

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]

Requestor Phone: [REDACTED]

Requestor Email:

Request Receipt Date (by ASPR TRACIE): 29 September 2015; updated 20 October 2017

Type of TA Request: Standard

Request:

The requestor asked for resources related to linguistic and cultural competencies.

Response:

The ASPR TRACIE team collected the following fact sheets, guidance documents, lessons learned, and other educational resources related to linguistic and cultural competences. The ASPR TRACIE team also worked with Alicia Livinski (NIH) to collect academic and scholarly resources related to the topic.

I. Education and Training

Florida Center for Public Health Preparedness. (n.d.). [Assuring Cultural Competence in Disaster Response](#). (Accessed 10/20/2017.)

This PowerPoint presentation is designed to prepare public health professionals and other disaster response workers for their functional roles in disaster response by offering culturally competent disaster interventions to survivors, witnesses, and responders.

Beaton, R., and Moran, E. (2007). [Team Building and Culturally Competent Disaster Research](#). University of Washington, Northwest Center for Public Health Practice.

The goal of this webinar is to enhance infrastructure and provide the skills, information, and resources needed to conduct disaster mental health research with children and families.

Contiguglia, J. (2013). [Cultural Competency for Community Management of Special Needs Patients in Disaster](#). (Requires free registration). South Central Public Health Training Center.

This course highlights current risks and potential consequences in community disaster management in the context of the need for more expansive and competent provider and governmental skills in engaging all population components.

DiFerdinando, G. (2011). [Public Health Preparedness Today: Cultural Competencies for Disaster Preparedness and Crisis Response](#). University of Medicine and Dentistry of New Jersey, School of Public Health, New Jersey Public Health Training Center.

This training material provides information about the core concepts of cultural competency for disaster preparedness and crisis response.

Florida Community Health Worker Coalition. (2015). CHW Certification Begins in Florida! What you Need to Know to be Certified in 2015. (Documents attached.)

This flyer describes the certification process for Community Health Workers/*Promotores de Salud*. It is provided in both English and Spanish.

Graves, D. (2007). [Cultural Competence and Risk Communication](#). University of Maryland-Baltimore County.

This presentation describes the process of developing culturally appropriate risk communications and preparedness messages and how messages are perceived across cultures.

Lee, K. (2008). [Building Cultural Competence in Disaster Preparedness and Response](#). (Requires free registration.) Pacific Emergency Management, Preparedness and Response Information Network and Training Services.

This presentation provides a definition of cultural competence, nine Guiding Principles for Cultural Competence in Disaster Response, and important considerations for cross-cultural interactions.

Louisiana State University Health Sciences Center, School of Nursing. (2012). [C3DC: Cornerstone of Cultural Competency during the Disaster Cycle](#).

The intended audience for this training are registered nurses who want to learn techniques to manage both the physical and psychological impacts of disasters on vulnerable populations.

Medical Reserve Corps. MRC Volunteer Training Plan. (Document attached.)

This Medical Reserve Corps (MRC) Training Plan provides a list of training materials for MRC volunteers, including several trainings on “cultural humility.” These courses instruct volunteers how to demonstrate cultural humility during MRC activities, which is one of their Performance Qualification standards.

Shiu-Thornton, S. (2006). [Culturally Competent Preparedness Model for Reaching Limited English Proficient Communities](#). University of Washington, Northwest Center for Public Health Practice.

In this webinar, the presenter provides an overview of how to reach Limited English Proficiency (LEP) populations as part of public health preparedness.

U.S. Department of Health and Human Services, Office of Minority Health. (2013). [Cultural Competency Curriculum for Disaster Preparedness and Crisis Response](#).

This set of courses is designed to integrate knowledge, attitudes, and skills related to cultural competency in order to help lessen racial and ethnic healthcare disparities brought on by disaster situations.

II. Fact Sheets and Checklists

National Disaster Interfaiths Network. (2012). [Disaster Tip Sheets for Faith Community Partners](#).

These tip sheets can help inform religious literacy, cultural competency, and reasonable religious accommodation mandates for U.S. mass care providers, and to assist staff and volunteers in competently meeting the needs of minority faith communities during disaster response or recovery. Tips sheets are available for the following faith communities: Buddhists, Hindus, Jews, Muslims, and Sikhs.

Rehabilitation Engineering Research Center on Communication Enhancement. (2014). [Disaster Preparedness for People Who Have Limited Speech: Taking Responsibility for Your Safety](#).

This checklist is designed to help facilitate communication for individuals with limited speech abilities.

U.S. Department of Education. (2012). [Promoting Emergency Preparedness among Non-English Speaking Students](#).

This document provides a case study of how Miami Dade College recognized that a prime factor in improving communication about emergency operations and preparedness resources with its diverse population of students and staff was bridging the ethnic and linguistic differences among them.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). [Cultural and Linguistic Competency in Disaster Preparedness and Response Fact Sheet](#).

This fact sheet discusses the need to include cultural and linguistic competency in all phases of a disaster or public health emergency -- preparedness, response, and recovery.

U.S. Department of Health and Human Services, Office of Minority Health. (2015). Dum Spiro Spero – While I Breathe, I Hope. (Document attached.)

This fact sheet was developed for emergency responders involved in the South Carolina flooding (2015) response and recovery efforts, and provides quick tips on cultural competency issues related to that state. A correlating blog written by Byron Mason titled, "[Dum Spiro Spero – While I Breathe, I Hope](#)" was also posted to the PHE.gov website.

III. General Resources

Drexel University. (n.d.). [The National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities \(“Diversity Preparedness”\)](#). (Accessed on 10/20/2017.)

The National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities (“Diversity Preparedness”) is a virtual center that houses a library of resources on emergency preparedness in diverse and at-risk communities.

Healthy Roads Media. (2012). [Welcome to Healthy Roads Media: A Source of Quality Health Information in Many Languages and Multiple Formats.](#)

Literacy, health-literacy, and language limitations; illness; aging and disability, are all issues that can pose barriers to obtaining basic health information. This website contains health education materials in a number of languages and formats. They are developed to provide health information for diverse populations in a variety of settings.

U.S. Census Bureau. (2015). [Census Bureau Reports at Least 350 Languages Spoken in U.S. Homes.](#)

The U.S. Census Bureau released a set of new tables detailing hundreds of languages that U.S. residents speak at home. These tables are among the most comprehensive data ever released from the Census Bureau on languages spoken less widely in the United States.

IV. Evaluation and Studies

***NOTE:** The journal articles below most directly address cultural and linguistic competencies and disaster preparedness and response in the United States.*

Andrulis, D.P., Siddiqui, N.J., and Gantner, J.L. (2007). [Preparing Racially and Ethnically Diverse Communities for Public Health Emergencies.](#) Health Affairs (Millwood). 26(5): 1269-79. [ASPR Staff Access.](#)

The tragedy of Hurricane Katrina in New Orleans confirmed that effective implementation of public health preparedness programs and policies will require compliance from all racial and ethnic populations. This study reviews current resources and limitations and suggests future directions for integrating diverse communities into related strategies. It documents research and interventions, including promising models and practices that address preparedness for minorities. However, findings reveal a general lack of focus on diversity and suggest that future preparedness efforts need to fully integrate factors related to race, culture, and language into risk communication, public health training, measurement, coordination, and policy at all levels.

Andrulis, D.P., Siddiqui, N.J., and Purtle, J.P. (2011). Integrating Racially and Ethnically Diverse Communities into Planning for Disasters: The California Experience. Disaster

Medicine and Public Health Preparedness. 5(3): 227-34. (Document attached.) [ASPR Staff Access.](#)

The authors of this study conducted a literature review, environmental scan of organizational website providing preparedness materials for diverse communities, and key informant interviews with public health and emergency management professional. Using California as a locus of study, the objective was to identify challenges and barriers to meeting the preparedness needs of racially and ethnically diverse communities, and highlight promising strategies, gaps in the programs, and future priorities. Results identified at least four intervention priorities for California and across the United States: engaging diverse communities in all aspects of emergency planning, implementation, and evaluation; mitigating fear and stigma; building organizational cultural competence; and enhancing coordination of information and resources.

Danna, D.M, and Bennett, M. J. (2013). Providing Culturally Competent Care during Disasters: Strategies for Nurses. The Journal of Continuing Education in Nursing. 44(4): 151-2. (Document attached.) [ASPR Staff Access.](#)

The authors of this study address how vulnerable populations should be included in the disaster response cycle when planning for and responding to disasters. Additionally, they note nurses are key to employing culturally competent strategies with vulnerable populations during disasters, enhancing the access of these populations to care and reducing their health disparities.

Danna, D.M., Pierce, S.S., Schaubhut, R.M., et al. (2015). Educating Nurses to Provide Culturally Competent Care during Disasters. The Journal of Continuing Education in Nursing. 46(3): 135-44. (Document attached.) [ASPR Staff Access.](#)

The authors note that to decrease health disparities during disasters, it is essential that healthcare providers understand the specific needs, culture, and norms of individuals, groups, and populations in a disaster. Survivors respond and recover from disaster events within the context of their culture and beliefs; therefore, implementing cultural competent interventions for disaster victims is central to providing services and care. This article describes the development, implementation, and evaluation of a continuing education program and academic courses for nurses and nursing students.

Jalali, S., Levy, M.D., and Tang, N. (2015). Prehospital Emergency Care Training Practices Regarding Lesbian, Gay, Bisexual, and Transgender Patients in Maryland (USA). Prehospital and Disaster Medicine. 30(2): 163-6. (Document attached.) [ASPR Staff Access.](#)

The authors address how some Emergency Medical Services (EMS) personnel who are poorly trained in working with lesbian, gay, bisexual, and transgender (LGBT) patients are at risk for managing such patients incompletely and incorrectly. An anonymous survey was electronically distributed to EMS educational program directors in Maryland, which asked participants if their program included training on cultural sensitivity including LGBT education, and if so, by what modalities. Conclusions proved that most EMS educational program directors in Maryland are receptive to including LGBT-specific education into their curricula.

Knox, C.C., and Haupt, V. (2015). Incorporating Cultural Competency Skills in Emergency Management Education. *Disaster Prevention and Management*. 24(5): 619-634. (Document attached.) [ASPR Staff Access](#).

The purpose of this paper is to incorporate a model of prejudice reduction and cultural identity development theory to assess: the implementation of a diversity case study in a disaster management course; and the cultural competency understanding among the students. The authors conducted a diversity case study in an undergraduate Disaster Response and Recovery course. The discussion encouraged students to contemplate how their biases, preconceived notions, and stereotypes affect their future role in emergency management. Results from pre- and post-tests indicated a marked increase in knowledge and a positive change in attitudes.

Lippmann, A. (2009). Disaster Threats to Vulnerable Populations: Cultural Competency Critical to Disaster Threats. (Document attached.)

This study examines the link between culture and emergency preparedness. It focuses on preparing individuals with access and functional needs for emergencies, and identifying the need for developing culturally competent protocols in response to disaster threats.

Nepal, V., Banerjee, D., Perry, M., et al. (2012). [Disaster Preparedness of Linguistically Isolated Populations: Practical Issues for Planners](#). (Abstract only.) *Health Promotion Practice*. 13(2): 265-71. [ASPR Staff Access](#).

The Houston Department of Health and Human Services aimed to develop practical recommendations for local emergency response personnel to improve dissemination of emergency information and equitable delivery of services to linguistically isolated communities in the greater Houston area. The authors conducted 16 focus group discussions among linguistically isolated immigrant populations who primarily spoke Spanish, Chinese, Vietnamese, and Somali languages. Questions focused on general knowledge and understanding of disasters and explored experiences during disasters (e.g., Hurricane Ike). Results indicated that (1) understanding of disaster and preparedness is contextual, (2) awareness of preparedness needs and actual plans among linguistically isolated populations is inadequate, and (3) word of mouth is the preferred information source for linguistically isolated groups.

NOTE: *The following resources are examples of trainings or activities that either directly or indirectly addressed cultural and linguistic competency for disaster preparedness or response.*

Boss, P., Beaulieu, L., Wieling, E., et al. (2003). [Healing Loss, Ambiguity, and Trauma: A Community-Based Intervention with Families of Union Workers Missing After The 9/11 Attack In New York City](#). (Abstract only.) *Journal of Marital Family Therapy*. 29(4): 455-67. [ASPR Staff Access](#).

A team of therapists from Minnesota and New York worked with labor union families of workers gone missing after the attack on the World Trade Center. The clinical team shares their experiences, lessons learned, and preliminary evaluations from the multiple family

intervention meetings. The training of therapists and interventions implemented for families aimed for cultural competence.

Edwards-Stewart, A., Ahmad, Z.S., Thoburn, J.W., et al. (2012). [Introducing Embedded Indigenous Psychological Support Teams: A Suggested Addition to Psychological First Aid in an International Context](#). (Abstract only.) International Journal of Emergency Mental Health. 14(4): 289-296. [ASPR Staff Access](#).

This article introduces Embedded Indigenous Psychological Support Teams (IPST) as a possible addition to disaster relief efforts. It highlights psychological first aid in an international context by drawing on mainstream disaster relief models such as The American Red Cross, Critical Incident Stress Management (CISM), and Flexible Psychological First Aid (FPFA). IPST are explained as teams utilizing techniques from both CISM and FPFA with a focus on resiliency. It is currently theorized that in utilizing IPST, existing disaster relief models may be more effective in mitigating negative physical or mental health consequences post-disaster.

Hites, L.S., Granillo, B.S., Garrison, E.R., et al. (2012). [Emergency Preparedness Training of Tribal Community Health Representatives](#). (Abstract only.) Journal of Immigrant and Minority Health. 14(2): 323-9. [ASPR Staff Access](#).

This study describes the development and evaluation of online Public Health Emergency Preparedness (PHEP) training adapted to the learning styles and needs of tribal Community Health Representatives (CHRs). This program was carefully adapted to meet the environmental and learning needs of the tribal CHRs. It was subsequently evaluated via a scenario-based decision-making methodology. Significant improvements in five of six competency areas were documented by comparison of pre- and post-certificate training testing.

Jackson, C.T., Allen, G., Essock, S.M., et al. (2006). [Clients' Satisfaction with Project Liberty Counseling Services](#). (Abstract only.) Psychiatric Services. 57(9): 1316-9. [ASPR Staff Access](#).

The authors conducted a study with 607 Project Liberty service recipients after the attacks on the World Trade Center, and assessed counseling services based on the satisfaction using 11 aspects of service quality and four domains of effectiveness. The 11 aspects of quality were counselor respect for client, willingness to listen, cultural sensitivity, speaking the same language as the client, amount of counseling time, convenience of meeting time and location, information received, whether the service would be used again, whether the service would be recommended to friends or family, and overall quality of service. The four effectiveness domains were daily responsibilities, relationships, physical health, and community involvement. Results indicated that at least 89% of service recipients rated Project Liberty as either good or excellent across 11 service quality dimensions and four effectiveness domains.

Klaiman, T., Knorr, D., Fitzgerald, S., et al. (2010). [Locating and Communicating with At-risk Populations about Emergency Preparedness: The Vulnerable Populations Outreach Model](#). (Abstract only.) Disaster Medicine and Public Health Preparedness. 4(3): 246-51. [ASPR](#)

[Staff Access.](#)

This article outline strategies for locating, engaging, and communicating with vulnerable populations in Philadelphia, PA about both organizational and personal emergency preparedness. Such strategies include creating a method for bidirectional communication via a free quarterly health newsletter that is distributed to community-based organizations serving vulnerable populations. The authors also note successes and next steps from engaging vulnerable populations in the planning process.

Laborde, D.J., Brannock, K. and Parrish, T. (2011). [Assessment of Training Needs for Disaster Mental Health Preparedness in Black Communities.](#) (Abstract only.) Journal of the National Medical Association. 103(7): 624-34. [ASPR Staff Access.](#)

The authors conducted focus group discussions with 13 community leaders and seven clinical providers in eastern North Carolina to inform the adaptation of a competency-based training model in post-disaster mental health for black communities. The audience-specific perspectives on disaster mental health and training priorities were identified by structured thematic analyses. Community leaders and clinical providers without personal ties to the local black population were unaware of internal networks and other community resources. Conversely, most black community leaders and clinical providers were unaware of local disaster response resources.

MHum, T.A., Bell, H., Pyles, L. (2011). [Spirituality and Faith-based Interventions: Pathways to Disaster Resilience for African American Hurricane Katrina Survivors.](#) (Abstract only.) Journal of Religion and Spirituality in Social Work. 30(3): 294-319. [ASPR Staff Access.](#)

This case study addresses how survivors of Hurricane Katrina, particularly African Americans who evacuated to a host city, discuss the importance of spirituality and religion in their recovery process. Interviews and observations with local service providers were also conducted, and illustrate that few practitioners utilized spirituality or religion as a resource and that coordination between faith-based and secular service providers was problematic. The author's research highlight a neglected area of cultural competence for those providing services to Hurricane Katrina survivors.

Nguyen, M.T., and Salvesen, D. (2014). [Disaster Recovery among Multiethnic Immigrants: A Case Study of Southeast Asians in Bayou La Batre \(AL\) after Hurricane Katrina.](#) (Abstract only.) Journal of the American Planning Association. 80(4): 385-396. [ASPR Staff Access.](#)

Hurricane Katrina exposed challenges to long-term recovery among Southeast Asian immigrants in Bayou La Batre (AL). The authors employed qualitative research methods, including in-depth interviews, focus groups with immigrants, and site visits, to better understand the barriers to disaster recovery and to inform local, State, Federal, and nongovernmental agencies on how to better prepare disaster plans that would improve disaster recovery for multiethnic, multicultural, immigrant populations. Results indicated four significant categories of sociocultural barriers: 1) language, literacy, and communication; 2) cultural differences in help-seeking; 3) inability to navigate the disaster recovery bureaucracy; and 4) and lack of leadership.

Peate, W.F., and Mullins, J. (2008). [Disaster Preparedness Training for Tribal Leaders](#). Journal of Occupational Medicine and Toxicology. 3: 2. [ASPR Staff Access](#).

Tribal leaders began a collaboration with the University of Arizona and the Arizona Department of Health Services for training in public health preparedness. The objective of the training was to ensure that Native American communities were adequately informed and trained to implement coordinated response plans for a range of potential public health emergencies on tribal lands and in surrounding communities. This commentary outlines how cultural competency (including public prayer by an elder during the training), respect for tribal sovereignty, solicitation of historical examples of indigenous preparedness, and incorporation of tribal community networks were essential to the success of this program.

Riley-Jacome, M., Parker, B.A., and Waltz, E.C. (2014). [Weaving Latino Cultural Concepts into Preparedness Core Competency Training](#). (Abstract only.) Journal of Public Health Management and Practice. 20(SUPPL. 5): S89-S100. [ASPR Staff Access](#).

The New York • New Jersey Preparedness and Emergency Response Learning Center (NY•NJ PERLC) is one of 14 Centers funded by the Centers for Disease Control and Prevention designed to address the preparedness and response training and education needs of the public health workforce. One of the important focus areas for the Center is training to improve the capacity of public health workers to respond with competence to the needs of vulnerable populations. This article describes initiatives undertaken by the NY•NJ PERLC to improve the capacity of the public health workforce to respond competently to the needs of Latino populations.

Rivera, F.I. (2012). [Cultural Mechanisms in the Exchange of Social Support among Puerto Ricans after a Natural Disaster](#). Qualitative Health Research. 22(6): 801-809. [ASPR Staff Access](#).

This study uncovers the dynamics involved in the exchange (or lack) of social support among a group of Puerto Ricans who experienced a natural disaster. The author analyzed 12 semi-structured qualitative interviews, which revealed that a reported high degree of need was not associated with any type of help seeking from the respondents' social support networks. Relevant issues that arose in explaining the lack of social support exchanges were level of comfort in help seeking and cultural issues.

Rosen, C.S., Greene, C.J., Young, H.E., et al. (2010). [Tailoring Disaster Mental Health Services to Diverse Needs: An Analysis of 36 Crisis Counseling Projects](#). (Abstract only.) Health and Social Work. 35(3): 211-20. [ASPR Staff Access](#).

The federal Crisis Counseling Program (CCP) funds states' delivery of mental health services after disasters. The present study examined whether CCP grant recipients that reported more tailoring of their interventions to the needs of diverse community segments achieved greater community penetration. Findings of this study confirmed that adapting crisis counseling services to diverse local needs is associated with greater community penetration of mental health services.

Shiu-Thornton, S., Balabis, J., Senturia, K, et al. (2007). [Disaster Preparedness for Limited English Proficient Communities: Medical Interpreters as Cultural Brokers and Gatekeepers](#). Public Health Reports. 122(4): 466-71. [ASPR Staff Access](#).

In 2004, a pilot assessment of the training background and work experiences of medical interpreters was conducted that focused on training needs for disaster/ emergency situations. Overall, medical interpreters identified a need for disaster preparedness training and education. Medical interpreters further reported that limited English proficient (LEP) communities are not prepared for disasters and that there is a need for culturally appropriate information and education.

V. Guidelines and Tools

Drexel University School of Public Health. (2008). [National Consensus Statement on Integrating Racially and Ethnically Diverse Communities into Public Health Emergency Preparedness](#).

The Center for Health Equality at Drexel University's School of Public Health has composed eight principles which are intended to assist in the integration of culturally diverse communities into any public health efforts at emergency preparedness planning and implementation.

Emergency Preparedness Bureau at the Massachusetts Department of Public Health. (2012). [Show Me: A Communication Tool for Emergency Shelters](#).

The toolkit includes a graphic communication tool that has been tested and co-created by public health professionals and the populations it is designed to help, including people who have cognitive disabilities, are deaf or hard of hearing, have limited English proficiency, and anyone who may struggle to communicate verbally during an emergency.

Florida Persons with Functional and Access Needs Resource Guide Work Group. (2009). [Reaching Persons with Functional and Access Needs with Critical Health and Medical Information: A Resource Guide](#).

This guide provides basic information for public health and medical professionals on ways to communicate with vulnerable populations, including the elderly, people with disabilities and other functional needs, non-English speaking populations, and people residing in shelters.

Pennsylvania State University, Augmentative and Alternative Communication Rehabilitation Engineering Research Center. (2008). [Disaster Preparedness Tips for Emergency Management Personnel: Communication Access for People with Limited Speech](#).

This resource provides information about emergency communication with people with limited speech through visual aids; speech generating devices; personal communication devices, boards, and books; and emergency oriented communication displays.

Seattle and King County Advanced Practice Center. (2011). [Guide to High-Quality Translations Everyday and In Emergencies.](#)

This guide provides instructions on steps that need to be taken at all phases of the translation process, especially before starting to translate.

Silva, A. (2004). [Culturally Competent Crisis Response: Information for School Psychologists and Crisis Teams.](#)

This document discusses how culture influences what type of threat or event is perceived as traumatic, how individuals interpret the meaning of crisis, and how individuals and communities express traumatic reactions.

Substance Abuse and Mental Health Services Administration. (2009). [CultureCard: A Guide to Build Cultural Awareness: American Indian and Alaska Native.](#)

This document provides basic information for disaster responders and other service providers to enhance cultural competency while providing services in American Indian and Alaska Native communities.

Substance Abuse and Mental Health Services Administration. (2003). [Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations](#)

The purpose of this guide is to assist states and communities in planning, designing, and implementing culturally competent disaster mental health services for survivors of natural and man-made disasters on all scales.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (n.d.) [American Indian & Alaskan Native Disaster Preparedness Resource.](#) (Accessed 10/20/2017.)

This webpage provides multiple resources and best practices to help disaster behavioral health and emergency responders better understand the general status of tribal behavioral health issues. It also provides information on emergency disaster services and/or organizations that support tribal communities.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). [Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response.](#)

This website provides resources and tools that can help strengthen linguistic and cultural competency to help mitigate the impact of disasters and emergency events among diverse populations.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (n.d.). [Disaster Response Guidance for Health Care Providers:](#)

[Identifying and Understanding the Health Care Needs of Individuals Experiencing Homelessness.](#) (Accessed 10/20/2017.)

The goal of this toolkit is to stimulate planning for the provision of clinical care to individuals experiencing homelessness in advance of a disaster. It offers practical tools that clinicians can use to facilitate pre-disaster coordination and planning, disaster response, and recovery.

U.S. Department of Health and Human Services, Office of Minority Health. (2008). Cultural Competency in Disaster Response: A Review of Current Concepts, Policies, and Practices, Environmental Scan. (See Attached.)

This document discusses a curriculum that was developed and tested to effectively equip disaster responders in cultural and linguistic competency. An Environmental Scan was created to determine whether current information on the concepts, policies, and teaching practices regarding cultural competence provide an adequate base for developing the curriculum, and, if so, to summarize and synthesize this information into a usable form

U.S. Department of Health and Human Services, Office of Minority Health. (2011). [Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit.](#)

This toolkit was developed to provide preparedness planning and response agencies, organizations, and professionals with practical strategies, resources and examples of models for improving existing activities and developing new programs to meet the needs of racially and ethnically diverse populations.

U.S. Department of Health and Human Services, Office of Minority Health. (n.d.). [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care \(the National CLAS Standards\).](#)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate healthcare disparities by establishing a blueprint for health and healthcare organizations.

VI. Legal Authorities

U.S. Department of Health and Human Services. (2015). Memorandum of Understanding between the Office of Minority Health and the U.S. Public Health Service Commissioned Corps. (Document attached.)

This memorandum of understanding (MOU) “establishes a collaborative agreement between the U.S. Department of Health and Human Services, Office of Minority Health and the U.S. Public Health Service Commissioned Corps (Commissioned Corp) to support the implementation of training activities for Commissioned Corps personnel on culturally and linguistically appropriate services as outlined in the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*” (or National CLAS Standards).

VII. Lessons Learned

Chen, M.S., and Buehring, A. (2010). [The Impact of the Gulf Oil Spill on AAPI Communities](#). The White House.

The authors of this blog discuss their experiences meeting with members of the Asian Americans and Pacific Islanders communities who lived and worked in the areas affected by the oil spill in the Gulf Coast. They address the cultural and linguistic barriers faced by this community during the response and recovery efforts.

McCoy, M.A., and Salerno, J.A. (2010). [Assessing the Effects of the Gulf of Mexico Oil Spill on Human Health: A Summary of the June 2010 Workshop](#). National Academies of Sciences, Engineering, and Medicine, Institute of Medicine.

This report summarizes a public workshop that was conducted to plan for the surveillance of the 2010 Gulf oil spill's effects on human health. Speakers explored the potential adverse health effects for at-risk populations living in the Gulf region or assisting with clean-up activities. Chapter 4 specifically addresses communicating with the public at risk for health problems and highlights the need to be cognizant of aspects related to culture and linguistic competencies (e.g., the Vietnamese fisherman population facing language barriers).

U.S. Government Accountability Office. (2011). [Influenza Pandemic: Lessons from the H1N1 Pandemic Should Be Incorporated into Future Planning](#).

This report from the U.S. Government Accountability Office discusses lessons learned from the H1N1 pandemic, including the need to better reach non-English speakers. The report highlights promising practices to meet the needs of culturally diverse communities from local jurisdictions across the country, in addition to recommendations for future planning at the federal-level.

VIII. Websites

The following websites are dedicated to providing tools, links, and guidance related to linguistic and cultural competency.

Drexel University. [The National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities](#).

EthnoMed. [Homepage](#).

Healthy Roads Media. [Welcome to Healthy Roads Media: A Source of Quality Health Information in Many Languages and Multiple Formats](#).

National Disaster Interfaiths Network. [Disaster Tips Sheets for U.S. Religious Leaders](#).

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. [American Indian & Alaskan Native Disaster Preparedness Resource.](#)

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. [Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response.](#)

U.S. Department of Health and Human Services, Office of Minority Health. [Think Cultural Health.](#)