

Engaging with and Training Community-Based Partners to Improve the Outcomes of At-Risk Populations

Engaging and training community-based partners (CBPs) serving at-risk populations is recommended as part of state, local, tribal, and territorial (SLTT) public health agencies' community preparedness efforts so that those CBPs are better able to assist at-risk populations they serve in preparing for and recovering from public health emergencies.

Finding Statements and Certainty of the Evidence

●●●● High ●●● Moderate ●● Low ● Very Low

Finding Statement	Certainty
Culturally tailored preparedness training programs improve public health emergency preparedness and response (PHEPR) knowledge of CBP representatives	●●
Culturally tailored preparedness training programs improve attitudes and beliefs of CBP representatives regarding their preparedness to meet needs of at-risk individuals	●
Culturally tailored preparedness training programs increase CBP disaster planning	●
Culturally tailored preparedness training programs improve the PHEPR knowledge of trained at-risk populations	●●●
Culturally tailored preparedness training programs improve attitudes and beliefs of trained at-risk populations regarding their preparedness	●●
Culturally tailored preparedness training programs improve preparedness behaviors of trained at-risk populations	●●●
CBP engagement in preparedness outreach activities improves the attitudes and beliefs of at-risk populations toward preparedness behaviors	●
CBP engagement and training in coalitions addressing public health preparedness/resilience increases the diversity of coalitions, the coordination of CBPs with other response partners, or capacity to reach and educate at-risk populations before an emergency	●

Recommended CBP training strategies include

- » the use of materials, curricula, and training formats targeted and/or tailored to the individual CBPs and the at-risk populations they serve
- » train-the-trainer approaches that utilize peer or other trusted trainers to train at-risk populations

CBP engagement and training should be accompanied by targeted monitoring and outcome evaluation or conducted in the context of research when feasible so as to improve the evidence base for engagement and training strategies.

Implementation Guidance

- ☑ Ensure that CBP engagement efforts feature a clearly articulated purpose and goals, a shared language, an acceptable power balance, and a sense of shared ownership
- ☑ Ensure that multistakeholder collaborations with CBPs are diverse and inclusive, with particular attention to those groups that are often excluded and marginalized
- ☑ Engage umbrella organizations (e.g., American Red Cross, United Way) to reach smaller, local, community-based organizations
- ☑ Consider participatory engagement strategies that allow for ongoing, bidirectional communication with CBPs to build trust and buy-in prior to an emergency
- ☑ Develop formal agreements to clarify the nature of membership roles and responsibilities in collaborations with CBPs
- ☑ Consider designating a coordinator to maintain the focus of coalitions, mitigate problems of competing priorities, and minimize perceptions of uneven power dynamics
- ☑ Identify information technology (e.g., resource databases) and existing data sources that can be used to facilitate more timely engagement of CBPs and to link at-risk populations with needed services during an emergency
- ☑ Tailor the curriculum and format of CBP preparedness training programs to the learning needs and preferences of specific audiences, and ensure that they are culturally sensitive and appropriate
- ☑ Consider soliciting stakeholder feedback in the evaluation of training program materials and content

Context Considerations



Setting

Settings reflected in this evidence review were primarily U.S. based and included a mix of rural and urban/suburban settings.



Population

At-risk populations reflected in this evidence review were multiple and included low-income minority populations, adults with disabilities, tribal populations, and rural populations.

CBPs reflected in this evidence review were multiple and included community health workers, tribal leaders, nongovernmental organizations serving adults with disabilities, faith-based organizations, and other community-based organizations.



Emergency Phase

Studies in this evidence review focused on CBP engagement and training during the preparedness phase. No studies focused on response-phase strategies.