Policy Brief
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Building Capacity for Rapid Response to State Health Crises:
Learning from HIV/AIDS and Asian American and Pacific Islander Organizations

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Overview: Health crises as threats to economic, social, and political stability

Health crises have become a significant threat to the well being and quality of life of California's residents, with SARS and avian influenza the most obvious recent examples of such threats. The State of California has engaged in significant efforts at the state and local levels to devise plans and strategies to address emerging health threats, including rapid spread of infectious disease and bioterrorism, however, there remain significant gaps, particularly concerning the rapidity and effectiveness of communication to California's growing immigrant population. We argue that enhancing community-based organization (CBO) capacity to address health crises such as potential pandemics is a necessary yet overlooked component. This policy brief uses capacity building regarding HIV/AIDS prevention in the Asian American and Pacific Islander communities in Southern California as a new model of emergency preparedness, one that leverages the untapped resources in CBOs.

Rapid Health Emergencies in California: SARS and Avian Influenza

Though policy attention on health emergencies has focused on bioterrorism,[ii] in public health crises SARS and avian influenza are two important potential pandemics that have tested government capacity. These two potential pandemics are important for California as many of the state's immigrant population groups came from countries associated with outbreaks of these two conditions, and California residents travel between California and these nations.

Emergency Health Preparedness in California

The State of California has multiple individuals and agencies responsible for addressing natural disasters, health emergencies, and most recently, (bio)terrorism.[ii] A recent report, however, indicates that California is one of four states to receive the lowest score nationwide in terms of emergency preparedness for disease, disaster, and bioterrorism.[iii, iv]

Expanding Capacity for Health Crisis Response: Lessons from HIV/AIDS Prevention

Organizational capacity can be defined as degree to which organizations address problems to attain specified goals. There are internal and external organizational factors that determine organizational capacity, both in terms of current abilities and organizational gaps, especially resources (funding, information, etc.), relationships (including agency networks and trust with program participants), and leadership.[v] Organizations participating in capacity building programs have greater leadership, more potential to interact with media outlets, and greater ability to design and implement culturally appropriate HIV prevention programs.[vi]

Policy Recommendations

Legislators and policy makers focused on health emergency planning and implementation for the State of California need to broaden the scope of emergency health planning, policy design, and program implementation to respond to the rapid growth of California's immigrant population, many of whom are linguistically isolated, distrustful of public agencies and medical service providers, and hard-to-reach. Statewide efforts to plan and

rapidly respond to health crises and emergencies will do little if all affected individuals, households, and communities are not informed and educated in a timely and effective manner. To ensure that CBOs are active and effective participants in this process, the following lessons from capacity building in Asian American and Pacific Islander CBOs in HIV/AIDS prevention are especially important:[vii]

(1) Culturally appropriate CBO capacity building for health emergency planning and implementation must address CBO stability/viability, organizational commitment, and knowledge environments at the same time;
(2) CBO capacity can be expanded in a relatively short period of time, even in a context of severe budget challenges and organizational turbulence;
(3) Knowledge environments can be affected by process as well as content – workshops and one-on-one contacts are useful for conveying information and developing skills, but in addition, communication can be effectively enhanced through processes that include organizations with distinct missions that provide substantive opportunities for interaction;
(4) As CBO capacity increases, viability/stability and knowledge environments will change, meaning that different types of technical assistance will be needed depending on organizational developmental stage and needs.

Centrally incorporating CBOs in health emergency planning and program implementation will ensure that hard-to-reach individuals, households, and communities will be informed and educated in a timely manner, and in so doing, will provide the best opportunity for the State of California to maintain the health and safety of its residents.

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[i] For example, Gerberding, Julie Louise, James M. Hughes, and Jeffrey P. Koplan. "Bioterrorism Preparedness and Response: Clinicians and Public Health Agencies as Essential Partners," Journal of the American Medical Association 287(7): 898-900.

[ii] Bea, Keith, L. Cheryl Runyon, and Kae M. Warnock. "California Emergency Management and Homeland Security Statutory Authorities Summarized." Report prepared for the Congressional Research Service, Library of Congress. Washington, DC: CRS, 17 March 2004.

[iii] Trust for America's Health. "Ready or Not?: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism." Washington, DC: Trust for America's Health, 2006.

[iv] An 2002 issue brief prepared for a roundtable indicated that California's health infrastructure was inadequate to address threats of bioterrorism; Cubanski, Juliette and Helen H. Schauffler. "Responding to the Threat of Bioterrorism: Is California's Public Health System Ready?" for the California Health Policy Roundtable. Berkeley, CA: Center for Health and Public Policy Studies, UC Berkeley, March 2002.

[v] Takahashi, L.M. and G. Smutny. "Community Planning for HIV/AIDS Prevention in Orange County, California," Journal of the American Planning Association 64(4): 441-456, 1998.

[vi] Sheth, L., D. Operario, N. Lathan, and B. Sheoran. "National-level Capacity-building Assistance Model to Enhance HIV Prevention for Asian & Pacific Islander Communities," Journal of Public health Management and Practice 13: S40-48, 2007.

[vii] Takahashi, L.M., J. Candelario, T. Young, and E. Mediano. "Building Capacity for HIV/AIDS Prevention Among Asian Pacific Islander Organizations: The Experience of a Culturally Appropriate Capacity Building Program in Southern California," Journal of Public Health Management and Practice, 13(Suppl): S55-S63, 2007.