



Guidelines for Disaster Preparedness Among Communities With Limited English Proficiency



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Background

- Houston is a melting pot of immigrants; over 90 languages are spoken at homes. (City of Houston Planning Department, 2010).
- In Houston, 45% of residents speak a language other than English at home, and 25% of all residents cannot speak English very well compared to 19.6 % and 8.6 % respectively of national average (The American Community Survey, 2009).
- Coastal areas are prone to natural disasters such as hurricanes.
- The functional directives on working with Limited English Proficiency (LEP) communities are inadequate.
- Current disaster preparedness and response plans do not adequately address the needs of the U.S. immigrants who cannot speak English well (Eisenman et al., 2009).

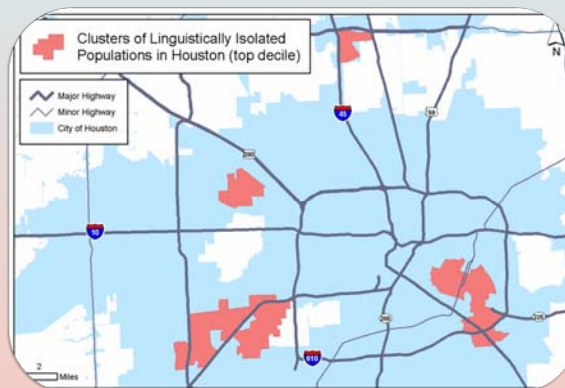


Purpose of the study

- To provide guidelines on disseminating disaster preparedness information to LEP communities.
- To identify factors needed to be considered while addressing disaster preparedness of LEPs.

What we did?

- Geo spatial analysis was conducted to identify clusters of LEPs in Houston area.
- Partnership was developed with the local Community based organizations (CBOs) serving LEPs, who provided two bilingual facilitators for each language group.
- CBOs also provided logistics support and acted as a bridge between health department and community.
- Sixteen focus group discussions were conducted with LEP immigrants speaking: Chinese, Vietnamese, Spanish, and Somali / May-May.



What we found?

- Many of our participants exhibited poor risk perception and low literacy and reported limited resources to prepare for and deal with disasters.
- LEPs prefer to access information and services through their trusted sources, using word of mouth.
- Those with established community in U.S. and with experiences of disasters were better prepared.

Recommended Guidelines

Preparedness plan should consider:

- Length of specific LEP community has been established in the US.
- Using preferred mode of information dissemination through trusted sources.
- Elements to address 1) risk perceptions of specific LEP groups, target groups' literacy level, and availability and access to resources for LEP groups.

Limitations

- We were able to study only four language groups within a tight schedule and with limited resources.

Moving forward

- We are in the process of disseminating guidelines to the LEP communities, CBOs, HDHHS leaderships, and relevant stakeholders.
- An effort is underway to ensure disaster preparedness of LEPs in Houston that involves a broader participation of communities, CBOs, faith based organizations, multi-family housing, school system, public health practitioners, and policy makers.

References

- Eisenman, D. P., Zhou, Q., Ong, M., Asch, S., Glik, D., and Long, A. (2009). Variations in Disaster Preparedness by Mental Health, Perceived General Health, and Disability Status. *Disaster.Med.Public Health Prep.* 3(1):33-41.
- City of Houston Planning Department.(2010). Houston Facts and Figure. <http://www.houstontx.gov/about/houston/houstonfacts.html>
- The American Community Survey (2009). 2006-2008 American Community Survey-3 year estimates. Data Profile Highlights. Retrieved from <http://factfinder.census.gov>

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Detail report at: <http://www.houstontx.gov/health/chs> or email vishnu.nepal@houstontx.gov