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the Dialogue

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Cultural and Population Sensitivity in Disaster Behavioral Health Programs

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Cover photo: MARICAO, Puerto Rico, Nov. 27, 2017 - The National Guard and FEMA supply meals and water to the Montoso community. Photo by Eduardo Martinez.

The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective behavioral health (mental health and substance misuse) response to disasters. To receive *The Dialogue*, please go to SAMHSA's home page (<https://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, The Dialogue," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more, please call 1-800-308-3515, email dtac@samhsa.hhs.gov, or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

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In This Issue



Orlando, Fla., October 1, 2004 -- Gary and Ima Peper from FEMA community relations hands out water and information at the Orange County Convention Center. Photo by Michael Rieger/FEMA.

The United States is becoming more racially and ethnically diverse each year. According to the **Pew Research Center**, by 2055, the United States will not have a single racial or ethnic majority. Disaster responders, state planners, and disaster response volunteers need to have strategies and plans in place to work with diverse populations.

In addition to the cultural diversity of this country, disaster workers need to understand and address the needs of people with access and functional needs. According to the 2010 United States Census Bureau, about 19 percent of the population (56.7 million people) are living with a disability. Disaster responders and planners should consider not only the logistical side (i.e. making sure a shelter is wheelchair accessible) but also whether service animals for posttraumatic stress disorder or vision will be allowed, or if there will be beds that are accessible to people with mobility issues. These are just two examples of needs that can greatly affect the recovery of survivors with special needs.

Developing comprehensive plans that consider the needs of these populations is an important step in reducing the behavioral health effects of disasters. This special double issue of *The Dialogue* focuses on working with special populations before, during, and after a disaster as well as building culturally sensitive disaster behavioral health programs. We have compiled articles from several different organizations covering various topics related to special populations and disaster response and recovery.

Leading off this issue is an article submitted by a contributor from Colorado who discusses the importance of culturally sensitive disaster behavioral health programs. Our next piece is an interview with two mental health professionals in the U.S. Virgin Islands who are working on the current Crisis Counseling Assistance and Training Program grant followed by an article talking about populations in Hawaii. Both articles provide readers with tips on how to work with two very different island populations after a disaster. In another article, the author provides information for first responders working with tribal communities. We also have two articles that discuss the concerns of populations with access and functional needs such as the hearing impaired.

Do you have experience working with diverse or special populations? What lessons have you learned from your efforts? We encourage you to contact us to share your experiences. ■

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A special thanks to the Institute for Disaster Mental Health at State University of New York, New Paltz and the New York State Office of Mental Health and Department of Health for their contribution. The article “Supporting People With Functional Needs” was published in the **summer 2017 issue of the New York DMH Responder**.



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Vincentia Paul-Constantin, Ph.D. is the Founder of Beautiful Dreamers, a not-for-profit organization focused on working with families to meet their physical, educational, and

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Croix, U.S. Virgin Islands. She has 20 years of social work experience, including the provision of individual, family, and group therapy; case management; crisis intervention; and social service administration. Ms. Perkins has a strong belief in continuing the legacy of cultural competence in social service practice, and as such she received education and training in Africana studies, as well as strengths-based and empowerment perspectives, and she has studied abroad and traveled throughout South America and the Caribbean.



Aimee Voth Siebert received a master's in international disaster psychology at the University of Denver in 2012. She is the Community Inclusion Coordinator and a

Disaster Behavioral Health Specialist for the Colorado Department of Public Health and Environment's Office of Emergency Preparedness and Response (CDPHE OEPR). Ms. Voth Siebert has cultivated multi-disciplinary emergency knowledge and experience in both domestic and international settings, including leading Colorado's first disaster mental health team under the Emergency Management Assistance Compact to support Puerto Rico's response to Hurricane Maria. Ms. Voth Siebert enthusiastically weaves cross-cultural psychology, community engagement, behavioral and public health, crisis communication, and neuroscience into the broader disaster conversation. **The Community Inclusion in Colorado mapping project**, which she developed, was recognized as a "promising practice" for Emergency Management Inclusive of People with Disabilities by FEMA and the ADA National Network in 2015.



Pedro Reyes works at a law firm in commercial law. He specializes in business litigation. He is also active in the community and volunteers as a mentor for youth who have

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Recent Technical Assistance Requests

In this section, read about recent questions the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) staff have answered and technical assistance requests to which they have responded. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: SAMHSA DTAC received an email from a behavioral health professional requesting resources on children's mental health.

Response: SAMHSA DTAC provided the following resources:

- ***Helping Children and Youth Cope in the Aftermath of Disasters: Tips for Parents and Other Caregivers, Teachers, Administrators, and School Staff Podcast*** is designed to help parents, caregivers, teachers, and other school staff to identify common reactions of children and youth to disaster and trauma, and discover helpful approaches to support immediate and long-term recovery. This podcast is available at <https://youtu.be/O4GftUhgAtc>.
- ***Psychological First Aid*** is available at <https://learn.nctsn.org/enrol/index.php?id=38>. This 6-hour online training is available free of charge from the National Child Traumatic Stress Network (NCTSN). This training gives an overview of how to help those experiencing crisis or trauma associated with a disaster. Psychological First Aid for Schools, a supplemental training available from NCTSN, is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.
- ***Resources for School Personnel*** is a resources toolkit for teachers and school administrators from NCTSN at <https://www.nctsn.org/audiences/school-personnel>.

Request: SAMHSA DTAC received a technical assistance request from a behavioral health professional requesting resources on disaster preparedness and recovery planning.

Response: SAMHSA DTAC provided the following resources:

- ***TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs*** provides broad guidance on creating a disaster preparedness and recovery plan for programs that provide treatment for mental illness and substance use disorders. The handbook is available at <https://store.samhsa.gov/product/TAP-34-Disaster-Planning-Handbook-for-Behavioral-Health-Treatment-Programs/SMA13-4779>.
- ***Disaster Behavioral Health: Resources at Your Fingertips*** has a section on disaster behavioral health planning tools and guidance. The document is available at <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-dbh-resources-at-your-fingertips.pdf>.
- ***The Centers for Medicare & Medicaid Services webpage*** on the Emergency Preparedness Rule is available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

Request: SAMHSA DTAC received a technical assistance request for speakers to provide information on mass shooting incidents.

Response: SAMHSA DTAC provided a list of possible speakers from SAMHSA DTAC's Cadre of Consultants. SAMHSA DTAC also provided the following list of resources about this topic:

1. SAMHSA DTAC *Supplemental Research Bulletin*
The *Supplemental Research Bulletin* highlights articles, research, and literature reviews on topics of interest for disaster responders. Our most recent issue focused on mass violence and behavioral health.

2. SAMHSA Disaster Behavioral Health Informational Series (DBHIS) on Mass Violence/Community Violence

This installment of the SAMHSA DBHIS features materials for the public, college students, parents and other caregivers, managers, school personnel, and responders on these topics:

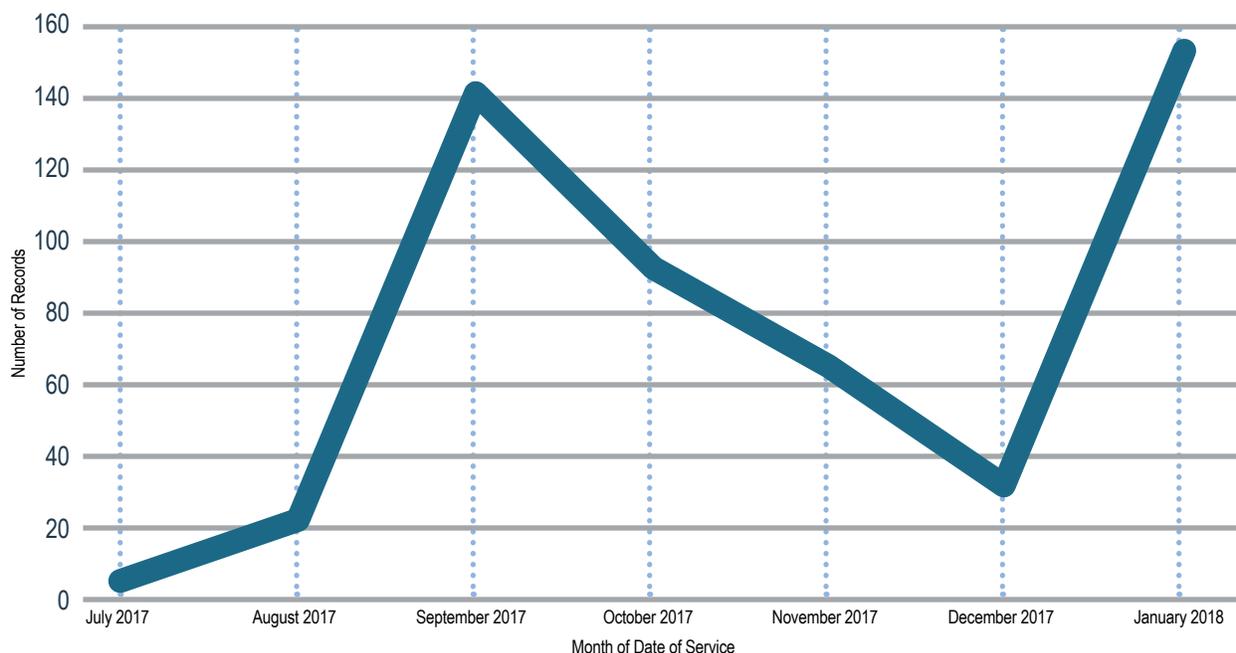
- Common reactions to incidents of mass violence, community violence, and terrorism, and tips for coping with these reactions
- Common reactions in children and adolescents after incidents of violence and terrorism, and ways to help them cope and recover
- Signs of the need for professional mental health support
- Trauma, traumatic stress, posttraumatic stress disorder, and acute stress disorder
- Resilience building
- Incidents of workplace violence, and dealing with and recovering from these incidents

TECHNICAL ASSISTANCE SNAPSHOT

CCP Grant Adult Assessment and Referral Tool Usage

JULY 2017 THROUGH JANUARY 2018

After the Adult Assessment and Referral Tool was added to the CCP mobile application, use of the tool among crisis counselors increased.



The trend of sum of Number of Records for Date of Service Month

Ask, Respect, Empower—Letting the Community Guide Cultural Sensitivity

By Aimee Voth Siebert

Disasters are intensifying. Communities grow increasingly culturally diverse across demographics, identities, and behaviors. Building a culturally sensitive disaster behavioral health (DBH) program has become an important, if daunting, task.

I want to relieve the intimidation that comes from thinking that cultural sensitivity means having to know everything about your community's diversity.

Instead, the hallmark of cultural sensitivity is humility: a process of

continually recognizing where our own knowledge ends and honoring where other people's expertise about their own lives begins.

While conducting a Psychological First Aid (PFA) course with Asian Pacific Development Center, a Colorado DBH trainer invited participants to teach one another about how their culture and ethnicity would inform the first two core actions of PFA: contact and engagement, and safety and comfort. Not only did the group enjoy sharing their community and

cultural knowledge, they highlighted the lesson that a responder who doesn't know their culture just needs to remember to ask, respect, and empower.

Cultural sensitivity is not a box that we check; it's a way we interact.

Ask

A key PFA principle during disasters is to support "self and community efficacy." We are told "never do for someone what they can do for themselves." Asking is one way we promote survivors' participation in

Calep Mack, a survivor with disabilities, is helped by Karin Agritelly, FEMA Disability Integration Advisor, at a Disaster Recovery Center. Photo by Steve Zumwalt/FEMA.



Nearly 59 million immigrants have arrived in the United States **in the past 50 years.**

In 2015, 14% of the country's population was foreign born **compared with just 5% in 1965.**

Source: Pew Research Center, March 31, 2016, 10 demographic trends that are shaping the U.S. and the world, <http://www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world>



their own recovery. Secondly, asking helps us as responders when we feel stuck or worried about offending people.

Asking can be practiced during one-on-one DBH interactions. People from different cultural communities can tell us how they would like to be addressed, what comforts them, who supports them, what is most important to them right now.

We can also build collective opportunities to ask within DBH teams and program structures.

A local fire department in Denver serves a neighborhood that is home to recently arrived refugees, many of whom practice Islam. The fire chief made a point to build relationships with the local masjid, not only to be able to reach the community in familiar spaces, but also to find a local leader who could answer questions about Islam and educate his fire and emergency medical services crews.

Start by understanding who makes up the community you serve. Then ask, in terms of personnel, “Is

your team representative of your community makeup?” Who are the connectors, organizations, and cultural brokers who hold cultural knowledge and you can intentionally engage? How can you make space for them to educate your responders and inform your practices and systems?

Asking, like cultural sensitivity, is not a one-off. Insights should be sought many times, from many people in the same community. There is both difference within groups and difference between groups.

Respect

DBH seeks to promote a community's adaptive functioning. Therefore, it is important for responders to respect that diverse communities function differently.

Access and functional needs is a framework used for inclusive emergency preparedness and response. It holds that there are five things that everyone needs to be able to do (function) and get (access) during emergencies, regardless of who they are:

- Communication
- Maintain Health
- Independence
- Safety, Support, & Services
- Transportation

Cultural and functional communities meet these needs differently. Unmet access and functional needs cause stress and fear during disasters, such as when interpreters are not available in someone's language, when a family has no vehicle to evacuate, or when people are separated from caregivers or their durable medical equipment. Emergency systems are intended to support everyone, but the inclusion of diverse community strategies for meeting these needs is incomplete.

As we continue to ask about our community's inclusive access and functional needs, we show respect by acting on what is shared. We can champion our community's needs with other responder groups, budget for inclusive services and resources, expand our networks and references to find partners who can help to meet these needs, and. . .

The hallmark of cultural sensitivity is humility:

a process of continually recognizing where our own knowledge ends and honoring where other people's expertise about their own lives begins.

...**Empower** the community to do what they can for themselves.

Disasters are a catalyst for starting community conversations. A couple years ago, Colorado's DBH team wanted to see if our way of talking about disaster behavioral health was engaging to diverse language and cultural communities. We invited partners from those communities to help us *trans-create* our key disaster behavioral health messages.

Beyond simple word-for-word translation, trans-creation for us meant finding out how culturally diverse communities might frame or

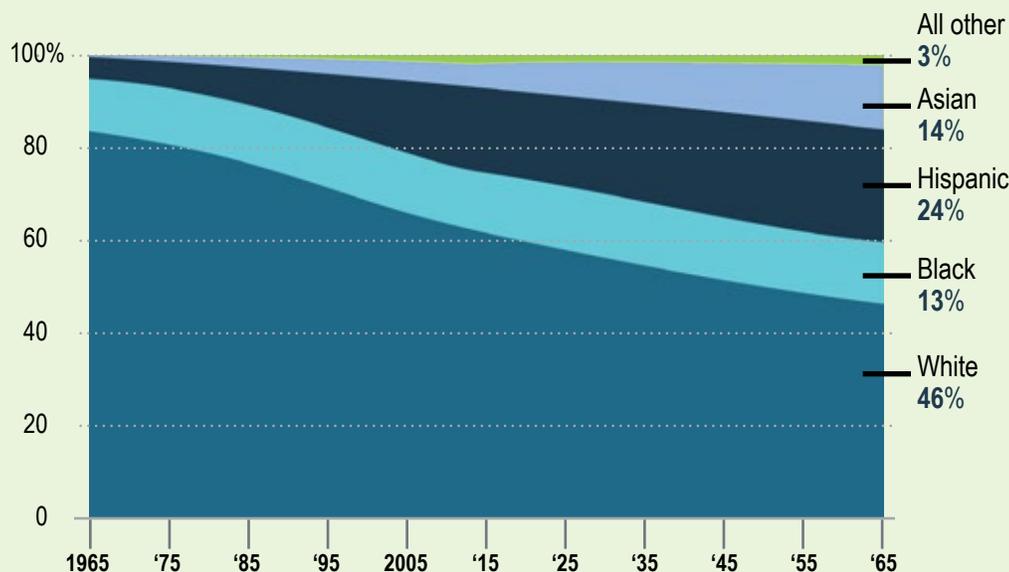
talk about disaster behavioral health topics differently. We learned that emphasizing individual behavioral health might not connect as strongly with communities that prioritize the family unit. In some languages, there were several words and metaphors for resilience, depending on what aspect you wanted to stress. And *who* was holding the conversation mattered—whether the messenger was trusted or not. It showed how valuable not just bilingual, but bicultural or bi-literate responders would be to a team. As usual, it brought us back around to relationship building.

At some point, a disaster behavioral health team's mission will end, and care for the community's needs will return to the people who are part of the community. So how do DBH teams leave seeds that empower diverse communities to support their functioning and resilience? How can we support the teachers, nurses, faith leaders, case managers, and whole neighborhoods in continuing culturally sensitive disaster behavioral health work?

Let's go ask our community... ■

The changing face of America, 1965-2065

Percent of the total population.



Note: Whites, blacks and Asians include only single-race non-Hispanics; Asians include Pacific Islanders. Hispanics can be of any race.

SOURCE: PEW Research Center

INTERVIEW

After the Hurricanes: Culturally Appropriate Disaster Behavioral Health in the U.S. Virgin Islands

By **Vincentia Paul-Constantin and Carla S. Perkins**

In September 2017, two hurricanes hit the U.S. Virgin Islands as Category 5 storms: Hurricane Irma struck St. Thomas and St. John early in the month, and Hurricane Maria swept over St. Croix 2 weeks later. The hurricanes damaged and destroyed buildings; knocked out electricity, Internet, and phone service; and stripped so much vegetation that satellite photos of the islands went from green to brown. Five deaths were linked to the storms.

Since the hurricanes, a Crisis Counseling Assistance and Training Program (CCP) in the U.S. Virgin Islands has customized services for the islands' diverse population. Five months into the recovery process, *The Dialogue* talked with Dr. Vincentia Paul-Constantin and Ms. Carla Perkins, leaders in the U.S. Virgin Islands' CCP, about island cultures, how they approach their work, and best practices for providing culturally appropriate services.

What are some distinctive aspects of the culture in the U.S. Virgin Islands?



Fredericksted, St. Croix, USVI—Contractors work to put fiber-reinforced blue plastic sheeting to cover a roof damaged by Hurricane Maria. Photo by Jocelyn Augustino/FEMA.

Dr. Vincentia Paul-Constantin:

Each of the three main islands—St. Thomas, St. John, and St. Croix—is different from the others, from population to historical influences to education to language to attitudes and mindsets regarding crisis and how to raise a family.

St. Croix is heavily influenced by Puerto Rican culture and has lots of individuals from surrounding Caribbean islands. We have so many influencing cultures; however, there is also this dogmatic attitude regarding staying true to the Crucian culture. The island has several

historic areas. As a people, Crucians have felt left back through history, health awareness, even from the tourist industry. They need to know you understand how important history is to them and what that means to them today.

On St. Thomas, you find more mixing or willingness to mix. The culture is more avant-garde and forward-thinking, and St. Thomians are more open to differences. They also feel left back, but in different areas. We have representation of other cultures on St. Thomas, including Haitians and more

foreigners, who are more part of the community on St. Thomas than on St. Croix.

St. John is very small. There are more foreigners on St. John, and schools, health care, and infrastructure are all different. The locals feel overshadowed, and not as wealthy or as validated.

Ms. Carla Perkins: In the Virgin Islands many people speak English, and there are also many Spanish speakers, especially on St. Croix; many on St. Thomas speak French Creole. Most people speak English, but some of what you're discussing in connecting people to resources and helping them identify their feelings gets lost in translation if they speak another primary language. On the CCP team we have at least one crisis counselor who is fully bilingual in English and

Spanish. That has been a great help, as has having bilingual staff in the Disaster Recovery Centers (DRCs).

What do the islands have in common from a cultural standpoint?

Dr. Paul-Constantin: On the islands, religion and spirituality are like drawing breath. It's always the opener in getting people to listen. As a clinician, I generally don't bring up religion unless the client mentions it, but for people here, everything centers on trust in G-d.

Within this common element, there are differences. We have a Rastafarian population, especially on St. Croix, and they are very into acknowledgement of Haile Selassie and religion. Westernized viewpoints will be dismissed immediately. We have to be careful about how we approach and speak to them.

Also, I usually don't say "mental health." We stay away from the word "mental" altogether in the U.S. Virgin Islands. "Mental" means alienation and isolation. For the Haitian and St. Lucian populations with Voodoo belief, it means a curse, something someone did to you. I come from a place of wellness, and, with Rastafarians, natural wellness. We talk about their food intake, lifestyle, and variables in their environment. What are things you do to support your wellness and natural living? Then they are eager to share their thoughts and beliefs. I learn a lot from them, and they learn a lot in the exchange, but it must be individual to them—not what I think is effective based on work I've been doing elsewhere.

We had a situation where a disabled individual from Dominica was not able to get to the DRC. The family

For a small territory (the U.S. Virgin Islands are twice the size of Washington, DC, with about one-sixth the population), the islands **boast rich diversity.**

DID YOU KNOW U.S. Virgin Island Residents:

- Speak several languages other than English;
- Are of black, white, Asian, mixed and other races (with about 17 percent identifying as Latino);
- Are of Protestant, Roman Catholic, Muslim, and other faiths.



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San Juan, P.R., September 8, 2017—VA Task Force 2 Urban Search & Rescue team gather commodities and prepare for transport to St. Johns and St. Thomas to aid Hurricane Irma survivors. Photo by FEMA/K.C.Wilsey.

called in for support, and I went with a colleague to the home. I thought to remove my shoes before entering the home, but the person I was with did not, and he didn't allow her to come in. It is related to spirituality and belief. In Dominican, Haitian, and St. Lucian culture, you're bringing outside spirits into my home on your shoes. If you leave your shoes outside my door, those spirits are not becoming part of my personal intimate space.

Ms. Perkins: Sometimes people are leery to talk about how they feel. Also, even though crisis counseling is not traditional treatment, sometimes people get put off by the word "counseling" due to stigma. Some counselors ask people "Do you need to talk?" not "Do you need to see a counselor?" Given the cultural context, people may choose to keep things within the family. They may also be more likely to

turn to prayer and other spiritual practices versus going to an outsider for support.

In the Virgin Islands it's a close-knit, family-oriented community. Even if people come to talk to the counselors about themselves, they may recognize that someone they're close to could benefit too and bring the person back or tell the person about the service they received. Also because the culture is close-knit, people are handling stress not only as part of their household, but also the stress of neighbors and relatives.

The cultures in the U.S. Virgin Islands and on other Caribbean islands emphasize pride and resilience, and so asking for help is not always easy. We have heard people say that they have gone this long without something, or they have been accustomed to doing things for themselves, so now that the storm happened, they're not

going to beg anyone for anything. We tell them that services are available to them by virtue of their being disaster survivors.

What would you recommend disaster workers not native to the community do before working with people in the U.S. Virgin Islands?

Dr. Paul-Constantin: The biggest thing I would tell people is this: we are all about helping, but if we don't know how to access people, we will not be effective. Know who the community leaders and gatekeepers are. They may not be the people you'd expect. In certain communities you need permission from gatekeepers to gain access.

Ms. Perkins: Learning something about the Virgin Islands would be important to help you understand the perspectives you encounter. It's important to understand what it means to be a territory of the United States versus what things might look like on the mainland.

Generally speaking, is there a strong "insider-outsider" mentality on the islands, and if so, how can outsiders respect and work within this paradigm?

Dr. Paul-Constantin: There is, but people are open to those who are genuinely invested in improvement. When they believe people are simply there to capitalize on them, are insensitive to their needs and closed-minded to their culture and what makes them unique, then they see people as outsiders.

Ms. Perkins: It does show up at times, but what I have seen is if you're open and willing to learn and you're genuinely caring and empathetic, people are happy to have the help regardless of where you come from.

In Caribbean culture, when people walk into a room, they say good morning or good afternoon to each other. If you greet people, it's a sign that you are trying to get established in the culture and you understand that greetings are a sign of respect within the culture.

If tourism is a big part of the economy, does that affect disaster

survivors in a unique way?
How has tourism been since the hurricanes?

Dr. Paul-Constantin: Tourism does affect survivors here, generally in a positive way. When tourism began to start back up recently, some believed we weren't quite ready for it and that there should be more focus on family and community rebuilding. But for others it signaled hope, a return to normalcy, progress, and resiliency.

Ms. Perkins: Tourists are continuing to come, even with the storm damage. I think the U.S. Virgin Islands wants people to know

that we are down but not out. We have been through two Category 5 storms, but we are a resilient people. People still desire tourism, and people here are open and friendly and want others to learn about the Virgin Islands.

Is there anything else you would like to add?

Dr. Paul-Constantin: For those coming in to provide services, it's wonderful to use your training, but it's important to truly consider the individual in front of you and be sensitive to him or her. If you come from a place of unknowing and openness, that works. We need to ask before we come in believing this is the way it should be done. People here are okay with response workers' not knowing things about their cultures; they're not okay with workers' *believing* that they know. Training and learning have to be ongoing.

Ms. Perkins: If you're not sure about something related to culture, find a respectful way to ask. In most of my cross-cultural interactions, things have gone well because I can approach situations with an open mind, being respectful and asking questions as needed. It's also very important to understand that because people are proud and resilient, as much as you want to lend a helping hand, they will want to be part of that process, extending a helping hand to them and others. ■

Cruz Bay, US Virgin Islands, US--A Disaster Recovery Center is open at the Legislature of the Virgin Islands St. John Annex. Photo by Jocelyn Augustino.



Cultural Sensitivity in Disaster Preparedness and Response

By Randal Beaton and A.B. de Castro

Following major disasters, survivors may experience a variety of distressing emotional, behavioral, and cognitive symptoms or, most commonly, resilience. The acute and longer-term reactions of affected disaster survivors depend, in part, on the type and scope of the disaster or public health emergency as well as the extent of their injuries and fate of their kin. Importantly, their psychological reactions are influenced by sociocultural factors, including their worldview, history, spiritual beliefs, and cultural norms. These all affect the ways survivors experience and manifest symptoms in the aftermath of specific types of disaster-related events (for example, the death of a child or spouse) or hardships such as long-term unemployment. Thus, cultural sensitivity is an important consideration for disaster preparedness and response personnel since it plays a major role in how people behave and cope, as well as their long-term recovery trajectories in the aftermath.¹

Although disaster behavioral health is considered a key component of disaster preparedness and response,

there has been little research to date that has documented the benefits and potentially harmful outcomes of psychosocial interventions across cultures (Beaton and Murphy, 2002; Beaton et al., 2009). One such study, a cross-cultural investigation of

non-Western survivors in a rural sample of Indian villagers following the 2004 Indian Ocean tsunami, found that prolonged grief disorder (PGD)—and not posttraumatic stress disorder (PTSD)—was the most common psychopathological



At least **350** different languages are spoken in homes across the United States.

SOURCE: United States Census Bureau, November 15, 2015,
<https://www.census.gov/newsroom/press-releases/2015/cb15-185.html>

¹Cultural awareness and sensitivity is defined as, “the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences, self-awareness, knowledge of a patient’s culture, and adaptation of skills.” (The American College of Obstetricians and Gynecologists, 2011) Cultural sensitivity thus relies upon a sophisticated understanding of a peoples’ history, their beliefs, their ways of coping, strengths and views of mental illness which, together, can inform the assessment and treatment of disaster survivors.

outcome and was associated with a different set of risk factors than PTSD. Such a finding has important implications since the identified risk for PTSD and PGD factors may be of a heuristic value for disaster personnel in terms of assessment and screening and because widely accepted treatment approaches for these distinctive disorders—which may co-occur—differ.

Another important disaster preparedness and response implication of cultural sensitivity is that cultural adaptations and modifications of crisis therapies such as Psychological First Aid may improve their acceptability and outcomes (Kumpfer et al., 2002).

Findings from international cross-cultural post-disaster interventions suggest that cultural sensitivity is key (Rajkumar et al., 2015). Lipinski et al., (2016), for example, note that, while offering psychosocial intervention for disaster survivors is a common “reactionary strategy,” caution should be exercised because: (1) Western-centric interventions are typically employed without adapting them to specific cultures and (2) such interventions may not be provided by qualified practitioners. To assess the benefits and potentially harmful effects of post-disaster psychosocial interventions, Lipinski et al., (2016) conducted a systematic review of psychosocial interventions (n = 10)

offered to both children and adult survivors of the 2004 Asian tsunami drawn from a variety of cultural and ethnic groups in the affected regions of India, Sri Lanka, and Thailand. While the authors concluded that most of the interventions reviewed had been adapted to the target cultural group and possessed a high degree of cultural specificity, they expressed some concerns and cited outcome data from a minority of reviewed investigations suggesting potentially harmful outcomes such as an increase in post-trauma symptomatology (Lipinski et al., 2016). This finding touches on another compelling reason for cultural sensitivity—that is, the ethical imperative to ensure that

Snapshot of Race and Hispanic Origin in the United States

[July 1, 2016]

76.9%	White alone
13.3%	Black or African American alone
1.3%	American Indian and Alaska Native alone
5.7%	Asian alone
0.2%	Native Hawaiian and Other Pacific Islander alone
2.6%	Two or More Races
17.8%	Hispanic or Latino*



Hispanics may be of any race, so also are included in applicable race categories.

SOURCE: United States Census Bureau, July 1, 2016, <https://www.census.gov/quickfacts/fact/table/US/AGE765210>

post-disaster interventions that are developed by the dominant culture do not negatively affect a disaster survivor's cultural values, practice, and identity (Sanders, 2000).

Closer to home, being mindful of a community's cultural needs anywhere in the United States can help reduce psychological distress in those affected during disaster response and recovery periods. The U.S. Department of Health and Human Services (<https://www.phe.gov/Preparedness/planning/abc/Pages/linguistic-facts.aspx>) notes five principles that disaster response personnel need to consider to better communicate with, and deliver services to, diverse groups.

Awareness and acceptance of differences facilitates a recognition that response personnel are often different from and may not represent community groups with regard to sociodemographic characteristics, such as race, ethnicity, language, gender identity, and ability.

Assessing one's own cultural values helps identify and examine personal biases and stereotypes that can hinder communications and service quality. **Understanding and managing the dynamics of difference** encourages cultural humility and informs methods regarding how various cultures receive, interpret, and express information. **Development of cultural knowledge** provides insight into customs and values relevant to preparedness, response procedures, and health and illness beliefs. Moreover, the **ability to**

adapt preparedness and response activities to fit different cultural contexts is crucial to assure that community cultural needs are respected and disaster management procedures align with an affected community's cultural values.

As a complement to these principles, the following additional practical strategies and tactics can enhance cultural sensitivity in disaster preparedness and response:

- To the degree possible, the make-up of disaster preparedness staff and teams should be diverse as well as reflect representation of the communities served in the area.
- Disaster planning and preparedness efforts should actively engage with community groups to assess needs related to culture and language, guide policies and procedures that are culturally sensitive, embrace the types of resources that support cultural beliefs and practices, and direct outreach efforts so that all community members are equitably informed. These can be achieved by meeting with formal and informal community leaders, collaborating with community-based organizations, and holding community forums in accessible locations and communicating in local languages.
- When possible, prepare members of diverse community groups to mobilize and play an active role during disaster events. Done in advance, these planning and

preparedness strategies can enhance effectiveness in executing disaster response and management procedures.

These recommended planning and preparedness efforts, based on cultural sensitivity considerations, will better address the recovery needs of diverse community groups. ■

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Working With Island Populations

By Mark Fridovich

Island states and nations pose a unique challenge for disaster preparedness and response efforts. Many islands are located in areas at particular risk for certain types of disasters, such as tropical storms, tsunamis, and earthquakes. Island populations also have distinct cultures and values that must be honored in any disaster response situation.

Hawaii's unique features are prominent in preparing for, responding to, and mitigating psychological and behavioral risk in disaster mental health. We are a state of islands, 2,500 miles distant, over ocean, from our nearest land neighbors, with very substantial physical, social, and economic diversity and differentiation from mainland United States. The physical boundary of the shore and the distance to our nearest neighbor may be internalized among the population as self-reliance or, more problematically, as insularity: "What is happening on the mainland is not our problem."

We are eight main islands, with no group having an ethnic or cultural majority, but rather a cultural mix of native Hawaiians and their descendants, Asian Americans, North Americans, military and former military, and many others reflecting the history of Hawaii. Our population



Kapa'au, Hawaii, November 1, 2006 - Federal and State disaster officials work together at this Disaster Recovery Center to register resident Timothy Kern. Photo by Adam DuBrowa.

also is bolstered year-round by tourists. Our tropical and generally comfortable, beautiful setting may lull recent arrivals into a sense of complacency about risk or need for preparedness for emergencies or disasters. Some questions to consider include the following:

- How would we communicate with family on the mainland if cell phones didn't work and land lines were overwhelmed?
- How do we connect with our family or local community if there is no electronic media?
- If the island is dependent on outside sources for food, fuel, and medical supplies, how will that need be met?

As seen through the experiences of Puerto Rico and the U.S. Virgin Islands during the disasters of 2017 and the subsequent months of recovery, concerns about physical and economic dependency, the dynamic of self-reliance, and the need for additional resources are paramount for island populations.

Preparedness and Response in Hawaii

For the most familiar hazards, Hawaii's native population is accustomed to a well-practiced set of routines: here are the risks, these are the steps that mitigate risk, these are the local resources available, and this is what constitutes reasonable preparedness. The routine of preparing for a known threat



Honolulu, Hawaii, September 26, 2012 -- Tom Ridgeway of the FEMA Region IX, Pacific Area Office participating in Preparedness Month activities at the Honolulu Federal Building in September 2012. Photo by Gen Tamura.

provides a degree of security and lessens anxiety. This is probably true for many of our inhabitants even in the case of threats that do not materialize, such as a storm that veers away or loses strength, or a tsunami that arrives at the predicted time but at a much lower magnitude. The routines of preparedness are supportive, even if these are not utilized. There may be some diminished trust in warning systems if the prediction is always wrong or very far off in terms of magnitude, scope, or timing.

Life gets more complicated with our substantial tourist and military populations, the former because obviously they are neither familiar with the routines, nor do they have the informational resources necessarily available to prepare effectively. Our military personnel may similarly have shorter tenure than others and therefore less familiarity with local knowledge, although they are members of supportive communities, with substantial independent resources even if these communities are significantly distinct from other aspects of island or community life.

In addition, Hawaii has the highest per capita homeless population of

any state. These individuals lack fundamental resources at the best of times. While they have strengths (for example, local knowledge) the lack of shelter can put them immediately at risk in many of the most common disasters.

Disaster Responders and Their Approach to Island Populations

When disaster responders go to an island nation with which they are not familiar, it is important for them to keep several things in mind, including the following:

- Island communities are distinct, and it is important not to generalize. Living and working on an urbanized Pacific island (such as Oahu), part of the United States, is different from living on an atoll a few degrees north of the equator in the Pacific. In addition, the extent of social cohesion (degree of sharing a common history, linguistic, cultural, and ethnic heritage) will vary from island to island and possibly even within islands.
- Disaster responders must make an effort to understand the character of an island's population during response and recovery. This

includes not making assumptions about the importance of relationships, family group, the relative importance of physical items, and the significance of relationship to a particular place or parcel of land. Listen to and respect where survivors are at.

- Disaster responders coming from outside the island should engage a local informant who will potentially be invaluable in establishing linkage, promoting effective communication, and serving as a resource regarding values.
- Historical and contemporary objective information and social or cultural information about the location will be helpful. Preparation in advance of deployment will increase effectiveness. However, we all must remember that human communities, cultures, and languages are constantly changing.
- Though the physical environment may appear uniform to the responder, do not presume a uniformity across an island or within a community. These may be more diverse than it would appear.

There can be no substitute for genuine and deep openness to learning from the people who you are with, and learning from them in ways that, prior to the encounter, could not be anticipated about who they are and what will be helpful to them during and after a disaster.

Communication is the Key: Before, During, and After Disasters

By Roger Williams

All too often, deciding how to respond to individuals with functional needs happens during or even after a disaster strikes. The recent spate of Internet videos showing unqualified sign language interpreters all too clearly illustrate the potential peril that this lack of forethought invites. All of those situations could have been prevented with relatively little effort during the planning stages. The solution is neither original nor unique: meet with the community before the event and, as always, “plan for the best, prepare for the worst.”

When planning to meet the needs of any community, start with the community. “Nothing about us without us” has long been the rallying cry of the disability community but frequently that credo has not been the hallmark of disaster response. This means meeting with the individuals who have functional needs, not just with those who provide services. While this may seem both simple and obvious, let’s look at what changes that has meant in South Carolina:

- A working relationship between deaf consumer-led civic organizations, state agencies serving the deaf community, and private interpreter agencies has



June 12, 2017, Neosho, MO - FEMA Disaster Recovery Centers (DRCs) are accessible to people with a wide range of disabilities, including deaf, hard of hearing, sight impaired, and blind. Photo by Howard Greenblatt/FEMA.

resulted in deaf American Sign Language (ASL) interpreters (Certified Deaf Interpreters) for statewide announcements, an ongoing public education program for deaf community activities, and a new project to provide fully accessible notifications for fixed nuclear facilities.

- Deaf community members have taken Community Emergency Response Team (CERT) training offered by qualified CERT instructors who are deaf or fluent in ASL with support from their local county CERT.
- Trained behavioral health responders fluent in ASL are prepared to respond to disaster needs, large and small, across the state, in cooperation with the state mental health authority.

- Shelters with enhanced communication options such as videophone access and sign language interpreters have been identified as well as the development of standard messaging in ASL using recorded media.

These changes have required an investment of time and money from the state emergency management agency as well as from other stakeholders. For interactions with the deaf community, the cost of translation and interpretation can often be seen as an obstacle, especially if the expense is not anticipated. However, failing to invest in the planning stage can often result in a response which is ineffective and, ultimately, more expensive. At the Department of Mental Health, representatives from the Deaf Services Program are

involved at multiple points and in all phases of disaster response.

In the mitigation phase, staff from the Deaf Services Program provide workshops to meetings of the deaf community regarding resilience and coping strategies.

As part of preparedness, deaf staff participate in the cross-agency Emergency Planning Committee for People With Functional Needs to identify resources available to meet the needs of clients in the event of an emergency. This includes working with the deaf community and Emergency Management personnel to ensure that messaging includes consideration of the potential mental health impact. Within the agency, Deaf Services staff are involved in

developing the agency response plan and ensuring that interpreters, ASL-fluent staff, and assistive equipment are a part of the planning process.

During the response phase, senior staff from the Deaf Services Program are in contact with disaster mental health (DMH) representatives at the Emergency Operations Center, as well as with partner agencies in Emergency Support Function 6 and 8. In addition, there is an ongoing functional needs network spearheaded by Portlight Inclusive Disaster Strategies, Federal Emergency Management Agency, and ABLE, the local Center for Independent Living. This enables us to provide immediate crisis counseling support for individuals in shelters or at a disaster scene.

Once the department initiates the crisis counseling operation in the recovery phase, counselors are provided basic information about the deaf community and advised how to contact the Deaf Services Program as needs arise.

Working with functional needs communities should be viewed from a cultural lens, as a group of people with shared experiences and characteristics rather than from a medical perspective, as a group needing to be treated. The Deaf community, in particular, is like an immigrant community in terms of the language and cultural awareness needed to effectively provide services. But the same perspective can be helpful in understanding other communities as well. The vast majority of individuals with functional needs live independently in the community and want that same independence in a disaster.

Within that framework, it is also important to remember that individuals with functional needs are no more monolithic than any other community. Within the Deaf community, for example, individuals range from graduate level competence in English and ASL to functional illiteracy in any language, from active in the community to social isolation, and from proud identification of deaf identity to denial of a hearing loss. For this reason, communication needs to utilize as many modes and modalities as possible. This includes messages that are signed

Midway, GA, September 26, 2017 – A FEMA Disaster Recovery Center has opened to assist survivors affected by Hurricane Irma. Photo by Liz Roll/FEMA.



in ASL, captioned into English with options for reduced vocabulary, use of social media, and text messaging and captioned phone compatibility. While this list may be overwhelming,

if not bewildering, it illustrates both the communication heterogeneity of this community and the need for community involvement in identifying which channels to utilize.

In summary, working with functional needs communities requires creativity, thoughtful planning and, above all, partnership with the community itself. ■

Disability by the Numbers



About **56.7 million** people— 19% of the population—had a disability in 2010, according to a broad definition of disability, with more than half of them reporting the disability was severe.



About **8.1 million** people had difficulty seeing, including 2 million who were blind or unable to see.

About **7.6 million** people experienced difficulty hearing, including 1.1 million whose difficulty was severe. About 5.6 million used a hearing aid.



People in the oldest age group—80 and older—were about **8 times more likely** to have a disability than those in the youngest group—younger than 15 (71% compared with 8%).



Being frequently depressed or anxious such that it interfered with ordinary activities was reported by **7 million** adults.



Roughly **30.6 million** had difficulty walking or climbing stairs, or used a wheelchair, cane, crutches, or walker.



The probability of having a severe disability is only 1 in 20 for those 15 to 24 while it is 1 in 4 for those 65 to 69.

New Relationships With First Responders

By Pedro Reyes

Native Americans have long understood that *being in relationship* with nature and people is a part of life. *Being in relationship* means an identification with the land as well as with the people in it. For Californian tribal members facing current natural disasters, *being in relationship* extends to the first responders who are in close contact with Native American tribes and the sites that they value for their traditional significance.

The Tuolumne Me-Wuk tribe was affected by the 2013 Rim Fire. The Rim Fire decimated homes while threatening lives and sacred sites.

The first responders tasked with battling the fourth largest wildfire in California's history paid special attention to the traditional sites of the tribe. They kept tribal members informed by including them in weekly briefings. In turn, the tribe provided support for the first responders. This support came in the form of delivering care packages that included simple, daily amenities that the firefighters no longer had. Moreover, the tribe provided home-cooked meals to the first responders on several occasions.

The Tuolumne Me-Wuk tribe drew from their traditional practices.

Traditionally, Native American tribes provided feeds and feasts for marking important moments. This practice extended to events such as disasters. The result was a relationship that revolved around more than just the disaster that had occurred. In this case of the Rim Fire, the relationship included the responsibility of the tribe to serve the firefighters, and the firefighters recognized the value of keeping tribal members informed about their sacred sites.

The reciprocity that occurred during the Rim Fire also included the first responders safely escorting tribal

Hughes, AK, September 19, 2013 -- The California Hoopa Tribe volunteers work to repair this flooded home by removing old wet insulation and replacing it with new. Photo by Adam DuBrowa.



Ya'at'eeh

Hello

Nearly 65,000 people who spoke English less than “very well” spoke Navajo or another Native North American language.

Source: United States Census Bureau, October 2015, <https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html>



Above: Exterior road sign for FEMA – Tribal Nations Disaster Recovery Center at the SuAnne Big Crow Boys and Girls Club on the Pine Ridge Reservation in Pine Ridge, South Dakota. Photo by Christopher Mardorf / FEMA. Right: External view of the Seminole Tribe of Florida Disaster Recovery Center on the Immokalee Reservation in Florida. Photo by J.T. Blatty / FEMA.



members through the ashes to visit their sacred sites after the fire had been extinguished. This provided an opportunity for the first responders and the tribal members to continue their interactions. It was the beginning of the rebuilding process, both physically and psychologically. Many tribal members related that their inclusion, as well as transparency by the first responders, assuaged the anxiety of not knowing what damage had been done to the tribal sites.

Sacred sites have healing power. Even maintaining sacred sites provides a psychological benefit for tribes that their culture is still intact. For this reason, Native American tribes often hold the preservation of these sites as paramount, the importance of which cannot be overstressed for the identity of tribal

members. Often, these sacred sites describe the values of a tribe. These values differ based on geographical location as well as tribal philosophy. From the grinding rocks of California tribes to the sacred mountains of tribes in Arizona, sacred sites are as unique as the tribes themselves.

Increased natural and human-caused disasters threaten the identity, psychology, and physical well-being of impacted tribes. For Californian Natives in particular, wildfires have become an increasing threat to sacred tribal sites. Traditionally, many tribes have used burning strategies to tend the land. This included starting fires to clear brush from the forest floor. However, the controlled burns of the past have given way to modern wildfires that erode the soil and choke the land.

As the frequency of wildfires in California increases, the impact on tribes will increase as well. Formerly, tribes viewed the burning of forests as destructive and beneficial. However, the fires that tribes now contend with have the potential to be more destructive than the fires of the past. The challenge is how to incorporate traditional paradigms of destruction and rebirth with the changing landscape. For the Tuolumne Me-Wuk tribe, destruction of the land gave way to a new relationship with first responders, and vice versa—the major benefit of which is not wholehearted acceptance of every fire that occurs, but rather the psychological benefit for those impacted by fires that even after a major disaster there is the potential for new growth. ■

Supporting People With Functional Needs

By the Institute for Disaster Mental Health at State University of New York, New Paltz, published as a joint venture with the New York State Office of Mental Health and Department of Health



JAYUYA, Puerto Rico, December 8, 2017 - Abdiel Reyes and Alex Aldarondo from FEMA Disability Integration help unload medical equipment provided by FEMA, for survivors in Jayuya. Photo by Yuisa Rios/FEMA.

No one is immune to disaster, but it has long been recognized that there are certain groups whose disabilities, age, or other characteristics can create particular difficulties for them during and after events. They may have limited ability to protect themselves during a disaster, more complex sheltering needs, or more barriers to recovery. In recent years there's been a national policy shift from segregating people with these issues into "special needs shelters" and instead determining how to address their requirements within general population shelters and services through "functional needs" planning. This is admirable in terms of showing respect for individuals and adhering to the spirit of the Americans with Disabilities Act, but in actual practice, the change has revealed some significant gaps

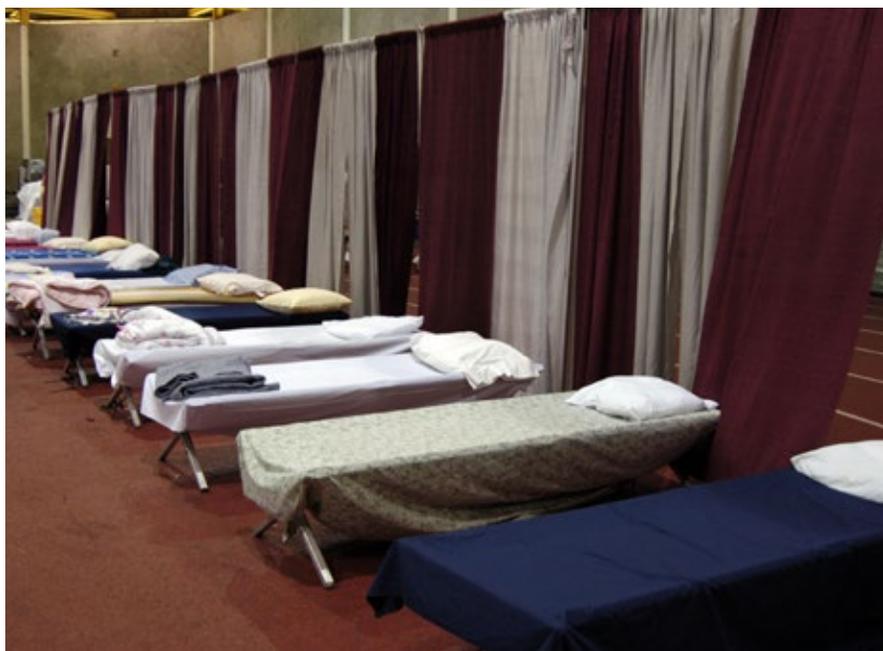
in preparedness as responders must learn how to adapt to complex and often unforeseen situations.

State, territory, and tribal plans usually cover logistical guidance for incorporating functional needs into pre-disaster planning as well as the response and initial recovery phases of a disaster. However, these may not contain information on addressing the psychosocial reactions of disaster survivors whose functional needs place them at higher risk—nor do they address the stressors responders themselves may face in trying to meet those sometimes intense demands. Here's a broad overview of a few of the factors we all need to consider in completing this shift. Many of the actions needed to address functional needs can also benefit the general

survivor population, as we'll discuss.

Who Are These Groups?

Much of the planning for integrating people with functional needs focuses on individuals with physical disabilities and mental health conditions. Federal Emergency Management Agency's (FEMA's) 2010 Guidance on Planning for Integration of Functional Needs Support Services (FNSS) in General Population Shelters states that "children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include women in late stages of pregnancy, elders, and people needing bariatric



Baton Rouge, La., September 3, 2005 -- This is a special needs shelter for those with disabilities, senior citizens, and people seeking medical attention during Hurricane Katrina. Photo by Liz Roll.

equipment.” Other groups who may present particular functional needs post-disaster include unaccompanied minors who need to be reunited with family, people who cannot speak or read English, and pre-disaster homeless individuals.

An important point to remember in considering these groups’ psychosocial needs are some of the co-occurring issues that may compound the main disability. The World Health Organization points out that relative to people without disabilities, those with them may also live with poorer general health, lower educational achievements, less economic and social participation, and higher rates of poverty. All of those co-factors are likely to lead to less ability to prepare for emergencies, leading to worse exposure during the event, and providing fewer economic and social

resources to support their recovery. That makes it all the more important that every effort be made to address their immediate requirements post-disaster in an effort to remove barriers and provide a supportive early recovery environment.

What Do They Need?

Consistent with the basic premises of disaster mental health, meeting survivors’ practical and logistical needs promptly is the best way to prevent extreme and lasting emotional reactions. Emergency plans usually include many pages of specifics on addressing a wide range of physical and medical functional needs, so we’ll focus on the more mental health-related aspects of a few key points.

Replace missing assistive devices and medications: In some cases, restoring access to medications

or life-sustaining treatments is a medical emergency that should of course be prioritized. Other clients risk a return of physical or psychiatric symptoms, as well as uncomfortable or dangerous withdrawal symptoms, if access to needed prescription medications isn’t restored promptly.

But in many cases the need appears far less urgent to response organizers than it feels to the survivor. How many of us would instantly become disabled and dependent if we merely lose our eyeglasses or hearing aids? That’s not a matter of life or death, but it shifts that individual from the category of general survivor to person with special needs, potentially making them feel helpless and frustrated and preventing them from participating actively in their recovery. While triaging these needs clearly should focus first on people with the most pressing problems, try to widen the focus as soon as possible to restore functionality to those less urgent cases.

Address dietary needs: Shelter managers should generally try to ensure that meals and snacks are as healthy as possible, with items that are low fat, low sodium, and low sugar to meet the broadest range of dietary needs. FEMA recommends striving to meet more specific needs such as meal options that are vegetarian, gluten-free, kosher, and safe for people who are allergic to peanut oil and by-products.

On the emotional side, we also recommend taking residents’ ethnic

and regional preferences into consideration whenever possible. Food is a main source of comfort for many people, so providing meals that are familiar and palatable is a small but powerful way to show you recognize their situation and want to support their needs.

Improve communication:

Obviously people with severe sensory impairments may have trouble receiving warnings before an event and informational briefings afterward, so bringing in supports like sign language interpreters and scribes may be necessary. Other clients who may need assistance with communication include non-native English speakers (and note that even people who are generally adept in a second language may lose fluency in stressful situations), people with dementia or cognitive impairment, some people with mental illness, and people with autism. Incorporating technology, like translation or voice recognition programs on a smart phone or tablet, may be beneficial in communication with some of these groups.

Also remember that survivors with none of those obvious communications barriers are likely to have trouble focusing on and retaining information if they're very stressed, as is likely soon after a disaster. Try to use simple and direct language, repeat yourself as necessary, provide printed materials as reminders, and don't assume a message has been fully absorbed.

Address negative perceptions:

As experiences from a number of recent disasters in New York State have demonstrated, this can be one of the most challenging elements of integrating people with functional needs into a general setting. Largely because of sensationalized or exaggerated depictions of mental illness in both entertainment and news media, many community members have wildly distorted perceptions about

Consistent with the basic premises of disaster mental health, meeting survivors' practical and logistical needs promptly is the best way to prevent extreme and lasting emotional reactions.

people with mental illness being dangerous. Their personal tolerance and patience is not likely to be at its highest in a shelter or other post-disaster setting, where the general conditions may also be activating stress reactions in the person with mental illness who has just experienced the disaster and may be dealing with their own traumatic memories. The resulting combination of behaviors on both sides can lead to shelter residents protesting the presence of someone

who has every right to be there, while that individual faces the added stress of feeling unwelcome.

Negative perceptions may also be directed towards individuals who are visibly ill (even if they're not contagious), or appear to be homeless or otherwise "different." We should acknowledge that shelter staff and other responders are not immune to feeling anxiety or mistrust about clients who they fear may become disruptive, or staffers simply may not want to deal with the conflict these clients can produce among other shelter residents. DMH helpers may need to balance efforts to provide psychoeducation and calming to anxious residents and staff members while respecting the privacy and access rights of the person with mental illness.

Clearly there are many more specific aspects of integrating people with functional needs into disaster response that we don't have room to address here. This article is just an overview of a policy shift whose ramifications are still emerging for disaster mental health helpers, but we hope it will encourage you to start thinking about members of your community whose functional needs should be incorporated into your plans, and in your staff and volunteer trainings. Ensuring that everyone involved in disaster response understands those needs and develops basic skills to address them can help to minimize excess anxiety and conflict in an already stressful situation. ■

RECOMMENDED RESOURCES

Understanding Historical Trauma When Responding to an Event in Indian Country: Tips for Disaster Responders

This SAMHSA tip sheet serves as a resource for disaster response workers to learn about working with and supporting Native Americans through a disaster or other traumatic event. It defines historical trauma and its effects on the community, as well as how to take historical trauma into consideration when responding to the needs of the community.

Find the tip sheet at <http://bit.ly/2E8gvms>.

Cultural Awareness When Working in Indian Country Post Disaster: Tips for Disaster Responders

This tip sheet from SAMHSA provides disaster response workers with a better understanding of the cultural values and traumatic events that are shared by many Native American communities. This information can be used to tailor response efforts and better aid the community. The tip sheet also provides guidance on how to build connection with the community in an effort to show respect and provide an effective response to any disaster.

Find the tip sheet at <http://bit.ly/2GVsu8T>.

Individuals With Disabilities

This resource from Ready.gov lists steps for individuals with disabilities that can help them plan for a disaster so they can be better prepared if the resources they are used to are suddenly unavailable or limited. It includes tips for those that are deaf or hard of hearing, blind or have low vision, and individuals who have a mobility or speech disability. First responders can use these tips to learn what to look for or develop ways of better communicating with those with a disability.

Read the planning steps at <http://bit.ly/1Uup6nF>.

Emergency Preparedness: Including People With Disabilities

This page from the Centers for Disease Control and Prevention website lists a variety of resources for first responders including tip sheets on assisting people with different disabilities. Emergency personnel may use them to develop emergency response plans that include people with disabilities. It also has resources for people with disabilities and their caregivers, communities, and more.

Find the page at <http://bit.ly/2EvTfPm>.

Preparing for Disaster for People With Disabilities and Other Special Needs

This booklet provided by the Federal Emergency Management Agency and the American Red Cross was developed to aid individuals with disabilities in preparing in case of an emergency. It provides a checklist of what should be done before a disaster, including considerations for people with disabilities. The booklet walks through the process of making a plan in case of a disaster, building a disaster kit, and how to maintain the preparation work you have done.

Find the booklet at <http://bit.ly/2EvcEzZ>.



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