The Cultural Competency Curriculum for Disaster Preparedness and Crisis Response

Course 2: Implementing CLAS in the Preparation Phase of a Disaster
Course 2 Learning Objectives

• Describe patient-centered care.

• Identify two stages of the prepare phase.

• Identify the three components of the community services assessment.

• Describe the basis for effective community outreach.

• Cite examples of why trust and rapport may be lacking with mainstream disaster preparedness and crisis response organizations.

• Describe ways that culture and language influence people’s perception of early warning systems.

• Identify alternate ways to distribute disaster-related information to the community.

• Identify the many steps for translating documents from one language to another.

• Understand and describe the limitations of picture boards when working with individuals with limited English proficiency.

• Learn about the advantages of bottom-up communication.
Course 2 Modules

1. Community Services Assessment
2. Community Outreach
3. Communicating with the Community
4. Written Communication
5. Bottom-Up Communication
The National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care
Culturally Competent Knowledge, Skills, and Attitudes
Preparedness

Emergency Preparedness Checklist

Tornado, Flash Flood, Earthquake, Winter Storm, Hurricane

The next time disaster strikes, you may not have time to prepare. Make a plan now!
Module 1: Community Services Assessment

A community services assessment is composed of three parts:
- Needs assessment
- Resource inventory
- Gap analysis

A community services assessment is a means for understanding your community by identifying all the members of your community, especially those who may be in need of specific interventions due to cultural or linguistic differences.
Needs Assessment Checklist

A demographic profile of the population you are serving

An assessment of service needs among affected populations

An exploration of how local influences, cultural factors, and past experiences affect the perception of risk among individuals and their communities

Demographics

- Determine the racially, ethnically, culturally and linguistically diverse groups within your community served by your program or organization.
- Do you have both current and projected demographics for your service area?
- Does the demographic profile include trends in the population?
- What are the demographics for the service providers in your area?
- Identify the differences between providers and the patient population.

Service Needs

- What languages are used by the culturally diverse groups in your service area?
- What services are available to assist in accessing health care? Identify those services most widely used.
- What are the social, economic, spiritual, and physical strengths of each of the identified communities?
- What common health problems are communities in your service area facing?
- What are the social, economic, spiritual, and physical problems the culturally diverse populations in your service area predisposed to?

Evaluating Responses

- Identify community leaders to solicit their opinions.
- What emergency or disaster events have the culturally diverse communities in your area previously encountered?
- What were the outcomes of those events?
- What are the specific values, fears, and coping mechanisms of each of these communities?
- Where do these communities go for health-related information and services?
- Assess the degree to which these groups are accessing services and the level of satisfaction with the services received.
## Resource Inventory

### Community Outreach

- What community-based organizations and faith-based organizations are working to address the health and mental health related needs of the culturally diverse groups in the service area?
- What specific services do these organizations provide?
- Have you established relationships with these community- and faith-based organizations to collaborate in serving culturally and linguistically diverse groups?
- Do you have social or professional contacts (e.g., cultural brokers, liaisons) that help you understand health and mental health beliefs and practices of culturally diverse groups in the service area?
- How are you engaging the culturally diverse communities in your service area?

### Resources

- Based on the social problems for specific community groups, what organizations have measures in place to address the additional risks presented in times of disaster?
- What organizations receive training in areas that will contribute to cultural competency?
- Is there any evaluation for the quality and effectiveness of those services available?
- What additional funding streams are available?
Gap Analysis

To conduct a gap analysis, take the results of the needs assessment, subtract the resources available, and see what gaps there are in terms of necessary services.

Compiling data regarding needs, barriers, priorities, and knowledge about what is available presents a clearer picture of where services and resources are needed.
Module 1 Recap

Video Case Study: Let’s Prepare

https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos
Module 2: Community Outreach

“Community engagement and collaboration may be the only means for achieving appropriate planning.”

- Office of Force Readiness and Deployment, HHS
Trust and Rapport

How do we practice cultural competency and build trust in communities?

• Listen for community concerns.
• Understand community values.
• Learn cultural perspectives on health issues.
• Recognize institutional and geographic expression of concerns, values, and beliefs.
• Identify and partner with respected and neutral community leaders.
From the Field
Lack of Trust Toward Persons in Uniform

Going forward, what are ways that you can build trust with the people you serve?
Community Outreach

Assist the community with plan development:

• Encourage
• Lead
• Recruit
• Supply
Increasing Access and Eliminating Barriers

- Using culturally and linguistically competent providers may boost the effectiveness of services.

- Strategies to build community resilience and boost recovery time must be
  - Disaster-specific
  - Multidisciplinary
  - Multifaceted
  - Culturally sensitive
Module 2 Recap

A health care professional shared the following insight: "Community members become frustrated when they are asked for their input and never hear back about how the input was used and if anything happened as a result."

What role does an understanding of proper community outreach play in this scenario?

What are some lessons learned from this situation?
Module 3: Communicating with the Community

Ensure that your organization’s early warning system is culturally and linguistically competent.

• Cultural groups use different means to receive information about disaster risks.

• Not everyone responds to community early warning systems with the same level of trust and understanding.
Strategies for Distributing Disaster Information
Module 3 Recap

Video Case Study: Packets for Evacuees
https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Do you think that the lessons presented in this video case study can be applied at your organization?

How would your organization respond in this situation?
Module 4: Written Communication

• Written materials should use
  – Active voice
  – Short sections and sentences
  – Graphics/pictures
  – Plain language

• Examples of materials to translate include
  – Evacuation plans, routes, maps
  – Warning messages and evacuation orders
  – Medical/treatment instructions as well as prescriptions
  – Treatment consent forms
  – Medical history forms
Written Communication

Wong Baker FACES Pain Rating Scale

“I speak” cards

Arabic

Armenian
Module 4 Recap
Modifying Materials for Different Cultural Groups Following a Disaster

To what extent have you and your organization modified existing printed materials to make them more culturally and linguistically appropriate to your community?

How would you go about determining what improvements to make to best reach your community members?
Module 5: Bottom-Up Communication

- Comes from the ground level rather than from management
- Allows racial and ethnic minority communities to receive the culturally competent communication they prefer and respond to best
Module 5 Recap

Case Study 1: A number of community focus group participants identified specific issues that might help [disaster personnel]. The researchers caution that these suggestions from community members represent their personal opinions and should not be construed to apply to all members of their race, religion, gender, or socio-economic group.

Case Study 2: A few members of the Chinese focus groups discussed how some Chinese, especially elders, may not trust banks and will instead keep their money and jewelry hidden in the house. They suggested that in a(n) emergency, some people might run back into a burning building to try to reclaim their valuables; in some cases, their life savings. Their recommendation was that [disaster personnel] be aware of and watch for this type of behavior in an emergency.

What are some lessons learned from this situation in terms of bottom-up communication?

What steps can your organization take to utilize bottom-up communication?
Course 2 Summary

• You learned:
  – Concepts of preparing to prevent and preparing to respond in a culturally and linguistically competent manner.
  – How the *National CLAS Standards* can be applied during preparation for a disaster.
  – The parts of a community services assessment and how to initiate one in your community.
  – The importance of community involvement and appropriate communication strategies.
Earn Your Continuing Education Credits

http://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup