



Cultural and Linguistic Competence in Public Health Preparedness

What is cultural and linguistic competence?

Cultural and linguistic competence is a set of behaviors, attitudes, and policies employed by public health professionals, agencies and systems that helps them to work effectively with people from different cultural, linguistic, or social backgrounds (**cultural and linguistic minorities**). It involves the following factors:

- Consideration of race and ethnicity, acculturation level (how much a person relates to American culture), social class, economic level, sexual orientation, age, religion, special ability and disability, and gender
- Understanding and respecting cultural differences and taking them into account when designing, implementing and evaluating preparedness efforts
- Interacting with community members in a trust-promoting way to build strategic partnerships with stakeholders from diverse groups



Why is cultural and linguistic competence important in public health preparedness?

Cultural and linguistic minorities have a high risk of poor outcomes following a disaster. For this reason, it is important to ensure that they are included in preparedness efforts. To work well with communities to prepare for, respond to, and recover from disasters, public health professionals need to be considerate of cultural and linguistic diversity. A community's culture can affect the actions they are comfortable taking to prepare for a disaster, how they understand health and illness, and their perceptions of emergency responders. To help people of all backgrounds prepare for disaster, preparedness efforts need to recognize and adapt to differences in culture, language, literacy, and trust, because a one-size-fits-all approach to preparedness will not reach all members of a community.

What steps can organizations take to develop preparedness messages for cultural and linguistic minorities?

- Step 1:** Connect with leaders of these communities, since they can tell you about their community's needs and norms. Include them in the planning process. They can also help build a network of collaborators from the community to sustain community engagement.
- Step 2:** Work with community groups to develop messages and materials to reach community members in the most appropriate way.

- Step 3:** Test messages with members of target populations to ensure that they are culturally and linguistically appropriate.
- Step 4:** Identify trusted messengers to deliver the messages and suitable channels of delivery—mainstream media may not be the optimal venue, and it may be important to target culturally and linguistically diverse TV channels and radio stations, newspapers, and websites. Develop relationships with the media during the planning stages, rather than waiting for a crisis to occur. Consider reaching out through informal networks such as churches or other community agencies.
- Step 5:** Keep ongoing partnerships with community organizations, government agencies, first responders, and other service providers strong so that you can call on them during a disaster.

What do public health workers need to be aware of during disaster response?

- Cultures differ in their beliefs about the origin of disease and their perceptions of risk. People respond to emergencies based on their beliefs and their past experiences. It is important to understand how culture affects these responses.
- What is unacceptable in one community may be normal in another.
- Terms may not translate well between languages. For example, in Chinese there is no single term that means wheeze.
- Clear and simple directions work best. Use short sentences with direct wording at a low reading level. Use pictograms if possible. In your instructions, specify the most important information such as where to go, how to find family, and how to get medical help.
- When working with communities where English is not the preferred language, survivors' relatives or friends are not ideal translators. Family and friends may lack the medical vocabulary to accurately express symptoms. Also, with members of their community present, people may not voice personal concerns such as sexually transmitted illness or mental health problems.

Resources:

1. US DHHS, OPHS Office of Minority Health (2001). Culturally and Linguistically Appropriate Services In Health Care: Executive Summary.
2. CDC. Public Health Workbook http://www.bt.cdc.gov/workbook/pdf/ph_workbook_draft.pdf
3. The Florida Center for Public Health Preparedness. Assuring Cultural Competence in Disaster Response. <http://www.fcphp.usf.edu/courses/course/course.asp?c=ACC>



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*The purpose of this newsletter is to provide preparedness information to public health professionals.
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