



Emergency preparedness from an intersectional approach



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Natural disasters have devastated entire countries, communities, and families with the loss of homes, schools, businesses, and thousands of lives. The impact is costly and long-lasting. Afterward, governments and community groups often develop emergency preparedness tools to mitigate such loss and destruction in the future. However, when these preparedness tools do not include the realities of disenfranchised communities, disasters continue to be devastating for them, exacerbating the multifaceted challenges these communities already face. Current research on emergency preparedness systems consistently demonstrates racialized communities are more vulnerable than others. Help systems need to be responsive to individuals' and communities' specific circumstances and needs.

This guide provides resources, statistics, and best practices to reach Latin@ communities in an emergency preparedness plan. These cost-effective, simple strategies will increase the health and safety of the Latin@ community during natural disasters and emergencies.

A global community

The growing diversity of the US population makes it especially important to provide culturally responsive services to all racial and ethnic groups. Just consider the following statistics:

- According to the report “Demographic Turning Points for the United States: Population Projection from 2020 to 2060,” the non-Latin@ white population is projected to shrink over the coming decades, from 199 million in 2020 to 179 million people in 2060¹
- The population of people who are two or more races is projected to be the fastest-growing racial or ethnic group over the next several decades, followed by Asians and Latin@s²
- The nation's foreign-born population is expected to rise from 44 million people in the United States in 2016 to 69 million in 2060, representing a growth from 14% to 17% of the population³
- The nation's Latin@ population was 63.7 million as of July 2022, making up 19.1% of the country's total population and forming

¹ Vespa, J. (2020). Demographic Turning Points for the United States: Population Projections for 2020 to 2060. [Census.gov](https://doi.org/Report). <https://doi.org/Report> Number P25-1144

² Ibid.

³ Ibid.

Esperanza United has chosen to use “@” in place of the masculine “o” when referring to people or groups that are gender neutral or both masculine and feminine. This decision reflects our commitment to gender inclusion and recognizes the important contributions that women, men, and gender-nonconforming people make to our communities.



the largest racial or ethnic minority in the country according to the U.S. Census⁴

- Latin@s are one of the fastest-growing groups in the U.S. Between 2010 and 2020, the country's Latin@ population grew 23%, up from 50.5 million in 2010 as reported by the Pew Research Center⁵

It's also important to acknowledge the Latin@ community is diverse and represents a multitude of people living at the intersections of gender identity, age, immigration status, cognitive and physical ability, Indigeneity, 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 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 information specifically on racial/ethnic minorities is still lacking. Of the studies they examined that discussed racial/ethnic differences in the context of emergencies, the majority were published before the early 1990s; from then until Hurricane Katrina, few research studies addressed this priority.⁶

Covering a wide range of studies, an earlier literature review illustrates that racial and ethnic communities in the U.S. 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).⁷

Similarly, a 2013 study on disparity in disaster preparedness examined the outcomes associated with race/ethnicity (including language subgroups among Latin@s). They found Black, English-speaking Latin@, and Spanish-speaking Latin@ respondents were less likely than non-Hispanic white respondents to live in a household in which all members requiring medication had a

⁴ Census Bureau. (2023). Hispanic Heritage Month: 2023.

⁵ Lopez, M. H. (2022). A brief statistical portrait of U.S. Hispanics. Pew Research Center. <https://www.pewresearch.org/science/2022/06/14/a-brief-statistical-portrait-of-u-s-hispanics/>

⁶ Flores, A. (2017, September 18). How the U.S. Hispanic population is changing. Retrieved September 20, 2018, from <http://www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/>

⁷ Andrulis, D. P., Siddiqui, N. J., & Gantner, J. L. (2016, April 05). Preparing racially and ethnically diverse communities for public health emergencies. Retrieved September 19, 2018, from <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.26.5.1269>



three-day supply (Bethel, Burke, & Britt). Bethel, et al also write that research on the “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.”⁸

Current research explores intersectional methods 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’s 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).”⁹

Barriers to full inclusion of Latin@ communities in emergency planning¹⁰

As previously mentioned, Latin@s 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 Latin@ residents, many of them immigrants.

In response to this tragedy, the National Council of La Raza – 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; Mosaica: The Center for Nonprofit Development and Pluralism; and the National Immigration Law Center developed the “Emergency managers tool kit: Meeting the needs of Latino communities.”

8 Fothergill, Alice & Maestas, Enrique & Derouen, Joanne. (1999). Race, Ethnicity and Disasters in the United States: A Review of the Literature. *Disasters*. 23. 156-73. Retrieved September 20, 2018 from https://www.researchgate.net/profile/Enrique-Maestas/publication/12920224_Race_Ethnicity_and_Disasters_in_the_United_States_A_Review_of_the_Literature/links/59f0083e0f7e9baeb26ad417/Race-Ethnicity-and-Disastersin-the-United-States-A-Review-of-the-Literature.pdf?origin=publication_detail

9 Bethel, J. W., Burke, S. C., & Britt, A. F. (2013, November 8). Disparity in disaster preparedness between racial/ethnic groups. Retrieved September 19, 2018, from <https://www.tandfonline.com/doi/full/10.4161/dish.27085>

10 Cox, K. M., “Race and Income Disparities in Disaster Preparedness in Old Age” (2017). Master’s Theses and Capstones. Retrieved September 19, 2018, from <https://scholars.unh.edu/thesis/1163>



They created the toolkit to increase emergency responder information about and understanding of the Latin@ community, establish community and media relationships before an emergency occurs, and build effective systems and procedures for reaching and assisting Latin@s. The toolkit identifies the barriers in systems and procedures, in emergency responders' knowledge and experience, and related to Latin@s' language past experiences and immigration status as preventing full inclusion of Latin@ communities in emergency planning.

When creating new tools with the Latin@ community in mind, the following steps are essential for reaching Latin@s:

- Understand where Latin@s live
- Build relationships with Latin@ community-based organizations, Spanish-language media, and other natural allies
- Create Spanish-language materials and be prepared to disseminate critical information in Spanish in real time during an emergency
- Ensure that Spanish-language messages include targeted information for immigrants and their families so they know they can access services without fear
- Recruit and train Latin@s as emergency responders
- Ensure all emergency responders are trained to understand and serve the local Latin@ communities, including understanding immigrant rights
- Build Latin@ community needs into pre-planning desktop exercises and simulations

Cultural and linguistic responsiveness in disaster preparedness and response¹¹

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, issued by the Office of Minority Health, U.S. Department of Health and Human Services, 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.

¹¹ Adapted from Cusicanqui, E., & Gantz McKay, E. (2011, May 02). Emergency Managers Tool Kit: Meeting the Needs of Latino Communities. Retrieved September 22, 2018, from <http://publications.unidosus.org/handle/123456789/382>



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, 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 those learned behaviors, that when manifested, is culture-specific. An example of cultural competency is a public health official or 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 different socioeconomic backgrounds, and have different styles 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":** The "Dynamics of difference" refers to the various ways 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 **r**apport

E – **E**xplain your purpose

S – Identify **s**ervices and elaborate

P – Encourage individuals to be **p**roactive

O – **O**ffer assistance for individuals to identify their needs

N – **N**egotiate what is normal to help identify needs

D – **D**etermine next steps

4. **Development of cultural knowledge:** Cultivating a working knowledge of cultural groups' different health and illness related beliefs, customs, and treatments in public health official or emergency manager's local area can better equip them 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. Racialized communities also recover more slowly after disasters because they are more likely to experience cultural differences and receive inaccurate or incomplete information because of those differences and/or language barriers.

5. **Ability to adapt activities to fit different cultural contexts:** Public health officials and emergency managers need to build their ability to adapt and as appropriate, modify, the services they offer to fit the cultural context of the patients and communities they serve.

Additional resources on cultural responsiveness in disaster preparedness and response

Andrulis, D. P., Siddiqui, N. J., Cooper, M. R., & Dotson, E. (2012, September). Status and Progress of Emergency Planning for Racially and Ethnically Diverse Communities in Greater Houston Findings from Co-Educational Forums with Community and Response Organizations. Retrieved September 22, 2018, from https://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/thi_houston_case_on_diversity__preparedness_2012_updated.pdf

Cultural and Linguistic Competency in Disaster Preparedness and Response Fact Sheet. (2015, September 10). Retrieved September 19, 2018, from <https://www.phe.gov/Preparedness/planning/abc/Pages/linguisticfacts.aspx>

Cusicanqui, E., & Gantz McKay, E. (2011, May 02). Emergency Managers Tool Kit: Meeting the Needs of LatinoCommunities. Retrieved September 22, 2018, from <http://publications.unidosus.org/handle/123456789/382>

Federal Coordination and Compliance Section, Civil Rights Division, U.S. Department of Justice. (2016). Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery. Retrieved September 22, 2018, from <https://www.justice.gov/crt/file/885391/download>

MDC. (n.d.). When Disaster Strikes: PROMISING PRACTICES Immigrants, Ethnic Minorities and Non-English Speakers. Retrieved September 22, 2018, from <https://www.mdcinc.org/when-disaster-strikes/>

This project was supported by award 90EV052503 from the Department of Health and Human Services, Administration for Children and Families. Its contents are solely the responsibility of Esperanza United and do not necessarily represent the official views of the Department of Health and Human Services, Administration for Children and Families.