Emergency Preparedness Education for the Latino Community Conducted by Health Promoters: A Mini Pilot Project

Final Report

April 2008

Montgomery County Department of Health and Human Services

Latino Health Initiative
Vías de la Salud
Health Promoter Program

Advanced Practice Center
Public Health Emergency
Preparedness & Response
Program

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Executive Summary

Studies have found that Latinos and other minority communities are less likely to feel prepared for an emergency and to have an emergency plan than the public in general. The Latino Health Initiative and its health promoter program *Vías de la Salud* and the Advanced Practice Center for Public Health Emergency Preparedness of the Montgomery County Department of Health and Human Services, in collaboration with the University of Maryland, School of Medicine, developed, implemented, and assessed a culturally and linguistically appropriate intervention to increase awareness, knowledge, and practices regarding emergency preparedness among the low-income Latino community. Following a literature review and eight focus group discussions, experienced *Vías* health promoters were trained, using a curriculum based on the findings of the formative research and highlighting the key messages and materials of the Advanced Practice Center. Over a two-month period, teams of three *Vías* promoters conducted two pilot interventions at two collaborating community agencies that serve Latinos. At each site, the promoters held three educational sessions addressing "what is an emergency" and the three steps of emergency preparedness (initiate a conversation about emergencies; develop a family emergency plan; and prepare an emergency supply kit of nine essential items). Pre- and post-tests assessed the effects of the intervention on participants' attitudes and practices and on the effectiveness of the promoter training. These data were complemented by participants' comments on the sessions and promoters' written reports and observations made during project meetings.

The intervention produced substantial increases in participants' feelings that their families were prepared to deal with an emergency situation (from 8% at the pre-test to 69% at the post-test). Reported emergency preparedness practices also increased; on the final post-test 100% of participants reported having talked with their families about emergencies and having an emergency plan (compared to 23% and 33% respectively, on the pre-test). Most (90% or more) participants reported having stored water, food, and other supplies at the final post-test. Similar changes in promoter attitudes and practices were found. Participants reported that they found the sessions interesting, valuable, well explained, very clear, and motivating. Several indicated the importance of continuing emergency preparedness education for the Latino community. Promoters also said they were satisfied with the training they received, saying it prepared them well for carrying out the intervention.

These results suggest that the promoter-led community education sessions on emergency preparedness were remarkably effective in increasing the Latino community's readiness for emergencies. Key factors likely to have contributed to the overall success of this intervention include: a carefully designed intervention, using a limited number of messages; collaboration with trusted community agencies; ongoing supportive supervision; the skills, talents, creativity, and enthusiasm of the experienced promoters; and the trust that the *Vías* promoters enjoy in the communities where the interventions were conducted. Programs with similar structures and processes as those of Vías should be able to replicate the project through the use of the curriculum, related materials, and attention to other key elements of the intervention.

Acknowledgments

This project has many parents, all of whom deserve recognition and thanks for their contributions.

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Introduction

Racial and ethnic minority communities in the United States are among the populations most vulnerable to the ill effects of natural disasters and other public health emergencies. [1] Socioeconomic differences, housing patterns, building construction, community isolation, and cultural insensitivities, and distrust of governmental authorities are among the factors associated with this vulnerability. [2] [3] [4] [5] [6] [7] Moreover, language barriers and minority preference for particular information sources (i.e., family or kin) contribute to difficulties and ineffectiveness in disseminating emergency preparedness information to these communities. [8] [9] [10] [11]

Latinos are the fastest growing ethnic group in Montgomery County and represent almost 15 % of the County's population. Although the Latino community is very diverse in terms of country of origin, race, religion, levels of education, date of migration and reasons for migration, a large part faces barriers to public health information and services. These include low family incomes, less than primary education, low literacy levels, limited availability of culturally and linguistically appropriate information, and lack of awareness of existing sources of information and services.

Since 2006, the Latino Health Initiative (LHI) and its health promoter program *Vías de la Salud* (Pathways to Health, also known as *Vías*), and the Advanced Practice Center (APC) for Public Health Emergency Preparedness of the Montgomery County Department of Health and Human Services (DHHS) and the University of Maryland, School of Medicine have collaborated on the development, implementation, and evaluation of an intervention to increase awareness and knowledge about emergency preparedness in the County's Latino community. A grant from the National Association of County and City Health Officials and the Centers for Disease Control and Prevention established the APC and provided support for this effort, together with in-kind contributions from the LHI, mainly in personnel costs.

The LHI was established in 2000 and charged with developing, implementing and evaluating a plan of action that is responsive to the needs of Latinos in the County. Not only does the LHI seek to mobilize resources in the County to improve the health of its Latino populations, it is also an effort to involve and empower different segments of the Latino community to realize and use their cultural traditions as strengths in finding solutions to the community's problems. The LHI is now a nationally recognized model for local governments that wish to eliminate health disparities between ethnic and racial minorities and the general population. The LHI comprises staff members from the County Department of Health and Human Services and a Steering Committee of volunteer professionals, who represent national, state, and local organizations dealing with Latino health. The Steering Committee also acts as the planning and advocacy body for the LHI.

The Public Health Emergency Preparedness and Response Program was established in 2001 as a result of 9/11 and the anthrax attacks affecting the Washington metropolitan area. The APC was launched in 2004 as one of eight APCs in the nation. The purpose of the County's APC is:

- To be a resource in emergency response capabilities for local public health agencies, especially those who are also planning on a multi-jurisdictional area;

- To collect appropriate tools that other local public health agencies in the National Capital Region have developed for dissemination; and
- To create and develop toolkits, technologies, and other materials that have been evaluated and tested in Montgomery County, into formats that can be easily replicated and used by other local public health agencies.

Among the mandates of the APC is the development of unique tools, technologies, exercises, and educational materials to communicate more accurately and effectively with vulnerable populations and to improve emergency preparedness and response.[12]

A literature review and a series of eight focus group discussions with low-income Latino immigrants in the County were the first activities in the project.[13] [14] [15] This formative research explored public emergency knowledge and perceptions of risks, and preferred and actual sources of emergency preparedness information. Participants had difficulty defining emergency and reported a wide range of perceived personal emergency risks: immigration problems; crime, personal insecurity, gangs; home/traffic accidents; home fires; environmental problems; and snipers. Corroborating evidence from the literature review, few participants had received information on emergency preparedness, and most did not have an emergency plan. These findings indicated a significant need to increase the Latino community's knowledge and preparedness with regard to emergencies and suggested that community members—lay health promoters—could be trained to deliver such information.

These research findings served as the basis for the development of a culturally and linguistically appropriate training curriculum for health promoters (see Appendix A). The Spanish-language curriculum includes basic information on public health emergencies and actions to take to prepare for an emergency, outreach techniques, and other key elements of promoter field practice, such as techniques for engaging community members in dialogue. It outlines the specific knowledge and skills learning objectives, training content and participatory training methods, and includes a simple record-keeping tool. The appropriate use of Spanish-language materials developed by the APC for its *Plan to Be Safe Campaign*, (a poster with a take-away brochure, a tri-fold brochure, and a flipchart) is a key element of the training (see Appendix B). The poster and take-away brochure emphasize preparing a disaster kit with at least nine items. The tri-fold focuses on a three step plan, of which preparing a disaster kit is one step. The flipchart provides more details on the three steps and the nine items in the kit. The simple, low-literacy resource material for the promoters *Simple Answers to Basic Questions on Emergency Preparedness*, also in Spanish, complements the curriculum (see Appendix C).

The Intervention

In the fall of 2007, the curriculum was used to train six[*] experienced health promoters of the *Vías* program to conduct group educational sessions with Latino residents. In addition to 12 hours of classroom time, the training included applied practice by the group of promoters in between the class meetings. The *Vías* program, a model program of the LHI, is a comprehensive

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[*] Five promoters were expected to carry out the intervention; the sixth was trained as a "back-up" promoter, should any of the five be unavailable.

community program to promote healthy behaviors and increase access to health care among low-income Latinos. The program began in 1998, and draws on evidence and best practices from the literature documenting the effectiveness of the health promoter model in health promotion and disease prevention. The promoters undertake a wide variety of tasks, from providing guidance on enrollment in the Maryland Child Health Insurance Program to advocating for issues affecting Latino health. The *Vías* promoters are volunteer lay health educators—and, critically important—true grassroots community members who share the characteristics of the population they are trying to reach. They are all natives of Central and South America and Spanish speakers, who live in County areas densely populated by Latinos and work in the same services where the immigrant population is disproportionately represented—child care, food services, housekeeping, construction. Because the promoters are the Latino community, they are able to overcome a primary barrier to reaching large sectors of Latino community—lack of trust of government agencies.

Following the training, teams of three *Vías* promoters conducted two pilot interventions in neighborhoods with a high concentration of Latinos. A lead health promoter coordinated the identification of intervention sites and made the needed arrangements to conduct the intervention. One intervention was held at Highland Elementary School, a Montgomery County public school where more than 75 % of the students are Latino, almost 50 % are English as a Second or Other Language students, and 56 % receive Free and Reduced Meals Services.[16] A key partner in the intervention at this site was Linkages to Learning, a school-based collaboration among the Montgomery County DHHS, the Montgomery County Public Schools and non-profit, community based service providers, which provides accessible services to at-risk children and their families to improve adjustment to and performance in school, home, and community. All of the participants in the intervention at Highland Elementary School were clients of Linkages to Learning. The second intervention was held at Amherst Square, a mixed-income rental property of the Montgomery Housing Partnership, a community-based, nonprofit organization that works to preserve and expand affordable housing in the County. Both sites are long-term collaborators with the *Vías* program.

The intervention at each site consisted of three educational sessions. Although at each site promoters adjusted the intervention according to the audience and the time available, typically the first session addressed the topics of "what is an emergency" and steps one and two of emergency preparedness: 1) initiate a conversation about emergencies; and 2) develop a family emergency plan. The second session reviewed the themes of the first session, and introduced step 3: prepare an emergency supply kit of nine essential items. The third session summarized and reinforced the content of the first two sessions. Table 1 outlines the intervention schedule.

Table 1: Schedule of Health Promoter Emergency Preparedness Education Interventions

Session No.	Highland Elementary School	Amherst Square
Session 1	Thursday, Nov, 29, 2007 9:00-10:00 am	Thursday, Nov. 29, 2007 6:00- 8:00 pm
Session 2	Thursday, Dec. 13, 2007 9:00-10:00 am	Thursday, Dec. 6, 2007 6:00- 8:00 pm
Session 3	Thursday, Jan. 31, 2008 9:00-10:00 am	Thursday, Jan. 31, 2008 6:00-8:00 pm

In addition to the linguistic and cultural competence of trusted community members conducting the intervention in Spanish at easily accessible sites at convenient times, all sessions followed standard practices of the *Vías* program, which have been demonstrated to reduce barriers to information and services and contribute to the success of the program's activities. These practices include: on-site child care, so that parents can participate readily; healthy snacks for participants and their children; and incentives for participants. In this pilot project, the latter included items related to emergency preparedness—flashlights and batteries, first aid kits, medication dispensers, and travel toothbrushes—as well as t-shirts with the slogan in Spanish "My family is prepared. And yours?" and more substantial items, including jackets and small, wheeled carrying cases. While t-shirts and small items are typical of the incentives used in other *Vías* activities, the larger items were unique to this project. Participants at each session received at least one incentive; the larger items were raffled off at the last session—among those who had brought their emergency plan at one site, and among those who had attended all three sessions at the second site.

The Assessment Methodology

A pre-post design was used to assess the effects of the intervention on participants' attitudes and practices regarding emergency preparedness. Participants completed a simple seven-question questionnaire at three points in time: 1) before beginning Session 1—Pre-test; 2) after completing Session 2—Post Test; and 3) after completing Session 3—Post-Test 2. The Pre-Test questionnaire also collected qualitative data on why participants came to the sessions and what they would like to know about emergency preparedness. The two Post-test questionnaires asked about doubts participants still had about emergency preparedness and requested comments on the educational sessions. (See Appendix D for the three questionnaires.) In addition, the promoters completed a short report on each session, with the number of participants and comments on the process, outcomes, and any unusual circumstances (see Appendix E). During three meetings to plan and assess activities, promoters also described participants' reactions to the intervention.

The effects of the training on health promoter knowledge, attitudes, and practices were assessed using a pre-post test, which was applied before the first training session, again after the last training session, and a third time at a post-intervention debriefing meeting.

Results

Findings from the two sites were largely similar. They are reported in the aggregate here.

There was little variation in the combined total number of participants for each of the three sessions, as shown in Table 2, although at each site, the number of participants varied by session. At both sites, community members who had not participated in sessions 1 and/or 2 came to the second and/or third sessions, attracted by word of mouth. Promoters reported an average of two to three 3 "new" participants in each session. A lead health promoter telephoned all participants, reminding them of the next scheduled session. All participants were Latino, with the exception of one woman at Highland Elementary School, who is from Thailand. The promoters were very pleased to have men attending the sessions at Amherst Square—male participation in promoter education events at this site is unusual.

Table 2. Participants in Emergency Preparedness Education Intervention by Gender

	Highland ES	**Amherst Square**			**Subtotals**		**Total**
Session No.	Female*	Female	Male	Total	Female	Male	Total
1	20	14	5	19	34	5	39
2	17	16	5	21	33	5	38
3	22	11	5	16	33	5	38
*No males participated in any session at Highland ES.							

The reasons participants came to the first session included those specific to emergency preparedness and those related to a general desire to be an informed community member. Responses in the first category included: "To learn how to talk to my family and teach them how to prepare." "To learn how to react [to emergencies] and what to do." "To learn about emergencies, which can happen at any time." In the second category, participants made comments such as, "I like to learn about good and interesting things." "I need to know something that I don't know."

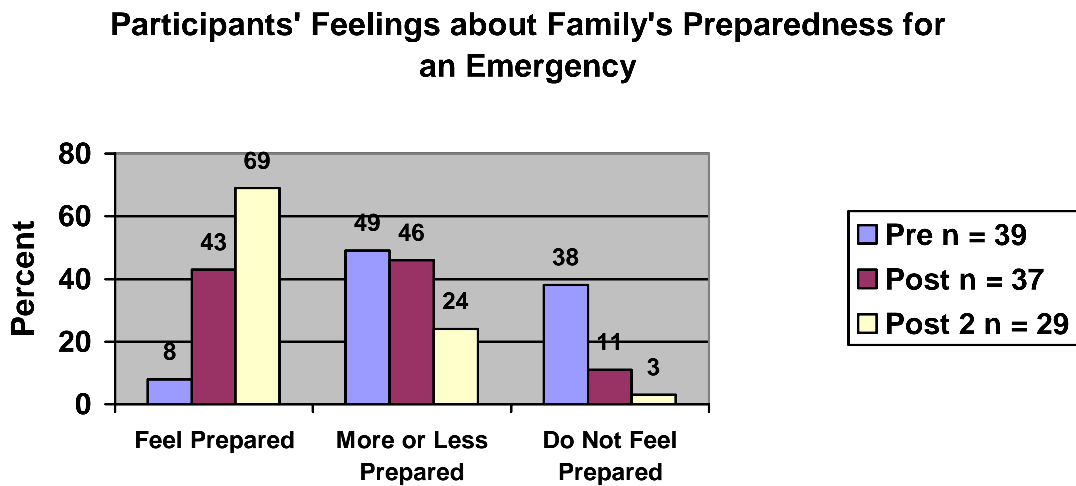
Although less than half the participants answered the Pre-Test question about what they would like to know about emergency preparedness, among those who did, concern about sources of assistance in the event of an emergency or disaster was the most frequently mentioned, as outlined in Table 3.

Table 3: What Participants Would Like to Learn about Emergency Preparedness

Response	Frequency
What to do, where to go, where to get support in case of an emergency: location of emergency shelters; agencies providing help; phone numbers to call	7
How to be prepared	5
Terrorist attacks, earthquakes, floods, hurricanes, disease outbreaks, fire	2
How to control anxiety and stay calm in the event of a disaster	2
School emergency codes	1
How to give first aid	1
Everything	1

Overall, the intervention produced a substantial increase in participants' feelings that their families were prepared to deal with an emergency situation, as shown in Figure 1. There was also a corresponding decrease in participants reporting that they did not feel their families were prepared.†

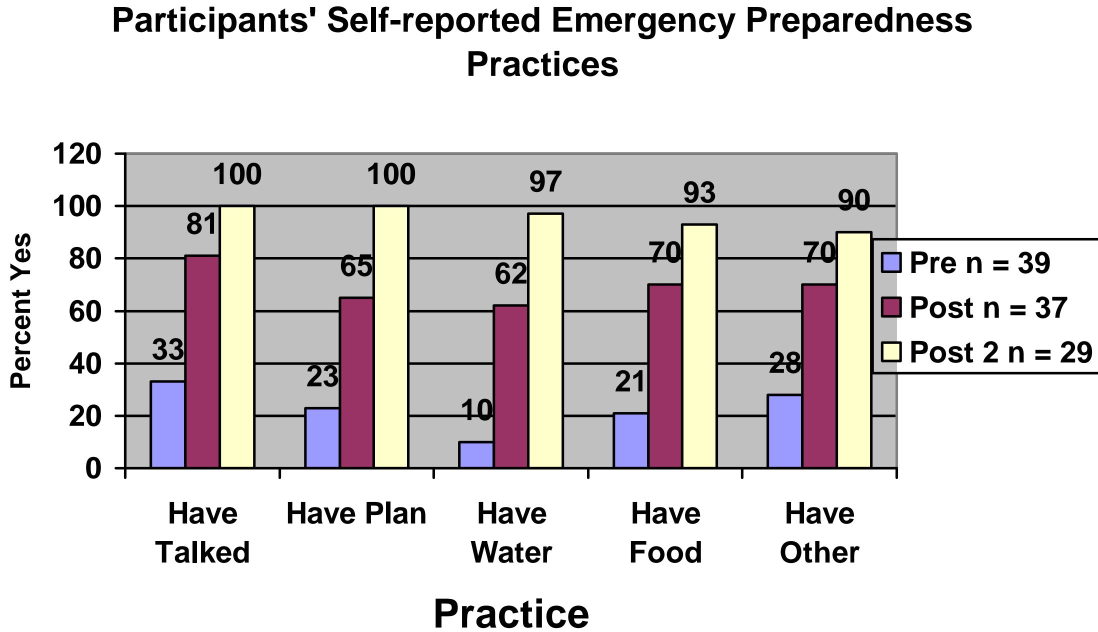
Figure 1.



Reported emergency preparedness practices also increased, to the point where all participants reported having talked with their families about emergencies and having an emergency plan after the third session, as seen in Figure 2.

† In session 3, the number of post-tests completed is less than the number of participants because several participants left before the session ended and did not complete Post-Test 2.

Figure 2.



The Pre, Post, and Post 2 questionnaires asked participants to name other emergency preparedness supplies that they had stored at home. Table 4, based on the nine essential items recommended by the APC, shows the changes in the frequency that participants mentioned the nine items as well as others, not part of the nine.

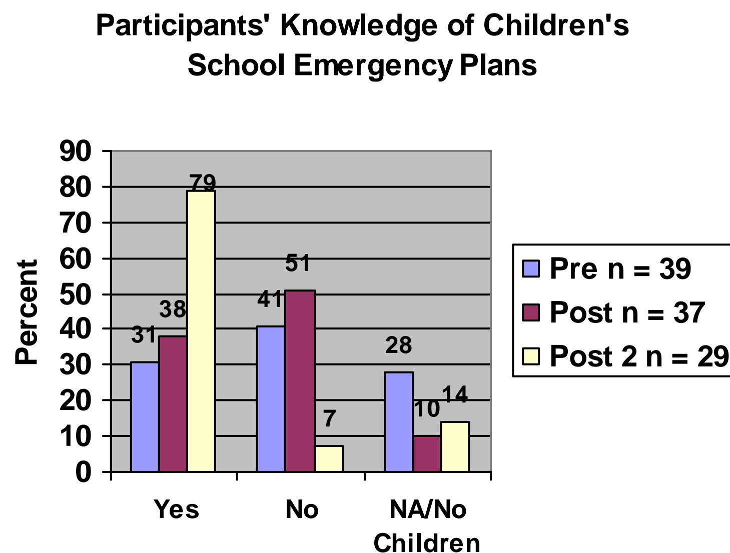
Table 4. Participants' Reports of Other Emergency Supplies Prepared

Item	Pre	Post	Post 2
	Frequency		
Water	-	-	8
Food	1	7	12
Clothes	-	7	8
Medications*	-	7	17
Flashlight	1	6	10
Can opener	1	4	4
Radio	-	5	6
Hygiene items	-	4	4
First aid	-	1	5
Other	-	-	-
• ID documents	2	-	2
• Blankets	1	-	-
• Pills & bandages	1	-	-
• Money	-	6	3
• Other/Etc./"More"	-	2	6
• Batteries	-	-	3

Item	Pre	Post	Post 2
• Small ice chest (for medications)	-	-	2
• The 9 essentials	-	-	1
*It is possible that this response includes first-aid related items.			

Because a large part of the Latino community that the *Vías* program aims to reach has school-age children, participants were also asked if they knew the emergency plans of their children's schools. The intervention encouraged participants to learn these plans, so that they could be incorporated into family emergency plans. Figure 3 shows changes in knowledge of school emergency plans.

Figure 3



After sessions 2 and 3, participants were asked to name any doubts they still had about emergency preparedness. The majority either said "none" or did not answer the question. Among those who did respond, questions about school emergency plans—"If a disaster occurs during school hours, where do they take the students?" and "What do I do if something happens to me before I can pick up my children?"—and how to give first aid were the most common concerns, although each was mentioned by only two participants.

Participants' comments about the intervention, requested on the two post-tests, were overwhelmingly positive. "Excellent." "Perfect." "Very good." "Very interesting. Very important." "Very valuable information. We learned a lot." Only one participant had a negative opinion. "I don't think these sessions have helped me learn much or how to prepare my family." Some mentioned the promoters' educational style and approach: "Very well explained and very easy to understand." "Very educational and constructive." "They motivate us to prepare for an emergency." "Very well prepared."

Corroborating post-test results, many wrote that they had acted upon what they learned. "Everything was very clear. Moreover, we put it into practice." "I already have my neighborhood

meeting place and I have talked to my neighbors." "The sessions have helped us make a plan and follow it the way it should be." "I feel prepared. I am going to find out about the school emergency plans." Others expressed gratitude for the intervention. "Excellent information, we need it, thank you." "Thank you for your time and for informing us." "Thank you for the information in Spanish."

Several indicated the importance of continuing emergency preparedness education for the Latino community. "These sessions are very important for our community." "Continue with these sessions because I think there are a lot of people like us who didn't know how to react in the event of an emergency." "Very good for us Hispanics."

Finally, a few participants expressed the need for information on other health topics, including dentures, diabetes, and asthma. One made a general plea—"Please continue with any kind of session."

The promoters also expressed satisfaction with participants' reactions to the sessions in their written reports, discussions at project meetings, and the final debriefing. "We could see the participants' satisfaction and their happiness because they now felt prepared to deal with an emergency." "This was a new theme for people; they thanked us for telling us about it." "One person wanted to know why we didn't make flyers to invite people to the sessions; she would have spread the information." "I really liked the participants' interest in our presentations." "The important thing is that people were interested, they made their emergency plans and they prepared some of the nine essential elements—some more than others."

The promoter training and subsequent practice produced improvements in promoters' knowledge about emergency preparedness, as shown in Table 5.

Table 5. Promoters' Knowledge—Pre, Post-Training, & Post-Intervention

	Pre-training (No. correct responses) N = 6	**Post-training (No. correct responses N = 6**	**Post-intervention (No. correct responses) N = 5**
An emergency plan should include a contact person who does not live in Maryland, Virginia or DC. (T)	4	6	5
Emergency shelters accept pets. (F)	3	6	5
In the event of any emergency, the best thing to do is to evacuate from the area. (F)	1	6	2
The first step in preparing for an emergency is making an emergency supplies kit. (F)	0	5	4
The following are among the 9 essential items in an emergency supplies kit			
• Prescription medications (T)	1	6	5
• Candles & matches (F)	2	6	5
• Manual can opener (T)	5	6	5

The training also resulted in improvements in the promoters' emergency preparedness attitudes and practices, as shown in Table 6.

Table 6. Promoters' Emergency Preparedness Attitudes & Practices

	Pre-training (No. responses) N = 6			**Post-training (No. responses) N = 6**			**Post-intervention (No. responses) N = 5**		
	Yes	More or less	No	Yes	More or less	No	Yes	More or less	No
I feel that my family is prepared for an emergency.	1	2	3	4	1	1	4	1	0
My family has talked about emergencies & how to prepare for them.	3	-	3	5	-	1	5	-	0
My family has an emergency plan	1	-	5	6	-		5	-	0
My family has stored water in case of an emergency.	2	-	4	5	-	1	5	-	0
My family has stored food in case of an emergency.	3	-	3	4	-	2	5	-	0
I know the emergency plans of my children's schools or childcare centers.	2	2*	2	1	2*	3	4	1*	0
*Two promoters do not have children living at home.									

The promoters' main suggestion to improve the intervention came from the Highland Elementary School team—increase the time scheduled to more than one hour. "It is not enough to achieve the objectives completely." In contrast, the Amherst Square team, which had scheduled two hours for each session, felt that this was sufficient time.

When asked about the adequateness of the training in developing their abilities to carry out education sessions, the promoters indicated that the training was "very complete," "practical," and "well explained." The "way in which we learned to do the sessions was easy to understand and made it easy to present" to the community. Several said they were particularly appreciative of the opportunity to learn a new topic that "I had never thought of before." Suggestions for improvements in the training included more information on school emergency plans and going more "in depth" in the information included in *Simple Answers to Basic Questions on Emergency Preparedness*.

Discussion and Conclusion

Although this mini-pilot project would not pass the test of "rigorous research," (for example, with randomly selected intervention and control groups), the data that were collected indicate that the promoter-led community education sessions on emergency preparedness are remarkably effective in increasing the Latino community's readiness for emergencies. In a recent national survey on emergency preparedness among the United States public, 43 % in general and 33 % of

Latinos said they felt very prepared or prepared for a disaster with no warning (terror attack or earthquake). When asked about a disaster with a warning (hurricane or wildfire), the numbers increased—60 % in general and 48 % of Latinos.[17] The mini-pilot project result of 70 % of participants saying they felt prepared to deal with an emergency is substantially higher than both scenarios proposed to respondents in the national survey. The same national survey also found that 43 % of the public in general said they had a family emergency preparedness plan, whereas 100 % of the mini-pilot participants reported they had a plan. Another study of Los Angeles county residents found that about 37 % of Latinos reported they had gathered emergency supplies; 16 % said they had prepared an emergency plan.[18] Again, the mini-pilot results were much higher.

Promoters' feelings about family preparedness for an emergency were comparable to those of participants and their reported emergency preparedness practices were equivalent or higher. Promoters' knowledge of emergency preparedness declined after the intervention as compared to after the training on two items, most notably on the question about the need to evacuate in the event of any emergency. Although the facilitators/coordinators did not observe the promoters telling community participants to evacuate in all emergency situations, this highlights the need for ongoing supportive supervision and reinforcement of knowledge.

A number of factors are likely to have contributed to the overall success of this intervention. These include:

- A carefully designed, culturally and linguistically appropriate intervention, based on audience research and the lessons learned from years of experience of the *Vías* program.
- Use of a limited number of messages to help the promoters master basic concepts and to help the community understand key actions to undertake.
- Collaboration with trusted community agencies that serve Latinos.
- The provision of incentives, although no participant mentioned these in the post intervention questionnaires, and the promoters said that "incentives are not the priority for the community."
- Ongoing supportive supervision and regular meetings with the promoters.
- The skills, talents, creativity, and enthusiasm of the experienced *Vías* promoters.
- The trust that the *Vías* promoters enjoy in the communities where the interventions were conducted; they are well known through their ongoing work at these site.

Feasibility of Replication

While the first five may be readily replicated in other Latino communities through the use of the curriculum, related materials, and attention to other key elements of the intervention—particularly coordination and supervision, the latter two are not as easy to duplicate.

Based on the structure and processes of the *Vías* program, Table 7 below outlines the necessary items in an annual budget (12 months) for six health promoters to carry out 18 three-session interventions over a year. Actual dollar costs of line items are not included to maintain confidentiality. The estimated annual cost for *Vías* to replicate and expand the program within Montgomery County is $43,216.

Table 7. Line Items in Annual Budget to Replicate and Expand Health Promoter Emergency Preparedness Intervention

Item	Cost
Personnel	
Promoter coordinators (20 hours /month x 12 months)	
Coordinator assistant (3 hours/month x 12 months)	
Training & Intervention Costs	
Incentives for 6 HP x 3 consecutive training sessions (4 hours each session)	
Incentive for Logistic Aide during the project	
Incentives for 6 HP x 36 sessions	
Incentives for 6 HP x 8 project regular follow up meetings	
Babysitters 2 x 47 sessions (training & intervention sessions)	
Food for training sessions, follow up meetings and project participants (20 persons x 47 sessions)	
Incentives for participants in interventions (t-shirts, first-aid kits, flashlights, etc.)	
Miscellaneous (photocopying, training supplies, etc.)	
Grand Total	$43,216.00

Total costs would likely vary with different program structures and personnel. However, omission of any of the line items would make it unlikely that the success of the intervention conducted by Vías could be repeated. Certainly the words of the community merit attention: "Continue with these sessions."

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Appendices

Appendix A: **Emergency Preparedness Training Curriculum for Lay Health Promoters**

Appendix B: **APC Spanish-language Materials for Emergency Preparedness Education**

Appendix C: ***Repuestas Sencillas a Preguntas Básicas sobre Preparación para Emergencias***

Appendix D: Pre-Test, Post-Test, and Post-Test 2 Questionnaires

Appendix E: Promoter Report on Emergency Preparedness Educational Sessions

Appendix F: Photos of the Intervention Sessions

Appendix D: Pre-Test, Post-Test, and Post-Test 2 Questionnaires (for participants)

Para Participantes **1ª sesión** **Fecha**_________________________________

Lugar: (marque 1) **Highland Elementary** **Amherst Square**

Favor de contestar:

1. Siento que mi familia está preparada para lidiar con una emergencia pública (ej., inundación, huracán, brote, incendio, o ataque terrorista).
   Sí Más o menos No

2. En mi familia hemos conversado sobre posibles situaciones de emergencia y como prepararse para ellas.
   Sí No

3. Mi familia tiene un plan de que hacer en casos de emergencias.
   Sí No

4. Mi familia tiene guardado agua para situaciones de emergencia.
   Sí No

5. Mi familia tiene guardado alimentos para situaciones de emergencia.
   Sí No

6. Mi familia tiene guardado otros artículos para situaciones de emergencia.
   Sí (cuales?):____

   ____

   No

7. Conozco los planes de emergencia de las escuelas o guarderías de mis hijos.
   Sí No No tengo hijos que viven conmigo

8. Vine a esta reunión porque: (explique):____

____

____

9. Me gustaría saber lo siguiente sobre preparación para emergencias:

____

____

Para Participantes **2ª sesión** **Fecha__________________________________**

Lugar: (marque 1) **Highland Elementary** **Amherst Square**

Favor de contestar:

1. Siento que mi familia está preparada para lidiar con una emergencia pública (ej., inundación, huracán, brote, incendio, o ataque terrorista).
   Sí Más o menos No

2. En mi familia hemos conversado sobre posibles situaciones de emergencia y como prepararse para ellas.
   Sí No

3. Mi familia tiene un plan de que hacer en casos de emergencias.
   Sí No

4. Mi familia tiene guardado agua para situaciones de emergencia.
   Sí No

5. Mi familia tiene guardado alimentos para situaciones de emergencia.
   Sí No

6. Mi familia tiene guardado otros artículos para situaciones de emergencia.
   Sí (cuales?):____

   ____

   No

7. Conozco los planes de emergencia de las escuelas o guarderías de mis hijos.
   Sí No No tengo hijos que viven conmigo

8. Todavía tengo las siguientes dadas sobre preparación para emergencias:

   ____

   ____

Otros comentarios sobre las sesiones sobre preparación para emergencias:

Para Participantes **3ª sesión** **Fecha**________________________________

Lugar: (marque 1) **Highland Elementary** **Amherst Square**

Favor de contestar:

1. Siento que mi familia está preparada para lidiar con una emergencia pública (ej., inundación, huracán, brote, incendio, o ataque terrorista).
   Sí Más o menos No

2. En mi familia hemos conversado sobre posibles situaciones de emergencia y como prepararse para ellas.
   Sí No

3. Mi familia tiene un plan de que hacer en casos de emergencias.
   Sí No

4. Mi familia tiene guardado agua para situaciones de emergencia.
   Sí No

5. Mi familia tiene guardado alimentos para situaciones de emergencia.
   Sí No

6. Mi familia tiene guardado otros artículos para situaciones de emergencia.
   Sí (cuales?):____

   ____

   No

7. Conozco los planes de emergencia de las escuelas o guarderías de mis hijos.
   Sí No No tengo hijos que viven conmigo

8. Todavía tengo las siguientes dadas sobre preparación para emergencias:

   ____

   ____

9. Otros comentarios sobre preparación para emergencias:

Appendix D: Pre-Test, Post-Test, and Post-Test 2 Questionnaires (for promoters)

Pre-Test

Escriba Verdadero o Falso, según corresponda:

1. ___________Un plan de emergencia debe nombrar dos lugares de encuentro para la familia: 1) directamente fuera de la casa en caso de una emergencia repentina como un incendio; 2) fuera del vecindario.

2. ___________ Prepararse para una emergencia no es necesario. El gobierno y las organizaciones de rescate ayudarán a todos en estos casos.

3. ___________ Estar preparado para posibles emergencias puede marcar la diferencia entre una tragedia y la supervivencia.

4. ___________ Un plan de emergencia debe nombrar a un amigo o pariente que no viva en Maryland, Virginia o DC que sea el "contacto familiar."

5. ___________Los refugios para víctimas de emergencias aceptan las mascotas.

6. ___________En cualquier emergencia, es mejor evacuarse del área.

7. ___________El primer paso en hacer un plan de preparación para emergencias es juntar un equipo de suministros.

8. Un equipo de suministros para emergencias debe tener 9 artículos esenciales. ¿Marque cuales 3 de los siguientes artículos NO son esenciales?

   Agua
   Alimentos
   Brújula
   Ropa
   Medicamentos recetados
   Velas y fósforos
   Linterna con baterías extras
   Abrelatas manual
   Radio a batería
   Artículos de higiene personal
   Carpa de acampar
   Artículos de primeros auxilios

9. Siento que mi familia está preparada para lidiar con una emergencia pública (Ej., inundación, huracán, brote, incendio, o ataque terrorista).

   Sí Más o menos No

10. En mi familia hemos conversado sobre posibles situaciones de emergencia y como prepararse para ellas.
    Sí No

11. Mi familia tiene un plan de que hacer en casos de emergencias.
    Sí No

12. Mi familia tiene guardado agua para situaciones de emergencia.
    Sí No

13. Mi familia tiene guardado alimentos para situaciones de emergencia.
    Sí No

14. Conozco los planes de emergencia de las escuelas o guarderías de mis hijos.
    Sí No No tengo hijos que viven conmigo

15. Escriba que información quiere tener para ayudar a su familia y la comunidad latina en la preparación para emergencias.

Pos-Test

Escriba Verdadero o Falso, según corresponda:

1. ___________Un plan de emergencia debe nombrar dos lugares de encuentro para la familia: 1) directamente fuera de la casa en caso de una emergencia repentina como un incendio; 2) fuera del vecindario.

2. ___________ Prepararse para una emergencia no es necesario. El gobierno y las organizaciones de rescate ayudarán a todos en estos casos.

3. ___________ Estar preparado para posibles emergencias puede marcar la diferencia entre una tragedia y la supervivencia.

4. ___________ Un plan de emergencia debe nombrar a un amigo o pariente que no viva en Maryland, Virginia o DC que sea el "contacto familiar."

5. ___________Los refugios para víctimas de emergencias aceptan las mascotas.

6. ___________En cualquier emergencia, es mejor evacuarse del área.

7. ___________El primer paso en hacer un plan de preparación para emergencias es juntar un equipo de suministros.

8. Un equipo de suministros para emergencias debe tener 9 artículos esenciales. ¿Marque cuales 3 de los siguientes artículos NO son esenciales?

9. Agua
   Alimentos
   Brújula
   Ropa
   Medicamentos recetados
   Velas y fósforos
   Linterna con baterías extras
   Abrelatas manual
   Radio a batería
   Artículos de higiene personal
   Carpa de acampar
   Artículos de primeros auxilios

10. Siento que mi familia está preparada para lidiar con una emergencia pública (Ej., inundación, huracán, brote, incendio, o ataque terrorista).

    Sí Más o menos No

11. En mi familia hemos conversado sobre posibles situaciones de emergencia y como prepararse para ellas.
    Sí No

12. Mi familia tiene un plan de que hacer en casos de emergencias.
    Sí No

13. Mi familia tiene guardado agua para situaciones de emergencia.
    Sí No

14. Mi familia tiene guardado alimentos para situaciones de emergencia.
    Sí No

15. Conozco los planes de emergencia de las escuelas o guarderías de mis hijos.
    Sí No No tengo hijos que viven conmigo

16. Las 3 sesiones dieron la información que necesito para ayudar a mi familia y la comunidad latina en la preparación para emergencias.

    Sí Más o menos No

    Explique:

Pos-Test 2

Escriba Verdadero o Falso, según corresponda:

1. ___________Un plan de emergencia debe nombrar dos lugares de encuentro para la familia: 1) directamente fuera de la casa en caso de una emergencia repentina como un incendio; 2) fuera del vecindario.

2. ___________ Prepararse para una emergencia no es necesario. El gobierno y las organizaciones de rescate ayudarán a todos en estos casos.

3. ___________ Estar preparado para posibles emergencias puede marcar la diferencia entre una tragedia y la supervivencia.

4. ___________ Un plan de emergencia debe nombrar a un amigo o pariente que no viva en Maryland, Virginia o DC que sea el "contacto familiar."

5. ___________Los refugios para víctimas de emergencias aceptan las mascotas.

6. ___________En cualquier emergencia, es mejor evacuarse del área.

7. ___________El primer paso en hacer un plan de preparación para emergencias es juntar un equipo de suministros.

8. Un equipo de suministros para emergencias debe tener 9 artículos esenciales. ¿Marque cuales 3 de los siguientes artículos NO son esenciales?

   Agua
   Alimentos
   Brújula
   Ropa
   Medicamentos recetados
   Velas y fósforos
   Linterna con baterías extras
   Abrelatas manual
   Radio a batería
   Artículos de higiene personal
   Carpa de acampar
   Artículos de primeros auxilios

9. Siento que mi familia está preparada para lidiar con una emergencia pública (ej., inundación, huracán, brote, incendio, o ataque terrorista).

   Sí Más o menos No

10. En mi familia hemos conversado sobre posibles situaciones de emergencia y como prepararse para ellas.
    Sí No

11. Mi familia tiene un plan de que hacer en casos de emergencias.
    Sí No

12. Mi familia tiene guardado agua para situaciones de emergencia.
    Sí No

13. Mi familia tiene guardado alimentos para situaciones de emergencia.
    Sí No

14. Mi familia tiene guardado otros artículos para situaciones de emergencia.
    Sí (cuales?):____

    ____

    No

15. Conozco los planes de emergencia de las escuelas o guarderías de mis hijos.
    Sí No No tengo hijos que viven conmigo

Diálogo sobre la experiencia
Preguntas para las promotoras

1. Hablemos en general:
    a. ¿Por que creen que las sesiones fueron tan exitosas?
    b. ¿Que fue que motivó tanto a la gente a cumplir con los 3 pasos?

2. Hablemos de las sesiones:
    a. De las reacciones de los participantes:
        i. ¿Que les gustó mas?
        ii. ¿Que les provocó preocupaciones y dudas?
        iii. ¿Que preguntas tenían?
            1. Sobre emergencias y tipos de emergencias
                a. Ej., sobre brotes
            2. Sobre la conversación con la familia
            3. Sobre el plan y como hacerlo
            4. Sobre los 9 artículos
            5. Otras
                a. Ej., sobre planes para emergencia en el trabajo; sobre contenidos del botiquín de primeros auxilios
    b. De los materiales educativos:
        i. ¿Cuales les gustaron más a los participantes?
            1. ¿Pedieron más para compartir con otros?
        ii. ¿Cuales fueron más útiles para Uds.?
    c. De los incentivos:
        i. ¿Cuan importantes fueron los incentivos en motivar a la gente?
    d. De la logística de las sesiones:
        i. ¿Cuan preparadas se sintieron?
        ii. ¿Que barreras u obstáculos encontraron y como evitarlos en el futuro?

3. Hablemos de las 3 sesiones de capacitación en octubre.
    a. De contenidos e información:
        i. ¿Cuan preparadas se sintieron para contestar a las preguntas y dudas de los participantes?
    b. De habilidades y destrezas en la presentación de la información a la comunidad:
        i. ¿Cuan preparadas se sintieron para hacer las sesiones con confianza?
    c. ¿Como podríamos mejorar la capacitación?
        i. ¿Que temas hay que enfatizar más?
        ii. ¿Que habilidades hay que enfatizar más?
    d. De los materiales:
        i. “Respuestas Sencillas a Preguntas Básicas”
        ii. El rotafolio
        iii. El póster
        iv. El “Plan 9”
        v. El “Todos Listos”
        vi. La caja con las muestras de los 9 artículos

e. De los formatos del currículo y de "Respuestas": sugerencias

4. El Centro de Preparación para Emergencias del Condado quiere compartir esta experiencia con otras municipalidades en el país; quieren hacer un "kit" con los materiales, el currículo de capacitación, etc.
    i. ¿Que cosas deben de llevar en cuenta?

Appendix E: Promoter Report on Emergency Preparedness Educational Sessions

Memoria de Sesión Educativa
sobre la Preparación para Emergencias

Apellidos y nombres de los promotores:

____
____
____

Número de promotores: __________

Fecha de la Actividad: ______/________/_________
Mes día año

Marque: 1ª sesión 2ª sesión 3ª sesión

Lugar de la actividad: ____

Duración de la actividad_______________ minutos

Participantes

Número (o estimado) total de participantes en la sesión______________
Número (o estimado) de participantes latinos ____________

Numero de pre-test recogidos:________________________
Numero de pos-test recogidos:________________________

Materiales / incentivos distribuidos
Número (o estimado) de "Todos Listos" ________________
Número (o estimado) de "Plan 9"_________________
Número (o estimado) de carteles__________
Número (o estimado) de Otros______________________ (especifique)
____
____
____

Comentarios: (Preguntas y / o dudas más frecuentes de los participantes; problemas con el grupo, etc.) (Continúe al verso si necesario)

____
____
____

Appendix F: Photos of the Intervention Sessions

Photo 1. "Initiate a conversation." Promoters discuss what to talk about in a family conversation about emergency preparation.

Photo 2. "Make a plan." Promoter explains key information to include in a family emergency preparation plan.

Photo 3. "Make a plan." Participant shares family emergency plan with promoter and other participants.

Photo 4. "Prepare a kit." Promoter explains 9 essential elements in an emergency preparedness kit.

Photo 3. "Prepare a kit." Promoter demonstrates the importance of including any prescription medications in an emergency it.