LEP populations are also more likely to rely on alternative sources of information, such as family, friends, and neighbors who are of the same racial or ethnic background or speak the same language [13, 14]. As a result, local health departments might also consider the following strategies:

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- *Rely on existing communication/social networks and people to convey critical public health information*. For example, many Vietnamese survivors of Hurricane Katrina sought shelter provided by various Vietnamese American religious organizations in the community. According to survivors, doing so was beneficial because these shelters always provided information in Vietnamese and gave them a sense of continued community [14].

- *Develop programs to train and deploy health* promotores *and medical interpreters as messengers of public health information.* Doing so can increase the capacity of the local public health department to communicate information in a culturally competent manner and may also aid in other key tasks, such as disease surveillance [15]. For more information on a novel program to train health *promotores* for public health purposes, see the description of the El Paso *Promotores* program below.

Public Health Promotores
City of El Paso Department of Public Health

In 2006, the city of El Paso, Texas, experienced significant flooding. To address the growing needs of limited English proficiency populations, the health department engaged in a multistep program. First, they used GIS technology to map areas with high concentrations of LEP persons within the flooded regions. Next, they enlisted the services of lay promotores at El Paso Community College and professional *promotores* at Texas A&M University to go into communities with larger numbers of LEP populations and communicate critical public health and security information about the dangers of flooding. *Promotores* used bilingual, written and spoken information to communicate with residents about West Nile virus, fraudulent repair contractors, cleaning the mess left by the flood, and mold and mildew concerns. Promotores also provided a list of the resources that were available, including links to organizations providing aid and instructions on registering with FEMA.

Although the program was never formally evaluated, anecdotal evidence suggested that the Promotores were well received and trusted in these communities. As a result, participants were much more likely to take advantage of the available resources.

Additional information may be obtained by contacting:
Joanne Bates, MPA, MPH, Training Specialist
City of El Paso Department of Public Health.
joanne.e.bates@tmo.blackberry.net

Even the most effective public health departments may not be trusted by minority populations. Although distrust is not universal or unique among race groups and LEP populations, it can shape responses to public health messages for some. Low trust may stem from poor experiences with the health care or public health systems [11]; communication gaps [13]; or fears about citizenship status [14, 15]. As a result, public health departments should consider the following common strategies for coordinating efforts with relevant organizations and including representatives of minority populations in planning sessions to build trust and to open a dialog for exchanging critical information:

- *Clarify when and how citizenship affects access to aid and develop communication strategies on this point*.

- *Identify trusted messengers and information networks, and use them to convey public health warnings and directives*. Using trusted messengers is a critical component of communicating to populations low in public health trust. The Public Health *Promotores* program demonstrates how these local resources were successfully used in an emergency situation to communicate with low-income, limited English proficiency populations who were affected by flooding.

For resources available to assist in enhancing public health emergency preparedness among racial and ethnic minorities and LEP populations, please go to http://www.rand.org/health/projects/special-needs-populations-mapping/promising-practices/limited-english-proficiencies/.