

Association of Refugee Health Coordinators Health Education Committee Recommendations and Strategic Guidance



Executive Summary

Developing a systematic program of responding to the public health information needs of newly arrived refugees involves significant challenges. These challenges exist because:

- Refugees may have low literacy in their native language.
- Refugee health belief systems are based on their cultural experiences, and these belief systems vary widely between groups.
- Refugees may have little or no experience with Western medicine.
- Health terms may be difficult to translate into the native languages of refugees.
- Smaller populations of particular refugee groups mean states may not have adequate resources to meet the diverse lingual and cultural needs of resettlement communities.
- The United States does not have a centralized system to translate health education materials, resulting in a duplication of efforts.

Refugees may have been exposed to healthcare or health education if they lived in an urban setting or a refugee camp. However as they resettle in the United States, they often enter the healthcare system with minimal understanding of preventive medicine, treatment of infectious disease, how to manage chronic disease, or how to respond to a disease outbreak or emergency. Additional difficulties may exist when developing health education materials for refugees. Is a print or verbal communication better for a particular population? How and where can refugees be reached? What is the best way to teach refugees about western medicine when they are newly arrived and often overwhelmed with the basic challenges of resettlement?

With this background in mind, the ARHC Health Education Committee was charged with three core priorities:

1. Develop recommendations and strategic guidance for ARHC for responding to the public health information needs of refugees, particularly newly arriving populations, **with an emphasis on successful best practices in health education** including (but not limited to):
 - a. Explore the engagement and effectiveness of a variety of health education formats.
 - b. Develop guidance for making health education engaging, accessible, and culturally and linguistically appropriate.
2. Develop recommendations and strategic guidance for ARHC to respond to the public health information needs of refugees, particularly newly arriving populations, **with an emphasis on emergency preparedness** including (but not limited to):
 - a. Identify strategies for community engagement, especially in times of health emergency. Addressing duplicative efforts in health education during a time of health emergency.
 - b. Identify who is going to take a leadership role.
 - c. Create a plan for ARHC to roll out if needed (as soon as Fall 2011).

- d. Include a communication plan for how ARHC will keep all states informed during a time of health emergency.

3. Develop recommendations and strategic guidance for ARHC to respond to the public health information needs of refugees, particularly newly arriving populations, **with an emphasis on partnerships with overseas colleagues including (but not limited to):**

- a. Increase communication with overseas refugee camps' health officers about health education efforts within the camps.
- b. Consider sharing of health education efforts between overseas refugee camps and domestic state programs.

The recommendations of the Health Education Committee include:

- ARHC, along with the Office of Refugee Resettlement (ORR) and CDC, should promote consistency of all health messages domestically. In addition, to reinforce important health information, ARHC and overseas partners should encourage using a consistent message across education efforts.
- ARHC, along with ORR, CDC, and the Refuge Health Information Network (RHIN), should coordinate translation efforts to avoid duplication and identify key languages needed.
- ARHC should identify or develop best practices in health education geared toward the needs of refugee health coordinators.
- ARHC should develop a protocol for a flow path of soliciting, gathering, and sharing domestic and overseas health education materials.
- ARHC should provide input and technical assistance to CDC to produce translated materials and media targeted toward particular refugee audiences.
- To prepare for a health emergency, ARHC members must actively engage refugee partners and communities on a regular basis so relationships are already established prior to an emergency situation.
- ARHC should work with state, federal, and voluntary partners to develop an extensive list of non-overlapping resources and resource originators regarding refugee health emergency preparedness and response.

The recommendations will be prioritized and implemented by the ARHC Health Education Committee.

Recommendations and Strategic Guidance

Overview

The mission of the Association of Refugee Health Coordinators (ARHC) is to strengthen state and local refugee health leadership, expertise, and advocacy to achieve wellness in domestic refugee populations. ARHC membership is comprised of state refugee health coordinators and staff from state or local governmental agencies or nonprofits engaged in the provision of health services to refugees. While infrastructure and capacities vary by state, these programs work to ensure that refugees are provided with domestic health assessments, immunizations, and linkages with ongoing medical services.

In fall 2010, CDC's Division of Global Migration and Quarantine (CDC/DGMQ) provided short-term support to ARHC through a cooperative agreement with the Association of State and Territorial Health Officials (ASTHO). This project is called "Enhancing Partnerships in Refugee Health."

Three committees were formed: Health Education, Medical Screening, and Surveillance. The Health Education subcommittee developed the recommendations below to generate a unified flow path for ARHC with respect to soliciting, gathering, approving, translating, and sharing domestic and overseas health education materials.

The Health Education Committee was charged with developing recommendations and strategic guidance to help serve the basic health education needs for refugee populations. The committee was comprised of ARHC members from numerous states as well as federal and international partners. The committee recommended that ARHC's leadership continue to advocate the sharing of best practices in health education nationally through a multipronged approach, including:

- Convene interested persons nationwide to discuss issues related to refugee health education.
- Coordinate/communicate meetings nationwide on refugee health education.
- Advocate for/initiate unified approaches to issues related to refugee health education.

Methods

In January 2011 volunteers recruited from the ARHC membership joined with subject matter experts to participate in one of three Health Education subcommittees to develop health education guidance, tools, and recommendations. Each subcommittee focused on one of the objectives described in this document.

A work plan was developed and shared with each subcommittee. All work was developed in accord with evidence-based published reports, if available. The ARHC Leadership Team and Executive Board reviewed the draft recommendations. The recommendations received further critical review and editing after they were presented to the ARHC

membership and federal and national partners at the Enhancing Partnerships in Refugee Health Conference in May 2011.

The first priority area (**Objective 1**) addresses common concerns in the field of refugee health education. With limited resources, how can ARHC maximize the quality, quantity, and modality of health education materials appropriate for newly arrived refugees? This is a huge question with many critical elements. The subcommittee identified a step-by-step process that includes the development of an organizational protocol to provide structure and guidance in multiple domains, including identifying refugee health topics of greatest and most immediate concern nationally, developing a standard for quality product identification, coordinating the translation of existing or new health materials as needed, and determining the best “home” for the materials so they are fully accessible to ARHC and other interested parties.

Health outbreaks or emergencies (**Objective 2**) place newly arrived refugees at a significant disadvantage. Many are unfamiliar with mainstream media and rely upon ethnic press, radio, or television for information. In an emergency where new guidance is continuously being created, ethnic media (often offered in a weekly or pre-recorded format) may not be up to the challenge of frequent updates. This leaves refugees with word of mouth, rumors, or little to no information during a potential health crisis. State health departments in general, and refugee health programs specifically, must develop a strategy for keeping non-English-speaking populations informed. The strategies developed by this committee are described below, and are divided as follows: (1) prior to an emergency, (2) during an emergency, and (3) after the emergency is settled. The committee also delineated the role of ARHC during these times and made suggestions for state emergency plans.

Health education compatible with Western medicine (**Objective 3**) must begin in the overseas camps. While the quality and quantity of education varies from site to site, increased partnership between organizations conducting health education abroad and ARHC is definitely worth exploring. The sharing of educational materials, best practices, and attempts to create a continuum of care with consistent messaging that flows from overseas to domestic resettlement sites is highly desirable. The Office of the U.N. High Commissioner for Refugees has expressed interest in partnering with ARHC, and other partners can be approached.

Recommendations to Prioritize Health Education Efforts

Recommendation 1: ARHC, in collaboration with partners, should seek funding to hire a full-time staff person devoted to managing the topic of refugee health education, centralized translation, and dissemination from a national perspective.

Or alternately:

ARHC should negotiate with RHIN to ensure that staff and a process for continuous research to identify, evaluate, and post pertinent health documents are in place. ARHC can be a partner to this process but cannot be fully responsible for such a significant undertaking.

- Paid staff should develop a protocol for approving existing refugee health materials, or creating new materials for identified priority health topics.
- Paid staff should coordinate the translation of existing or new health materials into additional languages as needed, based on identification of key refugee languages nationwide.
- Paid staff should develop a plan for effectively collecting and housing existing and new ARHC-approved materials so that they are easily accessible.
- Paid staff should identify key mechanisms for dissemination of materials to ARHC partners.
- ARHC should develop a mechanism to measure the effectiveness and utilization of approved materials and dissemination approaches.

Recommendation 2: ARHC should develop a formal agreement with the Refugee Health Information Network (RHIN) to clarify each party's roles and responsibilities. ARHC could, for example, play the role of an advisory council to RHIN via the Health Education Committee.

- ARHC should help RHIN prioritize needed materials in appropriate formats.
- ARHC should help RHIN determine credible sources.
- ARHC should help RHIN develop a meaningful search system.
- ARHC should work with RHIN to determine new refugee populations "in the pipeline" so translated materials should be available upon arrival.

Recommendation 3: Develop a process for determining the educational needs of ARHC members and offer forums to meet these needs.

- Carry forward the work of the former New Populations Committee.
- Hold topical webinars.
- Invite experts as guest speakers.
- Develop an ARHC electronic newsletter.

Recommendation 4: Identify or develop best practices in health education geared toward the needs of refugee health coordinators.

- ARHC should post the identified best practices on the ARHC website.
- ARHC and partners should promote consistency of all health messages.
- ARHC and partners should coordinate translation efforts to avoid duplication and participate in the identification of key languages needed.
- ARHC and partners should determine how and where health education materials should be housed and collected.
- ARHC and partners should identify key mechanisms for dissemination and of approved health education materials to all ARHC members and partners.

- ARHC and partners should develop tools to measure the effectiveness of approved materials and dissemination/information sharing approaches.

Recommendations 5: Identify and promote programs of excellence already in existence among ARHC members and partners so all are familiar with these resources.

- Post links to or information about programs of excellence on the ARHC website, including the:
 - Refugee Health Technical Assistance Center.
 - Healthy Roads Media.
 - Minnesota Refugee Health Lending Library.

Recommendations for ARHC/CDC/UNHCR to Develop Working Relationships that Enhance Collaboration Between Overseas and Domestic Partners

Recommendation 1: ARHC, ORR, and CDC should consider exploring funding opportunities to hire a person who would coordinate health education information sharing efforts between overseas and domestic partners.

- Possible funding sources:
 - Office of Minority Health and Disparities
 - CDC
 - National Library of Medicine (currently funds RHIN)
 - Others

Recommendation 2: ARHC should foster relationships with overseas colleagues related to refugee health education, identifying specific partners interested in obtaining and sharing health education materials/resources. An oversight committee consisting of members from ARHC, UNHCR, CDC, and others should share leadership to meet this goal.

- ARHC can serve as the U.S. domestic refugee health provider focal point.
- UNHCR can share available health programs and outcomes in locations for which data is available. It is recommended that the focus begin with countries where large resettlement populations are located, for example: Bhutanese out of Nepal, Iraqis out of Syria/Jordan, and Burmese out of Thailand/Malaysia. UNHCR maintains lists of organizations working on health education efforts in specific camps and should provide this information to ARHC.
- Priority health education topics should be identified based on the needs of recently arrived refugee populations. UNHCR should be consulted regarding this determination in an effort to narrow the scope of health education materials to the most pertinent topics for newly arrived populations.
- UNHCR may be able to link relevant health education materials to their monthly United Nations aid distribution in urban settings where refugees are harder to reach.

- ARHC should coordinate guest speakers or webinars from UNHCR, the Bureau of Population, Refugees, and Migration (PRM), the International Organization for Migration (IOM), ORR, the Center for Applied Linguistics, or Resettlement Service Centers (RSCs) about specific health education efforts. ARHC should request periodic health education updates from the RSCs, which may include a checklist of items taught during the cultural orientation.
- ARHC should request updates from CDC field offices (specifically Thailand and Kenya) regarding health education projects/efforts. CDC should identify a focal point to report to ARHC on overseas health education efforts in CDC field offices.

Recommendation 3: ARHC should develop a protocol for a flow path of soliciting, gathering, and sharing domestic and overseas health education materials.

- ARHC should organize the dissemination of health education materials, focusing on each of the following areas:
 - Creating and documenting best practices.
 - Making sure the material is available, accessible, and translated into appropriate languages.
 - Ensuring that timely materials are available related to outbreaks (H1N1 and other infectious diseases).
 - Advocating for policies that facilitate seamless interagency sharing of information and limit roadblocks for approval of documents.
- ARHC should hire a staff person to coordinate (or an ARHC committee could manage) the communication of health information, resource sharing, and vetting of materials. The new hire could split his/her duties with those outlined by two of the ARHC Health Education Subcommittees (Best Practices in Health Communication and Emergency Preparedness).

Recommendation 4: Designate and promote RHIN or another suitable site as location for sharing materials. The RHIN website, www.rhin.org, could be designated as the central site to share health education materials for refugees (because of its availability to the public and ease of sharing).

- RHIN's website should be adapted so that relevant health information will be obvious to overseas colleagues. A notification system that informs partners of new, pertinent information should be developed.
- To facilitate consistency of messages, RHIN should house an image library that domestic and overseas partners could utilize when creating health education materials.
- In some locations Internet access may not be available or sufficient to access RHIN. ARHC and overseas partners should explore other education material distribution options.

Recommendation 5: To reinforce important health information, ARHC and overseas partners should encourage consistent messaging across education efforts, from overseas to domestic sources.

- Build a continuum of consistent health messaging from overseas health education to health orientations in the states, public health messaging, and reinforcement from schools or English-as-a-second-language (ESL) classes.
- Interchangeable formats should be encouraged so that agency, local, or population-specific information can be inserted, but the central messages should remain intact.
- A pilot health topic (tuberculosis, intestinal parasites, etc.) should be chosen to work out how to best streamline or make messages for a specific health topic consistent. Lessons learned from the pilot topic could be used for future health topics. Special attention should be paid to helping refugees understand health access issues.
- Strategic planning should be done with overseas partners to identify topics for future development.

Strategies for Community Engagement Related to Health Emergencies

Strategy 1: Identify key contacts within refugee communities and trusted organizational partners of refugee communities (either directly or through resettlement partners) and engage them immediately in setting up community forums/education sessions/clinics.

Strategy 2: Identify ethnic media outlets that are trusted by the refugee community to disseminate information, provide updates, and otherwise educate the community. Consider ethnic radio and press as well as billboards, websites, and message boards.

Strategy 3: Provide support for the training of fire, EMS, and other first responders in cultural competency and disaster risk reduction and response in refugee communities.

Prior to an emergency:

Strategy 1: Work with state, federal, and voluntary partners to develop an extensive list of non-overlapping resources and resource originators regarding refugee health in general but especially during an emergency preparedness and response (e.g., ECHO).

Strategy 2: Designate one member of the ARHC Executive Board to be the refugee health emergency preparedness and response correspondent.

- Maintain emergency resources and education (e.g., speak semiannually during an ARHC call to address the importance of emergency preparedness, to inform ARHC of any new resources or organizations, and to announce any relevant training opportunities).
- During state- and local-level disasters, act as a liaison with federal and other out-of-state contacts (e.g., FEMA, Homeland Security, DHHS Office of the Assistant Secretary for

Emergency Preparedness and Response, National Library of Medicine, American Red Cross, etc.).

Strategy 3: Make best practice recommendations regarding refugee populations to state emergency plan partner agencies before, during, and after the emergency. Participate in debriefing after the emergency.

Strategy 4: Track where refugee communities are, how they best learn, whom they trust, what organizations work with them, and where they go for services.

Strategy 5: Build relationships with those trusted partners and gather input from them and the community on how best to serve the population during an emergency.

Strategy 6: Ensure that refugee communities have access to culturally and linguistically appropriate risk reduction and early warning information (printed, audio, etc.) where such information exists. Where such resources do not exist, work to develop these essential materials, taking into consideration specific needs of relevant vulnerable communities.

Strategies Specific to a State Plan

Strategy 1: Know the Emergency Preparedness Plan that exists for your state and be a part of the preparedness planning process. Possible questions for ARHC members to ask:

- Where and how are the needs of refugees addressed within the plan?
- What is the role of your refugee health program in the plan?
- What partners within the state will support your refugee health program in advocating for refugee needs in an emergency?

Strategy 2: Annually review this plan with local resettlement partners and discuss roles of partner agencies. Provide partner agencies necessary linkages to local and national resources on refugees and refugee health respective to the emergency.

Strategy 3: Participate in appropriate FEMA-sponsored training (<http://training.fema.gov>) on a regular basis.

Strategy 4: Contact your state refugee coordinator (SRC) to delineate the refugee health coordinator role in the plan.

During an emergency:

Strategy 1: Provide input and technical assistance to CDC to produce translated materials and media targeted toward particular refugee audiences.

- Work with CDC (and other appropriate collaborators) to develop protocols for creating English “parent documents” for materials developed in response to emergencies of

national scope (i.e., H1N1) and work with the ARHC membership to share the burden of translating the English parent document into all needed refugee languages.

- Work with state departments of health to develop standards so that the documents developed are accepted by other state public health departments for web posting.

Strategy 2: Aid first responders in identifying and reaching at risk refugee families and communities and make suggestions to help responders take informed life- and property-saving action.

Strategy 3: Actively engage trusted community partners with outreach efforts including message crafting, forum design, and ongoing outreach efforts.

Strategy 4: Communicate critical information in a useful format for the population in venues that reach the most influential members of the community.

After an emergency:

Strategy 1: Immediately after a health emergency, ARHC should schedule a conference call to share information obtained from federal partners and compare response approaches among its nationwide membership.

Strategy 2: Inform state partners of outreach efforts in the refugee community, lessons learned, and successes.

Strategy 3: Use information from other states and other state partners to enhance further efforts to reach and serve the refugee population.

Strategy 4: Update and record refugee health emergency preparedness and response documents.

Conclusion

ARHC remains a strong advocate for refugee specific health education materials and encourages innovative modes of education that have potential for maximum engagement with refugee communities. ARHC supports the translation of written documents, but also supports oral methods of education such as videos, radio, ethnic television, ESL classroom presentations, community forums, and so forth.

ARHC is committed to helping all states develop a process of engaging refugee populations in times of a health emergency. Pre-planning and outreach to establish relationships with community leaders or community organizations is critical.

ARHC understands that domestic refugee health is only part of the story. Many more health-related events have occurred overseas. Only through partnership with overseas medical staff can we create a health education program that will provide continuity of education and care.

Committee Membership

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Appendix A: Supporting Documents and Web-Based Resources

Journal Articles:

1. DeStephano, C., Flynn, P., & Brost, B. Somali prenatal education video use in a United States obstetric clinic: A formative evaluation of acceptability. *Patient Education and Counseling*. 2010; 81:137-141.
2. McMichael, C. & Gifford, S. "It is Good to Know Now... Before it's Too Late": Promoting Sexual Health Literacy Amongst Resettled Young People With Refugee Backgrounds. *Sexuality & Culture*. 2009; 13:218-236.
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5. Pottie, K., Ng, E., Spitzer, D., Mohammed, A., & Glazier, R. Language proficiency, gender and self-reported health: an analysis of the first two waves of the longitudinal survey of immigrants to Canada. *Canadian Journal of Public Health*. 2008; 99(6): 505-510.
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9. The Henry J Kaiser Family Foundation Web Site. Shared Medical Decision Making: We're in this Together. <http://www.kff.org/ahr021411video.cfm>. February 2, 2011. Accessed February 23, 2011.

Limited Literacy Resources:

1. Florida Literacy Coalition. Florida Health Literacy Initiative. http://www.floraliteracy.org/literacy_resources_teacher_tutor_health_literacy.html Accessed February 23, 2011.

- a. Staying Healthy: <http://www.floridaliteracy.org/FLCHLP/files/SE%20Files/CompleteSEBook.pdf>
- b. Woman's Health: <http://www.floridaliteracy.org/books/WomensHealthSE.pdf>
- c. Coping with stress: <http://www.floridaliteracy.org/books/StressSE.pdf>
- d. Resource Catalog: http://www.floridaliteracy.org/catalog_booksadulted.html

- 2. Health Literacy Missouri. <http://healthliteracymissouri.org/library>. Accessed February 23, 2011.
- 3. Plain Language. www.plainlanguage.com. Accessed February 23, 2011.
- 4. Family Health and Literacy. <http://www.healthliteracy.worlded.org/docs/family/>
- 5. Mosaica. <http://www.mosaica.org/Resources/PlainLanguage.aspx>

Internet Resources with Health Education in Various Languages:

- 1. U.S. Committee for Refugees and Immigrants. Healthy Living Toolkit. <http://www.refugees.org/resources/for-refugees--immigrants/health/>. 2011.
- 2. Refugee Health Information Network. www.rhin.org.
- 3. Heartland Alliance. <http://www.heartlandalliance.org/whatwedo/our-programs/directory/refugee-health-education.html>.
- 4. Ethnomed. www.ethnomed.org
- 5. Healthy Roads Media. <http://www.healthyroadsmedia.com>
- 6. ECHO. <http://www.echominnesota.org/tools/cultural-toolkit>
- 7. Diversity RX. <http://www.diversityrx.org/>.
- 8. Hesperian. http://www.hesperian.org/publications_download.php
- 9. Wellness Information Zone. <http://wellzone.org/>
- 10. eXchange. <http://www.health-exchange.net/index.html>

Appendix B: Bibliography

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emergency preparedness communication for low income minorities. *Journal of Homeland Security and Emergency Management*. 2007;4(3)(Article 13).

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