

Incorporating the Cultural & Linguistic Needs of Individuals with **Limited English Proficiency in Disaster Preparedness**

Lessons Learned

Developing relationships with local organizations is essential for disaster preparedness. Participating in the Community Clinic Association of Los Angeles Countyøs (CCALAC) **Disaster Preparedness** Workgroup and working on the national level with the Association of Asian Pacific **Community Health** Organizations (AAPCHO) allows our agency to learn and share LEP services with the community. Additionally, APHCV_{\$\phi\$} relationships with the ethnic media allows effective communication with the community.

APHCV also participates in our Disaster Resource Center (DRC) and the Hollywood Emergency Leaders Project, a collaboration of surrounding hospitals and organizations that drill disaster scenarios using the Incident Command System (ICS) and the National Incident Management System (NIMS). We also test various levels of communication (i.e. walkie-talkie, HAM radio, cell phone, email, etc.) in the event of an emergency.



Fig. 2. Disaster drill at APHCV activating the Incident Command System.

Issue

Communities of color are especially vulnerable during a disaster due to cultural and linguistic barriers. Research indicates it is essential to address cultural and linguistic issues for disaster preparedness for Limited English Proficiency (LEP) individuals in order to respond effectively.



Fig. 1. GIS map illustrating that the majority of APHCV patients come from lowincome areas.

Description

Asian Pacific Health Care Venture, Inc. (APHCV) is a Federally Qualified Health Center



population in Los Angeles, CA.

providing culturally competent primary care services in 12 Asian languages, Spanish and English. Nearly half of APHCV patients are monolingual in a foreign language and over 90% of staff are bilingual or trilingual. To adapt our disaster preparedness plan to include our LEP and culturally diverse patients, the structure of the Incident Command System (ICS) includes an Interpreting Unit Leader who appoints bilingual staff to the Interpreting Unit. During an emergency, Units communicate via radios set to channels based on language. Disaster preparedness materials are available in various languages.

Why CHCs?

Community Health Centers (CHCs) are important leaders for disaster preparedness at the local level because:

ÉWe serve some of the most vulnerable and at-risk populations.

ÉCHCs are community-based organizations located in the community they serve and have built relationships with nearby organizations

ÉAdvocacy for patient population

Demographic Profile

Fig. 4. Demographic Profile of Patients from January – December of 2009.		
Characteristics	Frequency	<u>%</u>
Race/Ethnicity		
Asian	8929	73.19%
Hispanic/Latino	2301	18.86%
White (Non-Hispanic/Latino)	655	5.37%
Other	102	0.84%
Black (Non- Hispanic/Latino)	211	1.73%
Native Hawaiian/Pacific Islander	3	<1%
Total	12201	100%
Age Groups (Years)		
Under 15	1397	11.45%
15-17	888	7.28%
18-19	455	3.73%
20-24	833	6.83%
25-29	873	7.16%
30-34	795	6.52%
35-39	769	6.30%
40-44	845	6.93%
Over 44	5346	43.82%
Total	12201	100%
Language		
English	6981	57.22%
Thai	2354	19.29%
Cambodian	763	6.25%
Spanish	754	6.18%
Japanese	454	3.72%
Vietnamese	247	2.02%
Tagalog	211	1.73%
Bengali	129	1.06%
Korean	78	0.64%
Chinese	62	0.51%
Indonesian	46	0.38%
Cantonese	27	0.22%
Mandarin	27	0.22%
Others	68	0.56%
Total	12201	100%

Recommendations

Local, state and national public health agencies should evaluate the language needs of preparedness education materials in their service areas.

Local providers should incorporate the language needs of LEP community members into disaster drill scenarios. APHCV recommends to:

- Let patients know of drill scenarios taking place in our clinic by posting signs explaining that a drill is taking place in multiple languages.
- Assign walkie-talkie channels to specific language.
- Assign back up interpreters if main interpreters not present.
- Interpreting unit members are assigned to provide interpretation as needed in the triage, treatment, mental health, and traffic/control patient registration units.



Fig. 5. APHCV functional exercise for disaster preparedness.

Acknowledgements

Thank you to all APHCV staff who participate in disaster drills, CCALAC Disaster Preparedness Workgroup, and AAPCHO. Funded in part by the Community Clinic Association of Los Angeles County.

Presentation Prepared By: Monica Molina, MPH, [mmolina@aphcv.org; 323-644-3880 x 417], Alex Ramirez, Andrew Ma Asian Pacific Health Care Venture, Inc. •1530 Hillhurst Avenue, Suite 200 • Los Angeles • CA 90027 • www.aphcv.org • õworking together for community healthö Community Clinic Association of Los Angeles County & Association of Asian Pacific Community Health Organizations