



LARIMER COUNTY OFFICE OF
EMERGENCY MANAGEMENT

EQUITY AND INCLUSION STRATEGIC PLAN

*A Larimer Connects initiative to improve local inclusive
emergency management practices*



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Introduction

The mission of the Larimer County Office of Emergency Management (OEM) is to “strive to create sustainable communities and to protect life and property by empowering all who live, work, and visit the County to prevent, mitigate, prepare for, respond to, and recover from all types of emergencies and disasters.”

It is important to emphasize the word *all* in the aforementioned mission statement. This statement means that each member of our community, regardless of background, socioeconomic status, culture, language, or ethnicity must have equitable access to needed resources throughout the entire duration of the disaster cycle - from preparedness to recovery. There is a delicate, but intricate interconnection between the institutional system of a community, including the Emergency Management Agency, and the individual community members they serve. While it is important to recognize that every individual in a community has a responsibility for their own preparedness planning, it is also important to stress that if the system creates barriers that impact one’s accessibility to resources or information to ensure an individual’s ability to be prepared, the system will fail.

The Larimer County Office of Emergency Management has a responsibility to build sustainable, resilient, and prepared communities better equipped to overcome the hazards they face by trying to minimize barriers where feasible. This Strategic Plan was developed to outline activities, partnerships, and action items required to ensure an more equitable and inclusive emergency management program that better serves the entirety of Larimer County.

Purpose of this Plan

This plan is created with the intent of outlining goals, roles, and responsibilities for Larimer OEM and its respective partners for addressing equity and inclusion in programmatic efforts for the next 3 - 5 years through the Larimer Connects Program. This plan addresses six (6) key areas of focus to address gaps in inclusive efforts along with subsequent initiatives and action items to achieve the overall goals of the focus areas.

Definitions

To ensure equal understanding among all parties involved in this plan, these are the definitions that will be utilized throughout the document.

Access and Functional Needs: Better known as an “Access and Functional Need Accommodation,” this term is not to be utilized as a label for a particular group of people, but instead to refer to the resources or accommodations that must be in place to ensure inclusive and equitable ability to sustain life and agency in for all a disaster.

Cultural Intelligence: Knowledge or understanding of how a person from a particular country, race, religion, etc. lives and behaves, and how this affects the way they do business¹

Emergency Management: The discipline of dealing with and avoiding risks, particularly those that have catastrophic consequences for communities, regions, or entire countries. It is the dynamic process of preparing for, mitigating against, responding to and recovering from an emergency².

Equity: Ensuring fair treatment, equality of opportunity, and fairness in access to information and resources for all.

Inclusion: Building a culture of belonging by actively inviting the contribution and participation of all people.

Marginalized Community: A group that is confined to the lower or peripheral edge of the society. Such a group is denied involvement in mainstream economic, political, cultural, and social activities. Marginalization or social exclusion deprives a group of its rightful share of reach to productive resources and ways to utilize its maximum potential for prosperity. It’s directed at groups who are seen to differ from perceived norms³.

Resilience: The ability of communities to rebound, positively adapt to, or thrive amidst changing conditions or challenges – including disasters and climate change – and maintain quality of life, healthy growth, durable systems, and conservation of resources for present and future generations⁴.

Equity and Inclusion

“Diversity is where everyone is invited to the party.

“Equity means that everyone gets to contribute to the playlist.

¹ Cambridge Dictionary. “Cultural Intelligence Definition.” *Cambridge University Press*. 2019. <https://dictionary.cambridge.org/us/dictionary/english/cultural-intelligence>

² The Urban Assembly School for Emergency Management. “What is Emergency Management?” 2019.

³ Reference. “What is a Marginalized Community?” *Ask Media Group, LLC*. 2019. <https://www.reference.com/world-view/marginalized-community-517401cfa76aa4eb>

⁴ Colorado Resilience Framework, May 2015

“And inclusion means that everyone has the opportunity to dance.”

- Robert Sellers, Chief Diversity Officer, University of Michigan⁵

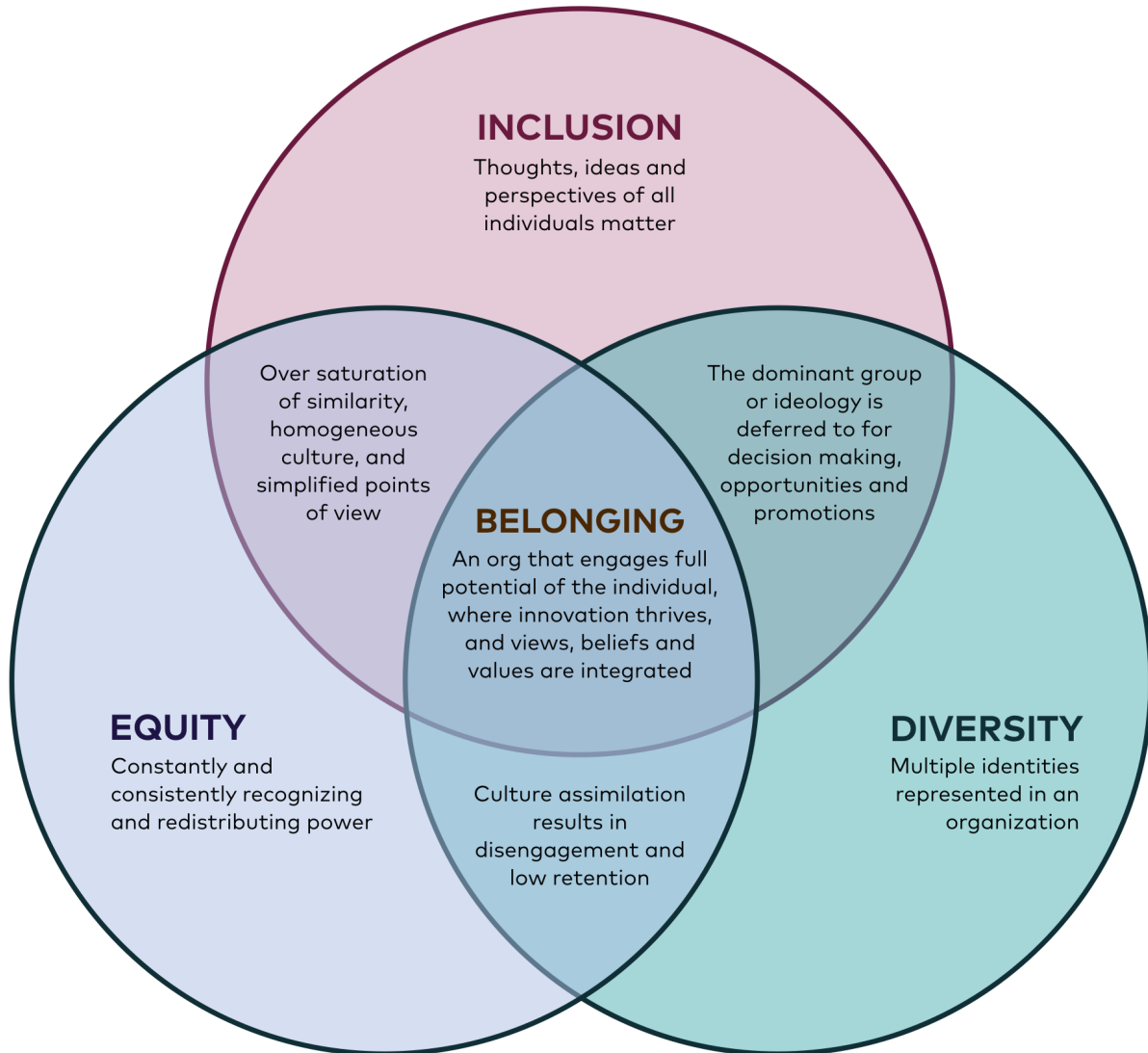


Photo Credit: Burnette, Krys. *Belonging: A Conversation about Equity, Diversity, and Inclusion*. 21 January, 2019.

<https://medium.com/@krysburnette/its-2019-and-we-are-still-talking-about-equity-diversity-and-inclusion-dd00c9a66113>

The terms “equity” and “inclusion” will be referred to throughout the entirety of this document. The terms equity and inclusion are emphasized in this document instead of diversity due to the fact that our efforts will be going beyond just the identification of various socio-economic

⁵ University of Michigan. “Defining DEI.” *University of Michigan Office of Diversity, Equity, and Inclusion*. 2019. <https://diversity.umich.edu/about/defining-dei/>

identities, and will instead ensure representation of all members of a community in such a way that contribution is essential.

Equity is defined as seeking “to ensure fair treatment, equality of opportunity, and fairness in access to information and resources for all.”⁶

Inclusion is defined as building “a culture of belonging by actively inviting the contribution and participation of all people.”⁷

Practices that are equitable and inclusive are active in nature and are aligned with the concept of planning *with* members of our community versus planning *for* them.

Access and Functional Needs

Another term that will be referred to throughout the entirety of this plan is “Access and Functional Needs.” This term refers to situations in which “physical, programmatic, and effective communication access is not universally available, and individuals may require additional assistance in order to take protective measures to take action in the following ways:

- to escape to [safety] and/or from [an emergency or disaster]
- access either refuge and/or safety in an emergency or disaster,
- may need other assistance, accommodations, or modifications in an emergency or disaster through pre-planning by emergency management, first response agencies, and other stakeholders,
- or may need accommodations in sheltering, or other situations from notification and evacuation, to sheltering, to return to pre-disaster level of independence⁸.”

Historically, the term “vulnerable communities” has been used by emergency management entities to refer to persons who may experience the aforementioned types of barriers in a disaster or emergency. However, this term is not correct, and should not be used as a label for impacted persons or groups of people, as it places impacted individuals under a deficit lens. This means that the term leaves the impression that the barrier is a result of the lack of responsibility and/or adequate planning of the individual. Vulnerability only occurs when the system that the individual is part of fails to provide equitable accessibility to resources or services needed for the individual to survive, respond to, and recover from an event (See *section below C-MIST acronym*).

⁶ Ford Foundation. “Diversity, Equity, and Inclusion.” *Ford Foundation Center for Social Justice*. 2019. <https://www.fordfoundation.org/about/people/diversity-equity-and-inclusion/>

⁷ *ibid*

⁸ Disability Leadership. “DHS Access and Functional Needs Approved Definition.” *DisabilityLeadership.org*. 2019. <http://www.disabilityleadership.org/wp-content/uploads/2016/07/Access-and-Functional-Needs-Definition-7-2015.pdf>

Instead, the Office of Emergency Management uses the term “vulnerable” to describe those communities that may be more vulnerable to a risk or hazard, such as high vulnerability to wildfires or floods based upon geography, topography, hydrology, and weather.

It is also important to acknowledge that almost everyone experiences an access or functional need at any given point in their life. What can be considered an access or functional need can be best understood using the C-MIST Framework⁹. The C-MIST Framework is an acronym that defines at-risk individuals and is used to address a broad set of common access and functional needs irrespective of specific diagnoses, status, or labels (such as pregnant or elderly)¹⁰.

Examples of instances in which a person could be considered in need of resources due to an access or functional need include:

C - Communication: During an emergency, people with communications needs may not be able to hear announcements, see signs, understand messages, or verbalize their concerns. These are people who have limited or no ability to speak, see, hear, or understand.

M - Maintain Health: People may require assistance in managing activities of daily living such as eating, dressing, grooming, transferring and going to the toilet. It includes managing chronic, terminal, or contagious health (such as ongoing treatment and administration of medications, IV therapy, catheters, tube feeding, dialysis, oxygen, operating life sustaining equipment, etc). Early identification of these needs and intervention can avoid decline of health.

I - Independence: People who are able to function independently by having their assistive devices and/or equipment. Items consist of mobility aids (such as wheelchairs, walkers, canes, crutches, etc), communication aids, medical equipment (such as catheters, oxygen, syringes, medications, etc), and service animals. Individuals may be separated from their assistive equipment and/or animals in an emergency. Those at risk whose needs are recognized and restored early are able to maintain their independence and manage in mass shelters. Effectively meeting their functional needs prevents secondary complications.

S - Safety, Support Services, Self-Determination: Some people require safety and support services including those who have psychiatric conditions (such as dementia, Alzheimers, Schizophrenia, depression, or severe mental illness), addiction problems, brain injury, or become anxious due to transfer trauma. During an emergency some people with mental illness may be able to function well while others require a more protected and supervised setting.

T - Transportation: Emergency response requires mobility and this category includes people who are unable to drive because of disability, age, temporary injury, poverty, addiction, legal

⁹ C-MIST definitions and examples sourced from Colorado Division of Homeland Security and Emergency Management at the “Getting it Right Conference” - Colorado Springs, November 2019. Original Source: Kailes, June Issacson. “Defining Functional Needs - Updating CMIST.” *Partnership for Inclusive Disaster Strategies*. 20 August 2017. <http://bit.ly/JKailesCMIST>

¹⁰ U.S. Department of Health & Human Services. “Access and Functional Needs.” *Public Health Emergency: Public Health and Medical Support for a Nation Prepared*. 2020. <https://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>

restriction, or have no access to a vehicle. Wheelchair accessible transportation may be necessary. Pre-planning evacuation needs helps prevent chaos during an emergency and many people can function independently once evacuated to safety.

Through use of the C-MIST Framework, Larimer OEM can better identify and anticipate needs and create a more robust planning effort proactively.

Legal Authorities, Compliance, and Guidance

Local

1. Larimer County Comprehensive Emergency Management Plan, 2018
2. Larimer County adoption of the Americans with Disabilities Act Policy, within the Larimer CEMP, 2018
3. Larimer County resolution adopting the National Incident Management System, signed May 3, 2005
4. Larimer County ordinance establishing the Larimer County Office of Emergency Management

State

1. Colorado Revised Statutes, Title 24, Article 33.5, Part 701, Colorado Disaster Emergency Act, as amended

Federal

1. P.L. 100-707, Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendments, as amended
2. Title VI of the Civil Rights Act of 1964
3. Americans with Disabilities Act of 1990, Title II Regulations for Nondiscrimination on the Basis of Disability in State and Local Government Services
4. Rehabilitation Act of 1973, including Section 504 of the Act
5. The Post Katrina-Emergency Management Reform Act of 2006
6. Pets Evacuation and Transportation Standards Act, amending Section 403 of the Stafford Act, authorizing FEMA to provide rescue, care, shelter, and essential needs for individuals with household pets and service animals, and to the household pets

Equity and Inclusion in Larimer Emergency Management

Background

“We have never lived in an equitable world; therefore, we do not have an example of what it looks like.”

- *Aimee Voth Siebert, Behavioral Health and Inclusion Worklead, Colorado Department of Public Health and Environment*

Unfortunately, we have never existed in an equitable world. This means that historically, many members of our communities have become marginalized based on differences. However, it is this very marginalization that has resulted in additional trauma - and sometimes death - when a disaster impacts a community. The majority of deaths that have occurred in recent disasters have been individuals impacted by access and functional needs; this includes 75% of the deaths in Hurricane Katrina, and 70% of the deaths that occurred during the Paradise Fire in 2017¹¹.

Additionally, lack of cultural understanding or awareness by emergency responders and public safety personnel and agencies has led to the increased trauma, or failure of action in critical situations, for people experiencing a disaster. For example, failure to acknowledge important cultural or religious values in a sheltering situation has resulted in many forgoing the option of a shelter. Additionally, fear surrounding persons of authority has resulted in many refusing to evacuate their homes despite being in imminent danger.

Disregarding an individual’s cultural need or concern and not considering it to be of value or important in emergency operations can not only lead to a significant lack of trust between community members and the institution that serves them, but can also result in increased trauma, or risk of injury and/or death in an emergency or disaster situation. It is for this reason that Larimer County Office of Emergency Management seeks to expand its capacity for equity and inclusion in its programmatic efforts.

Emergency Management Scope

The role of emergency management in the community can at times be misunderstood. While it is true that the concept of emergency management does have an impact in every community

¹¹ Stats from Sadie Martinez, CDHSEM

sector, the Office of Emergency Management has limited authority, and limited capacity, to enforce action in any given community sector. However, the Office of Emergency Management does hold the responsibility for meeting the needs of the community in terms of preparing for, mitigating against, responding to, and recovering from disaster. This means that the Office of Emergency Management has a responsibility, to the extent possible, to minimize barriers to access and resources an individual may require, outside of their own individual preparedness.

However, it is equally important to recognize that the Office of Emergency Management has limitations. This not only includes having a small staff and limited funding, but the aforementioned concept that OEM has limited authority to enforce action. Because of this, in order to achieve goals and to better serve the community, OEM is highly dependent upon partnerships and collaboration with other agencies and community organizations that also work with marginalized members of our community. The importance of development of partnerships in this effort will be emphasized and addressed multiple times throughout the entirety of this document.

OEM is not meant to replace the great work that is already being done in the community. For example, while OEM is involved in community recovery, OEM is not a social services agency, and does not do such tasks as individual casework. Instead, the “lane” of OEM in community recovery is the coordination of partners involved in community recovery management, operating the disaster recovery center (which provides access to impacted survivors of an incident), and management of grant funding for community recovery projects. Therefore, for this particular plan, the focus will be on incorporating equity and inclusion into our programmatic processes from specifically an emergency management lens. This means that planning processes, partnership development, objectives, and policy recommendations will be aligned with the intent of OEM’s role in the cycle of disaster management.

Personal Responsibility

Every member of the community has personal responsibility for their safety. This includes adequate planning and preparedness for the hazards and risks within each specific community. Larimer OEM is responsible for providing services and resources, as available, to all members of our community, but can only be successful with the help of every prepared individual. Self-reliance is a primary component in training and education programs in Larimer County to give community members the tools to help themselves and others in the event of a disaster. The more that OEM can provide these services with equity and inclusion in mind, the better prepared and able our communities will be to move through disasters and ultimately thrive following these events.

Guiding Principles

The Larimer County Office of Emergency Management will utilize the principles outlined by the National Association for the Advancement of Colored People (NAACP) in our programmatic efforts to improve equity and inclusion in disaster management. The NAACP's Principles on Equity in Emergency Management¹² are as follows:

1. Ensure that principles of equity, justice, inclusion, transparency, and accountability govern all aspects of emergency management
2. Measures must be taken to ensure that human rights and civil protections are safeguarded and prioritized during times of disaster, including using international human rights law to shape policy on the federal, state, and local levels
3. People have a right to resources required to create productive, dignified, and ecologically sustainable livelihoods. Emergency Management should uphold people's rights to land, clean water, food, and other resources needed to survive and live well.
4. All phases of the emergency management must be built on principles of deep democracy, participatory decision-making, and self-governance.
5. Measures to mitigate and prevent emergencies and disasters must be prioritized even while all other phases of the emergency management continuum are taken seriously and adequately funded.
6. Climate justice demands doing everything possible to prevent climate disasters from happening. This includes incorporating climate change projections into risk assessments and mitigation.
7. Emergency management practices should embody a spirit of care, cooperation, and collectivism among peoples and communities. This is embodied by practices such as knowledge and resource sharing and mutual aid.
8. Community leadership should inform every aspect of the emergency management continuum, including community-designed planning, response, and recovery.

These principles outline the core values from which the Larimer County Office of Emergency Management will operate and drive programmatic decisions. These principles will be utilized to identify future goals and priority areas.

Larimer OEM Work to Date

Efforts to increase equity and inclusion has been initiated and implemented before the development of this document. In this section, work to date will be briefly described to provide a better understanding of the prior efforts that led to the current strategic initiatives to be outlined later in this document.

¹² The NAACP Principles in Emergency Management can be found at https://live-naacp-site.pantheonsite.io/wp-content/uploads/2018/09/NAACP_InTheEyeOfTheStorm.pdf

*Larimer Connects Program*¹³

In 2017, Larimer OEM implemented the Larimer Connects Program. This program was developed based on extensive foundational research that identified the primary indicator of a resilient community is social capital. The Larimer Connects Program seeks to build resilient and sustainable communities through the encouragement and subsequent development of strong social ties, trust between community relationships and institutions, and through the building of networks through outreach and educational efforts.

Equity and Inclusion will be pillars of this program moving forward into the future, as it aligns with the program's mission to address resilience at the most grassroots, individual level.

Community Assessment Partnership with Colorado State University Public Health Master's Program

In 2018, Larimer OEM worked with two Master of Public Health (MPH) students from Colorado State University to conduct community assessments identifying needs and gaps regarding cultural equity. Additionally, an assessment of the current OEM program was conducted to determine where improvements and priority areas could be established for future initiatives regarding equity and inclusion in Emergency Management. During this time, community leaders and representatives of organizations working with marginalized groups in Larimer County were identified and interviewed as part of the community needs assessment.

Both students focused on three marginalized communities to conduct their initial assessment including the Latinx community, persons without homes community, and the aging/elderly community. Both developed reports and logic models outlining strategies for engaging with these communities, priority areas, and methods in which to increase cultural intelligence for OEM. These reports were utilized to identify the action items of this strategic plan outlined later in this document. Both reports can be found in Appendix A and Appendix B at the end of this plan.

Part of this work also resulted in the "Cultural Competency during Emergency Events Checklist¹⁴" that is now incorporated into Larimer County's Comprehensive Emergency Management Plan (CEMP) to provide reminders and important tasks that should be acted upon when working with marginalized groups during disaster.

Larimer Emergency Management Summits

¹³ More information about the Larimer Connects Program can be found by visiting this website: <https://www.larimer.org/emergency/larimer-connects>

¹⁴ This checklist can be found in Appendix C of this document

During the past year, Larimer County OEM has hosted two summits to engage with and receive feedback and guidance from a stakeholder group comprised of community leaders, community advocacy organizations, experts, and community representatives.

In August 2018, Larimer OEM hosted the Larimer OEM Cultural Connections Summit. This summit was focused on identifying gaps in OEM programs around cultural inclusion and understanding. This summit initiated conversations and assisted in building relationships to further develop equity and inclusion planning into the OEM program. Throughout the year, Larimer OEM provided progress reports to this group on activities and actions as a result of this summit.

In September of 2019, Larimer OEM hosted the Equity and Inclusion in Emergency Management Summit. This summit reconvened many of the same stakeholders as the previous summit, however the intent of this summit was to expand OEM's efforts beyond just cultural comprehension and to include all instances of access and functional needs in our population as a whole. Therefore, we had several new participants, and the input from this summit was utilized to identify the key areas for strategic action as outlined below.

Strategic Initiatives and Key Priority Areas to Increase Equity and Inclusion in OEM Programmatic Efforts

Initiative 1: Increase Accessibility to Emergency Resources for Non-English-Speaking Persons in Known Spoken Languages Utilized in Larimer County by 2023.

Objective 1a: Work with the Larimer Emergency Telephone Authority to create solutions for providing emergency notifications in languages other than English by end of 2020.

Action Item: Utilize Census and School District data to ensure an adequate representation of the most commonly used languages in Larimer County are identified.

Action Item: Work with partners to develop emergency alert templates in languages other than English for common emergency situations that require immediate action.

Action Item: Incorporate employee network of native speakers and community navigators into EOC/JIC structure as liaisons to provide language and cultural understanding support.

Action Item: Identify funding solutions to provide Immigrant and Refugee Center of Northern Colorado an “organization” in Everbridge to be able to assist with emergency alerts in languages other than English, particularly for languages that are much less common, such as those that are not derived from Latin script, or do not have written languages that exist.

Objective 1b: Increase accessibility of resources, hand-outs, flyers, etc that are distributed during outreach events into additional languages by end of 2023.

Action Item: Determine the emergency management resources/hand-outs most utilized or of most importance that are distributed to the public that should be translated in first quarter of 2020.

Action Item: Develop mutually beneficial partnerships with organizations who have native-speaking volunteers and staff members such as Voiance, the American Red Cross, and the Immigrant and Refugee Center of Northern Colorado to ensure adequate translation of materials for outreach events.

Action Item: Work in collaboration with Larimer County Sheriff’s Office Emergency Services Unit to develop handouts and door hangers that will be effective for use during evacuation for persons who do not speak English.

Action Item: Reach out to advocacy organizations and community leaders of marginalized communities to identify outreach events in which Larimer Connects can be present to ensure outreach resources and materials are distributed in the communities we are looking to reach.

Action Item: Work with partners to provide workshops and classes in native languages.

Initiative 2: Increase access to emergency information and social connection to the community for seniors in Larimer County by 2021.

Objective 2a: Strengthen relationships with organizations that work with aging populations and integrate efforts around outreach, education, and connectivity with the community.

Action Item: Utilize partnership with Larimer County Office on Aging and the Partnership for Age Friendly Communities to ensure individual preparedness planning education through 2022

- Collaborate to target caretakers in preparedness education efforts
- Collaborate to strategically plan educational workshops for seniors around such concepts as resilience, home safety, disaster preparedness, and social connectivity
- Collaborate to expand and integrate Larimer Connects Hub Model to reach wider communities as a point for improved social capital before, during, and after disruptions

Initiative 3: Continue engagement with groups that are already focusing on equity and inclusion in Larimer County

Objective 3a: *Identify and clarify roles, responsibilities, and expectations for Larimer OEM in ensuring equity and inclusion in disaster management by end of 2020.*

Action Item: Larimer OEM work with the Northern Colorado Healthcare Coalition, Larimer Disabled Resource Services, and other partners to identify and implement opportunities for collaboration on goals related to access and functional needs.

Action Item: Identify ways in which Larimer OEM can provide resources for community emergency response and recovery needs into already established systems (i.e. webpages, handouts to be provided to partners, input into databases, etc).

Action Item: Utilizing training and exercise plan between Larimer OEM and the Northern Colorado Healthcare Coalition, identify ways in which injects and/or scenarios addressing access and functional needs can be incorporated into table-top and functional exercises.

Objective 3b: *Develop a system in which to provide the State with local needs, barriers, lessons-learned, etc regarding equity and inclusion in disaster management by 2022.*

Action Item: Larimer OEM to facilitate local working group on disaster equity and inclusion that feeds to state level to continually improve processes and implement best practices.

Initiative 4: Develop, build trust, and strengthen relationships with marginalized communities in Larimer County

Objective 4a: Develop trust and relationships with marginalized religious institutions, organizations, and congregations in Larimer County

Action Item: In partnership with municipal partners and the American Red Cross, meet with and assess emergency management and resilience needs for marginalized religious institutions, organizations, and congregations in Larimer County.

Action Item: Increase engagement with organizations including such networks as the Fort Collins Area Interfaith Council that has established trust with marginalized religious groups in Larimer County to conduct exercise planning, develop systems for distribution of information, and provide educational opportunities.

Objective 4b: Develop a system of cultural brokers to build strengthened relationships with marginalized communities

Action Item: Develop a task force of interested members of stakeholder groups from summits to identify strategies, best practices, and points of contact for cultural brokers systems.

Objective 4c: Identify solutions for access and functional needs barriers in communication during an event.

Action Item: Inventory and assess availability of resources for persons who have impaired hearing including such resources as portable assistive devices by end of 2020.

Initiative 5: Develop method for providing education regarding individual emergency preparedness in such a way that is relevant, culturally meaningful, and able to be understood by underserved communities in Larimer County by 2023.

Objective 5a: Adequately assess needs of underserved communities and determine gaps and/or barriers that exist for accessing educational resources

Action Item: Collaborate with municipal OEM partners to develop scope of work for internship positions focused on educational needs of community members by January 2020.

Action Item: Consult with stakeholder group partners and advocacy organizations to identify opportunities for collaboration in providing access to educational opportunities.

Initiative 6: Develop a long-term strategy for institutionalization of equitable and inclusive practices in disaster management through 2025

Objective 6a: Become a source of best practices, recommendations, and policy advocacy for equity and inclusion in emergency management

Action Item: Develop a comprehensive inclusive emergency management resource list and place on Larimer Connects website for local entities.

Action Item: Provide recommendations to the State of Colorado and FEMA charge to build local capacity and inclusive practices at the state and federal levels.

Method for Implementation

Partnerships and stakeholders are critical and essential to the success of this Strategic Plan. Partners' capabilities will be leveraged to achieve the strategic objectives and corresponding action items. Collaboration is necessary among all stakeholders to facilitate effective Strategic Plan implementation. The following processes will be used to manage the implementation and monitoring of this strategic plan:

- The Larimer Connects Program Manager, supported by Larimer County Office of Emergency Management, will serve as the coordinating role to facilitate the effective achievement of strategic plan objectives.
- The stakeholder group developed out of representation will be heavily utilized and relied upon for collaboration. Membership to Task forces based on key initiative areas will be assigned based on interest area and on a voluntary basis immediately following the finalization of this plan.

- Task Forces will meet quarterly to provide status updates on progress of goals, with an annual summit hosted each year to provide overall status of the Strategic Plan to the stakeholder group and the larger interested community.
- Budget adjustments, grant applications, and other fiscal requests will be made with the strategic planning goals and objectives in mind.
- Documentation will be maintained to ensure accountability and effective implementation.

Method and Schedule for Evaluation

Tracking and monitoring will be an essential component to the plan's success. The Larimer Connects Program Manager will provide bi-annual reports at a minimum to the Director of Emergency Management to track and evaluate progress.

Plan Maintenance and Revision

Review of progress will occur on a regular basis, at least annually, to determine if adjustments are necessary to accomplish the goals and objectives of the equity and inclusion program. Revisions will occur as needed throughout the 5 year cycle.

Appendix A: Cultural Intelligence as Resilience
Capability: Developing strategies to incorporate
inclusion into government and community resilience
efforts (2019) - Report by CSU MPH Intern Ashley
Baugh

CULTURAL INTELLIGENCE AS A RESILIENCE CAPABILITY:

Developing strategies to incorporate inclusion into government and community

resilience efforts

2019



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DECEMBER 13, 2019

**Larimer County Office of Emergency Management
in partnership with Heather O'Hayre
Authored by: Ashley Baugh, OEM intern,
MSW/MPHc, 2019**



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- A. Alex capstone report
- B. Possible evaluation metrics and tools and link/picture of resorgs.org resilience indicators
- C. Poster
- D. Power Point
- E. SOWK fact sheet
- F. Foco E & I strategy
- G. Photovoice fact sheet
- H. Additional Resources (add photo of CSU “principles of community”)
- Keywords and Terminology
- I. Contact lists (get permission to put list of partners in report)
- J. Contacts for further info/projects (Lori, Shayle, Heather)
 - Untapped connections list

Survey Results Summary- PDF attachment

Cultural Intelligence as a Resilience Capability: Assessing Needs & Assets for a more Inclusive Larimer County

Abstract:

As population growth and demographic changes rapidly take place on the front range of Colorado, local governments are faced with the challenge of functioning and supporting residents in ways that maintain and improve the quality of life for everyone, including those that have historically been marginalized. Disparities among marginalized populations lower community resilience and increase health and safety costs in day to day life. These costs are often exacerbated during community-wide disruptions; costs such as increased loss of life, property and productivity. The Larimer County Office of Emergency Management sought to enhance their Larimer Connects program to be more inclusive of culturally diverse populations. Marginalized populations of interest in this study include: the aging, homeless, Latinx, refugees and those with limited English proficiency, and actively practicing religious minorities. Mixed methods were used to explore the lived experiences and needs of these populations including existing community demographic and resilience literature, 15 inter-agency learning labs, community events and meetings, 22 interviews with community leaders and subject matter experts, and the development and distribution of surveys to 97 community members. Data and insights were filtered through the Cultural Intelligence (CQ) and CMIST (Communication, Maintaining Health & Medical needs, Independence, Safety & Support Services, Self-Determination, Transportation) frameworks to compile a professional report and presentations. Findings are intended to inform county government and community organization decision-making regarding inclusion policies, practices and procedures. Interviews and surveys showed that building on the strong existing culture of volunteerism and public-private partnerships are effective tools for building trust and momentum. In addition, engagement strategies, procedural changes and project ideas were generated from findings. This report recommends best practices, gaps and opportunities that public and private Larimer County leaders can act upon to better include marginalized populations in resiliency efforts.

Keywords: Cultural Intelligence, CMIST, community resilience, emergencies, marginalized, disparities, equity, inclusion, needs and assets, Latinx, homeless, aging, limited English proficiency, religious minorities



Figure 1. A model for community disaster resilience.

Our families & Communities are more resilient when we work together; likewise, we prepare better when we prepare together.

Aaron Titus, How to Prepare for Everything

BACKGROUND

In 2014, after catastrophic flood and fire damage cost Colorado billions of dollars and 10 human lives, leaders established the Colorado Recovery and Resilience Office (CRRO), now the Colorado Resilience Office (CRO). This office aimed to support multiple recovery projects throughout the state while fostering collaboration and innovation that would help Colorado develop long-term resilience. Through the initial workgroups of this office the CRO developed an evidence-based, six-sector, state-wide Resilience Framework to guide resilience efforts with social equity as one of its cross-sector priorities (figure 1.).

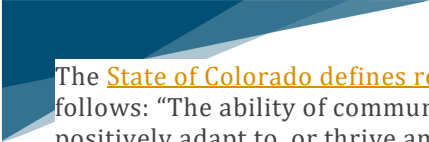
Community resilience not only encompasses flexibility and adaptability in the face of changing conditions and external forces, but also aims to tackle underlying causes and conditions that create hazards and vulnerabilities over time. Addressing vulnerability to shocks, or acute events is an important element of emergency planning and resilience, however, Colorado's focus on resilience also includes an intentional effort to address stressors, or long term underlying social and environmental conditions. Stressors not only lower the daily quality of life in a community but can also exacerbate the impacts of shocks when they do occur. Colorado's "active" approach represents a proactive and preventative stance, rather than merely reacting to existing threats and shocks or "passive resilience" (Somers, 2009). Local governments can play a vital role in promoting this long-term proactive resilience by supporting policies, procedures and programming that build adaptability and innovation in at its foundation.

Larimer and many other counties in Colorado suffered historic damage due to natural disasters in 2012 and 2013. The flooding in 2013 caused over 110 million dollars of infrastructure damage alone. Larimer was one of three counties chosen in the state to pilot the development of a county-specific resilience framework using the six sectors outlined by the CRO. Larimer took this opportunity to combine its recovery efforts with an Unmet Needs and Fragility Study to help inform the development of the county focused resilience framework. An important and over-arching theme that appeared from this research was the role of connectedness, and specifically social capital in perceived and actual community outcomes. Fragility is directly tied to the ability of a community to trust formal systems, engage and participate with their surrounding community and retain a strong sense of social cohesion (CDR Maguire, 2015). In response to these findings on resilience and social capital, the Larimer County Office of Emergency Management (OEM) created the Larimer Connects program and Resilience Network. Over the past two years, the OEM has used to this program to strategically focus on building community connections with rural mountain communities through hub development and educational workshops. As the OEM shifts its focus to establishing more community connection and resilience within the urban settings of the county, unique urban factors must be addressed.



Figure 1.





The [State of Colorado defines resiliency](#) as follows: “The ability of communities to rebound, positively adapt to, or thrive amidst changing conditions or challenges—including human-caused and natural disasters—and to maintain quality of life, healthy growth, durable systems, economic vitality, and conservation of resources for present and future generations.”

coloradoresiliency.com

Executive Summary

After the fires and floods of 2012 and 2013, Larimer County made a concerted effort to recover as quickly and sustainably as possible, while looking ahead to find the best ways to stronger, more connected and better prepared for whatever adversity comes next. The Larimer County six-sector resilience network and Unmet Needs and Community Fragility study laid out areas of strength and growth, highlighting the need for social capital and connectedness in order to have a resilient community. After establishing the Larimer Connects program and resilience network to address long-term resilience factors, county officials are attempting to adapt their resilience efforts to address the diverse needs that exist within the urban areas of the growing community.

Population and diversity growth throughout northern Colorado, create unique cultural and social factors that must be considered in decision making and planning in order to include everyone in resilience efforts. Colorado is growing at twice the rate of the United States, and the northern Colorado region is the fastest growing in the state. Access and functional needs and marginalization have been shown to be major influencers of health and well-being outcomes not only in day to day life, but also in emergencies. Cultural Intelligence (CQ), Social Determinants of Health, CMIST frameworks all help to address the needs of culturally diverse populations and those that might be considered vulnerable due to Access and Functional Needs. As the Larimer County Office of Emergency Management and other organizations attempt to build a proactive and long-term vision for resilience in the county, these chronic stressors must be addressed in order to reduce the disproportionate impact they have during acute shocks. Five target populations were identified by the Office of Emergency Management (OEM) as priority groups to explore further. These populations include: the Latinx, Aging, homeless, limited English speakers and refugees, and religious minorities.

Community-based participatory research was conducted to build relationships with community partners as well as to create and administer a survey to better understand the lived experiences, strengths and needs of marginalized community members. Literature reviews, involvement in 37 community leader interviews, events and meetings as well as the creation and distribution of a needs and assets assessment tool informed program recommendations. Summer 2018 intern Alex Fisher investigated three of the five priority populations (see appendix A.). The remaining two were explored between August 2018-May 2019 and program recommendations based on findings were compiled in this report.

Results showed that the strong culture of volunteerism and the existence of many public-private partnerships to be strengths with which the county can build on. Interview themes were compiled into a visual word cloud and indicated the need for cultural broker/liason relationships to not only be established, but respected and nurtured by compensating this role and following through with the commitments made to marginalized populations they represent. Continuation of the survey will be helpful in obtaining a larger sample to make meaningful comparisons between the majority of the population and individual minority populations. Basic descriptive data showed that 43% of survey participants were unaware of LETA alerts. And the majority of participants that reported not having insurance on their living place or struggling to meet their basic needs identified with one or more of the target marginalized

populations. Survey participants reported desiring increased access to transit options and more acceptance of diversity as top priorities for changes they would like to see in the county.

While few newly arrived refugees live in Larimer County, the likelihood of more refugees coming here in the next 10-30 years is high. Planners and program managers should assess changes in refugee resettlement patterns by reviewing the Colorado Refugee Services Program (CPRSP) data and maintain a relationship with Lutheran Family Services and the Immigrant and Refugee Center of Northern Colorado both in Greeley, Co. Faith traditions and spirituality offer many resources to individuals and communities by providing locations for evacuation and information and social connection, as well as offering the opportunity to make meaning of suffering and provide support during hard times. The Interfaith Council is a useful resource that connects many congregations and faith traditions around the idea of community service. Active membership and participation in the Interfaith Council will help build relationships with many faith-based organizations, while learning about the needs and opportunities to connect with different cultures in the area. Religious minorities such as the practicing Muslims may need access to hallel foods and additional privacy and access to hallel foods and additional privacy and prayers spaces in sheltering situations. Additional findings for the Latinx, homeless and aging populations are highlighted in appendix A.

Program recommendations focus on three main areas: building community partnerships, increasing internal cultural intelligence within county departments and staff, and adapting outreach strategies to reach and include marginalized populations. Limitations of this research included the challenge of focusing on five target populations at once, time needed build relationships, develop an assessment tool, and collect and analyze significant data.

Effective solutions to cultural gaps will rely heavily on working with disciplines that specialize in human relationships and social determinants such as social workers, human service organizations, case workers, and public health professionals. A humble attitude of learning and collaborative approaches that value all that different disciplines bring to the table must be coupled with a commitment to hear, honor and respond to the lived experiences of marginalized community members in order to make meaningful change and build culturally intelligent resilience.

Program Rationale:

The Whole Person and Thriving Communities

Communities can represent a geographic location or can be communities of interest related to one or more shared identities or values, such as familial ties, or religious or hobby-based communities (Minkler, 2012). Ultimately, what makes a community a “community”, are relationships to others and the culture they create is the glue that holds them together through adversity and change. (Masterson, Peacock, Van Zandt, Grover, Schwarz & Cooper, Jr., 2014). Strong and thriving communities are those that have integrated functioning systems in place to represent and support its community members. A functioning society is the work of many public and private systems working together to ensure that safety, health, basic needs, opportunities and community connection are established and continue to evolve as the geographic community grows. When communities grow rapidly systems such as housing or healthcare can struggle to keep up and those stressors roll over into other systems such as overburdened education and transit systems, or the need for some to utilize social welfare assistance. In addition, historical context and unintentional and intentional exclusion can create disparities among differing members of the same geographic communities (Warner, 2015; Gordon, 2013, Jennings, 2010). Building codes, transportation routes, green space, access to internet, and quality schools can all play significant roles in the social networks, opportunities, successes, productivity and barriers that residents face daily. To sustain a resilient and thriving community, the work that non-profits, small business, faith-based organizations, school systems and local governments facilitate should not only focus on increasing the collective capacities of the community to enable self-sufficiency, choice, social networks and participation, but should also work to support and promote effective service delivery systems that work for everyone (Masterson, Peacock, Van Zandt, Grover, Schwarz, & Cooper Jr., 2014; Long, Tice, & Morrison, 2006). As we empower community members to cultivate their own resilience, we also increase the capacity for whole community resilience.

Culture and Cultural Intelligence (CQ)

Culture, like resilience, has many definitions and is directly tied to community connectedness. Culture can be thought of as a core part of community; it encompasses the beliefs, values and behaviors that we share in organized relationships. We will use this broad definition to capture the many different elements of culture at play within Larimer County. In order to maintain a healthy community culture, everyone needs to have a seat at the table to decide what the shared and acceptable beliefs, values and behaviors will be. As communities develop and evolve over time, cultural considerations may also need to evolve.

The Cultural Intelligence (CQ) framework involves a 4 step process whereby users can assess their motivation and curiosity about the differences in their settings, obtain knowledge and insights about the specific cultural dynamics and needs in their environment, make strategies and plans to effectively interact with those dynamics, and lastly taking action and adapt behaviors to function effectively in the midst of multicultural settings. (Ang & Van Dyne, 2008; Livermore, 2013; Livermore, 2010,). The CQ framework incorporates 10 cultural dimensions to consider when interacting with others. Understanding these

dimensions can increase empathy, patience and creativity when trying to meet others where they are and bring the community together. The way someone orients to these dimensions will shape how they interact with society and its social systems. As communities in America grow more diverse, resilience will only truly be accomplished by taking these dimensions into consideration.

Cultural Intelligence Dimensions

Identity: Individual vs. Collectivist	Communication: Direct vs. Indirect
Authority: Low vs. High Power Distance	Lifestyle: Being vs. Doing
Risk: Low vs. High Uncertainty Avoidance	Rules: Particularist vs. Universalist
Achievement: Cooperative vs. Competitive	Expressiveness: Neutral vs. Affective
Time: Punctuality (clock) vs. Relationships (events)	Social Norms: Tight vs. Loose

(Livermore, 2013)

This initial consciousness raising, and valuing of differences is the starting point to identifying existing strengths and assets in communities and improving social conditions and adaptability (Freire, Feagin & Vera, 2001; Kretzmann & McKnight, 1993). The CQ framework has been proven to be a helpful lens in helping individuals, communities, organizations and governments to intentionally adapt their policies and practices based on the cultural contexts of their environment and desired outcomes. (Early & Mosakowski, 2004; CQC, n.d). The Central Intelligence Agency (CIA), Michigan State University, fortune 500 companies, non-profits and many governments have utilized elements of CQ to strategically expand collaborative capacity and improve effectiveness in relationships, productivity and positive program outcomes projects across various diverse systems (Livermore 2013, Early & Ang, 2003).

CQ is a great compliment to resilience frameworks because both emphasize the need to acknowledge the role of many systems at play and both emphasize adaptability as core functions and evidence of success. Without culturally intelligent resilience, communities will always be weakened by isolating and excluding community members that may have unidentified differences. Intentional attempts to evolve and include all residents with equal care and concern will strengthen connectedness and overall resilience.



An Interdisciplinary Approach to framing the problem and solutions

In the United States we often pride ourselves on individuality, competition and a “doing” mentality. This orientation has produced incredible innovation and achievements, however, can also lead to isolation and can hinder community connectedness. Those who are born or grafted into this system with personal disadvantages or other cultural orientations can struggle to fully integrate and thrive in this environment. People in survival mode must focus on meeting daily basic needs and may have little opportunity to devote to community connectedness or planning long-term to orchestrate their ideal future. The fields of public health and social work, which emphasize improving social problems by looking at the whole person and their environment, can offer language and a strong evidence base for systematically addressing the health and economic disparities that often exist between minority and majority populations (Minkler, 2012; Petrini, 2010; Wormer & Besthorn, 2007). These frameworks not only demonstrate the social impact of all six resilience sectors on human health and well-being but can help conceptualize ways to work together to improve the way these systems function to benefit all community members. Figure 2.1 and 2.2 illustrate how the person, and their environment make up a person’s quality of life, well-being and abilities to cope and overcome adversity (Artiga & Hinton, 2018, Long et al, 2006). Putting these complex considerations and problems into evidence-based frameworks can help relieve the overwhelming question of “where do we start?”.

Participation in community building requires that residents and organizations take ownership in reducing negative outcomes in their community. This process is most effective when all that all impacted parties are informed, included and respected when identifying and working toward common goals (Masterson et al, 2014; Minkler, 2012). Social ties can help offer a sense of identity and ownership in one’s community which helps buffer other life stresses and can improve health behaviors (Karren, Lee Smith & Gordon, 2014). When isolation and barriers affect whole neighborhoods or communities of interest in a chronic way, the effects will eventually role into other areas of local society. Health, quality of life and civic participation are not only shown to be directly tied to social connection, but also impact a community’s level of resilience through their ability to be a healthy contributor to the local economy as a consumer and as part of the labor force (Artiga & Hinton, 2018). Lack of trust, ownership and participation lead to a lack of cohesion, and contribute to the fragility and vulnerability that resilience planning would seek to reduce. For example, racial and ethnic health disparities accounted for over 2.24 trillion dollars in health costs and loss of productivity between 2003-2006 in the United States (Hanlon & Hinkle, 2011; Laveist, Gaskin & Richard, 2009). Marginalized populations can experience exclusion or barriers to community participation and services in all realms of society. Despite the disparities often created by social factors, researchers highlight that the link between social ties, health and death rates held up regardless of gender, ethnic background, or socioeconomic status further demonstrating the essential nature and protective aspect of social connectedness in maintaining a resilient community (Karren et al, 2014).

Figure 2

Social Determinants of Health

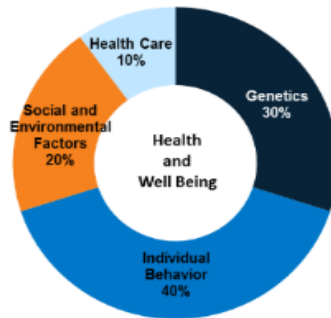
Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Figure 2.1

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. NEJM. 357:1221-8.



Figure 2.2

Chronic community stressors and the social determinants of health that are present in everyday life are often exacerbated during disruptive shocks such as natural disasters or economic recessions (Landesman & Burke, 2017; Masterson et al, 2014). Those with strong social ties and access to safety nets are equipped to respond and recover quickly, while marginalized populations and those already struggling are often disproportionately impacted and can additionally lose any wealth that had acquired up to that point (Howell, 2018; Hersher, 2019). To address this known issue, the Federal Emergency Management Agency (FEMA), The Center for Disease Control (CDC) and other emergency professionals have worked to study and create frameworks and guidance around populations that have historically been considered “vulnerable” (Kailes & Enders, 2007). In public health emergency preparedness, the term access and functional needs (AFN) is used to describe the social determinants of health that typically impact marginalized populations or that may create barriers to participation, protection, services or self-sufficiency (Landesman et al, 2017; USDHHS,2016; Kailes & Enders, 2007). In using the social determinants lens, researchers have found that “access and functional needs” (AFN) better describes the challenges that diverse populations face in surviving and overcome disruptions. This term is a more accurate depiction of

the issues that minorities and those with disabilities face due to the fact that many barriers exist not because of an inherent weakness or failure of the person, but because institutional, environmental or attitudinal barriers prevent them from functioning at their full potential (Thayer, 2018). AFN encompasses the idea that systems are often not created for everyone; this can create huge vulnerabilities for diverse populations, despite their inherent resilience and strengths. When systems are able and willing to acknowledge that a one size fits most is not sufficient and then adapt to better include everyone, the whole community is able to be more resilient.

In order to address access and functional needs, emergency professionals developed the evidence based CMIST framework which allows community leaders, program planners and government officials to focus on the major areas where diverse populations may struggle to function or access services in existing community systems.

A blue rectangular slide with white text. The title "CMIST Framework for Needs Identification" is at the top. Below it is a bulleted list of five items: Communication, Maintaining Health, Independence, Safety, Support services and Self Determination, and Transportation. At the bottom left is the FEMA logo (Department of Homeland Security). At the bottom right, it says "Jessica Mitchell" and "October, 2012 5".

CMIST Framework for Needs Identification

- Communication
- Maintaining Health
- Independence
- Safety, Support services and Self Determination
- Transportation

 FEMA

Jessica Mitchell October, 2012 5

Putting it all Together:

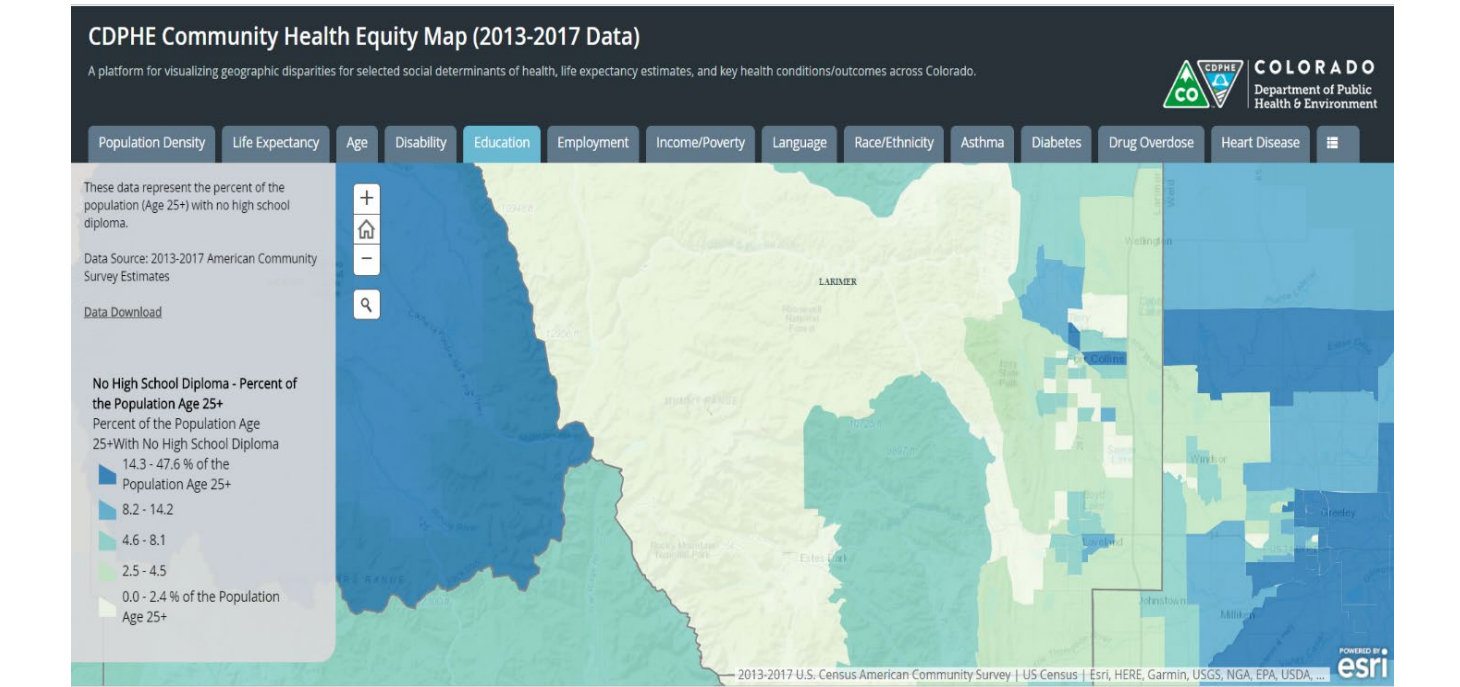
The remainder of this document explores the current trends and dynamics in Larimer County regarding five key target populations that have historically been marginalized or that may experience access and functional barriers. Strategies, project recommendations and additional resources are offered to better include these populations in community resilience efforts across sectors and disciplines.

State demographer and federal census data show that population and diversity growth have been and will continue to take place along the front range of Colorado. While Colorado's population growth is currently two times that of the national average; the I-25 corridor between North Denver and Wyoming is the fastest growing region in the state (Garner, 2019). As the population expands, Demographics are also becoming more diverse. Five target populations were identified by the Office of Emergency Management

(OEM) in Larimer County as priority residents historically marginalized, or at-risk for marginalization. Priority populations include the aging and Latinx communities due to their rapid growth (Garner, 2019). Additional populations of interest to the OEM include the homeless; immigrant, refugee and limited English speakers and practicing religious minorities due to the cultural needs and values that that current local service systems may not accommodate. With adaptation and flexibility as key components of resilience, adapting to these population changes and culturally diverse needs will be vital to building resilience that can address the most impactful daily stressors, as well as withstand future shocks.

Larimer County is fortunate to experience, on average high health and quality of life indicators, access to nature, strong economic drivers and healthy industry diversity, as well as innovative and engaged local governance and a university presence (Garner, 2019; Larimer County, 2016). Colorado State University, as well as local colleges increase the average educational attainment of residents and create opportunities for innovation and research resources; they are large employers and a local economic driver bringing diversity and cultural richness to the community while also giving local organizations access to student interns and researchers. Larimer County has a history of strong volunteerism, faith-based community service, and self-sufficiency. Larimer County often utilizes public-private contracts to accomplish identified goals; this allows the county payroll to remain lean, while allowing for direct community engagement and support. Other strengths related to emergency preparedness include: a competent emergency management team, involvement in two regional healthcare coalitions, stable relationships with surrounding governments, and a proactive approach to coordinating across sectors, including public and private stakeholders.

At times these positive indicators can give the illusion that community members do not experience major chronic stressors or struggle to meet basic needs. In fact, the disparities and contrast between those struggling and those thriving can be even more defined due to the high levels of quality of life that the majority experience here. Conservative estimates show that at least 37% of Larimer County's current population falls into one or more of the priority marginalized populations. This indicates that that almost 130,000 residents may be experiencing disproportionate chronic stressors and are at increased risk of experiencing an access or functional barrier in the event of an emergency. CQ resilience strategies and planning can help to reduce this risk by adapting to include these diverse needs and ways of living. Some examples of struggle and disparity in our communities include 25 public schools where 45-87% of students qualify for free or reduced lunch, indicating high concentrations of poverty and food insecurity (CDE,2017). In addition, several areas exist with little to no access to public transit or affordable housing, while others are unable to get the medical care they require to remain independent. Data tools such as the CDPHE's healthy equity and Community Inclusion maps and the CDC's Social Vulnerability maps show that census tracts that experience one vulnerability or stressor, tend to also struggle in other areas. This means that many of Larimer County's residents that are struggling to meet basic needs, have lower health indicators and high percentages of marginalized residents are congregated in similar areas. Areas such as census tract 17.04, 17.07, 19.02 and 20.07 in Loveland, 8.02, 13.04, 13.06, and 16.03 around Fort Collins, and 24.01 and 24.02 in the rural or Estes Park areas show the intersection of marginalized demographics with lower health outcomes, and more barriers to social cohesion. Demographics such as high disability rates or non-white residents are correlated with higher rates of poverty and chronic illness, among other barriers. Not only is mental health an issue for many of our homeless residents, but general stigma around safety and inclusion exists for these populations, as expressed in our survey.



Considering these social and cultural factors will better equip policy makers and program managers to create the most whole person, whole community approaches to empowering residents to live their best lives. Culturally Intelligent community resilience will include reducing disparities and marginalization and will help equip all residents to protect themselves and access safety nets in the event of sudden disasters and disruptions. Knowing that the community will be at its strongest when everyone is included, the OEM wanted to investigate ways to adapt its Larimer Connects program to meet the needs of diverse populations. The goal of this study was to compile best practices for community engagement with the target populations in Larimer County, initiate relationships and collect community data to identify strengths and needs. Lastly, findings and recommendations were synthesized into a CQ and inclusion program skeleton to be built upon and implemented under the existing Larimer Connects program. These resources can also be extended to other departments and organizations to assist with collaborative CQ resilience efforts going forward.

Methods

Mixed community-based participatory research methods were initiated to best represent the trends and lived experiences of the five marginalized populations in Larimer County. Community-based participatory research (CBPR) has been shown as an effective approach to address social determinants of health and well-being, while including all community members in community change efforts. True CBPR looks not only at the experiences and needs of all community members for planning and programs, but also focuses on the strengths of community members and existing assets that can serve as a foundation to grow and improve upon (Long et al, 2006, Minkler, 2012).

A thorough Literature review included resources from library academic journal searches, emergency management and resilience textbooks, disaster case studies, public health and social work textbooks and online resources, and guiding documents shared through the OEM staff.

Interviews with 22 community leaders and subject matter experts were secured with through email and in-person networking at various community events. Contact lists and suggestions from Heather O’Hayre in the Department of Human Services (DHS) and Shayle Sabo in the OEM started the process in addition to online research of local subject matter experts and relevant organizations in the area. Referrals and introductions to other leaders came during the process as more connections were established.

Interviews and meetings included 10 governmental officials across multiple departments, nine community-based organizations, and three CSU affiliates with applied research in the community, or direct community partnerships. In addition, attendance at over 15 community and educational meetings, events and trainings helped to inform recommendations. Additional interviews and subject matter expert data were collected by previous intern Alex Fisher, see appendix A.

A needs & assets assessment tool was created by using best practices in survey question formation, cultural sensitivity considerations, and emphasis on the desired information that county staff expressed interest in learning (Royse, Thyer, Padgett, 2016; Mckenzie, Neiger, & Thackeray, 2009; WHO, 1998). Additionally, the components of the CQ and CMIST frameworks were used to guide the development of questions regarding emergency access and functional needs, community participation and inclusion, life stressors, the social determinants of health and quality of life.

The needs & assets assessment tool consisted of 50 questions broken into three categories: Demographics; Emergency Preparedness; and Community Inclusion, QOL and Life Stressors. Questions were a mix of multiple choice, select all that apply, fill in the blank, Likert scale, and open ended. Several revisions of the survey took place after six reviews from Larimer County, CSU and Poudre School District staff.

Using convenience sampling, promotional flyers and digital survey links were directed at the five-target populations, though the survey was open to anyone that lived or spent the majority of their time in Larimer County. The survey distribution plan included flyers in census tract areas with high stress indicators. In addition, promotion through the Larimer County e-newsletter, Volunteers of America e-newsletter, Interfaith Council Facebook page, hand-delivery through relationships made with community leaders, and several email blasts were all utilized during the month of data collection. After attempting to run several statistical tests in SPSS software, it was determined that sample sizes for individual marginalized populations were still too small to show meaningful comparative results at this time. A basic level membership was purchased for a minimum of two months to administer and analyze data. This level of membership allows for basic word cloud formation, basic presentation dashboards, customized graphs, and the ability to export images and excel spreadsheets of survey summaries or individual questions. Descriptive statistics were analyzed for key implications regarding CMIST emergency factors, and community inclusion and life stressor variables utilizing survey monkey analysis tools, Excel and manual coding.

Timeline



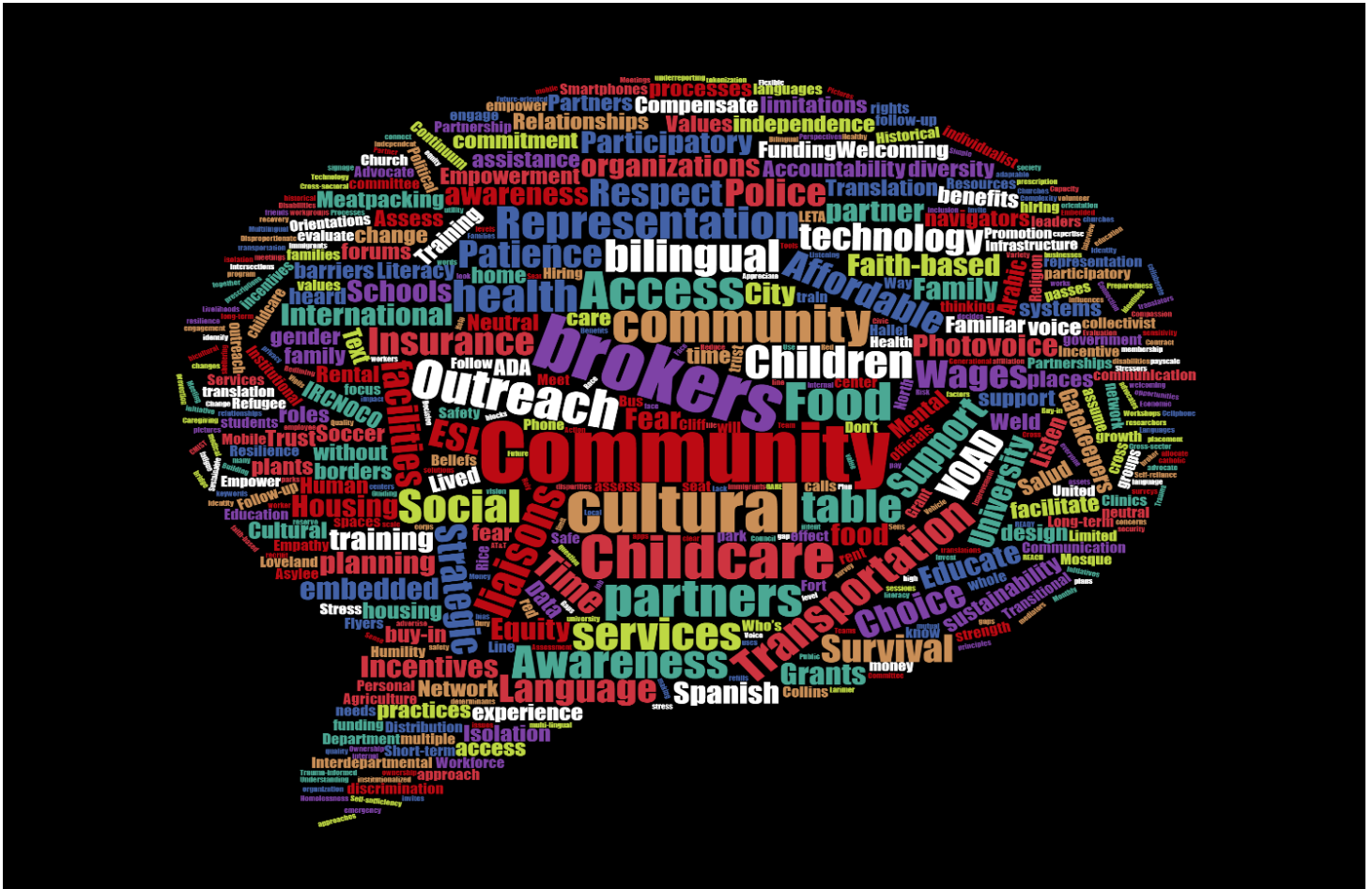
FINDINGS

Interviews took place in person and by phone between August 2018- April 2019. Interviews were informal, with a script of key questions regarding the organization or leader’s role in serving the community and specifically marginalized communities. Questions regarding their perception of their client’s strengths, life stressors and disaster readiness were discussed, as well as general suggestions regarding effective engagement strategies.

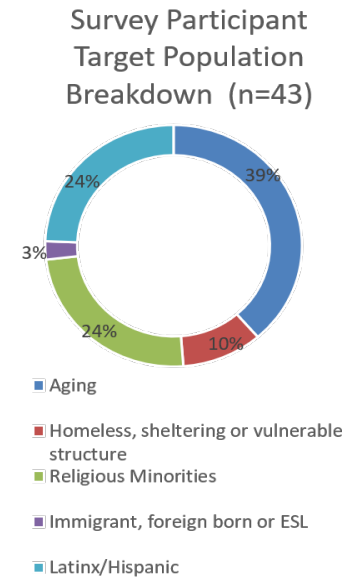
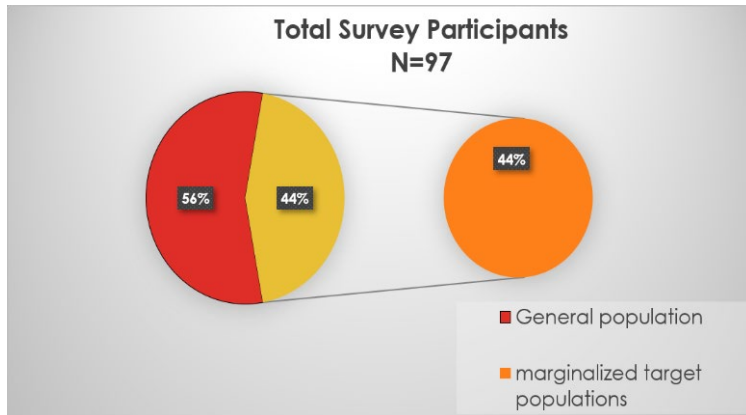
<i>Interviewee Organization/ Role</i>	<i>Date</i>
Larimer County OEM	08/27/18
Elephant Builder Workshops	9/24-25/18
Regional HealthCare Coalition Meeting	10/03/18
Boulder County-Foothills United Way, Decoding Resilience Summit	10/04/18
American Red Cross	10/8/18, 3/08/19
Larimer County Community Development Planning	10/25/18
CSU Disaster Anthropology	10/28/18
DHS Leadership	9/18/18, 10/1/18, 11/29/18
American Red Cross	10/31/18
LETA/ADA/OEM joint meeting	11/5/18
Larimer County Public Health EPR	11/5/18
Elephant Builder learning labs	November 2018
Immigrant & Refugee Center of Northern Colorado	11/12/18
Intercultural Community Builders	11/12/18
Front Range Community College ESL	11/28/18
CSU Public Health DEI workshop	12/03/18
Colorado School of Public Health	12/03/18
CDPHE- EPR Community Inclusion	12/4/18, 3/7/19
Lutheran Family Services-Refugee Resettlement	12/10/18

Fort Collins Interfaith Council	12/10/18,1/16/19
Fort Collins Social Sustainability	12/10/18
Neighbor 2 Neighbor	12/12/18
Poudre School District Culture, Language, & Equity Program	01/23/19
CSU Public Health	02/08/19
State Demographer Presentation	02/22/19
Larimer County Public Health Planning	03/04/19
CSU & NASW: Dis-Equity lecture series	03/04/19
Larimer County Manager	03/06/19
Colorado Refugee Services Program	03/14/19
Family Housing Network	03/25/19
CSU Extension	03/27/19
CSU College of Natural Sciences, Diversity Equity & Inclusion	04/03/19
Larimer County Food Bank	04/10/19
Richard Hagan Lecture Series-Theology, Cultural Identity & Race	04/08/19

An extensive review of notes was conducted to extract key words and patterns from interviews. Word cloud generators were accessed online to create visual representations of interviews themes.



The Needs and Assets Assessment:



Survey demographics and location of residence were comparative to county demographics. The majority of participants were female and born in the United States.

CMIST and inclusion results:

- Communication: Overall, 85% of Larimer County residents are not signed up for Larimer Emergency Telephone Authority (LETA) alerts. Our survey found that 43% of participants were not aware of LETA at all. Local Radio, the Larimer County website, LETA and social media were the top sources that participants would use to seek information in a community-wide emergency
- Maintaining Health: 17 % of survey participants did not have access to a primary care physician
- Independence: 14% of participants reported not having insurance for their living place. Over 78% of uninsured participants identified in one or more marginalized populations. The majority of uninsured participants were renters under 35 years old.
- Transportation: 39.17% of participants reported they would not be likely to have backup transportation if their primary mode of transportation was inaccessible. Transportation was highlighted as a major barrier and desired change.

On average, participants reported experiencing high quality of life; reported barriers to success included finances, costs and age. 58% of participants struggling to meet basic needs identified in one or more marginalized populations. Most commonly reported community dimensions that increase quality of life in Larimer County were: Access to parks, local community events, parks and recreation, festivals and volunteering. Participants most reported friends and a spouse/partner as their highest levels of support, followed by family, and faith-based organizations. Over 93% of participants reported having a local relationship with someone of a different race, ethnicity, or religion from their own. Most commonly reported things participants would change include: Housing affordability, diversity, Inclusion and openness,

transit options, bike paths and routes, and accommodations for disabilities. (see appendix E for summary of full survey questions and results as of April 2019).

Discussion

Research Implications:

Further research is needed to perform complex and comparative analysis of existing survey data. Continue to administer the survey directly with marginalized groups to obtain a larger sample size of all five target populations. Consider expanding target populations in the future to investigate barriers related to race, sexual orientation and groups to be identified in the future.

Practice Implications:

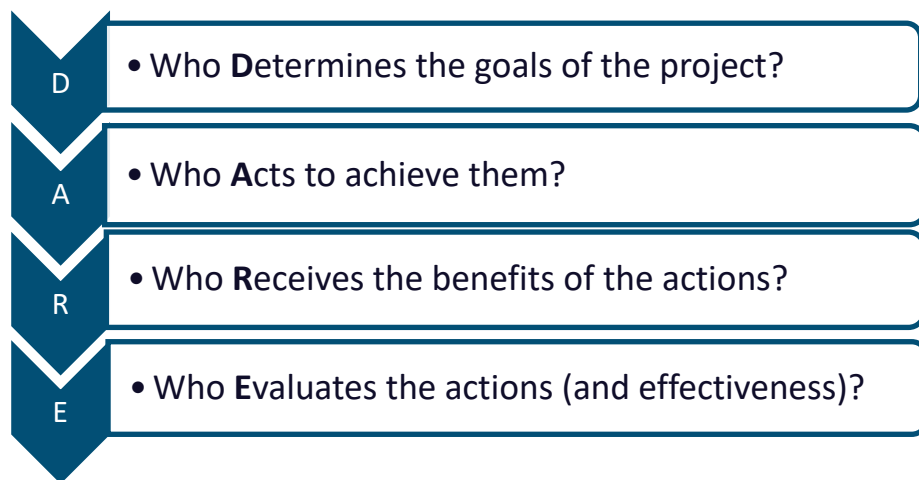
Building CQ, Equity and Inclusion is a slow process of developing trust, accountability over time. Consistent effort is necessary to continue building relationships with community organizations, and hard to reach community members. Public campaigns and promotion will be needed to change perceptions and increase cultural curiosity and acceptance of cultural diversity. Increased capacity to accommodate access and functional barriers to social support, and health services will ultimately lead to a more efficient use of public resources, while also empowering marginalized voices to have more community representation and participation.

Best Practices:

Best practices for engaging community members include the need to establish genuine connection and trust before asking sensitive questions. Researchers and planners should come curious and prepared to share information about how they will act upon what they learn. The most named engagement strategies involved providing flexible times for events; offering food, childcare and incentives for community event and research participation; and identify and utilizing cultural brokers to bridge the gap with isolated or hard to reach community members. Cultural brokers are community members that are bi-cultural and already have lived experience and established relationships with the group that researchers and planners are attempting to engage (Torress, Lee, & Tran, 2015; Shiu-Thorton, Balabis, Senturia, Tamayo, & Oberle, 2007). Cultural brokers have many other names depending on the setting/discipline, and are often bi-lingual when the community of interest speaks a language other than the dominant language of that society (Community organization leaders and community liaisons (cultural brokers) stressed the importance of not “tokenizing” marginalized community members, in other words, do not symbolically reach out and inquire about their lived experiences with no real follow-up or accountability to make real changes.

Acknowledge and honor the dignity of all people in practical ways. Practice humility in knowing that everyone does not start out in life with the same opportunities, and that many social factors, cultural dimensions and experiences create our worldview, life potential and our needs. Larimer County is a thriving environment with generally high levels of health, educational attainment, access to nature, diverse economy and community members committed to personal growth and strong volunteerism. When coupled with cultural intelligence we can use these strengths to ensure that everyone has the opportunity to experience all that the community has to offer, while pursuing the heights of their individual potential. Local governments will benefit by doing better than a one size fits most approach to engaging and serving our neighbors.

When moving forward, consider Utilizing Herbert & Irene Rubin’s “DARE” Criteria of Empowerment (Minkler, 2012, p. 114)



Limited English Proficiency

Over 3,000 youth are currently English language learners (ELL) in Larimer County public schools (CDE, 2017). CDPHE Health Equity Maps show at least 6,700 residents that speak English “less than very well” and the U.S. Census says that between 2013-2017 at least 9% of residents over the age of five spoke a language other than English in the home, though these numbers are often underreported. Interviews with immigrant and refugee organizations in Northern Colorado identified that historically no refugees were initially settled within Larimer County, though families are free to move wherever they want once they are processed into the United States. Political climate over the past few years has slowed down the number of refugees coming into Colorado.

Some immigrant and refugee adults with limited English will commute to Larimer County to work in meat packing plants, factories and distribution warehouses such as Otter box. International students attending Colorado State University (CSU) often come with families and live in International Housing near campus in Fort Collins. Spouses and children of international students may not be educated or speak English and warrant further exploration for language needs. CSU offers extensive community engagement programming to its international students including support services. Additionally, programs such as the Front Range Community College ESL program, along with other ESL programs are useful and trusted points of connection with limited English speakers.

CQ cultural dimensions such as power distance, risk orientation, identity, and communication approaches, along with religious practices and gender norms could all heavily influence interactions with refugee and immigrant residents from other countries. Lack of understanding and CQ adoption toward these possible differences could hinder their trust and increase social isolation. Impact- to sheltering could include the need for rice and other vegetarian dishes, hallel foods, separation from animals, spaces for prayer times, and additional privacy barriers for opposite genders. Additionally, mental health reactions to trauma differ based on culture and stigma may prevent those from other ethnic identities from seeking help. Signs and symptoms of distress may not be evident at first because they can appear as physical symptoms but may require specialized approaches (Chang-May & Congress, 2016). Further effort to connect with the Islamic Center and other Muslim organizations in the area is needed to bridge these gaps. Many immigrants and refugees that are affiliated to religious minority congregations in the county are connected through the Interfaith Council, and this will prove to be an important relationship to nurture in the future.

Resilience work seeks to proactively adapt for projected trends. Global forced migration and population growth will inevitably bring more refugees to the United States and into Northern Colorado in the future. Awareness and preparation for will be key for better integration. The Colorado Refugee Services Program (CRSP) RISE study showed that social capital is the number one indicator for integration including productivity, self-sufficiency, and quality of life for refugees in Colorado (Taintor & Lichtenstein, 2016). It is in the interest of local governments and community members to proactively welcome and support this process for long-term success. Lutheran Family Services is currently the only official resettlement agency for Northern Colorado, they are located in Greeley, Co. In addition, the Immigrant and Refugee Center of Northern Colorado assists with English classes as well as other community services and referrals such as transportation assistance and health screens. The Colorado Refugee Services Program (CRSP) is the state level oversight and support for refugee resettlement agencies and is housed within the Department of Human Services and Office of Economic Security located in Denver, Co. Statistics on refugee resettlement trends are updated regularly through these agencies.

Religious Minorities:

Religious affiliation can be a powerful strength for creating community and support during hard times, including places of worship serving as evacuation sites, functioning as information sharing platforms, providing shelter space, storage and staging place for supplies, childcare locations, among others. “Meaning-making” and reliance on a higher power for strength, courage, perseverance, charitable giving, and volunteerism are all positive outcomes that can be attached to religious beliefs and practice. Rituals are not only a form of meaning making, processing and memorializing, but can help build a sense of community and psychological safety (Collins & Hammond, 2015; Karren et al 2014). Local government ensuring that all community member’s efforts to make meaning of life and community-wide events are considered and incorporated when possible, will model dignity, respect and inclusion for other community members and organizations.

Specific religious beliefs and practices can appear to create vulnerabilities or divisions if awareness, mutual learning and respect are not cultivated in times of relative calm. Sheltering and evacuation challenges could arise in the event of a catastrophic disaster related to dietary needs, gender and privacy expectations, as well as other cultural preferences such as contact with dogs and abstaining from pork for Muslims, and space for religious practices such as prayer, and engagement activities.

Through attendance at two community Interfaith Council meetings as well as several conversations and meetings with Interfaith Council leadership, it was determined that several small groups of religious minorities and places of worship exist throughout Larimer County, including but not limited to: The Islamic Center, Jewish Synagogue, LDS- church and temple, Bahai, Buddhist, Hindu, and Russian Orthodox, mostly housed in and around Fort Collins, Co. In addition, a pew research report shows that at least 5% of Coloradans identify with a religious tradition other than Christianity (Pew, 2014). Local survey participants showed that 23% were not only affiliated with a minority belief/tradition, but regularly practiced participated in faith-based gatherings and indicated that this cultural value impacted their dietary or clothing preferences, and social interactions.

Opportunities exist to intentionally build relationships with these groups through interactive workshops and active involvement in the Interfaith Council. A humble attitude of mutual learning will not only help better prepare these folks to be self-sufficient and be better able to trust and access services in

emergencies, but will also invite them to offer their strengths, resources and coping tools to the rest of the community should the need arise. Spiritual first aid trainings could provide a way for people of all faith backgrounds to use meaning making and faith in non-judgmental evidence-based ways to care for others through hard situations or disasters without projecting biases or judgments onto the survivor (Shannonhouse, 2017). This type of training could give community members confidence to engage others on this element of life that is so critical for many people's well-being and recovery from traumatic events, while also creating the opportunity for community participation and preparedness education.

see Appendix A (summer 2018 intern report) for discussion and implications related to the Latinx, homeless, and aging populations

County CQ Program Recommendations

The OEM and other interested parties will need to quantify and set timelines for realistic objectives connected to implementing these recommendations in relationship to their funding and future labor force (ie. Partnerships and interns)

Vision: Increase overall community resilience by reducing social isolation, exclusion and their associated disparities.

Mission: To build stronger overall community resilience, by ensuring that trust, connectedness and shared local culture are extended to everyone as equitably as possible; and that as a local government, we work to reduce external life stressors and systemic barriers to self-sufficiency for Larimer County residents.

Program Goals:

- Identify and nurture strategic and healthy partnerships between county agencies and departments, community organizations and cultural brokers/liaisons:
 - Mutual respect & learning
 - Mutual assistance
 - Acknowledgment and compensation for cultural brokering activities
 - Data and Information sharing to create synergy

CQ Partnerships:

- ***Interfaith Council:*** Multi-generational childcare solutions, spiritual first aid, volunteer database, able to communicate with thousands of community members
 - ***Food Bank:*** Possible medication storage, emergency food supplies, potential for heat maps to show concentrations of food insecure areas of county
 - ***Red Cross:*** create collaborative inclusive sheltering simulations with organizations serving marginalized populations (Islamic Center, Murphey’s Center, Food Bank, Senior Centers, CLE program through Poudre School District)
 - ***CSU Extension:*** Health, Wellness and Family Well-being and 4-H youth Development programs
 - ***IRCNOCO:*** google language maps and apps
 - ***Larimer County Public Health:*** CHIP “Healthy Larimer Committee”, Health Communications storytelling
 - ***Explore untapped connections:*** including Salud, Lafamilia, The Seniors Center, Salvation Army, Spanish Speaking churches, Public School Districts (see appendix D for more complete list)
 - ***United Way:*** Add language and emergency AFN barriers into poverty simulation
 - ***Resilience Network:*** recruit and involve diverse community members to participate
 - ***Disruption Discussion Podcast:*** Invite diverse community members and cultural brokers to be interviewed, promote podcast in additional platforms
 - ***Cultural brokers:*** Identify and create a shared database, compensate & don’t overburden
 - ***Colorado Community Inclusion Workgroup:*** Join this group, attend quarterly meetings to share ideas
-

- Increase Cultural Intelligence Internally at the County
 - Increase Collaboration through information and data sharing across departments (consider quarterly big-ticket item sharing to improve collaboration opportunities and efficiency)

Internal CQ Strategies:

- *Conduct CQ Assessments with existing staff*
- *Offer DEI trainings and workshops at onboarding and periodically, consider train the trainer options*
- *Review and update HR practices to consider DEI in hiring and job recruitment*
- *Incorporate additional compensation into roles for bilingual employees and cultural brokering tasks*
- *Adjust Communications department to ensure screening for inclusion considerations on all community facing and outreach materials*
- *Become an active member in GARE (Government Alliance for Race & Equity)*
- *Utilize Social Vulnerability (SVI), Community Inclusion (CICO) and CDPHE Health Equity maps to identify priority areas for improving equity in funding and decision-making*
- *Update CQ statistics/strategies after 2020 census*
- *Create processes and funding for diversity, equity and inclusion*
- *Review, advocate and incorporate a “Health in All Policies” approach to decision making*
- *Focus on Social Determinants solutions in Strategic Plan: Goal 2*
- *Incorporate an inclusion values statement into guiding principles (consider other local examples including CSU’s “principles of community” and Fort Collin’s detailed Equity and Inclusion values statement and strategy)*

See appendix B. for resources to implement these recommendations

LARIMER COUNTY GUIDING PRINCIPLES:

 <p>Being good stewards of public resources.</p>	 <p>Promoting innovation and continuous improvement.</p>	 <p>Providing quality customer service.</p>	 <p>Empowering people to take responsibility.</p>	 <p>Cultivating partnerships.</p>	 <p>Being a fulfilling and enjoyable place to work.</p>
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- Increase external facing CQ resilience projects in urban settings
 - a. community engagement, social connection and equitable resilience building outreach

CQ Outreach Strategies:

- **Collaborative workshops:** Intercultural Community Builders, Red Cross, United Way, schools, CSU extension, human service non-profits, and faith-based organizations to educate about preparedness, spiritual first aid, empowerment, and celebrating cultural diversity
 - **Utilize strengths & preferences of community:** parks, recreations and public social events to engage communities, attend cultural gatherings such as cinco de Mayo festival
 - **CSU Extension:** Support development of a CSU Extension MYPI program for Spanish speaking youth, participate and contribute at senior program events
 - **Elevate voices of marginalized community:** members through Photovoice series and digital storytelling in partnership with Public Health Communications dept
 - **Cultural brokers and focus group/research participants:** Incentivize and compensate
 - **Exercises & Simulations:** Utilize CDPHE resources to recruit access and functional needs populations for preparedness exercises, incorporate inclusion issues in scenario and evaluate for outcomes and gaps
www.colorado.gov/pacific/cdphe/community-inclusion-exercise-resources
 - **“Asset mapping”:** host events in census tracts with high concentrations of marginalized populations (ie. Mobile home parks, identified census tracts)
 - **Focus Groups:** Consider identifying marginalized community members who lived here during the floods to hold focus groups to understand lived experiences during a recent shock (record and transcribe)
 - **Host:** Refugee 101 courses (contact CRSP or IRCNOCO)
-

(Consider addition outcome human community focused goals and assign SMART objectives)

Example:

ALL residents (including marginalized / minorities) will be equipped to:

- *Protect themselves/families*
- *Access information*
- *Reduce morbidity and mortality (loss of life / health / self-sufficiency) from a disruption or disaster*
- *Be able to bounce back/recover to at least baseline after an adverse community event at the same rate/ability as majority populations in the same community*

2018-19 Project Limitations

Time constraints were a barrier leading to smaller survey samples sizes than anticipated. This work is tedious and requires a long-term investment to build the relationships necessary to be effective. In addition, creating the assessment tool was also time consuming. In the future, at least two to three months of data collection, and at least one month for data analysis would be more feasible. Permission to interact with community members through schools and other organizations can take several weeks, assuming there are already existing relationships with cultural brokers and organization gatekeepers. These processes should begin as early as possible and researchers should be prepared with informational materials and answers to questions about accountability, cultural sensitivity and compensation for participation such as food, childcare, and prizes. Consider multiple forms of promotion and survey participation (paper, digital, locations and the complexity of questions related to analyzing data). The length of the survey was thought to create barriers for some participants, in addition, literacy levels should be considered, especially for those with lower education attainment or limited English proficiency. Consider reformatting questions 35 and 38 of the survey to obtain more accurate data of where community members receive the most support and feel most connected to their community. Focus group conversations will help get a richer understanding of how these preferences look in day to day life. The cost of current translation services may be a barrier for on-going projects. Promotional materials should also be translated, in addition to project/event materials. When using a digital format for survey participation, ensure the level of membership and capability of the technology is appropriate for the intended level of data analysis.

Community buy-in is an important part of successfully implementing and growing culturally intelligent resilience for everyone. There may be unintended consequences and resistant community members and expectations that need to be respectfully considered throughout every decision. Increasing cultural intelligence, equity, and inclusion should never be about flipping power structures on their head, but rather noticing that some may be outside of the fold, and making space and attitude adjustments to invite them in.

Conclusions

Several community organizations and other county departments have expressed need and interest to investigate this topic further and utilize this CQ research to inform their decision making in the future. Community organizations and existing cultural brokers emphasized the need to follow up interactions with real changes and to keep community and partners informed of on-going activities. There will be a need for staff or future interns to implement recommendations and follow-up with further research.

This research and report merely scratches the surface of all the considerations and possibilities when expanding cultural intelligence across sectors for the entire county. It is my hope that these relationships, frameworks and recommendations can give a base knowledge and evidence of the needs and relevant solutions. With consistent effort, these projects can be a starting point to inspire even more collaborative ideas, momentum and quantifiable objectives to measure progress over time. There are some common categories of barriers that all marginalized populations may experience (C-MIST), however individual cultures and identities must always be consulted and considered to avoid stereotyping. Cultural intelligence is a main building block of community resilience and should be embedded across sectors symbolically through guiding principles and language adaptations, and practically through policies, procedure, partnerships and program adaptations.

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Appendix B.

Diversity-Equity-Inclusion & CQ Membership and training resources and opportunities:

- Intercultural Community Builders-Carol Miller (Fort Collins):
www.interculturalcommunitybuilders.org/about-us
- Building Bridges- (Denver):
www.Buildingbridgesshift.org
- Creative Strategies for Change (Denver/Boulder):
www.creativestrategiesforchange.com
- Meet the Middle East (Denver):
<https://meetthemiddleeast.org/upcoming-classes-and-events/>
- Future Learn (free Online course):
<https://www.futurelearn.com/courses/develop-cultural-intelligence>
- Cultural Intelligence Center (CQ assessments/consulting/e-learning/workshops):
www.culturalcq.com
- Government Alliance on Race & Equity {GARE}(Network/membership based):
<https://www.racialequityalliance.org/>
- National League of Cities (Network/Membership based):
<https://www.nlc.org/corporate-partnership-program/race-equity-and-leadership-real>

Appendix C.

Possible Evaluation methods or tools to consider

- Partner with Colorado State University:
www.polisci.colostate.edu/straayer-center/
www.chhs.colostate.edu/ssw/research/social-work-research-center/
<http://statlab.colostate.edu/stat-lab-services/>

Additional Resources:

- Resilience Indicators (as referenced in the Larimer County Unmet Needs and Community Fragility Study:
<https://www.resorgs.org.nz/about-resorgs/what-is-organisational-resilience/>
- a. Collaborate with Public Health CHIP
<https://www.larimer.org/health/health-department-general-info/community-health-improvement-plan/health-equity>
- b. Resilience measurement articles
 - i. www.currents.plos.org/disasters/index.html%3Fp=29158.html
 - ii. www.start.umd.edu/research-projects/community-assessment-resilience-tool-cart
 - iii. www.preventionweb.net/publications/view/62720
 - iv. www.preventionweb.net/publications/view/63110
 - v. www.100resilientcities.org/100rc-arup-city-resilience-actions-perceptions-tools/
 - vi. www.nap.edu/download/25383
 - vii. [www.transitionus.org/sites/default/files/Overview%20of%20Community%20Resilience%20Models%20and%20Toolkits%20\(1\).pdf](http://www.transitionus.org/sites/default/files/Overview%20of%20Community%20Resilience%20Models%20and%20Toolkits%20(1).pdf)
 - viii. www.hudexchange.info/resource/4028/baseline-indicators-for-disaster-resilient-communities/
 - ix. www.fema.gov/media-library-data/1466085676217a14e229a461adfa574a5d03041a6297c/FEMA-CRI-Draft-Concept-Paper-508_Jun_2016.pdf
 - x. <http://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx>
- c. Colorado Case Study:
<https://healthequityguide.org/case-studies/colorado-changes-data-narrative-and-incorporates-equity-metrics/External>

Possible general resilience metrics/indicators to consider:

- Life stressors and associated coping strategies, including perceived access to support
- Willingness and ability to adapt
- Measuring the 4 CQ elements: drive, knowledge, strategy, adapted behavior
- Assess KABS (knowledge, attitudes, beliefs, behaviors and skills)
- Consider Pre and Post assessments for focus groups/interventions with target populations
- Consider assessing KABS of internal departments, including CQ assessments
- Compare to “control county” on front range with historically majority white/middle class and agriculture base, fast growing population, similar in size between 300-500,000) *State Demographer and Lori suggest: Douglas, Jefferson, or El Paso.

CULTURAL INTELLIGENCE AS A RESILIENCE CAPABILITY:

Assessing cultural needs and assets to create a more inclusive Larimer County



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UNIVERSITY OF NORTHERN COLORADO
UNIVERSITY OF COLORADO

BACKGROUND

- The front range of Colorado has been impacted by, or has significant potential to experience a variety of costly natural, human and technological shocks (Over \$110 million in Larimer County was flood recovery for infrastructure alone). In addition, pre-identified chronic stressors such as lack of affordable housing and an increasing aging population.
- Colorado Resilience Office (CRO) developed post-2013 flood flows
- Larimer County Office of Emergency Management (OEM) created post flood flows
- CRO defines Community Resilience as "...the ability of communities to rebound, positively adapt to, or thrive amidst changing conditions or challenges - including disasters and climate change - and maintain quality of life, healthy growth, durable systems, and conservation of resources for present and future generations."
- Joint-Larimer County and CRO release pilot multi-sectoral Resilience Framework



- From emergency management research Larimer County conducted an Unmet Needs and Community Fragility study highlighting the importance of social capital in community resilience
- Marginalized and minority populations are often disproportionately impacted by shocks due to the exacerbation of their pre-existing chronic stressors
- Reducing these vulnerabilities means less overall community risk for loss of life, property, productivity and societal function (Hazard Response x Vulnerability, Risk Level)
- Regarding human vulnerability FEMA and the CDC are shifting from a "vulnerable population" lens to an "access and functional needs" lens which takes into account public systems that create barriers to diverse populations accessing the services, support, and accommodations that would ensure everyone can function at their potential
- Common public health and social work frameworks and strategies related to improving the social determinants of health, equity, person-in-environment, strengths perspectives and community-based participatory research can all help guide resilience strategies and interventions that will help build on existing assets and address gaps to reduce health and disaster impact disparities in Larimer County. These considerations will further the resilience priorities and goals of the Larimer County OEM and CRO.

GOALS:

- Long term program goal: Increase social capital and resilience by reducing disparities
- How: Integrate Culturally Intelligent CMIST frameworks into Larimer County's Resilience projects, and county-wide 3 year strategic plan to increase equity and inclusion, and reduce disparities across multiple health and quality of life indicators
- Target Populations: Aging, Loneliness, homeless, limited English speakers, religious minorities
- My research goal: compile best practices for community engagement with target populations in Larimer County, initiate relationships and collect community data to identify strengths and needs. Develop an inclusion program solution to be implemented under the existing program "Larimer Connects", along with a professional report to inform OEM and other county official's resilience efforts going forward

THEORIES:



METHODS

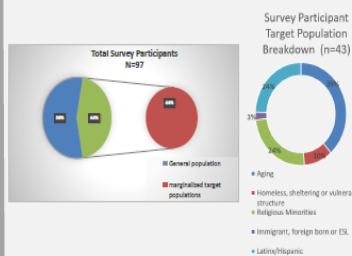
- Community-Based Participatory Research, Mixed-Methods and convenience sampling
- Comprehensive literature review
- Utilize demographic data and access and functional needs tools (Social Vulnerability Index, Community Inclusion Colorado maps)
- Created connections by attending 15 emergency or diversity, equity and inclusion (DEI) related community meetings, workshops, events and trainings
- Conducted 11 informal community leader, subject matter experts, and non-profit stakeholder interviews lasting between 15 minutes and two hours
 - 10- government officials
 - 9- community-based organizations/non-profits
 - 1- University-community partnership coordinator
- Created and Conducted Needs and Assets Assessment with community members
 - 90 questions: Combination of multiple choice, Likert scale, 60 in blank, and open-ended questions to ascertain knowledge, attitudes, access and behavior
 - Questions divided into 3 categories: demographic, emergency-related questions using CMIST framework, life stressor, community and inclusion questions
 - Digital Survey Monkey and paper versions; 3 reviews for content and focus
 - Violence service- translate paper version to Spanish and Arabic
 - Participants could opt to a drawing for three \$50 gift cards
 - Distribution plan (3/19-4/6/19): community partner: prevention, email, Volunteers of America and Larimer County 9-counselors, social media, and flyers distributed in key public areas of Fort Collins and Loveland based on demographic data
- Data analysis: survey monkey analysis tools, excel, manual coding and word cloud generator for key qualitative themes
- Compile program solution into logic models and professional report for dissemination, promotion and guidance in increasing equitable social capital throughout government departments, and in partnership with non-profits and community members

KEY FINDINGS

Community leader & Subject matter expert conversation themes



Community Needs & Assets Assessment



Key Emergency Preparedness and CMIST Findings

- Demographic data shows that only 2% of the county is signed up for the Larimer Emergency Telephone Alerts (LETA)
- 43% of survey participants were not aware of LETA
- Most didn't use Larimer County website, LETA and social media, even the top sources that participants could use to seek information in a community-wide emergency
- 4% did not have access to a primary care physician
- On average, participants only mildly agreed that they would evacuate to a government-run shelter if urged to do so by police (mean 3.4/5 on 5-Likert scale)
- While 4% of participants reported not having insurance, the three lowest rates, 2% of uninsured identified in one or more of the target populations. The majority of uninsured were women under 25
- 20% of participants reported they would not be likely to have backup transportation if their primary mode of transportation was unavailable

Key Community Inclusion & Life Stressor Findings

- Overall participants reported high quality of life (mean score of 78 on scale of 1-100)
- Reported barriers to access included: Resources, costs and age
- 22% of those struggling to reach basic needs were in marginalized populations
- Participants reported feeling most supported in their local community by family and friends
- Have community reported emergency situations that increase quality of life in Larimer County most access to public, local community events, volunteer recreation, facilities and volunteering
- 22% of participants report having a local relationship with someone of a different race, ethnicity or religious than their own (38% for response, 3 participants chose not to answer)
- Have community reported emergency changes participants would like to see: lowering affordability, diversity, inclusion and openness, public transit systems, safe public spaces and accommodations for disabilities

Grand Challenge for Social Work addressed by CQ Resilience:

Close the health gap. Address long and productive lives, and livelihoods. Create social responses to a changing environment, achieve equal opportunity and justice

CONCLUSIONS

- Cultural Intelligence (CQ) is an avenue that inspires collaboration and adaptation that ensures we include everyone as we enhance social capital and community resilience
- Best practices for engaging historically marginalized populations include: consider historical contexts, meet people where they are logistically and with regards to attitudes and expectations; use familiar and neutral spaces to meet; remain curious; provide food, childcare and incentives for participation; offer ADA accommodations and translation services for events; always ask "who benefits" and "who is not at the table that should be"; listen, follow-through, follow-up, and create accountability; don't make assumptions
- Despite the history of homogeneity in Larimer County, the dynamics are rapidly changing, most residents report having a local relationship with someone that has different primary identities from them. Building awareness, curiosity and acceptance around this will further the mission of having more culturally intelligent and inclusive decision-making
- Elevating the voices of the historically marginalized groups in the community through relationships with cultural brokers/embedded community liaisons, and outreach strategy adaptations will allow for more representative and equitable projects at the county level
- Embed cultural diversity and inclusion into every department through adaptations to guiding principles, hiring practices, outreach strategies and trainings
- Building on community strengths such as the connectiveness residents feel with the police and recreation activities, sense of volunteerism, and connections to faith based organizations can help guide CQ resilience strategies
- Use CMIST and CQ considerations to tailor outreach, preparedness activities and collaborative workshops such as MyFit for Spanish speakers; improve language adaptations for events; coordinate access and functional needs focus into exercises and simulations and evaluate their effectiveness utilizing existing resources through CRO and CDPHE; create a photovoice series with different target populations to educate the community on different lived experiences; create and support multi-generational childcare solutions to address multiple community stressors at once; collaborate with non-profits and community partners such as La Familia, The Food Bank, Interfaith Council and Immigrant & Refugee Center of Northern Colorado (IRCNOC) to remain informed and connected to populations that are harder for government officials to reach
- Equity and inclusion efforts, like community resilience, are long-term goals; community and leadership level buy-in can be complex and take time. Patience, persistence, consistency and a humble, collaborative mindset are essential for success

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- Colorado Healthy Living Group (2019). *Colorado Resilience Framework*
- Community Inclusion & Vulnerability Study (2019). *Community Inclusion & Vulnerability Study*
- Miller, S. & Bollen, K. (2017). *Strong Impact: "Solid needs" - A National Model for Emergency Management and Planning*
- Larimer County (2019). *Community Resilience Framework*

ACKNOWLEDGMENTS

Larimer County OEM and Member CMIST, Colorado Resilience, a representative community partner

CULTURAL INTELLIGENCE AS A RESILIENCE CAPABILITY:

Assessing cultural needs and assets to create a more inclusive Larimer County

Ashley Baugh, MSW/MPHc,
Spring 2019

In partnership with:

Larimer County Office of
Emergency Management
&
Larimer County Department of
Human Services



INTRODUCTION AND BACKGROUND ²

History:

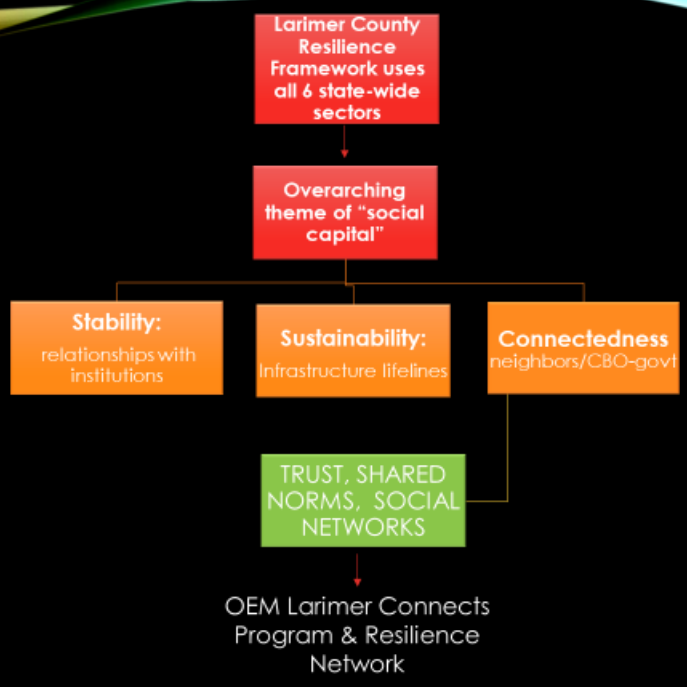
- Catastrophic floods/fires 2012-13
- Colorado Resilience & Recovery Office (CRO) created
- State-wide, multi-sectoral resiliency framework (2016)

Community Resilience is the ability of a community to:

- *Anticipate problems, opportunities and potential*
- *Cope and adapt to adversity*
- *Withstand external shocks, maintain or quickly restore a safe and functioning society*



LARIMER COUNTY RESILIENCE



CULTURAL INTELLIGENCE (CQ) FRAMEWORK

Larimer Connects Program
+
Cultural Intelligence=
CQ Resilience
(Includes everyone and reduces disproportionate impact to marginalized populations)



ACCESS & FUNCTIONAL NEEDS

CMIST Framework for Needs Identification

- Communication
- Maintaining Health
- Independence
- Safety, Support services and Self Determination
- Transportation



Jessica Mitchell October, 2012 5

Figure 2
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



LARIMER COUNTY TARGET POPULATIONS

State demographer's report for Larimer County:

1. Latinx/Hispanic population (11.5% or 39,959)
2. Aging population (15.1%= 52,928)

Additional OEM priorities related to emergencies:

3. Homeless (~3,000+)
4. Limited English Proficiency (LEP)
9% or 31,547-(Over age 5 & speaking a language other than English in the home)
5. Practicing religious minorities (800-1,000)

~128,257/350,518 (37% of residents)



GOALS

Long term program goals: Increase social capital and resilience by reducing disparities

- How: Integrate CQ and CMIST frameworks into Larimer County's Resilience projects, and county-wide 5 year strategic plan to increase equity and inclusion, and reduce disparities across multiple health and quality of life indicators

My research goals:

- Best practices for community engagement with 5 target populations in Larimer County
- Initiate relationships and collect community data to identify strengths and needs
- Develop a CQ/inclusion program skeleton and professional report to inform OEM and other county official's resilience efforts going forward



METHODS

Mixed methods & Community-Based Participatory approach:

- Review literature and demographer data
- Community workshops, events and conferences
- Community leader & subject matter expert interviews
- Participate in strategic planning workgroup meetings
- Develop needs and assets assessment tool:
 - Demographics
 - Community engagement and inclusion
 - Emergency preparedness (CMIST)
- Convenience sampling with an effort to promote to our 5 target populations

KEY EMERGENCY FINDINGS

CMIST factors

- 43.3% of survey participants were not aware of LETA
- Local Radio, the Larimer County website, LETA and social media were the top sources that participants would use to seek information in a community-wide emergency
- 17% did not have access to a primary care physician
- On average, participants only mildly agreed that they would evacuate to a government run shelter if urged to do so by police, with several strongly disagree answers (mean 63.02/100, SD 28.86)
- 14% of participants reported not having insurance for their home or living place,
 - 78.57% of uninsured identified in one or more of the target populations
 - Majority of uninsured were renters under 35
- 39.17% of participants reported they would not be likely to have backup transportation if their primary mode of transportation was inaccessible

KEY COMMUNITY STRESSOR FINDINGS

- Overall Participants reported high quality of life
 - Mean score on scale of 0-100 = 86, SD 19.77
 - Reported barriers to success included: finances, costs and age
- 53.8% of those struggling to meet basic needs were in a marginalized population
- Most commonly reported community dimensions that increase quality of life in Larimer County were:
 - Access to parks, local community events, parks and recreation, festivals and volunteering
- 93.48% of participants report having a local relationship with someone of a different race, ethnicity, or religion from their own (86/92 responses, 5 participants chose not to answer)
- Most commonly reported things participants would change include:
 - Housing affordability, diversity, Inclusion and openness, transit options, bike paths and routes, and accommodations for disabilities

IMPLICATIONS

Research:

- More complex analysis of existing survey data needed
- On-going data collection to obtain larger sample size with target populations

Policy:

- Demonstrates need and evidence to embed diversity and inclusion in government staff, policies and procedures
 - Hiring practices, outreach strategies, and future trainings

IMPLICATIONS

Practice:

- Continue relationship and trust building in community
- Increase cultural curiosity and acceptance of cultural diversity through campaigns
- Increase capacity to accommodate access and functional barriers to social support and health services
- Follow-up on opportunities for more community organization-government partnerships
- Promote CMIST and CQ in emergency exercises to reduce disparities in disaster/shock impacts and recovery time

NEXT STEPS

County CQ Resilience Program Recommendations

Internal elements

- Report on research findings and strategies
- Ongoing data collection and analysis needed to compare target populations
- Collaborate with Public Health Department (Healthy Larimer Committee)
- CQ assessments and training with existing staff
- Develop official diversity, equity and inclusion statement (guiding principles) and policies at county level
- Improved hiring practices and inter-agency data sharing
- Create processes and funding for diversity, equity and inclusion
 - Filter outreach materials
 - Representation for diverse communities in decision making

Community facing elements

- Share findings with community partners & Natural Hazards Conference
- Continue conducting survey with target populations
- Storytelling, Photovoice series
- Integrate cultural intelligence into collaborative community workshops
- Partner with CDPHE to conduct AFN-inclusive emergency exercises

LIMITATIONS

- Broad focus (5 target populations)
- Time needed for CBPR (survey distribution, collaborative meetings, trust)
 - Small sample size in relation to county size
 - Survey data analysis complexity
 - Weather events impacted events
 - Limited access to homeless residents and those with limited English
- Cost to have materials translated
- Need for succession planning and future interns to implement recommendations

ACKNOWLEDGEMENTS

- Heather O'Hayre- Larimer Deputy Director of Human Services
- Lori Hodges and Shayle Sabo- Larimer Office of Emergency Management
- Samantha Brown- CSU School of Social Work capstone professor
- Larimer County community serving partners
- Aimee Voth-Seibert- CDPHE-OEPR: Community Health & Safety Coordinator
- Alex Fisher- previous CSPH/MPH student, capstone Summer 2018

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CSU SOWK Capstone presentation fact sheet



CULTURAL INTELLIGENCE AS A RESILIENCE CAPABILITY:

Assessing needs and assets for a more Inclusive Larimer County

2018-2019

Significance of the Problem

- ⇒ At least 37% of the Larimer County population fits into a marginalized identity and may experience access and functional barrier during a community disruption or emergency
- ⇒ In addition to daily stressors, marginalized and minority populations are likely to experience disproportionate impacts during catastrophic events and lose previously acquired wealth, as opposed to their white neighbors who tend to receive higher levels of aid following damaging emergencies
- ⇒ Access and Functional barriers include: communication limitations, health and medical needs, remaining independent, access to support and safety services, retaining self-determination, and transportation
- ⇒ The Colorado Resilience Office and Larimer County Office of Emergency management compiled a Larimer specific six-sector framework with the overarching theme of social capital.
- ⇒ In this study, interdisciplinary research was done to understand the gaps and needs of marginalized populations in the county to increase social capital and resilience by reducing preventable disparities

Target Populations (128,257)

State demographer's report for Larimer County:

1. Latinx/Hispanic population (11.5% or 39,959)
2. Aging population (15.1%= 52,928)

Additional OEM priorities related to emergencies:

3. Homeless (~3,000+)
4. Limited English Proficiency (LEP) (9% or 31,547)
5. Practicing religious minorities (800-1,000)

Goals:

1. Compile Best practices for community engagement with 5 target populations in Larimer County
2. Initiate relationships and collect community data to identify strengths and needs
3. Develop a CQ/inclusion program skeleton and professional report to inform OEM and other county official's resilience efforts going forward

Design: Mixed Method Community-Based Participatory Research

1. 15 community meetings and events
2. 22 community leader or subject matter expert interviews
3. 97 participants in community member survey

Detailed survey results available upon request

Implications & Next Steps:

- ⇒ More complex analysis of existing survey data needed
- ⇒ On-going data collection to obtain larger sample sizes
- ⇒ Increase capacity to accommodate access and functional barriers to social support, community and government health services
- ⇒ Capitalize on opportunities to build on existing community organization and government partnerships
- ⇒ Promote CMIST and CQ in emergency exercises to reduce disparities in disaster/shock impacts and recovery time
- ⇒ Community and Internal facing adaptations must be committed in order to meet the needs of the rapidly changing demographics in Larimer County

Limitations

- ⇒ Broad research focus (5 target populations)
- ⇒ Time needed for (survey distribution, relationships)
- ⇒ Weather events impacted survey responses
- ⇒ Limited access to homeless residents and those with limited English
- ⇒ Cost to have materials translated
- ⇒ Succession planning, future interns needed for Implementation

Most commonly stated changes that survey participants wish to see in Larimer County



Contact: Larimer Office of Emergency Management
970-498-7148
WWW.LARIMER.ORG/EMERGENCY

Appendices:

- A. Alex capstone report
- B. Resources for Internal CQ growth
- C. Possible evaluation metrics and tools
- D. Poster
- E. Power Point
- F. SOWK fact sheet
- G. CDPHE AFN inclusion resources (from Aimee email/google doc)
- H. Foco E & I strategy
- I. Photovoice fact sheet
- J. Additional Resources (add photo of CSU “principles of community”)
- K. Contact lists (get permission to put list of partners in report)
- L. Contacts for further info/projects (Lori, Shayle, Heather)
 - a. Untapped connections list

Copy of paper survey

PDF attachment- Survey monkey summary of all questions/results

ALL ABOUT PHOTOVOICE

<http://www.photovoice.com>

Photovoice Background

Photovoice blends a grassroots approach to photography and social action. It provides cameras not to health specialists, policy makers, or professionals, but to people with least access to those who make decisions affecting their lives. From the villages of rural China to the homeless shelter of Ann Arbor, Michigan, people have used Photovoice to amplify their visions and experience.

Photovoice has three goals. It enables people to record and reflect their community's strengths and problems. It promotes dialogue about important issues through group discussion and photographs. Finally, it engages policymakers. It follows the premise that, as Caroline C. Wang explains, "What experts think is important may not match what people at the grassroots think is important."

Definition

Photovoice is a process by which people can identify, represent, and enhance their community through a specific photographic technique. It entrusts cameras to the hands of people to enable them to act as recorders, and potential catalysts for social action and change, in their own communities. It uses the immediacy of the visual image and accompanying stories to furnish evidence and to promote an effective, participatory means of sharing expertise to create healthful public policy.

Concept

The Photovoice concept was developed by Caroline C. Wang and Mary Ann Burris and described in a series of research articles. They used three main sources to create the Photovoice concept:

- the theoretical literature on education for critical consciousness, feminist theory, and documentary photography;
- the efforts of community photographers and participatory educators to challenge assumptions about representation and documentary authorship; and
- Their experience applying the process in the Ford Foundation-supported Yunnan Women's Reproductive Health and Development Program.

Summary

Photovoice enables us to gain "the possibility of perceiving the world from the viewpoint of the people who lead lives that are different from those traditionally in control of the means for imaging the world." As such, this approach to participatory appraisal values the knowledge put forth by people as a vital source of expertise. It confronts a fundamental problem of community assessment: what professionals, researchers, specialists, and outsiders think is important may completely fail to match what the community thinks is important. Most significant, the images produced, and the issues discussed and framed by people may stimulate policy and social change. Photovoice is a methodology to reach, inform, and organize community members, enabling them to prioritize their concerns and discuss problems and solutions. Photovoice goes beyond the conventional role of community assessment by inviting people to promote their own and their community's well-being.

Goals

Photovoice has three main goals:

- to enable people to record and reflect their community's strengths and concerns;
- to promote critical dialogue and knowledge about personal and community issues through large and small group discussions of photographs; and
- to reach policy makers.

Photovoice is highly flexible and can be adapted to specific participatory goals (such as needs assessment, asset mapping, and evaluation), different groups and communities, and distinct social policy and public health issues.

Stages

The stages of Photovoice include:

- conceptualizing the problem
- defining broader goals and objectives
- recruiting policy makers as the audience for Photovoice findings
- training the trainers
- conducting Photovoice training
- devising the initial theme/s for taking pictures
- taking pictures
- facilitating group discussion
- critical reflection and dialogue
 - selecting photographs for discussion
 - contextualizing and storytelling
 - codifying issues, themes, and theories
- documenting the stories
- conducting the formative evaluation
- reaching policy makers, donors, media, researchers, and others who may be mobilized to create change
- conducting participatory evaluation of policy and program implementation

Community Training and Process

The first Photovoice training begins with a discussion of cameras, ethics, and power; ways of seeing photographs; and a philosophy of giving photographs back to community members as a way of expression appreciation, respect, or camaraderie. The curriculum may then move to address mechanical aspects of camera use.

Community people using Photovoice engage in a three-stage process that provides the foundation for analyzing the pictures they have taken:

1. **Selecting** – choosing those photographs that most accurately reflect the community's concerns and assets

The participatory approach dictates this first stage. So that people can lead the discussion, it is they who choose the photographs. They select photographs they considered most significant, or simply like best, from each roll of film they had taken.

2. **Contextualizing** – telling stories about what the photographs mean

The participatory approach also generates the second stage, contextualizing or storytelling. This occurs in the process of group discussion, suggested by the acronym VOICE, voicing our individual and collective experience. Photographs alone,

considered outside the context of their own voices and stories, and would contradict the essence of Photovoice. People describe the meaning of their images in small and large group discussions.

3. Codifying – identifying the issues, themes, or theories that emerge

The participatory approach gives multiple meanings to singular images and thus frames the third stage, codifying. In this stage, participants may identify three types of dimensions that arise from the dialogue process: issues, themes, or theories.

They may codify issues when the concerns targeted for action are pragmatic, immediate, and tangible. This is the most direct application of the analysis. They may also codify themes and patterns, or develop theories that are grounded in data that have been systematically gathered and analyzed in collective discussion.

Conclusion

Photovoice turns on involving people in defining issues. Such an approach avoids the distortion of fitting data into a predetermined paradigm; through it we hear and understand how people make meaning themselves, or construct what matters to them. Photovoice, to paraphrase Glik, Gordon, Ward, Kouame, and Guessan, is not simply the shuffling of information around, but entails people reflecting on their own community portraits and voices and on what questions can be linked into more general constructs or can be seen to be interrelated. It is a method that enables people to define for themselves and others, including policy makers, what is worth remembering and what needs to be changed.

About the Founder: Caroline Wang

Caroline Wang is assistant professor of health behavior and health education at the School of Public Health, University of Michigan. She earned her BA (in art, media, and politics) from Duke University, and both a masters and a doctorate in public health at the University of California at Berkeley. In 1992 Wang, working with Dr. Mary Ann Burris, created what is now known as "Photovoice" as a way to enable women living in the remote countryside of Yunnan Province, China, to successfully influence the policies and programs that affected them. Since then, homeless men and women in Ann Arbor, Michigan; youth and adults in Flint, Michigan, and "town crier" youth in the San Francisco Bay area have used Photovoice to reach — and touch — policy makers, journalists, and others with influence.

The Photovoice methodology has been adopted as a tool for assessing grassroots needs and assets, and for evaluation, by diverse populations nationally and internationally. The work has also been recognized by the public health education and health promotion section of the American Public Health Association which honored Wang with its Early Career Award in 2000. Her articles on the Photovoice method and community-based public health work appear in American Journal of Public Health, Journal of Health Communication, Social Science and Medicine, and other peer-reviewed publications. Wang is co-editor of the book *Visual Voices: 100 Photographs of Village China* by the Women of Yunnan Province and editor of *Strength to Be: Community Visions and Voices*

Rough Outline for Photovoice Implementation: (4-6 months per population group)

- Pilot with one of 5 target populations population. (continue as a series w/other 4 minority populations over next 15-24 months)
- 1. Meet with community leaders, gatekeepers and brokers-establish relationship w/community members
- 2. request/promote meeting- administer survey (no more than 15-20 simple questions), focus group conversation and teach how to do photos and why- multiple ages/encourage family participation/discussion? *incentivize participation- grocery gift cards + preparedness kits, per attendance at each event, celebrate curiosity swag? “Larimer Connects is For Me”
 - 20-40 participants
 - Take 5-20 photos each participant, then through follow-up group, pick 3 that show what makes feel connected to your community/strengths in your culture, 2 that show a way you feel excluded when living/navigating Larimer county
 - (have help from Michelle Bird and/or Alisha- Lar Co. public relations?)
- 3. Meet after 2 weeks to discuss photos- dialogue about photos, discuss best quality and best representation of group as a whole- select #? photos represent cultural uniqueness/strengths/community, and 3 that show needs/exclusion that could be changed by attitudes/policies/behavior of Larimer county leaders and majority community members(In follow up group take 50-200 photos and narrow down to consensus that represents all present and best quality (20-30 photos?))
- 4. Have photos emailed to one location-print and blow up in size (\$)
- 5. Plan event to showcase findings (April): partner w/bohemian foundation? Venue (Atzlan center? CSU?, PSD school?, community center, art venue? (invite commissioners, lar co. govt orgs, non-profits, and minority participants, and community members + CSU poster presentation (and video play on laptop?))
- Follow up with meeting w/participants, and meeting w/leadership to discuss possible changes that could be made and do KABS post-surveys? -emphasize time as a factor in building relationships and change-won’t happen overnight- awareness and curiosity as first step. *Celebrate Curiosity
**Follow-up & Follow-through

Additional Resources:

Academic Health Centers and the Social Determinants of Health: Challenges & Barriers, Responses & Solutions. <http://wherehealthbegins.org/pdf/AAHC-SDOH-Report-ExecSum-Final.pdf>

Building Community Disaster Resilience Through Private and Public Collaboration (2011). The National Academies of Sciences, Engineering and Medicine (NAP).

<https://www.nap.edu/read/13028/chapter/2>

CDC webinar on Cultural Competence in Emergency Preparedness & Response:

https://emergency.cdc.gov/epic/learn/webinar_20190424.asp

CDPHE resources- <https://www.colorado.gov/pacific/cdphe/community-inclusion-colorado>

CDPHE inclusive exercise resources: <https://www.colorado.gov/pacific/cdphe/community-inclusion-exercise-resources>

Colorado Coalition for the Homeless & Omni Institute Homelessness Care Report:

<https://www.coloradocoalition.org/sites/default/files/2018-10/2018%20PIT%20Report%20-%20Sheltered.pdf>

Community Toolbox: <https://ctb.ku.edu/en>

FEMA course: IS-0368 - Including People with Disabilities and Others With Access and Functional Needs in Disaster Operations. <https://emilms.fema.gov/IS0368/DIS01summary.htm>

Get Healthy Initiative: 10 Key Components for Building Healthy, Equitable Communities:

<https://www.gethealthysmc.org/10-key-components-healthy-equitable-communities>

Grand Challenges for Social Work (literature and strategies for addressing the most pressing social problems. <http://grandchallengesforsocialwork.org/grand-challenges-initiative/12-challenges/>

Guidebook for engaging urban & low-income populations

https://www.canr.msu.edu/uploads/375/65790/GuidebooktoCommunityEngagement_FINAL_Sept2014.pdf

Health Literacy and linguistic diversity:

<https://health.gov/communication/literacy/quickguide/factsbasic.htm>

Historical Context: <https://history.fcgov.com/timeline/1900>

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Keywords

Access & Functional Needs
Affirming identities
All-Hazards
American Disabilities Act (ADA)
*Asset based community design (ABCD) (=CBPR+ strengths)
Assimilation
At risk
Build capacity
Barriers
Behavior change theory
Built environment
Childcare needs and costs
Chronically underrepresented/underserved
Climate hazards
Collaboration
Community engagement
Community-Based Participatory Research (CBPR)
Community cohesion
Community development
Community enhancement
Community participation
Community organizing
Connectedness
Context (historical, socio-political)
County planning
Cultural competency
Culturally grounded
Cultural Intelligence (CQ)
Cultural responsiveness
Cultural sensitivity
Cultural brokers (ie: Community liaisons, navigators, embedded navigators, gatekeepers, community connectors, cultural ambassadors, Cultural Insider, experience expert)

Discrimination
Disenfranchised
Disruptions
Diversity
Domains: public community, non-profit, private/business, government
Ecological model
Efficiency
Effective actions
Effective infrastructure
Embedded
Empowerment
Emergency preparedness and response (EPR)
Environmental Justice
Equity
Evaluation-monitoring
Evidence
Exclusion
Feasibility
Identity(ies)
Inclusive/inclusion (include everyone)
Infrastructure capacity
Innovation
Interdisciplinary
Integrated
Integration
Institutionalized racism
Interdisciplinary
Integrated
Integration
Intentional community design
Intersectionality
Internalized oppression and racism
Institutional Change
Institutionalized racism

Lived

Limited English Proficiency (LEP)
Minority
Marginalized/marginalization
Macro social work practice
micro/mezzo/macro interdependence
Overburdened
Participatory design
Passive
Person-in-Environment
Population change
Post-traumatic growth
Prevention
Proactive
Protective factors
Reactive
Recovery
Redundant infrastructure
Risk
Risk Factors
Self-sufficiency
Shocks
Social determinants
Social functioning
Social planning
Social change
Social capital
Survival mode
Sustainable
Stability
Standard Operating Procedures (SOP)
Strategic Planning
Strengths-based
Stressors
Systematic Oppression
Systems Theory (Ecological Model)
Trust (government-community,
neighbor to neighbor)
Universal design
Vulnerable

Print and attach full summary PDF of survey monkey results

Appendix B: Community Inclusive Needs
Assessment of Larimer County Emergency
Management - Report by CSU MPH Intern
Alexandria K. Fisher

Community Inclusive Needs Assessment of Larimer County Emergency Management

Alexandria K. Fisher

Colorado School of Public Health

Larimer County Office of Emergency Management

Author Note

This initiative was completed as the author's capstone project as a Master of Public Health student at the Colorado School of Public Health, Colorado State University.

Abstract

Larimer County Office of Emergency Management (OEM) seeks to build the resilience of the county by identifying populations that are currently overlooked by its current policies, practices, and procedures and implementing programs and practices to include those communities in emergency preparedness, response, and recovery. The Latinx population, the people without homes population, and the elderly population are increasing in Larimer County and warrant further investigation of their functional needs and abilities. Along with a literature review, community leaders of each population were informally interviewed to assess their community's unique needs and experiences. It was found that communication and functional independence needs were of the greatest concern among the populations studied. Using this information, logic models were built to bridge the gap from OEM's current resources and services to meet the needs of these populations. OEM will ultimately use this assessment to design and implement programs and practices to match the diverse needs and abilities of the county.

Keywords: *Community, inclusive, needs assessment, Latinx, people without homes, elderly, emergency, emergency management, communication.*

Community Inclusive Needs Assessment of Larimer County Emergency Management

Traditional emergency management practices and systems often fail to meet the multifarious needs of the specific population they serve. Preparing for emergencies and mitigating disasters cannot be accomplished with a single one-size-fits-all methodology. Instead, emergency management approaches must be designed to meet the complex needs of a diverse community. Those typically considered especially vulnerable – people with disabilities, people

who do not speak English proficiently, people with serious mental illness, people over the age of 65, and children – comprise almost half of the population in the United States. This demonstrates that people who are thought of as “minority” are, in reality, the majority. Each of these demographic categories has unique abilities and needs; therefore, grouping them together simply as “vulnerable” is unhelpful and ultimately meaningless (Kailes & Enders, 2007). Larimer County Office of Emergency Management (OEM) endeavors to build capacity, specify planning, and generate response successes by developing processes, procedures, and systems that are effective for the entire community. To achieve this, OEM must move beyond the category of “vulnerable populations” and work to identify the diverse groups within the county and assess their functional needs and abilities.

This report seeks to explore the functional needs and abilities of three populations that are increasing in Larimer County: the Latinx population, the elderly population, and the people without homes population. The Latinx population in Larimer County currently stands at 11% and continues to increase (State Demography Office Colorado, 2016). Moreover, 1.5% of the population in Larimer County does not speak English as their primary language with Spanish being the most common language spoken in this group. This is considered a slight increase since 2000. Sheltering and long-term homelessness is increasingly problematic in Larimer County. The persons without homes population is estimated at 3,000 people and is expected to increase as housing costs continue to rise throughout the county. Approximately 250 people in this category are considered chronically homeless. Lastly, the population is aging throughout the state of Colorado and this is especially true for Larimer County. The elderly community currently composes 15.1% of Larimer County and will continue to increase. The county has experienced a

25.7% increase in the 65+ population from just 2010 to 2014 (Colorado Resiliency and Recovery Office, 2016).

A flexible framework of function-based needs can be used to categorize the barriers found in this assessment and will ultimately create more actionable objectives for OEM. Communication, medical needs, maintaining functional independence, supervision, and transportation (C-MIST) are all necessary functions in emergency management and planning. Communication needs primarily include those that need assistance in the receipt of emergency information. Those who require ongoing treatment and/or management of unstable, terminal, or contagious medical conditions are in medical need. Maintaining functional needs constitutes attending to those who need assistance within 48 hours to prevent secondary conditions. This includes individuals that require assistive devices, assistance with activities of daily living, and individuals with psychiatric conditions. Supervision needs are support and guidance for individuals who require support from their family and/or friends. Lastly, most emergency responses necessitate transportation of some kind. However, there are many individuals who are unable to drive whether it is due to social, physical, and/or economic limitations. This group represents those with transportation needs. With a greater understanding of the function-based needs of Larimer County, OEM can begin to improve their ability to address those needs (Kailes & Enders, 2007).

Ultimately, assessing and addressing the community inclusive emergency management needs of Larimer County will build resilience in the region. Resilience is an individual's or community's ability to withstand and recover from shocks and hazards. It is a process that utilizes adaptability rather than stability. Resilience in a community is undermined by vulnerability which fundamentally results from missed connections between available resources

and the community being served. Diversifying emergency management practices and systems will create connections that benefit the community as whole and build resilience. For that reason, there is broad interest in the project throughout Larimer County and in the City of Fort Collins. Interdepartmental collaboration is key to the success of this initiative. Throughout the process of developing this assessment, current practitioners in Larimer County and the City of Fort Collins were asked for their input and what they would like to see from this project. This helped to refine the ultimate vision for this initiative and increased investment from other departments.

Methods

A thorough literature review was conducted to gather already available data on the Latinx population, the elderly population, and the people without homes population in Larimer County. The reviewed literature was comprised of available governmental data, relevant organizational reports, and other various governmental papers all specific to these communities within Larimer County. The literature review also included academic articles containing general knowledge about these populations.

To gain more information on these populations in Larimer County, community leaders were contacted via email with an explanation of the project, the potential community benefits, and an invitation to participate in an informal interview. The participants were given the option to have the interview conducted in person, over the phone, or by email. The interview solicited community leaders to share their local knowledge specific to their communities. The interview questions were designed to uncover information on barriers to emergency preparedness and response.

Information gathered from the informal interviews was used to construct logical models for each of the communities assessed. The logic models are used to depict how the resources and

activities developed by OEM can be bridged to meet the needs and utilize the assets of the three populations studied to achieve the overall goal of improving the resilience of Larimer County. The logic models demonstrate the current gap between resources and activities and the target populations with short-term suggestions to span that gap. These suggestions provide actionable activities for OEM to accomplish to meet the needs of the county.

Findings

Latinx Population

The majority of the Larimer County Latinx population resides in two census tracts in Fort Collins. The largest population of Latinx individuals is in census tract 001304, located south of Highway 287 between North Shields St. and North College Avenue and north of the Cache La Poudre River. In this tract, 63.5% of the population is considered minority meaning it counts all people except for those that are white, non-Hispanic and it is reported that 13.8% of the population speaks English “less than well”. In this same location 40.9% of the population is uninsured and 45.1% of the residences are mobile homes. There is also a large proportion of single-parent households in this area at 20.9%. In census tract 001306 which lies between East Vine Drive and East Mulberry Street and east of Riverside Avenue and west of Highway 25, 44.5% of the population is considered minority and 3.4% of the population speaks English “less than well”. In this tract, 27.4% of the population are uninsured and 74.8% of the residences are mobile homes. Again, there is a large proportion of single-parent households at 21.1%. (Center for Disease Control and Prevention, 2014).

The predominant emergency management issue among the Latinx population in Larimer County is lack of awareness. While some individuals understand the potential hazards that could

occur in the county, many do not believe or realize it could happen to them. Some are unaware of potential hazards in the area and are likely to doubt the severity of hazards and alerts because they have only been residents of Larimer County for a short period of time. Moreover, many are unaware of the services OEM provides such as LETA 911 emergency alerts. Nonetheless, it was indicated that this population would likely be interested in emergency notification via cell phone alerts and it would be especially helpful if they had easier access to this service in Spanish. Despite these possibilities, some may still be hesitant to supply personal information to a government system due to the current political environment at the federal level.

The present political climate of conflicting messages toward the Latinx population at the federal level fosters a multitude of issues. Some people may be hesitant to engage with governmental responses such as mass sheltering due to fears surrounding immigration status. Furthermore, the current federal administration's growing animosity toward the Latinx population makes them less likely to trust any information from the government, such as emergency alerts. They are also less likely to sign-up up for LETA 911 emergency alerts that require the provision of personal information such as name and address.

At this point in time, it is unclear whether transportation is a barrier to evacuation for the Latinx community. Those that do not have personal transportation may rely on the bussing system which may not be in service in the event of an evacuation. Some may have difficulty evacuating due to work obligations and/or not understanding the seriousness of the hazard. However, if the severity of the event was understood, work obligations would not be a barrier to evacuation.

People without Homes Population

People without homes receive information through a variety of avenues. Many people without homes own cell phones. It is unclear whether or not there is significant enrollment in LETA 911 notifications. Receiving LETA 911 alerts would be especially helpful since this is a particularly mobile population that may or may not engage with services regularly. Police are also frequently in contact with people without homes. In the event of an emergency, the police are likely to inform and advise people without homes regarding the situation. Moreover, service organizations often provide announcements to this population. For example, the Sister Alice Murphy Center for Hope provides a general briefing nearly every morning during their busiest service hours.

Many people without homes spend most of their time outside in the elements making them especially susceptible to severe weather and weather-related emergencies. Since many live along the Cache La Poudre River, flooding can be a distinct issue for this group. Many people without homes have had their belongings swept away by the river during floods. This makes them hesitant to evacuate and risk having their belongings washed away or stolen in their absence. Other severe weather events such as hail are also hazardous to them since they are unlikely to have safe cover during a storm. In the event of a wildfire, people without homes do not have shelter to avoid hazardous smoke inhalation. Moreover, people without homes may be averse to evacuating since they may not have anywhere to go.

During the first 72 hours following a disaster, people without homes are likely to rely on a variety of sources for support. In response to a disaster, they are likely to trust friends, local hospitals, the police, governmental officials, and various service organizations such as Outreach Fort Collins, Salvation Army, and Fort Collins Rescue Mission. Most shelter facilities have their own emergency plans in place, however, they will not be able to reach those who do not engage

with their services. Furthermore, if these organizations were unable to resume services following a disaster, people without homes would be in even greater need of assistance.

Fortunately, with the State of Colorado's push for health insurance enrollment, many people without homes have health insurance through Medicare or Medicaid. Most are enrolled in Medicaid and would be able to receive medical care in the event of an emergency or disaster. However, most people without homes do not have any kind of insurance beyond that. If they were to lose their belongings in an emergency or disaster, they would not receive compensation for their loss.

Of particular concern is a sect of people without homes that have little to no contact with service organizations and are therefore particularly susceptible to emergencies and disasters. For a variety of reasons, people in this group are unable to or choose not to engage with service organizations and therefore receive little information beyond their immediate contacts. Many in this group in Larimer County live in rural areas and are isolated from most services and informational avenues.

Elderly Population

The Larimer County elderly population predominantly resides in census tracts 002401 and 001902. Census tract 002401, which is in northern Colorado between Highway 287 and Highway 15 and 127 and north of Highway 14, contains the highest proportion of elderly people in Larimer County at 34.1%. In Loveland, census tract 001902, which is north of West Eisenhower Boulevard and approximately south of West 37th Street and approximately between Highway 287 and North Wilson Avenue, contains an elderly population at 21.7% (Center for Disease Control and Prevention, 2014).

The elderly population's primary concern is mobility. While they are likely to receive emergency notification and desire to act on it, their physical ability may lessen their capacity to respond adequately. They may not have the ability to leave their home independently. In the event of an evacuation, some are unable to drive long distances or are unable to drive at all. The elderly population is also more likely to have medical needs and concerns. Many take ongoing medications of which they may not have an adequate supply to bring with them in the event of an evacuation. Some may have medical equipment they must take with them that can be large and burdensome. They may also have ongoing conditions that need to be addressed periodically such as dialysis. People with memory issues are also of concern in this population and require special consideration and care in the event of an emergency or disaster.

Another concern with the elderly population is their possible lack of social connectedness. While some may have close family and/or friends nearby that could support them in the event of an emergency, others have few or no close relations that reside near enough to help them in an emergency. They may have family that lives outside of the local area or their friends may be elderly themselves and lack the ability to support them. Lack of assistance from social ties may prevent people in the elderly community from evacuating as early or as quickly as they would prefer. They are also less likely to trust information disseminated over the phone due to the fear of scamming. Scamming makes them less likely to share personal information over the phone as well. People in the elderly population are also more likely to be computer illiterate and have difficulty accessing and registering for the Whole Community Network online.

Discussion. Communication barriers were a recurring theme among many of the interviews with community leaders. In both the Latinx population and the people without homes

population, communication needs were the primary concern. While LETA 911 Emergency Alerts are an excellent resource, many were unaware of the alerts and of how to sign up for them. Workshops and educational courses were suggested by the Latinx to improve communication between OEM and this population. Positive governmental engagement with this community can also help to build trust and allow this community to be more likely to believe government notifications and information. Resources should also be readily available in Spanish as well as English. LETA 911 Emergency Alerts are currently very difficult to access and obtain in any language other than English. OEM needs to work with LETA 911 to improve the accessibility of emergency notifications for people who do not speak English proficiently.

Because many people without homes have regular engagement with service organizations, disseminating information through these already trusted sources is advised. Furthermore, inviting shelter directors and leaders to participate in emergency management planning and exercises can foster inclusive practices and procedures in the event of an emergency. The police department also has regular contact with this population so increased collaboration with them would also be helpful in reaching this audience.

Maintaining functional independence for people without homes and the elderly requires consideration. If forced to abandon their belongings, people without homes are likely to lose much of their functional independence, making them less likely to evacuate in the event of an emergency. Therefore, the provision of temporary storage during emergency events would greatly improve their resilience to disaster. The Fort Collins Mennonite Fellowship has repeatedly attempted to provide lockers for people without homes but have been barred by the City of Fort Collins. For this reason, advocacy is needed to demonstrate the importance and the benefit of emergency storage facilities for this population. Additionally, people in the elderly

community may also require assistance in maintaining their functional independence during an emergency situation. Some may need prescriptions filled in order to maintain their health, however, most mass sheltering sites are already equipped to achieve this.

The supervision, medical, and transportation needs of the community are currently well integrated into the Larimer County Emergency Management Plan. However, OEM must increase its capacity to provide these services. The growing elderly population will significantly increase the need for these three functional areas. They will require expanded support especially since they may lack support from social connections and will need to rely on governmental assistance. Moreover, transportation is of considerable concern for the populations assessed. People without homes and the elderly are likely to have significant transportation needs in the event of an evacuation, and the Latinx population may as well.

The logic models (see figures 1-3) outline OEM's current resources, activities, outputs, outcomes, and impacts on the populations studied. All these components contribute to the ultimate goal to increase the overall well-being and safety of Larimer County by including the people without homes population/the Latinx population/the elderly population in the processes, procedures, and systems of Larimer County Office of Emergency Management. For each population studied, the outcomes and their impacts are suggestions based on the findings of this assessment and are designed to bridge the gap between OEM's current activities and the stated goal. The outcomes are divided into short-term and medium-term. The short-term outcomes are arranged to be achieved by a graduate student intern over a nine-month period beginning in August 2018.

Conclusion. Overall, communication and maintaining functional independence are the greatest concerns for the three populations studied. In the future, emphasis should be placed on

these two functional areas to foster greater resilience in the county. When devising or implementing any initiative, the communication needs of all individuals require consideration, particularly those that have limited English proficiency and those that do not receive information from the typical channels. OEM must also seek to remove barriers to effective individual emergency management, particularly in creating simpler pathways for evacuation. Utilizing the suggestions in the logic models will help build the capacity of these functional areas and ultimately improve emergency preparedness, response, and recovery, not only among the populations studied, but the community as a whole.

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Figure 1. GOAL: To increase the overall well-being and safety of Larimer County by including the Latinx community in the processes, procedures, and systems of Larimer County Office of Emergency Management.

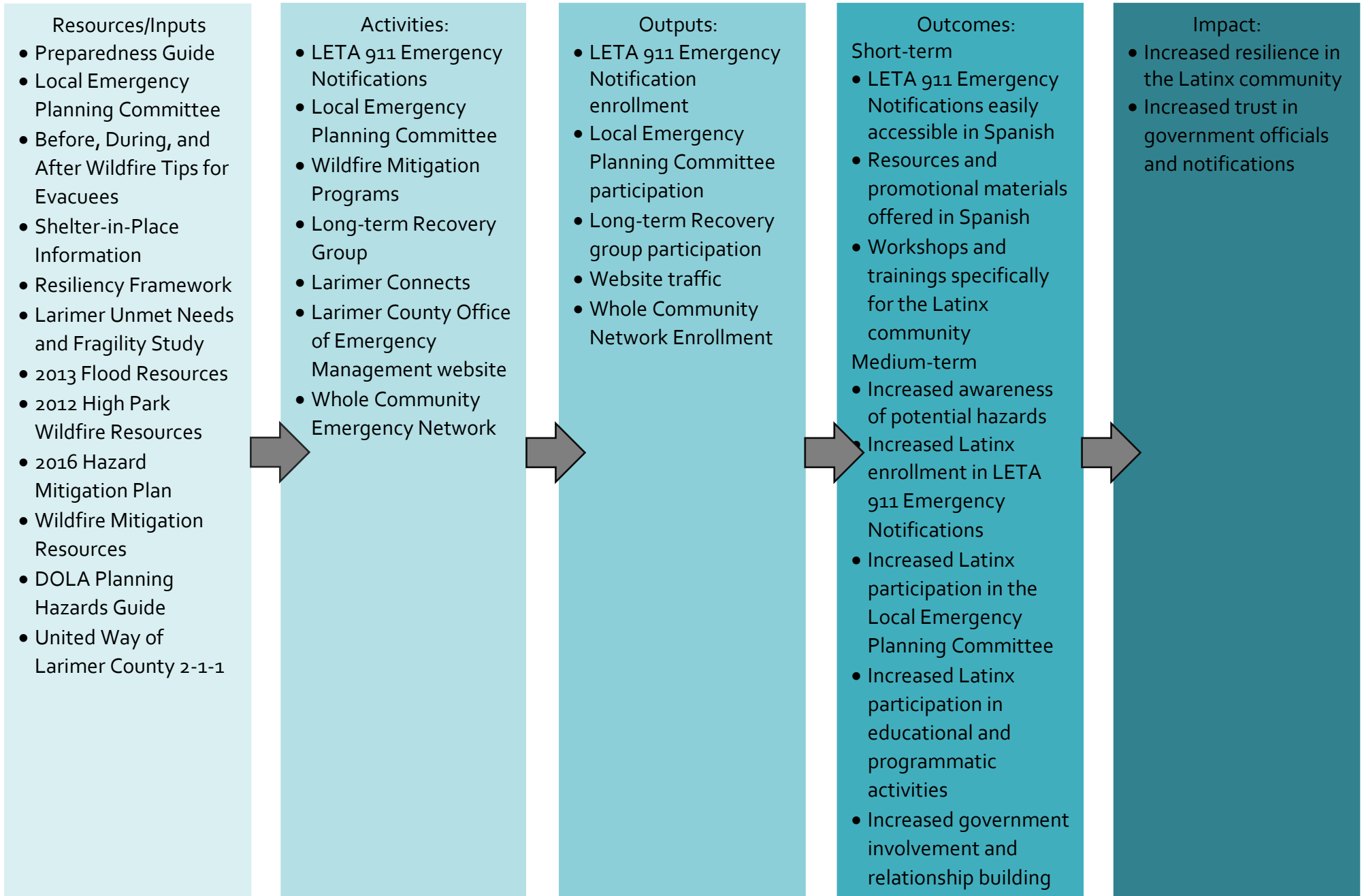
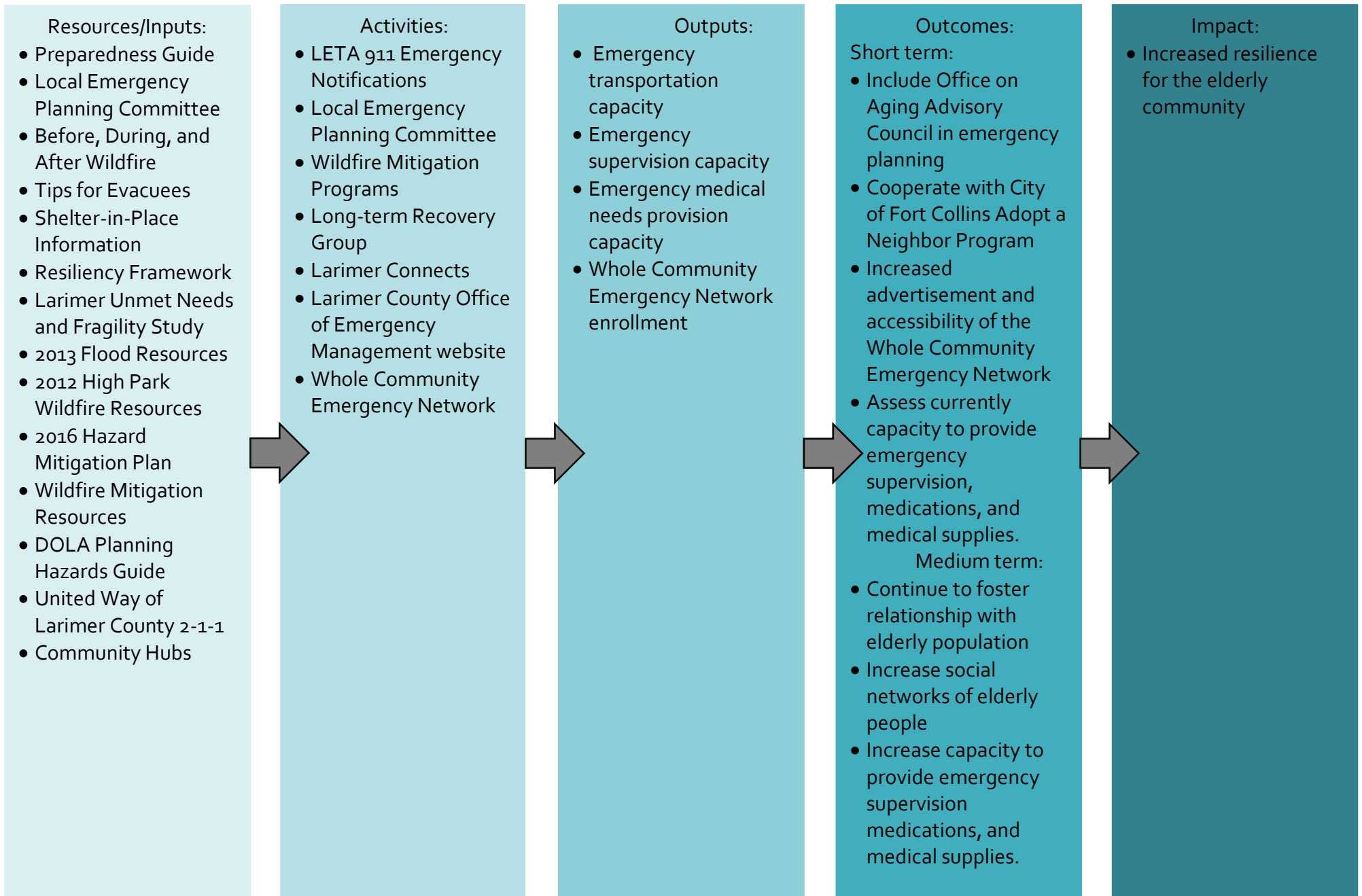


Figure 2. GOAL: To increase the overall well-being and safety of Larimer County by including people without homes community in the processes, procedures, and systems of Larimer County Office of Emergency Management.



Figure 3. GOAL: To increase the overall well-being and safety of Larimer County by including the elderly community in the processes, procedures, and systems of Larimer County Office of Emergency Management.



Appendix C: Cultural Competency in Emergency Management Checklist

Cultural Competency During Emergency Events

- **Be aware:**
 - People in uniform may not be immediately trusted. Recognize that different communities have different relationships with the government and may not trust services or warnings from that source.
 - Culture and language can affect one's ability to understand emergency notifications and updates.
 - Some cultures may prefer that rapport or a relationship is built before personal information is disclosed (i.e. medical or financial).
 - There are cultural variations in expression of emotions and manifestations and descriptions of symptoms.
 - Just because someone looks like you does not mean they share the same cultural beliefs or values.
 - Culturally and linguistically competent care also applies to emergency personnel.
- **Recognize that the most common reaction to disaster is disbelief.**
 - Be aware some cultures are more likely to rely on and trust social networks (i.e. friends, family, religious institutions) or ethnic media for disaster information as opposed to more formal warnings.
 - Individuals will often try to confirm the threat by seeking secondary information from someone in their community.
- **Understand that there may be cultural and/or socioeconomic reasons for unwillingness to evacuate, such as:**
 - Feeling safe because they have survived previous events or because of religious faith
 - Misunderstanding regarding the severity of the event
 - Financial constraints
 - Fear of neighborhood crime if the premises is vacated
 - Perceived racism and/or inequities
- **Ensure that:**
 - Individuals are able not only to access but also understand the forms of communication they are given.
 - Services are appropriate and modified to fit the cultural context of the community member(s) you are serving.
 - Information is provided in multiple languages via radio, television, and community or religious center announcements.
- **When communicating with someone with limited English-language proficiency:**
 - Exercise patience. Persevere with the person until comprehension is made or seek assistance from someone from that linguistic group.
 - Speak more slowly than usual and articulate each word.
 - Avoid using interjections, technical words, and linking words together (i.e. *evacuatethearea*).
 - Do not mix affirmative statements with negative statements.
 - Example: *Do bring warm blankets. Do not bring the dog. Do bring a flashlight.*
 - Communication can be facilitated by:
 - Translating the most important phrases

- Organizing for interpreters
- Changing worded signs to symbols
- Using universal symbols when possible
- Using children as interpreters is highly discouraged.
- Translated materials should not substitute for oral interpretation.

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