# Public Health Emergency Preparedness Cultural Needs Assessment in Hennepin County, MN

*Prepared for Hennepin County Public Health*

J U L Y  2 0 1 7

Prepared by:
Anna Bartholomay, M.P.H.
Nick Stuber, M.P.P.
Nicole MartinRogers, M.P.P., Ph.D.
Thalia Hall
Pa Nhia Yang, M.A.

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*Public Health Emergency Preparedness Cultural*
*  Needs Assessment in Hennepin County, MN*
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| | |
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# Executive summary

## About the needs assessment

In 2016, Hennepin County Public Health contracted with Wilder Research to conduct a culturally-based needs assessment related to emergency preparedness among several immigrant and refugee communities living in Hennepin County (i.e., Guinean, Liberian, Sierra Leonean, Somali, Ethiopian (including both Amharan and Oromo-speaking), Mexican, Hmong, and South Asian Indian. The project focused on emergency preparedness for emerging infectious diseases, weather-related events, and mass shootings. Hennepin County Public Health will use findings from this needs assessment to inform their emergency preparedness plans, and to better serve the diverse communities living in Hennepin County.

## Gathering data

Three data collection methods were used as a part of this assessment: a literature review, 25 key informant interviews with professionals and community members, and 15 focus groups with 165 members of the selected immigrant and refugee communities. Wilder Research contracted with community-based and culturally-specific organizations to recruit participants for the focus groups. The focus groups were conducted in the primary language of participants. Focus group participants were given a $20 gift card in appreciation of their time. Findings from each data source are synthesized throughout the main report. Recommendations are based on these findings and were developed in partnership with Hennepin County and other community partners.

## Key findings

The key findings from the interviews and focus groups are highlighted in this summary, organized as follows: preparedness and prevention (perceptions of risk and steps taken to prepare for weather emergencies, infectious disease outbreaks, and mass fatalities, such as shootings in public places); resources used for emergency preparation and response (supports relied on for help and resources needed to prepare); and perceptions of behavioral health and recovery in the context of a public health emergency (i.e., how behavioral health is understood).

## *Community perspectives, awareness of, and preparation for emergencies*

- As in U.S. communities in general, emergency preparedness is often not a priority for immigrant and refugee communities. Other, more pressing needs take precedent, such as finding employment and securing housing. In addition, many immigrants and refugees are faced with challenges associated with acculturation and establishing themselves in a new country.

- A belief in fate or destiny ("whatever will be, will be") and past experiences of trauma, either in their country of origin or the U.S., shape an individual's or community's perception of risk and severity for emergencies, as well as their understanding of if and how to prepare for emergencies.

- Many focus group participants expressed trust in the U.S. government and existing emergency response systems that are in place to take appropriate action in the event of an emergency. Participants often referenced confidence in U.S. systems in contrast to the lack of government systems and infrastructure in their country of origin.

- There are significant generational differences in immigrant and refugee community members' perceptions of emergencies. Elders often feel less at risk of experiencing an emergency and are less likely to know how to prepare. They rely on people in their family or cultural community from younger generations to help navigate information and communicate.

- When asked about the steps they or people in their community take to prepare for specific types of emergencies, almost all responses focused on actions people take at the individual level, such as getting to a safe location in the case of a tornado, receiving vaccinations and containing disease outbreaks, and taking cover during shootings in public places.

## *Resources used for emergency preparation and response*

- Information and communication about emergencies needs to be delivered in the language(s) spoken by the community. Communication materials need to be culturally-responsive, linguistically appropriate, and at a readability level appropriate for the target audience. In addition to written materials, information should also be delivered via pictures, videos, and audio messages.

- Alerts sent through text messages, phone apps, and other culturally-specific media like culturally specific and language-targeted television channels and radio stations/ programs may be effective ways to reach community members during or after an emergency or for educational messaging. Many communities have established systems for communication. Examples include the use of apps, like WhatsApp and Viber, as well as other tools like robo-calls. In some communities, messaging is sent out by community leaders or word-of-mouth.

- Education and training about the nature of potential emergencies, the level of risk that these emergencies will occur, emergency prevention, and emergency response would benefit these communities.

- Study participants frequently described their community as unaware of resources that exist and unaware of where to look for help in an emergency. Key informants indicated that it would be helpful to make resources more accessible by partnering with community organizations to share information about emergency preparedness with the communities they serve. Focus group participants identified community centers and organizations as a resource that they and other community members commonly use. These organizations are in many ways the heart of the community, where trust has been built and people can go for support, reliable resources, and information.

## *Behavioral health and resiliency*

- Community members described a general reluctance in their community to seek behavioral health services or to talk openly about mental health concerns. In many communities, someone with a mental illness may be labeled "crazy." In turn, this understanding of mental illness that is prevalent in the immigrant communities included in this study (even more so than the stigma associated with mental illness in the mainstream U.S. population) may prevent individuals from talking about emotional challenges associated with an emergency event, even with friends and family, due to fear of being stigmatized and stereotyped.

- Community and social networks (e.g., friends, family, others who share the same culture, neighbors) are seen as the primary source of support for behavioral health needs and play an essential role in the resiliency of a community. Faith-based leaders and institutions also play a critical role as a source of support for individuals with behavioral health needs. Other sources of support include cultural healers, prayer, and spiritual/ faith community.

- Because of past experiences, some immigrants and refugees suffer from post-traumatic stress disorder (PTSD) and have traumatic memories from their homeland that could be triggered by emergency situations and cause additional emotional distress and suffering.

## Recommendations

These recommendations were developed by Wilder Research in partnership with our community partner organizations and Hennepin County Public Health based on key findings from the key informant interviews, focus groups, and a review of the literature.

- **Build trusting relationships and connections with respected community organizations and leaders**. This includes attending community events and meetings, listening and responding to the needs of the community, and collaborating with the understanding that communities hold valuable knowledge, ideas about solutions, and resiliency based on cultural traditions which has been strengthened based on prior experiences.

- **Work with community organizations and leaders to deliver emergency preparedness education and training.** Various approaches include: collaborating with community organizations to develop trainings and educational opportunities; using a train-the-trainer model to have individuals in the community deliver emergency preparedness trainings in the community; and/or developing an ambassador or trusted advocate approach in which individuals from the community act as liaisons between the County and the community.

- **Hire more people from different cultural communities to work in Hennepin County Public Health and other divisions of the County.** Increasing the number of staff members representing the County's diverse population will increase Hennepin County's ability to develop culturally responsive messages and emergency preparedness plans.

- **Provide emergency preparedness information in the multiple languages spoken in Hennepin County's service area.** In addition to written messages, the County should develop audio and visual communications, and work with the community to ensure the cultural appropriateness and language accuracy of its communications. The County could also utilize existing communications strategies and networks embedded within communities.

- **Help to connect immigrant and refugee community-based organizations to funding opportunities or resources to do work related to emergency preparedness.** This would allow emergency preparedness work to flow more directly from organizations and groups that are trusted by communities and best equipped to carry out culturally-specific work.

- **Identify Hennepin County's role in providing resources for emotional support during and after an emergency.** This could include providing referrals to culturally appropriate behavioral health resources or collaborating with community organizations to organize community forums or support groups in the wake of a major emergency.

- **County representatives should be prepared to respond to community members' concerns that arise outside of the topic of emergency preparedness.** Community members often view staff from a particular department in a County agency as a representative of the entire County. Hennepin County staff can be responsive to community members' concerns by sharing referrals and information about other resources available from the County, outside of the scope of the Emergency Preparedness Unit.

- **In addition to individual emergency preparedness, the County should focus efforts upstream to develop preparedness and response plans at a community and organizational level.** This could include developing plans with a network of faith-based institutions, for example.

- **Engage in more research, informal discussion, and relationship-building** to fully understand the specific needs and gaps in emergency preparedness services and resources within specific cultural communities.

# About the study

In 2016, Hennepin County Public Health contracted with Wilder Research to conduct a culturally-based needs assessment related to emergency preparedness among several immigrant and refugee communities living in Hennepin County, with a particular focus on behavioral health and resiliency. The impetus for this project was the Ebola outbreak that occurred in West Africa and the response to and from West Africans in Hennepin County to the initial outbreak and recovery period. The project was expanded to focus on emergency preparedness for emerging infectious diseases and other disasters, such as weather-related events and mass shootings. Hennepin County Public Health will use findings from this needs assessment to inform their work to better serve the diverse communities living in Hennepin County.

Specifically, the topic areas of focus for this study are: emergency preparedness (before an emergency), behavioral health (during and after an emergency), and resiliency (recovery after an emergency) for infectious disease outbreaks and other disasters. For the purposes of this needs assessment, disaster behavioral health involves providing services or supports to address an individual's emotional and psychological needs that arise from an emergency, disaster, or traumatic event. Community resiliency is the sustained ability of a community to use available resources to respond to, withstand, adapt to, and recover from emergencies, disasters, or traumatic events.

The immigrant and refugee communities included in the study are: people from West Africa (Guinean, Liberian, and Sierra Leonean); people from East Africa (Somali and Ethiopian including both Amharan and Oromo-speaking); people from Mexico; people who are Hmong; and people who are South Asian Indian. Hennepin County chose these groups to participate in the study because they were identified as the largest immigrant and refugee populations living in Hennepin County.

Guiding research questions for this assessment include:

1. To what extent are members of these cultural communities aware of potential public health emergencies? How at risk do they feel they are for these potential emergencies?

2. To what extent are members of these cultural communities aware of preparing for potential emergencies? How do they prepare for emergencies? What strategies do they use? Where do they access information?

3. What are the behavioral health needs of members of these cultural communities during and after emergencies? Where do they seek support? Where are the gaps in support?

4. How do members of these cultural communities recover after an emergency? What strategies do they use? What assets do they draw on? Who or what in the community offers support?

Hennepin County Public Health will use the findings from this needs assessment to begin building meaningful partnerships with the participating cultural communities, focused on preparing for, responding to, and recovering from public health and human services emergencies.

# Study methods and participants

Three data collection methods were used as a part of this assessment: a literature review, key informant interviews with professionals and community members, and focus groups with members of key immigrant and refugee communities. Findings from each data source are synthesized throughout this report. Recommendations are based on these findings and were developed in partnership with Hennepin County and other community partners.

## Review of the literature

A review of 22 peer-reviewed journal articles and reports was conducted to gather information on emergency preparedness in U.S. immigrant and refugee communities. The literature review focused on the gaps in emergency preparedness services and supports for immigrant and refugee communities, community resiliency and recovery in the aftermath of an emergency, behavioral health needs that stem from an emergency, and the strategies that government departments are using to address the unique emergency preparedness needs of immigrant and refugee communities. Information from this review was used to inform the key informant interview and focus group questions. Information from the current literature is incorporated into this report to support and contextualize findings from primary data sources. See the Appendix for a complete list of articles reviewed.

## Key informant interviews with professionals and community members

Key informant interviews were conducted with community leaders, people who have specific knowledge or experience working with the immigrant and refugee communities included in this assessment, and experts in behavioral health or community resiliency. Interview participants were identified by Hennepin County Public Health staff and Wilder Research. Wilder Research also received referrals for additional interview participants from the initial respondents. In total, 25 interviews were conducted (22 over the phone and 3 in person). Interviewers asked participants questions about their communities' perceived risk and preparation for three major emergencies (weather-related events, infectious disease outbreaks, and mass shootings), behavioral health needs, and recovery and community resiliency after a major emergency or trauma. Findings from these interviews are synthesized with the other data sources in this report. See the Appendix for the key informant interview protocol.

## Focus groups with members of key immigrant and refugee communities

Fifteen focus groups were conducted with 165 members of the selected immigrant and refugee communities living in Hennepin County (Figure 1). Wilder Research contracted with the following community-based and culturally-specific organizations to recruit participants: the Center for African Immigrants Recovery from Drugs and Alcohol (CAIR), Comunidades Latinas Unidas en Servicio (CLUES), Hispanic Advocacy and Community Empowerment through Research (HACER), Ka Joog, Freedom, Inc., Sewa-Aifw (Asian Indian Family Wellness), Tserha Aryam (Holy Trinity) Ethiopian Orthodox Church Faith Community Health Program, and the Oromo Culture Institute of Minnesota (OCIM).

The focus groups were conducted in the primary language of participants, including English, Spanish, Somali, French, Amharic, Hmong, Hindi, and Nepali. Wilder Research staff or representatives from the partner organizations led the facilitation of the groups and took notes.

Focus group participants were given a $20 gift card in appreciation of their time.

### 1. Number of focus groups and participants by cultural community

| Community | Number of focus groups | Total number of participants |
|---|---|---|
| Mexican | 3 | 30 |
| Hmong | 3 | 35 |
| South Asian Indian | 2 | 26 |
| **East African** | | |
| Somali | 2 | 27 |
| Ethiopian | 1 | 14 |
| Oromo | 1 | 3 |
| **West African** | | |
| Guinean | 1 | 8 |
| Liberian | 1 | 12 |
| Sierra Leonean | 1 | 10 |
| **Total** | **15** | **165** |

Prior to each focus group, participants were invited to take a brief, anonymous survey that asked key demographic questions and captured their level of concern regarding major emergences that could occur in Hennepin County (Figure 2). This information was used to understand who participated in the groups and the extent to which they are worried about potential emergencies. See the Appendix for the focus group protocol and the post-focus group participant questionnaire.

During the focus groups, participants were asked about:

■ How they define emergencies and how their definition compares with Hennepin County Public Health's definition

■ Their preparation for and expected reaction to three major types of emergencies (weather-related events, infectious diseases, and mass shootings)

■ What mental health needs might be for people in their community during or after an emergency (including gaps in services and supports)

■ Recovery and resiliency practices or customs that occur after a major emergency or trauma

■ How Hennepin County could help their community better prepare for emergencies

Over half of the respondents identified as female (59%). Respondents tended to be younger: 68 percent indicated they were 18-44 years old, 23 percent were age 45-64, and 10 percent were 65 or older. Respondents had different levels of education: 48 percent reported having a high school diploma or less, and 52 percent had at least some college or a college degree (Figure 2).

## 2.  Demographic characteristics of focus group participants

| Gender | South Asian Indian (N=26) | East African[a] (N=37-39) | West African[b] (N=27) | Hmong (N=34-35) | Mexican (N=23) | All respondents (N=146-150)[c] |
|---|---|---|---|---|---|---|
| Female | 54% | 54% | 56% | 66% | 70% | 59% |
| Male | 46% | 46% | 44% | 34% | 30% | 41% |
| **Age** | | | | | | |
| 18-24 | 0% | 61% | 19% | 14% | 17% | 25% |
| 25-34 | 15% | 8% | 22% | 34% | 13% | 19% |
| 35-44 | 8% | 18% | 37% | 14% | 52% | 24% |
| 45-54 | 19% | 11% | 7% | 9% | 17% | 12% |
| 55-64 | 27% | 0% | 11% | 17% | 0% | 11% |
| 65-74 | 0% | 3% | 0% | 9% | 0% | 3% |
| 75 years or older | 31% | 0% | 4% | 3% | 0% | 7% |

[a] East African includes Somali, Ethiopian, and Oromo.

[b] West African includes Liberian, Guinean, and Sierra Leonean.

[c] Not all participants completed a post-focus group questionnaire

## 2. Demographic characteristics of focus group participants (continued)

| Education | South Asian Indian (N=26) | East African[a] (N=37-39) | West African[b] (N=27) | Hmong (N=34-35) | Mexican (N=23) | All respondents (N=146-150)[c] |
|---|---|---|---|---|---|---|
| Less than high school or equivalent | 12% | 38% | 4% | 41% | 17% | 25% |
| High school diploma or equivalent | 12% | 24% | 27% | 12% | 48% | 23% |
| Some college, associate degree, or equivalent | 8% | 16% | 39% | 24% | 30% | 23% |
| Bachelor's degree | 23% | 8% | 19% | 21% | 0% | 14% |
| Graduate or professional degree | 46% | 14% | 12% | 3% | 4% | 15% |

[a] East African includes Somali, Ethiopian, and Oromo.

[b] West African includes Liberian, Guinean, and Sierra Leonean.

[c] Not all participants completed a post-focus group questionnaire

## Data analysis

The key informant interview and focus group data were analyzed using an open-coding scheme, in which the interview and focus group transcripts were reviewed and themes were identified and modified throughout the analysis process. The transcripts were also reviewed and analyzed to identify key themes unique to each cultural group. Representatives from community partner organizations had the opportunity to review preliminary findings based on the key informant interviews and focus groups, and to provide feedback about whether the findings reflected their understanding of their community and their experience at the focus groups. Wilder Research incorporated feedback gathered from meetings with the community partners into the overall findings.

## Limitations

This study was not a comprehensive analysis of all immigrant and refugee communities in Hennepin County. It focused on key immigrant and refugee communities and their specific needs. In addition, caution is needed when interpreting the study findings as the key informant interviews and focus groups were conducted with a small number of people from each cultural community. Responses from study participants are not intended to represent the opinions and perspectives of all people living in Hennepin County who are part of the cultural communities of focus. The findings from this study are intended to help Hennepin County Public Health understand the unique needs and assets of individuals in these communities.

# Key findings

## Community perspectives, awareness of, and preparation for emergencies

For the purposes of this assessment an **emergency** was defined as **an unexpected event that puts one's life, property, and community in danger and may require immediate help from resources outside of one's community**. The majority of study participants (both during the focus groups and interviews) offered a similar definition.

**Emergency preparedness is not a priority** for immigrant and refugee communities. As in U.S. communities in general, there is very little individual or community-based preparation, if any, for weather-related events, infectious diseases, or mass shootings.

> *People recognize the presence of danger, but there are not many precautions taken. [Similar to] many households in America, there may be an emergency kit, but you probably would not even see that. – Oromo focus group participant*

Across the cultural communities that participated in this study, several common themes arose regarding why they did not prepare for emergencies:

- **Focus on basic needs**. Other needs take precedent, such as finding and keeping a job, feeding their families, and securing housing.

- **Challenges with acculturation**. Many immigrants and refugees, especially those who are recently arrived, are faced with challenges associated with acculturation and establishing themselves in a new country.

  > *I think 75% of the population is first-generation immigrants and, priority-wise, it's more about settling down in this country, assimilating, establishing a life for themselves, buying a house, getting their kids to good schools. … So they're not really thinking about other things. – South Asian Indian interview respondent*

- **Cultural attitudes**. Cultural attitudes (a belief in fate or destiny, "whatever will be, will be") and past experiences of trauma, either in their country of origin or the U.S., shape an individual or community's perception of risk and severity for emergencies. Additionally, many people do not believe emergencies are something one can prepare for and that if an emergency occurs what will happen to them is out of their control.

  > *I think the primary thing is culturally we are not disposed toward issues of prevention and preparedness. Most of us are engaged in day-to-day, month-to-month survival. We don't come from societies that prioritize these types of activities and philosophies. It is a new concept and it has to be introduced, and it has to be reinforced so that people can change some of the approaches that they grew up with. – Liberian interview respondent*

> *In Mexico we don't have a culture of prevention. – Mexican focus group participant*
>
> *Our Latin culture is more in tune with faith. We have faith that everything is going to be all right. Everything is going to be OK. It's going to work itself out.*
> *– Mexican focus group participant*

- **Confidence that the government would respond to a major emergency.** Many participants expressed trust in the U.S. government and existing systems in place to take appropriate action and respond quickly in the event of an emergency. Participants often referenced confidence in U.S. systems in contrast to the lack of government systems and infrastructure in their country of origin. Key informants made similar comments about the U.S. health care system and the assumption that if an infectious disease outbreak occurred, the health care system would properly address it. In part, this is because it is perceived to be a much higher quality system than the health care system in their country of origin.

  > *Many people from these communities trust in the U.S. government to take appropriate action in the event of a disaster. They expect the state or the police … to take care of it.*
  > *– South Asian Indian interview respondent*

- **Generational perspectives**. There are significant generational differences in immigrant and refugee community members' perception of what an emergency is and how it might impact them. Elders often feel less at risk of experiencing an emergency and are less likely to know how to prepare. They often rely on younger generations in their family or community to help navigate information and communicate.

  > *[The] language barrier is a major factor for elderly people. Most people are in danger without knowing and realize it only when it happens to them. – Oromo focus group participant*
  >
  > *People who are born and raised here know what to do. They know which services are already available. The information needs to be in Spanish for those who are new to the country. – Mexican focus group participant*

- **Past experiences.** Past experiences, either in their country of origin or in the U.S., influence community members' understanding of emergencies. According to key informants, some people in these communities come from a war-torn country or from a place where there were earthquakes or hurricanes, but many people are not familiar with emergency preparedness procedures and may not be aware of the types of potential weather-related disasters in Minnesota.

> *There is a big cultural or experiential impact because emergency preparedness is insignificant or is not available back home in Ethiopia. And especially at the community level I would say there is no preparation. It's barely institutionalized in Ethiopia. If a drought happens they provide and distribute water for the locals, but that is all the government does. There are less skills [around emergency preparedness] and it is less institutionalized and less understood by the community. Because of that there is a huge experiential gap here in properly participating in and implementing emergency preparedness. – Oromo interview respondent*

- **Individual-level understanding of how to prepare for and what to do in an emergency.** When asked about the steps they or people in their community take to prepare for specific types of emergencies, almost all responses focused on actions people take at the individual level rather than actions at the community or organizational level. The most common responses include:

  - Weather-related emergencies: get to a safe location (i.e., a basement, away from windows), check media sources for alerts, gather food, water, and other supplies (i.e., flashlight, matches, radio)

  - Infectious diseases: practice good hygiene, get vaccinations and immunizations, and keep the disease contained

  - Mass shootings: hide, avoid going to places where a shooting could occur (i.e., movie theaters, malls), make sure your phone is charged, identify an exit strategy, and trust in God

For specific differences in perceptions, awareness, and preparation for emergencies between the cultural communities that participated in this study, please see the Appendix.

## Resources in an emergency

### Information in native language

**When asked what resources would be most helpful to their community in an emergency, focus group participants indicated that information and communication need to be delivered in the language(s) spoken by the community.** A key barrier to preparing for, coping during, and recovering from an emergency is the lack of information and materials disseminated in a language that is understood by their community.

> *Studies suggest that current disaster preparedness and response plans by state and local public health agencies have not been developed to meet the needs of immigrants in the U.S., particularly for those who do not speak English (Nepal, Banerjee, Perry & Scott, 2012; Eisenman, Glik, Maranon, Gonzales, & Asch, 2009).*

For English Language Learners (ELLs) and for those with low literacy, it may be particularly challenging to access information needed in an emergency. This need may be greatest among first generation elders and immigrants and refugees who have recently arrived to the U.S. as they are less likely to be English-speaking.

> *I think first it is very important that materials are translated into their native language. There are many new arrivals who do not speak English. The older generation folks who may have come with the family are less likely to be involved in English as a second language. Having said that, I think that it is important to partner with educational institutions that have English as a second language classes. Much of the communication for things such as preparedness or general information about their new community is much more effective if it is communicated through the family member involved in the ESL classes.*
> *– Generalist expert interview respondent*
>
> *If you're going to pass out materials in writing in the Somali language, a lot of elders don't know how to read Somali either. So word-of-mouth is the biggest thing in our community.*
> *– Somali interview respondent*

In addition to unmet needs related to language, the literature suggests that there is a significant lack of culturally tailored information available for immigrant and refugee communities, and calls for the development and dissemination of culturally appropriate risk communication to these populations (James, Hawkins, & Rowel, 2007). There are many societal characteristics that determine how an individual perceives risk. Some of these characteristics include language barriers, cultural differences, illiteracy, geographic barriers, discrimination, exploitation of power and other characteristics that influence perceptions of risk, receptivity to risk messaging, source credibility, and opinions about risk. Societal differences that affect perceptions of risk in immigrant and refugee communities as well as effective communication methods need to be identified. Communication materials often lack cultural sensitivity, linguistic appropriateness, and are typically not at a readability level appropriate for the target audience. Hennepin County should provide communication, information, and materials regarding emergencies in multiple languages, using colloquial dialects, simple vocabulary, and pictures, and should include alternative formats such as audio messages (e.g., robo-calls).

## *Effective communication strategies*

> *Studies suggest that communication, information, and materials regarding emergencies should be provided using a variety of communications strategies (Nepal, Banerjee, Perry & Scott., 2012; Eisenman, Glik, Maranon, Gonzales, & Asch, 2009).*

**Alerts sent through text messages, phone apps, and other culturally-specific media like television channels and radio stations/programs may be effective ways to reach community members** during or after an emergency or for educational messaging. Many focus group participants and key informants suggested that phone alerts and media outlets are effective strategies for communicating information. Having information dispersed via websites was another desired method of communication, although not sufficient due to generational differences in technological literacy and limitations in Internet access.

> *In the community we [do not] have any groups of people that do this [type of] announcement. So, it is very important for the County to have some kind of contact or some kind of organization that they [can] tell or text right away for the Oromo community as well. – Oromo focus group participant*
>
> *Nowadays, information goes first to the cell phones, but only for the young generation. There are a lot of moms and dads who do not use phones and [social] media or use it to a different degree. – Oromo focus group participant*
>
> *…so even if we haven't experienced it firsthand, we hear it from people or we see it on television or hear it on the radio. So that is how I think we become aware of these risks. – South Asian Indian interview respondent*
>
> *I think the younger generation looks more to social media, but I think the older generation looks more to radio stations and TV news, specifically the ones that are in Spanish. – Mexican interview respondent*

While these methods may be the most effective communication strategies mentioned, word-of-mouth is another way information is commonly spread in these communities.

Several of these communications strategies are supported by the literature. According to Nepal, Banerjee, Perry & Scott. (2012), agencies responsible for managing emergency preparedness should consider information sources preferred by linguistically isolated populations, such as word of mouth, radio, television and communication though community settings, like places of worship, community centers, or local businesses. Additionally, while simple media-based communications such as television and radio may be sufficient to encourage immigrant and refugee households to prepare for an emergency, adoption of more complex family and community emergency preparedness plans requires more intensive, interpersonal, face-to-face education strategies (Glik, Eisenman, Zhou, Tseng, Asch, 2014).

Many communities have already established systems for communication among their community members. Examples include the use of apps, like WhatsApp and Viber, as well as other tools like a robo-call. In some communities, messaging is sent out by community leaders while in others there is no central source of information. For information about specific communication strategies used by each cultural community see the Appendix.

## Education

> *With regard to pandemic influenza preparedness and the response among immigrants and refugees, Truman et al. (2009) encourages the use of trusted community members to take the lead on educational initiatives, such as modeling and promoting optimal cough etiquette and hand washing hygiene.*

**Educational opportunities and awareness efforts regarding safety measures, risk, and severity were described as resources that would benefit the community in an emergency.** There is a lack of awareness of, and access to, information needed to respond appropriately in an emergency. Both focus group participants and key informants described how education and training about what potential emergencies are, whether they are at risk, how to prevent emergencies from happening, and how to respond when emergencies do occur would benefit their community.

> *We have the temple here. Maybe another way of communicating is educating the different temples and working with the leaders of the temples. If you have that information, in that area or city, they can make you come in to the temple and have it set up for that crisis.*
> *– South Asian Indian focus group respondent*

### Other helpful resources

Other resources that were highlighted as helpful during each type of emergency include:

- *Weather-related events:* temporary shelters (i.e., safe places outside of the home if the home is damaged or people live in apartments), list of contact information for organizations that can help with recovery, education about safety measures

- *Infectious diseases:* vaccinations and immunizations, information and awareness forums

- *Mass shootings:* increased security and police presence[1]

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[1] The desire for police presence assumes a positive relationship between law enforcement professionals and the community. Focus group participants and key informant interview respondents had suggestions for how the police can build trust and relationships within their community. Some suggestions include coming to the community to talk with people and being present in the community for reasons other than law enforcement.

## Information sources

**Study participants frequently described their community as unaware of resources that exist and unaware of where to look for help in an emergency.** In response to this lack of awareness, key informants said it would be helpful to have all the information people need accessible in one place. They also indicated that it would be helpful to make resources more visible by partnering with community organizations to share information about emergency preparedness with the communities they serve.

> *I think the first difficulty is that there is no entity that's focused on delivering that information. So the only way they get it is if they happen to be watching a television program that is dealing with that. The outreach and the channels to receive that information are not really structured for the community. – Liberian community respondent*

Where people get information about emergencies may depend on the amount of time they have lived in the U.S., their knowledge of where to access information, and their English proficiency. Many participants identified **community centers and organizations as a resource** that they and other community members commonly use. These organizations are in many ways the heart of the community, where trust has been built and people can go for support, reliable resources, and information. For detailed information about community centers and organizations trusted by each of these communities see the Appendix.

Another source of information is **culturally or language-specific television channels or radio stations.** These were described by study participants as key sources of information for their specific communities and resources their community members would turn to gather information regarding emergencies.

## Behavioral health and resiliency

### Community perspectives of behavioral health

**Community members described a general reluctance in their community to seek behavioral health services or to talk openly about mental health concerns.** Many mental health providers are not culturally responsive and not perceived to effectively address barriers to treatment caused by stigma. In many communities, someone with a mental health diagnosis may be labeled as "crazy." Focus group participants talked about how the label of "crazy" can stick with an individual for their lifetime and lead to social isolation and distancing from their community.

This cultural understanding of mental illness prevents individuals from seeking care and may prevent them from talking about emotional challenges associated with an emergency event, even with friends and family, due to fear of being stigmatized and stereotyped.

> *The stigma of behavioral health is still large. [People] don't seek out help because they don't want to be seen as crazy or mentally ill. Most people are not encouraged to express their hurt and emotions. This area really needs further assessment that we are not paying attention to at all. Mental health is not prioritized in our culture. People just suck it up. I am a mental health professional. There are no mental health services targeted at our community. We don't use mental health services. – Liberian community respondent*
>
> *I think it is more of a resource thing, but also it is culturally embarrassing if someone is dealing with mental health [issues]. There are people in the community that have mental health issues and are not seeking help …But, on our own, I don't see how active we are in [using] resources and [considering] the cultural framework around this.*
> *– Sierra Leonean community respondent*
>
> *Among Mexican communities, it is not normal to go to the psychiatrist. We think we are going to be labeled as a crazy person. As Latinos, we have our pride.*
> *– Mexican focus group participant*

### Sources of emotional support

> *Community resiliency is defined as the sustained ability of a community to use available resources to respond to, withstand, adapt to, and recover from emergencies, disasters, or traumatic events. Key components identified in the literature that support community resiliency before, during, and after an adverse event include collective identity, prior experience with the adverse event, and social support networks (Plough et al., 2013).*

**Community and social networks (e.g., friends, family, others who share the same culture, neighbors) are seen as the primary source of support for behavioral health needs and play an essential role in the resiliency of a community.** The literature strongly advocates for building community resilience over time through sustained connections, outside of preparation for an emergency, between individuals, organizations, and formal government agencies. "The themes of improved connectedness through engagement, partnership, collaboration, and trust building provide the fundamental building blocks for improving social support structures, promoting social cohesiveness, and improving shared understanding of protective actions that improve community well-being, whether in their regular routines or in an emergency situation" (Plough et al., 2013, p. 1191).

> *We are a communal people. We are always in groups. In time of crisis, being part of that group or community is a big source of resilience for us. It's a big resource for us. Our culture is not independent-minded. We grew up depending on each other one way or another. So in crisis, we deal with it as a group or like a big family. That has been helpful. We face everything as a community and not as individuals. – Liberian interview respondent*

> *The extended social support structure which people have built in this country comes in very handy. It is very strong in the Indian community. – South Asian Indian interview respondent*

**Faith-based leaders and institutions** also play a critical role as a source of support for individuals with behavioral health needs. Other sources of support include cultural healers, prayer, and spiritual community.

> *Our communities are very prayerful. They go to church. We have extended family systems so when there is an emergency, we call them. We are not individualistic families; we are more collective in nature. So church and prayer and extended family are the things that really help. – Sierra Leonean interview respondent*

> *There is no formal or professional set-up in the community to address emotional or psychiatric needs. It's informal. They will rely on their friends to cheer them up, their extended relationships and pastors, as we are deeply religious people. – Liberian interview respondent*

> *The social organizations, temples, and mosques can also play a big role in terms of not only communicating messages, but can also play a role in terms of emergencies. Let's say people need to be moved to a shelter. The temple could be used as a place for people to go to. Anybody can go. You don't have to be Hindu to come to the temple. Anybody can go, but even getting them involved in those types of things and creating that type of support structure would be good for Hennepin County because there's always limited resources. – South Asian Indian interview respondent*

### A history of traumatic experiences

Because of past experiences, some immigrants and refugees suffer from **post-traumatic stress disorder (PTSD)** and have traumatic memories from their homeland that could be triggered by emergency situations and cause additional emotional distress and suffering.

> *A lot of people have some kind of trauma, maybe related to being forced from their country, victims of war, maybe a political situation in their country when they were there, a lot of them were refugees and so that trauma is there. I think coping and then how much of that trauma has an impact on today's life…. I'm sure they're probably experiencing some kind of post-traumatic stress, but I don't think that people realize that there's that mental health impact. – Ethiopian interview respondent*

> *In some cultures there are perceptions of weakness that they won't admit. Very often an emerging disaster or something that is happening, the immediacy of what is happening, now triggers memories or experiences that happened in their previous lives in another country. It could be a kind of post-traumatic stress resurgence if you will, or their perception of who was involved in that incident and who is involved in the current incident can really trigger fear, uncertainty, the unknown. – Generalist expert interview respondent*

> *I know that when the tornado came through [North Minneapolis] a lot of folks were traumatized and they felt helpless. I know that some of the folks that I worked with that were directly impacted who lost homes and garages and cars, it was pretty traumatic. It was very emotional for them and I know that some of them kind of reminded them of that feeling of leaving Laos. These are elders. I think there's still that historical trauma that they have not gotten over. – Hmong interview respondent*

## Suggestions for Hennepin County Public Health from community participants

Focus group participants and key informants had many suggestions for how Hennepin County Public Health might work with their community on emergency preparedness moving forward. Their suggestions are summarized below. For specific details about community-based organizations that serve these communities and which Hennepin County might consider working with in the future, see the Appendix.

- **Continue to develop community partnerships and foster relationships with community leaders and organizations that serve specific cultural communities.** People working in and for their community have valuable knowledge and insight. Community members have assets and abilities that can benefit Hennepin County in their work, just as Hennepin County has resources that can benefit individuals, organizations, and communities. The first step in nurturing community partnerships is to **build trust**. Trust was identified by key informants and focus group participants as a necessary component to achieving a mutually beneficial relationship. Building trust will also encourage buy-in and engagement from community members in planning and education efforts with Hennepin County.

  *If you listen to the community, if something is happening and there is already a channel, then we can prevent [disasters], but if we wait for something to happen and then police come into the community, that's a problem. – Oromo focus group participant*

  *With any project, if you start and don't follow-up it's not going to work. It's not about only money, it's about human beings, relationships, trust, and having dreams. If you don't have that, we don't go anywhere. I want to thank you. We are proud to have you [working on this project] and are ready to work with you and Hennepin County in any way you can help to bring more education to the community to avoid those risks. – Guinean interview respondents*

  *They just do the work the way they want and the County never finds the solution because they never get the right people they were looking for… Trust has to be built with the County - between the County and leaders in the community. – Guinean interview respondent*

  *You are welcome in our community. Anytime we have an activity we can call you and you can bring the County and they can learn about our culture, how we are organized and how we feel. That will bring more relationships, connections, and improvement between the leaders and the community. – Guinean interview respondent*

  *The importance of working with trusted community-based organizations to improve community emergency preparedness and to foster community resilience is increasingly recognized in the literature. This is a departure from the traditional strategy of focusing solely on individual household preparedness (Glik, Eisenman, Zhou, Tseng, & Asch, 2014). Hennepin County Public Health should consider working with trusted community leaders from these cultural communities in their own work.*

- **Provide training and education to help communities prepare for and respond to emergencies and support their community when a disaster occurs**. Key informants and focus group participants want their communities to be knowledgeable about emergency preparation and response. They suggested that Hennepin County bring information to the community through trainings and other educational opportunities. Participants suggested that the County work with identified community organizations to develop culturally-responsive training materials, provide translation and cultural reviews and, in some cases, deliver the training in partnership with an organization that serves the community.

- **Consider a train-the-trainer model where individuals who are a part of the community deliver trainings, education, and information about emergency preparedness to their communities after being trained by Hennepin County.** Study participants shared that they are more likely to **trust individuals from their community** than people outside of it. Additionally, there are many health professionals from some of these communities that people would like to see trained in emergency preparedness.

  > *I think a key thing is that there's definitely a lack of trust and communication and faith. Is there a way the County can maybe have a group of individuals they know are trustworthy individuals, and people can go to those people from the community, and they're our ambassadors for the community? There's that unspoken trust factor.*
  > *– South Asian Indian focus group participant*
  >
  > *[There is] an automatic trust that is built [in temple], you turn to your community first. –*
  > *South Asian Indian focus group participant*
  >
  > *Usually when you have these things you go through cohorts of 20 or 30. You also identify community leaders or heads, social groups, and churches within the community. You try to tackle the problem through various social group heads – they can disseminate the information to their cohort and have a working session where they would exchange that information and it will go across better. – Liberian focus group participant*

- **Hire individuals from these communities or connect current County employees already working in these communities to efforts in the emergency preparedness unit.** Key informants and focus group participants expressed the importance of having someone who works at the County that looks similar to them, has a similar cultural background, and speaks their language. These similarities can help facilitate trust and communication between the County and community members.

  > *They might not be comfortable talking to a white person or they can't even speak English, but if they know it's a Hmong person answering, they trust that person. [They] have trust and are comfortable with members of their own community. – Hmong focus group participant*

> *If they want to help us, they must hire someone like us. We will listen to someone who is like us and must have credibility where they have been trained. We want someone who represents our community. Have a person who can speak Hmong.*
> *– Hmong focus group participant*

- **Utilize existing communication systems and networks in these communities to deliver information in an effective way.** Communities use a variety of strategies to communicate and share information. Some of these strategies include the use of apps, like WhatsApp or Viber, and robo-calls. The County should learn about the different preferred methods for each community. They could work with community organizations and leaders to tap into these networks of communication to deliver emergency preparedness information. Harnessing multiple communication methods to convey emergency information will help reach community members of varying ages and levels of fluency and literacy.

- **Help connect organizations to resources and partnerships that will allow them to receive and provide emergency preparedness training in their communities.** Many community organizations do not have extra resources or staffing to do work outside of providing their regular services. In order to have a successful partnership with community organizations, resources will need to be obtained so that they can add emergency preparedness efforts to their workload.

- **Send persistent and consistent messages to communities about emergency preparedness.** Because of many factors, such as acculturation, language barriers, and cultural practices and beliefs, it may take several iterations and variations of key emergency preparedness messaging for the impact and retention of the message to be maximized in communities.

  > *For our experiences, the more you are exposed to something, the more you go towards something, the more common it becomes to you. So it's persistency and consistency. Persistently tell someone that this thing is dangerous [and then] they will take you seriously. If you consistently tell the person, they will take you seriously. The frequency at which you give the person the information [also matters]. – Liberian focus group participant*

- **Clearly communicate Hennepin County's capacity and willingness to work with the community.** The County can communicate clearly by being explicit and transparent about their scope of work and their intended outcomes, as well as the role of community partners in the work. The County should clearly communicate plans for seeking community input, as well as sharing back synthesized information after collecting it, describing what the County's follow up will be, and how the County intends to collaborate with community members and leaders.

# Recommendations

These recommendations were developed by Wilder Research in partnership with our community partner organizations and Hennepin County Public Health and are based on key findings from key informant interviews, focus groups, and a review of the literature.

> *Respondents across cultural communities identified trust building as a major theme, and felt that building trust was the first step in a larger effort to prepare communities for potential emergencies.*

■ **Build trusting relationships and connections with respected community organizations and leaders.** Ways to collaborate with communities include attending community events and meetings and listening and responding to the needs of the community with the understanding that communities hold valuable knowledge.

■ **Work with community organizations and leaders to deliver emergency preparedness education and training.** There are several approaches the County could take; the appropriate approach may depend on the preferences of the cultural community. Approaches to consider include:

  – collaborating with community organizations and leaders to develop trainings and educational opportunities for their community that are delivered by County staff;

  – using a train-the-trainer model to have individuals in the community to deliver emergency preparedness trainings in the community's preferred language(s); and/or,

  – developing an ambassador or trusted advocate approach modeled after work done by Twin Cities Public Television/ECHO, where individuals from the community act as liaisons between the County and the community. These individuals play a key role in presenting educational resources and ensuring that all materials and outreach are tailored to fit the unique needs of diverse cultural audiences.

The latter approach may be similar to a community health worker position. This role has been successful in other areas of Hennepin County Public Health, specifically with immunizations and vaccinations efforts. In addition to education and training, Hennepin County Public Health Emergency Preparedness may consider working with community organizations to develop emergency preparedness plans that can be implemented in the event of an emergency.

- **Hire more people from different cultural communities to work in Hennepin County Public Health and other divisions of the County.** The results of this study indicate that increasing the number of staff members representing the county's diverse population will increase Hennepin County's ability to develop culturally responsive messages and emergency preparedness outreach plans to meet the needs and build on the strengths of these communities.

- **Provide emergency preparedness information in the multiple languages spoken in Hennepin County's service area.** While findings from the literature suggest information in the languages spoken in immigrant and refugee communities could be expanded, it is also recognized that there are many challenges to providing these written materials.

  Some of these challenges include the fact that there are many languages spoken that are not written (or for which many of the speakers are not literate in that language) and dialects that are spoken by a subset of the community. Therefore, in addition to written methods of communication that should be available in multiple languages, the County should also develop audio and visual communication strategies in order to reach as many individuals as possible. One community partner suggested developing universal icons that can be used to communicate certain emergencies. Communication strategies and materials need to be developed in collaboration with the community to ensure their cultural appropriateness and language accuracy.

- In addition to making this information available and accessible, the County might consider **targeted outreach to elders and newer immigrants and refugees** via community-based organizations, English language course providers, and refugee resettlement organizations, as these segments of the population face greater barriers to accessing information.

- **Utilize existing communications strategies and networks.** Different communities use different methods to communicate with one another. Understanding what methods are most commonly used by different segments of each community—and working with community members to incorporate these methods and tools when developing strategies for relaying emergency preparedness information—may lead to more effective communication. For specific information regarding communications strategies used by each community see the Appendix.

- **Help to connect immigrant and refugee community-based organizations to funding opportunities or resources to do work related to emergency preparedness in their communities.** As noted by community organizations participating in this assessment, many communities may have a negative history with research and the implementation of programs and initiatives in their community. Common negative experiences include involvement in research or programming that is irrelevant to the community or is short-term, a lack of reporting back of research findings and next steps, insensitivity or unresponsiveness to community concerns or issues, and minimal or nonexistent benefits to the community from the work.[2] Funding or resources that are dedicated to efforts in immigrant and refugee communities would be beneficial to developing sustained commitment to this work among community organizations. It would also allow emergency preparedness work to flow more directly from organizations and groups that are trusted by communities best equipped to carry out culturally-specific work.

- **Identify Hennepin County's role in providing resources for emotional support during and after an emergency.** Suggestions for what the County's role is might include providing referrals to culturally appropriate behavioral health resources in each community and collaborating with community organizations to organize and facilitate community forums or support groups in the wake of a major emergency. For specific behavioral health resources identified by key informants and focus group participants, see the Appendix.

- **When working with communities on the topic of emergency preparedness, the County representatives should be ready and able to respond to community members' issues or concerns that arise outside of the topic of emergency preparedness.** Community members often view staff from a particular department in a County level agency as a representative of the entire County. Therefore, it is helpful for County staff to be knowledgeable about what other County resources are available. County staff can be responsive by sharing referrals and information about other resources available from the County, outside of the scope of the Emergency Preparedness Unit.

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[2]    Zuberi, T., & Bonilla-Silva, E. (Eds.). (2008). White logic, white methods: Racism and methodology. Rowman & Littlefield Publishers.

- **In addition to expanding emergency preparedness efforts for individuals, the County should focus efforts upstream to develop emergency preparedness and response at a community and organizational level.** While interventions at the individual level are important, community and organizational level efforts, like developing community response plans with a network of faith-based institutions, also play an important role. Many of the communities of focus come from communal cultures. The County may find preparedness strategies at the community and organizational level to be more effective with the communities included in this assessment.

- **Finally, more research, informal discussion and relationship-building is needed** to fully understand the specific needs and gaps in emergency preparedness services and resources within specific cultural communities. Further research will also provide a better understanding of the impact or effectiveness of various strategies that might be used to address these needs.

# Appendix

# Emergency Preparedness in Hennepin County

## *Findings from the East African communities*

### Study purpose and methods

In 2016, Hennepin County Public Health contracted with Wilder Research to conduct a culturally based needs assessment to identify the unique needs of several cultural communities in Hennepin County related to emergency preparedness. This involved the exploration of how communities prepare before, respond during, and recover after an emergency. The cultural communities included in this study are: Ethiopian, Guinean, Hmong, Liberian, Mexican, Oromo, Sierra Leonean, Somali, and South Asian Indian. This report summarizes the key findings from the Ethiopian, Oromo, and Somali participants. This summary is a companion to the comprehensive final report that presents findings across all cultural communities included in the study.

In 2013-14, Hennepin County conducted a risk assessment and prioritized three major types of emergencies that could impact people who live in Hennepin County. These include weather-related events such as tornados and damaging storms; infectious disease outbreaks such as a pandemic flu, measles, or Ebola; and mass fatality events such as shootings in public spaces. Such events could harm many people, and Hennepin County wants to create a culturally-appropriate emergency response plan to respond if any of these events would occur. The purpose of this assessment is to provide Hennepin County Public Health with information that will improve its emergency preparedness services for immigrants and refugees who live in the county.

Wilder Research gathered preparedness information from immigrant and refugee communities for these three specific types of emergency events. Hennepin County will use information from this needs assessment to enhance their response plan. This assessment is based on information collected through the following methods:

- A literature review of 22 articles that focus on the topic of emergency preparedness and community resilience in immigrant and refugee communities in the U.S.

- 25 in-depth interviews with community leaders and people who have specific knowledge and experience working with people from the cultural communities included in the study.

- 15 focus group discussions with members from the selected cultural communities.

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## Participation from the East African communities

Hennepin County Public Health invited the Ethiopian, Oromo, and Somali communities to take part in this study because they collectively are one of the largest immigrant and refugee communities living in the county.

Wilder Research completed five interviews with professionals who have years of experience working in the East African community. Wilder also partnered with Ka Joog, the Oromo Culture Institute of Minnesota, and Tserha Aryam (Holy Trinity) Ethiopian Orthodox Church Faith Community Health Program to host, facilitate or co-facilitate, and recruit for four focus groups. Each group was conducted separately by country of origin or ethnicity. In total, there were 26 Somali participants, 14 Ethiopian participants, and 4 Oromo participants.

The groups were conducted in Somali, English, and Amharic. Only one discussion was audio recorded to support the note taker. Each participant received a $20 incentive in appreciation of their time.

Prior to each focus group, participants were invited to take a brief, anonymous survey that asked key demographic questions and captured their level of concern regarding major emergencies. Fifty-four percent of survey respondents identified as female. Sixty-one percent of respondents indicated they are age 18-24 and 8 percent are 25-34. Eighteen percent reported being 35-44 and 11 percent are 45-54. Three percent indicated they are 65-75. No respondents reported being 55-64 or 75 or older. Sixty-two percent reported having a high school diploma or less and 38 percent have at least some college.

In terms of their concerns about major emergencies, 55 percent of respondents were very worried about shootings in public places. Fewer were very worried about weather-related emergencies (43%) and infectious diseases outbreaks (31%).

**Concern for major emergencies among focus group participants (N=38-39)**
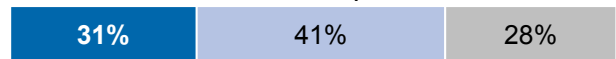
**How worried are you about...**

shootings in public places

| 55% | 34% | 11% |
|---|---|---|

weather-related emergencies

| 43% | 40% | 17% |
|---|---|---|

infectious diseases and epidemics

| 31% | 41% | 28% |
|---|---|---|

**Very**  **Somewhat**  **Not at all**

## Key findings

The key findings from the interviews and focus groups are highlighted throughout this summary based on the following topics:

- Preparedness and prevention (perceptions of risk and steps taken to prepare for weather emergencies, infectious disease outbreaks, and mass fatalities, such as shootings in public places)

- Resources used for emergency preparation and response (supports relied on for help and resources needed to prepare)

- Perceptions of behavioral health and recovery in the context of a public health emergency *(how behavioral health is understood)*

## *Preparedness and prevention*

Interview and focus group participants revealed that despite their awareness of weather events, preparing for emergencies is not a big priority. Some respondents added that people in their community do not necessarily worry about things that might occur in the future since they have no control over them. Others mentioned not preparing at all because they had not experienced tornadoes or damaging storms since they have been in Minnesota.

*It's like a belief that if it's meant to happen, it will happen. We will deal with it when it happens. -Interview respondent*

*I haven't seen this type of weather since I came to the U.S. There is God. We have to pray, since this isn't something we can expect to come and prepare for. -Focus group participant*

Focus group and interview participants shared that the most common steps taken to prepare for **weather-related emergencies** were:

- Taking precautions by going into basements or staying away from windows

- Leaving things to God, having faith that things will work out in an emergency

The most common preventive measures taken against **infectious diseases** are:

- Keeping up to date with vaccinations

- Trying to avoid spreading or catching a disease by staying home, avoiding others or food products that may carry diseases, and practicing good hygiene by washing hands

Other focus group participants expressed that there is little preparation in their community for infectious diseases simply because some do not go to the doctor for regular check-ups, while others have reservations about the efficacy or safety of certain vaccinations like the MMR vaccine for measles, mumps, and rubella. In 2017, there was a measles outbreak in Minnesota due to people being unvaccinated. Reasons for not being vaccinated vary.

*I think that getting shots is an important issue we have. We don't get annual check-ups. We don't take the actions necessary. -Focus group participant*

*People have great fear of vaccines. They feel like it will harm them rather than help them. -Focus group participant*

Regarding **mass fatalities like public shootings**, the most common remarks of focus group participants were to flee, they had never thought about preparing, and that it is not possible to prepare.

*If the question is, what would you do if a mass shooting occurs, it would make more sense. Since this happens suddenly, it is hard to plan accordingly. -Focus group participant*

## *Resources used for emergency preparation and response*

Interview and focus group participants identified supports communities typically rely on for help during emergencies. Common responses were:

- Friends, family, and neighbors

- Community organizations

- Mosques or churches

- 911 or the police

To learn what resources could be helpful to these communities for emergency preparation or recovery, barriers to accessing resources and

services were explored. Interview and focus group participants emphasized that the primary gap is community members not being aware of resources or information and not knowing how to access them. Additional barriers mentioned were: not being able to access information in their language and not thoroughly understanding what little they had learned due to inadequate education about what to do in emergencies.

Participants suggested the best ways for Hennepin County Public Health to communicate with the broader East African community about public health emergencies include:

- Mosques and churches
- Community organizations
- Somali and Oromo community television
- KFAI radio
- Facebook and other social media
- Phone alerts – Viber, What's App

**Perceptions of behavioral health**

Interview and focus group participants were asked how behavioral health is viewed or understood by members of their communities, especially in the context of recovering from a public health emergency. Many participants said that mental illness in their community is misunderstood as craziness. It is considered a stigma and not something to be discussed. Participants commonly said there are no specific organizations within their communities they go to for behavioral health care or support.

> *Back home, because we didn't have a name for certain things, we put them all in one category and that's where the stigma comes from. -Interview respondent*

The most common remarks focus group participants offered about what is done to support people in their community after traumatic events which may cause stress, feelings of sadness, or anxiety were:

- Reliance on church and mosques, prayer, religious scripture, counseling, and cultural healing practices
- Reliance on family and friends
- Financial assistance for disaster relief

## *Other community concerns*

The three types of priority emergencies Hennepin County Public Health identified may not reflect the experience of a particular cultural community. In these East African communities, other critical issues arose. It is important that Hennepin County is aware of the present challenges these communities face, as well as the most likely public health emergencies overall, when working with these communities on emergency preparedness.

Specific concerns this community identified include:

- Stigma and fear associated with being Muslim in today's political and social environment
- Concern, misinformation, and fear over recent shootings and other violent events in some of these communities based on:
  - Events happening within the community
  - Highly visible and publicized shootings around the country and world involving the Muslim community
  - Police shootings of black men

## Recommendations

**Identify organizations that can partner to deliver emergency preparedness training or help develop emergency plans and materials,** including videos and print materials, which are linguistically and culturally appropriate and resonate with members of the East African community. Based on focus groups and interviews, some of these organizations could include:

- African Development Center
- Brian Coyle Community Center
- Confederation of Somali Community of Minnesota
- Ethiopian Community in Minnesota
- Faith Community Health Program - Tserha Aryam Kidist Selassie Ethiopian Orthodox Church
- Ka Joog
- Oromo Community of Minnesota
- Oromo Cultural Institute of Minnesota
- Oromo Media Network
- Oromo Young Generation
- Somali American Parent Association

**Identify cultural brokers who could act as conduits between Hennepin County and the broader East African community** regarding emergency preparedness. These brokers could help design culturally responsive services, identify additional partner organizations, and engage community members in emergency preparedness efforts.

**Provide emergency preparedness training to individuals who can teach emergency preparedness in their languages.** In addition, have written information about emergency preparedness available in the native languages of the East African communities, offer phone translation services, and use pictures and graphics to convey the key points regarding emergency preparedness for people who are not literate.

**Understand and address how different generations access information.** Consider using multiple approaches and strategies such as media, social media, community radio and television, mosques, and churches to attain the biggest reach across this community when conveying emergency alerts, information, and education.

**Help connect community-based organizations** that serve East African communities to funding opportunities, technical assistance, and other resources to develop their prevention, emergency preparedness, and recovery efforts.

# Emergency Preparedness in Hennepin County

*Findings from the West African communities*

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## Participation from the West African communities

Hennepin County Public Health invited the Guinean, Liberian, and Sierra Leonean communities to take part in this study because they collectively are one of the largest immigrant and refugee communities living in Hennepin County.

Wilder Research completed five interviews with professionals who have experience working in the West African community. Wilder also partnered with the Center for African Immigrants Recovery from Drugs and Alcohol (CAIR) to facilitate or co-facilitate, and recruit participants for three focus groups. Each group was conducted separately by country of origin with: 12 Liberian participants, 10 Sierra Leonean participants, and 8 Guinean participants.

The groups were conducted in English (Liberian), Krio and English (Sierra Leonean), and French (Guinean). The discussions were audio recorded to support the note taker, and each participant received a $20 incentive in appreciation of their time.

Prior to each focus group, participants were invited to take a brief, anonymous survey that asked key demographic questions and captured their level of concern regarding major emergencies. Fifty-six percent of survey respondents identified as female Nineteen percent of respondents indicated they are age 18-24 and 22 percent are 25-34. Thirty-seven percent reported being 35-44 and 7 percent are 45-54. Eleven percent indicated they are 55-64 and 4 percent are 75 or older. No respondents reported being 65-74. Thirty-one percent reported having a high school diploma or less and 70 percent have at least some college.

In terms of their concerns about major emergencies, 85 percent of respondents were very worried about shootings in public places. Fewer were very worried about weather-related emergencies (48%) and infectious diseases outbreaks (46%).

**Concern for major emergencies among focus group participants (N=26-27)**

**How worried are you about...**

shootings in public places

| 85% | 11% | 4% |
| --- | --- | --- |

weather-related emergencies

| 48% | 44% | 7% |
| --- | --- | --- |

infectious diseases and epidemics

| 46% | 35% | 19% |
| --- | --- | --- |

**Very**     **Somewhat**     **Not at all**

## Key findings

The key findings from interviews and focus groups are highlighted throughout this summary based on the following categories:

- Preparedness and prevention *(perceptions of risk and steps taken to prepare for weather-emergencies, infectious disease outbreaks, and mass fatalities, such as shootings in public places)*

- Resources used for emergency preparation and response *(supports relied on for help and resources needed to prepare)*

- Perceptions of behavioral health and recovery in the context of a public health emergency *(how behavioral health is understood)*

### Preparedness and prevention

Interview participants mentioned that although West African community members may be aware of the risk of certain public health emergencies, they are from cultures or countries where matters of preparedness and prevention are new concepts.

> *We don't put a lot of effort into planning to prevent things from happening; we put more into reacting.*
> *–Key informant interview participant*

Focus group participants shared that the most common steps taken among members of their cultural communities to prepare for **weather-related emergencies** were:

- Having basic things available in their homes such as flashlights, candles, lanterns, canned food, or water

- Having emergency kits in their cars with shovels, jumper cables, blankets, and money

The most common preventive measures taken against **infectious diseases** were:

- Relying on community leadership to provide information about diseases

- Getting vaccinations

- Practicing good hygiene by frequently washing hands

Regarding **mass fatalities like public shootings**, focus group participants believe that it is not possible to prepare. They expressed having no control over these situations and some feel their community would benefit from safety measure awareness. For those who offered responses about how they and others in their community prepare for such an event, the most common responses were:

- Avoiding people or certain places they consider risky

- Taking cover or calling 911

- Taking security measures such as using alarms, having bullet proof windows, and having weapons to protect themselves and their families

### Resources used for emergency preparation and response

Interview and focus group participants identified supports that members of their cultural communities typically rely on for help during emergencies. Common responses were:

- Community-based organizations that use broadcast text and voice messaging

- 911 or the police

- Hennepin County, for information and resources

- Media, including social media, by way of internet and smartphones

- Mainstream radio and television (popular ways to receive information in general, but also during emergencies)

- Relying on emotional or financial support from the community, especially people they know from their region in their home country

> *We feel more connected to people in our community and can get more feedback about what steps to take. Any loss that you experience here or back home, the community comes and gives contributions and sympathizes with you.*
> *-Focus group participant*

To learn what resources could be helpful to address the community's public health emergency preparation or recovery needs, participants also discussed barriers to access resources and

services. Interview and focus group participants emphasized that the primary gap is not knowing what resources or information are available, or how to access them.

> *Hopefully, as most of these health systems and the county are paying a little more attention, we will have some awareness, and know what resources are available when we go through this type of crisis so we can use the crisis centers and other resources that are already available, and provided by the county. Overall, we don't know what is available.*
> *-Focus group participant*

## *Perceptions of behavioral health*

Interview and focus group participants were asked how behavioral health is viewed or understood by members of their communities. The majority of interview respondents and focus group participants expressed that this area is not well understood. Traditional beliefs among many members of these cultural communities include attributing mental illness to a personality fault, not having control of oneself mentally, or being crazy. Mental illness is perceived as a weakness and it carries a lot of stigma. All participants noted that there are no formal mental health services from within their own communities to serve them. Additionally, they all expressed that people are reluctant to seek out behavioral health services due to stigma.

> *You have to educate people. If an African says someone has a mental issue or if you say they have a mental issue, it means that person is crazy.*
> *-Focus group participant*
>
> *It is embarrassing if someone is dealing with mental health issues.*
> *-Focus group participant*

According to all interview and focus group participants, community members rely on family, friends, churches, mosques, and other community-based organizations for support during emergencies.

> *We are a communal people. We are always in groups. In time of crisis, being part of that group or community is a big source of resilience for us.*
> *–Key informant interview participant*
>
> *Our communities are very prayerful. We have an extended family system. When there is an emergency, we call them. We are not individualistic families; we are more collective in nature.*
> *–Key informant interview participant*

## *Other community concerns*

The three types of priority emergencies Hennepin County Public Health identified may not reflect the priorities of a particular cultural community. In the West African community, immigration arose as another key concern. Given the current deportation directive, this is an urgent concern for members of these communities who have some type of temporary immigration status. It is important that Hennepin County is aware of the present challenge this community faces, as well as the most likely public health emergencies overall, when working with this community on emergency preparedness.

## Recommendations

**Collaborate with community organizations to deliver emergency preparedness training or help develop emergency plans and materials,** including videos and print materials, cell phone apps, and voice and text messaging, that are linguistically, culturally, and generationally appropriate for members of the West African community. Based on focus groups and interviews, some of these organizations could include:

- Center for African Immigrants in Recovery (CAIR)
- African Immigrant Services (AIS)
- Guinean Association in Minnesota
- Minnesota Mandingo Association (MMA)
- Organization of Liberians in Minnesota (OLM)
- Sarpo Association MN Chapter
- Sierra Leone Community in Minnesota
- The West African Collaborative
- Churches
- Mosques

**Identify cultural brokers who could act as conduits between Hennepin County and the broader West African community** regarding emergency preparedness. These brokers could help design culturally responsive services, identify additional partner organizations and professionals, and engage community members in emergency preparedness efforts.

**Provide emergency preparedness training to teachers, interpreters, and other professionals** who work at schools and nonprofits that serve the West African community, and are trusted advocates who community members would consult in case of a major emergency.

**Provide emergency preparedness training to** West African health professionals who are trusted members of the community and can get emergency information to the community by way of a "train-the-trainer" model.

# Emergency Preparedness in Hennepin County

## *Findings from the Hmong community*

### Study purpose and methods

In 2016, Hennepin County Public Health contracted with Wilder Research to conduct a culturally based needs assessment to identify the unique needs of several cultural communities in Hennepin County related to emergency preparedness. This involved the exploration of how communities prepare before, respond during, and recover after an emergency. The cultural communities included in this study are: Ethiopian, Guinean, Hmong, Liberian, Mexican, Oromo, Sierra Leonean, Somali, and South Asian Indian. This report summarizes the key findings from the Hmong participants. This summary is a companion to the comprehensive final report that presents findings across all cultural communities included in the study.

In 2013-14, Hennepin County conducted a risk assessment and prioritized three major types of emergencies that could impact people who live in Hennepin County. These include weather-related events such as tornados and damaging storms; infectious disease outbreaks such as a pandemic flu, measles, or Ebola; and mass fatality events such as shootings in public spaces. Such events could harm many people, and Hennepin County wants to create a culturally-informed emergency response plan to respond if any of these events would occur. The purpose of this assessment is to provide Hennepin County Public Health with information that will improve its emergency preparedness services for immigrants and refugees who live in the county.

Wilder Research gathered preparedness information from immigrant and refugee communities about these three specific types of emergency events. Hennepin County will use information from this needs assessment as they enhance their response plan. This assessment is based on information collected through the following methods:

- A literature review of 22 articles that focus on the topic of emergency preparedness and community resilience in immigrant and refugee communities in the U.S.

- 25 in-depth interviews with community leaders and people who have specific knowledge and experience working with people from the cultural communities included in the study.

- 15 focus group discussions with members from the selected cultural communities.

**MAY 2017**

## Wilder Research

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## Participation from the Hmong community

Hennepin County Public Health invited the Hmong community to take part in this study because it is one of the largest immigrant communities in the county. Wilder Research completed three interviews with Hmong professionals who have years of experience working in this community. Wilder also facilitated three focus groups with a total of 35 participants recruited through Freedom Inc., a local Hmong community-based organization partner.

Since Hmong families live in three-generation households, the focus groups were arranged to have two different generations represented. The first focus group was a mixed generation group with both Hmong and English speaking participants. The second focus group consisted of second-generation English speaking participants only. In the third group, the participants were mostly first generation and Hmong speaking. The discussions were audio recorded to support the note taker, and each participant received a $20 incentive in appreciation of their time.
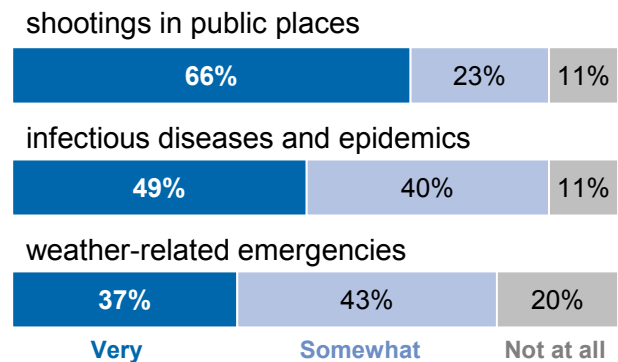
Prior to each focus group, participants were invited to take a brief, anonymous survey that asked key demographic questions and captured their level of concern regarding major emergencies. Seventy percent of survey respondents identified as female. Fourteen percent of respondents indicated they are age 18-24 and 34 percent are 25-34. Fourteen percent reported being 35-44, 9 percent are 45-54, and 17 percent are 55-64. Twelve percent indicated they are 65 or older. Fifty-three percent reported having a high school diploma or less and 47 percent have at least some college.

In terms of their concerns about major emergencies, Sixty-six percent of respondents were very worried about shootings in public places. Forty-nine percent were very worried about infectious diseases outbreaks, and 37 percent were very worried about weather-related emergencies.

## Concern for major emergencies among focus group participants (N=34-35)

**How worried are you about...**

shootings in public places

| Very | Somewhat | Not at all |
|------|----------|-----------|
| 66% | 23% | 11% |

infectious diseases and epidemics

| Very | Somewhat | Not at all |
|------|----------|-----------|
| 49% | 40% | 11% |

weather-related emergencies

| Very | Somewhat | Not at all |
|------|----------|-----------|
| 37% | 43% | 20% |

## Key findings

The key findings from the interviews and focus groups are highlighted throughout this summary based on the following topics:

- Preparedness and prevention *(perceptions of risk and steps taken to prepare for weather emergencies, infectious disease outbreaks, and mass fatalities, such as shootings in public places)*

- Resources used for emergency preparation and response *(supports relied on for help and resources needed to prepare)*

- Perceptions of behavioral health and recovery in the context of a public health emergency *(how behavioral health is understood)*

### Preparedness and prevention

Most second-generation participants mentioned that although they have lived in the U.S. for over 40 years, the concept of preparedness and prevention is something that is not on their mind

unless they have had personal experiences with public health emergencies.

> *A tornado in the Twin Cities is so rare in itself already, especially in the Hmong community our parents didn't go to school, so they didn't learn how to go to a sheltered area like a windowless room. And because it never happens, it's not on their mind. …. I think more about thunderstorms or snowstorms, but for tornados, when it happens to you, your eyes are going to be opened and it's going to affect you and you want to be prepared next time. If it's never happened to you before then, it's not in your thoughts. -Focus group participant*

First generation participants shared that due to their lack of education and limited English, they cannot do anything to respond in the event of an emergency, except to call family members.

> *For my mom, if there's an emergency, she would not call 911. She would rather call my sisters to help. For the older generation, calling 911 is the last resort.*
> *-Focus group participant*

The most common steps taken to prepare for **weather-related emergencies** were:

- Having basic tools available such as flashlights, candles, canned food, or water in their homes and cars
- Seeking shelter in a basement or windowless room

Similarly, for **infectious diseases**, first-generation Hmong immigrants said the most common preventive measures include:

- Avoiding sharing eating utensils with each other
- Covering coughs and sneezes
- Staying away from others if you have an illness so that it does not spread

As for the second generation of Hmong community members who were born here in the U.S. and who participated in this study, the most common public health emergency preventive measures are:

- Getting vaccinations
- Practicing good hygiene by frequently washing hands

> *For the Hmong, the only infectious disease we know of is Hepatitis A or B. When we don't know about it, we aren't afraid. When we know about it, we are afraid. Don't want to hold hands and share a spoon. When one becomes knowledgeable about the disease they learn it's a sexually transmitted disease…It falls back to education. I want Hennepin County to [help assemble] a Hmong Advisory Board to come and teach what infectious diseases look like [from the perspective of the Hmong Community.]*
> *-Focus group participant*

In regards to **mass fatalities like public shootings**, both generations of participants believed that it is not possible to prepare.

> *After all the incidents that occurred, the mindset that we had was that we have to get our CC [carry and conceal]. We haven't, which is a bit sad. But then again, I don't see that a gun will protect you in that sense. Because even if you have it, you can still die. -Focus group participant*

> *For this [mass shootings] you never know. Elders used to say a tiger's stripes are on the outside but people are striped on the inside; you never know what someone is thinking. This is something that we're concerned about. Sometimes, people shoot each other and it could hit you by accident, so we worry about this. Even at the malls like Mall of America or big malls, there should always be security and cops so they know if things like this happen, if there were bad people there or terrorists. [More security needs to be hired at these locations.] -Focus group participant*

For those who offered responses as to how they prepare for this type of an emergency, the most common responses were:

- Avoid certain places they consider risky

- Increase their own awareness and be on alert

- Increase security at community events like Hmong New Year event at the River Centre and July 4th Freedom Festival at Como Park

- Run away from the shooting situation, take cover, or call 911

### *Resources used for emergency preparation and response*

Interview and focus group participants identified resources that the Hmong community would typically rely on for help before, during, and after emergencies. Common responses were:

- Culturally specific media: Hmong radio and television

- Social media like Facebook, Hmong television, or YouTube

- Cell phones via text messaging

- 911 or the police

- Community-based organizations

- Extended family

> *I think the middle class Hmong folks, they know that they are going to be asked in times in need. Everybody is still related to somebody who's really poor. Even if you and your family are not, you have extended family who are. You know you have a broader responsibility than just your own immediate family…Really our insurance is our extended family. We are looking for them for additional financial support and certainly emotional support. And they come into play for daily support like transportation, housing, and food. -Key informant interview participant*

### *Perceptions of behavioral health*

Interview and focus group participants were asked how behavioral health is viewed or understood by members of their communities. The majority of interview respondents and focus group participants expressed that this area of health is one that is not well understood. Behavioral health does not translate easily into Hmong. Two words that are often used are: (1) *sia hlwb*, which is "loss of brain"; and (2) *vwm*, which is "crazy." When a person is labeled as crazy, it is perceived as a weakness which carries a lot of stigma to the individual as well as their family.

*We have to distinguish the difference between stress and depression. For us Hmong we like to us the word "nyuaj siab" [worry/concern] but when you literally translate it, it falls under stress. However, for depression, I teach the women in my support group "loj tshaj stress lawm" [depression is bigger than stress] because it involves stress and thoughts about death. That's why I tell them "muaj kev nyuaj siab ntxhob plawv loj lawm" [deeper and bigger than worrisome]…It's important to know that difference. I don't like using the Hmong word "sia hlwb" for mental health, rather I define it as "Thaum koj lub hlwb kiab tsis tu yeej lawm" [when your brain no longer functions the same]. If you don't know the real definition then don't use the word "sia hlwb" to describe it. We must learn the right vocabulary for mental health. -Focus group participant*

Additionally, a few focus group participants shared that the elders treated mental health by seeking help from a Hmong Shaman rather than a Western doctor. The reason for this preferred method of treatment is that the person has lost their soul and it needs to be reconnected to their body to be whole again. Younger generation respondents disagree on this traditional practice and felt it was time to integrate both traditional and Western practices.

*Everything is ua neeb or ua plig [shaman soul calling ceremonies]. That is a custom that we need to disengage ourselves. Does this person have mental health? If they have, they need to get treated. Instead of saying, "Oh, nws phoo plig lawm xwm os. Ua neeg kho mas" [Oh they lost their spirit, just do a ceremony to bring their spirit back]. -Focus group participant*

From a professional perspective, a key informant pointed out the importance of normalizing stress.

*…we spend a lot of time explaining to clients that when X happens people may respond in all of these ways. So in some ways to normalize the experience of stress, which everybody gets. People in our community totally get stressed. They understand that people get stressed. And then to go further to provide education around, "Yes we all get stressed." Sometimes we get stuck in that stress and we need someone to help figure out a new way in how to get unstuck and that's when you look for help. I find that when we talk about it in that way, it feels less shaming and blaming because there is a huge stigma. -Key informant interview participant*

### *Other community concerns*

The three types of priority emergencies Hennepin County Public Health identified may not reflect the priorities of a particular cultural community. In the Hmong community, several other critical issues arose. It is important that Hennepin County is aware of the present challenges these communities face, as well as the most likely public health emergencies overall, when working with these communities on emergency preparedness.

Other concerns in this community include:

- Supporting victims of domestic violence to prevent murder-suicide situations

- Increasing awareness and education of adults about sexually transmitted diseases and their effects

- Improving Laos born parents' relationships with their U.S. born children by offering parenting classes

- Increasing awareness of safety product recalls (e.g., Samsung phone recall, Toyota car recall)

> *The one area [Hmong] seem fairly resistant to is the area of STDs. For whatever reason, suddenly people don't feel like they are at any risk there. The same person who might get we are at risk for the bird flu, doesn't suddenly feel at risk for AIDS/HIV or any other STD. -Key informant interview participant*

## Recommendations

**Identify culturally specific media to communicate an emergency to the Hmong community.** Based on focus groups and key informant interviews some of these media could include:

- KFAI Radio
- AM-690 KFXN Hmong Radio
- Suab Hmong News YouTube channel
- Hmong TV Network: http://hmongtvnetwork.com

**Consider tailoring education and awareness trainings to each generation.** For example, for the elders, deliver the training in Hmong with hands on experience since some elders are not literate and remember information visually. This training can be offered at Hmong senior centers. As for the second generation, offer trainings during the weekends and provide child care. For young children, teach them at school with their teachers.

**Collaborate with organizations or community leaders to deliver emergency preparedness training or help develop emergency plans and materials,** including videos and print materials, which are linguistically and culturally appropriate, and resonate with members of the Hmong community. Based on focus groups and interviews some of these organizations and community leaders could include:

- Hmong American Partnership
- Lao Family Community of Minnesota, Inc.
- Hmong 18 Clan Council
- Hmong senior centers
- Susan Pha - Brooklyn Park City Council Member
- Fue Lee - State Representative

# Emergency Preparedness in Hennepin County

## *Findings from the Mexican community*

### Study purpose and methods

In 2016, Hennepin County Public Health contracted with Wilder Research to conduct a culturally based needs assessment to identify the unique needs of several cultural communities in Hennepin County related to emergency preparedness. This involved the exploration of how communities prepare before, respond during, and recover after an emergency. The cultural communities included in this study are: Ethiopian, Guinean, Hmong, Liberian, Mexican, Oromo, Sierra Leonean, Somali, and South Asian Indian. This report summarizes the key findings from the Mexican participants. This summary is a companion to the comprehensive final report that presents findings across all cultural communities included in the study.

In 2013-14, Hennepin County conducted a risk assessment and prioritized three major types of emergencies that could impact people who live in Hennepin County. These include weather-related events such as tornados and damaging storms; infectious disease outbreaks such as a pandemic flu, measles, or Ebola; and mass fatality events such as shootings in public spaces. Such events could potentially harm many people, and Hennepin County wants to create a culturally-informed emergency response plan to respond if any of these events would occur. The purpose of this assessment is to provide Hennepin County Public Health with information that will improve its emergency preparedness services for immigrants and refugees who live in the county.

Wilder Research gathered preparedness information among immigrant and refugee communities for these three specific types of emergency events. Hennepin County will use information from this needs assessment as they enhance their response plan. This assessment is based on information collected through the following methods:

- A literature review of 22 articles that focus on the topic of emergency preparedness and community resilience in immigrant and refugee communities in the U.S.

- 25 in-depth interviews with community leaders and people who have specific knowledge and experience working with people from the cultural communities included in the study.

- 15 focus group discussions with members from the selected cultural communities.

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## Participation from the Mexican community

Hennepin County Public Health invited the Mexican community to take part in this study because it is one of the largest immigrant communities in the county.

Wilder Research interviewed three professionals with years of experience working in the Mexican community and partnered with Comunidades Latinas Unidas en Servicio (CLUES) and Hispanic Advocacy and Community Empowerment through Research (HACER) to host, facilitate, or co-facilitate three focus groups with members of the Mexican community. A total of 30 people took part in the focus groups. The groups were conducted in Spanish and audio recorded to support the note taker. Participants received a $20 incentive in appreciation of their time.

Prior to each focus group, participants were invited to take a brief, anonymous survey that asked key demographic questions and captured their level of concern regarding major emergencies. Seventy percent of survey respondents identified as female. Seventeen percent of respondents indicated they are age 18-24 and 13 percent are 25-34. Fifty-two percent reported being 35-44 and 17 percent are 45-54. No respondents reported being 55 or older. Sixty-five percent reported having a high school diploma or less and 34 percent have at least some college, an associate degree, or equivalent.

In terms of their concerns about major emergencies, 91 percent of respondents were very worried about shootings in public places. Just over half (52%) were very worried about infectious diseases outbreaks, and 35 percent were very worried about weather-related emergencies.

**Concern for major emergencies among focus group participants (N=23)**
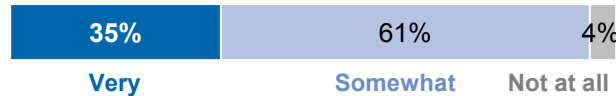
**How worried are you about...**

shootings in public places

| 91% | 9% |

infectious diseases and epidemics

| 52% | 48% |

weather-related emergencies

| 35% | 61% | 4% |

Very · Somewhat · Not at all

## Key findings

The key findings from the interviews and focus groups are highlighted throughout this summary based on the following topics:

- Preparedness and prevention *(perceptions of risk and steps taken to prepare for weather emergencies, infectious disease outbreaks, and mass fatalities, such as shootings in public places)*

- Resources used for emergency preparation and response *(supports relied on for help and resources needed to prepare)*

- Perceptions of behavioral health and recovery in the context of a public health emergency *(how behavioral health is understood)*

### *Preparedness and prevention*

Respondents demonstrated a general understanding of the potential major emergencies that could affect them, especially weather-related emergencies such as tornados. Participants pointed out that tornado siren tests and drills in their children's schools helps increase their awareness of tornados. However, they highlighted that few people from

their cultural community take steps to prepare for emergencies.

> *In Mexico, we don't have a culture of prevention. Once it happens, then I'll know. –Focus group participant*
>
> *Our Latin culture is more in tune with faith. We have faith that everything is going to be all right. –Focus group participant*

Focus group participants shared that the most common steps taken to prepare for **weather-related emergencies** were:

- Seeking shelter in a basement or windowless room

- Having a radio, cell phone, and flashlight

- Setting aside food in case you are unable to leave your house

Some focus group participants shared that they are familiar with major **infectious disease** outbreaks, having experienced the 2009 "swine flu" in Mexico. They noted that this outbreak caused panic among many people and that the Mexican government educated residents about the flu through public information campaigns and provided handwashing stations to curb the spread. Participants shared that the most common preventive measures members of their community take for infectious disease include:

- Receiving vaccinations, if available

- Focusing on hygiene by washing hands, not sharing food or utensils, covering your mouth when you sneeze or cough, and limiting touching and kissing

- Separating people who are sick from those who are healthy

Regarding **mass fatalities like public shootings**, focus group participants identified the following precautions:

- Identifying emergency exits in public spaces such as movie theaters or malls

- Carrying a defensive weapon such pepper spray or a Taser

- Taking cover by lying down, playing dead, or hiding, if shooting occurred

- Making sure their cellphone is charged

## *Resources used for emergency preparation and response*

Interview and focus group participants identified supports that the Mexican community in Hennepin County relies on for help during emergencies. These included:

- Churches and community organizations (see the Recommendations section for specific names)

- Neighbors

- Family members

- The Red Cross

- Hospitals

- Schools

- 911 and the police

- Text messages and certain apps such as WhatsApp to communicate during an emergency

- Television, social media, and the internet for alerts and updates regarding emergencies

> *I think the Spanish-speaking media is huge but also I think it's divided based on generation. I think the younger generation looks more to social media, but I think the older generation looks more for radio stations and TV news, specifically the ones that are in Spanish. –Key informant interview participant*
>
> *There is a need for an app for emergencies. –Focus group participant*

Several focus group participants also pointed out that information from government sources is not always available in Spanish. They underscored the importance of having emergency preparedness educational information, such as brochures and websites, in Spanish, along with having interpreters available to help people in emergency situations better communicate with Hennepin County and other emergency service providers. A key informant also shared the importance of having a cultural broker (i.e., someone who not only speaks Spanish, but also understands specific cultural practices and nuances).

> *There is the language barrier. All the information is offered in English, not much in Spanish. Also, whenever there are meetings, there are not many people interpreting, so the information is not in the language. –Focus group participant*

While some focus group participants shared that they would use the police in the case of an emergency, others were hesitant about working with Hennepin County or contacting police departments because of their immigration status.

### Perceptions of behavioral health

Interview participants shared that any personal trauma experienced in Mexico, such as violence, combined with the occurrence of a major emergency, could have a deeply negative impact on Mexican immigrants' mental health. However, some immigrants may be uncertain about seeking professional mental health care as it can feel stigmatizing to see a mental health professional. Instead, they may rely on faith communities, friends, and family for support.

> *I think there is a stigma around behavioral health that we are trying to combat. Oftentimes people don't seek support for behavioral health specifically, because they don't want to be seen as someone who is crazy. –Key informant interview participant*

Focus group and interview participants reported that events such as Cinco de Mayo and religious celebrations offer Mexican immigrants the opportunity to celebrate their culture and deepen their community connections. In addition, they highlighted that familial connections are critical in the lives of many Mexican immigrants and would be a key source of resiliency and support in the wake of a major emergency.

### Other community concerns

The three types of priority emergencies Hennepin County Public Health identified may not reflect the priorities of a particular cultural community. In the Mexican community, several other critical issues arose. It is important that Hennepin County is aware of the present challenges these communities face, as well as the most likely public health emergencies overall, when working with these communities on emergency preparedness.

Other concerns in this community include:

- Addressing crime in neighborhoods
- Ensuring that children and youth are not the victims of discrimination or racism
- Having access to health insurance

> *Racism is a huge concern for us and a huge stressor and creator of trauma. –Key informant interview participant*

## Recommendations

**Collaborate with organizations to deliver emergency preparedness training or help develop emergency plans and materials**, including videos and print materials that are linguistically and culturally appropriate and resonate with members of the Mexican and other Latinx* communities. Based on the focus groups and interviews some of these organizations could include:

- The Church of the Incarnation/Sagrado Corazon de Jesus

- Our Lady of Guadalupe

- Radio Rey

- Comunidades Latinas Unidas en Servicio (CLUES)

- Centro Tyron Guzman

- Casa Esperanza

- Aquí para Tí

- La Oportunidad

- La Clinica at West Side Community Health Services

- The East Lake Clinic

- El Colegio Charter School

* Latinx is a gender-neutral alternative to the use of Latino/Latina. The use of this term aims to move beyond gender binaries and is inclusive of the intersecting identities of Latin American descendants.

**Identify cultural brokers who could act as conduits between Hennepin County and the Mexican and broader Latinx community** regarding emergency preparedness. These brokers could help design culturally responsive services, identify additional partner organizations, and engage community members in emergency preparedness efforts.

**Provide emergency preparedness training to teachers, interpreters, and other professionals** who work at schools and nonprofits that serve the Mexican community and are trusted advocates who community members would consult in case of a major emergency.

**Consider ways to help build a more trusting relationship between law enforcement and the Mexican and broader Latinx community.** Specifically, explore the role law enforcement would play in responding to a major public emergency and if and how immigration issues would be handled by local law enforcement and other government representatives during public health emergencies.

# Emergency Preparedness in Hennepin County

*Findings from the South Asian Indian community*

## Study purpose and methods

In 2016, Hennepin County Public Health contracted with Wilder Research to conduct a culturally based needs assessment to identify the unique needs of several cultural communities in Hennepin County related to emergency preparedness. This involved the exploration of how communities prepare before, respond during, and recover after an emergency. The cultural communities included in this study are: Ethiopian, Guinean, Hmong, Liberian, Mexican, Oromo, Sierra Leonean, Somali, and South Asian Indian. This report summarizes the key findings from the South Asian Indian participants. This summary is a companion to the comprehensive final report that presents findings across all cultural communities included in the study.

In 2013-14, Hennepin County conducted a risk assessment and prioritized three major types of emergencies that could impact people who live in Hennepin County. These include weather-related events such as tornados and damaging storms; infectious disease outbreaks such as a pandemic flu, measles, or Ebola; and mass fatality events such as shootings in public spaces. Such events could harm many people, and Hennepin County wants to create a culturally-informed emergency response plan to respond if any of these events would occur. The purpose of this assessment is to provide Hennepin County Public Health with information that will improve its emergency preparedness services for immigrants and refugees who live in the county.

For this study, Wilder Research gathered preparedness information from immigrant and refugee communities about these three specific types of emergency events. Hennepin County will use information from this needs assessment as they enhance their response plan. This assessment is based on information collected through the following methods:

- A literature review of 22 articles that focus on the topic of emergency preparedness and community resilience in immigrant and refugee communities in the U.S.

- 25 in-depth interviews with community leaders and people who have specific knowledge and experience working with people from the cultural communities included in the study.

- 15 focus group discussions with members from the selected cultural communities.

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## Participation from the South Asian Indian community

Hennepin County Public Health invited the South Asian Indian community to take part in this study because it is one of the largest immigrant communities living in county.

Wilder Research interviewed three professionals that are a part of and serve the South Asian Indian community. We also facilitated two focus groups within this community and worked with a community-based organization (Sewa-Aifw) to recruit participants for the groups. A total of 26 people took part in the groups. They were conducted in English, with Hindi and Nepali interpretation when needed. The discussions were audio recorded to support the note taker, and each participant received a $20 incentive in appreciation of their time.

Prior to each focus group, participants were invited to take a brief, anonymous survey that asked key demographic questions and captured their level of concern regarding major emergencies. Fifty-four percent of survey respondents identified as female. Twenty-three percent indicated they are age 25-44, 46 percent are 45-64, and 31 percent are 65 or older. Twenty-three percent of respondents reported having a high school diploma or less and 77 percent have at least some college, which is a higher amount of education when compared with the participants from the other cultural communities.

In terms of their concerns about major emergencies, 73 percent of respondents were very worried about shootings in public places. Fewer were very worried about weather-related emergencies (39%) or infectious diseases outbreaks (31%).

### Concern for major emergencies among focus group participants (N=26)

**How worried are you about...**

shootings in public places

| 73% | 4% | 23% |
|-----|-----|-----|

weather-related emergencies

| 39% | 38% | 23% |
|-----|-----|-----|

infectious diseases and epidemics

| 31% | 46% | 23% |
|-----|-----|-----|

Very      Somewhat      Not at all

## Key findings

The key findings from the interviews and focus groups are highlighted throughout this summary based on the following topics:

- Preparedness and prevention *(perceptions of risk and steps taken to prepare for weather emergencies, infectious disease outbreaks, and mass fatalities, such as shootings in public places)*

- Resources used for emergency preparation and response *(supports relied on for help and resources needed to prepare)*

- Perceptions of behavioral health and recovery in the context of a public health emergency *(how behavioral health is understood)*

### *Preparedness and prevention*

Overall, study participants do not feel like their community is prepared for potential emergencies.

The most common steps taken to prepare for **weather-related emergencies** were:

- Seeking shelter in the basement
- Closing the windows

The most common preventive measures taken against **infectious diseases** were:

- Relying on community leadership to provide information about diseases
- Getting vaccinations
- Practicing good hygiene by frequently washing hands

Regarding **mass fatalities like public shootings**, the majority of focus group participants believe that it is not possible to prepare. They expressed having no control over these situations. Participants talked about their community's experience with a shooting at a Sikh Temple in Wisconsin in 2012, and said that there is still fear of shootings like this in their community.

> *Even if we call someone, like 911, the shooter will come and shoot us. There's nothing we can do. –Focus group participant*
>
> *We have to close our windows because that shooter might be around over there. That's the only thing we can do. And then watch the news, if you have it. These are the only things we can do to protect ourselves. –Focus group participant*

Participants described increased security measures at the Hindu Society of Minnesota (e.g., a security guard during busy times) as an example of preparing for a mass shooting in their community. However, there are many faith-based organizations and other community-based organizations without sufficient funding to increase security.

### *Resources used for emergency preparation and response*

The South Asian Indian community is physically spread out across the Twin Cities metro and suburbs. This may have implications for how Hennepin County conducts emergency planning within this community. Focus group participants shared that despite this geographic dispersion, South Asian Indians belong to a tight-knit community and are connected across religions. Primary religions practiced by this community include Hinduism, Sikhism, Buddhism, Islam, Christianity, Zoroastrianism, and Jainism. This connectedness is, in part, due to the many different cultural associations that are organized by regional background/nativity. These associations may be valuable networks to connect to when distributing information related to emergency preparedness and response. Some of these associations include Bengali, Gujarati, Kannada, Malayalee, Oriya, Punjabi, Tamil, and Telugu.

> *There are a ton of associations. We have Bengali and Punjabi...there's a Sikh temple. So there are a ton of cultural affiliations. There are some with 700 people. These are pretty tightly integrated communities. They meet regularly. –Focus group participant*

When given an example of an emergency situation, many participants said that they would first call 911 or the American Red Cross for help.

> *Before [we would call] Hennepin County, we call 911. –Focus group participant*

Multiple languages are spoken across the South Asian Indian community. Some of these include Hindi, Punjabi, Bengali, and Nepali. This may have implications for the development and distribution of emergency preparedness educational materials in this community.

Some participants suggested working with faith-based leaders and educating them on how to implement emergency preparation plans or to deliver education.

> *[Temple leaders can be] ambassadors, if you will. Have the organizations prepare for emergencies and have a safety plan.*
> *–Focus group participant*

In addition to working with the South Asian Indian community, participants recognized the Nepalese community as a more recent refugee group to the Twin Cities area that needs to be connected to services, including emergency preparation efforts. Because of similar religious and cultural practices, in some cases the Nepalese community has been supported by established South Asian Indian community-based organizations.

> *Nepalese must be on top of the list because they need more help.*
> *–Focus group participant*

## *Perceptions of behavioral health*

Most participants said they would seek emotional support from their family members in the wake of a public health emergency. Participants indicated that people from their community seek support from their informal networks, especially people that are from their culture and speak their language.

## *Other community concerns*

The three types of priority emergencies Hennepin County Public Health identified may not reflect the priorities of a particular cultural community.

In the South Asian Indian community, several other critical issues arose. It is important that Hennepin County is aware of the present challenges these communities face, as well as the most likely public health emergencies overall, when working with these communities on emergency preparedness.

Other concerns in this community include:

- Domestic abuse and gender-based violence
- Chronic diseases, such as diabetes and hypertension
- Sexually transmitted diseases
- Discrimination/racism

## Recommendations

**Identify community-based organizations that can partner with Hennepin County** to deliver emergency preparedness training or help develop emergency plans. Based on the focus groups and interviews some of these organizations could include:

- India Association of Minnesota
- Sewa-Aifw
- Hindu Temple of Minnesota
- MHDS Vishnu Mandir
- Sri Venkateswara Temple
- BAPS Shri Swaminarayan Mandir
- Shirdi Saibaba Prayer Center
- Sikh Society of Minnesota

**Identify the primary language needs of this community.** If unable to produce materials and communications in the languages needed, Hennepin County could work with community leaders and organizations to deliver education and information in the appropriate language and format for their community.

**Consider including the Nepalese population in any targeted outreach in the South Asian Indian community.** More information is needed about the specific needs and preferences of Nepalese community members and how this may differ from other South Asian communities.

**Identify cultural practices around gender that may have an impact on emergency response planning**. Some focus group participants mentioned that there are instances when men and women are separated and that this may be something to consider when providing shelter in the event of an emergency. More information is needed about cultural practices and norms around gender and any gender-specific needs of the South Asian Indian community in the event of an emergency.

## Key informant interview protocol

### *Hennepin County Emergency Prep - Key informant interview script*

[Prior to the interview, Wilder staff will gather and review information on key informants' knowledge and familiarity with the key cultural groups and areas of interest (i.e., emergency preparedness, behavioral health, and resiliency). Based on this, certain questions may be skipped or tweaked so they are relevant to the informant.]

Hi, I'm ___ calling from Wilder Research on behalf of Hennepin County Public Health. The department is working on a needs assessment focused on emergency preparedness among immigrants and refugees from a number of cultural communities living in Hennepin County, including Hmong, Indian, Mexican, Ethiopian, Oromo, Somali, Guinean, Liberian, and Sierra Leonean.

I am calling because you were identified by someone from [Hennepin County or Wilder Research] as having specific knowledge or experience working with [these cultural communities or the BLANK (e.g., Somali or Hmong) community or specific topic area]. We are interested in hearing your perspective about [this community or these communities] as it relates to their perceived risk and preparation for potential emergencies, including disaster behavioral health and community resiliency.

For the purposes of this needs assessment, disaster behavioral health involves providing services or supports to address an individual's emotional and psychological (or mental health) needs that arise from an emergency, disaster, or traumatic event. Community resiliency is the sustained ability of a community to use available resources to respond to, withstand, adapt to, and recover from emergencies, disasters, or traumatic events.

What you share with us will be used to inform the needs assessment and help guide the development of focus group questions for the cultural communities. We will hold focus groups within each of these cultural communities this summer. A draft report summarizing the results of your interview, the other interviews with professionals, and focus groups with community members will be shared with you later this winter to get your input. Then, we will hold community sharing sessions to share the final report. Your feedback and comments will be very helpful to informing and contextualizing the report.

This interview will last about 30-40 minutes. Is this a good time for you to talk?

If YES → CONTINUE
If NO → When would be a better time for me to call back? [Confirm date, time of call, preferred phone number.]

Great – thank you. There are a few things that I need to let you know before I ask you any questions. Your participation in this interview is voluntary. Second, your individual responses will be kept private. Only Wilder Research staff will have access to your interview transcripts, and we will not share these with Hennepin County or anyone else. We may use some of your quotes (not connected to your name) in our report or presentations from your interviews, to illustrate relevant points. We will acknowledge you in our final report as a key informant unless you would prefer we not include your name or organizational affiliation. Finally, if I do ask any questions in this interview that you feel uncomfortable answering or cannot answer for any reason, just let me know and we can skip it.

If it is okay with you, I'd like to record our conversation, just so that I make sure that I accurately capture everything you say, and so I can go back and listen as I clean up the notes from our discussion. Can I have your permission to record our interview for this purpose?

If YES → CONTINUE
If NO → You may continue without recording, if they still consent to the interview.

**Background**

1.  I'd like to start by getting to know a little more about your background. Could you briefly tell me how your work or experience involves [*these cultural communities or the BLANK community or topic specific topic area*]?

2.  As part of your work or experience, do you help [*these cultural communities or the BLANK community*] prepare for potential emergencies or work on disaster behavioral health or community resiliency? If yes, can you talk a little more about what you specifically do?

**Perceived risk**

In 2013-14, Hennepin County conducted a risk assessment and prioritized three major emergencies that could impact the county. These include weather-related events such as tornados and damaging storms, infectious disease outbreaks such as a pandemic flu, and mass fatality events such as shootings in public spaces, such as in schools, movie theaters, or shopping malls.

I'd like to start by asking you some questions about the perceived risk of these potential emergencies among [*the cultural communities you work with or BLANK community*]. I understand that you may not be aware of all these potential emergencies, which is ok.

3.  In your experience, do [*people in the cultural communities or BLANK community*] feel they are at risk for experiencing potential weather-related emergencies in Hennepin County, such as tornados and damaging storms? Why or why not?

4.  In your experience, do [*people in the cultural communities or BLANK community*] feel they are at risk for infectious disease outbreaks in Hennepin County, such as a pandemic flu? Why or why not?

5.  In your experience, do [*people in the cultural communities or BLANK community*] feel they are at risk for potential mass fatality events in Hennepin County, such as shootings in public spaces, such as in schools, movie theaters, or malls? Why or why not?

6.  Aside from the three potential emergencies identified by Hennepin County Public Health, are there any other potential emergency events that you know are a concern for [*the Latino community*]? If yes, why are these particular, potential emergencies of concern for [*people in the cultural communities or BLANK community*]?

**Preparation**

Next, I'd like to transition into some questions about preparation for potential emergencies in Hennepin County.

7.  What resources would [*in the Latino community*] use to get information or a greater understanding about potential emergencies in Hennepin County such as weather events, infectious disease outbreaks, or shootings in public spaces? [*Make sure to probe for all three emergencies.*]

8.  Do you know of any examples of [*in the Latino community*] actively preparing for potential emergencies in Hennepin County, or in other areas of Minnesota or the U.S., such as weather events, infectious disease outbreaks, or shootings in public spaces? If so, what happened? What actions did they take? [*Make sure to probe for all three emergencies.*]

9.  What makes it difficult or challenging for [*people in the Latino communities or BLANK community*] to get more information about preparing for potential emergencies in Hennepin County such as weather events, infectious disease outbreaks, or shootings in public spaces?

10. How do [*people in the Latino or BLANK community's*] experiences from their country of origin and culture influence how they view or prepare for potential emergencies in Hennepin County?

**Disaster behavioral health**

The next set of questions focuses on the behavioral health needs of [*people in the cultural communities or BLANK community*] during or after a major emergency or disaster. As a reminder, for the purpose of these questions, disaster behavioral health involves providing services or support to address an individual's emotional and psychological (or mental health) needs that arise from an emergency, disaster, or traumatic event.

11. In your experience, please briefly tell me how behavioral health is viewed or understood by [*people in the cultural communities or BLANK community*]?

12. If [*people in the cultural communities or BLANK community*] experienced a major emergency in Hennepin County such as a weather event, an infectious disease outbreak, or a shooting in a public space, what would be some of their behavioral health needs?

13. If [*people in the cultural communities or BLANK community*] experienced a major emergency in Hennepin County such as a weather event, an infectious disease outbreak, or a shooting in a public space, what resources or organizations would they use to support their behavioral health needs? Why would they use these resources? (*Probe*: Are any of these resources culturally-specific? If so, which ones?)

14. In your opinion, are there specific gaps or barriers in the existing behavioral health resources available to [*people in the cultural communities or BLANK community*] in Hennepin County who would experience an emergency? If so, what are they? Do you have any recommendations for addressing these gaps or barriers?

**Recovery and community resiliency**

This final set of question asks about recovery and community resiliency after a major emergency or trauma. As a reminder, for the purpose of these questions, community resiliency is the sustained ability of a community to use available resources to respond to, withstand, adapt to, and recover from emergencies, disasters or traumatic events.

15. When [*people in the cultural communities or BLANK community*] experience a trauma or major emergency, what strategies or actions do they use to bounce-back or recover?

16. When [*people in the cultural communities or BLANK community*] experience a trauma or major emergency, where do they go for support? What resources or assets do they draw on? (*Probe*: Are there specific community-based resources or assets that they use or would use?)

17. Are you aware of any culturally-specific activities or customs the [*the cultural communities of BLANK community*] engages in that would contribute to their community-wide recovery after a major emergency? If so, please describe.

18. In your opinion, are there specific gaps or barriers in resources or services available for helping [*people in the cultural communities or BLANK community*] in Hennepin County recover from a major emergency or trauma? If so, do you have any recommendations for addressing these gaps or barriers?

**Other**

19. Is there anything you think Hennepin County Public Health should know about [*people in the cultural communities or BLANK community*] that would help them to better meet the community's needs in an emergency?

20. Is there anything else that you'd like to share?

**Additional information**

21. As I mentioned at the start of the interview, we are engaging a number of cultural communities in these interviews. Do you know of any individuals who work with or serve the Indian (i.e., from the South Asian country), Oromo, or [*the community that is the focus of this interview*] community who we could interview to gather their input? If so, ask for their name and contact information and record below.

  > Name:
  > Organization:
  > Contact info (email or phone):

22. As I noted at the beginning of the interview, we will be hosting focus groups this summer with community members from the cultural communities previously mentioned. We are looking for individuals and organizations to help recruit participants from these cultural communities for the focus groups and to host the groups. Wilder will provide a stipend to support this work. Do you know of any individuals or organizations that would be interested in doing this for the Indian, Somali, or Mexican community? If so, ask for name and contact information and record below:

  > Name:
  > Organization:
  > Contact info (email or phone):

## List of key informants

Jihan Ali

Sayali Amarapurkar

Johnathan Bundt

Raj Chaudhary

Alex Damy

PJ Doyle

Kerper Dwanyen

Ben Feigal

Benjamin Fribley

Norma Garcés

Judith Guerra

Dave Johnson

Deka Kari

Abdo Korosso

Sam Kpahn

Jillian Kyles

Lillian McDonald

Ekta Prakash

Kamala Puram

Hamady Seck

Alfred Sesay

Yisehak Tura

Sida Ly-Xiong

Pahoua Yang

Hli Xyooj

## Focus group protocol

**[Facilitator instructions: As people are arriving, pass out the brief questionnaire for each one to complete. It will only be used for understanding who came to the focus group. Emphasize that it is completely voluntary and if there are any questions they don't want to answer they don't have to.]**

### Introduction

Welcome everyone and thank you for joining us today. My name is _____, your facilitator, and this is _____ who will be taking notes. Please help yourself to some refreshments as we are getting started. We would also like all of you to sign in so that we have a record of the cash incentive you will be receiving today. Your signature also shows our project leaders that you have given your consent to be part of our discussion today.

Today, we'd like to ask you some questions about what you consider to be an emergency, how you prepare for emergencies, and your thoughts about emergencies related to weather (e.g. damaging storms, tornadoes), infectious diseases (e.g. pandemic flu, Zika virus, Ebola), and shootings in public places. This is an effort to help Hennepin County Public Health learn ways to improve its emergency preparedness services for immigrants and refugees living in the county.

If some of the questions remind you of a serious emergency you may have been involved in or affected by (e.g. infectious disease outbreak, weather or mass violence incident) and you would rather not participate, you may leave the room, and we will understand. Your participation is voluntary. [FACILITATOR NOTE: if they step out of the room for any part of the discussion, they still should receive incentive for attending.]

### Ground rules

During our discussion, I encourage you to speak openly about your perspectives and opinions. **There are no right or wrong answers**. When someone else is speaking, please give them a chance to finish. If what they say makes you think of something to say, be sure to raise your hand and be part of the conversation. If you prefer not to answer any of the questions, it is okay to skip them. The things you say here are private.  Comments shared here should not be repeated to anyone outside of this group. The information in our report will not include names or anything identifying you. We may use some of your quotes, but they will not be connected to your name.

We would like to audio record the conversation so that the note taker has a good record of what you say. The recording will be destroyed afterwards. Would it be okay to record? [NOTE TO FACILITATOR: If no, then do not record.]

Do you have any questions before we start? Let's start.

**Opening (5 minutes)**

First, I'd like you to share your first name, what city you live in, and the meaning of your first name.

**Understanding of an emergency (5 minutes)**

**[Note: This question is an introductory question, do not spend more than 5 mins gathering responses.]**

1.  Hennepin County defines an emergency as an unexpected event that puts your life, your property and your community in danger and you need immediate help from resources outside of your community. How is this description similar or different to the way you think about emergencies?

I am going to read you scenarios for each emergency.

**Weather scenario questions (15 minutes)**

Minnesota can experience strong thunderstorms that can produce tornados (funnel-shaped clouds with winds that can reach up to 300 miles per hour). Tornados can cause widespread power outages, flooding, and significant damage to homes and buildings. They can also cause injuries and deaths.

2.  What steps, if any, have you taken to prepare for weather events like tornados? If you haven't taken any steps to prepare, why not?

3.  If a friend's or family member's home was damaged or they might be injured or missing because of a tornado or other bad storm, what <u>resources</u>, <u>organizations</u>, or <u>individuals</u> would you use to get help? **[Note: Ask for the names of specific resources and organizations.]** What other resources that are not currently available would help you recover from a storm or tornado?

4.  What would be helpful for **<u>you</u>** to know about keeping you and your community safe if a tornado or other severe weather event occurred?

**4b.** If a tornado or other severe weather event occurred in your community, what could Hennepin County do to help your community?

**4c.** What information or resources could Hennepin County provide?

**Infectious disease scenario questions (15 minutes)**

Minnesota and other areas around the world could experience an outbreak of an illness or infectious disease such as an influenza virus that could spread quickly through the population and lead to death. Types of infectious diseases are those more severe than the seasonal flu, such as a pandemic flu, measles, Zika virus or Ebola, and would not have a vaccine to protect people from getting it.

**5.** What steps, if any, have you taken to prepare for an infectious disease such as an influenza virus? If you haven't taken any steps to prepare, why not?

**6.** Do you or your community have any past experiences dealing with infectious diseases? If yes, please briefly explain what happened? What was difficult or challenging about the experience for you or your community?

**7.** What would be helpful for you to know about keeping you and your community safe if there was an outbreak of a serious infectious disease?

**7b.** If there was an outbreak of a serious infectious disease in your community, what could Hennepin County do to help your community?

**7c.** What information or resources could Hennepin County provide?

**Active Shooter scenario questions (10 or 15 minutes, if another question is added)**

Around the U.S., there have been a number of shootings in public spaces resulting in the deaths or injuries of four or more people. These events are referred to as mass shootings. Some of these mass shootings have occurred in movie theaters, schools, and places of work.

**8.** What steps, if any, have you taken to prepare for a mass shooting in a public space? If you haven't taken any steps to prepare, why not?

**9.** What would be helpful for you to know about keeping you and your community safe if a mass shooting occurred?

**9b.** If there was a mass shooting in your community, what could Hennepin County do to help your community?

**9c.** What information or resources could Hennepin County provide?

**Recovery questions (15 minutes)**

**[Note: If you hear repeated answers to question 10 don't spend a lot time on the question. Move to questions 11 and 12, or if time is limited, focus on questions 11 and 12 in this section.]**

10. If a tornado, major infectious disease, or mass shooting were to occur, what resources, organizations, or individuals would you go to for more information or for help dealing with these emergencies? What resources, if any, would be helpful to have that you currently don't have access to?

11. If a tornado, major infectious disease, or mass shooting were to occur, people may feel a lot of stress, have difficulty sleeping, feel deep sadness, or be highly anxious. If you or others in your community experienced these symptoms, what resources, organizations, or individuals would you use for support?

11b. Does your community have access to mental health resources?

11c. If so, what resources are available? [What resources or assets do they use for support? Ask for the names of specific organizations or individuals

12. How do your experiences from your home country and culture influence how you prepare for an emergency in Minnesota? Are there customs specific to your culture that are part of your healing and recovery process if you experience major trauma? And if you experience   major illness?


**End (10 minutes)**

13. How could Hennepin County best work with your community to prepare for any emergency?

13b. What organizations or individuals should Hennepin County work with in your community to help people prepare for emergencies?

13c. What is the best way for Hennepin County to communicate with your community about preparing for emergencies?

Thank you for your time! Any questions before we close?

If you would like to receive a summary of what we learn in this project, and if you would like to be come to a community meeting to hear about what we learned from the focus groups, please fill in your contact information on the sheet by note taker so we can send you an invitation. Be sure to sign for your cash.

## Post-focus group participant questionnaire

**Hennepin County Public Health**
**Emergency Preparedness Focus Group Questionnaire**

Thank you for coming to the focus group today. We have a few questions to help us understand who is participating in this conversation. We know some of this information is personal: Your responses will be kept confidential, and grouped with all the other participants' responses when reported.
**Please do not put your name on this form.**

1. How worried are you about infectious diseases and epidemics in your community?
   - ☐¹ Very worried
   - ☐² Somewhat worried
   - ☐³ Not at all worried

2. How worried are you about shootings in public places in your community?
   - ☐¹ Very worried
   - ☐² Somewhat worried
   - ☐³ Not at all worried

3. How worried are you about weather-related emergencies in your community, such as strong storms or tornados?
   - ☐¹ Very worried
   - ☐² Somewhat worried
   - ☐³ Not at all worried

4. Are you…
   - ☐¹ Female
   - ☐² Male
   - ☐³ Something else

5. What is your age?
   - ☐¹ 18-24
   - ☐² 25-34
   - ☐³ 35-44
   - ☐⁴ 45-54
   - ☐⁵ 55-64
   - ☐⁶ 65-74
   - ☐⁷ 75 years or older

6. How would you describe your racial or ethnic group?

   _____

   _____

7. What is the highest degree or level of school you have completed? (*If currently enrolled, highest degree received.*)
   - ☐¹ Less than high school or equivalent
   - ☐² High School diploma or equivalent
   - ☐³ Some college, associate degree, or equivalent
   - ☐⁴ Bachelor's degree
   - ☐⁵ Graduate or professional degree

*Thank you for taking this survey*

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