

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 2 December 2016

Response Date: 13 January 2017; updated 28 August 2019; updated 19 March 2021

Type of TA Request: Standard

Request:

The requestor asked for technical assistance with searching for literature addressing racial equity in all disaster phases. The requestor also asked ASPR TRACIE to try to identify whether any of the jurisdictions mentioned in the literature measured and reported on the impact of their actions to address racial inequity.

Response:

The ASPR TRACIE Team conducted a broad search for resources related to racial equity and disasters. Section I includes materials specifically related to Hurricane Katrina. Section II provides resources specific to the 2009 H1N1 outbreak. Section III includes general resources. Finally, Section IV provides a list of websites related to racial equity and disasters. Where applicable, we described any programmatic impacts in the annotations. Please note that we tried to provide articles for which full content is available, but we did include some articles (identified as “Abstract only”) as they may be helpful to this request.

Due to the broad nature of this request, we selected and included a relatively general sample of resources. If the requestor would like to narrow down the search criteria to include specific parameters (e.g., specific race, culture, or at-risk community), ASPR TRACIE could conduct a second search.

In addition, ASPR TRACIE is providing the requestor with a previously completed technical assistance request for resources related to linguistic and cultural competencies. Materials for this request are attached to this response as separate documents.

I. Racial Equity and Hurricane Katrina Resources

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.

The authors review existing resources, highlight limitations and promising models related to including diverse communities in preparedness efforts, and suggest strategies for integrating them into future efforts.

Cordasco, K.M., Eisenman, D.P., Glik, D.C., et al. (2007). ["They Blew the Levee": Distrust of Authorities Among Hurricane Katrina Evacuees.](#) *Journal of Health Care for the Poor and Underserved*. 18(2): 277-282.

The authors provide an overview of the relationship between some New Orleans residents' distrust of authorities (and several other factors) and their reactions to evacuation warnings and public health authorities' advice.

Impact: The authors of this study conducted interviews with 58 English-speaking adults who were living in Louisiana prior to landfall of Hurricane Katrina and were receiving shelter in one of three Houston, TX evacuation centers at the time of the interview. Interviewees noted their distrust came from their perceived lack of competency among governments official (from federal to local) and emergency workers. They also believed that the preparations or response were performed ineffectively or slowly because of the race or socioeconomic composition of their neighborhood.

Dach-Gruschow, K. and Hong, Y. (2006). [The Racial Divide in Response to the Aftermath of Katrina: A Boundary Condition for Common Ingroup Identity Model.](#) (Abstract only.) *Analyses of Social Issues and Public Policy*. 6(1):125–141.

Polls taken shortly after Hurricane Katrina found that that many African-Americans felt that racism contributed to the perceived slow response. The same polls revealed that many Whites felt that the residents of New Orleans were partially to blame for their predicament. The authors examined the findings further and made recommendations for future preparedness and research efforts.

Gabe, T., Falk, G., McCarty, M., et al. (2005). [Hurricane Katrina: Social-Demographic Characteristics of Impacted Areas.](#) Congressional Research Service.

This document provides data about areas impacted by Hurricane Katrina in 2005, including estimates of the population who were most affected and most likely displaced by the storm, in total and in each of the three affected states: Louisiana, Mississippi, and Alabama. It presents a social-demographic profile of the affected population, looking at characteristics such as poverty and race/ ethnicity status, homeownership, and housing status. Separate topics are also addressed for the elderly, children, and working-age adults.

Impact: Before the storm, the 700,000 people acutely affected by Katrina were more likely than Americans overall to be poor; minorities (most often African-American); less likely to be connected to the workforce; and more likely to be educationally disadvantaged (i.e., not having completed a high school education). Residents who were economically disadvantaged or became so after the storm faced more challenges re-establishing their lives.

Rose, D., Bodor, J.N., Rice, J.C., et al. (2011). [The Effects of Hurricane Katrina on Food Access Disparities in New Orleans](#). (Abstract only.) American Journal of Public Health. 101(3):482-4.

The authors examine disparities in New Orleans residents' access to food before Hurricane Katrina (2004-2005), in 2007, and in 2009. Results indicated that despite some improvements in the "food retail landscape" since 2007, access to food for those in African-American neighborhoods did not improve over time. The authors note a set of recommendations put forth by the [New Orleans Food Policy Advisory Committee](#) and provide a summary of the program's progress through the time the article was published.

II. Racial Equity and H1N1 Event Resources

Dee, D.L., Bensyl, D.M., Gindler, J., et al. (2011). [Racial and Ethnic Disparities in Hospitalizations and Deaths Associated with 2009 Pandemic Influenza A \(H1N1\) Virus Infections in the United States](#). (Abstract only). Annals of Epidemiology. (8):623-30.

The authors used various data sources to examine racial-ethnic disparities in the 2009 pandemic influenza A (H1N1) illness severity and health consequences for U.S. minority populations. The authors noted racial-ethnic disparities in H1N1-associated healthcare seeking behavior, hospitalizations, and pediatric deaths.

Knox, R. (2009). [Officials Find Swine Flu Hits Minorities Harder](#). National Public Radio (NPR).

The author of this article discusses how certain factors (e.g., lower income, higher incidence of asthma, lower rates of vaccination) contribute to the disproportionate effect of swine flu on minorities.

Impact: The author explains that many low-income parents face challenges keeping their sick children home from school—namely not being able to take off time from work to stay home with their children. She also noted that in the Boston area, African-Americans and Hispanics were twice as likely to require hospitalization for the new H1N1 virus, primarily because they were also more likely to already have asthma, which is more prevalent among African-Americans and Latinos.

Plough, A., Bristow, B., Fielding, J., et al. (2011). [Pandemics and Health Equity: Lessons Learned from the H1N1 Response in Los Angeles County](#). (Abstract only.) Journal of Public Health Management and Practice. 17(1): 20-7.

The authors examine data from an H1N1 mass vaccination clinic provided by the Los Angeles County Department of Public Health in 2009. African American residents reported the lowest vaccination rate, followed by white residents. The authors note that informal community messaging was running counter to "official" messaging that was highlighting equity in vaccination access.

Quinn, S.C., Kumar, S., Freimuth, V.S., et al. (2011). [Racial Disparities in Exposure, Susceptibility, and Access to Health Care in the US H1N1 Influenza Pandemic](#). *American Journal of Public Health*. 101(2):285-93.

The authors of this study examined racial disparities in H1N1 exposure, susceptibility to H1N1 complications, and access to healthcare during the 2009 H1N1 influenza pandemic. They noted disparities in the risks of exposure, susceptibility (particularly to severe disease), and access to healthcare.

III. General Resources

American Medical Association (n.d.). [Reducing Disparities in Health Care](#). (Accessed 8/29/2019.)

This webpage outlines the American Medical Association's work to reduce healthcare disparities, and provides resources for physicians, and other healthcare practitioners. The resources provided include: a downloadable toolkit targeted to physicians to provide education on cultural competence and literacy; research on eliminating healthcare inequalities, and related articles on healthcare disparities.

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. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

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 professionals. 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.

Impact: 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.

Andrulis, D., Siddiqui, N., and Purtle, J. (2009). [California's Emergency Preparedness Efforts for Culturally Diverse Communities: Status, Challenges and Directions for the Future](#). Drexel University school of Public Health, Center for Health Equity.

The authors of this report examine the challenges and barriers to meeting the emergency preparedness needs of culturally diverse communities. The report also highlights gaps in programs and policies, and provides promising practices and strategies to guide efforts at

the state, regional, and local levels. Although it focuses on California, the overall framework may be relevant to other states and jurisdictions.

Andrulis, D., Siddiqui, N., and Purtle, J. (2009). [Enhancing Disaster Resilience in Racially and Ethnically Diverse Communities.](#) Drexel University, Dornsife School of Public Health.

This presentation was given by the authors at the Third National Conference on Health Systems Readiness on December 2, 2009. It outlines the individual and institutional barriers that exist to enhancing disaster resilience. It also addresses the work of the National Consensus Panel on Emergency Preparedness and Cultural Diversity, which provides guidance to 34 national, state, and local organizations, in order to enhance preparedness and eliminate racial/ ethnic disparities before, during, and after emergencies.

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 developed eight principles intended to help planners integrate culturally diverse communities into emergency public health planning and preparedness efforts. **NOTE:** Users may have to click on the following direct hyperlink to open the document:
[https://minorityhealth.hhs.gov/assets/pdf/checked/National-Consensus-Statement.pdf.](https://minorityhealth.hhs.gov/assets/pdf/checked/National-Consensus-Statement.pdf)

National Association for the Advancement of Colored People. (2018). [In the Eye of the Storm: A People's Guide to Transforming Crisis & Advancing Equity in the Disaster Continuum.](#)

This toolkit includes four modules that focus on building equity into the four phases of emergency management: prevention and mitigation, preparedness and resilience building, response and relief, and recovery and redevelopment.

Tosado, R. (2016). U.S. Department of Homeland Security, Office for Civil Rights and Civil Liberties. (Contact the [ASPR TRACIE Assistance Center](#) for a copy.)

This PowerPoint presentation provides an overview of the Office for Civil Rights and Civil Liberties at the U.S. Department of Homeland Security. It also addresses the legal authorities related to civil rights.

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.

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.

IV. Websites

ASPR TRACIE. [Access and Functional Needs Topic Collection.](#)

Drexel University. [Diversity Preparedness.](#)

HealthyPeople.gov. [Preparedness.](#)

U.S. Department of Health and Human Services. [Office for Civil Rights.](#)

U.S. Department of Health and Human Services, Office of Civil Rights. [Emergency Preparedness.](#)

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