



10 Crisis and Risk Communication: Tips for Public Health Professionals Communicating with Native and New Americans

Editors:

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Institute for Regional Studies
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Foreword

Crisis and Risk Communication: 10 Tips for Public Health Professionals

Communicating with Native and New Americans serves to assist public health professionals when building and fostering relationships with Native and New American populations. This guidebook provides both a theoretical foundation for health communication practices and practical, day-to-day suggestions for engaging Native and New American communities in health promotion and risk and crisis communication. This guidebook is the result of actual field work with Plains Indian groups and New American groups in the upper Midwest and collaboration with public health professionals.

The word crisis has many different meanings, depending upon the context of the situation. However, we use as a basis for our discussion the work of Seeger, Sellnow, and Ulmer (2003): A crisis is “a specific, unexpected and non-routine . . . event or series of events which creates high levels of uncertainty and threat or perceived threat” to individuals, organizations, or communities (p. 7). As such, those with some capacity for controlling the onset or reducing the impact of a crisis engage in risk communication with those who face the crisis as potential victims. This publication is designed for professionals who can use these communication strategies when interacting with New and Native American groups.

The Centers for Disease Control and Prevention (CDC) define health communication as “the study and use of communication strategies to inform and influence individual and community decisions that enhance health” (2001). As public health professionals, we use health communication to assist in disease prevention and health promotion. We use health communication to inform clients about risk and crisis situations.

An essential public health service is to “participate in community-based planning and social activities to support healthy communities” (Plough, 2006, p. 71). Kreps, Quarry, and Bonaguro (2008) envision the future of health communication campaigns as becoming “increasingly dependent upon integrating interpersonal, group, organizational, and mediated communication to effectively disseminate relevant health information to specific at-risk populations” (p. 12).

1

Involve multicultural specialists in communicating about public health risks.

There is value in forming multicultural research and work teams. According to Lasker, Weiss, and Miller (2001), “the unique advantage of collaboration can be realized when the partnership as a whole is greater than the sum of its parts” (p. 165). Collaboration is recommended using a community-based participatory approach to empower each team member.

Case in Point - Eating Disorders and Body Image: Concerns of Asian American Women

No group of “experts” can fully understand the perspectives of individual communities. Engaging the communities in discussing risks and developing their own risk communication campaigns increases the sense of ownership and commitment. In the case of treating Asian American women with eating disorder and body image concerns, Huang Cummins, and Lehman (2007) discovered that by utilizing multicultural teams to gain a better understanding of the Asian American community, they were better able to communicate the risks and treat the women in a culturally responsive manner.

Harell and Bond (2006) advocate examining customs, norms, and ways cultural groups communicate to enhance the development of programs that are consistent with the values and natural rhythms of living within the community. Such understanding can help practitioners avoid assumptions of *knowing what is best* for clients when communicating about risk and crisis situations.

Day-To-Day Practices

- Consider the talents that multicultural specialists can bring to the team. Invite their participation and welcome their advice about how to develop risk communication campaigns.
- Identify and involve a variety of individuals who belong to various cultural communities.
- Avoid going into a situation with just your own ideas. If you do, it is likely the group will not be receptive because did not ask them about their needs.
- Collaborate with other public health or community officials who are familiar with the community. Often, these people are trusted by the community, and can help introduce you as a reliable colleague.
- With every new project, try to expand the number of relationships you have with people in the community. Ask the cultural agent for names of people who would be willing participants, but have not yet participated in any projects.



2

Use cultural agents as links to multiple publics.

One challenge is finding the people in a community who are ‘gatekeepers’ or those who hold the key to understanding social networks within a community (Wright, 1994). Inviting key community agents to participate in the process enhances community adoption. Community residents must be active participants in any efforts directed toward them. The work of improving health and communicating risk begins by building trust within the community. Using these cultural agents to help gain access to multicultural populations can contribute to the development of successful risk campaigns (Littlefield & Thweatt, 2004).

Cultural agents can act as links to multiple publics. Social relationships are increasingly important in public health. Every community’s social network has these opinion leaders to whom others turn naturally for advice, help, and support (Kaspersen, Matthiesen, & Gotestam, 2003).

The cultural agent is a member of the community and agrees to be a link between community members and the public health system. Cultural agents compliment health officials because they can deal with short-term crises, life event challenges, and ongoing stressors such as poverty and discrimination (Eng, Parker, & Harlan, 1997). They are also helpful in health promotion and prevention programs because they understand the varying cultural contexts surrounding health, illness, and taboo subjects such as sexually transmitted disease and breast cancer. Once cultural agents are identified and agree to act as liaisons, they become invaluable resources in the process of developing risk communication campaigns.

Day-To-Day Practices



- Identify and use a trusted member of the cultural community to act as an agent or liaison for your program.
- Consult often with your cultural agent.
- Allow the cultural agent to lead discussions with members of their cultural groups. Get out of the way and trust the process.
- Compensate cultural agents well for providing access to the community. If you have received grant money, budget an amount for your cultural agents and community leaders. This may not always be feasible due to budget shortfalls and other restrictions, so it may become necessary to find other ways to provide incentives to your cultural agent.
- Find ways you can provide recognition through the media if that is helpful to your cultural agent .
- Pay your cultural agent's expenses if you invite him or her to travel and make presentations or participate in conferences or meetings on your behalf.
- Use the cultural agent or leader to identify other key community leaders/trusted spokesmen or women.
- Use the agent as a liaison. A good cultural agent is trusted in the community and has a passion for spreading key information such as public health messages.

3

Take time to build relationships with multiple publics before a crisis.

Healthy working relationships with the community are an essential part of planning risk and crisis communication messages and programs. This takes time (Ryen, 2001). By attending community events, collaborating on projects, and getting to know community leaders, public health officials can increase cooperation and participation in coalitions or public health events.

Case in Point - Building relationships can establish important networks before a crisis

Cultural groups respond differently to time. For some, time is a gift; for others, a commodity to be used, saved, or spent. In the U.S., saving time often takes precedent over what might be perceived by some as wasting time. However, for many cultures, the process of engaging in communication is worth the extended time. In a risk communication project sponsored by the National Center for Food Protection and Defense, Littlefield, Cowden, and Farah (2006) utilized a third party vendor with well-established, trusting relationships in Somali and Hmong communities to gain access to these groups. The time the cultural agent had spent in prior interaction with these groups was essential to the successful completion of the project.

The CDC offers these recommendations for gaining an understanding and appreciation of differing perspectives: become aware of differences in the group by asking questions and getting involved in small-group discussions; seek involvement and input and listen to persons of different backgrounds without bias, and avoid being defensive; learn the beliefs and feelings of specific groups about particular issues; read about current and emerging issues that concern different groups, and read literature that is popular among different groups; learn about the language, humor, gestures, norms, expectations, and values of different groups; attend events that appeal to members of specific groups; become attuned to cultural cliches, stereotypes, and distortions you may encounter in the media; use examples to which persons of different cultures and backgrounds can relate; learn the facts before you make statements or form opinions about different groups (Centers for Disease

6 Control and Prevention, n.d., p. A2-15). None of these CDC suggestions can be accomplished quickly so allow enough time in your planning.

Day-To-Day Practices

- Before attempting to communicate in formal ways, learn about the social structures and cultural practices of the cultural group.
- Take time to identify cultural leaders in the various communities to better understand the community and culture.
- Build trust by frequently being present in community events.
- Listen to the cultural group's stories to help assess community needs.
- Contribute to the group's discussion and planning about health issues.
- Introduce and follow through with promises about health issues that are made to the community.
- Avoid taking missed appointments personally. Often family issues supercede all other activities. Be patient and work to reschedule.
- Take a moment to type up your project overview with a list of benefits for the community and a projected timeline so everyone involved understands the project objectives and timeframe.



4

Utilize different ways to listen to and involve multiple publics.

For many cultural groups, participation in community projects or research is threatening due to their relationship with the federal government. Some cultures see government as a threat based on their experience prior to coming to the United States. For immigrants and refugees, criticism of anything connected with the government may mean hassles and possible deportation. Native Americans have a distrust about federal responses to the problems they face due to the history of Native relations with the U.S. government.

Because of their fear of retribution, risk communication campaigns with multiple publics should make use of popular epidemiology and community-based participatory methods. Much is written about popular epidemiology and participatory action research in public health and public policy, especially in the areas of environmental health and equalizing access to health services (see Brown, 1997; Minkler, 2000; Minkler, Blackwell, Thompson, & Tamir, 2003; Petersen, Minkler, Vasquez, & Baden, 2006).

Rather than taking information out of the community, public health officials can share knowledge to immediately enact social change within the community. As a result, the community becomes critically conscious and can confront potential barriers or issues.

Day-To-Day Practices



- Work with your cultural agent to investigate cultural issues that need to be addressed (or the group feels needs to be addressed).
- Design your message or campaign in a manner that is most convenient and comfortable for the community, not the public health officials.
 - What are their needs and expectations?
 - What will they do with the information?
 - How will the messages be interpreted?
- Work with cultural agents to identify cultural norms of listening and forms of engagement and involve cultural agents in conversation on issues that pertain to the community.
- Report back to the community the lessons learned or successes achieved through collaboration between the community and the agency.
- Communicate appreciation of the community's knowledge and participation in public health conversations.
- Gifting is significant in Native culture. Consider representing payment as a token of thanks for participants gifting their time and responses. Involve the cultural agent in determining appropriate gifts.

5

Realize that views about public health crises vary across cultures.

Different cultural groups may have very different priorities. An outsider cannot expect to share the same perspectives as those of a culturally diverse community. Thus, cultural groups respond differently to risk and crisis communication based upon their perceptions and ways of thinking (Lindell & Perry, 2004).

Case in Point - Lived experiences shape perceptions of crisis and risk

Experience demonstrates that what one cultural group perceives as a crisis may seem trivial to another. Littlefield, Cowden, Farah, and Hueston (2006) found that lived experiences shaped the perceptions for refugees and Native Americans. For refugees fleeing the crisis situation of a civil war, the risk of being eaten by a lion or alligator was weighed against the risk of being shot or killed by rebel groups. In contrast, the risk of eating a potentially contaminated food product seemed much less a crisis to the refugees. Similarly, some Native Americans considered the presentation about a risk of food contamination as an actual warning that the crisis had already occurred and authorities were hiding the truth.

Because of these conflicting views dialogue is recommended as a way to foster understanding about differences between cultures. Dialogue is defined as “the skillful exchange or interaction between people that develops shared understanding as the basis for: building trust, fostering a sense of ownership, facilitating genuine agreement, and enabling creative problem solving” (National Association of City & County Health Officials [NACCHO], 1996, Tips for community engagement in MAPP, para. 7).

Dialogue represents a shift from a one-way, top down communication style to a two-way interchange of information and opinion about risk. Dialogue empowers community members and cultivates attitudes of openness, empathy, and equality that can enrich a broad-based community health improvement process. Dialogue also “facilitates collaboration among the local public health system partners that are responsible for improving the quality of public health services” (National Association of County & City Health Officials, 1996, para. 8).

Day-To-Day Practices



- Understand that issues such as past experiences, socioeconomic status, rural vs. urban location, and language affects how different cultures respond to risk and crisis messages.
- Look into previous public health emergencies and the crisis messages that were disseminated.
 - Were the messages helpful?
 - Were the messages culturally sensitively?
 - Were the messages delivered in multiple formats?
 - Were the messages delivered in multiple languages?
 - Did the crisis message work to reduce the loss of life during the emergency?
- Work with your cultural liaison to evaluate the previous public health emergency responses and talk with community members to find out their preferences about the kind of risk and crisis messages they prefer and will act upon in a crisis situation.
- Work with your cultural liaison to evaluate current risk and crisis communication plans to account for varying perceptions of the publics.

6

Be mindful of religion or culture when communicating about risk with multiple publics.

Communities of faith and religious leaders can be important partners in communicating risks to some communities. Learning as much as possible about the religious beliefs and culture before embarking on projects with diverse populations is essential. One way to accomplish this is to take advantage of informal conversations and observe people in typical environments (Huer & Saenz, 2003). Learn about different cultures to build quick rapport and show the community that you are aware of certain traditions, beliefs, and customs of their culture or predominant religion.

Case in Point - Cultural sensitivity is essential among non-western cultural groups

Understanding how different publics view health and risk is key when developing risk communication campaigns. Not all cultures embrace the scientific method as understood by western European cultures. Respect for different views of the natural world is an integral part of successful risk communication. One field example described a physician who practices Western medicine. He asked his patient what was wrong. The patient replied, "My spirit is sick." Instead of scoffing at the answer, the physician acknowledged the patient's statement and continued to ask other questions to figure out why the patient was sick. The patient appreciated that the doctor did not laugh at him and wanted to listen and learn more about the person.

The values and beliefs of a cultural group are of "critical importance in the design and implementation of programs that can reach across cultural boundaries and produce behavioral and social results" (Schiavo, 2007, p. 72). The communication process with multiple publics should include channels and messages that are culturally appropriate and enticing.

Day-To-Day Practices

- Research religious holidays and ask your cultural agent about various religious and seasonal observances, and the dietary and societal norms for community members. For example, some religious groups do not eat pork and find it offensive.
- If you decide to host a meeting, ask about social customs and norms.
 - Do you shake hands?
 - Should you make eye contact?
 - Do you bring a gift or food?
 - Can men and women meet in the same room?
 - How should elders and non-elders be treated?
 - Should community leaders and non-leaders be viewed differently?
- Make sure your cultural liaison attends any meetings you host.
- When gathering information about risk and crisis messages, identify community leaders and gathering places. For example, is it acceptable to give out crisis information at the local mosque?



7 Be mindful of cultural learning styles when communicating about risk with multiple publics.

Kreps, Alibek, Bailey, Neuhauser, Rowan, & Sparks (2005) suggested one of the largest challenges facing risk and crisis communicators is “making relevant information accessible and understandable to highly varied subgroups in society” (p. 196). Past research suggested that messages adapted to fit a variety of learning styles are better remembered (Budd, 2004).

Kolb’s (1984) cycle of learning model helps to explain different learning preferences: concrete experiences (feeling); reflective observation (watching); abstract conceptualization (thinking); and active experimentation (doing) that can be incorporated into the text and design of health promotion materials. When materials are presented using these preferences there is a greater chance that everyone will get the message.

Being flexible and open-minded are helpful characteristics when trying to best understand the needs of a community. Accurate perceptions of the similarities and differences between the world of the public health official and the context of the ethnic group affects the ability to communicate effectively with others (Pernice, 1994).

The public health official must adapt to the world of the cultural group by sharing their concerns and outlooks on life (Fontana & Frey, 1998). Part of the mutual sharing process involves understanding how different cultures expect to learn new things. Culturally competent planning involves being careful about how written, oral, and visual materials are made to help participants understand the risk messages.

Day-To-Day Practices



- Consider conducting some preliminary research with the community group to understand education and cultural learning styles and prepare and deliver risk and crisis messages accordingly.
 - What are the cultural needs and expectations for communicating during a crisis?
 - How does the cultural group prefer receiving information about health promotion or risk communication (word-of-mouth, television, ect.)?
- Do not generalize about ethnic communities. A Somali community in one area may not act/react the same as a Somali group in another area. This is true also for Tribal areas. One Tribe may not act/react the same as another Tribe in the same area.
- Deliver risk, crisis, and health messages in different formats such as written, audio, DVDs, and web-based information.
- During a public health emergency, make information available in multiple languages.
- Be prepared to translate materials into the language of the cultural group receiving the information. Build translator fees or other incentives into budgets when needed.
- Use the available lay health advisors or community health workers to give information.

8

Be mindful of literacy levels when communicating about risk with multiple publics.

Health literacy is the ability to understand basic health information in order to make correct health decisions and follow treatment recommendations (Weiss, 2007). Literacy determines how well people are able to understand health risk concepts.

Assessing literacy levels is difficult. Most adults do not readily admit to being unable to read or understand certain concepts. Some languages have no written tradition. For instance, Hmong is an oral tradition. While linguists have created several written representations of Hmong, many new Hmong immigrants cannot read them. English movies often display foreign language subtitles in order to reach additional audiences. ECHO (Emergency Community and Health Outreach) found that many publics felt they could understand the message when spoken in their native tongue and they wanted English subtitles to help them learn English (<http://www.echominnesota.org>).

Case in Point - 2003 National Assessment of Adult Literacy Report

Results from the 2003 National Assessment of Adult Literacy indicate that 53% of the 19,000 adults surveyed have intermediate health literacy skills, 22% have basic health literacy skills, and 14% have below basic health literacy (Kutner, Greenberg, Jin, & Paulsen, 2006). The percentage of people with low health literacy skills increases with poverty, and lack of a high school diploma or GED. Adults who spoke only English before starting school have higher average health literacy than adults who spoke only a language other than English before starting school. Adults who spoke only Spanish before starting school have the lowest average health literacy, equivalent to below basic health literacy. These statistics highlight the need to be mindful of literacy levels.

The role of health educators, medical providers, and public health officials is apparent: deliver information in a clear, plain language format, keeping in mind the oral traditions of many cultures. In fact, the public is best served by providing all individuals with easy-to-understand information in a variety of formats (Weiss, 2007).

Day-To-Day Practices

- Use a literacy test to check all messages prepared for each cultural group: See Cloze test (Taylor, 1953); SMOG (McGlaughlin, 1969); Fry (Fry, 1968); Fog Index (Gunning, 1968); and Flesch-Kincaid (Kincaid, Fishburne, Rogers, & Chissom, 1975).
- Many groups may not read their own language. How well does the group/audience read or write in their own language?
- Meet with adult learning education programs, English as a Second Language programs and other programs that help educate refugees and New Americans to identify and understand the literacy levels of the cultural group.
- Ask members of the cultural group to be included in developing public health educational materials and ask members of the group to review your materials for vocabulary and readability.
- Translating fact sheets and brochures into the native language may not be the answer in a public health emergency. Fact sheets tend to be long and full of terminology. Look into what other public health units have done to better communicate with cultural groups.
- Identify the potential need for an interpreter during an emergency. Does your community have the resources available to assist during an emergency? Do you have a memorandum of understanding (MOU) in place with the local interpreter service?



9 Be sensitive to cultural groups' feelings about disclosing information and talking with public health agencies and officials.

Many multicultural communities are cautious about disclosing information to public authorities in times of crisis (Merali, 2004; Pernice, 1994). For example, due to military turmoil (from which many refugees fled) a high level of mistrust of government and authority may exist. As such, consent documents, and other official forms, are often highly suspect. Refusal to sign official documents is common among refugees and other ethnic groups (Pernice, 1994).

Case in Point - Community-Based Participatory Research (CBPR) Works For California Environmental Group

A southern California community successfully changed environmental policy using CBPR. The attempt was successful because the community was involved in the collaborative research and played a central role in determining the research questions. The community also had final say about the research priorities and found ways to provide information without disclosing the identities of the participants. The results assisted the team in framing the issues in a manner consistent with community expectations. (For additional information, see Petersen, Minker, Vasquez, & Baden, 2006)

The use of focus groups, one-on-one interviews, and community forums can help reduce some trust issues by building interpersonal bridges between public health officials and participants. Getting to know individuals within a community, along with any overarching cultural norms, is essential.

Day-To-Day Practices

- Discover more about the relationships between the cultural group, public health agencies, and other governmental agencies. Learn from past attempts. There may have been previous work relationships that may not have respected the community's culture or work projects that were never completed. Ask your cultural agent questions before meeting with the community leader or group members.
- Make no assumptions about how cultural groups will feel about revealing personal information or who may share that information. In some cultures, only the husband has the right to make health care decisions.
- Always discuss community interactions with your cultural agent first and take advice from the cultural agent about your method of presentation.
- In some cultures, you may need to secure an invitation from the cultural leader to work with the members of the community group. Make sure you do this before beginning any work.
- Usually items that come before the Tribal Councils or community review boards have previously been discussed within one of the group's committees. It would be wise to learn what council or community members sit on the committee that your request needs to be presented to and try to visit with someone from that committee first and get some input about what information is most pertinent. Support at this level is essential.
- Many governmental agencies have grant requirements to plan for all types of emergencies and how to communicate with multicultural communities during an emergency. Take a moment to review grant requirements.



10

Exhaust the ways to communicate what you learn about cultural groups with other cooperating agencies.

As the process of getting health promotion funding becomes increasingly competitive, it is beneficial for agencies to collaborate and share information to earn valuable grant dollars to assist risk and health promotion campaigns. For example, in North Dakota, the breast and cervical cancer early detection program, *Women's Way*, partnered with maternal and child health to develop and implement research among Native American communities to facilitate better health communication efforts. The results from the study conducted by the National Indian Women's Health Resource Center are available at <http://www.ndhealth.gov/Cancer/Publications.asp?DivisionID=2>, thus assisting other interested parties in addressing Native American health issues.

Collaborating and sharing information with others agencies also helps to avoid overstudying cultural groups. For example, some Native American communities are sensitive to non-Native facilitators because of a history of being overstudied (Nielsen & Gould, 2007). Working in conjunction with other agencies can help protect cultural groups from redundant research or programming.

By sharing insights gained while working with different cultural groups, public health professionals are assisting in building the cultural competency of their colleagues. Consider publishing your experiences while working with Native or New Americans in newsletters, online postings, or guidebooks, such as this publication. Public health officials have a responsibility to share knowledge that will better assist the way agencies communicate and deliver care and messages to multiple publics.

Day-To-Day Practices

- Identify other agencies (city and county emergency management, other health care institutions) and build collaborations. There may be a group already established that is working on the same issues.
- Share upcoming grant requirements and deadlines and any insights and products developed (educational videos, contact lists, etc.) with collaborating agencies.
- Keep in mind that if multiple agencies are contacting particular community groups, those groups may become less likely to share information. By working collaboratively when gathering data, information is shared and the cultural groups are likely to become less alienated or feel less studied.
- By establishing a collaborative network before a crisis, emergency points of contact can be identified within the community. When public health, city emergency management, and county emergency maintain the same list of community leaders and agencies that serve as emergency points of contact, accuracy and effective communication is enhanced.
- Review reports conducted by other agencies to assist your project.



Afterword

The tips in this guidebook advocates the principles of popular epidemiology, dialogue, and participatory action research by highlighting the importance of involving cultural groups in risk and crisis programming material preparation. If we are not mindful of perceptions and communication preferences of our cultural groups, communication efforts lack resonance with those we hope to reach.

From a planning perspective, a multicultural community team, a respected cultural agent, and trustworthy, credible methods for recording information are essential. The process of creating culturally-sensitive public health campaigns and conducting community-based-participatory research and planning takes time, sensitivity to religious observances, attention to literacy levels, and an understanding of competing world views in order to produce meaningful results. Certainly, participants may want to have a say about their involvement; as well as to receive copies of the reports. Fulfilling requests for information will build trust and strengthen the relationship between the multicultural groups and their community public health officials.

There are advantages to including multiple publics within the process of conducting public health community planning and risk and crisis communication research. Drawing from the work of Glicken (1999), Seeger et al. (2003) suggested three advantages:

- Including these groups will increase the competence of decision-makers because the public will provide information about matters that concern them;
- When organizations and groups are held accountable, they will work harder to establish legitimacy with the different publics receiving their crisis messages; and
- Including all groups is proper in a democratic society.

As we move forward to serve at-risk populations, the tips provided in this guidebook can assist public health professionals when interacting with multiple publics about risk and crisis issues. Public health officials face barriers of time and funding, yet we encourage you to reflect on how you can incorporate these tips into your day-to-day practices.

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