Emergency Preparedness from an Intersectional Approach

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Disasters, whether manmade or natural, affect entire communities regardless of an individual's age, immigration status, ability, faith practices, racial and/or ethnic identity, or gender identity. Current research on emergency preparedness systems consistently demonstrate minority communities are more vulnerable than others across the range of events before and after a disaster. The impact and how systems of help respond needs to be nuanced based on the circumstances and specific needs at the individual and community level.

**A Global Community**

The growing diversity of the U.S. population makes it especially important to provide culturally competent services to racial and ethnic groups. According to the report, Projections of the Size and Composition of the U.S. Population: 2014 to 2060:

- Around the time the 2020 Census is conducted, more than half of the nation's children are expected to be part of a minority race or ethnic group. This proportion is expected to continue to grow so that by 2060, just 36 percent of all children (people under age 18) will be single-race non-Hispanic white, compared with 52 percent today.

- The U.S. population is expected to follow a similar trend, becoming majority-minority in 2044. The minority population is projected to rise to 56 percent of the total in 2060, compared with 38 percent in 2014.

In the case of Latin@s there were 56.5 million in the United States in 2015, accounting for 17.6% of the total U.S. population (Facts About Latinos in America, 2017). In addition, the Pew Research Center reports:

- Latin@s are the nation's second-fastest growing racial or ethnic group, with a 2.0% growth rate between 2015 and 2016 compared with a 3.0% rate for Asians.

- Latin@s of Mexican origin account for 63.3% (36 million) of the nation's Hispanic population in 2015, by far the largest share of any

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origin group, but down from a recent peak of 65.7 in 2008.

- The population of Latin@ of Puerto Rican origin, the second-largest origin group, stands at 5.4 million in 2015 in the 50 states and the District of Columbia (an additional 3.4 million people live in Puerto Rico).

- Five other Latin@ origin groups have populations of more than 1 million (each) – Salvadorans, Cubans, Dominicans, Guatemalans and Colombians – and each has also seen its population increase over the past decade.

It’s also important to acknowledge the Latin@ community is diverse and represents a multitude of peoples living at the intersections of gender identity, age, immigration status, diverse cognitive and physical ability, indigenous, limited English proficiency and Deaf and/or hard of hearing.

Race, Class, Ethnicity and Disaster Vulnerability

The implementation of emergency response systems is not a new practice and the research indicates national practices still neglect to fully integrate factors related to race, culture and language. Andrulis, Siddiqui, & Gantner (2007) conducted a review of research, web sites, and reports published by government agencies, academic institutions, and private-sector organizations, including community-based programs. Their goal was to identify studies and interventions that addressed public health emergency preparedness for racially/ethnically diverse communities and existing resources addressing marginalized communities' distinct needs. Their study found a growing number of reports and peer reviewed publications on emergency preparedness but there still was lacking information specifically on racial/ethnic minorities. Of the studies that examined racial/ethnic differences in the context of emergencies, the majority were published before the early 1990s; since then, and until Hurricane Katrina, few research studies addressed this priority.

In an earlier literature review from a wide range of studies illustrated that racial and ethnic communities in the US are more vulnerable to natural disasters, due to factors such as language, housing patterns, building construction, community isolation and cultural insensitivities (Fothergill, Alice & Maestas, Enrique & Derouen, Joanne, 1999). Similarly, in a 2013 study on disparity in disaster preparedness examined the association between race/ethnicity (including language subgroups among Hispanics) and found Black, English-speaking Hispanic and Spanish-speaking Hispanic respondents were less likely than non-Hispanic white respondents to live in a household in which all members requiring medication had a 3-d supply (Bethel, Burke, & Britt). Bethel, et al also cite that although “vulnerability of racial and ethnic minorities have focused on class issues such as socioeconomic differences and lack of resources; however, there are issues specific to race and ethnicity that contribute to the increased vulnerability such as cultural and language barriers, distrust of warning messengers (e.g., government authority), lower perceived risk from emergencies,


preference for particular information sources (e.g., friends and family), and lack of preparation.⁶

Current research explores on setting an intersectional approach and continues to affirm the need to include culturally responsive approaches. Cox (2017) states there are links between racism and vulnerability in disaster preparedness and recovery and individuals recognize threats of disaster in a manner reflective of the social and economic resources available. Cox research also cites the “uneven geographic development and allocation of resources and services which have produced neighborhood characteristics with existing and complex relations of racial/ethnic and income disparities (Elliot & Pais, 2006; Fothergill et al., 1999)⁷.”

### Barriers to Full Inclusion of Latin@ Communities in Emergency Planning⁸

As previously mentioned, Latinos are the nation’s largest and fastest-growing racial/ethnic group and an important population in many cities and states. For example, at the time of Katrina, the 117 hardest-hit parishes and counties along the Louisiana and Mississippi Gulf Coasts had about 1.8 million Hispanic residents, many of them immigrants.

In response to this tragedy, the National Council of La Raza (NCLR) -- now UnidosUS -- the largest national Hispanic civil rights and advocacy organization in the United States, in conjunction with the Office of Minority Health, U.S. Department of Health and Human Services (OMH/HHS), Mosaica: The Center for Nonprofit Development and Pluralism, and the National Immigration Law Center (NILC) developed the Emergency Managers Tool Kit: Meeting the Needs of Latino Communities. The toolkit was created to increase emergency responder information about and understanding of the Latin@ community, community and media relationships established before an emergency occurs, and effective systems and procedures for reaching and assisting Latin@s. The toolkit identified the following barriers preventing full inclusion of Latin@ communities in emergency planning:

**Barriers related to lack of appropriate systems and procedures**

- Emergency plans without information about where Latin@s live
- Lack of pre-existing relationships with Latino community-based organizations – so these natural allies are not trained and ready to assist during an emergency
- Lack of pre-existing relationships with Spanish language media
- No plan for transmitting critical information and warnings to the Latino community via Spanish-language media and other mechanisms during the critical hours and days before a disaster or during a public health emergency
- Few Spanish-language and/or bilingual materials in use for either preparedness or response
- Lack of procedures and/or low priority given to recruiting and training Latin@s as emergency responders

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Barriers related to emergency responders’ knowledge and experience gaps
- Lack of awareness of the importance of planning and community relationships that include Latin@s
- Latino community needs not built into pre-planning desktop exercises or simulations
- Inappropriate actions by some responders (elected officials, staff, and volunteers) that create distrust, so Latin@s do not come forward and request assistance – even when their lives are at risk
- Incorrect assumptions about the need to obtain documentation or determine eligibility during an emergency, rather than focusing on protecting lives and public safety
- Incorrect assumptions that Latin@ legal residents and citizens, especially those with limited English skills, are undocumented – so they are denied or discouraged from seeking assistance they are entitled to

Barriers related to Latin@s’ language, past experiences, and immigration status
- Limited English skills among Latin@ immigrants, especially recent immigrants
- Use of Spanish language media rather than mainstream media
- Fear and distrust of government based on experiences in the home country
- Fear of deportation by Latin@s who are undocumented or who have an immigrant family member – so they are afraid to request help in an evacuation, entry to a shelter, or assistance during an emergency
- Fear by legal residents who are not yet citizens that accepting assistance will lead them to be adversely affected under federal “public charge” provisions
- Complicated laws like the welfare reform legislation passed in 1996, which bars many legal residents from federal financial assistance for the first five years and limits total years of service eligibility for refugees

Cultural and Linguistic Competency in Disaster Preparedness and Response

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards), issued by the Office of Minority Health, U.S. Department of Health and Human Services (OMH/HHS), offer individuals working in the areas of emergency management, public health, and other health-related organizations a framework for developing and implementing culturally and linguistically competent policies, programs, and services. Developing cultural and linguistic competency allows public health officials and emergency managers to better meet the needs of diverse populations and to improve the quality of services and health outcomes during and after a disaster. To be effective, however, cultural and linguistic competency must be included in all phases of a disaster or public health emergency – preparedness, response, and recovery.

Five Elements of Cultural Competency within Disaster Preparedness

1. Awareness and Acceptance of Difference: Responders and survivors are often different in their racial, ethnic and/or language characteristics. By improving communication skills as well as becoming self-aware of potential biases and stereotypes, however, public health officials and emergency managers can provide quality care to diverse populations in a culturally competent manner.

Example: Not all cultures react to pain in the same way. While the experience of pain is universal, the way of perceiving, expressing, and controlling pain is one of these learned behaviors, that when manifested, is
culture-specific. An example of cultural competency is a public health official’s and an emergency manager’s self-awareness of expectations associated with how an individual expresses pain or stress.

2. **Awareness of One’s Own Cultural Values**: Examining personal prejudices and cultural stereotypes by performing an individual self-assessment can help public health officials and emergency managers become aware of their own cultural values and biases.

**Example**: The Valuing Diversity and Self-Assessment questionnaire is a widely used self-assessment that allows individuals to identify their own strengths and weaknesses when working with or treating populations with backgrounds different than their own. For example, immigrant and refugee populations may speak a language other than English, have different cultural norms, come from a different socioeconomic background, and have a different style of dress. Recognizing and respecting cultural differences and understanding your own biases and beliefs are critical to effectively serving or assisting culturally diverse populations during or after an emergency.

3. **Understanding and Managing the “Dynamics of Difference”**: This refers to the various way’s cultures express and interpret information. Taking an individual’s medical history is a systematic way to collect both medical and cultural information. This information promotes cultural understanding and improves the quality of services provided to the individual.

**Example**: The RESPOND tool succinctly defines the key components of taking the medical history of culturally and linguistically diverse populations.

R – **Build rapport**
E – **Explain** your purpose
S – **Identify services & elaborate**
P – **Encourage** individuals to be **proactive**
O – **Offer** assistance for individuals to identify their needs
N – **Negotiate** what is normal to help identify needs
D – **Determine** next steps

4. **Development of Cultural Knowledge**: Cultivating a working knowledge of different health and illness related beliefs, customs, and treatments of cultural groups in your local area can better equip public health officials and emergency managers with the information necessary to provide timely and appropriate services.

**Example**: Research illustrates that racial and ethnic minorities are disproportionately vulnerable to, and impacted by, disasters. Minority communities also recover more slowly after disasters because they are more likely to experience cultural barriers and receive inaccurate or incomplete information because of cultural differences or language barriers.

5. **Ability to Adapt Activities to Fit Different Cultural Contexts**: This concept refers to the ability to adapt and as appropriate, to modify, the services offered to fit the cultural context of the patients and communities you are serving.
Additional Resources on Cultural Competency in Disaster Preparedness and Response


