

***The Cultural Competency Curriculum  
for Disaster Preparedness and Crisis  
Response***

*Course 3: Implementing CLAS in  
the Response Phase of a Disaster*

# Course 3 Learning Objectives

- Describe ways to implement culturally and linguistically appropriate services (CLAS) into the response phase of a disaster.
- Describe how cultural competence can be included in just-in-time training.
- Describe the goals of just-in-time training.
- Describe ways to overcome a cultural misstep.
- Describe the influence culture has on meeting the basic needs of diet and shelter.
- Describe how cultural and linguistic competence influences triage.
- Identify ways that cultural and linguistic competence influences acute patient care.
- Identify opportunities to apply cultural competency and language access services during triage and the provision of acute patient care.
- Describe how culture may affect mental health care utilization.
- Identify cultural and linguistic elements that can contribute to successful mental health programs.

# Course 3 Modules

1. Just-in-Time Training
2. Overcoming a Cultural Misstep
3. Meeting Basic Needs
4. Meeting Physical Health Needs
5. Meeting Mental Health Needs

# *The National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care*



# Module 1: Just-in-Time Training

Just-in-time training offers

- Just the **right information**
- At just the **right time**
- In just the **right form**



# Module 1 Recap

## Video Case Study: Tornado on the Reservation

<https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos>



**What questions might you have asked when going into this situation?**

**Do you know who to contact to deliver just-in-time training for responders?**

# Module 2:

## Overcoming a Cultural Misstep

Whether a cultural misstep was simple or tragic, steps need to be taken to reengage the community to maintain a healthy and collaborative relationship.

The first step is to acknowledge the mistake to the individual(s) impacted by it and offer an apology.

# Module 2 Recap

## From the Field:

### **Different Cultures React in Different Ways**

"In [many] African-American communit[ies] they are very different expressing their grief. They scream. They yell louder than other people. And some [disaster personnel] don't know how to take that. I've been in scenes where you've got bosses, lieutenants or captains, calling for the cops because (of their perception of an) uncontrollable crowd. When in reality I go, 'No, they're just expressing their grief. There's no problem here. You are in no danger.' [But] they believe that they're in danger."

**Have you witnessed a cultural misstep or been responsible for one yourself?**

**Did this experience make you more aware of your own cultural values?**

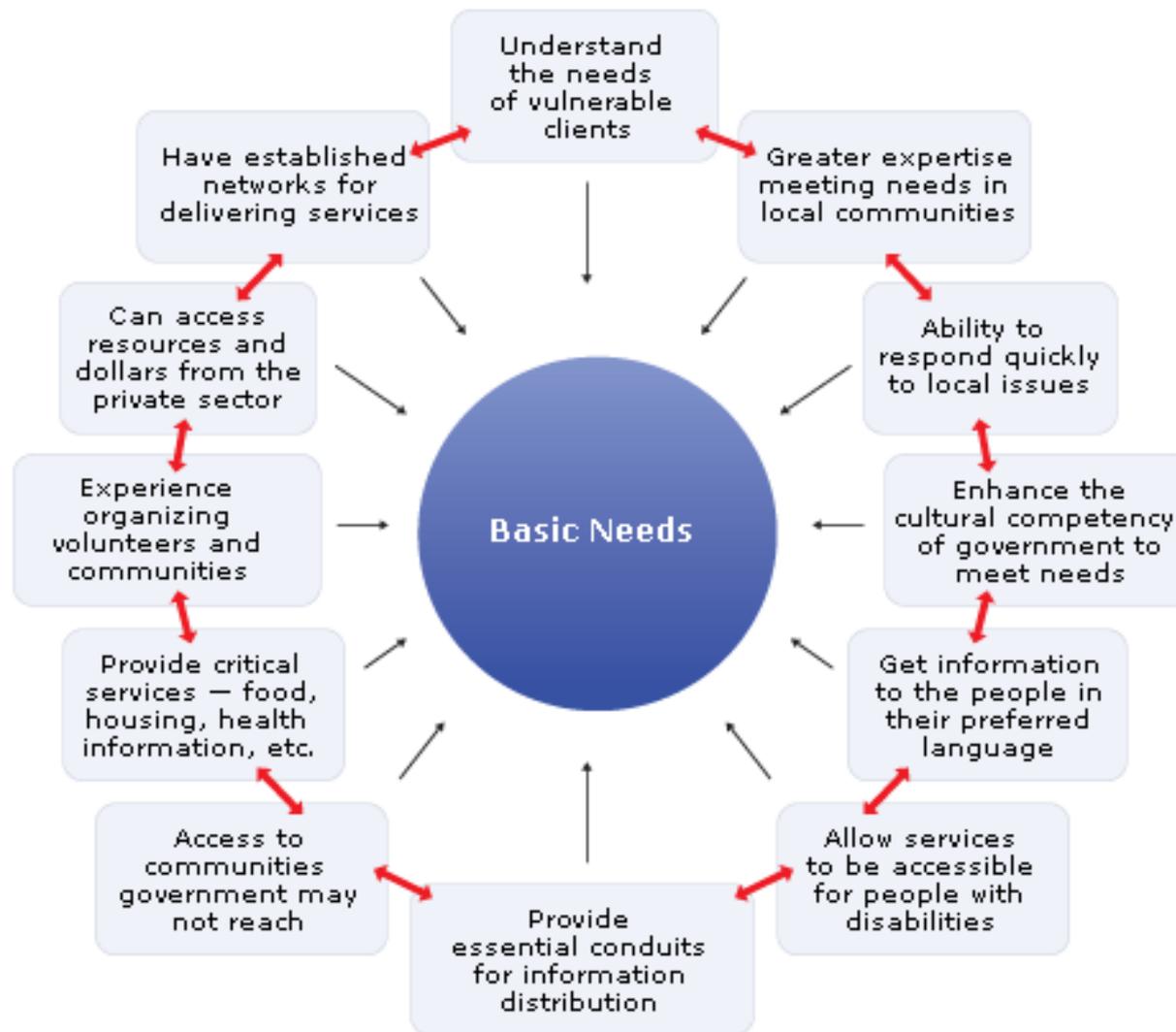
# Module 3:

## Meeting Basic Needs

These basic needs have cultural implications.

- Self-actualization
- Esteem need
- Love/belongingness
- Security need
- Psychological needs

# Strategies for Meeting Basic Needs



# Video Case Study

## Meeting Basic Needs

<https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos>



**When you think of "basic needs" for a community, what do you think of?**

**How can you ensure that these needs are met in a culturally and linguistically competent manner?**

# Shelter and Housing

- Priorities for individuals displaced by a disaster include:
  - To move temporarily into the homes of families or friends
  - To occupy emergency shelters
  - To occupy tents on campsites
  - To be evacuated to distant locations
- Culture influences how individuals perceive shelter.

# Module 3 Recap

## From the Field: Medication Schedules Interrupted by Hurricane Evacuation



**What other aspects of health might need to be taken into account?**

**How can you help ensure that these interventions are culturally and linguistically competent?**

# Module 4:

## Meeting Physical Health Needs

Triage: The sorting and allocation of treatment to individuals according to a system of priorities designed to maximize the number of survivors.

Culturally and linguistically appropriate services begin at the first point of contact, and that is generally triage.

# Acute Patient Care

Be aware of the role that cultural beliefs and practices play in community members' lives and how these beliefs influence community members' approach to health.

Remember that every encounter is a cross-cultural encounter in health care.

# Module 4 Recap

**From the Field:**

**Grave Implications of a Misdiagnosis Due to  
Lack of Language Access Services**



**How did lack of language access services contribute  
to this patient's misdiagnosis?**

# Module 5:

## Meeting Mental Health Needs

Disaster mental health focuses on interventions to help survivors

- Cope with the aftermath of disaster
- Mitigate additional stressors or psychological harm
- Develop coping strategies
- Restore survivors to an acceptable level of daily living

Services should be culturally relevant and respectful of the beliefs and social practices of the population being served

# Care for Disaster Personnel

Approaches for stress prevention and management during a disaster:

- Management of workload
- Self-awareness
- Balanced lifestyle
- Stress reduction strategies

# Module 5 Recap

- There is no single, universally applicable recipe for providing disaster mental health services.
- Tailor mental health services to be culturally and linguistically appropriate for the community.



**Take a moment to reflect on what we have covered so far.  
What are your most important insights?**

# Course 3 Summary

- You learned:
  - Why the provision of culturally and linguistically appropriate services is critical during the response phase
  - How to provide relief to the affected communities in culturally and linguistically appropriate ways through just-in-time training, overcoming a cultural misstep, and meeting basic needs
  - How to apply CLAS to triage, acute patient care, and disaster mental health following a disaster

# Earn Your Continuing Education Credits

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

The screenshot shows the Think Cultural Health website interface. At the top, there is a navigation bar with the U.S. Department of Health & Human Services logo and the URL www.hhs.gov. Below this, the Office of Minority Health logo and the website URL minorityhealth.hhs.gov are displayed. The main header features the 'THINK CULTURAL HEALTH' logo and the title 'Cultural Competency Curriculum for Disaster Preparedness and Crisis Response: Small Group Participants'. A user profile box on the right shows 'Welcome, Jen K, Associate' with links for 'My Progress', 'Logout', and 'Update Profile'. A navigation menu includes 'Home', 'About TCH', 'Credit Information', 'Technical Requirements', and 'Help/FAQ'. On the left, a 'Toolkit' sidebar contains 'Instructions' and 'Video Case Studies'. The main content area is titled 'My Progress' and includes a breadcrumb trail 'Home / My Progress'. Under the 'Instructions' section, there is a 'Curriculum Certificate' section with a note that a course must be completed for certification and links to 'View/Print PDF Certificate (PDF - 62 KB)' and 'View/Print HTML Certificate'. Below this is a 'Course 1:' section with a table showing the completion status of various activities.

Activity	Status	Date Completed
<a href="#">Course 1 A Little About You</a>	<input checked="" type="checkbox"/>	4/27/2016
Course 1 Pretest	<input checked="" type="checkbox"/>	4/27/2016
<a href="#">Course 1 Posttest</a>	<input checked="" type="checkbox"/>	4/27/2016
Course 1 Evaluation	<input checked="" type="checkbox"/>	4/27/2016

[Back to top](#)