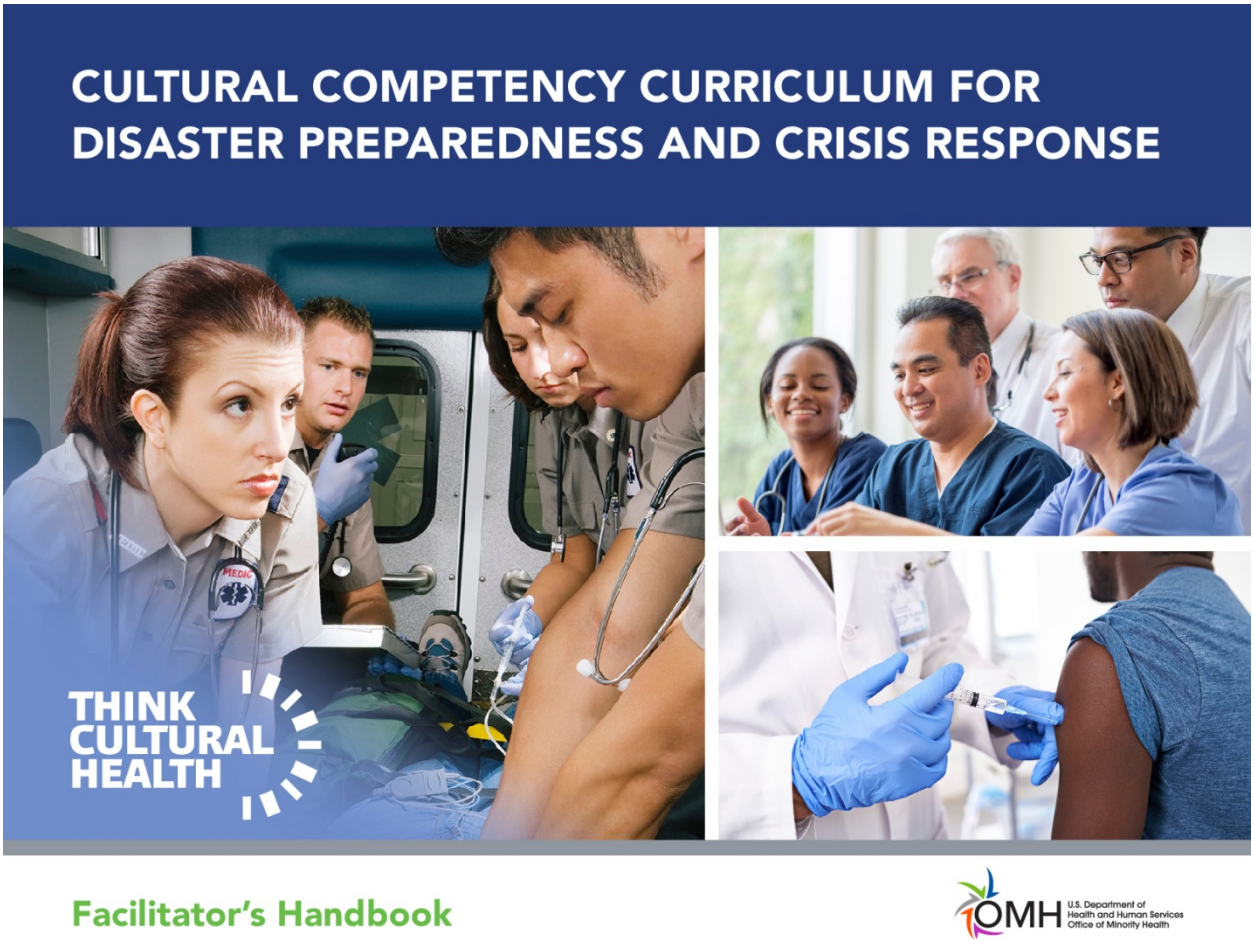
The Cultural Competency Curriculum for Disaster Preparedness and Crisis Response

Small Group Learning Option



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Introduction

The *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* was published by the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) in 2009 on https://www.ThinkCulturalHealth.hhs.gov. Think Cultural Health is a suite of e-learning programs and e-resources grounded upon the HHS OMH's *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards)*. The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

The *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* helps disaster preparedness and crisis response professionals develop awareness, knowledge, and skills in CLAS to improve the quality of services to diverse communities. Both the e-learning program and the small group learning option offer the same content, divided into four courses: (1) Introduction to CLAS in Disaster Preparedness and Crisis Response; (2) Implementing CLAS in the Preparation Phase of a Disaster; (3) Implementing CLAS in the Response Phase of a Disaster; and (4) Implementing CLAS in the Recovery Phase of a Disaster.

The small group learning option equips you to lead a group of your colleagues through one or more courses of the e-learning program in an interactive, stimulating learning environment. It also allows your group participants to earn continuing education credits, or a statement of participation, for free.

The small group learning option is comprised of:

- **The Facilitator's Handbook** (this document) gives you instructions, talking points, activities, handouts, and more for each course of the e-learning program
- **The Facilitator's website** (https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator) allows you to invite participants to a learning session, unlock participants' pre-tests and post-tests, play the video case studies, and download this Facilitator's Handbook and the corresponding slide decks
- **The Participant's website** (https://www.ThinkCulturalHealth.hhs.gov/Diaster/SmallGroup) offers your group participants a way to complete the steps necessary to earn their continuing education credits (program registration and completion of required surveys and tests)

Target Audiences

This continuing education activity is designed for first responders of disaster preparedness and crisis response, including Emergency Medical Technicians, Psychologists, Psychiatrists, Social Workers, and dental professionals (Dentists, Assistants, and Hygienists).

Learning Objectives

At the conclusion of the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*, participants will be able to:

- Discuss issues related to cultural competency in disaster preparedness, response, and recovery.
- Identify strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors that may influence the disaster services they provide
- Devise strategies to enhance skills toward the provision of culturally and linguistically competent care in disaster situations
- Demonstrate the advantages of the adoption of the *National CLAS Standards* as appropriate in their emergency services

Continuing Education Information

Eligible EMTs/First Responders, Psychologists/Psychiatrists, and Social Workers may receive two and a quarter (2.25) credits per course for completing the above requirements for each course. Eligible Dentists s may receive three (3) credits per course for completing the above requirements for each course.

For eligible participants to earn continuing education credit, participants must go to https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup and complete the registration form, then complete the following steps for each course:

1. Individually complete the pretest
2. Attend the small group learning session
3. Individually complete the posttest, earning a score of at least a 70% or higher
4. Individually submit the Course Evaluation

Upon completion of the above continuing education requirements, continuing education certificates or statements of participation are automatically sent to the participant via email.

Facilitating A Small Group Session

The Facilitator's Roles and Responsibilities

As a small group facilitator for the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*, you will guide a group of disaster preparedness and crisis response professionals through the e-learning program's content. This Handbook contains key learning concepts and suggested activities to help you leverage rich participant experiences with cultural competence into new knowledge, skills, and attitudes.

As a Facilitator, you are not expected to be an expert in the field of cultural and linguistic competency. You should, however, have a general knowledge of what cultural and linguistic competency is and why it is important; have a familiarity with and understanding of the course content you completed; and have the ability to answer basic questions about the e-learning program (i.e., how to register, describe the flow of the course, etc.).

Effective facilitation involves the ability to:

- Plan sessions and select appropriate activities that will help participants achieve the learning objectives
- Use interpersonal skills that will help engage participants and create a positive atmosphere of respect for diversity of cultures and worldviews
- Effectively present the content and facilitate discussions

The Handbook and materials found on the Facilitator's website will help you enhance your facilitation skills by providing tips on planning and organizing training sessions, suggested learning activities, and engaging visual aids such as handouts. Be sure to review the Handbook thoroughly to prepare for your small group session.

When working with adult learners, keep in mind that they learn best when learning materials relate to their life, work, and needs. Your training sessions will greatly benefit from making the information on cultural competence relevant to your audience by, for instance, selecting examples from your organization or probing participants for examples from their daily practice. Adults also expect to apply existing or newly acquired knowledge to solving real life problems and building strong connections with their learning. You can match these expectations by creating an atmosphere that encourages the application of new skills and using interactive group activities presented in this Handbook.

The sessions on cultural and linguistic competency that you facilitate can help other disaster preparedness and crisis response professionals provide more equitable and higher quality care to the individuals and communities they serve, which in turn can help reduce disparities experienced among minority populations during the preparedness, response, and recovery phases of a disaster. As a Facilitator, you can contribute to eliminating unequal treatment, stereotyping, language barriers, and survivor/provider miscommunication. You can also help disaster preparedness and crisis response professionals learn how to be sensitive to the sociocultural and contextual factors that create disparities, and how to address these factors to result in positive changes for minority and underserved communities.

The Facilitator's Website: https://www.ThinkCulturalHealth.hhs.gov/SmallGroup/Facilitator

The Facilitator's website contains the following materials:

- A PDF of the Facilitator's Handbook for you to use as you prepare for and conduct each small group session. One session corresponds to one course of the e-learning program. The Handbook includes:
    - All the information that you will use during the session, such learning objectives, talking points, activities, and resources.
    - Handouts for the participants that supplement the material presented in each session, along with the corresponding handout references
- PowerPoint presentations for each course of the e-learning program
- Web links for video case studies used in each course
- Useful resources and references

Using the Facilitator's website, you will be able to:

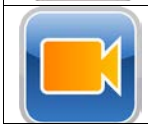
- Invite individuals to participate in and register for a small group session of the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*
- Grant session participants access to the "A Little About You" survey and the pre-test that are required before the participant attends a small group session if the participant would like to earn continuing education credits or a statement of participation
- Grant session participants access to the post-test and the Course Evaluation survey that are required for a participant to earn continuing education credits or a statement of participation
- Download the Facilitator's Handbook in order to deliver the program material in an engaging way and facilitate meaningful discussions about material
- View and display the video case studies for each course

Using the Facilitator's Handbook

The content in the Facilitator's Handbook guides you in presenting material from the e-learning program in an interactive, group format. You are strongly encouraged to tailor the discussion points to fit your personal experience and your participants' work environment. However, please keep in mind that the content presented is designed to help participants pass the posttest at the end of the course, which they must pass to receive their continuing education credit or a statement of participation. Thus, skipping portions of the content may impact the ability of your participants to successfully pass the posttests with a score of at least 70%.

To help identify the different learning materials, the Handbook employs the following icons:

Table 2: Handbook Icons

Icon	Description
	Main Takeaway – learning objectives for the content covered on the slide
	Opening Discussion Points – key points to start the slide's discussion
	Key Talking Points – instructional content to present for each slide
	Hint – additional information to help you present content
	Handout – handouts to supplement PowerPoint presentation
	Discussion Questions – probing questions to stimulate further understanding and analysis
	Suggested Activity – activities to enhance your training sessions and encourage interactivity. These include prompts for discussion in groups or writing in Learning Journals to stimulate reflection.
	**Video Case Studies** – case studies

The next page provides a sample layout of the Facilitator's Handbook and an explanation of the content on each page.

Sample Page in Facilitator's Handbook

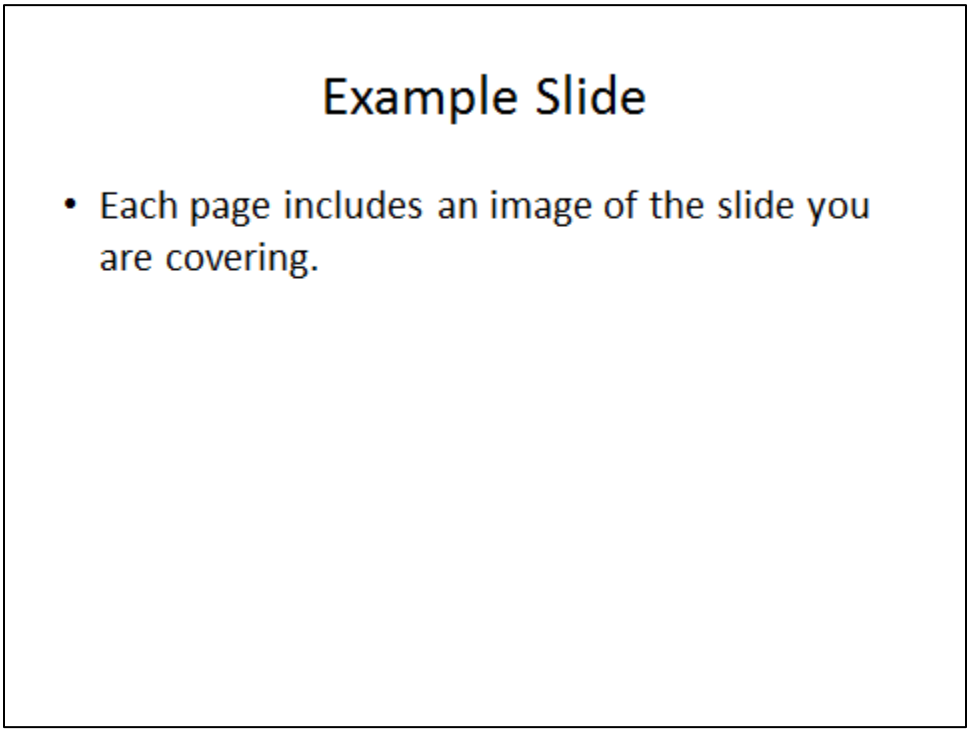
Course # - Slide Number: Slide Title

Main Takeaway: Learning objectives for the content covered on the page. You are free to tailor the discussion points to meet your knowledge and comfort level with the material. However, you are strongly encouraged to maintain consistency between the material presented and the learning objectives provided on the page.

Directions: Instructions for presenting the material and activities associated with this particular slide.

Opening Discussion Points

Talking points and/or discussion questions to set the stage for material covered on the slide.



Key Talking Points

Information for you to share with your audience. These talking points expand on the information provided on the slide and give examples to reinforce understanding. You are encouraged to add relevant talking points and examples that apply to the individuals with whom you are speaking.

Discussion Questions

Facilitate audience participation. For more in depth discussions, you may want to use a flipchart or chalk/whiteboard to note the ideas developed by the group.

Suggested Activity

Enhance your facilitation techniques and increase the participation level of your audience.

Handout

Signals that a corresponding handout is located in the Handouts section at the end of the Handbook.

Hint

Provide helpful information to assist you in the presentation of the information on the slide.

Video Case Studies

Depict hypothetical situations in which disaster personnel apply CLAS in a work setting. The video case studies reinforce the key concepts presented in the course.

Video Case Studies

Courses 2-4 each offer two video case studies, described in the table below, to illustrate the content presented. The video case studies are available at https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos.

Table 3: Course Case Studies

Video Case Study	Description
2-A: Let's Prepare: Principles of Culturally Competent Care and Organizational Supports in Emergency Preparedness	Depicts a health department's desire to reach out to community members in order to help them prepare for future disasters.
2-B: Packets for Evacuees: Providing Language Access Services and Organizational Supports while Preparing for a Disaster	Depicts a social worker at a mental health facility who has some new ideas about how to better serve the facility's Hispanic population.
3-A: Tornado on the Reservation: Providing Culturally Competent Care and Organizational Supports while Responding to a Disaster	Depicts with U.S. Public Health Service Commissioned Corps officers establishing continuing response efforts for victims of a tornado on a Native American Reservation.
3-B: Meeting Basic Needs: Providing Culturally Competent Care and Organizational Supports while Responding to a Disaster	Depicts a team's attempt to provide resources to those affected by a recent flood.
4-A: But What if I'm Deported?: Providing Culturally Competent Care and Language Access Services During Recovery	Depicts FEMA workers attempting to provide services to a woman who lost her home in a wildfire.
4-B: Relocating After a Hurricane	Depicts FEMA workers attempting to relocate individuals affected by a recent hurricane.

Conducting Your Sessions

We recommend that you schedule two to three hours for each training session (Courses 1, 2, 3, and 4), and include a 15 minute break for each course. The length of each training session may vary depending on the number of participants in each training session and how interactive the group discussion is.

To get started with setting up a session:

- Visit the Facilitator's website at https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/ and enter the username and password you used to complete the e-learning program.
- Next, add new participants by selecting the Add Participant button. For each participant, you must enter his/her first name, last name, e-mail address, and certificate type (i.e., Dental, EMT/First Responder, Psychologist/Psychiatrist, Social Worker, or Statement of Participation).

Please note: Email addresses must be unique to each participant; you may not assign multiple users with the same email address. You may not register a participant with an email address that has already been used to register a Think Cultural Health account (i.e., an existing Think Cultural Health user). If you wish to add an existing user, you must use the email address that the user used during registration.

- Inform participants of the date, time, and location of your facilitated session.

When you add a participant, s/he will receive an email with instructions to create a password, complete a registration form, and access the Participant's website at https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup.

Giving Participants Access to the Course Pretest

Each session participant who is seeking continuing education credits or a statement of participation must complete the course pretest before coming to your facilitated session. In order for the participants to take the pretest, you need to unlock the course pretests for your participants. Unlocking the pretest for your participants means that the pretest is now available for them to complete.

To unlock a Course pretest:

- Log into the Facilitator's website and navigate to the home page
- Click on the "Unlock Pretest" button. This will allow all participants who have already completed the "A Little About You" survey to access the pretest.

Your participants will access the pretest by logging into the Participant's website and navigating to the "My Progress" page.

Giving Session Participants Access to the Course Posttest

Each session participant will complete the course posttest and course evaluation following your facilitated session. This is required for participants to earn continuing education credits or a statement of participation. After you have conducted a session, you must unlock the posttests for your participants. Unlocking the posttest for your participants means that the posttest is now available for them to complete.

To unlock a Course posttest:

- Log into the Facilitator's website and navigate to the home page
- Click on the "Unlock Posttest" button.

Please note: If a participant has not completed a course pretest, you will not be able to unlock the corresponding posttest; therefore, at the beginning of your session, make sure all participants have completed the pretests you have unlocked.

Once you have reviewed the materials in the Handbook that follows, you will be ready to conduct your small group session(s). The following pages are the Facilitator's Guide for each of the four courses in the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*.

Enjoy your session!

Facilitator's Guide for Course 1:

Introduction to CLAS in Disaster Preparedness and Crisis Response

Course 1 - Slide 1: Introduction to CLAS in Disaster Preparedness and Crisis Response

Main Takeaway: Participants should understand the main goals of completing this course, which are to develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. Participants should recognize that in order to earn continuing education credits, they will need to complete a pretest, posttest, and evaluation form for the session.

Directions:

1. Display the slide
2. Ensure that all participants have registered and completed the Course 1 pretest
3. Cover discussion and talking points

Opening Discussion Points

- Welcome to the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*! The Office of Minority Health (OMH) of the Department of Health and Human Services (HHS) is pleased to welcome you to this small group session of their e-learning program designed specifically for disaster preparedness and crisis response professionals.
- My name is ___ and I will be your facilitator for Course 1: Introduction to culturally and linguistically appropriate services (CLAS) in Disaster Preparedness and Crisis Response.
- By completing this training program, you will develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. The elements and issues highlighted throughout this course are designed to enhance the excellent services you already provide. This course will introduce you to the concept of cultural and linguistic competency and its relevance to preparedness and response for emergency situations.
- Please confirm that you have registered for the course online and completed the Course 1 pretest.

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

Course 1: Introduction to CLAS in Disaster Preparedness and Crisis Response

Key Talking Points

- Before we begin, I would like to review some important information with you.
- In order to receive continuing education credits, you will need to
  - Complete the pretest (you should have completed the pretest prior to attending this session)
  - Attend this full session
  - Complete the posttest, earning a score of at least a 70% or higher
  - Submit the Course Evaluation
- Eligible EMT/first responder, psychologist/psychiatrist, and social worker participants may receive two and a quarter (2.25) credits per course for completing the requirements. Eligible dentist participants may receive three (3) credits per course for completing the requirements for each course. To receive continuing education credits, you must complete each course in its entirety.
- If you are not eligible to receive continuing education credits, you will still earn a Statement of Participation.

- Once you complete the above steps, you will receive your continuing education certificate or statement of participation via email.
- As a reminder, this e-learning program is made up of four courses designed to help you deliver culturally and linguistically competent services in disaster situations:
    - Course 1: Introduction to CLAS in Disaster Preparedness and Crisis Response
    - Course 2: Implementing CLAS in the Preparation Phase of a Disaster
    - Course 3: Implementing CLAS in the Response Phase of a Disaster
    - Course 4: Implementing CLAS in the Recovery Phase of a Disaster
- Today, we will be going through Course 1 together. You may complete the other courses that interest you in any order.
- I hope you find this program useful in your everyday work. Thank you for your interest in this program and for taking this important step in the cultural and linguistic competency journey. Let's begin!

Course 1: Icebreaker Activity - The Story of Your Name

Main Takeaway: Through this activity, you and your group participants will learn each other's names and a little bit about each other's lives. This will help everyone feel more comfortable with each other so that they are more willing to speak freely, ask questions, and explore new ideas. Learning about your group participants will also help you tailor your session to match your participants' interests and experiences.

Directions:

1. Stay on slide 1
2. Cover opening discussion points
3. Facilitate the icebreaker (Allow 10-15 minutes)

Opening Discussion Points

- Before we get started with the course material, let's take a few minutes to get to know everyone's names and a little bit about each other. I'd like to know the story of your name.
- Think about your name (or nickname). Why were you given that name? What special significance, if any, does this name have for you? For example… *(Start with yourself in order to set a comfortable, open tone for the conversation, and therefore for your entire session).*

Activity: Share the Story of Your Name

- Invite each participant to share the story of their name or nickname, and why their name is meaningful or special.
- Then, going around the room, have each participant introduce him or herself and explain the story behind their name. Each participant should share their story in 30 seconds or less.

- If participants find this activity difficult, ask them to simply share if they like their name, where their name came from, nicknames people have given them, or what they know about their family name.

Course 1: The Learning Journal

Main Takeaway: The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and can be extremely helpful in developing cultural competence.

Directions:

1. Stay on slide 1
2. Cover opening discussion points
3. Explain the Learning Journal

Opening Discussion Points

- I will pass out sheets of paper and pens for you to use as your learning journal.
- The learning journal may be used to record personal impressions, experiences, and any questions you have during the course. You may also use the journal to take notes during the self-assessment exercises, capture your thoughts on the case studies, and to note any lessons learned during the training.

Suggested Activity: Learning Journal

- Provide participants with sheets of paper and pens or pencils.
- Ask participants to record personal impressions, experiences, discoveries, or questions throughout the course.
- Encourage participants to make entries into their journals throughout the session. Opportunities for journal writing can include notes from self-assessment exercises, reactions to case studies, thoughts about what participants think they do well in their practice in regard to cultural competence and where they think they can improve, and other notes as appropriate to the material.

Course 1 - Slide 2: Learning Objectives

Main Takeaway: Participants should be able to articulate the learning objectives for Course 1

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- There are 10 learning objectives for the material we will cover today.

Course 1 Learning Objectives

- Provide a reason for including cultural and linguistic competence in disaster preparedness and crisis responses efforts.
- Describe the *National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)* and what they stand for.
- Define cultural and linguistic competence.
- Identify the Five Elements of Cultural Competence.
- Identify elements of self-assessment to the practice of cultural competence.
- Use a culturally competent history taking tool.
- Identify three factors that contribute to the disproportionate risk that minorities face in disasters.
- Differentiate between an interpreter and a translator.
- Identify and describe the three roles an interpreter may hold.
- Name the individuals that should be present during a triadic interview.

Key Talking Points

- Take a moment to review the learning objectives. Use your learning journal to write down your top three learning objectives and why they are important to you.
- Course 1 Learning Objectives:
  - Provide a reason for including cultural and linguistic competence in disaster preparedness and crisis responses efforts.
  - Describe the *National CLAS Standards* and what they stand for.
  - Define cultural and linguistic competence.
  - Identify the Five Elements of Cultural Competence.
  - Identify elements of self-assessment to the practice of cultural competence.
  - Use a culturally competent history taking tool.
  - Identify three factors that contribute to the disproportionate risk that minorities face in disasters.
  - Differentiate between an interpreter and a translator.
  - Identify and describe the three roles an interpreter may hold.
  - Name the individuals that should be present during a triadic interview.

Suggested Activity: Learning Journal

- Ask participants to take a few moments to note their top three learning objectives in their learning journals. Ask for volunteers to share their top three and why they selected them.

Course 1 - Slide 3: Course 1 Modules

Main Takeaway: Participants should be able to list the five modules of Course 1.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Throughout Course 1, you will see ways to implement elements of cultural and linguistic competence into the preparation, response, and recovery phase of a disaster.

Course 1 Modules

1. Definition of a Disaster
2. Awareness and Acceptance of Difference
3. Awareness of Own Cultural Values
4. Understanding Dynamics of Difference
5. Development of Cultural Knowledge
6. Ability to Adapt Activities

Key Talking Points

- Module 1: Definition of a Disaster
- Module 2: Awareness and Acceptance of Difference
- Module 3: Awareness of Own Cultural Values
- Module 4: Understanding Dynamics of Difference
- Module 5: Development of Cultural Knowledge
- Module 6: Ability to Adapt Activities

Course 1 - Slide 4: *The National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care*

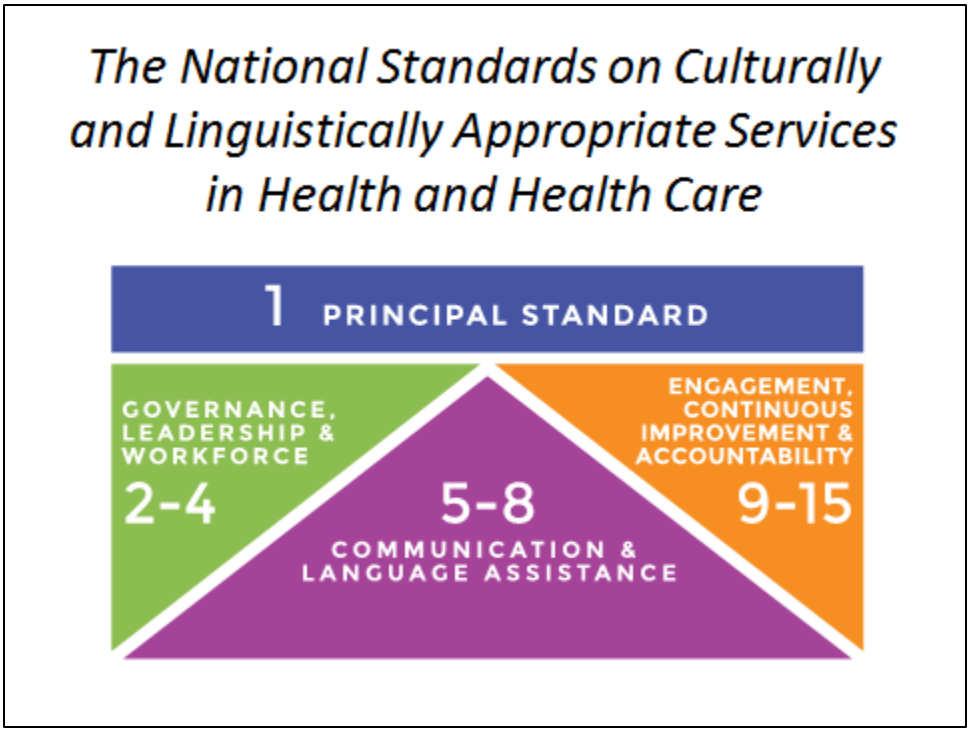
Main Takeaway: Participants should be able to discuss the three themes of the *National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care* (*National CLAS Standards)*.

Directions:

1. Display the slide
2. Distribute Handout 1-A, *The National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*
3. Cover discussion and talking points

Opening Discussion Points

- The *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* e-learning program is grounded upon the HHS OMH's *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards)*.
- The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health disparities. They operationalize the concepts of cultural and linguistic competency and provide you and your organization with actionable steps to ensure the delivery of culturally and linguistically competent services.



Handout

- The *National CLAS Standards* are provided in Handout 1-A, The *National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*.

Key Talking Points

- The *National CLAS Standards* are structured to include a principal standard (#1) that serves as the foundation for all the other standards.
    - It calls for health professionals and organizations to provide effective, equitable, understandable, and quality services.
    - These services should be responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
    - If the rest of the 14 standards are implemented, then an organization will achieve this.

- The rest of the standards fall under three themes:
    - Governance, Leadership, and Workforce: This theme emphasizes that implementing CLAS is the responsibility of the entire health system. Implementing CLAS really requires the investment, support, and training of all individuals within an organization.
    - Communication and Language Assistance: This theme encompasses all communication needs and services, including sign language, braille, oral interpretation, and written translation.
    - Engagement, Continuous Improvement, and Accountability: This theme focuses on the components necessary for adoption, implementation, and maintenance of culturally and linguistically appropriate policies and services regardless of one's role within an organization or practice.
- You can find the *National CLAS Standards* and other e-learning programs on Think Cultural Health at www.thinkculturalhealth.hhs.gov.
    - On Think Cultural Health you can also find a guidance document published by the HHS OMH to accompany the *National CLAS Standards*, called *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. It offers explanations, implementation strategies, and additional educational resources for each standard.

Course 1 - Slide 5: Culturally and Linguistically Appropriate Services and Cultural and Linguistic Competency

Main Takeaway: Participants should be able to define CLAS and cultural and linguistic competency.

Directions:

1. Display the slide
2. Cover opening discussion points
3. Invite a participant to read the definitions of CLAS and cultural and linguistic competency
4. Cover talking points
5. Suggested Activity: Discussion in Groups (allow 5 minutes)

Opening Discussion Points

- To make sure we all share a common understanding of the terms we'll be using today, let's review the definition of CLAS.

Culturally and Linguistically Appropriate Services (CLAS) and Cultural and Linguistic Competency

Culturally and linguistically appropriate services (CLAS)	Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.
Cultural and linguistic competency	The capacity for individuals and organizations to work and communicate effectively in cross-cultural situations. Policies, structures, practices, procedures, and dedicated resources can support this capacity. Cultural and linguistic competency occurs through adopting and implementing strategies to ensure appropriate awareness of, attitudes toward, and actions about diverse populations' cultures and languages.

Key Talking Points

- *(Invite a participant to read the definitions of CLAS and cultural and linguistic competency.)*
    - **Culturally and linguistically appropriate services (CLAS)** is defined as services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs. CLAS should be employed by all members of an organization, regardless of size, at every point of contact. Implementing CLAS helps health professionals treat individuals with respect and be mindful of their culture and language.
    - **Cultural and linguistic competency** is defined as the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations. Policies, structures, practices, procedures, and dedicated resources can support this capacity. Cultural and linguistic competency occurs through adopting and implementing strategies to ensure appropriate awareness of, attitudes toward, and actions about diverse populations' cultures and languages
- CLAS is increasingly recognized as effective in improving the quality of services.
- CLAS helps health professionals build a trusting relationship with individuals so that they can better understand and address the needs of individuals. This can increase individuals' satisfaction with services provided and improve adherence to treatment.

Suggested Activity: Discussion in Groups

- Divide participants into groups of 3 or 4. Ask participants to take a few moments to consider what CLAS and cultural and linguistic competency means to them.

Course 1 - Slide 6: Aspects of Culture

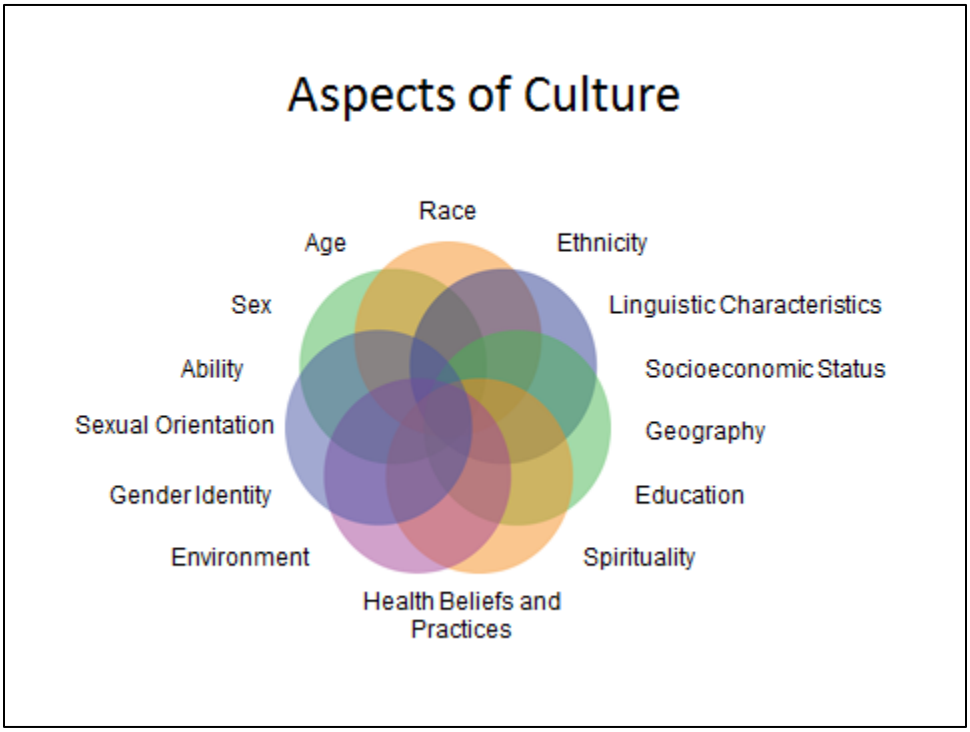
Main Takeaway: Participants should be able to discuss the broad aspects of culture.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- This diagram shows you some broad aspects of culture and how they may co-exist within a given person. Most individuals do not identify with just one part of the diagram below; for example, someone may closely identify with their race, ethnicity, language (including dialect), socioeconomic status (SES), spirituality, sexual orientation, and gender identity and therefore be influenced by all aspects simultaneously.



Key Talking Points

- This slide does not provide an exhaustive list of the elements of culture. There are many other facets to cultural identity, such as military affiliation, organizational culture, physical/cognitive ability or limitations, region (rural vs urban), religion, profession, political affiliation, country of origin, and generation to name a few.
- Your organization even has its own culture.
- Remember that the individuals you are working with will be the best authority on which of these "identities" they consider most important.

Course 1 - Slide 7: Module 1: Definition of a Disaster

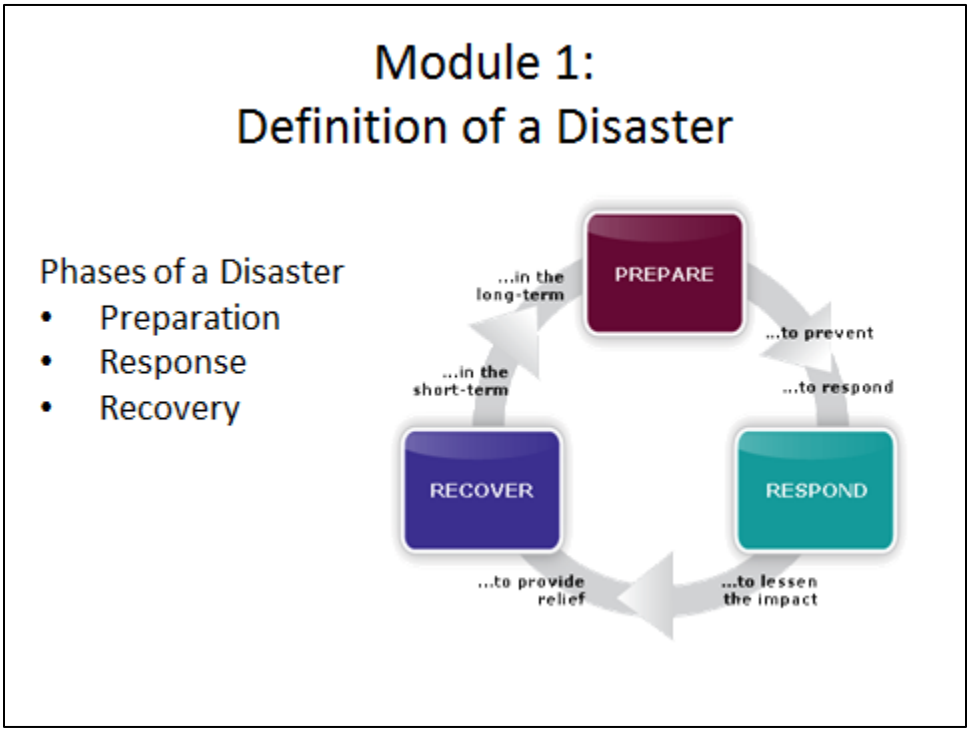
Main Takeaway: Participants should be able to list and define the three phases of a disaster.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Module 1–Definition of a Disaster: Discusses the main topics that will be covered in Course 1: the phases of a disaster, cultural and linguistic competency, and the Five Elements of Cultural Competence.
- It is critical to take steps to implement cultural and linguistic competency during each phase of a disaster: preparation, response, and recovery.



Key Talking Points

- Disaster: Disaster is defined as a potentially traumatic event that is collectively experienced, has an acute onset, and is time-delimited.
- Preparation: Preparation includes the entire range of tasks and activities necessary to build, sustain, and improve the ability to prevent, protect, respond to, and recover from a disaster event. To be truly effective for vulnerable populations, you must use CLAS at every point of contact, long before a disaster is imminent.
- Response: During the response phase of a disaster, individuals should be concerned about the immediate actions of saving lives, protecting property, and meeting basic human needs. The provision of CLAS is critical during this phase because it may determine who is willing and able to utilize available resources.
- Recovery: As evidenced by the aftermath of Hurricane Sandy and Hurricane Katrina, recovery is not a simple process. Services are required long after the imminent danger has passed. Therefore, when thinking CLAS, it is important to take into account both the short- and long-term recovery efforts for the individuals impacted by the disaster.
- As shown in the model on this slide, disaster preparedness and crisis response is cyclical. Therefore, response informs recovery, and the outcomes of recovery inform preparation for future emergencies.

Discussion Questions

- How does culture and language impact each phase of a disaster?

Hint

- You may want to reference some examples of cultural and linguistic challenges during disaster preparedness and crisis response (also shown on Slide 26).

- Evacuation information is only distributed in English, preventing or delaying receipt of important information to non-English-speaking residents in disaster zones.
- Stocking emergency supplies, making structural reinforcements to homes, or purchasing certain types of insurance (i.e., earthquake or flood) can be prohibitively expensive.
- Living in unsafe housing creates even greater risks in disaster situations.
- There is a lack of transportation options.
- There is limited access to financial resources and insurance to help rebuild.
- There is reluctance to seek federal aid.
- There is fear or mistrust of government agencies.
- Residents are experiencing real or perceived discrimination from aid agencies.

Course 1 - Slide 8: Five Elements of Cultural Competence

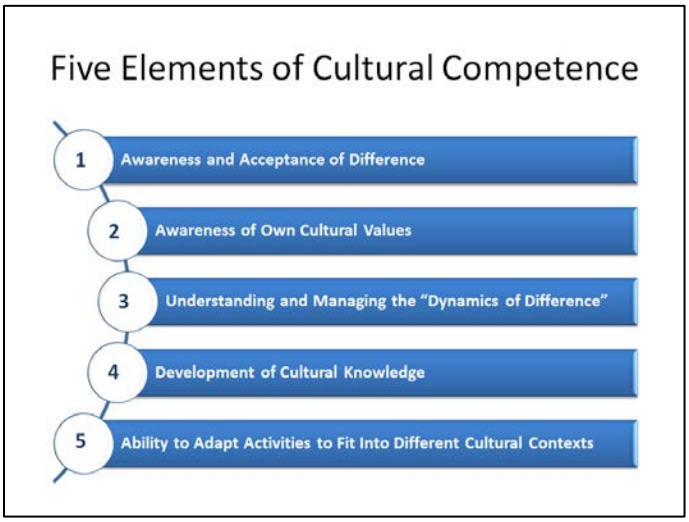
Main Takeaway: Participants should be able to identify the Five Elements of Cultural Competence.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Distribute Handout 1-B, The Five Elements of Cultural Competence

Opening Discussion Points

- Let's discuss the Five Elements of Cultural Competence model.



Key Talking Points

- CLAS can be broken down into many different categories.
- One widely used model of cultural and linguistic competency development describes five elements that should be present in a culturally competent system.

- According to this model, these elements must be visible and practiced at every level of your organization.
- Being culturally competent is not about being color blind or politically correct; it means accepting differences, meeting community members at their level, and providing them with the best services available.
- For the rest of this course, we will examine each of the Five Elements of Cultural Competence.

Handout

- The Five Elements of Cultural Competence are provided in Handout 1-B, The Five Elements of Cultural Competence.

Course 1 - Slide 9: Five Elements of Cultural Competence

Main Takeaway: Participants should be able to define the first element of cultural competence.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Awareness and acceptance of difference is the first of the five elements of cultural competence.

Key Talking Points

- Awareness and acceptance of difference means that you are aware of diversity and that you respect its worth.
- It means you understand that organizations and communities are made stronger when they accept individuals from different backgrounds.

- Different insights, choices, beliefs, and points of view all make for a stronger and more prepared community.
- Conducting a self-assessment demonstrates to the individuals and communities you serve, as well as your co-workers, that you value diversity and cultural awareness. By doing so, you're taking the first step to improve the services you provide. Understanding your own biases also helps you determine what strategies and actions you should take next.

Discussion Questions

- Ask participants:
  - What does awareness and acceptance of difference mean to you?
  - How can you incorporate awareness and acceptance of difference when working with individuals and in communities?

Course 1 - Slide 10: Five Elements of Cultural Competence

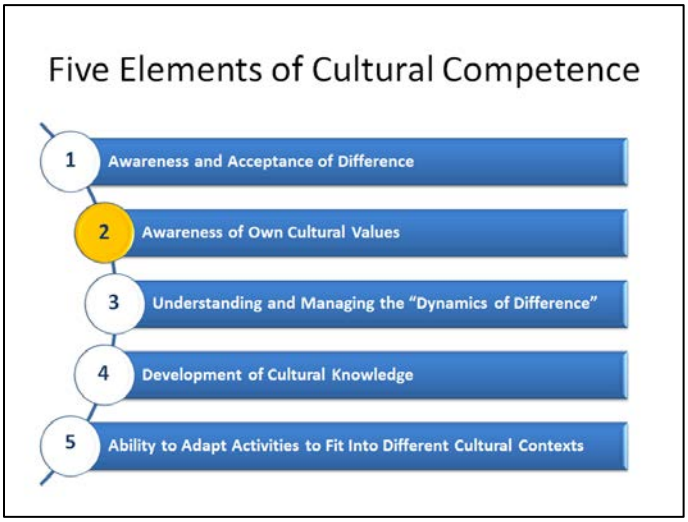
Main Takeaway: Participants should be able to define the second element of cultural competence.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Awareness of own cultural values is the second of the five elements of cultural competence.



Key Talking Points

- Cultural values are a set of beliefs about what's right, what's wrong, and what's important. This includes religious beliefs, gender roles, child-rearing practices, personal goals, attitudes about time, and many other issues.

Course 1 - Slide 11: Five Elements of Cultural Competence

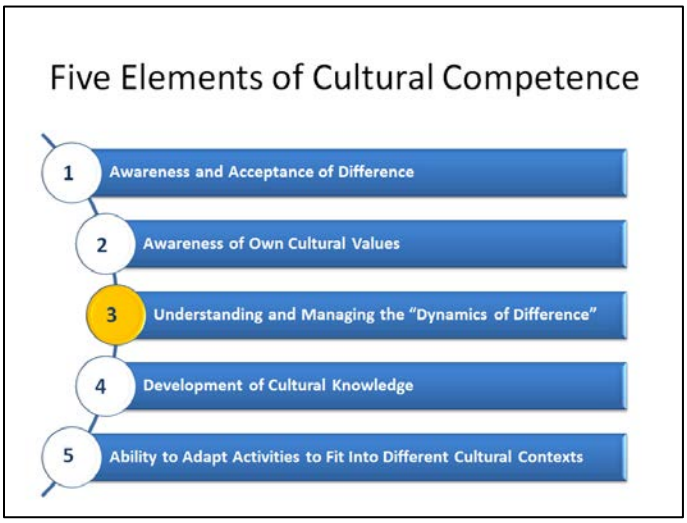
Main Takeaway: Participants should be able to define the third element of cultural competence.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 3 minutes)

Opening Discussion Points

- Understanding and managing the "dynamics of difference" is the third of the five elements of cultural competence.



Key Talking Points

- Dynamics of difference refers to the various ways cultures express and interpret information.
- When people from different cultures or backgrounds interact, misinterpretation and misunderstanding may occur.
- Your system must allow for cultural and linguistic differences to be acknowledged and respected in the workforce.

Discussion Questions

- Ask participants to share a personal example of understanding and managing the dynamics of difference.

Course 1 - Slide 12: Five Elements of Cultural Competence

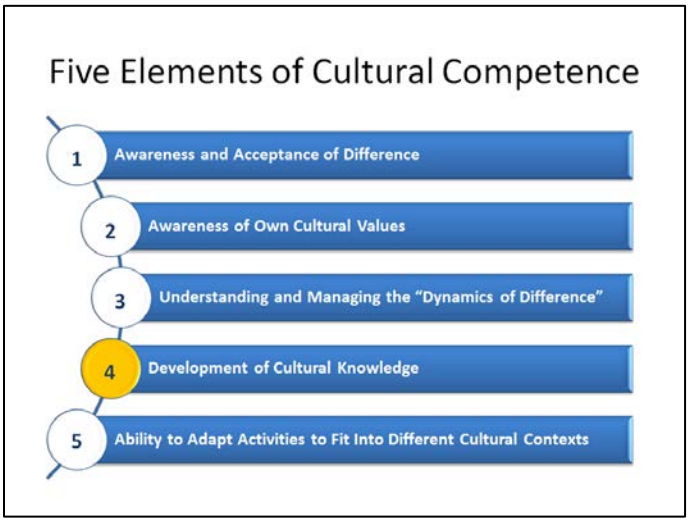
Main Takeaway: Participants should be able to define the fourth element of cultural competence.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Development of cultural knowledge is the fourth of the five elements of cultural competence.



Key Talking Points

- It is important to develop knowledge specific to the cultural groups present in the communities you serve or may be deployed to serve.

- This includes developing collections of information that identify facts about each of the different cultures and help you know how to gather more information.
- When developing collections of information about cultural groups, it's important to remember that differences can exist among individuals within similar cultural groups. What is true of some people in a particular cultural group may not be true of others. Each individual is unique.

Course 1 - Slide 13: Five Elements of Cultural Competence

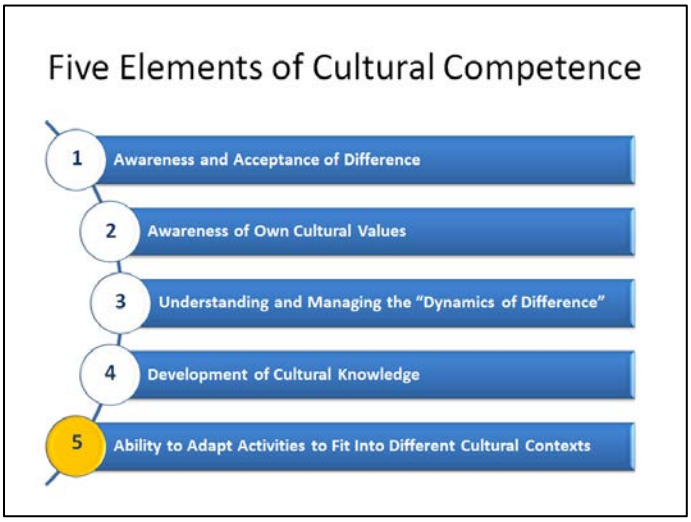
Main Takeaway: Participants should be able to define the fifth element of cultural competence.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Ability to adapt activities to fit into different cultural contexts is the fifth of the five elements of cultural competence.



Key Talking Points

- This concept refers to the ability to adapt your programs and practices to fit the culture of the individuals and communities you are serving.

- You and your organization should seek to reduce the gap between individual and community needs and the availability of disaster and emergency services.
- For example, after conducting a community needs assessment, your organization may find employing a full-time Spanish interpreter is an appropriate use of resources to help your organization communicate with and connect with the individuals you serve.

Course 1 - Slide 14: Module 1 Recap

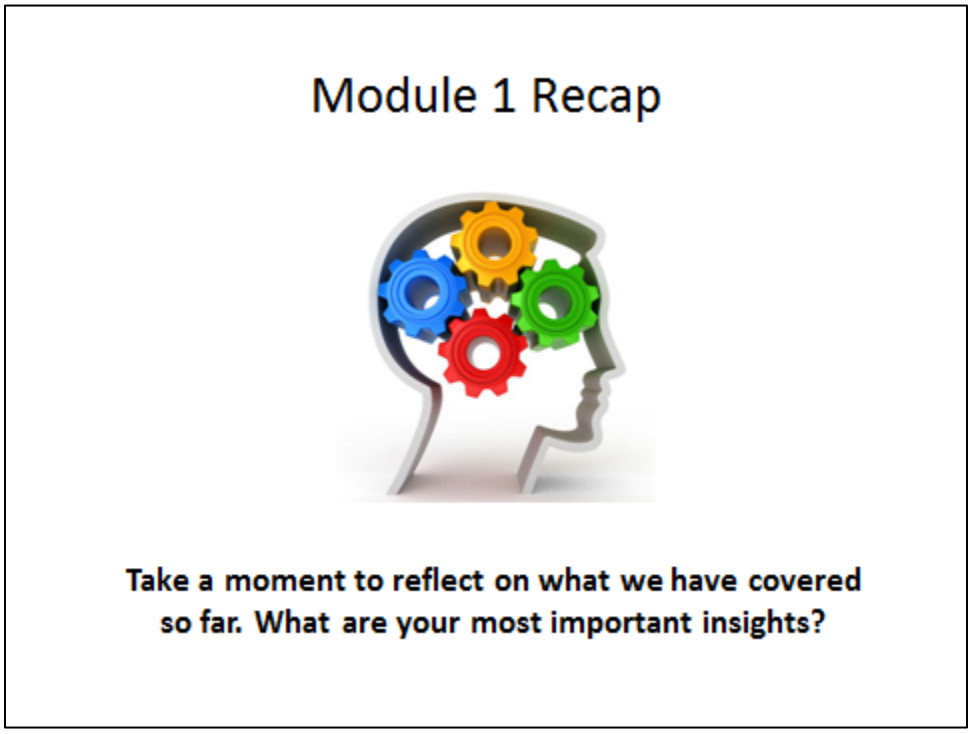
Main Takeaway: Participants should be able to discuss the lessons covered in Module 1.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 1: Definition of a Disaster.



Key Talking Points

- Culturally and linguistically competent approaches should be applied to the preparation, response, and recovery phases of a disaster.
- Cultural and linguistic competency is intended to inform the activities you already do—not replace them.
- The Five Elements of Cultural Competence are
    - Awareness and acceptance of difference
    - Awareness of own cultural values
    - Understanding and managing the dynamics of difference
    - Development of cultural knowledge
    - Ability to adapt activities to fit into different cultural contexts

Suggested Activity: Learning Journal

- To conclude this section, ask participants to write their reflections in their Learning Journals.

Course 1 - Slide 15: Module 2: Awareness and Acceptance of Difference

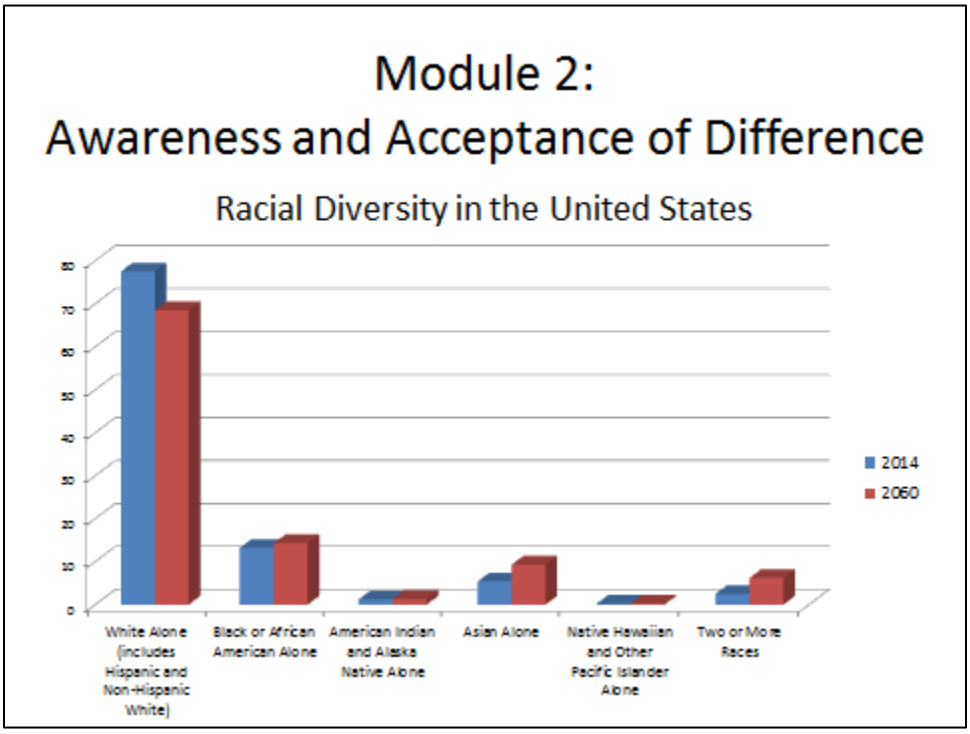
Main Takeaway: Participants should be able to explain this element of cultural and linguistic competency and its relevance to disaster preparedness and crisis response.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- The first element of cultural competence is awareness and acceptance of difference, which is critical given the growing diversity of the United States.



Key Talking Points

- The U.S. population is becoming increasingly diverse, which serves as a compelling reason for learning more about providing culturally and linguistically competent services to minority groups.
    - According to the 2010 census, racial and ethnic minorities comprise over one-third of the U.S. population; projections also show minorities comprising more than 50% of the U.S. population by the year 2050. (Humes, Jones, & Ramirez, 2011; U.S. Census Bureau, 2008)
    - As of 2010, 40 million people in the United States, or 12.9% of the U.S. population, were foreign born. (Grieco, et al., 2012)
    - The demographics of the U.S. population are changing and becoming increasingly diverse. The graph on this slide illustrates the projected racial and ethnic makeup of the United States in 2060. (Colby & Ortman, 2015)

Course 1 - Slide 16: Diversity of Language in the United States

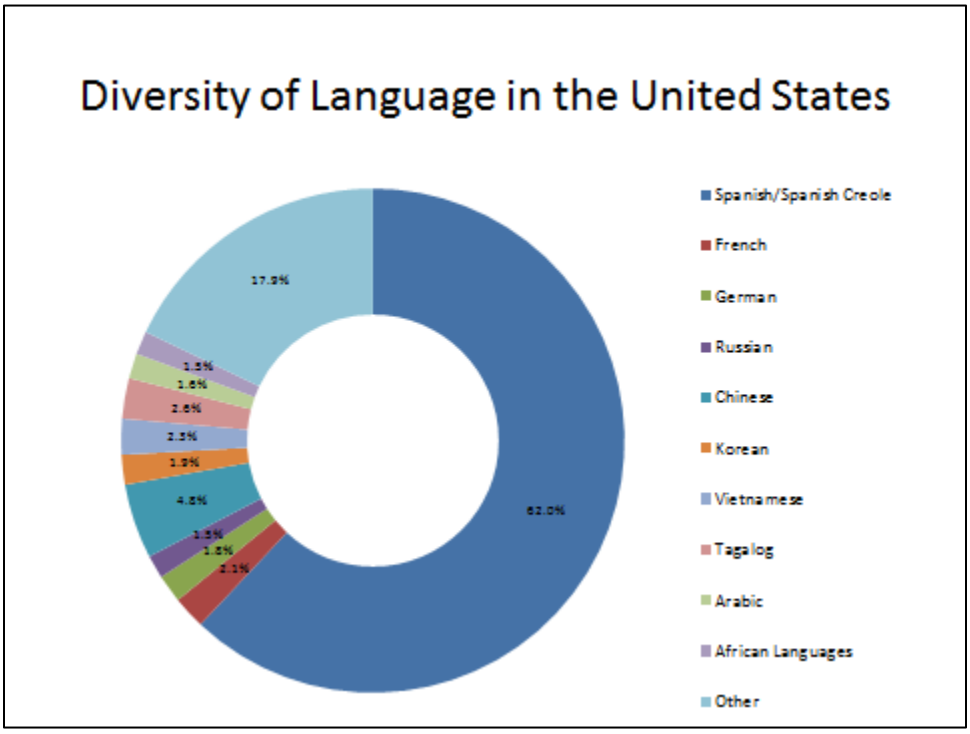
Main Takeaway: Participants should be able to explain this element of cultural and linguistic competency and its relevance to disaster preparedness and crisis response.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Discussion in Groups (allow 5-7 minutes)

Opening Discussion Points

- Awareness and acceptance of difference also includes acknowledging the diversity of languages spoken in the United States.



Key Talking Points

- According to the 2011 American Community Survey, 60.6 million people aged 5 and over, or approximately 21% of the population, spoke a language other than English at home (Ryan, 2013).
- The breakdown of that 21% is illustrated in the chart on this slide.
- This means that in an emergency situation, many of the people you are serving may not speak English or comprehend complex information in English.

Suggested Activity: Discussion in Groups

- Ask the participants to form groups of 3 or 4. Ask them to share:
    - Some of the cultural and linguistic groups they work with.
    - Some of the experiences they have had with different cultural and linguistic groups.

Course 1 - Slide 17: Diversity of First Responders in the United States

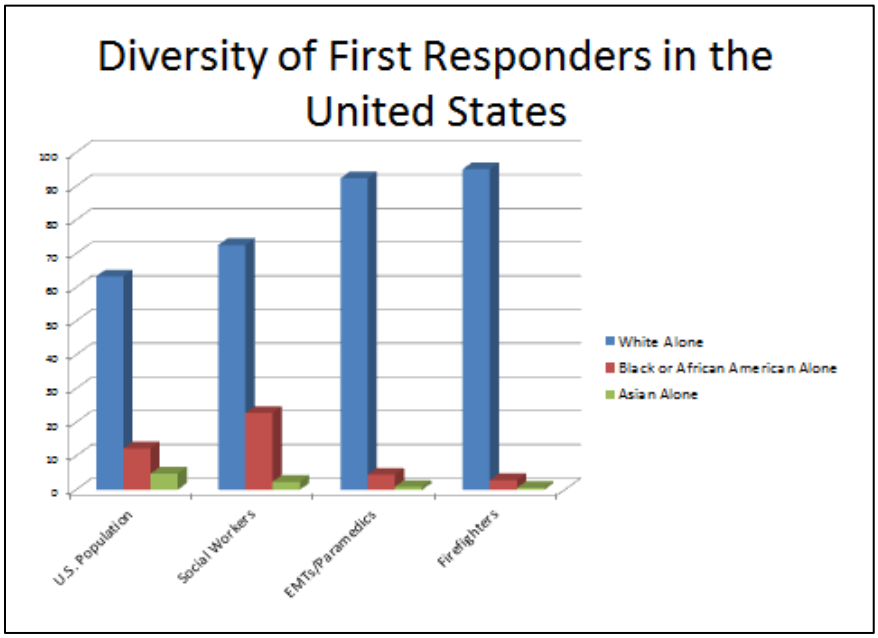
Main Takeaway: Participants should be able to explain this element of cultural and linguistic competency and its relevance to disaster preparedness and crisis response.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Awareness and acceptance of difference also includes recognizing that there is a lack of demographic similarity between responders and the U.S. population.



Key Talking Points

- Although the demographics of the U.S. population are changing and becoming increasingly diverse, responders often do not match the cultural and/or language characteristics of the communities they serve in a disaster.
- As seen in the graph on this slide, there is an underrepresentation of minorities among various types of emergency responders. Overall, disaster responders remain far less diverse than the general population, especially in comparison to Black and Hispanic Americans, which may be one potential reason for disparities among those groups.
- By improving communication and language skills, as well as awareness of bias and stereotyping, you have the opportunity to provide quality services to diverse populations.
- CLAS helps improve quality of services and outcomes that are provided to individuals.

Course 1 - Slide 18: From the Field

Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Cover discussion points
3. Distribute Handout 1-C, From the Field: Disaster Personnel and Emergency Center Work Together to Better Serve Community
4. Ask a participant to read story (allow 2-3 minutes)
5. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Let's do an exercise to understand this a bit more. Could I have a volunteer to read the case study on Handout 1-C, From the Field: Disaster Personnel and Emergency Center Work Together to Better Serve Community in your materials? Then, we will discuss the case study in groups.

From the Field

Disaster Personnel and Emergency Center Work Together to Better Serve Community

What types of collaborations, if any, like this exist in the area you serve?

What can you do to help initiate more of these collaborations in your area?

Handout

- The case study is provided in Handout 1-C, From the Field: Disaster Personnel and Emergency Center Work Together to Better Serve Community.

Discussion Questions

- Ask for a volunteer to read the story.
- Have groups discuss the following questions:
  - What types of collaborations, if any, like this exist in the area you serve?
  - What can you do to help initiate more of these collaborations in your area?
- Lead the group discussion. Guiding questions include:
  - Tell me about the communities served.
  - Who do you already partner within the community?

Course 1 - Slide 19: Module 2 Recap

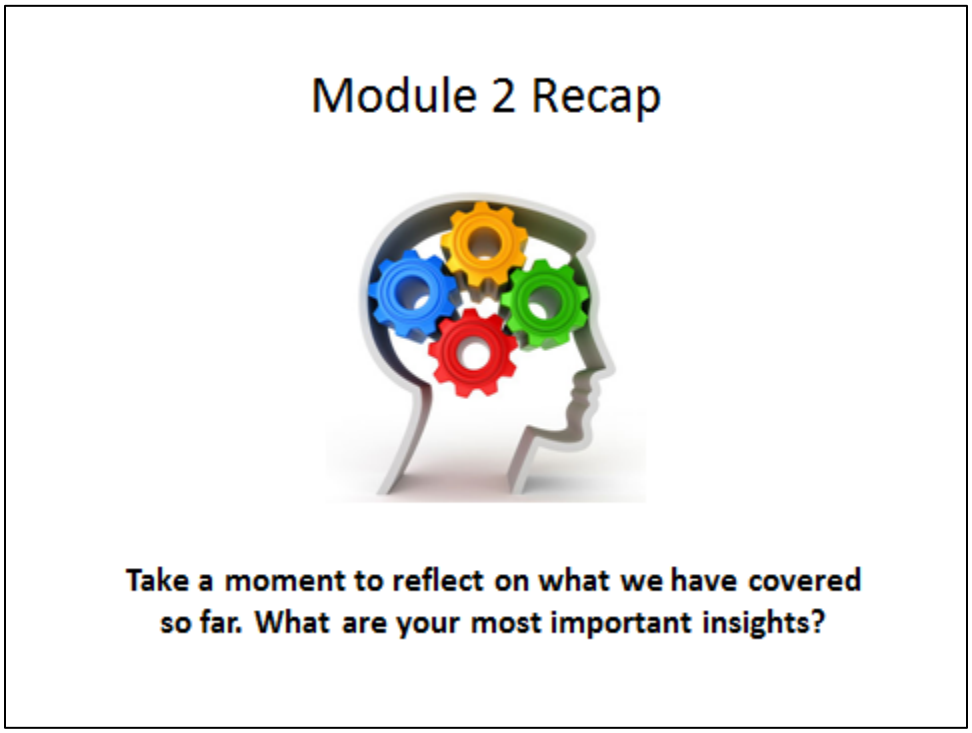
Main Takeaway: Participants should be able to discuss the lessons covered in Module 2.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 2: Awareness and Acceptance of Difference.



Key Talking Points

- The increasing diversity of the U.S. population, as well as the underrepresentation of minorities among disaster and emergency professionals provides a compelling rationale for providing culturally and linguistically competent services in disaster preparedness and crisis response.

Suggested Activity: Learning Journal

- To conclude this section, ask participants to write their reflections in their learning journals.

Course 1 - Slide 20: Module 3: Awareness of Own Cultural Values

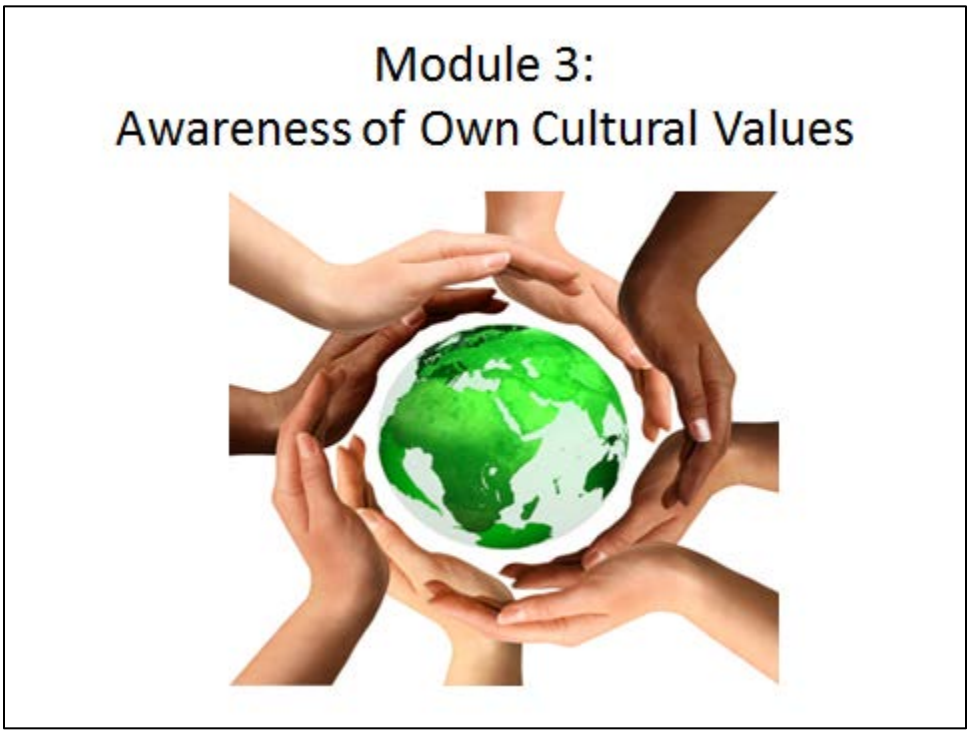
Main Takeaway: Participants should be able to understand that becoming culturally competent is a process with no true end point.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Becoming "culturally competent" is, at all times, a process. There isn't an end point by which someone can say with 100% certainty, "I'm culturally competent." Like all skills, cultural and linguistic competency is a skill that you can always improve upon.



Key Talking Points

- The second of the Five Elements of Cultural Competence, awareness of your own cultural values, is part of being culturally and linguistically competent.
- A good place for beginning to understand oneself is by completing a self-assessment questionnaire. A self-assessment tool allows you to identify strengths and areas for improvement when it comes to working with or treating individuals with backgrounds different than yours.

Course 1 - Slide 21: Aspects of Culture

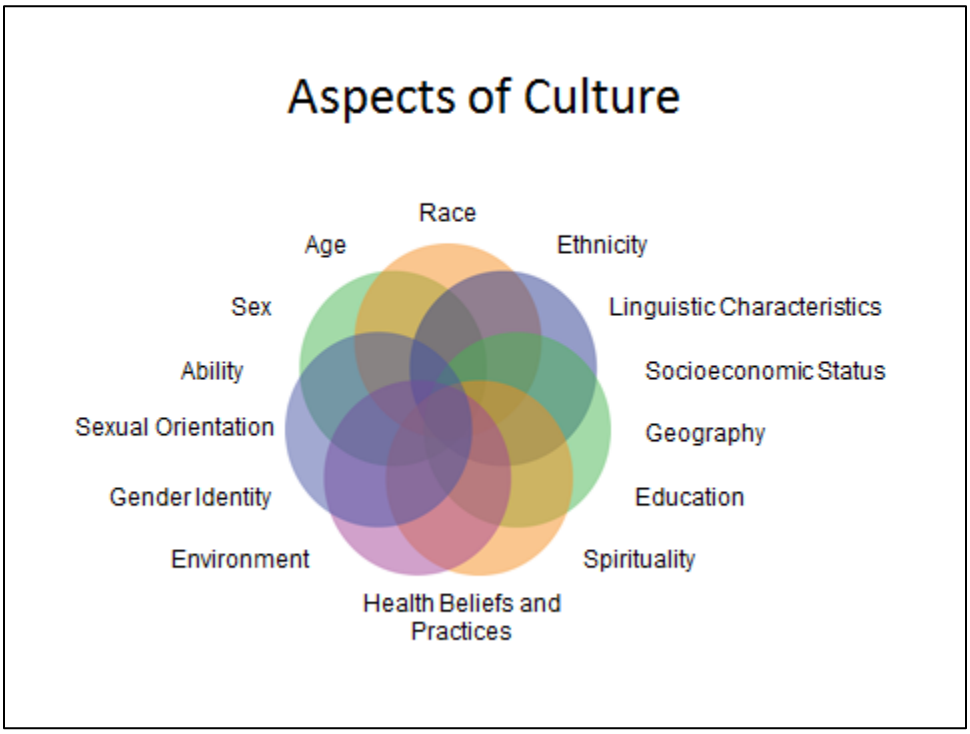
Main Takeaway: Participants should be able to understand all the aspects of "culture" they identify with.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 3-5 minutes)
4. Facilitate the activity (allow 5-7 minutes)

Opening Discussion Points

- Let's take a look at this diagram again. Previously, you looked at it as a way to see how an individual may identify with many aspects of their culture at the same time. Now I am going to ask you to be your own expert. Let's revisit it to see how it applies to you as an individual.



Key Talking Points

- Perhaps you identify with one or two of the categories on this diagram; perhaps you may identify with many more, some of which aren't listed here.
- Each of the groups you identify with can inform the way that you view and interact with the world, including the folks you work with and the communities you serve.
- Recognizing how you feel about some differences and increasing awareness of your own attitudes can be difficult. Everyone has biases and beliefs, they may be more prevalent in some individuals than in others, but we all have them.
- Our biases could be related to race, religion, body size (weight/height), occupation, and so on. Knowing where you stand in terms of your own biases and beliefs is a crucial part of being able to effectively serve your community.
- Understanding why you feel a certain way about a certain group allows you to address those feelings before you have to assist someone from that group in an emergency.

Discussion Questions

- Take a moment to think about which of these you most closely identify with.
    - If you were to create your own diagram, what groups or elements of culture would it include?
    - Does this exercise increase your awareness of your own cultural values?
- Facilitators share an example of your own identity with the group.

Suggested Activity: Cultural Identity Exercise

- In groups of 3-4 people, ask participants to consider their own identities and as a group create a list of all aspects of culture represented in their group.
- Make sure that the small groups of 3-4 people are not the same as the previous group activity.

Course 1 - Slide 22: Self-Assessment Exercise

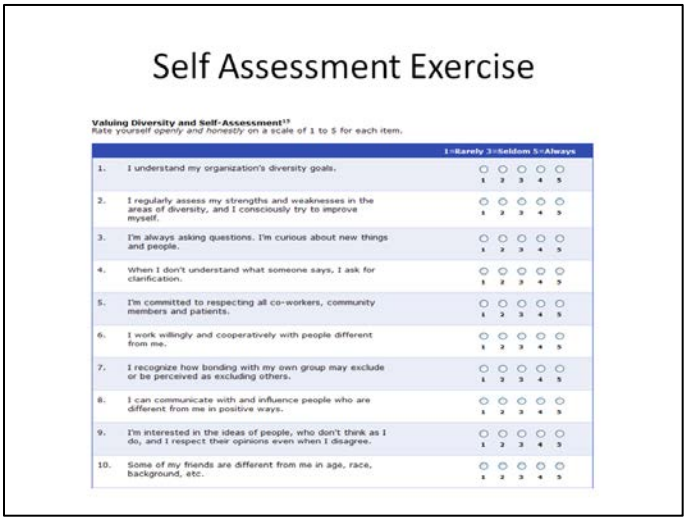
Main Takeaway: Participants should have an opportunity to assess their values and attitudes through a self-assessment exercise.

Directions:

1. Display the slide
2. Cover the opening discussion points
3. Distribute Handout 1-D, Self-Assessment Exercise
4. Cover the talking points
5. Ask participants to complete the self-assessment (allow 5 minutes)
6. Cover the second segment of talking points

Opening Discussion Points

- Let's take a few minutes to go through a self-assessment exercise related to culture and diversity.



Self Assessment Exercise

Valuing Diversity and Self-Assessment[17]
Rate yourself *openly and honestly* on a scale of 1 to 5 for each item.

		1=Rarely 3=Seldom 5=Always
1.	I understand my organization's diversity goals.	1 2 3 4 5
2.	I regularly assess my strengths and weaknesses in the areas of diversity, and I consciously try to improve myself.	1 2 3 4 5
3.	I'm always asking questions. I'm curious about new things and people.	1 2 3 4 5
4.	When I don't understand what someone says, I ask for clarification.	1 2 3 4 5
5.	I'm committed to respecting all co-workers, community members and patients.	1 2 3 4 5
6.	I work willingly and cooperatively with people different from me.	1 2 3 4 5
7.	I recognize how bonding with my own group may exclude or be perceived as excluding others.	1 2 3 4 5
8.	I can communicate with and influence people who are different from me in positive ways.	1 2 3 4 5
9.	I'm interested in the ideas of people, who don't think as I do, and I respect their opinions even when I disagree.	1 2 3 4 5
10.	Some of my friends are different from me in age, race, background, etc.	1 2 3 4 5

Key Talking Points

- Completing a self-assessment will help you serve your community more effectively because you'll better understand your beliefs and attitudes.
- There are many tools that can help guide someone through the initial stages of self-assessment; the self-assessment handout is designed to help you begin the process.
- Because this may be the first time you are thinking about these concepts, focus on your actions after taking the assessment rather than on the results of the questionnaire itself. Remember, that this is a skill that you will have to build upon.
- Be sure to tally your score at the end and find out what that means for now. Because everyone is always learning and growing as individuals and professionals, your score is bound to change over time. So while you may score low today, down the road you may score much higher in terms of your awareness and acceptance of difference and the ability to adapt activities to fit the cultural context of those you serve. Revisiting your self-assessment tool down the road can help you measure your progress throughout your cultural competence journey.

Suggested Activity: Self-Assessment Exercise

- Distribute the self-assessment checklist that is available on Handout 1-D, Self-Assessment Exercise. Allow participants about 5 minutes to complete the exercise.
- Have participants complete the scoring of the checklist as outlined at the bottom of the document.

Handout

- The self-assessment tool is provided in Handout 1-D.

Key Talking Points

- When looking at your score, it is more important to know how culture influences your actions than to know whether you are rated as “traditional,” “neutral,” or a “change agent.”
- Knowing and having that awareness allows the process of cultural and linguistic competency to begin.
- As you have already learned, enhanced awareness of your own cultural values will allow you to better serve your community through the adaptation of activities to fit the appropriate cultural context and through faster decision making due to increased cultural knowledge.
- In addition, you will have the ability to gain greater trust and rapport with all the communities you serve through increased awareness, acceptance of differences, and the ability to understand and manage those differences.

Course 1 - Slide 23: Module 3 Recap

Main Takeaway: Participants should be able to discuss the lessons covered in Module 3.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 3: Awareness of Own Cultural Values.

Module 3 Recap

Taking Time to Understand the Communities You Serve

"I would see [disaster personnel] go into a situation…they felt that their presence alone and the fact they were there to provide a service should be reason enough for these people to be accepting of them and accepting of the services that they wanted to give. And although your heart might have been in the right place and this is your job…if you don't understand or take the time out to try to understand their culture and what makes them tick, your services may, although be needed, may not be wanted."

Key Talking Points

- Let's discuss a real-life scenario: Taking Time to Understand the Communities You Serve
- Facilitator: Read the example below to participants.
- "I would see [disaster personnel] go into a situation…they felt that their presence alone and the fact they were there to provide a service should be reason enough for these people to be accepting of them and accepting of the services that they wanted to give. And although your heart might have been in the right place and this is your job…if you don't understand or take the time out to try to understand their culture and what makes them tick, your services may, although be needed, not be wanted."

Discussion Questions

- Why might a community reject the assistance of disaster personnel?
- Possible responses from participants may include mistrust, fear of formal authority, undocumented immigrants, wanting to keep men and women separate, not understanding that they are in danger, belief that they can face the challenge without assistance, previous negative experience with disaster personnel or law enforcement, belief that God or spirits or another supernatural force will save them, belief in fate-if they are meant to die, so be it.

Course 1 - Slide 24: Module 4: Understanding the Dynamics of Difference

Main Takeaway: Participants should understand the RESPOND mnemonic, its relevance for history taking, and explain its role in culturally competent disaster preparedness and crisis response.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Understanding the dynamics of difference is the third element of cultural competence. A comprehensive and cultural and linguistically appropriate history taking tool will help you understand the dynamics of a crisis situation.

Module 4:
Understanding the Dynamics of Difference

RESPOND Mnemonic

R	Build **rapport** with the individuals you come in contact with.
E	**Explain the purpose of your conversation** to help build rapport. Establishing clear intentions and expectations about the nature of the conversation will go a long way in making communication more efficient and effective.
S	Identify what community based **services** and resources are available to community members to help them re-establish their lives. In addition, be aware that many individuals might not understand that these services are available, let alone that they are often offered at no cost to them.
P	Encourage individuals to be **proactive** in seeking help and identifying their needs.
O	**Offer assistance** for individuals in the affected communities by helping them identify their needs as much as you are able.
N	**Negotiating** what was **"normal"** prior to the disaster may help an individual in identifying their needs as much as you are able.
D	Finally, **determine what the next steps** are for that individual, as people affected by a disaster are likely to feel increasingly vulnerable. Providing them the security of structure and normalcy can improve their ability to recover more quickly.

Key Talking Points

- To truly understand what dynamics are at work in any given situation, it is important to tailor your questions to ensure that you have the right information.
- Use the RESPOND mnemonic to gather information from individuals that you may serve in a way that is culturally and linguistically appropriate.
- RESPOND offers you an easy way to walk someone through a culturally competent conversation while fulfilling your duties as a disaster response partner.

Course 1- Slide 25: Module 4 Recap

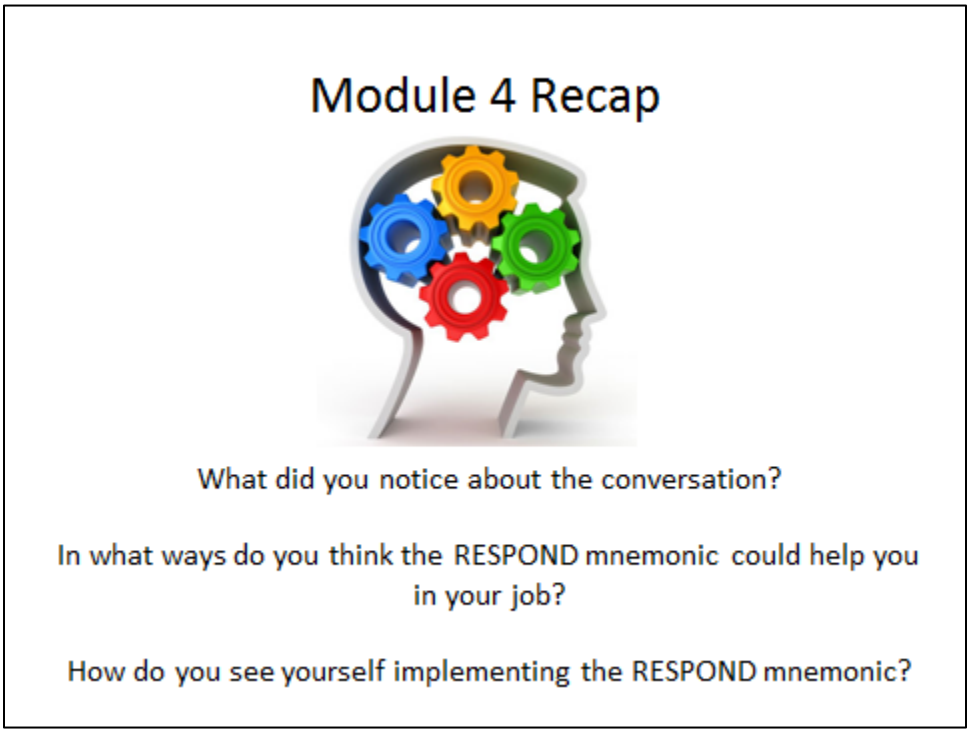
Main Takeaway: Participants should be able to discuss the lessons covered in Module 4.

Directions:

1. Display the slide
2. Distribute Handout 1-E, RESPOND Mnemonic
3. Cover discussion and talking points
4. Facilitate the activity (allow 10-15 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 4: Understanding Dynamics of Difference.



Key Talking Points

- Remember, you can use RESPOND to better understand individuals' needs or to encourage someone to take advantage of appropriate services.
- Let's practice using the RESPOND model to conduct a comprehensive and culturally competent history taking.

Handout

- The RESPOND mnemonic is provided in Handout 1-E.

Suggested Activity: Mnemonic

- Distribute the RESPOND mnemonic (Handout 1-E).
- Divide participants into pairs or triads.
- Ask them to role play using RESPOND.
- Ask one to play the role of the disaster personnel and other to play the role of the client/victim.
    - The purpose of role playing is to have the participants practice finding the right words.
    - Role playing requires the participants to spontaneously generate dialogue.
    - Scenarios could include:
        - An 87 year old man is experiencing a pain in his shoulder. He does not drive and prefers to receive care from his local clinic, which is walking distance away from his apartment. The local clinic has been closed for several days due to a hurricane.
        - A family is trapped in the attic of their home due to a flood and is uncertain how to escape. The family is in need of help to evacuate their home as the water continues to rise.
        - A 57 year old woman in a rural community is ill and experiencing symptoms that could be malaria. The woman is unable to communicate, and first responders are relying on her sister to describe the patient's symptoms.

    - A 27 year old woman in an isolated community is having severe stomach pains. In her community, she is taught to avoid contact with "outsiders," especially when ill. Her family members will allow first responders to speak with her through the bedroom door, but they are not permitted to see her or conduct a physical examination.

- After 3-4 minutes, ask participants to switch roles.
- At the conclusion, ask participants to summarize their observations, highlight the benefits of the model, and discuss how they will implement it in their work.

Discussion Questions

- What did you notice about the conversation?
- In what ways do you think the RESPOND mnemonic could help you in your job?
- How do you see yourself implementing the RESPOND mnemonic?

Course 1 - Slide 26: Module 5: Development of Cultural Knowledge

Main Takeaway: Participants should be able to describe the fourth element of cultural competence, the development of cultural knowledge. Participants should be able to identify three factors that contribute to the disproportionate risk that minorities face in disasters.

Directions:

1. Display the slide
2. Invite a participant to read the slide
3. Cover discussion and talking points

Opening Discussion Points

- Building your knowledge about different cultures is a critical component of culturally competent emergency response because you will need to remove cultural and linguistic barriers in order to provide the best possible services following a disaster.

Module 5:
Development of Cultural Knowledge

Examples of how disparities and cultural and linguistic issues can impact individuals' disaster preparedness and crisis response:
Evacuation information is only distributed in English, preventing or delaying receipt of important information to non-English-speaking residents in disaster zones.

- Stocking emergency supplies, making structural reinforcements to homes, or purchasing certain types of insurance (i.e., earthquake or flood) can be prohibitively expensive.
- Living in unsafe housing creates even greater risks in disaster situations.
- There is a lack of transportation options.
- There is limited access to financial resources and insurance to help rebuild.
- There is reluctance to seek Federal aid.
- Residents may fear or mistrust government agencies.
- Residents may experience real or perceived discrimination from aid agencies.

Key Talking Points

- Research indicates that minorities are disproportionately vulnerable to, and impacted by, disasters (Andrulis, Siddiqui, & Gantner, 2007; Fothergill, Maestas, & Darlington, 1999).
- Many factors contribute to the disproportionate risk that minorities face in disasters, including (Andrulis et al., 2007; Fothergill et al., 1999):
    - Language
    - Housing patterns
    - Cultural and geographic isolation
    - Cultural differences between survivors and responders
    - Preparedness levels of minority communities

Course 1 - Slide 27: Module 5: Health Needs Following a Disaster

Main Takeaway: Participants should be able to describe approaches for meeting the health needs of communities following a disaster.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- In emergencies, public health cannot be separated from basic safety and survival. Regardless of circumstance, organizations should ensure that individuals receive effective, understandable, and respectful services.

Key Talking Points

- Health needs following a disaster should be met with effective, understandable, and respectful services that are provided in a manner compatible with their cultural health beliefs and practices and preferred language.
    - 9-1-1 call center staff should have skills in effectively working with interpreters in order to communicate accurate information to EMTs and first responders.
    - Those who provide immediate services should have knowledge of cultural differences in response to trauma, grief, and death.

Course 1 - Slide 28: Module 5 Recap

Main Takeaway: Participants should be able to discuss the lessons covered in Module 5.

Directions:

1. Display the slide
2. Cover opening discussion points
3. Read the scenario or ask a participant to read out loud
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 5: Development of Cultural Knowledge.
- Let's discuss a real life scenario.

Module 5 Recap

"It's very difficult to get information from individuals you can't communicate with. Sometimes they have the lists of medications or the bottles of the medicine. Other people may have large scars, but when you ask them what they had surgery for, they don't know. Or you may ask if they have high blood pressure and they say no, but you find they have medications for high blood pressure. Then they say, I don't have high blood pressure now, but I used to."

Key Talking Points

(Read or ask a participant to read the scenario on the slide):

- "It's very difficult to get information from individuals you can't communicate with. Sometimes they have the lists of medications or the bottles of the medicine. Other people may have large scars, but when you ask them what they had surgery for, they don't know. Or you may ask if they have high blood pressure and they say no, but you find they have medications for high blood pressure. Then they say, I don't have high blood pressure now, but I used to."

Discussion Questions

- What role does development of cultural knowledge play in this scenario?
- How can you get an accurate medical history from people with limited knowledge of their own health when there is no available medical record? How do you treat them?
- How will you incorporate lessons learned from this situation into your emergency response?

Course 1 - Slide 29: Module 6: Ability to Adapt Activities

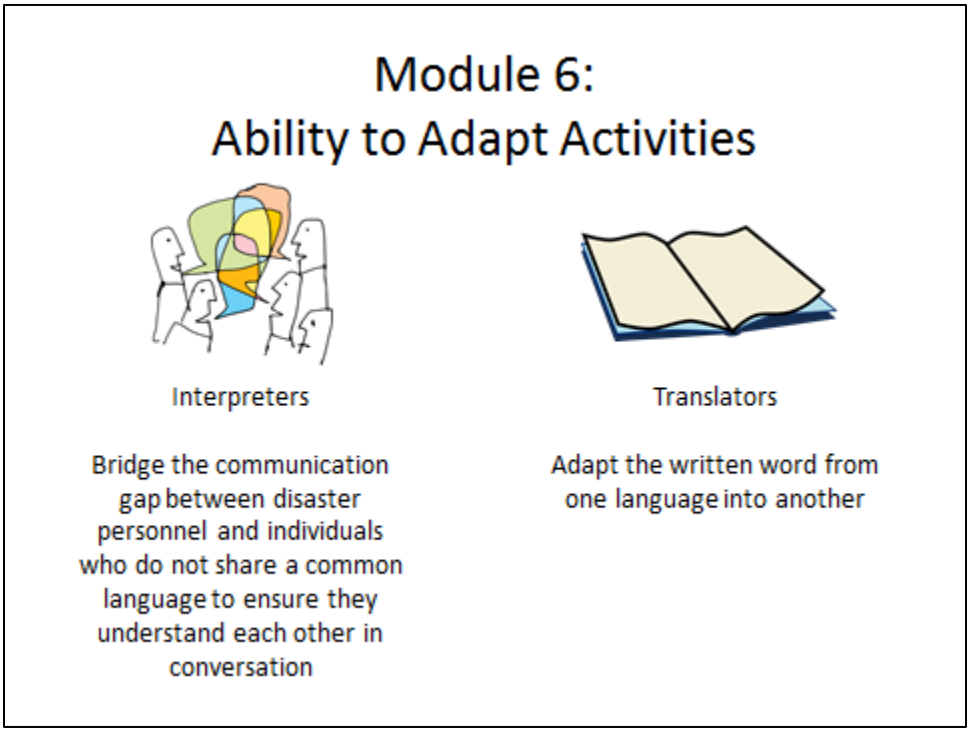
Main Takeaway: Participants should be able to discuss the ability to adapt activities, the fifth element of cultural competence. Participants should be able to differentiate between interpretation and translation.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- The fifth element of cultural competence is the ability to adapt activities. There are several capacities in which you may adapt your preparedness and response activities to meet the diverse needs of your community, including language access services.



Key Talking Points

- Language access services include making sure that community members understand both verbal and written communication.
- You have two primary ways to reach individuals with limited English proficiency:
  - Interpreters – work with disaster personnel and individuals affected by a disaster to ensure they understand one another in conversation. Examples of interpreters include bilingual staff, dedicated interpreters, telephone interpretation services, or community members.
  - Translated documents – adapt the written word from one language into another. Examples of materials that may be translated include consent forms, treatment or discharge instructions, and any forms completed by the individual. Graphics and signage may also be translated so individuals can navigate through health systems.
- All recipients of federal financial assistance are required to provide individuals with limited English proficiency meaningful access to their programs and activities.
- Not providing language access services may lead to:
  - An individual misunderstanding the diagnosis, treatment, and follow-up services.
  - Diminished quality of services, which may lead to serious complications and poor health outcomes.
  - Increased health costs due to inefficiencies such as unnecessary testing.

Course 1 - Slide 30: From the Field

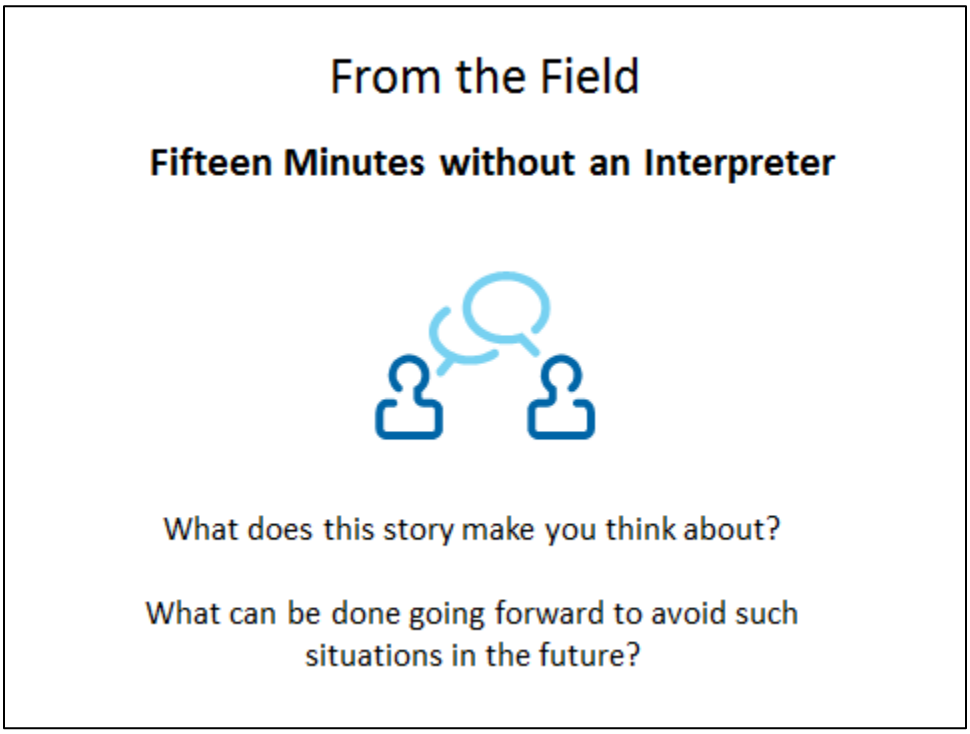
Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Cover discussion points
3. Distribute Handout 1-F, From the Field: Fifteen Minutes without an Interpreter
4. Ask participants to read story (allow 2-3 minutes)
5. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Please read the case study on Handout 1-F, From the Field: Fifteen Minutes without an Interpreter in your materials. In a few minutes, we will discuss the case study as a group.



Suggested Activity: Case Study

- Ask a participant to read the story out loud. Facilitate discussion using discussion questions.

Handout

- The case study is provided in Handout 1-F, From the Field: Fifteen Minutes without an Interpreter.

Discussion Questions

- What does this story make you think about?
- What can be done going forward to avoid such situations in the future?

Course 1 - Slide 31: How to Work with an Interpreter

Main Takeaway: Participants should be able to describe the three roles an interpreter may hold.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- At times you may need to work with an interpreter, so you should be familiar with the services interpreters provide and the roles they may play. This is crucial because the interpreter allows you to negotiate the dynamics of difference that exist between you and the person you are serving.

How to Work with an Interpreter

Interpreter Role	Description	When Interpreter Adopts this Role
Conduit	This is the most basic interpreter role (default role). The interpreter conveys in one language literally what has been said by the other, without additions, omissions, editing, or polishing.	Interpreter perceives a clear potential for misunderstanding.
Clarifier	The interpreter explains or makes word pictures of terms that have no linguistic equivalent (or whose linguistic equivalent will not be understood by either individual) and checks for understanding.	Interpreter believes it is necessary to help all participants understand.
Culture Broker	The interpreter provides a necessary cultural framework for understanding the message being interpreted.	Cultural differences are leading to a misunderstanding on the part of either disaster personnel or community member.

Key Talking Points

- How many of you have worked with an interpreter before? What was your experience like?
- Interpreters bridge the communication gap between disaster personnel and individuals/families who do not share a common language.
- There are three main roles of an interpreter (Sampson, 2006):
    - Conduit – This is the most basic interpreter role, and the one most preferred in a health care setting. The interpreter conveys in one language literally what has been said by the other, without additions, omissions, editing, or polishing.
    - Clarifier – The interpreter explains or makes word pictures of terms that have no linguistic equivalent (or whose linguistic equivalent will not be understood by the individuals with limited English proficiency) and checks for understanding.
    - Cultural Broker – The interpreter provides a necessary cultural framework for understanding the message being interpreted.
- The use of children as interpreters is highly discouraged because it can create unique problems, such as (Campinha-Bacote, 2006):
    - Role reversal – the child ends up having to process information and provide support for the parent
    - Editing – the child may intentionally leave out information to spare parents from suffering, which in turn, creates a burden for the child
    - Mistakes – there is no guarantee the child will understand the intended message, even when they say they do

Discussion Questions

- Tell me about a scenario in which you wish you had an interpreter.
- What are the advantages of using an interpreter?

Course 1 - Slide 32: The Triadic Interview Process

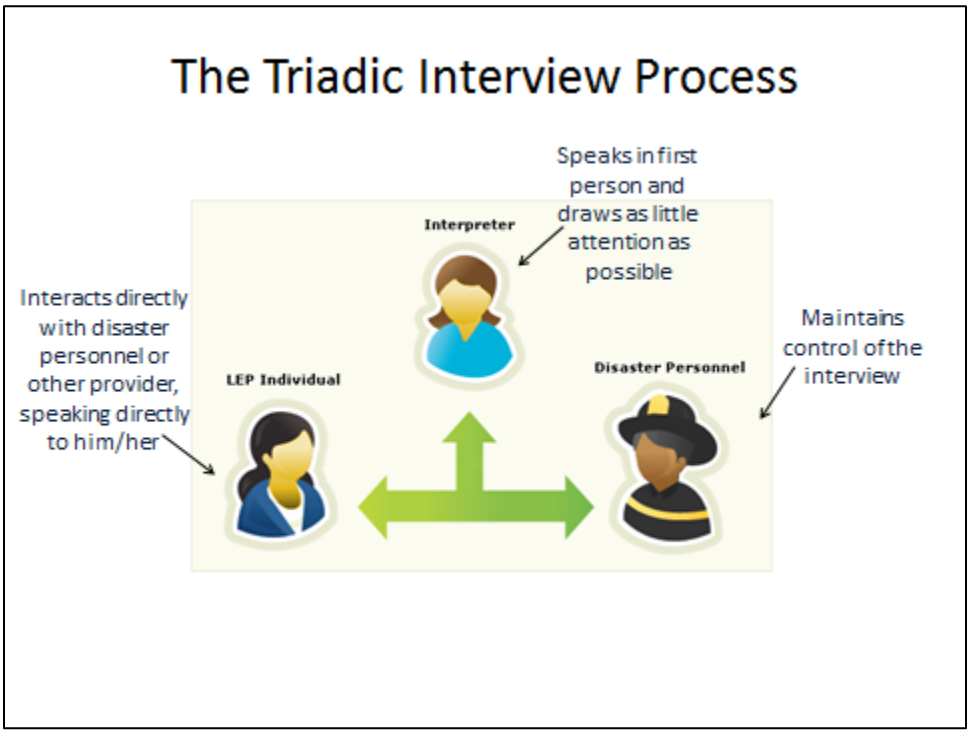
Main Takeaway: Participants should be able to describe the triadic interview process and name the individuals that should be present during a triadic interview.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Because you may at times work with an interpreter, you should be familiar with the appropriate interview process in order to provide more effective interactions. This will help you to negotiate the dynamics of difference that exist between you and the person you are serving.



Key Talking Points

- The triadic interview is an ideal way of working with an interpreter (Putsch, 2002).
    - The individual with limited English proficiency interacts directly with the disaster response partner or other provider.
    - The interpreter speaks in first person and draws as little attention as possible.
    - The disaster personnel individual maintains control of the interview.
- The role of the interpreter is to serve as a conduit of information. They are there to ensure that everything is relayed between you and the person to whom you are speaking.
- Placing the individual with limited English proficiency, disaster personnel, and interpreter in a triadic relationship leads to good communication.
- Beyond creating mutual understanding between the disaster personnel and the individual with limited English proficiency, the triadic interview helps to create trust and ensure confidentiality.

Course 1 - Slide 33: From the Field- Removing Language Barriers during an Emergency

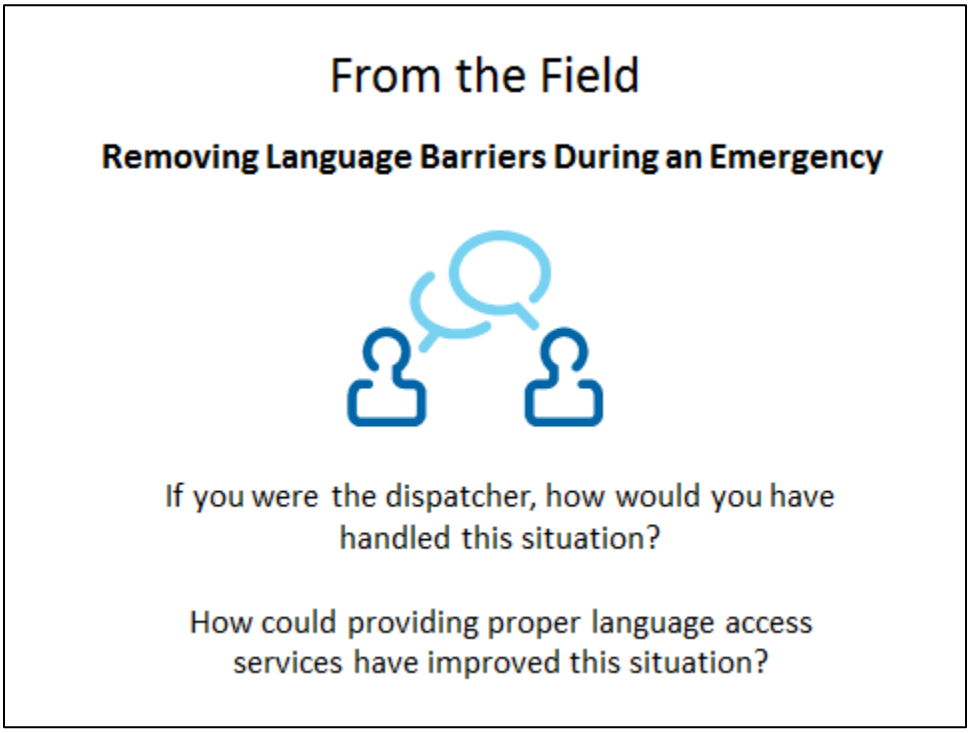
Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Distribute Handout 1-G, From the Field: Removing Language Barriers during an Emergency
3. Ask two participants to read the handout
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Please read the case study on Handout 1-G, From the Field: Removing Language Barriers during an Emergency in your materials.



Handout

- The case study is provided in Handout 1-G, From the Field: Removing Language Barriers during an Emergency.

Discussion Questions

- If you were the dispatcher, how would you have handled this situation?
- How could providing proper language access services have improved this situation?

Course 1 - Slide 34: Module 6 Recap

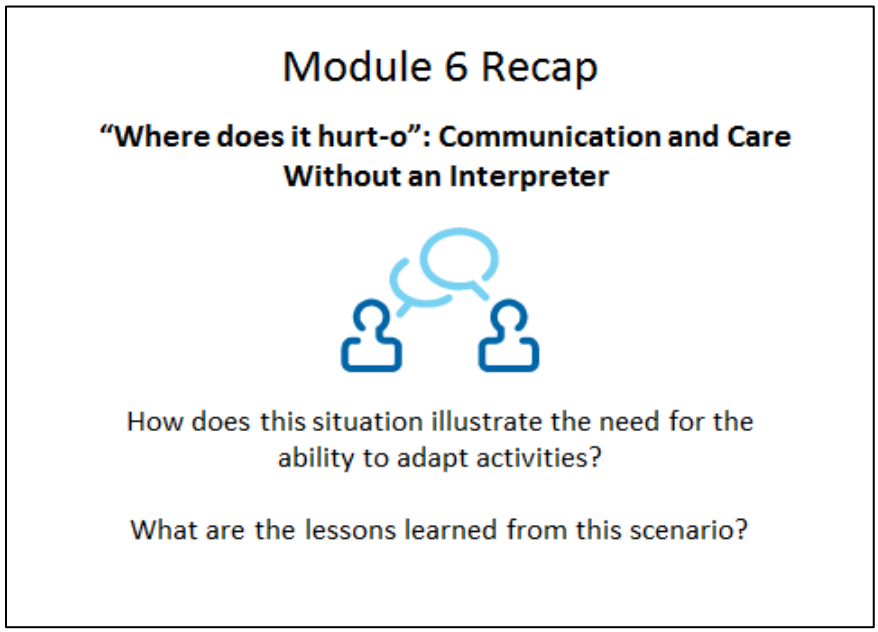
Main Takeaway: Participants should be able to discuss the lessons covered and have the opportunity to reflect on what they have learned in Module 6: Ability to Adapt Activities.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 6: Ability to Adapt Activities.



Key Talking Points

- Let's discuss a real-life scenario: "Where does it hurt-o?": Communication and Provision of Services Without an Interpreter
- At the moment, we receive zero training in regard to working with interpreters. This includes deaf as well as vocal. Some of our members speak Spanish, but that is it. On a scene, we are often too rushed to make a call to a licensed interpreting company, so we rely on "pigeon" languages (pointing, grimacing, frowning, rocking an imaginary baby, etc), or using an English-speaking family member to translate for us, which 8 out of 10 times is one of their children. It has caused many stressful moments. There are a few people at the fire department that use the "talk as loud as possible" technique. That goes over really well. Or for Spanish, they just add "el" in front of every sentence and "-o" at the end. I witnessed this question being asked: "Where does it hurt-o?"

Suggested Activity: Case Study

- Ask a participant to read the story out loud. Facilitate discussion using discussion questions.

Discussion Questions

- How does this situation illustrate the need for the ability to adapt activities?
- What have you experienced providing services to people with limited English proficiency in the absence of an interpreter?
- What are the lessons learned from this scenario?

Course 1 - Slides 35: Course 1 Summary

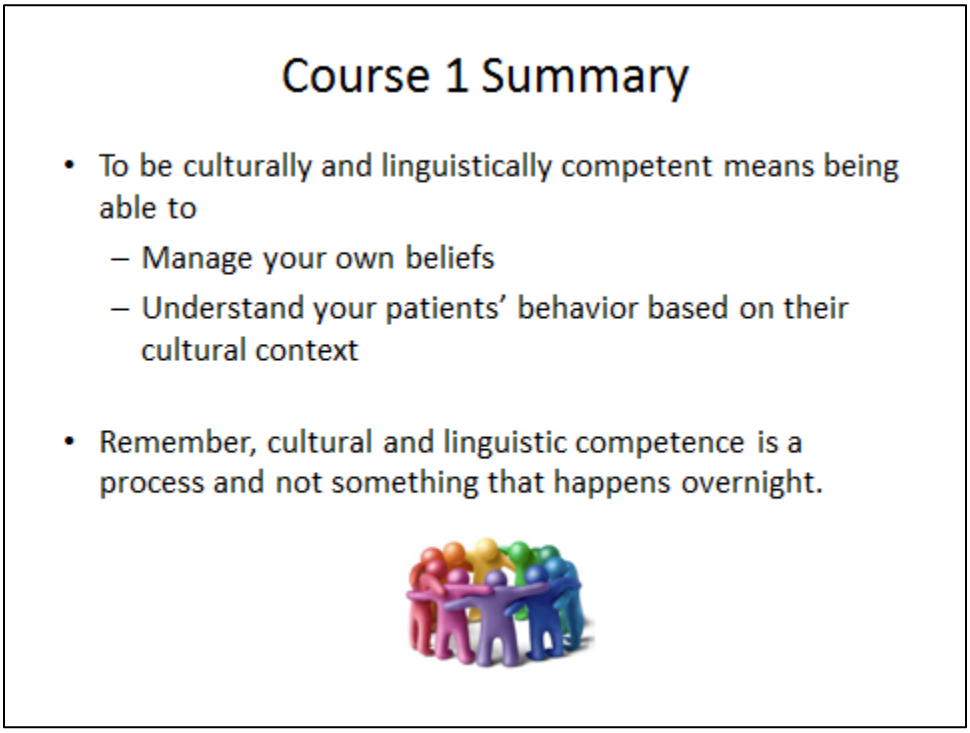
Main Takeaway: Participants should review what they have learned in this course and suggest ways of incorporating new information into their practice.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Learning Journal (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Now I would like to review the highlights of what we covered today and take a moment to recap and reflect on what we've covered in Course 1.



Key Talking Points

- Culturally and linguistically diverse populations can become overlooked community members; and in times of a disaster, this can mean life or death.
- To be culturally and linguistically competent means being able to manage your own beliefs and understand your patients' behavior based on their cultural context.
- It is important to remember that cultural competence is a process and not something that happens overnight.
- Ultimately, incorporating cultural competency into your daily activities will allow you to
    - Respond to the growing diversity of the United States,
    - Improve the quality of services and outcomes, and
    - Address the long-standing disparities of people of diverse racial, ethnic, and cultural backgrounds.
- Above all, it will allow you to better serve individuals and communities during every phase of the disaster.
- Before we conclude, we will have one final activity to demonstrate what we have learned today.

Suggested Activity: Learning Journal

- Ask each participant to draft an action plan that will help them implement the Five Elements of Cultural Competence in their work.

Discussion Questions

- What are the three most important things you learned today?
- What will you bring back to your work with you?
- Are there topics I didn't cover or questions/insights you would like to share with the group?

Hint

- The Five Elements of Cultural Competence are
  - Awareness and acceptance of difference
  - Awareness of own cultural values
  - Understanding and managing the dynamics of difference
  - Development of cultural knowledge
  - Ability to adapt activities to fit into different cultural context

Course 1 – Slide 36: Earn Your Continuing Education Credits

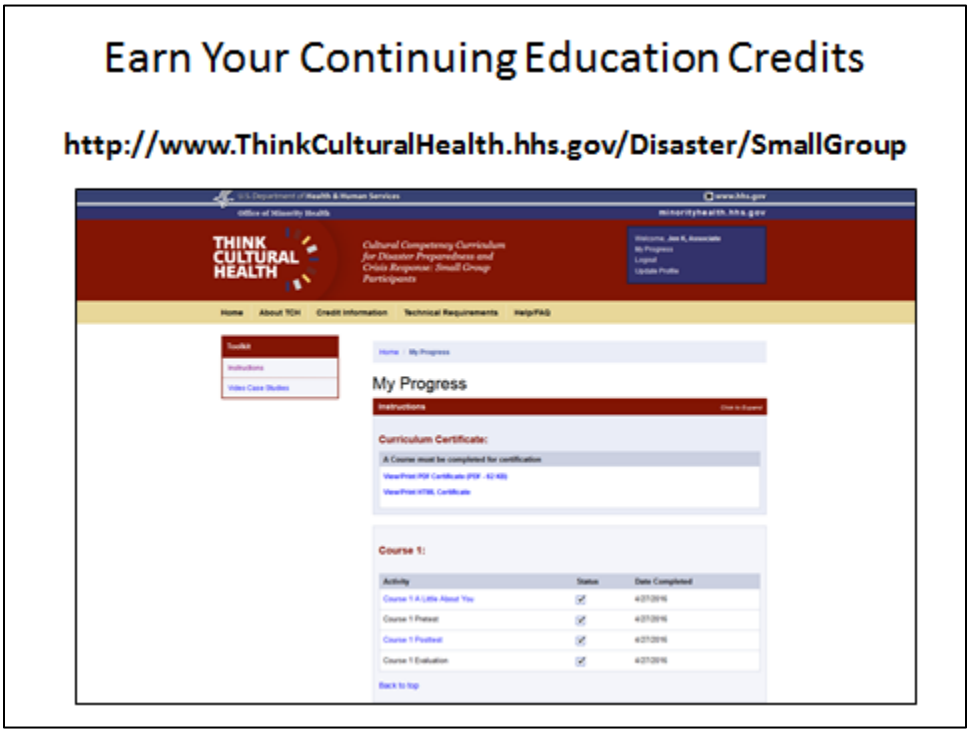
Main Takeaway: Participants should understand how to enter the online test center to complete continuing education credits requirements.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Since we have just completed the content for Course 1, you can now go Participant's website to complete the posttest and receive your credits for this course.



Key Talking Points

- To complete the requirements for your continuing education credits:

  1. Go to https://www.thinkculturalhealth.hhs.gov/disaster/smallgroup
  2. Log in using your email address and password
  3. Select Course 1 posttest link and complete test
  4. Select Course 1 evaluation link and complete

- You will receive your certificate of completion (if earning continuing education credits) or statement of participation by email.
- Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program. I look forward to seeing you at the next training session!

Facilitator's Guide for Course 2:
Implementing CLAS in the Preparation Phase of a Disaster

Course 2 - Slide 1: Implementing CLAS in the Preparation Phase of a Disaster

Main Takeaway: Participants should understand the main goals of completing this course, which are to develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. Participants should recognize that in order to earn continuing education credits, they will need to complete a pretest, posttest, and evaluation form for the session.

Directions:

1. Display the slide
2. Ensure that all participants have registered and completed the Course 2 pretest
3. Cover discussion and talking points

Opening Discussion Points

- Welcome to Course 2 of the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*! The Office of Minority Health (OMH) of the Department of Health and Human Services (HHS) is pleased to welcome you to this small group session of their e-learning program designed specifically for disaster preparedness and crisis response professionals.
- My name is ___, and I will be your facilitator for Course 2: Implementing CLAS in the Preparation Phase of a Disaster.
- By completing this training program, you will develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. The elements and issues highlighted throughout this course are designed to enhance the excellent services you already provide.
- Please confirm that you have registered for the course online and completed the Course 2 pretest.
- At the conclusion of this learning session, you will be prepared to complete the posttest for Course 2 at the online test center and receive your continuing education credits. When we are finished covering the material, I will walk you through this process.

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

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

Key Talking Points

- In this course, you will cover techniques that you can use to determine
  - The makeup of the community you serve
  - Their needs in relation to disaster prevention, preparedness, response, and recovery
  - Ways to identify the resources that are available to you and the community as they relate to disaster response
  - What gaps may exist between needs and available services
- Before we begin, I would like to review some important information with you.
- In order to receive continuing education credits, you will need to
  - Complete the pretest (you should have completed the pretest prior to attending this session)
  - Attend this full session
  - Complete the posttest, earning a score of at least a 70% or higher
  - Submit the Course Evaluation

- Eligible EMT/first responder, psychologist/psychiatrist, and social worker participants may receive two and a quarter (2.25) credits per course for completing the requirements. Eligible dentist participants may receive three (3) credits per course for completing the requirements for each course. To receive continuing education credits, you must complete each course in its entirety.
- If you are not eligible to receive continuing education credits, you will still earn a Statement of Participation.

Course 2: Icebreaker Activity: Respect

Main Takeaway: Participants should understand what respect means, both for the context of this session and for their everyday work with diverse populations.

Directions:

1. Stay on slide 1
2. Cover discussion and talking points
3. Facilitate the icebreaker (Allow 10-15 minutes)

Opening Discussion Points

- Respect is a critical component of offering culturally and linguistically appropriate services (CLAS). When you interact with an individual, adopt a respectful manner that holds his or her beliefs and opinions in high esteem.
- But, what does "respect" mean, exactly?
- Before we get started with the course material, let's take a few minutes to explore the concept of respect.

Activity: Icebreaker: Respect

- Divide the group into pairs. Ask each pair to discuss respect: What does it mean for you to show respect? What does it mean for you to be shown respect?
- Then, lead a group discussion on this topic. Participants may discuss the "golden rule," eye contact, honesty, and appreciation for others' points of view. You may point out that each characteristic they mention is informed by their culture. You may ask: Are all characteristics of respect consistent across all cultures (i.e., eye contact)? What might respect look like in different parts of the world?

- You should note that respect should form the basis of the group discussions during this session, but also their day-to-day interactions with their patients. Treating individuals with respect is a cornerstone of providing CLAS.

Course 2 - Slide 2: Course 2 Learning Objectives

Main Takeaway: Participants should be able to articulate learning objectives for Course 2.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- There are 10 learning objectives for Course 2.

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.

Key Talking Points

- Take a moment to review the learning objectives. Use your learning journal to write down your top three learning objectives and why they are important to you.
- 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.

Suggested Activity: Learning Journal

- The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and can be extremely helpful in developing cultural competence.
- To complete this activity:
  - Provide participants with sheets of paper and pens or pencils.
  - Ask participants to record personal impressions, experiences, discoveries, or questions that happen during the course.
  - Allow participants to make entries into their journals throughout the session. Opportunities for journal writing can include notes from self-assessment exercises,

reactions to case studies, thoughts about what participants think they do well in their practice in regard to cultural competence and where they think they can improve, and other notes as appropriate to the material.

- Ask participants to note their top three learning objectives for Course 2 and discuss why the selected objectives are important to them.

Course 2 - Slide 3: Course 2 Modules

Main Takeaway: Participants should be able to list the five modules of Course 2.

Directions:

1. Display the slide
2. Review the modules in the course

Opening Discussion Points

- Throughout Course 2, you will see ways to implement elements of cultural and linguistic competence into the prepare phase of a disaster.

Course 2 Modules

1. Community Services Assessment
2. Community Outreach
3. Communicating with the Community
4. Written Communication
5. Bottom-Up Communication

Key Talking Points

- Module 1: Community Services Assessment
- Module 2: Community Outreach
- Module 3: Communicating with the Community
- Module 4: Written Communication
- Module 5: Bottom-Up Communication

Course 2 - Slide 4: *The National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care*

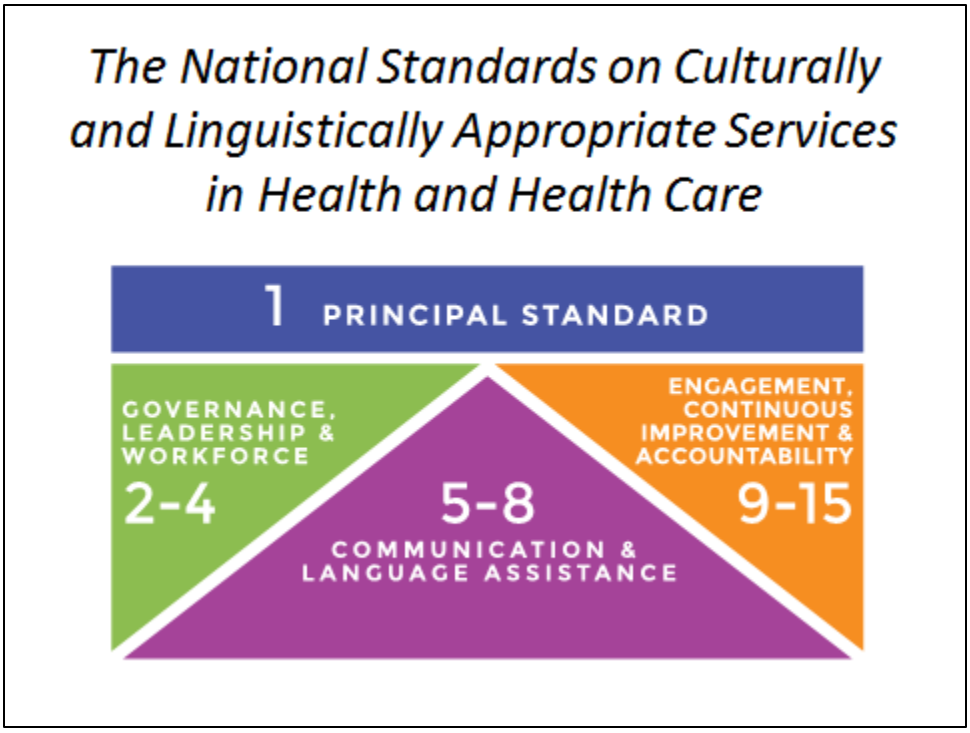
Main Takeaway: Participants should be able to discuss the three themes of the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)*.

Directions:

1. Display the slide
2. Distribute Handout 2-A, The *National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*
3. Cover discussion and talking points

Opening Discussion Points

- The *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* e-learning program is grounded upon the HHS OMH *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (*the National CLAS Standards*). The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health disparities. They operationalize the concepts of cultural and linguistic competency and provide you and your organization with actionable steps to ensure the delivery of culturally and linguistically competent services.



Handout

- The *National CLAS Standards* are provided in Handout 2-A, *The National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*.

Key Talking Points

- You can find the *National CLAS Standards* and other e-learning programs on Think Cultural Health at www.thinkculturalhealth.hhs.gov.
    - On Think Cultural Health you can also find a guidance document published by the HHS OMH to accompany the *National CLAS Standards*, called *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. It offers explanations, implementation strategies, and additional educational resources for each standard.

Course 2 - Slide 5: Culturally Competent Knowledge, Skills, and Attitudes

Main Takeaway: Participants will be able to discuss culturally competent knowledge, skills, and attitudes in disaster preparedness and crisis response.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Disasters are not uniform, nor are the people who prepare for, respond to, or recover from them.
- It is important to assess the community in which you work in order to determine needs and resources so that you may make decisions more quickly and effectively.

Key Talking Points

- Culturally competent knowledge includes
  - Understanding how culture can shape the ways in which individuals react and respond to disasters at every phase
  - Understanding culturally diverse histories, traditions, values, worldviews, etc.
  - Understanding the importance of critical thinking when serving culturally diverse groups
  - Adapting your services to meet the needs of the community you serve
- Culturally competent skills include
  - Building relationships through effective communication
  - Sending and receiving accurate and appropriate verbal and nonverbal messages
  - Using time and space appropriately with culturally diverse groups
- Culturally competent attitudes include
  - Being aware of one's own cultural influences on personal behavior and interactions
  - Appreciating and being sensitive toward other cultures
  - Learning about and respecting cultural differences
  - Respecting other worldviews—how people perceive and understand the world

Course 2 - Slide 6: Preparedness

Main Takeaway: Participants should be able to define preparedness.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

To be truly effective for vulnerable populations, you must employ CLAS at every point of contact long before a disaster occurs. You must prepare to prevent impending disasters in addition to preparing to respond to them.

Key Talking Points

- Prevention: Activities to provide outright avoidance of the adverse impact of hazards and means to minimize related environmental, technological, and biological disasters.
- Preparedness: Activities and measures taken in advance to ensure effective response to the impact of hazards, including the issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations.
- Research shows that minorities are more likely to be under-prepared before a disaster, less likely to receive disaster educational opportunities, and less likely to be involved in prevention and preparedness activities.

Course 2 - Slide 7: Module 1: Community Services Assessment

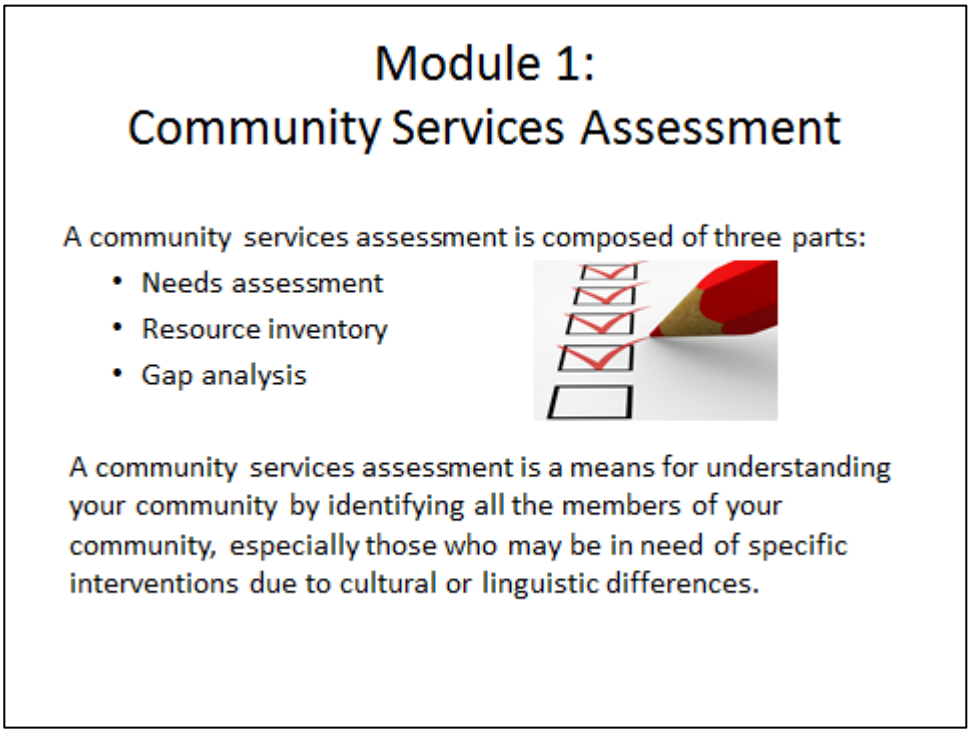
Main Takeaway: Participants should be able to identify the three components of the community services assessment.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

A community services assessment is an effective model for learning about, getting to know, and understanding one's community as well as how to best serve it.



Key Talking Points

- A community services assessment is composed of three parts: (1) a needs assessment, (2) a resource inventory, and (3) a gap analysis.
- Community services assessments are currently in use in various areas of public and community health and are extremely applicable to disaster response. The cultural knowledge it provides can increase your ability to adapt services to meet community needs.
- A community services assessment is one of the more effective means for understanding your community because it allows you to identify all the members of your community, especially those who may be in need of specific interventions due to cultural or linguistic differences.
- Once you identify key stakeholders through a community services assessment, you should be better able to establish partnerships with community-based organizations, faith-based organizations, and non-profit or non-governmental organizations within the community.

Course 2 - Slide 8: Needs Assessment Checklist

Main Takeaway: Participants should be able to describe the needs assessment component of the community services assessment.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Distribute Handout 2-B, Needs Assessment Checklist
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- The first component of a community services assessment is a needs assessment. What are your community's daily needs? What will the community's needs be during a disaster?
- Understanding your community will make it easier for you to be culturally and linguistically appropriate in the attitudes, messages, policies, and services that you provide on a daily basis as well as in the event of a disaster.

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 are 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.

Key Talking Points

- A needs assessment includes
  - A demographic profile of the population you are serving.
    - What cultural groups (ethnic, racial, religious, etc.) live in the community?
    - What groups are growing? What groups are moving out?
    - Who and where are the most vulnerable persons in the community?
    - What is the socio-economic status of the community?
    - Does it differ across cultural groups?
    - What are their values, beliefs, and primary languages?
  - An assessment of service needs among affected populations, including barriers that prevent individuals from receiving needed services.
    - Who are the cultural or religious/spiritual leaders, community leaders, and others who can serve as cultural brokers or liaisons between your organization and members of the community?

    - An exploration of how local influences, cultural factors, and past experiences affect the perception of risk among individuals and their communities and shape their behavioral responses.
        - Know your organization's reputation in the community.
            - Recognize some populations may have distrust or fear of government or health institutions and personnel.
- You should collect a variety of information from a variety of sources.
    - Use community based organizations (CBOs), faith based organizations (FBOs), and non-governmental organizations (such as local non-profits that provide services to the community) as sources of data in addition to health departments and local government organizations.
- It is not necessary to collect all the data from scratch; much of the information may already be available from some of the organizations that you are already in contact with.
- Through understanding the community, you can avoid incorrect assumptions, language or cultural misunderstandings, and biases against the unfamiliar.

Handout

- The Needs Assessment Checklist is provided in Handout 2-B.

Discussion Questions

- How would you find out this information from the individuals in your community?
- Who in your organization and in your community can you work with to accomplish this step?

Hint

- Encourage participants to discuss appropriate community outreach and data collection methodologies for conducting a needs assessment. For example, you should discourage reliance on personal anecdotes and the experiences of their peers.

Course 2 - Slide 9: Resource Inventory

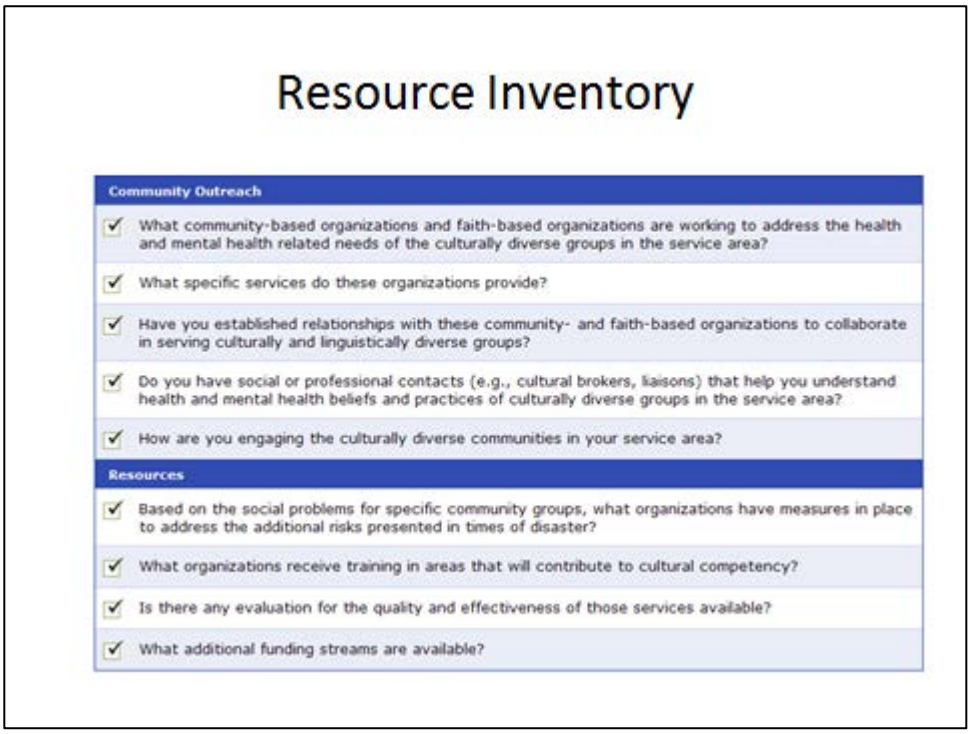
Main Takeaway: Participants should be able to describe the resource inventory component of the community services assessment.

Directions:

1. Display the slide
2. Cover the discussion and talking points
3. Distribute Handout 2-C, Resource Inventory Checklist
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- The second part of a community service assessment is the resource inventory. The inventory serves as a catalog of all the services and resources that are currently available to members of the community.



Key Talking Points

- A resource inventory includes information about community organizations, including
  - Their ability to provide effective, understandable, and respectful care in a manner compatible with their cultural health beliefs and practices and preferred language. This could include the identification of trusted leaders as well as trained interpreters and translators.
  - Their scope of capabilities, such as types of services provided, to how many people, the quality of services provided, and for how long. (HRSA, 2003)
- The goal of the resource inventory is to develop a picture of what resources are available and who is providing them, and it is updated over time as additional resources become available.
- To create a resource inventory, disaster personnel can begin by examining their own organization and others in the community and by answering the questions included in the Resource Inventory Checklist.

Handout

- The Resource Inventory Checklist is provided in Handout 2-C.

Discussion Questions

- How would you assess the quantity and quality of resources available in your community?
- Who in your organization and in your community can you work with to accomplish this process?

Course 2 - Slide 10: Gap Analysis

Main Takeaway: Participants should be able to define the gap analysis component of the community services assessment.

Directions:

1. Display the slide
2. Cover the discussion and talking points
3. Facilitate the learning journal activity (allow 3-5 minutes)

Opening Discussion Points

- The final step of the community services assessment is the gap analysis. The gap analysis takes the first two components of the community services assessment and determines the next steps.

Gap Analysis

Needs Assessment – Resource Inventory = 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.

Key Talking Points

- To conduct a gap analysis, take the results of your needs assessment, subtract the resources available, and see what gaps there are in terms of necessary services.
- By compiling data regarding needs, barriers, priorities, and knowledge about what is available, you can get a clearer picture of where services and resources are needed.
- With this knowledge, your team can better build up its capabilities to serve communities impacted by a disaster.
- You may measure your progress by referring back to the needs assessment, resource inventory, and gaps analysis, and checking off which of the gaps have been addressed and which still remain.

Suggested Activity: Learning Journal

- Ask participants to consider one of the communities they work with and use their learning journal to note their ideas for what gaps analysis in that community might reveal.

Course 2 - Slide 11: Module 1 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 1: Community Services Assessment by analyzing a case study.

Directions:

1. Display the slide
2. Cover the opening discussion points
3. Play Video 2-A: Let's Prepare from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 1: Community Services Assessment.
- So far in the course, you have seen the importance of assessing the community and your own organization when it comes to making sure you are prepared to provide services during a disaster.
- We are now going to watch a video case study depicting a health department's desire to reach out to community members in order to help them prepare for future disasters. Based on the department's community services assessment, they know that the community is currently not as prepared as it could or should be. The story begins with the health department manager talking with a colleague about the preparedness campaign they hope to plan and launch.

Module 1 Recap

Video Case Study: Let's Prepare

https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Video

Video Case Study

- Play the Video Case Study 2-A: Let's Prepare: Principles of Culturally Competent Care and Organizational Supports in Emergency Preparedness from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Discussion Questions

- Have participants form groups of about 3 and discuss the following questions about the case study.
    - What do you think about the health department's efforts to reach out to community members?
    - How would you go about contacting community members to participate in such a planning group and who would you invite?
- In the same groups, ask the participants to discuss the following questions about their own communities.

  - What are good sources of data in your community?
  - What are the community demographics and needs that you are currently aware of?
  - What are the resources available in and to your community?
  - Where are the gaps?
- Invite participants to share their insights with the entire group.

Course 2 - Slide 12: Module 2: Community Outreach

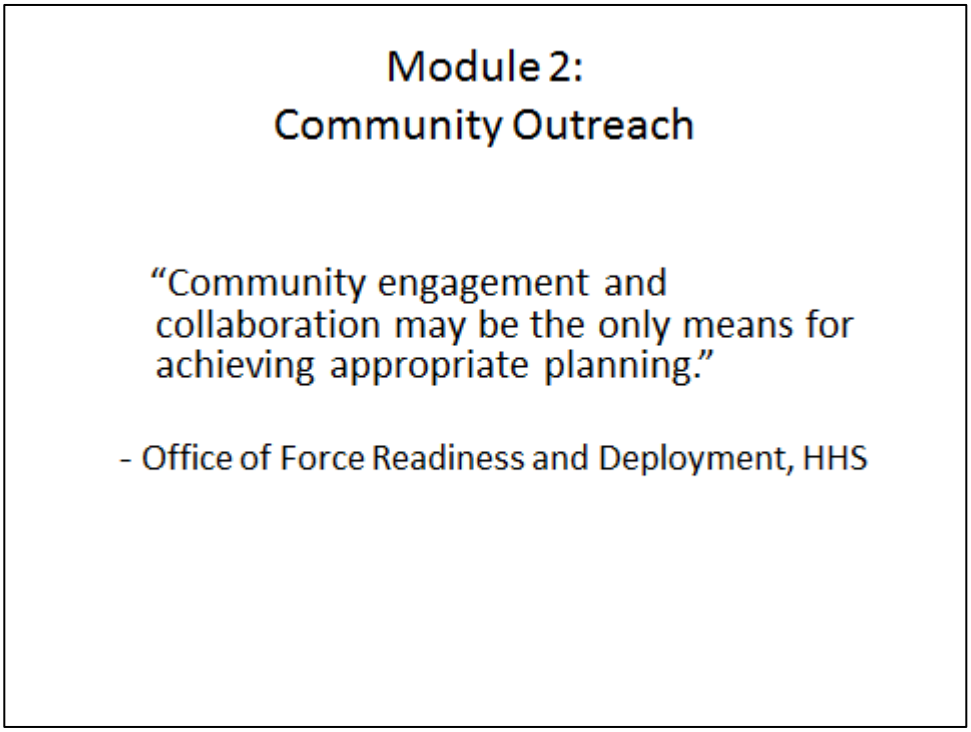
Main Takeaway: Participants should be able to describe the basis for effective community outreach.

Directions:

1. Display the slide
2. Cover the discussion and talking points

Opening Discussion Points

- This section will help you build on the information gathered in your community services assessment to improve culturally competent care and language access services. We will discuss strategies for building trust and rapport as well as different outreach techniques for connecting with the community.



Key Talking Points

- Community outreach is an important strategy since people who need help most are often the least inclined to look for it. (Chrisman, 2002; Ruzek, 2006)
- Community outreach should be based on population demographics and be culturally specific. (Myers, 1994)
- By utilizing the cultural knowledge you gathered during your community services assessment, you will be better able to adapt outreach activities to fit the cultural context for those you serve.
- For many minority communities, family-, faith-, or community-based outreach is most effective. (Naturale, 2006)
- Community involvement may be easier in some communities than others; some organizations and individuals may be fearful of entering into such a relationship. There may also be concerns that by inviting the public in, they will be met with unlimited and unreasonable request.

Course 2 - Slide 13: Trust and Rapport

Main Takeaway: Participants should be able to cite examples of why trust and rapport may be lacking with mainstream disaster preparedness and crisis response organizations.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Forming community partnerships means building trusting and long-lasting relationships within the community in which you provide disaster services.
- 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.

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.

Key Talking Points

- If you are working on developing your first partnerships, start by engaging the larger communities because they are often easier to access. You can develop relationships with less prominent communities after you have established relationships with the larger ones.
- When first introducing your organization to community groups, realize it is not uncommon for them to initially receive you with some negativity as community members may express frustrations with their experiences with any kind of organization that provides services.
    - These frustrations may be caused by lack of trust due to negative experiences with disaster personnel in the past or unwillingness to divulge personal information.
- It is important to keep in mind that you are there to learn from the group and to leave any biases or prejudice at the door. Remember, they are the experts, and you are the student.
- As you follow through with commitments and become involved in the community, relationships will grow and trust will develop.

Course 2 - Slide 14: From the Field

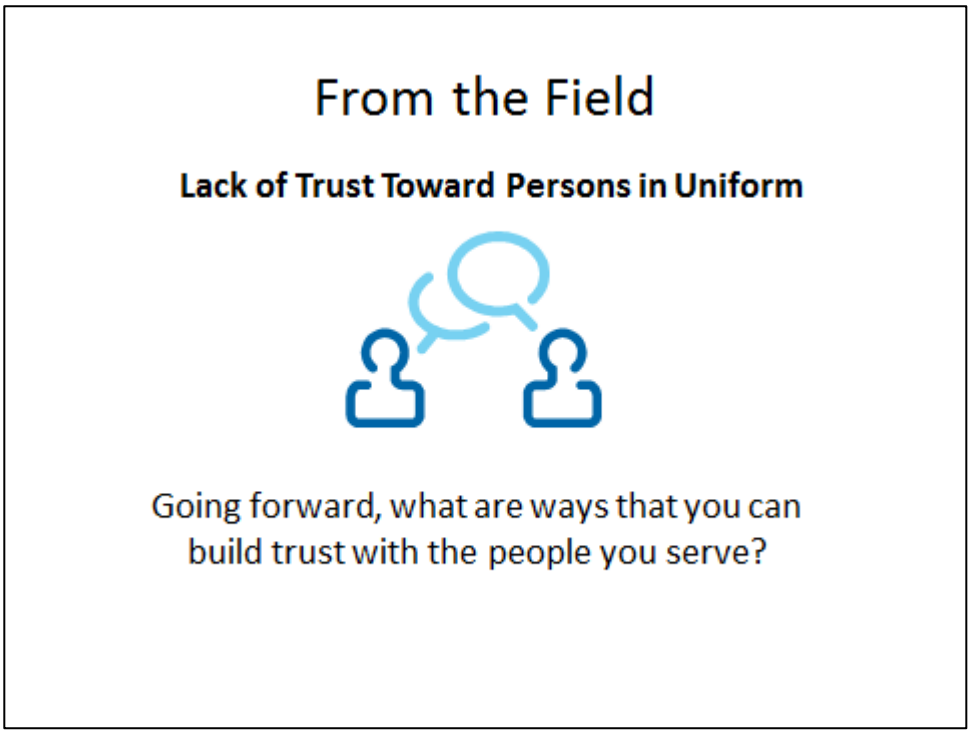
Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Cover the opening talking points
3. Distribute Handout 2-D, From the Field: Lack of Trust in Persons in Uniform
4. Ask participants to read story (allow 2-3 minutes)
5. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Please read the case study on Handout 2-D in your materials. In a few minutes we will discuss the case study as a group.



Discussion Questions

- Consider the strategies we discussed on the previous slide. In the future, how could this organization:
  - 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?
- Going forward, what are ways that you can build trust with the people you serve?

Handout

- The case study is provided in Handout 2-D, From the Field: Lac of Trust in Persons in Uniform.

Course 2 - Slide 15: Community Outreach

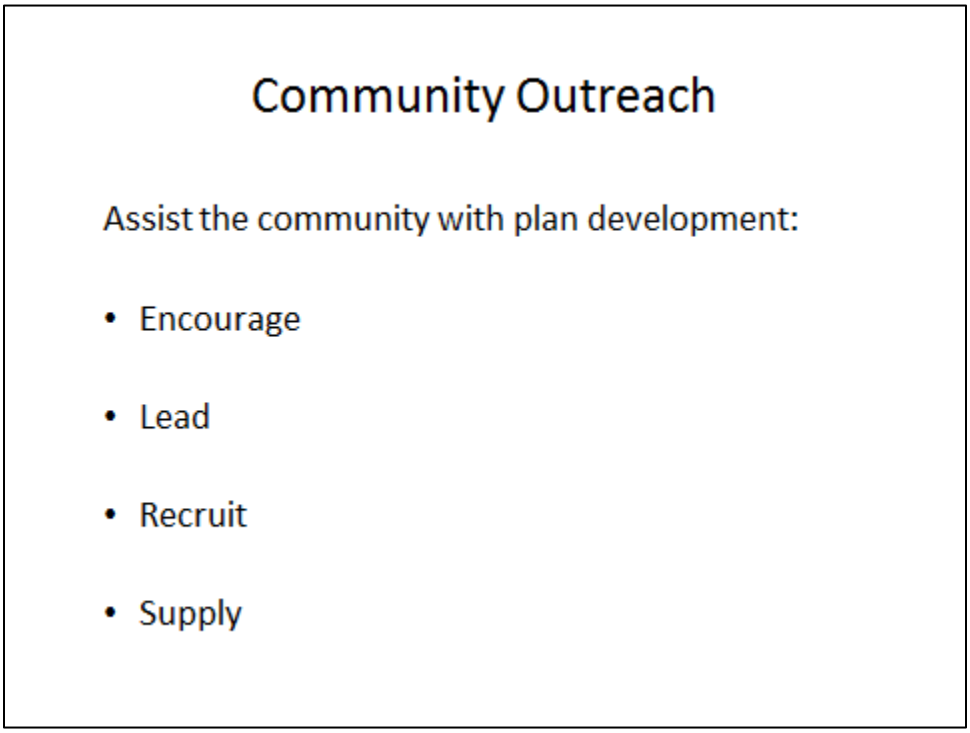
Main Takeaway: Participants should be able to explain how to assist the community with plan development.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- As a member of an organization that provides services to the community, you may end up helping your community plan to respond to disasters. As an organization, you have to plan how to continue to operate in the event that an emergency occurs.



Key Talking Points

- The following steps provide an outline of how you can support your community in the plan development process:
    - Encourage: Encourage communities to assess and plan. Some communities may have cultural or faith beliefs that tell community members that it is up to faith whether they survive or not. Trying to intervene prior to a disaster by using culturally competent materials to encourage them to plan makes a huge difference in mitigating the impact of a disaster.
        - **For example** – Offer to give presentations or speeches to community groups on prevention and preparedness. Assist them in creating their own prevention and preparedness plans.
    - Lead: Provide assistance to groups and/or individuals in the community with their planning efforts. Market your strategic planning skills and help identify others who may be able to offer assistance.
        - **For** example – Create a list of organizations or resources that are available to help with prevention and preparedness activities and make this list available to your community members.
    - Recruit: Identify and recruit leadership within the community that can provide adequate guidance and represents a broad range of people, especially to help reach individuals who may mistrust those from outside their normal social network. Attempt to get as many people involved as possible in the strategic planning process.
        - **For example** – Ask local community leaders, such as pastors, government officials, and volunteer organization presidents to become involved and help create a prevention and preparedness plan that works for all members of the community.
    - Supply: Help discover as many resources as possible that can be used for planning, implementation, and general administrative and operational activities.
        - **For example** – Provide the community with available resources, including data profiles from community services assessments. You should adapt these to fit the cultural context of those you serve.

- Organizational prevention and preparedness and guidelines for collaboration with other disaster response organizations are provided in the Resource Library.

Course 2 - Slide 16: Increasing Access and Eliminating Barriers

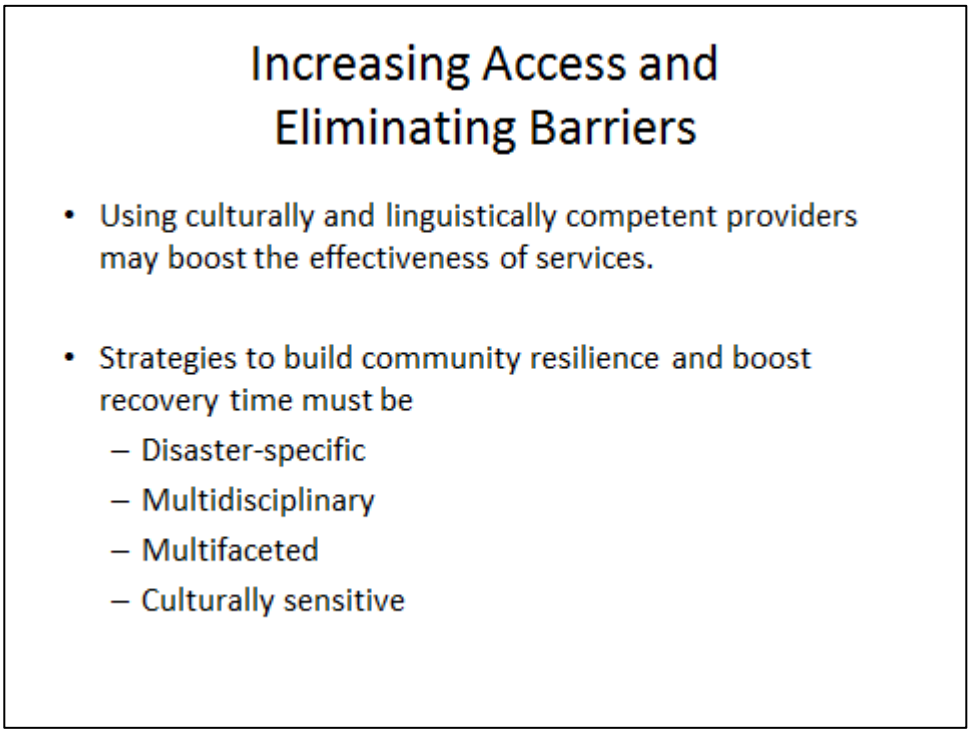
Main Takeaway: Participants should be able to explain how to increase access and eliminate barriers to disaster health services.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Suggested Activity: Community Study (allow 10 minutes)

Opening Discussion Points

- Your work should increase access and eliminate barriers to disaster health services.



Key Talking Points

- To improve access to disaster health services and eliminate barriers, it is important to provide accessible, community-based, local services at a low cost since some individuals may not have insurance to pay for services. (Norris & Alegría, 2005)
- Programs should try to employ practitioners that reflect the diversity of the community in order to enhance trust of services and engage in community outreach. (HHS, 2003)
- In addition, culturally and linguistically competent professionals can increase the effectiveness of services and an individual's compliance.
- Strategies to build community resilience and boost recovery time must be (Watson et al., 2006; Landau & Saul, 2004):
    - Disaster-specific
    - Multidisciplinary
    - Multifaceted
    - Culturally sensitive

Suggested Activity: Community Study

- Ask participants to draw a rough map of the community they serve (or a part of it), identifying important community sites (schools, hospitals, government buildings) as well as the cultural groups that inhabit this community.
- Ask participants to describe key community characteristics, such as:
    - Cultural groups: What cultural groups live in this area? How large are these populations?
    - Health care and medical: What hospitals and health-related businesses exist? What barriers, if any, exist to receiving quality, affordable health care? Are there alternate providers?
    - Community politics: What is the leadership for this community? Does it vary by cultural group? What type of relationship does it have with your organization?
    - Economic situation: What types of jobs do people work? Where are the signs of economic prosperity or decay? (Upscale shops, types of car, vacant lots, etc.)

- Ask participants to share with the class the community characteristics in the area they serve and ways they can help increase access and eliminate barriers to key community resources.

Hint

- The activity is meant to encourage participants to become familiar with community characteristics, including cultural groups, medical beliefs, economic situation, community politics, and more. This familiarity will allow participants to examine community factors on health and health care disparities, which in turn will enhance their ability to increase access and eliminate barriers. You should ensure that participants do not unintentionally stereotype individuals and groups within their community.

Course 2 - Slide 17: Module 2 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 2.

Directions:

1. Display the slide
2. Cover discussion and talking point
3. Read out loud the case study
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 2: Community Outreach.
- What are your most important insights?

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?

Key Talking Points

- Consider this quote from a health care professional engaged in disaster preparedness.
  - "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..."

Discussion Questions

- What role does an understanding of proper community outreach play in this scenario?
- What are some lessons learned from this situation?

Course 2 - Slide 18: Module 3: Communicating with the Community

Main Takeaway: Participants should be able describe ways that culture and language influence people's perception of early warning systems.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- In some cases, such as an earthquake or an explosion, disasters may occur without warning. In other situations, including hurricanes and floods, communities may receive warning of the event hours or days in advance. However, if the early warning system is not culturally and linguistically appropriate, individuals may not receive the message at all.
- Taking steps to make sure your organization's early warning system is culturally and linguistically competent will help you reach more members of your community.

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.

Key Talking Points

- During warning periods, threat information is shared by a variety of sources, including mass media, friends, relatives or other social networks such as the church, or authorities such as police and fire personnel.
- Different cultural groups use different means to receive information about disaster risks. (SAMHSA, 2003)
- As a result, it is important that you identify culturally appropriate channels to communicate through early warning systems.
- The most common reaction to impending disaster is disbelief, so individuals often try to confirm that there is a threat by seeking additional information about the situation.
- Not everyone responds to community early warning systems with the same level of trust and understanding.
- Your organization should establish enough presence in, and trust with, the community that it can disseminate disaster information to community members.

Course 2 - Slide 19: Strategies for Distributing Disaster Information

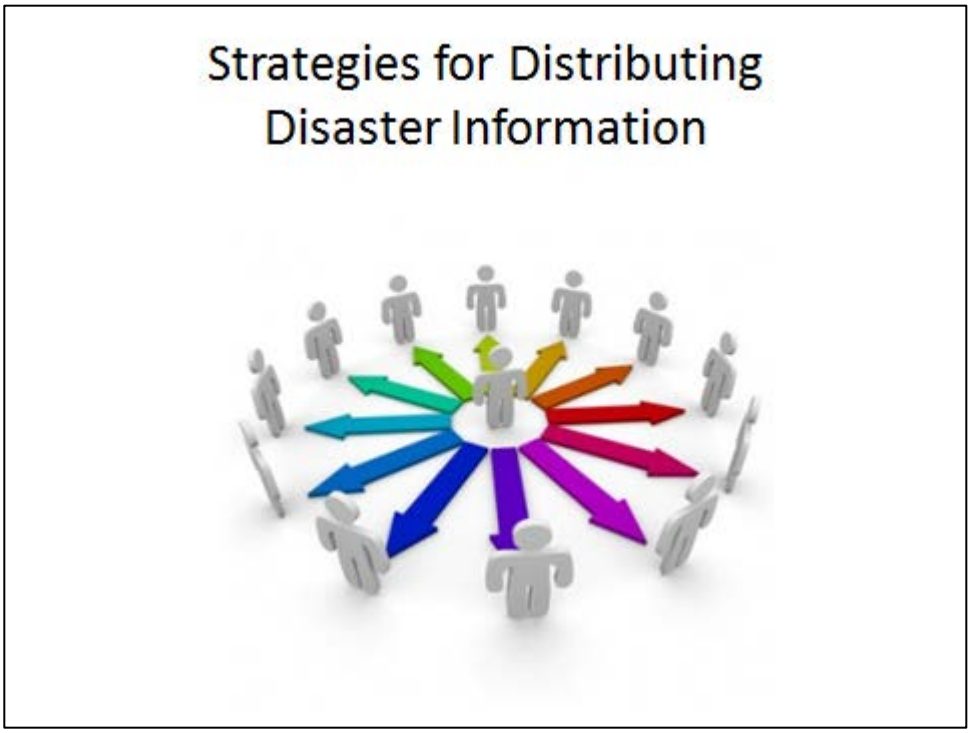
Main Takeaway: Participants should be able to identify alternate ways to distribute disaster-related information to their community.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- There are many different ways to distribute information to culturally diverse populations who may or may not speak English proficiently.
- Issues of trust and rapport with the individuals delivering the messages, and the method through which disaster information is disseminated, matter in reaching minority groups in times of crisis. (Brodie, Weltzien, Altman, Blendon, & Benson, 2006; Cordasco, Eisenman, Glik, Golden, & Asch, 2007; Kirkpatrick & Bryan, 2007)



Key Talking Points

- Creativity plays an important role in how to reach out to different members of your community.
  - Explore what other organizations in your region or around the country are doing.
  - Pay attention to what messages catch your attention and see how those might be modified to reach others.
- You may want to consider forming partnerships with other disaster response agencies in your community.
- As always, you should report back to your community leaders to make sure your messages are easily understood.

Course 2 - Slide 20: Module 3 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 3: Communicating with the Community by analyzing a case study.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Play Video 2-B: Packets for Evacuees from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos (allow 4 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 3: Communicating with the Community.
- We are now going to watch a video case study depicting two social workers employed by Travers Whitham Treatment Center, a mental health facility that provides social services, such as counseling and financial assistance, to clients with substance abuse or mental health issues. Jennifer Nelson recently joined the Travers Whitham after receiving her graduate degree. Inspired by one of the families she is serving, she has some new ideas about how to better serve the facility's Hispanic population.

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?

Video Case Study

- Play Video Case Study 2-B: Packets for Evacuees: Providing Language Access Services and Organizational Supports while Preparing for a Disaster from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Discussion Questions

- Do you think that the lessons presented in this video case study can be applied at your organization? Why or why not?
- How would your organization respond in this situation?

Course 2 - Slide 21: Module 4: Written Communication

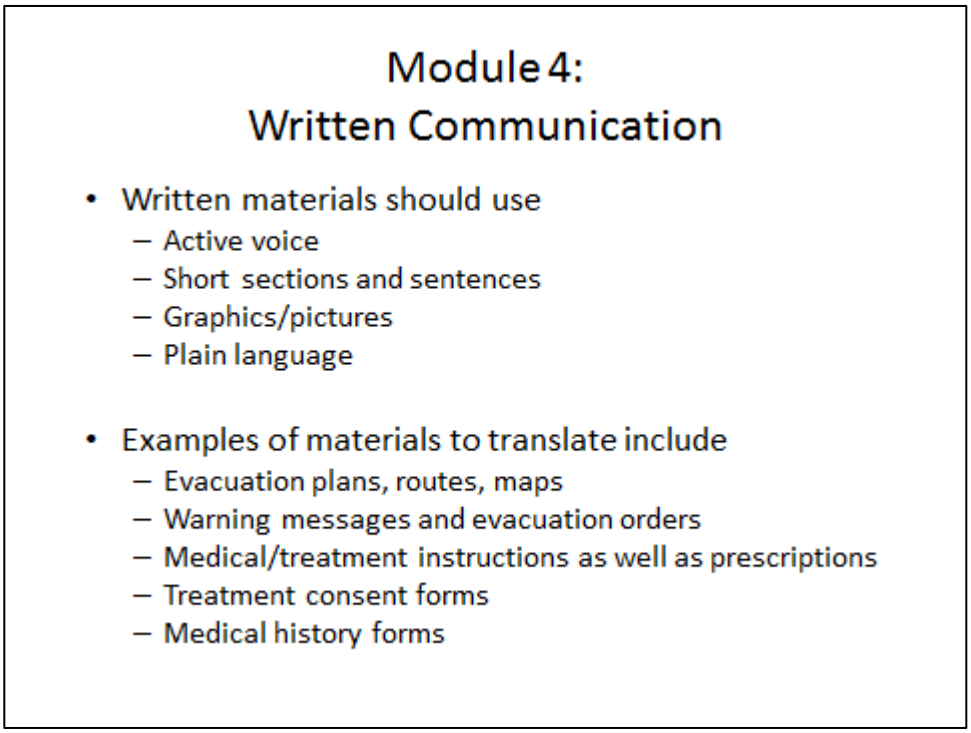
Main Takeaway: Participants should understand how to provide language access services. Participants should be able to identify the steps for translating documents from one language to another.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Communicating effectively with your community includes providing them with written materials in the languages spoken in your community.
- Providing language access services also helps your organization align with the National CLAS Standards and other federal regulations and laws, such as Title VI of the Civil Rights Act of 1964.



Key Talking Points

- Write materials in an active voice, with short sections and sentences, with graphics/pictures, and in plain language—presenting information in a way that makes it as easy as possible for people to understand.
- Consult with community members to help you understand whether or not to use certain images, colors, and numbers. Sometimes, these don't "translate" between cultures or languages.
- In determining the type of written materials to develop, clearly identify the audience, including their literacy level, culture, and language.
- Written materials that you should provide in multiple languages may include:
    - Evacuation plans, routes, maps
    - Warning messages and evacuation orders
    - Medical/treatment instructions as well as prescriptions
    - Treatment consent forms
    - Medical history forms

Course 2 - Slide 22: Written Communication

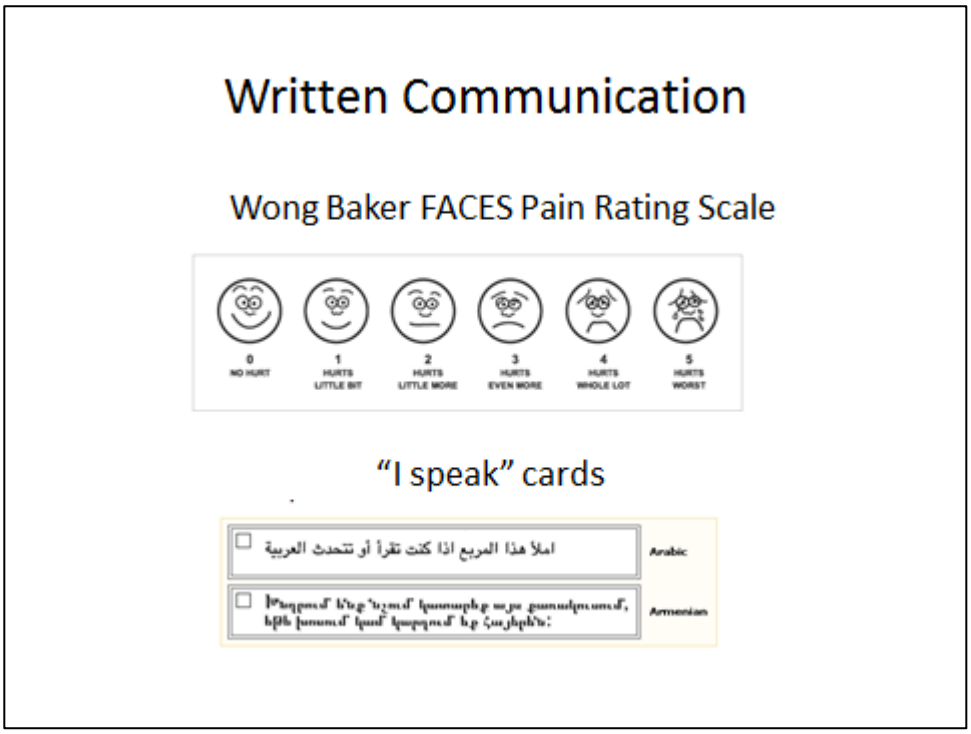
Main Takeaway: Participants should be able to discuss the use of symbolic documents in written communication, including the limitations of picture boards when working with individuals with limited English proficiency.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Written communication to reach individuals with limited English proficiency may also use symbols to convey information.



Key Talking Points

- This slide shows the Wong Baker FACES Pain Rating Scale and Language Identification Flashcard cards, which may be helpful when communicating with someone who has limited English proficiency.
- Picture boards should only be used in true emergency situations when no other option is available because they do not really allow for two-way communication.
- In addition, exercise caution when asking an individual to use tools such as the FACES Scale as these expressions of emotion are not universally accepted by all cultures.
    - For example, in cultures where showing weakness or being overly emotional is discouraged, the appropriate facial expression may be a 2, whereas the accurate pain assessment is a 4 or 5.
- The “I Speak” card features the phrase “Mark this if you read or speak [language]” in 39 languages. The individual may identify the language he or she speaks in order for your organization to arrange for an interpreter.

Course 2 - Slide 23: Module 4 Recap

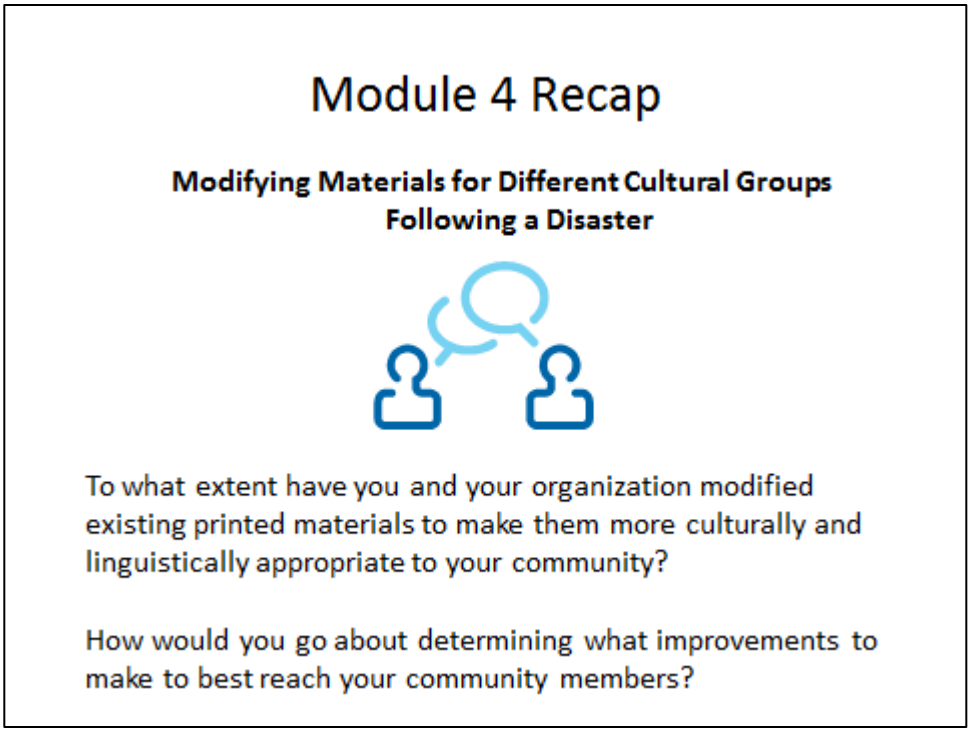
Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Cover the opening discussion points
3. Distribute Handout 2-E, From the Field: Modifying Materials for Different Cultural Groups Following a Disaster
4. Ask participants to read the story (allow 2-3 minutes)
5. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Please read the case study on Handout 2-E in your materials. In a few minutes we will discuss the case study as a group.



Discussion Questions

- 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?

Handout

- The case study is provided in Handout 2-E, From the Field: Modifying Materials for Different Cultural Groups Following a Disaster

Course 2 - Slide 24: Module 5: Bottom-Up Communication

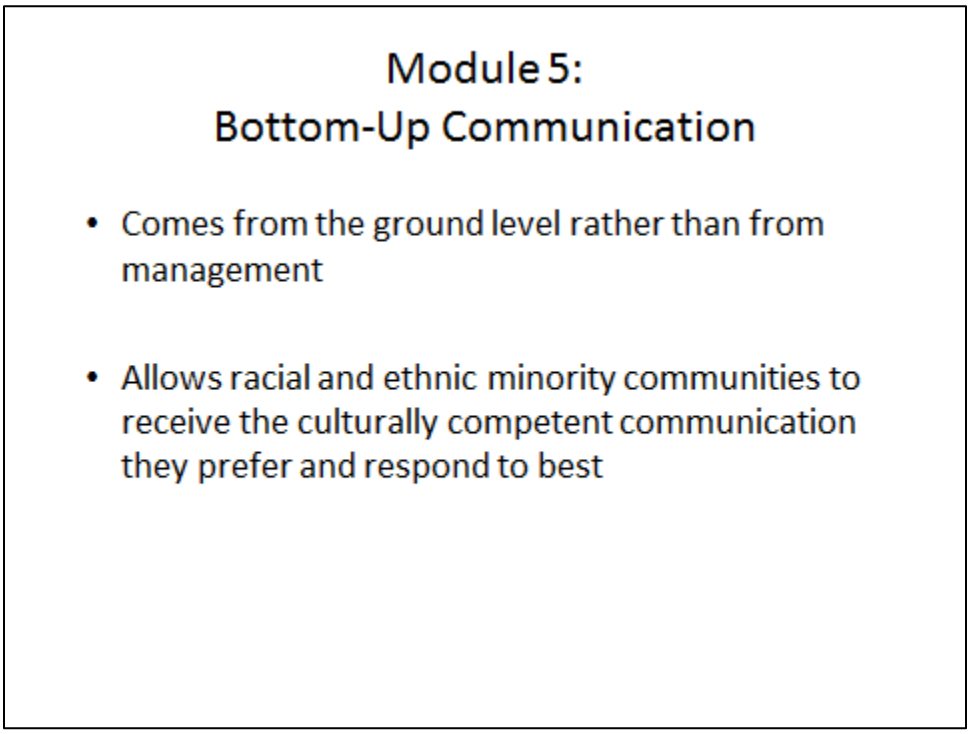
Main Takeaway: Participants should be able to identify the advantages of bottom-up communication.

Directions:

1. Display the slide
2. Cover discussion and talking points

Opening Discussion Points

- Using bottom-up communication, or communication that comes from the ground-level rather than from management, may help communities receive information in a way that they prefer and respond to best.



Key Talking Points

- Bottom-up communication happens when the community members tell service providers what they need and want. The important information is flowing up from people in the community to service providers and policy makers.
- This can be done through community meetings during which the service provider and officials are asking questions of and listening to the people they are trying to help.
- Other methods of getting information from the community include interviews, written community surveys, or telephone surveys.
- Types of information that can be gathered through bottom-up communication include
    - Where do members of the community get emergency information?
    - Where do they want the emergency shelters to be? What buildings are well known and easy to access?
    - What positive and negative experiences have they had with law enforcement and other first responders?
    - What can first responders do to build trust with the community? What kinds of interaction and activities would be helpful?
    - Are there groups of community residents who are in conflict with one another? If so, what impact would that have in a disaster?
    - Who are the people in danger of being trapped in their homes?
    - In what location should emergency supplies like bottled water be distributed?
- Utilizing community spokespersons can save time and resources.
    - This is because community members themselves will be most aware of the community's resources and capabilities. (Norris & Alegría, 2006)
    - In addition, individuals in a vulnerable and/or minority community are more likely to trust someone from their own community.
- In some communities, communicating without first establishing rapport is viewed as inappropriate.
- One method of bottom-up communication involves using local media channels, such as radio, television, newspapers, and websites, to provide community members with the latest updates, warning messages, or evacuation orders.

- Often times, these reporters are members of the affected community and are therefore trusted by the community to provide accurate information.
- Local media often know the community's resources, structure, and services providing relief better than outside reporters as well. (Telg, 2000)
- For example, for many communities, multicultural media outlets are primary or preferred sources of information. For example, during Hurricane Sandy, several ethnic media sources in New York, New Jersey, and Connecticut served as the missing link, translating English-only advisories into the languages of their communities. (Advincula, 2012)

Course 2 - Slide 25: Module 5 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 5: Bottom-Up Communication.

Directions:

1. Display the slide
2. Cover discussion and talking points
3. Read the case study out loud
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 5: Bottom-Up Communication.

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?

Key Talking Points

- Let's discuss a real-life scenario: Community Members Share Cultural Information Useful to Disaster Personnel

  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.

  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.

Discussion Questions

- 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 - Slide 26: Course 2 Summary

Main Takeaway: Participants should be able to review what they have learned in this course and suggest ways of incorporating new information into their practice.

Directions:

1. Display the slide
2. Cover opening discussion points
3. Suggested Activity: Learning Journal (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Now I would like to take a few moments to review the highlights of what we covered today.
- You learned:
    - Concepts of preparing to prevent and preparing to respond in a culturally and linguistically competent manner.
    - How to apply CLAS 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.

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.

Suggested Activity: Learning Journal

- Ask each participant to draft an action plan that will help them implement Course 2's strategies for providing CLAS in the preparation phase of a disaster.

Discussion Questions

- What are the three most important things you learned today?
- What will you bring back to your work with you?
- Are there topics I didn't cover or questions/insights you would like to share with the group?

Course 2 - Slide 27: Earn Your Continuing Education Credits

Main Takeaway: Participants should understand how to enter the online test center to complete continuing education credits requirements.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Since we have just completed the content for Course 2, you can now go to the Participant's website to complete the continuing education credits posttest and receive your credits.

Key Talking Points

- To complete the requirements for your continuing education credits:

  1. Go to https://www.thinkculturalhealth.hhs.gov/disaster/smallgroup
  2. Log in using your email address and password
  3. Select Course 1 posttest link and complete test
  4. Select Course 1 evaluation link and complete

- You will receive your certificate of completion (if earning continuing education credits) or statement of participation by email.
- Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program. I look forward to seeing you at the next training session!

Facilitator's Guide for Course 3:
Implementing CLAS in the Response Phase of a Disaster

Course 3 – Slide 1: Implementing CLAS in the Response Phase of a Disaster

Main Takeaway: Participants should be aware of what will be covered during the session and recognize that they will be able to complete a posttest at the end of the session that will qualify them for continuing education credits.

Directions:

1. Ensure that all participants have registered and completed the Course 3 pretest
2. Display the slide
3. Cover talking points

Opening Discussion Points

- Welcome to the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*! The Office of Minority Health (OMH) of the Department of Health and Human Services (HHS) is pleased to welcome you to this small group session of their e-learning program designed specifically for disaster preparedness and crisis response professionals.
- My name is ___, and I will be your facilitator for Course 3: Implementing Culturally and Linguistically Appropriate Services (CLAS) in the Response Phase of a Disaster.
- By completing this training program, you will develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. The elements and issues highlighted throughout this course are designed to enhance the excellent services you already provide. This course will introduce you to the concept of cultural and linguistic competency and its relevance to response for emergency situations.
- Please confirm that you have registered for the course online and completed the Course 3 pretest.
- During the response phase, individuals work to lessen the impact of the disaster and provide relief to the survivors.

- Providing CLAS is critical during this phase because it helps responders determine who is willing and able to utilize available resources.
- In this course, you will cover techniques related to:
  - Just-in-time training
  - Overcoming a cultural misstep
  - Meeting basic, physical and mental health needs

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

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

Key Talking Points

- Before we begin, I would like to review some important information with you.
- In order to receive continuing education credits, you will need to
  - Complete the pretest (you should have completed the pretest prior to attending this session)
  - Attend this full session
  - Complete the posttest, earning a score of at least a 70% or higher
  - Submit the Course Evaluation
- Eligible EMT/first responder, psychologist/psychiatrist, and social worker participants may receive two and a quarter (2.25) credits per course for completing the requirements. Eligible

dentist participants may receive three (3) credits per course for completing the requirements for each course. To receive continuing education credits, you must complete each course in its entirety.

- If you are not eligible to receive continuing education credits, you will still earn a statement of participation.
- Once you complete the above steps, you will receive your continuing education certificate or statement of participation via email.
- Today, we will be going through Course 3 together.
- I hope you find this program useful in your everyday work. Thank you for your interest in this program and for taking this important step in the cultural and linguistic competency journey. Let's begin!

Course 3: Icebreaker Activity: The Silent Game

Main Takeaway: Participants should examine stereotypes and cultural assumptions that people make upon first meeting.

Directions:

1. Ensure that all participants have registered and completed the Course 3 pretest
2. Display the slide
3. Cover talking points

Opening Discussion Points

- When we first meet other people, many times we make assumptions about that person before getting to know him or her. Does that sound familiar?

Activity: Icebreaker: The Silent Game

- Divide the group into pairs. Provide a list of items for the pairs to find out about each other such as:
  - What did you have for breakfast?
  - Where did you grow up?
  - How many children do you have?
  - Where do you like to go on vacation?
  - What are your hobbies?
- The participants should write down the answers to these questions about their partner without communicating with their partner.
- Then, allow the pairs to speak with one another in order to find out the real answers to these questions. Ask them to write down the true answers, also.
- Lead a group discussion that reflects on this activity. First impressions may be based on assumptions or stereotypes. Ask your participants: Do you feel uncomfortable with the

assumptions that others may be making about you? Have you ever stereotyped a patient based on their appearance or behavior?

- Note that first impressions are influenced by our own values and feelings (our culture). The best way to avoid this and really get to know a patient is to ask respectful questions about his or her background.

Course 3 - Slide 2: Course 3 Learning Objectives

Main Takeaway: Participants should be able to articulate learning objectives for Course 3.

Directions:

1. Display the slide
2. Review learning objectives
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- There are 10 learning objectives for Course 3.

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.

Key Talking Points

- Take a moment to review the learning objectives. Use your learning journal to write down your top three learning objectives and why they are important to you.
- Course 3 Learning Objectives:
  - Describe ways to implement 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.

Suggested Activity: Learning Journal

- The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and can be extremely helpful in developing cultural competence.
- To complete this activity:
  - Provide participants with sheets of paper and pens or pencils.
  - Ask participants to record personal impressions, experiences, discoveries, or questions that happen during the course.
  - Allow participants to make entries into their journals throughout the session. Opportunities for journal writing can include notes from self-assessment exercises, reactions to case studies, thoughts about what participants think they do well in their

practice in regard to cultural competence and where they think they can improve, and other notes as appropriate to the material.

- Ask participants to note their top three learning objectives for Course 3 and discuss why the selected objectives are important to them.

Course 3 -Slide 3: Course 3 Modules

Main Takeaway: Participants should be able to list the five modules of Course 3.

Directions:

1. Display the slide
2. Review the modules in the course

Opening Discussion Points

- Throughout Course 3, you will see ways to implement elements of cultural and linguistic competence into the response phase of a disaster.

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

Key Talking Points

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

Course 3 - Slide 4: *The National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care*

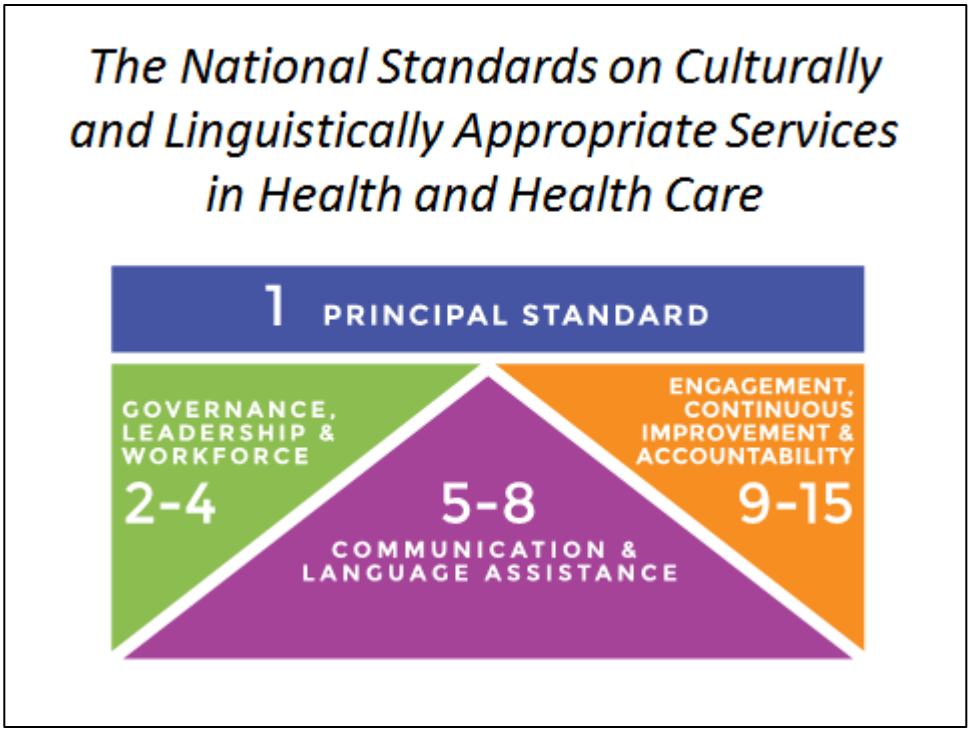
Main Takeaway: Participants should be able to discuss the three themes of the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (*National CLAS Standards)*.

Directions:

1. Display the slide
2. Distribute Handout 3-A, The *National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*
3. Cover discussion and talking points

Opening Discussion Points

- The *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* e-learning program is grounded upon the HHS OMH *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (*the National CLAS Standards*). The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health disparities. They operationalize the concepts of cultural and linguistic competency and provide you and your organization with actionable steps to ensure the delivery of culturally and linguistically competent services.



Handout

- The *National CLAS Standards* are provided in Handout 3-A, *The National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*.

Key Talking Points

- You can find the *National CLAS Standards* and other e-learning programs on Think Cultural Health at www.thinkculturalhealth.hhs.gov.
    - On Think Cultural Health you can also find a guidance document published by the HHS OMH to accompany the *National CLAS Standards*, called *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. It offers explanations, implementation strategies, and additional educational resources for each standard.

Course 3 - Slide 5: Module 1: Just-in-Time Training

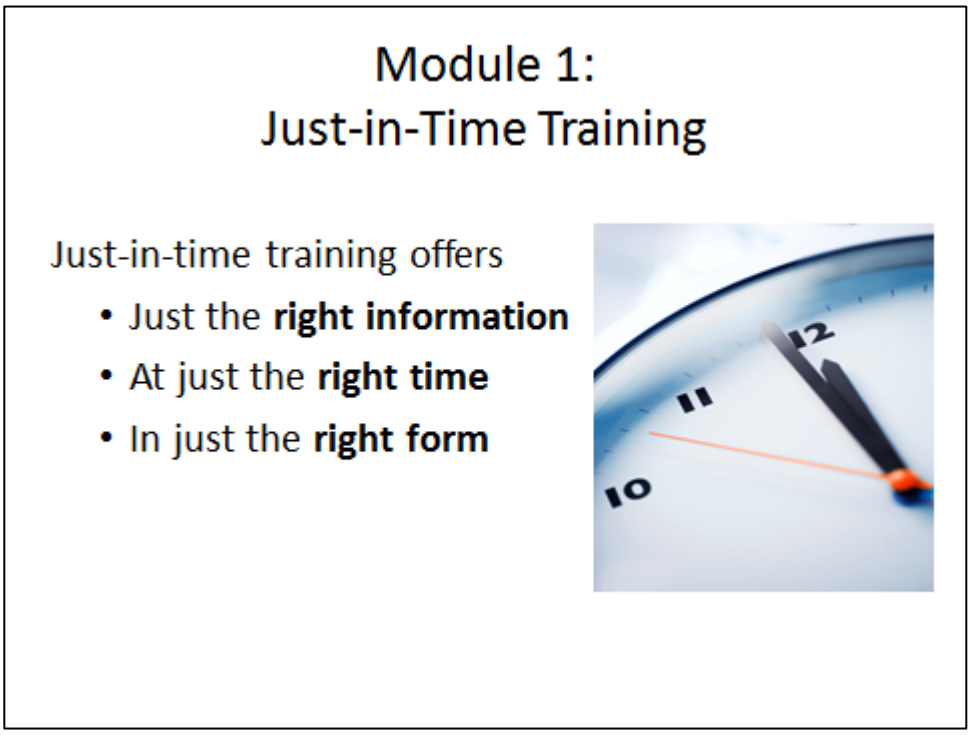
Main Takeaway: Participants should be able to describe how cultural competence can be a part of just-in-time training.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Just-in-time training is a valuable opportunity to receive quick information about the community you are about to serve and its cultural norms.



Key Talking Points

- When working with specific groups, culture-specific knowledge may be helpful. It is important that you know the details about the groups with whom you are about to come in contact.
- Just-in-time training delivered by a local spokesperson or point of contact provides the answers you are seeking.
- Just-in-time training offers
    - Just the right information
    - At just the right time
    - In just the right form
- It can be web-based or face-to-face.

Course 3 - Slide 6: Module 1 Recap

Main Takeaway: Participants should be able to analyze the case study in terms of the just-in-time training material covered.

Directions:

1. Display the slide
2. Cover the opening discussion points
3. Play Video 3-A: Tornado on the Reservation from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- We are now going to watch a video case study depicting real-world circumstances involving a diverse group of people.
- This video case study begins with two U.S. Public Health Service Commissioned Corps officers at a command center. They are meeting to establish continuing response efforts for victims of a tornado on a Native American Reservation.

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?

Video Case Study

- Play Video Case Study 3-A: Tornado on the Reservation: Providing Culturally Competent Care and Organizational Supports while Responding to a Disaster from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Discussion Questions

- What questions might you have asked when going into this situation?
- If it were necessary to provide just-in-time training to responders coming into your city/region, do you know who to contact to deliver such training? You may want to consider making a list of these individuals and including that in your disaster plan.

Course 3 - Slide 7: Module 2: Overcoming a Cultural Misstep

Main Takeaway: Participants should be able to describe ways to overcome a cultural misstep.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Being culturally competent will minimize the number of missteps an individual is likely to make, but mistakes may still happen.

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.

Key Talking Points

- There are many examples of cultural missteps; most are easily overcome.
- However, some are more serious. One example is the misunderstanding of Spanish-speaking patients taking prescription medication with the instructions, "take once daily." As you may know, "once" in Spanish means eleven. There have been multiple stories of individuals overdosing because either they or their children were given too much of their prescription. (Flores, 2006)
- Whether a cultural misstep was either simple or tragic, steps need to be taken in order to reengage the community so that you and your organization continue to maintain a healthy and collaborative relationship.
- You must acknowledge the mistake to the individuals impacted by it and offer an apology.
    - If you are able to offer to make amends according to their specific custom, this can go a long way with community members.
- You may also consider asking individuals that you come in contact with regularly if there are any parts of their culture you should pay particular attention to.
- When working with your community members, be aware of individuals'
    - Cultural heritage and how it is labelled. Ask people how they call their group. Avoid assuming that someone is from one country when they are really from another.
    - Preferences related to non-verbal communication. Even a light touch on the arm is inappropriate in some cultures. In other cultures, it conveys warmth and sympathy.
- Learning from a misstep enables you to offer care that respects and takes a community member's cultural beliefs and values into account in the future.

Course 3 - Slide 6: Module 2 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 2: Overcoming a Cultural Misstep.

Directions:

1. Display the slide
2. Read out loud the case study
3. Suggested Activity: Discussion in Groups (allow 5-7 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 2: Overcoming a Cultural Misstep.

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) incontrollable 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?

Key Talking Points

- Let's discuss a real-life scenario: Different Cultures React in Different Ways.
- "In [some] 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) incontrollable 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."

Suggested Activity: Discussion in Groups

Ask participants to form groups of about three. Prompt them to discuss:

- What would be the result of a cultural misstep like the one described in this scenario?
- Have you witnessed a cultural misstep or been responsible for one yourself?
- If so, how did you handle the situation?
- What did you learn from this misstep?
- Did this experience make you more aware of your own cultural values?

Course 3 - Slide 9: Module 3: Meeting Basic Needs

Main Takeaway: Participants should be able to describe the influence culture has on meeting the basic needs of diet and shelter.

Directions:

1. Display the slide
2. Cover talking points
3. Suggested Activity: Discussion in Groups (allow 7-10 minutes)

Opening Discussion Points

- In a disaster, you should be most concerned with assuring that the physiological and security needs of individuals are met as they will often have the greatest influence on an individual's health.

Module 3:
Meeting Basic Needs

These basic needs have cultural implications.

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

Key Talking Points

- Meeting basic needs in a culturally and linguistically competent manner helps you ensure the overall well-being of individuals impacted by a disaster.
- Basic needs go beyond just food, water, and shelter. They include both physical and non-physical elements needed for human growth and development as well as all those things humans are innately driven to attain.
- Each of these items and the importance they play can be tied directly to the individual's or the community's culture.
- Each of these basic needs have cultural implications:
    - Self-actualization
    - Esteem need
    - Love/belongingness
    - Security need
    - Physiological needs

Suggested Activity: Discussion in Groups

- Divide participants into groups of three or four, and ask the groups to identify and define basic needs, including those listed on the slide.
- Following the group discussion, ensure that the class understands the definitions of the five basic needs presented here by discussing the terms and their cultural implications.

Basic Needs	Cultural Implications
Self-Actualization: The need to reach one's potential in all areas of life.	If response, relief, and recovery efforts are not culturally and linguistically competent, individuals may feel that they are now less likely to achieve goals. Individuals who have lost their homes, other possessions, and perhaps family members may require months or years of support to feel they can set goals and achieve them.
Esteem Need: The need to be recognized by oneself and others as strong, competent, and capable. It also includes the need to know that one has some effect on her/his environment.	Continuing to follow cultural beliefs and practices despite a disaster is important for maintaining self-esteem.
Love/Belongingness: The need to be accepted by others and to have strong personal ties with one's family, friends, and identity groups.	Fear of being separated from a support group of individuals who speak the same language or understand their beliefs and practices.
Security Need: The need for structure, predictability, stability, and freedom from fear and anxiety. This includes cultural security, which is related to identity and the need for recognition of one's language, traditions, religion, cultural values, ideas, and concepts.	Trust in authorities; knowledge that individuals aren't at further risk by accepting assistance. Culturally and linguistically appropriate response efforts could put many communities at ease.
Physiological Needs: The need for food, shelter, water, and clothing.	If physiological needs are not met in a culturally and linguistically competent manner, individuals' health and overall well-being are jeopardized. In addition, their ability to participate actively in their cultural rituals is greatly diminished.

Course 3 - Slide 10: Strategies for Meeting Basic Needs

Main Takeaway: Participants should be able to use the Basic Needs diagram to enhance the services they provide in the community.

Directions:

1. Display the slide
2. Cover the opening discussion points
3. Distribute Handout 3-B, Meeting Basic Needs
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Now that we've discussed the types of basic needs, let's discuss strategies for meeting basic needs of vulnerable populations following disasters using this diagram.
- Each strategy is intended to inform the work that you are already doing with your community to better enhance the services you provide.

Discussion Questions

- Read out loud each item on the diagram and ask for class input on the implementation strategies for it using probing questions such as
  - What resources would your organization use to ensure that this basic need is met?
  - Who would you contact to help you meet this basic need?
  - What steps would your organization take in order to ensure this basic need is met?

Handout

The Meeting Basic Needs diagram is provided in Handout 3-B, Meeting Basic Needs.

Course 3 - Slide 11: Video Case Study

Main Takeaway: Participants should be able to analyze the case study in terms of the meeting basic needs material covered.

Directions:

1. Display the slide
2. Cover the opening talking points
3. Play Video 3-B: Meeting Basic Needs from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Food is one basic need that is a factor in social relations and carries social significance.
    - For example, specific foods are used within cultural groups during celebrations and special events or therapeutically as either medicine or to promote health.
- Each cultural group has its own food preferences and may not eat certain foods.
- A disaster can make it more difficult to maintain the diet to which you are accustomed.
- As individuals involved in planning and implementing the recovery plans and processes, you can help ensure that meals and rations are provided in a culturally and linguistically appropriate manner.
- We are now going to watch a video case study depicting a team's attempt to provide resources to those affected by a recent flood. The area has many Chinese individuals, and they do not seem to be interested in the food offered to them. As a result, several appear to be malnourished and have been hospitalized.

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?

Video Case Study

- Play Video Case Study 3-B: Meeting Basic Needs: Providing Culturally Competent Care and Organizational Supports while Responding to a Disaster from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Discussion Questions

- When you think of basic needs for your community, what do you think of?
- How can you meet these basic needs in a culturally and linguistically competent manner?

Course 3 - Slide 12: Shelter and Housing

Main Takeaway: Participants should be able to describe the functions of shelter during normal conditions and during a time of a disaster.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Shelter is another part of an individual's basic physiological and security needs.

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.

Key Talking Points

- Under normal circumstances, shelter serves a variety of functions, including (OCHA, 1982):
  - Protections against cold, heat, wind, and rain
  - Storage of belongings
  - Emotional security
- However, the functions of shelters may change during times of crisis. The research shows that the priorities for individuals displaced by a disaster include (OCHA, 1982):
  - 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 may influence how groups prefer space allocation to different genders. Some cultural groups may find it inappropriate for men and women to cohabitate; others may insist that the family stay together as a collective.
- If a shelter is unable to meet the needs in terms of gender segregation, individuals with disabilities, service animals, and so on, then they should have a plan in place for individuals who need these accommodations.
- There may be some groups of people in a community who may not want to be housed together. Leaders from those communities may be able to call a “truce” and encourage people to treat each other respectfully.
- Some people may find it comforting to have appropriate religious services at the shelter.
- Keep in mind language access when planning and implementing your shelters. Deploy bilingual personnel and use culturally and linguistically appropriate signage, pamphlets, and other materials.

Course 3 - Slide 13: Module 3 Recap

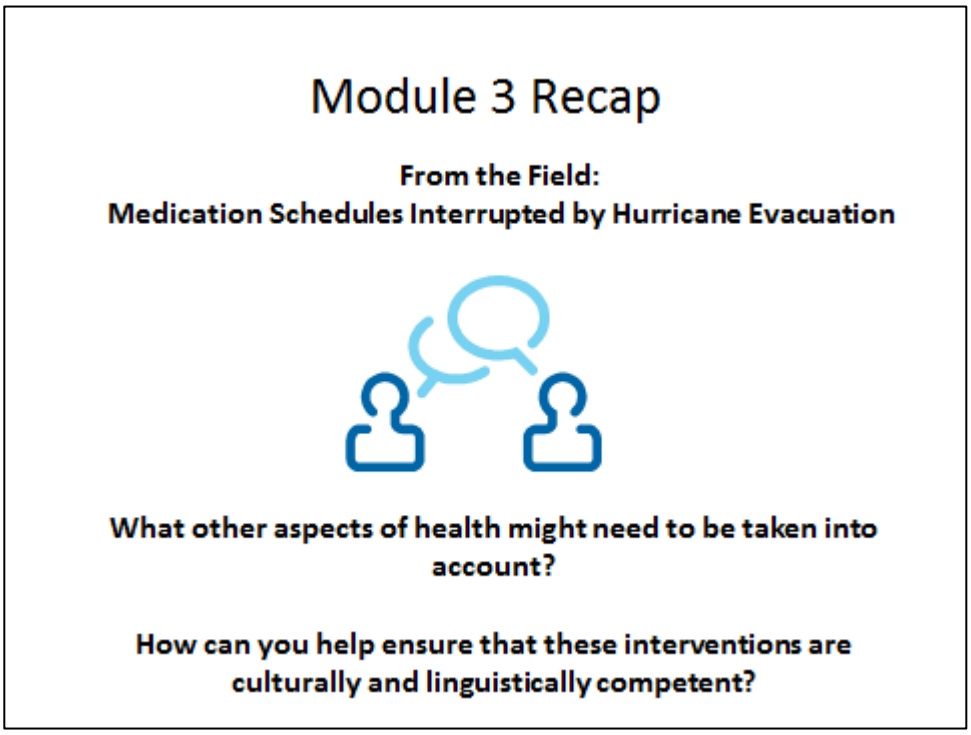
Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 3: Meeting Basic Needs.

Directions:

1. Display the slide
2. Read out loud the case study
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 3: Meeting Basic Needs.



Key Talking Points

- Let's discuss a real-life scenario: Medication Schedules Interrupted by Hurricane Evacuation.
- It may be difficult for disaster survivors to continue their medicine regimen; their homes or pharmacies may be destroyed, and they may not have the funds or insurance coverage to replace lost medication. For example, a study indicates that New Orleans residents with hypertension had a difficult time adhering to their medication schedule after Hurricane Katrina. Ten percent of patients reported not taking their medication with them while evacuating, and one third said they ran out of medicine while away from their homes.

Discussion Questions

- What other aspects of health might need to be taken into account? For example:
  - Individuals with diabetes need to eat on a regular schedule.
  - People who smoke cigarettes will be very uncomfortable unless they have a supply of cigarettes or are given a nicotine substitute, like a patch.
  - Someone with a drug addiction will experience withdrawal symptoms without appropriate medical assistance.
- How can you help ensure that your services are culturally and linguistically competent?

Course 3 - Slide 14: Module 4: Meeting Physical Health Needs

Main Takeaway: Participants should be able to describe how cultural and linguistic competence influences triage.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

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

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.

Key Talking Points

- Culturally and linguistically appropriate services during an emergency begin at the first point of contact, and that is generally triage.
- Triage is a process to categorize victims, in part, by using standards to create categories among victims that indicate the urgency with which they should be treated.
- As individuals are triaged, remember that not everyone will exhibit pain or other symptoms in the same manner.
- If you recall the Wong-Baker FACES pain diagram shown in Course 2, you know that an individual presenting as a level 2 may actually be suffering at a 4 or 5, depending on cultural norms related to pain management and expression.

Course 3 - Slide 15: Acute Patient Care

Main Takeaway: Participants should be able to identify ways that cultural and linguistic competence influences acute patient care.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- You should be aware of the role that cultural beliefs and practices play into community members' lives and how these beliefs influence community members' approach to health.
- There are many opportunities to apply CLAS throughout the acute care process, including providing signage in multiple languages, being respectful of beliefs and practices, and ensuring that interpreters are available.

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.

Key Talking Points

- Too often, assumptions are made about cultural groups based on limited information. This can negatively impact community members or those you are trying to serve.
- Using language access services saves time, resources, and ultimately, lives.

Course 3 - Slide 16: Module 4 Recap

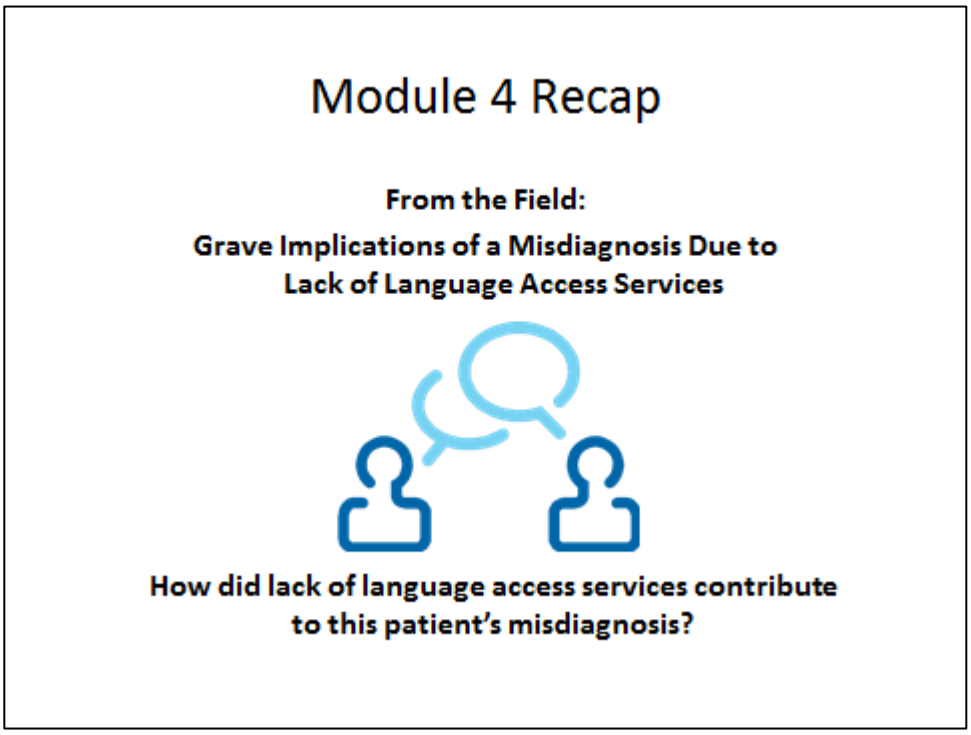
Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 4: Meeting Physical Health Needs.

Directions:

1. Display the slide
2. Read out loud the case study
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 4: Meeting Physical Health Needs.



Key Talking Points

- Let's discuss a real-life scenario: Grave Implications of a Misdiagnosis Due to Lack of Language Access Services.
- In [one] case, doctors at a federally subsidized health clinic diagnosed a man from Mexico as having paranoid schizophrenia and committed him to a psychiatric hospital that also received federal assistance. The man was unable to understand Spanish and spoke unintelligibly to the medical professionals who examined him. Eventually, more than 2 years later, the hospital released him after determining he was not mentally ill and did not speak Spanish. Instead, he spoke a native, indigenous dialect commonly spoken by people from his region of Mexico.

Discussion Questions

- How did lack of language access services contribute to this patient's misdiagnosis?
- In your work, what consequences could a miscommunication have on meeting someone's physical needs?

Course 3 - Slide 17: Module 5: Meeting Mental Health Needs

Main Takeaway: Participants should be able to describe how culture may affect mental health care utilization.

Directions:

1. Display the slide
2. Cover the discussion and key talking points
3. Distribute Handout 3-C, Some Examples of How Mental Health Care Utilization may be Affected by the Culture of the Patient
4. Facilitate the discussion (allow 3-5 minutes)
5. Optional: Distribute and discuss Handout 3-D, Culturally Competent Care Checklist for Disaster Mental Health Program

Opening Discussion Points

- Disaster mental health focuses on interventions to help survivors cope with the aftermath of disaster, mitigate additional stressors or psychological harm, develop coping strategies, and restore survivors to an acceptable level of daily living.

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

Key Talking Points

- Injuries that are physical in nature are generally easier to identify and treat in a culturally and linguistically competent manner. Individuals whose emotional and psychological health is suffering after a disaster may be more difficult to identify and treat due in part to cultural and linguistic barriers. (HHS, 2001)
- Culture influences mental health symptoms, coping styles, seeking of treatment, and other factors. Therefore, services should be culturally relevant and respectful of the beliefs and social practices of the population you are serving.

Handout

- Some Examples of How Mental Health Care Utilization may be Affected by the Culture of the Patient is provided in Handout 3-C.

Discussion Questions

- Do any of the cultural factors that affect mental health care utilization surprise you? If so, why?
- How might the issues explained here present themselves in your community?
- What can you do in your work to take culture into account when meeting a community member's mental health needs?

Optional Handout: The Culturally Competent Care Checklist for Disaster Mental Health Programs (Handout 3-D) may be most applicable to disaster mental health organizations, but may be of value regardless of your discipline within disaster preparedness and crisis response. If your class is composed primarily of mental health professionals, or if you feel this information would be of value to your class for other reasons, use the talking points below and Handout 3-C – Culturally Competent Care Checklist for Disaster Mental Health Program to supplement Module 5.

- The Culturally Competent Care Checklist for Disaster Mental Health Programs provides a summary of important cultural and linguistic elements for successful mental health programs.
- The checklist can be used in a variety of formats including program planning, ensuring cultural and linguistic competence in disaster mental health programs, and to help make certain that overall mental health management plans are culturally and linguistically appropriate.
- A culturally competent mental health program ensures that services are accessible, appropriate, and equitable.
- The checklist may be used in all phases of disaster as a tool to assess current disaster crisis counseling programs.

Course 3 - Slide 18: Care for Disaster Personnel

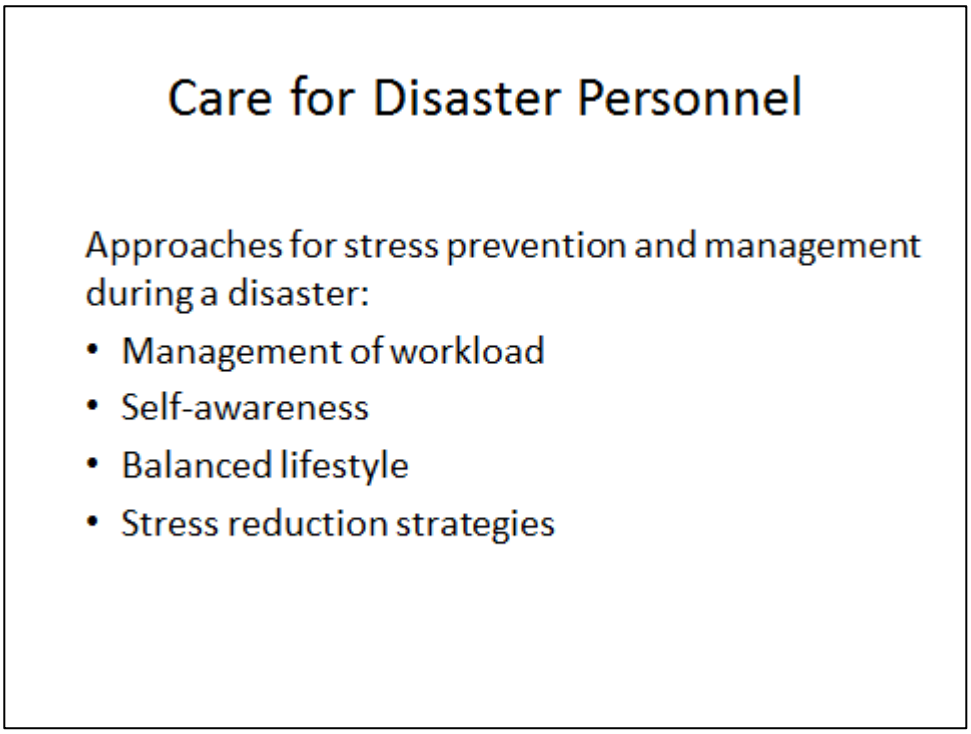
Main Takeaway: Participants should be able to apply cultural and linguistic competency concepts to all disaster personnel.

Directions:

1. Display the slide
2. Distribute Handout 3-E, "Approaches for Stress Prevention and Management"
3. Suggested Activity: Learning Journal (allow 5 minutes)

Opening Discussion Points

- Just as the general public has basic health needs during the course of a disaster, so do the individuals who respond to them. Culturally and linguistically competent care is also important for all disaster personnel.



Key Talking Points

- The same cultural and linguistic barriers that impact the public may prevent you the responder from attending to your own psychological well-being. Therefore, you should examine your own cultural values and be aware of colleagues who may avoid seeking help for cultural or linguistic reasons.
- As a disaster personnel, you are at risk for adverse psychological effects because
    - You may also be the primary victims of a disaster.
    - You are continually exposed to difficult tasks, such as removing bodies or hearing victims recount their experiences.
    - Your work may be extremely dangerous, tiring or physically demanding.
    - You may not be able to rest enough.
    - You may experience guilt over those that could not be saved or blame yourselves over situations out of your control.

Suggested Activity: Learning Journal

- Ask participants to write their reflections on the Approaches for Stress Prevention and Management handout in their Learning Journals.
- Ask participants to list concrete action items that they and their organization could implement for each approach for stress prevention and management identified on the handout.

Handout

- "Approaches for Stress Prevention and Management" is provided in Handout 3-E.

Course 3 - Slide 19: Module 5 Recap

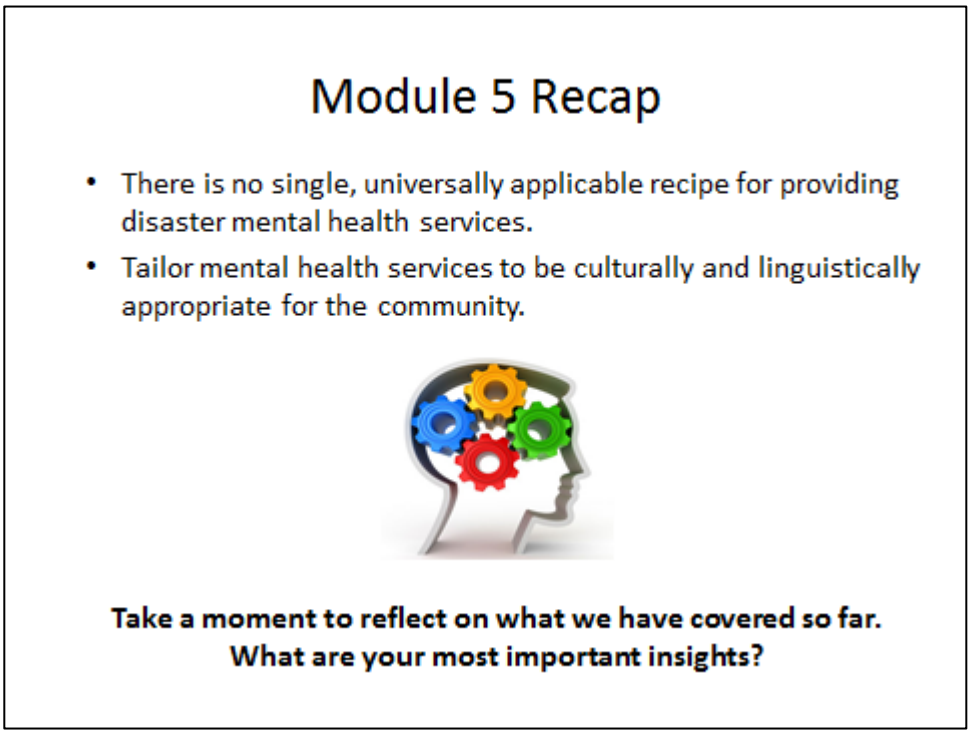
Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 5: Meeting Mental Health Needs.

Directions:

1. Display the slide
2. Read out loud the case study
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 5: Meeting Mental Health Needs.



Key Talking Points

- Recent research shows that there is no single, universally applicable recipe for providing disaster mental health services.
- You should tailor your mental health services to be culturally and linguistically appropriate for the community.

Suggested Activity: Learning Journal

- To conclude this section, ask participants to write their reflections in their learning journals.

Course 3 - Slide 20: Course 3 Summary

Main Takeaway: Participants should be able to review what they have learned in this course and suggest ways of incorporating new information into their practice.

Directions:

1. Display the slide
2. Cover opening discussion points
3. Suggested Activity: Learning Journal (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Now I would like to take a few moments to review the highlights of what we covered today.
- 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

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

Suggested Activity: Learning Journal

- Ask each participant to draft an action plan that will help them implement Course 3's strategies for providing CLAS in the response phase of a disaster.

Discussion Questions

- What are the three most important things you learned today?
- What will you bring back to your work with you?
- Are there topics I didn't cover or questions/insights you would like to share with the group?

Course 3 - Slide 21: Course 3: Earn Your Continuing Education Credits

Main Takeaway: Participants should understand how to enter the online test center to complete continuing education credits requirements.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Since we have just completed the content for Course 3, you can now go to the Participant's website to complete the continuing education credits posttest and receive your credits.

Key Talking Points

- To complete the requirements for your continuing education credits:

  1. Go to https://www.thinkculturalhealth.hhs.gov/disaster/smallgroup
  2. Log in using your email address and password
  3. Select Course 1 posttest link and complete test
  4. Select Course 1 evaluation link and complete

- You will receive your certificate of completion (if earning continuing education credits) or statement of participation by email.
- Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program. I look forward to seeing you at the next training session!

Facilitator's Guide for Course 4:
Implementing CLAS in the Recovery Phase of a Disaster

Course 4 - Slide 1: Implementing CLAS in the Recovery Phase of a Disaster

Main Takeaway: Participants should understand the main goals of completing this course, which are to develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. Participants should recognize that in order to earn continuing education credits, they will need to complete a pretest, posttest, and evaluation form for the session.

Directions:

1. Ensure that all participants have registered and completed the Course 4 pretest
2. Display the slide
3. Cover talking points

Opening Discussion Points

- Welcome to Course 4 of the *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*! The Office of Minority Health (OMH) of the Department of Health and Human Services (HHS) is pleased to welcome you to this small group session of their e-learning program designed specifically for disaster preparedness and crisis response professionals.
- My name is ___, and I will be your facilitator for Course 4: Implementing CLAS in the Recovery Phase of a Disaster.
- By completing this training program, you will develop knowledge, attitudes, and skills related to cultural and linguistic competency in order to help improve services and reduce disparities in disaster situations. The elements and issues highlighted throughout this course are designed to enhance the excellent services you already provide.
- Please confirm that you have registered for the course online and completed the Course 4 pretest.
- At the conclusion of this learning session, you will be prepared to complete the posttest for Course 4 at the online test center and receive your continuing education credits. When we are finished covering the material, I will walk you through this process.

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

Course 4: Implementing CLAS in the Recovery Phase of a Disaster

Key Talking Points

- In this course, you will cover techniques that you can use to implement cultural competency as a strategy to reduce the burden of health disparities in the recovery phase.
- You will learn about
  - Disparities that disproportionately affect cultural minority communities
  - Components of cultural competence that match up with short- and long-term recovery efforts
  - The knowledge, skills, and attitudes necessary in the recovery phase of a disaster to help you improve your communication and understanding
- Before we begin, I would like to review some important information with you.
- In order to receive continuing education credits, you will need to
  - Complete the pretest (you should have completed the pretest prior to attending this session)
  - Attend this full session
  - Complete the posttest, earning a score of at least a 70% or higher

    - Submit the Course Evaluation

- Eligible EMT/first responder, psychologist/psychiatrist, and social worker participants may receive two and a quarter (2.25) credits per course for completing the requirements. Eligible dentist participants may receive three (3) credits per course for completing the requirements for each course. To receive continuing education credits, you must complete each course in its entirety.
- If you are not eligible to receive continuing education credits, you will still earn a Statement of Participation.

Course 7 Icebreaker Activity: 7 Circles

Main Takeaway: Participants should examine cultural groups with which they identify.

Directions:

1. Stay on slide 1
2. Cover discussion points
3. Distribute paper to all participants
4. Facilitate the icebreaker (Allow 10-15 minutes

Opening Discussion Points

- Let's do an activity to get to know each other a little better, and to get ourselves thinking about culture.

Activity: Icebreaker: 7 Circles

- Explain the activity to the participants:
    - On your paper, draw a big circle in the middle and draw seven smaller circles connected to the big circle.
    - Write your name in the big circle.
    - In the smaller circles, write different ways that you identify yourself. Think of different cultural groups like nationality, religion, political stance, geographic ties, gender identity, language, age, race, and more. You may also consider your professional ties and family ties. Examples include: sister, Latino, teacher, Millennial, Midwestern, Catholic, son.
- Ask some or all participants to share their circles. Consider dividing the participants into smaller groups.
- Lead a discussion:

- Talk about a time when you felt proud to be a member of a certain group.
- When did it feel painful to be a member of a certain group?
- Think about how the words you wrote down influence your everyday life, including your interactions.
- Understanding your own culture better can help you understand the ways that you communicate and interact with others.
- When you consider your own culture and other people's cultures, you can start to understand how to communicate more effectively with others.
- What could this awareness of culture have to do with the work you do?

Course 4 - Slide 2: Learning Objectives

Main Takeaway: Participants should be able to articulate learning objectives for Course 4.

Directions:

1. Display the slide
2. Review learning objectives
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- There are 10 learning objectives for Course 4.

Course 4 Learning Objectives

- Define the recovery phase of a disaster.
- Identify several factors that contribute to minorities having a slower and more difficult recovery following disasters.
- Cite examples of disparities among minorities relating to physical health and well-being.
- Cite examples of disparities among minorities relating to mental health.
- Define elements that may have an influence on one's health.
- Describe some reasons for working with the community during disaster recovery.
- Describe the cycle of disaster preparedness and crisis response.
- Explain the role of evaluation in the recovery process.
- Identify components of a successful evaluation.
- Discuss how elements of the preparation phase are applicable during recovery.

Key Talking Points

- Take a moment to review the learning objectives. Use your learning journal to write down your top three learning objectives and why they are important to you.
- Course 4 Learning Objectives:
  - Define the recovery phase of a disaster.
  - Identify several factors that contribute to minorities having a slower and more difficult recovery following disasters.
  - Cite examples of disparities among minorities relating to physical health and well-being.
  - Cite examples of disparities among minorities relating to mental health.
  - Define elements that may have an influence on one's health.
  - Describe some reasons for working with the community during disaster recovery.
  - Describe the cycle of disaster preparedness and crisis response.
  - Explain the role of evaluation in the recovery process.
  - Identify components of a successful evaluation.
  - Discuss how elements of the preparation phase are applicable during recovery.

Suggested Activity: Learning Journal

- The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and can be extremely helpful in developing cultural competence.
- To complete this activity:
  - Provide participants with sheets of paper and pens or pencils.
  - Ask participants to record personal impressions, experiences, discoveries, or questions that happen during the course.
  - Allow participants to make entries into their journals throughout the session. Opportunities for journal writing can include notes from self-assessment exercises, reactions to case studies, thoughts about what participants think they do well in their

practice in regard to cultural competence and where they think they can improve, and other notes as appropriate to the material.

- Ask participants to note their top three learning objectives for Course 4 and discuss why the selected objectives are important to them.

Course 4 - Slide 3: Course 4 Modules

Main Takeaway: Participants should be able to list the five modules of Course 4.

Directions:

1. Display the slide
2. Review the modules in the course

Opening Discussion Points

- Throughout Course 4, you will see ways to implement elements of cultural and linguistic competence into the recovery phase of a disaster.

Course 4 Modules

1. Disparities in Recovery: Seeking Assistance
2. Rebuilding Neighborhoods
3. Consulting the Community
4. (Re)Planning
5. Evaluation

Key Talking Points

- Module 1: Disparities in Recovery: Seeking Assistance
- Module 2: Rebuilding Neighborhoods
- Module 3: Consulting the Community
- Module 4: (Re)Planning
- Module 5: Evaluation

Course 4 - Slide 4: *The National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care*

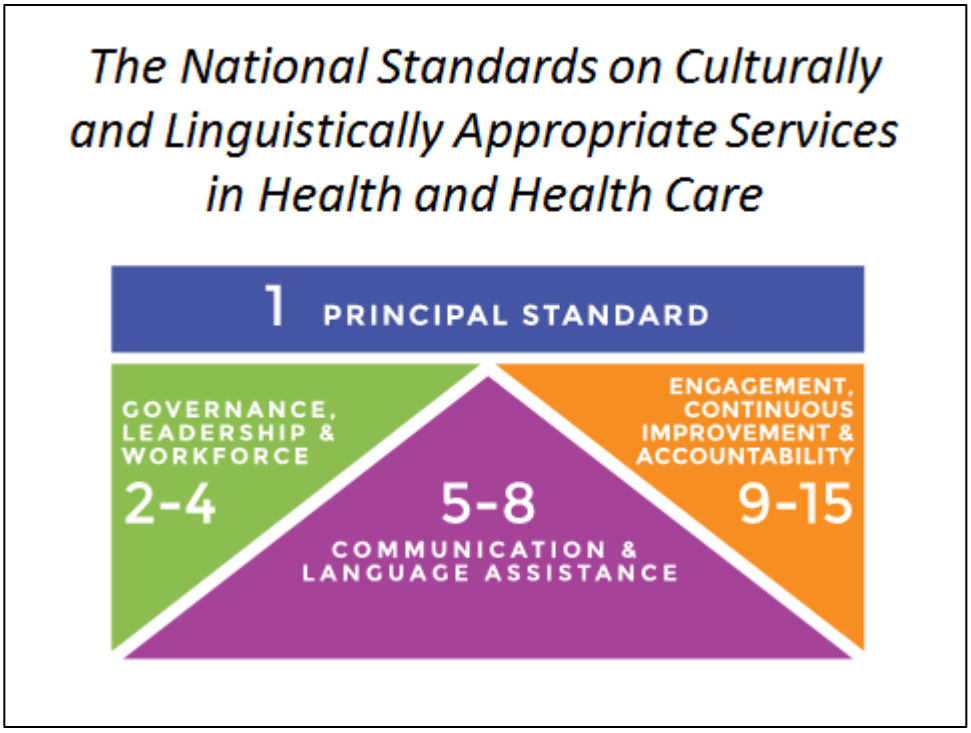
Main Takeaway: Participants should be able to discuss the three themes of the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)*.

Directions:

1. Display the slide
2. Distribute Handout 4-A, The *National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*
3. Cover discussion and talking points

Opening Discussion Points

- The *Cultural Competency Curriculum for Disaster Preparedness and Crisis Response* e-learning program is grounded upon the HHS OMH *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (*the National CLAS Standards*). The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health disparities. They operationalize the concepts of cultural and linguistic competency and provide you and your organization with actionable steps to ensure the delivery of culturally and linguistically competent services.



Handout

- The *National CLAS Standards* are provided in Handout 4-A, *The National Standards for Culturally and Linguistically Appropriate Service (CLAS) in Health and Health Care*.

Key Talking Points

- You can find the *National CLAS Standards* and other e-learning programs on Think Cultural Health at www.thinkculturalhealth.hhs.gov.
    - On Think Cultural Health you can also find a guidance document published by the HHS OMH to accompany the *National CLAS Standards*, called *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. It offers explanations, implementation strategies, and additional educational resources for each standard.

Course 4 - Slide 5: Disaster Recovery

Main Takeaway: Participants should be able to describe the typical phases of a disaster.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Recovery involves both short-term action and long-term effort.

Key Talking Points

- In order to ensure that the recovery process is culturally and linguistically appropriate, you have to look at the different stages that make up the recovery process.
- There are various phases or stages that the community will go through following a disaster: the honeymoon phase, a feeling of disillusionment, coming to terms, and reconstruction. (DeWolfe, 2000)
- An individual's and community's culture will influence how each of these phases is experienced.
- The honeymoon stage is one of optimism and outpouring of support. There is a great sense that a complete and swift recovery can, and will, occur.
- The honeymoon phase is followed by a period of disillusionment. Recovery has not occurred as quickly as hoped. Grief, fatigue, and anger can all be symptoms during the disillusionment period. (Myers & Wee, 2003)
- Coming to terms represents the community recognizing the reality of long-term recovery.
- Finally, reconstruction is when normalcy can start to be reintroduced to the community by rebuilding homes and businesses and the return of amenities that were once commonplace prior to the disaster, such as public transportation, health clinics, clean water supply, and trash pick-up.
- The second figure illustrates how a community's mood might change over the course of the recovery phase.

Course 4 - Slide 6: Disparities in Recovery: Seeking Assistance

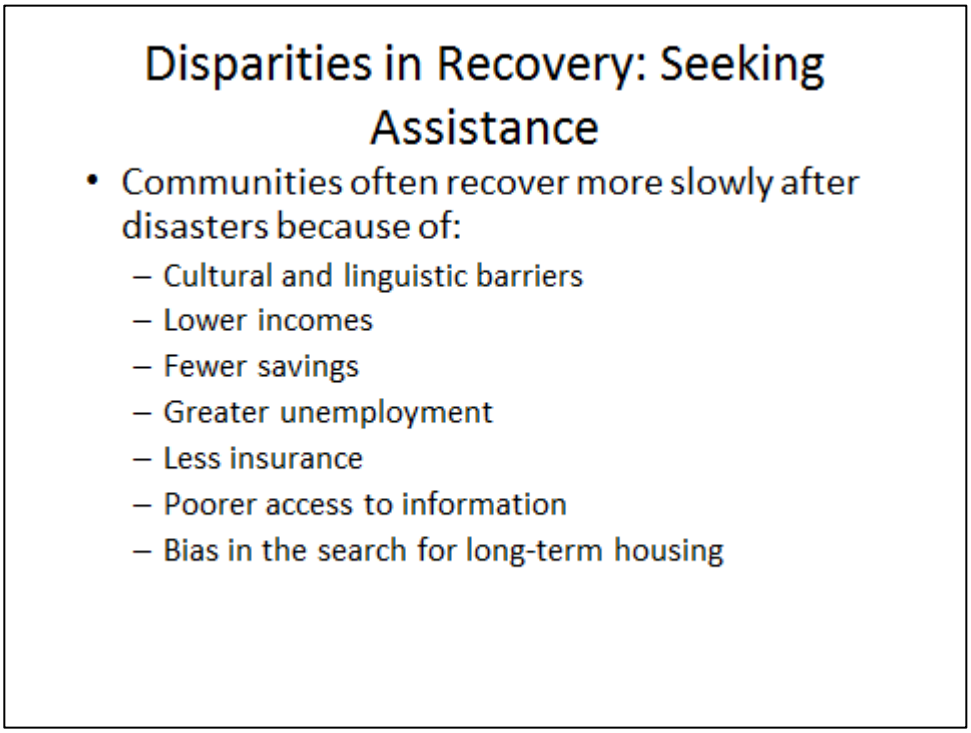
Main Takeaway: Participants should be able to identify several factors that contribute to minorities having a slower and more difficult recovery following disasters.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- In order to help reduce disparities following a disaster, it is important to implement culturally and linguistically appropriate services (CLAS) in the recovery phase.



Key Talking Points

- Minorities might have slower and more difficult recoveries after disasters due to factors such as:
  - Cultural and linguistic barriers
  - Lower incomes
  - Fewer savings
  - Greater unemployment
  - Less insurance
  - Poorer access to information
  - Bias in the search for long-term housing
- As always, your organization should strive to provide care that is effective, understandable, and respectful and that is compatible with individuals' cultural health beliefs and practices.
- It is important to ensure that individuals are able not only to access but also understand the forms they are given and the assistance/aid process itself.
- It is also important that messages are culturally and linguistically appropriate so that as many individuals as possible will be able to understand and take advantage of all the services available to them.

Course 4 - Slide 7: Module 1 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 1: Disparities in Recovery: Seeking Assistance.

Directions:

1. Display the slide
2. Cover the opening discussion points
3. Play Video 4-A: But What If I'm Deported? From https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- We are now going to watch a video case study depicting a team of FEMA workers attempting to provide services to a woman (Inez Castillo) who lost her home in a wildfire. She is here on a green card with her son, Hector. Ms. Castillo is limited in her ability to speak English, but she often has Hector serve as her interpreter. Their visit to the office begins with the receptionist, who is young with limited working experience.

Module 1 Recap

Video Case Study: But What if I'm Deported?

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

How do you feel about the story presented?
Do you think it was handled appropriately?

Video Case Study

- Play Video Case Study 4-A: But What if I'm Deported?: Providing Culturally Competent Care and Language Access Services During Recovery from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Discussion Questions

- How do you feel about the story presented?
- Do you think it was handled appropriately?

Course 4 - Slide 8: The Physical Impact of Disaster

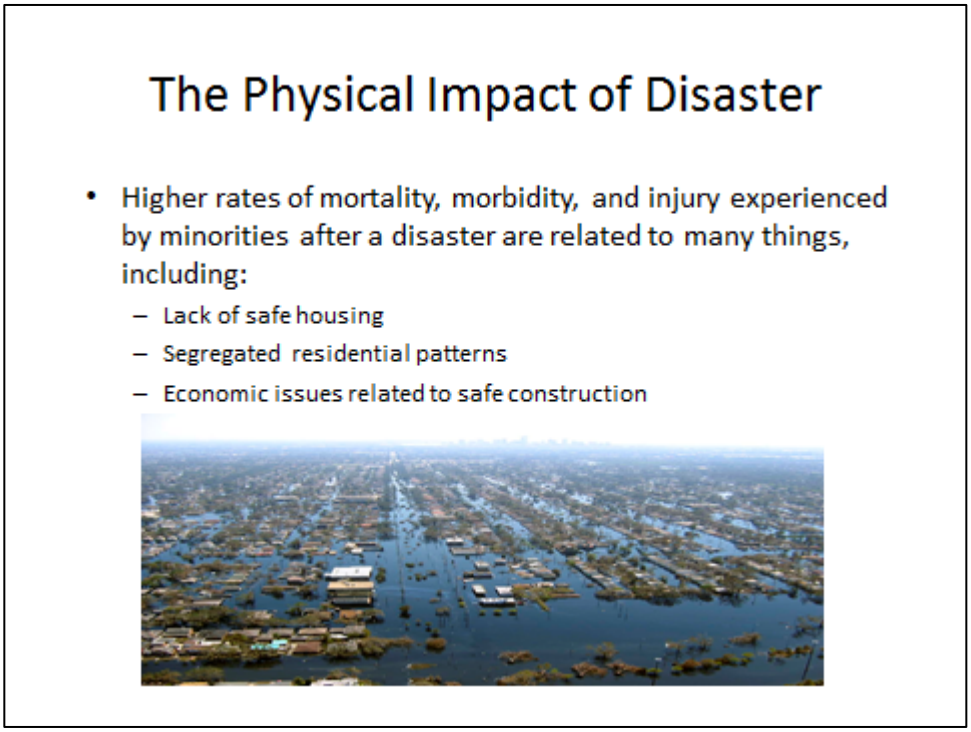
Main Takeaway: Participants should be able to cite examples of disparities among minorities relating to physical health and well-being.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- The research on the physical impacts of disaster shows that minorities experienced different consequences as a result of natural disasters compared to non-minorities. For example, the American Red Cross has historically found a higher rate of disaster-connected deaths among ethnic minorities. (Trainer & Hutton, 1972)



Key Talking Points

- Higher rates of mortality, morbidity, and injury experienced by minorities after a disaster are related to many things, including (Trainer & Hutton, 1972):
    - Lack of safe housing
    - Segregated residential patterns
    - Economic issues related to safe construction (Fothergill, Maestas, & Darlington, 1999)
- Communities of color can experience a decline in their standard of living in the long term after a disaster.
- Cultural and linguistic competence is critical at each part of the reconstruction process to ensure that lives are improved following a disaster, rather than set further back.

Course 4 - Slide 9: The Mental Impact of Disaster

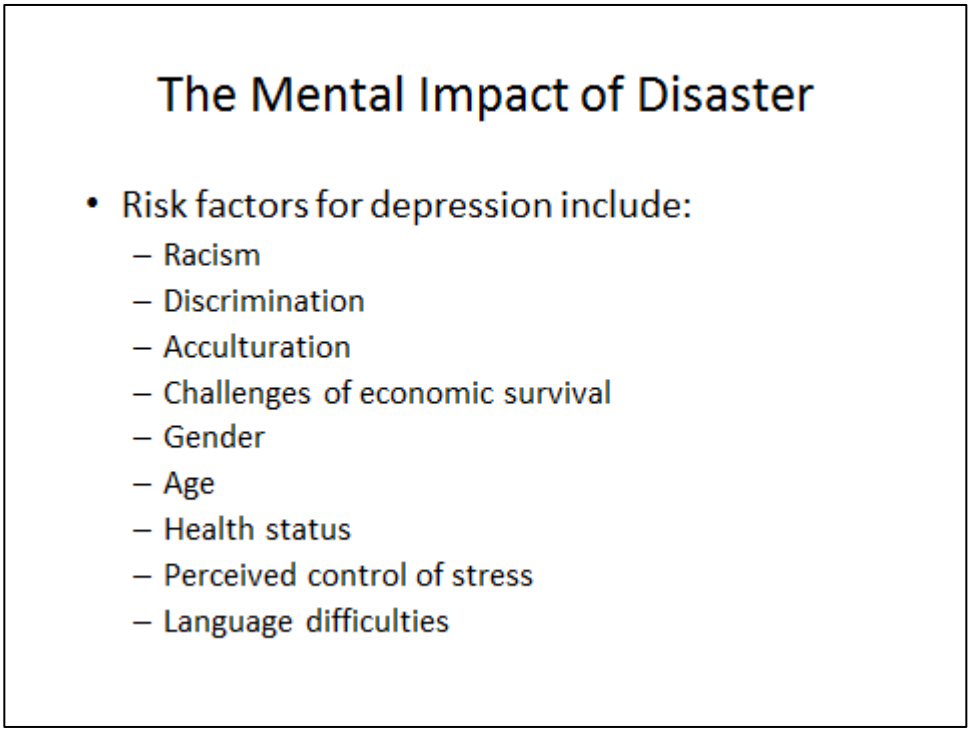
Main Takeaway: Participants should be able to cite examples of disparities among minorities relating to mental health and well-being.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Though the majority of survivors recover after disasters and their symptoms reduce in the first days and weeks following the disaster (Ruzek, 2006; Housley, Liu, Charvat, & Beutler, 2006), a growing body of evidence suggests that certain minority groups may be vulnerable to anxiety disorders, depression, and posttraumatic stress disorders (PTSD). (Bryan & Litz, 2006)



Key Talking Points

- Risk factors for depression include (Sáez-Santiago & Bernal, 2003):
    - Racism
    - Discrimination
    - Acculturation
    - Challenges of economic survival
    - Gender
    - Age
    - Health status
    - Perceived control of daily stressful events
    - Language difficulties (Sáez-Santiago & Bernal, 2003)
- Factors that affect PTSD in minority populations include age at the time of the incident, age at immigration to the United States, pre-immigration traumatic experiences such as starvation or loss of family members and property, and post-immigration adjustment to the new country and new culture. (Abueg & Chun, 1996; Kinzie, 2001)
- Overall, minority groups suffer disproportionate rates of PTSD compared to Whites.
- Increased cultural knowledge, language access services, strategic planning, and analyzing barriers and enablers in meeting survivors' needs are all considered to be critical in improving lives and reducing disparities for culturally and linguistically diverse populations.

Course 4 - Slide 10: From the Field

Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Distribute Handout 4-B, From the Field: Culturally Competent Efforts Make a Difference When Disaster Strikes a Highly Diverse Community
3. Ask participants to read story (allow 2-3 minutes)
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Please read the case study on Handout 4-B in your materials. In a few minutes we will discuss the case study as a group.

Discussion Questions

- How would you go about implementing similar programs in your community?
- What resources would you need?
- Who would you need to talk to?

Handout

- The case study is provided in Handout 4-B, From the Field: Culturally Competent Efforts Make a Difference When Disaster Strikes a Highly Diverse Community.

Course 4 - Slide 11: Rebuilding Neighborhoods

Main Takeaway: Participants should be able to describe the components of rebuilding a neighborhood.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Neighborhoods and communities must be rebuilt so that clinics, hospitals, and other health services can be re-established in areas hit by disasters.

Key Talking Points

- Rebuilding the community and social environment is vital to both a community and an individual's health.
- Ensuring that health care services that support people in their daily lives reopen following a disaster is critical for the survival of the community. Such services would include:
    - Physician offices
    - Emergency transport
    - Local health departments
    - Charity offices
    - Faith-based organizations
    - Community-based organizations
    - Mental health services
- Following Hurricanes Katrina and Rita, "Hundreds of organizations assisted in the immediate relief stage of recovery. Far fewer have been involved in the long-term redevelopment process." (Tootle, 2007)
- Recovery and reconstruction after a disaster can take years. It is a lengthy process that involves many stages and the involvement of many different individuals and agencies.

Course 4 - Slide 12: Module 2 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 2: Rebuilding Neighborhoods.

Directions:

1. Display the slide
2. Read out loud the case study
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 2: Rebuilding Neighborhoods.

Module 2 Recap

Working with Tribal Elders to Help in Disaster Recovery
In many Native American communities, elders are trusted and respected for their knowledge and experience. It is important to involve elders in disaster recovery efforts in order to understand the community's unique history, their values, and how they define, talk about, and cope with a disaster or trauma and tailor the recovery approach accordingly. Further, "building a relationship and connection [with] members of the community is a good way to demonstrate respect for traditional values" and to gain context and understanding of some communities' negative experiences of individuals or organizations from outside the tribe dictating what action members need to take. (SAMHSA, 2014)

What else could be done to ensure cultural competence when working with tribal communities?

Key Talking Points

- Let's discuss a real-life scenario: Flooding in Alaska: Tribal Elders to Help in Disaster Recovery
- In many Native American communities, elders are trusted and respected for their knowledge and experience. It is important to involve elders in disaster recovery efforts in order to understand the community's unique history, their values, and how they define, talk about, and cope with a disaster or trauma and tailor the recovery approach accordingly. Further, "building a relationship and connection [with] members of the community is a good way to demonstrate respect for traditional values" and to gain context and understanding of some communities' negative experiences of individuals or organizations from outside the tribe dictating what action members need to take. (SAMHSA, 2014)

Discussion Questions

- What else could be done to ensure cultural competence when working with tribal communities?

Course 4 - Slide 13: Consulting the Community

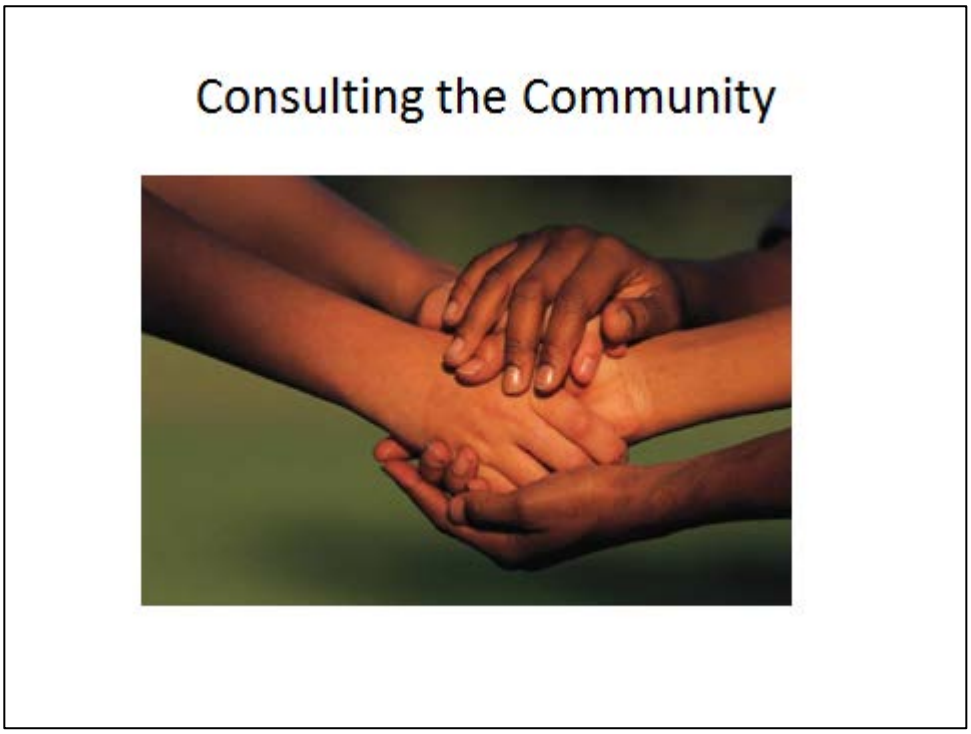
Main Takeaway: Participants should be able to describe some reasons for working with the community during disaster recovery.

Directions:

1. Display the slide
2. Distribute Handout 4-C, 10-Step Process for Local Planning and Action handout
3. Cover talking points
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Community involvement can help you provide culturally appropriate care that takes into consideration the cultural beliefs and health-seeking behaviors of the community being served.



Key Talking Points

- Emergency management agencies play a key role in community outreach and creating and maintaining a directory of community resources for use in emergencies. (Missouri Department of Health and Senior Services, 2006)
- Community partnerships are very beneficial for both emergency management agencies and local communities since they provide the best assurance that the needs of vulnerable populations and minority communities will be addressed during long-term recovery.
- Partnerships and effective collaboration can help you identify critical issues that affect the community, develop and implement solutions to problems, suggest improvements in administration of health care, and improve quality and service.
- For example, meeting with a community organization or group may provide valuable insights into how the community is coping in the aftermath of a disaster and what they feel needs to be addressed immediately (such as establishing temporary medical care centers and places of worship) as opposed to what may be accomplished at a later date.

Discussion Questions

- How would you implement this process in your community? What resources would be available to you in this endeavor?
- What challenges might you face in consulting the community in order to implement this process? How would you overcome these challenges?

Handout

- "10-Step Process for Local Planning and Action" is provided in Handout 4-C.

Course 4 - Slide 14: From the Field

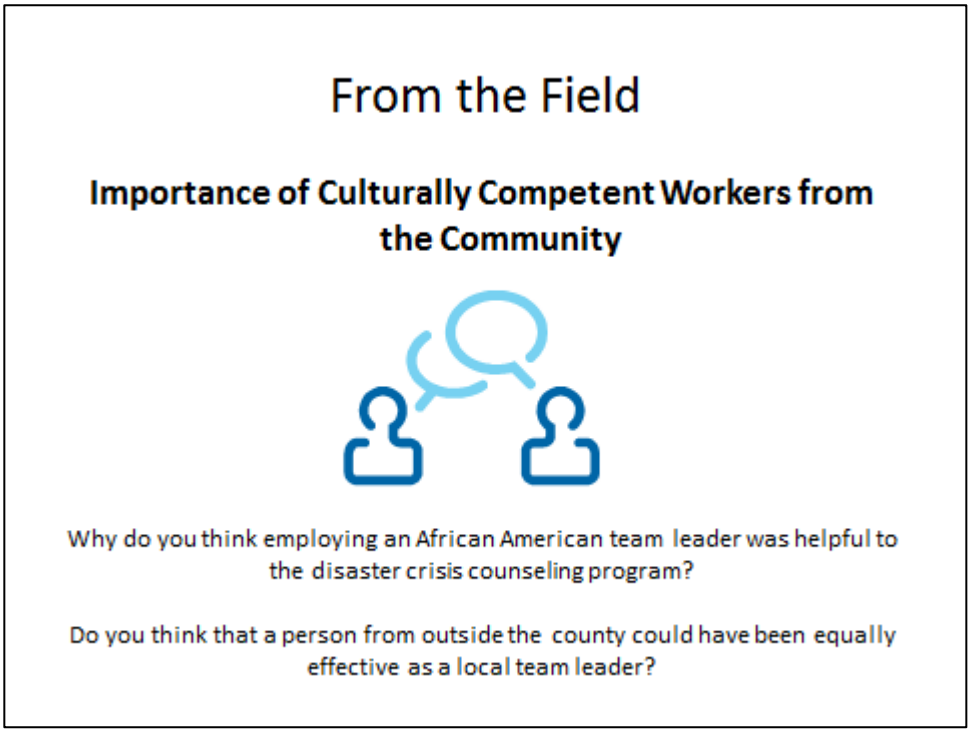
Main Takeaway: Participants should have an opportunity to apply what they have learned to a real-life scenario.

Directions:

1. Display the slide
2. Distribute Handout 4-D, Form the Field: Importance of Culturally Competent Workers from the Community
3. Ask participants to read story (allow 2-3 minutes)
4. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- Please read the case study on Handout 4-D in your materials. In a few minutes we will discuss the case study as a group.



Discussion Questions

- Why do you think employing an African-American team leader was helpful to the disaster crisis counseling program?
- Do you think that a person from outside the county could have been equally effective as a local team leader?

Handout

- The case study is provided in Handout 4-D, From the Field: Importance of Culturally Competent Workers from the Community.

Course 4 - Slide 15: Module 3 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 3: Consulting the Community.

Directions:

1. Display the slide
2. Play Video 4-B: Relocating after a Hurricane from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos (allow 5 minutes)
3. Facilitate the discussion (allow 3-5 minutes)

Opening Discussion Points

- We are now going to watch a video case study depicting a team of FEMA workers attempting to relocate individuals affected by a recent hurricane. The woman featured in the video case study is an elderly, African-American woman who has multiple medical issues including chronic obstructive pulmonary disease (COPD) and hypertension. She is reluctant to leave her home because she is suspicious of the government workers.

Module 3 Recap

Video Case Study: Relocating after a Hurricane

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

Would you have handled the situation differently?

Video Case Study

- Play Video Case Study 4-B: Relocating After a Hurricane from https://www.ThinkCulturalHealth.hhs.gov/Disaster/SmallGroup/Facilitator/Videos

Discussion Questions

- Would you have handed the situation differently?
  - If so, why?
  - If not, why?

Course 4 - Slide 16 (Re) Planning

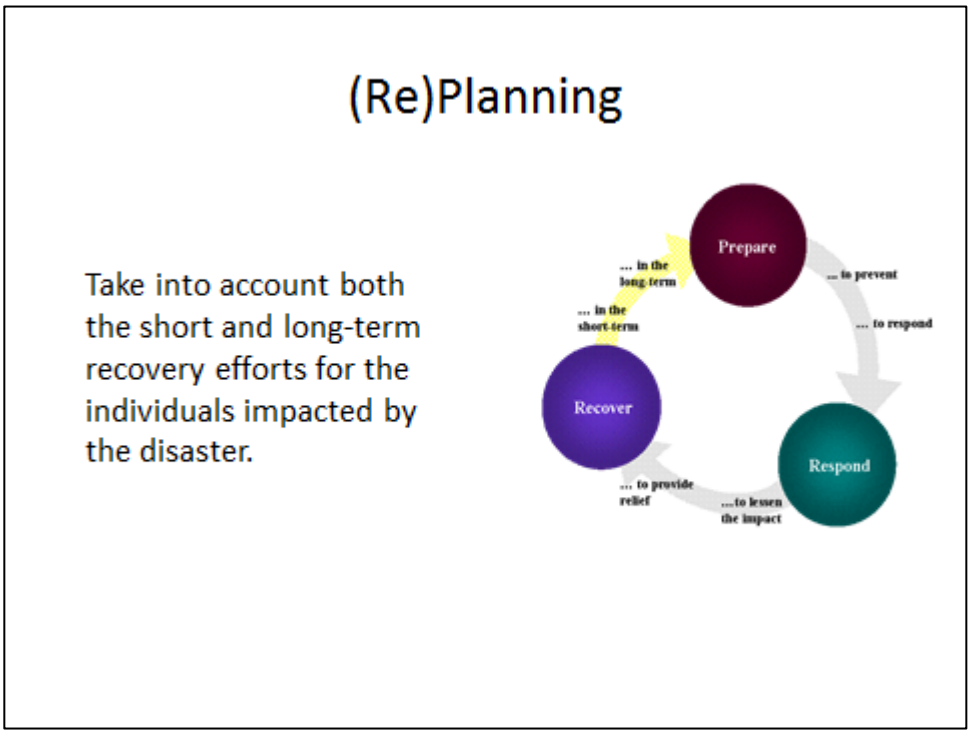
Main Takeaway: Participants should be able to describe the Cycle of Disaster Preparedness and Crisis Response.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- As made evident in the events of September 11 and Hurricanes Katrina and Rita, recovery is not a simple process. Services are required long after the imminent danger has passed.



Key Talking Points

- When thinking about CLAS, it is important to take into account both the short- and long-term recovery efforts for the individuals impacted by the disaster.
- The diagram on the slide reminds us that disaster preparedness and crisis response is a cyclical process, and therefore, response informs recovery and the outcomes of recovery inform preparation for future emergencies. This is important to remember at individual, organizational, and community levels.

Course 4 - Slide 17: Module 4 Recap

Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 4: (Re) Planning.

Directions:

1. Display the slide
2. Read out loud the case study
3. Facilitate the discussion (allow 7-10 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 4: (Re)Planning.

Module 4 Recap

A study was conducted after Hurricane Katrina to determine the factors that influenced African Americans to not evacuate New Orleans before the hurricane hit.

Major reasons for not evacuating included:

- Feeling safe because they had survived previous storms and had religious faith
- Misunderstanding regarding the severity of the storm
- Financial constraints and neighborhood crime
- Perceived racism and inequities

Do any of the responses surprise you?

What can be implemented going forward to help address concerns such as these in your community?

Key Talking Points

- Let's discuss a real-life scenario: The Hurricane is Over: Evacuate or Not?
- A study was conducted after Hurricane Katrina (Elder, 2007) to determine the factors that influenced African Americans to not evacuate New Orleans before the hurricane hit. Major reasons for not evacuating included:
    - Feeling safe because they had survived previous storms and had religious faith
    - Misunderstanding regarding the severity of the storm
    - Financial constraints and neighborhood crime
    - Perceived racism and inequities

Discussion Questions

- Do any of the responses surprise you?
- In looking at these four issues, how could disaster workers convince residents to evacuate?
- In your work, what could you and your organization do to help address concerns such as these in your community?

Course 4 - Slide 18 Evaluation

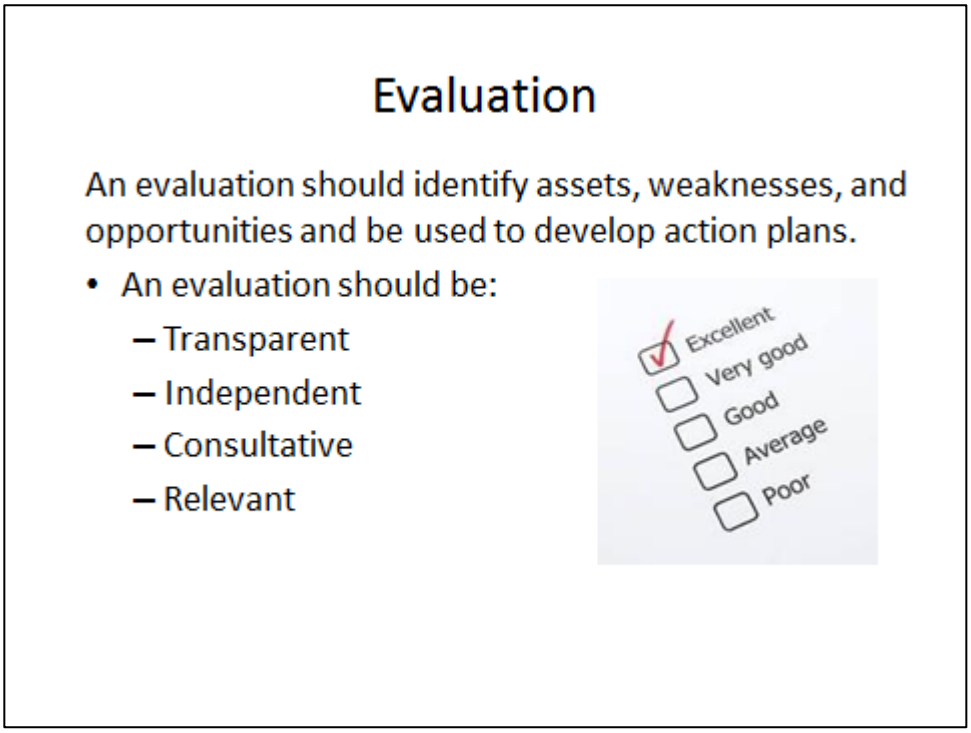
Main Takeaway: Participants should be able to explain the role of evaluation in the recovery process and identify components of a successful evaluation.

Directions:

1. Display the slide
2. Cover talking points
3. Distribute Handout 4-E, Evaluation Guidelines
4. Suggested Activity: Discussion in Groups (allow 5-7 minutes)

Opening Discussion Points

- Just as you plan to prepare for a disaster, you must develop a plan for evaluation following a disaster.



Key Talking Points

- Evaluations measure the level of success. An assessment can identify areas that help or hinder effective service delivery for all persons, including those in cultural and language groups that the organization serves.
- It should identify assets, weaknesses, and opportunities and be used to develop action plans.
- An evaluation should be:
    - Transparent
    - Independent
    - Consultative
    - Relevant
- Before you can successfully evaluate your efforts, you must ask yourself (or your organization) several questions:
    - What is the purpose of the evaluation?
    - How do you hope to use the results?
- The answers to these two items greatly inform how you go about conducting your evaluation.
    - Who will conduct the evaluation?
    - What is the most suitable kind of evaluation?
    - How will we follow up if the results warrant it?
- Information should be collected on the extent of damages and losses as well as the demographic, racial/ethnic, and cultural characteristics of those persons affected. This information can then be used in the rebuilding and recovery of specific communities (and programs and infrastructure within the communities) using lessons learned and cultural competence to help close the disparities gap when disaster strikes in the future.

Suggested Activity: Discussion in Groups

- In groups of 3-4, ask participants to review these evaluation indicators, add more indicators if they wish, and discuss how they might collect this type of data in their respective communities.
- Ask participants to write their reflections on “Evaluation Guidelines” in their learning journals.

- Ask participants to list concrete action items that they and their organization could implement for each type of evaluation identified on the handout.
- Ask participants to ensure that their evaluation strategies implement the elements of cultural competency discussed in the course.

Handout

- The Evaluation Guidelines are provided in Handout 4-E.

Course 4 - Slide 19: Module 5 Recap

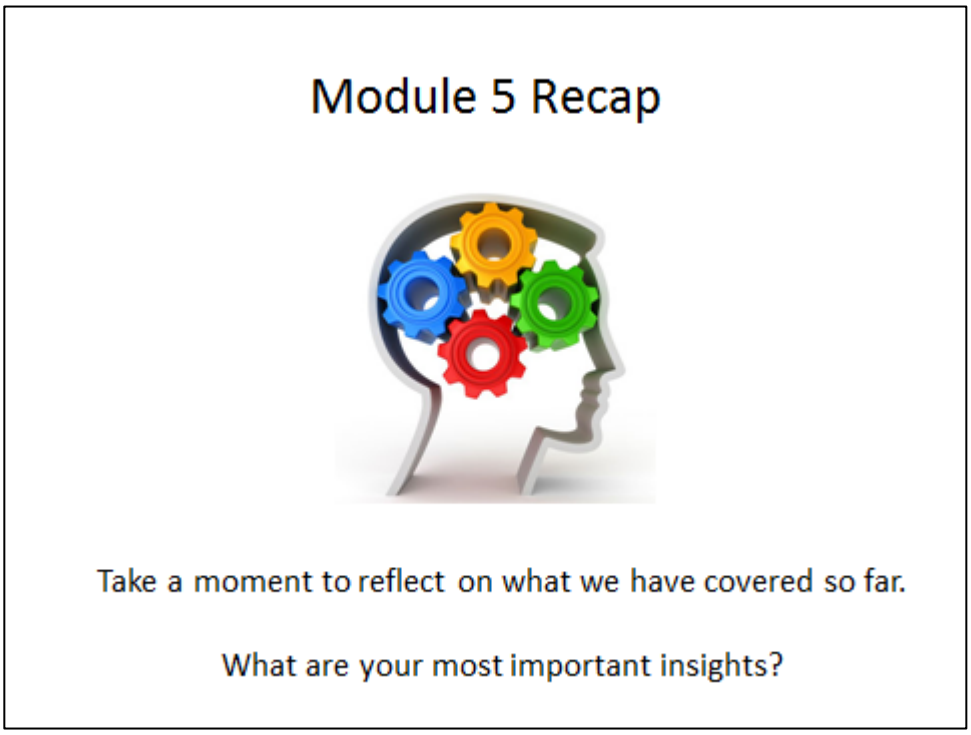
Main Takeaway: Participants should have the opportunity to reflect on what they have learned in Module 5: Evaluation.

Directions:

1. Display the slide
2. Cover talking points
3. Suggested Activity: Learning Journal (allow 3-5 minutes)

Opening Discussion Points

- Before moving on, let's take a moment to recap and reflect on what we've covered in Module 5: Evaluation.



Key Talking Points

- Following a disaster, various assessments and evaluations should occur to collect information that will ultimately guide the recovery process.
- During the recovery phase, organizations should conduct an assessment for baseline information and then perform ongoing assessments to monitor progress in implementing cultural and linguistic competence.

Suggested Activity: Learning Journal

- To conclude this section, ask participants to write their reflections in their learning journals.

Course 4 - Slide 20: Course 4 Summary

Main Takeaway: Participants should be able to review what they have learned in this course and suggest ways of incorporating new information into their practice.

Directions:

1. Display the slide
2. Cover opening discussion points
3. Suggested Activity: Learning Journal (allow 5 minutes)
4. Facilitate the discussion (allow 5-7 minutes)

Opening Discussion Points

- Now I would like to take a few moments to review the highlights of what we covered today.
- In this course you learned about many of the disparities that disproportionately affect minorities in this country, especially in times of a disaster.
    - You examined how improving cultural and linguistic competence can aid in the reduction or elimination of such disparities.
    - You explored the components of cultural competence that match up with short- and long-term recovery.
    - Finally, you discovered the knowledge, skills, and attitudes that are necessary in the recovery phase of a disaster to help you improve your communication and understanding, thus helping you provide more culturally competent care.

Course 4 Summary

- You learned:
  - About disparities in times of a disaster
  - How cultural and linguistic competence can aid in the reduction of these disparities
  - The components of cultural competence that match up with short- and long-term recovery
  - The knowledge, skills, and attitudes necessary during the recover phase of a disaster

Suggested Activity: Learning Journal

- Ask each participant to draft an action plan that will help them implement Course 4's strategies for providing CLAS in the recovery phase of a disaster.

Discussion Questions

- What are the three most important things you learned today?
- What will you bring back to your work/health care setting with you?
- Are there topics I didn't cover or questions/insights you would like to share with the group?

Course 4 - Slide 21: Earn Your Continuing Education Credits

Main Takeaway: Participants should understand how to enter the online test center to complete continuing education requirements.

Directions:

1. Display the slide
2. Cover talking points

Opening Discussion Points

- Since we have just completed the content for Course 4, you can now go to the Participant's website to complete the continuing education credit posttest and receive your credits.

Key Talking Points

- To complete the requirements for your continuing education credits:

  1. Go to https://www.thinkculturalhealth.hhs.gov/disaster/smallgroup
  2. Log in using your email address and password
  3. Select Course 1 posttest link and complete test
  4. Select Course 1 evaluation link and complete

- You will receive your certificate of completion (if earning continuing education credits) or statement of participation by email.
- Thank you again for your participation today! Please contact me if you have any questions about what we covered today!

Handouts

Course 1 Handouts

Number	Module	Name
1-A	1	The *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*
1-B	1	The Five Elements of Cultural Competence
1-C	2	From the Field: Disaster Personnel and Emergency Center Work Together to Better Serve Community
1-D	3	Self-Assessment Exercise
1-E	4	RESPOND Mnemonic
1-F	6	From the Field: Fifteen Minutes without an Interpreter
1-G	6	From the Field: Removing Language Barriers during an Emergency

Handout 1-A: The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*

The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

From: HHS OMH, 2013
www.ThinkCulturalHealth.hhs.gov/CLAS/Standards

Handout 1-B: Five Elements of Cultural Competence

Culturally and linguistically appropriate services can be broken down into many different parts. One widely used model of cultural competency development describes five elements that should be present in a culturally competent system. According to this model, these elements must be visible and practiced at every level of your organization.

Awareness and Acceptance of Difference
Awareness and acceptance of difference means that you are aware of diversity and that you respect its worth. It means you understand that organizations and communities are made stronger when they accept individuals from different backgrounds. Different insights, choices, beliefs, and points of view all make for a stronger and more prepared community.

Awareness of Own Cultural Values
By performing a cultural self-assessment, you gain awareness of your own cultural values. By doing so, you enable a system of care to increase and improve service delivery by first understanding your current level of cultural competence and your own organizational culture. An accurate understanding of your own biases and belief systems is useful in determining what strategies and actions you should take next. Also, conducting a self-assessment (and having the ability to do so) demonstrates to patients, communities, and fellow workers that you value diversity and cultural awareness.

Understanding and Managing the "Dynamics of Difference"
Dynamics of difference refers to the various ways cultures express and interpret information. When people from different cultures or backgrounds interact, misinterpretation and misunderstanding may occur. Your system of care must allow for cultural differences to be acknowledged and respected in the workforce.

Development of Cultural Knowledge
It is important to develop knowledge specific to the cultural groups which are present in the communities you serve, or may be deployed to serve in. This includes developing collections of information which identify facts about each of the different cultures and help you know how to gather more information.

Ability to Adapt Activities to Fit Into Different Cultural Contexts
This concept refers to the ability to adapt your programs and health care practices to fit the culture of the patients and communities you are serving. With limited resources, systems of care should seek to reduce the gap between patient and community needs and the availability of health care services. For example, after conducting a community needs assessment, your organization may find employing a full-time Spanish interpreter is an appropriate use of resources as the interpreter will be utilized by a large number of Limited English Proficient (LEP) individuals or may help to serve as a liaison with community members.

Handout 1-C: From the Field: Disaster Personnel and Emergency Center Work Together to Better Serve Community

The International District (ID) is one of Seattle's most diverse inner city neighborhoods with first-, second- and third-generation residents from a wide range of Asian, Pacific Island, African and Hispanic countries. The community is also experiencing gentrification, with an influx of middle- and upper middle-class residents of all cultures. Because of its proximity to [our] Headquarters, the International District has a rich history with the department.

For the last 30 years, [our] department has worked closely with the International District Emergency Center (IDEC) in an innovative collaboration to reduce [emergencies] and other dangerous incidents, injuries and loss of life of both citizens and [disaster personnel] in the International District. IDEC is the only Asian-American-based uniformed service of this type in North America. IDEC responds to calls within the district alongside the fire, medical and law enforcement departments. IDEC also provides fire and life-safety education and cultural sensitivity training to ID residents, non-profits and businesses. For more than 30 years, a number of [disaster personnel] have taken the initiative to volunteer with IDEC to get a firsthand experience with the International District culture and challenges. IDEC has an open door—24 hours a day—to support our department with cultural capacity and incident support in the ID.

From: Fire 20/20, 2007

Handout 1-D: Self-Assessment Exercise

Valuing Diversity Self-Assessment

Rate yourself openly and honestly on a scale of 1 to 5 for each item.

Number	Statement	Rarely	Some-where between Rarely and Seldom	Seldom	Some-where between Seldom and Always	Always
1.	I understand my organization's diversity goals.	1	2	3	4	5
2.	I regularly asses my strengths and weaknesses in the area of diversity, and I consciously try to improve myself.	1	2	3	4	5
3.	I'm always asking questions. I'm curious about new things and people.	1	2	3	4	5
4.	When I don't understand what someone says, I ask for clarification.	1	2	3	4	5
5.	I'm committed to respecting all co-workers, community members and patients.	1	2	3	4	5
6.	I work willingly and cooperatively with people different from me.	1	2	3	4	5
7.	I recognize how bonding with my own group may exclude or be perceived as excluding others.	1	2	3	4	5
8.	I can communicate with and influence people who are different from me in positive ways.	1	2	3	4	5
9.	I'm interested in the ideas of people, who don't think as I do, and I respect their opinions even when I disagree.	1	2	3	4	5

Number	Statement	Rarely	Some-where between Rarely and Seldom	Seldom	Some-where between Seldom and Always	Always
10.	Some of my friends are different from me in age, race, background, etc.	1	2	3	4	5
11.	I recognize I'm a product of my background: my way isn't the only way.	1	2	3	4	5
12.	I'm aware of my prejudices and consciously try to control my assumptions about people.	1	2	3	4	5
13.	I try to help others understand my differences.	1	2	3	4	5
14.	I work to make sure that people who are different from me are heard and are respected.	1	2	3	4	5
15.	I help others succeed by sharing unwritten rules and showing them how to function better.	1	2	3	4	5
16.	I apologize when I've offended someone.	1	2	3	4	5
17.	I resist the temptation to make another group the scapegoat when something goes wrong.	1	2	3	4	5
18.	I think of the impact of my comments and actions before I speak or act.	1	2	3	4	5
19.	I refrain from repeating rumors that reinforce prejudice and bias.	1	2	3	4	5
20.	I recognize and avoid using language that reinforces stereotypes.	1	2	3	4	5
21.	I include people different from me in informal networks and events.	1	2	3	4	5

Number	Statement	Rarely	Some-where between Rarely and Seldom	Seldom	Some-where between Seldom and Always	Always
22.	I believe nontraditional employees are as skilled and competent as others.	1	2	3	4	5
23.	I get to know people who are different from me as individuals.	1	2	3	4	5
24.	I turn over responsibility to people who are different from me as often as I do to people who are like me.	1	2	3	4	5
25.	I disregard physical characteristics when interacting with others and when making decisions about competence or ability.	1	2	3	4	5
26.	I avoid generalizing the behavior or attitudes of one individual to an entire group. (e.g. “All women are….”, “All black people are…”, “All white people are…”).	1	2	3	4	5
27.	I say “I think that’s inappropriate” when I think someone is making a derogatory comment or joke.	1	2	3	4	5
28.	I recognize that others may stereotype me, and I try to overcome incorrect assumptions that they may make.	1	2	3	4	5

Score by Column					
Total Score					

What was your score?

Score	You are:	What does it mean?
0 to 39	Unaware	Unaware people do not realize that they exhibit biased behavior. They may offend others without being aware of it. They may accept stereotypes as facts. They may even unknowingly be committing illegal acts. Unaware person's scores can fall in any category because an unaware person might answer "always" or "frequently" when in reality he or she just does not comprehend biased behavior. Because unaware people "don't know what they don't know," the only accurate indicator is feedback from others.
40 to 69	Traditional	Traditional people are aware of their prejudices and that their behavior may offend some people. Nevertheless, they continue with derogatory jokes, comments, and actions and acts as though laws and the organization's values do not apply to them. If you fall in this category, not only is it likely that your behavior is damaging workplace productivity, but it could bring legal implications as well. People in this category often use bias in employment decision and treatment of co-workers – which is illegal. Look at questions you marked lowest. You might want to create goals, which will help you break these habits.
70 to 99	Neutral	People in this category are aware of biases in themselves and others. They are working to overcome their own prejudices, but are reluctant to address inappropriate behavior by others. They avoid risk by saying nothing, and this behavior is often perceived as agreement. If you fall into this category, look at the questions that you marked the lowest. You may want to create goals to improve those areas. You can also work on ways to become more proactive concerning others' biases.
100 to 129	Change Agent	These people are aware of biases in themselves and others, and realize the negative impact of acting on those biases. They are willing to take actions when they encounter inappropriate words, behavior or structures. They relate to people in a way that value diversity. If you scored in this category, your greatest contribution is to help others value diversity more fully.
130 to 140	Rebel	Rebels are acutely aware of any behavior that seems to be prejudice. They may even go too far and become involved in reverse discriminations. They have played an important part in helping non-traditional employees, but they pay a price. They may get a reputation that causes people to discount their views. If your score falls in this category, you are coming across too strongly or overreacting. Asking other people for honest feedback may help.

From: Rasmussen, 1995

Handout 1-E: RESPOND Mnemonic

R	E	S	P	O	N	D
Build rapport with the individuals you come in contact with.	Explain the purpose of your conversation to help build rapport. Establishing clear intentions and expectations about the nature of the conversation will go a long way in making communication more efficient and effective.	Identify what community based services and resources are available to community members to help them re-establish their lives. In addition, be aware that many individuals might not understand that these services are available, let alone that they are often offered at no cost to them.	Encourage individuals to be proactive in seeking help and identifying their needs.	Offer assistance for individuals in the affected communities by helping them identify their needs as much as you are able.	Negotiating what was "normal" was prior to the disaster may help an individual in identifying what assistance they need or what might be available to them. By identifying their everyday (or "normal") needs, it will be easier to identify what services they need to access.	Finally, determine what the next steps are for that individual, as people affected by a disaster are likely to feel increasingly vulnerable. Providing them the security of structure and normalcy can improve their ability to recover more quickly.

Handout 1-F: From the Field: Fifteen Minutes without an Interpreter

When we got there two women were screaming and crying. Neither spoke English. I didn't even know who was the mother or if either one was the mother. We didn't know how long the infant had been unresponsive, didn't know if he had been sick. But worst of all, we had no way to comfort the women or explain to them what was happening. Since the baby died at home, in our town we had to wait for the police to arrive. It took them fifteen minutes—fifteen minutes of my feeling totally helpless.

From: Bronheim, 2003

Handout 1-G: From the Field: Removing Language Barriers during an Emergency

Community Member: Manuel Bravos speaks English with a strong Spanish accent. He currently resides in Columbus, Ohio.

Case Story: Mr. Bravos dials 9-1-1 when his stepdaughter, Jennifer Garcia, falls in the water at the pool at their apartment.

Case: Mr. Bravos begins: "She fell in the water, I don't know how long maybe she stay in water. Rome-Hilliard, the apartments, the Park View Apartments." He continues: "She drowned in the water, I don't know how long, she stay in the water maybe 15 - 20 minutes ago."

In this time the 9-1-1 dispatcher is trying to identify the nature of the emergency so the correct team will be sent. The dispatcher asks, "Did she drown?" to which Mr. Bravos replies, "Yeah, she's right here, she was on the bicycle she was riding, she's almost dying."

The dispatcher cannot understand Mr. Bravos because of his accent. The 9-1-1 dispatcher connects to the fire alarm office which has access to Language Link, but valuable time has been wasted. The dispatcher has emergency services sent to Mr. Bravos' location, but Mr. Bravos does not understand and leaves to take Jennifer to the hospital.

From: Decker, T., & Futty, J., 2007

Course 2 Handouts

Number	Module	Name
2-A	1	The *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*
2-B	1	Needs Assessment Checklist
2-C	1	Resource Inventory Checklist
2-D	2	From the Field: Lack of Trust in Persons in Uniform
2-E	4	From the Field: Modifying Materials for Different Cultural Groups Following a Disaster

Handout 2-A: The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*

The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

From: HHS OMH, 2013
www.ThinkCulturalHealth.hhs.gov/CLAS/Standards

Handout 2-B: Needs Assessment Checklist

Demographics
☑ Determine the 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 are 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.

Handout 2-C: Resource Inventory Checklist

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
29. 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?
30. What organizations receive training in areas that will contribute to cultural competency?
31. Is there any evaluation for the quality and effectiveness of those services available?
32. What additional funding streams are available?

Handout 2-D: From the Field: Lack of Trust in Persons in Uniform

"I had a patient that was from someplace in Mexico who was actually in labor and her husband was with her. We had responded to her house and we took the lady into the ambulance and we asked the gentleman if he wanted to come with us to the hospital, obviously, 'cause his wife is giving birth. He said no, no, no. I said it's okay. You can come with us if you'd like. You can come with your wife. He said, 'I'm afraid because now you all know where I live and know that I'm not going to be home. So somebody can come and rob me'. And it was the first time I heard that. 'Cause usually in America they instantly trust us, just with our uniform on. But to them, a lot of people in uniform are not to be trusted."

From: Fire 20/20, 2007

Handout 2-E: From the Field: Modifying Materials for Different Cultural Groups Following a Disaster

In 1995, northern California experienced a series of storms that led to flooding, landslides and mud debris flow. The state implemented a FEMA-funded crisis counseling program for the victims of the storms. One group affected were Hmong immigrants, persons with a history of war and severe losses. In serving the Hmong population, the program utilized the color red in many printed materials and supplies because Hmong culture includes a belief that red symbolically wards off evil spirits. Another consideration involved the Hmong belief that floods are an omen of doom and that shaman cleansing rituals are needed to counter the bad luck that this omen portends. As a way of acknowledging and respecting this belief, the staff developed and provided a referral list of shamans in the local area.

From: HHS, 2003

Course 3 Handouts

Number	Module	Name
3-A	1	The *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*
3-B	3	Meeting Basic Needs of Vulnerable Populations Diagram
3-C	5	Some Examples of How Mental Health Care Utilization may be Affected by the Culture of the Patient
3-D	5	Culturally Competent Care Checklist for Disaster Mental Health Programs (Optional)
3-E	5	Approaches for Stress Prevention and Management

Handout 3-A: The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*

The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

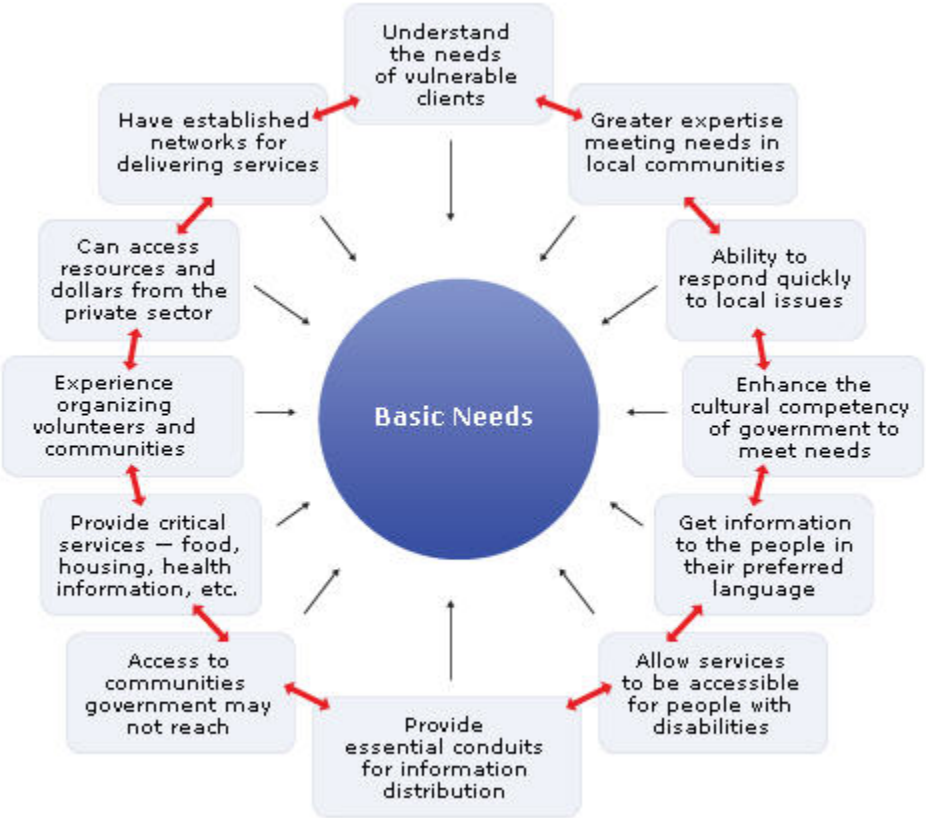
Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

From: HHS OMH, 2013
www.ThinkCulturalHealth.hhs.gov/CLAS/Standards

Handout 3-B: Meeting Basic Needs of Vulnerable Populations Diagram



Handout 3-C: Some Examples of How Mental Health Care Utilization May Be Affected by the Culture of the Patient

- **Symptoms, presentation and meaning:** how patients describe their symptoms or experience to a mental health provider and what these symptoms mean to a patient may vary across cultures.
    - Example: Asian patients may be more likely to report only their physical symptoms, not their emotional symptoms (HHS, 1999).
- **Causation and prevalence:** causes of mental illness and number of cases may differ among cultures.
    - Example: Post Traumatic Stress Disorder is more common among war refugees.
- **Family factors:** family relationships, positive or negative, also affect mental health and illness.
    - Example: A Mexican-American male may be less likely to acknowledge or receive treatment for his mental illness, as it may be perceived as a sign of weakness.
- **Coping styles:** people of different cultures react to and cope with stress in various ways.
    - Example: Some African Americans may rely on religion and spirituality to help them cope with illness, including mental illness.
- **Treatment seeking:** racial and ethnic minorities are often less likely than Whites to seek treatment for mental illness.
    - Example: American Indians and Alaska Natives may prefer to utilize traditional or faith healers as opposed to working with mental health providers, or the traditional healers may work cooperatively with Western providers.
- **Mistrust:** cultures that usually do not trust mental health providers or health care providers in general are less likely to utilize these services.
    - Example: Because of past experiences with discrimination, many African Americans, Southeast Asians, American Indians and Alaskan Natives may be reluctant to trust health care providers.
- **Stigma:** some cultures attach a stigma or “shame” to the use of mental health services, which may cause people to fear or avoid such services.
    - Example: In some Asian cultures, the stigma is so great that mental illness makes the family look bad and by doing so hurts marriage and economic prospects for other family members.

- **Immigration:** Immigration may influence mental health. Many immigrants and refugees have a difficult time adjusting to their lives in a new country. Unfortunately, due to fear of deportation, many immigrants may avoid receiving treatment.
    - Example: Studies of Southeast Asian refugees show a negative and demoralized reaction to their immigration status during the second year following migration, which becomes more positive in the third year.
- **Overall health status:** racial and ethnic minorities experience a higher rate of physical illness than whites in the U.S. Physical illness may lead to mental illness, such as depression and anxiety.
    - Example: Compared to the majority populations, U.S. minorities have an overall shorter life expectancy and higher rates of many illnesses, such as cancer, asthma, diabetes and stroke.

Handout 3-D: Culturally Competent Care Checklist for Disaster Mental Health Programs

Score	**Recognize the importance of culture and respect diversity.**
1 2 3	Complete a self-assessment to determine your own beliefs about culture.
1 2 3	Encourage staff to complete self-assessments in order to understand their own cultures and worldviews; examine their own attitudes, values and beliefs about culture; and acknowledge cultural differences.
1 2 3	Assess capabilities of the mental health team to understand and respect the values, customs, beliefs, language, and communication style of the survivors.
1 2 3	Seek evidence that you and your staff respect the importance of verbal and nonverbal communication, personal space, social organization, time, and environment control within various cultures.

Score	**Maintain a current profile of the cultural composition of the community.**
1 2 3	Develop and update a community profile that describes the demographics of the community, such as race, ethnicity, age, gender, religion, immigrant status, language and literacy level.
1 2 3	Include in the profile information about values, beliefs, norms and traditions of local cultural groups and any historical racial or ethnic issues.
1 2 3	Gather information in cooperation with local cultural leaders.

Score	**Recruit disaster workers who are representative of the community or service area.**
1 2 3	Review the community profile when creating response teams and attempt to include workers from the same ethnic or cultural groups in the community.
1 2 3	If local community members are not available, recruit workers with backgrounds and languages similar to those represented among local community members.
1 2 3	Assess workers' personal attributes, knowledge and skills as they relate to cultural competence.

Score	**Provide ongoing cultural competence training to disaster mental health staff.**
1 2 3	Offer continuing training to providers, administrators, managers, interpreters and temporary staff.
1 2 3	Involve community-based organizations who are familiar with cultural competence and the needs of different cultures.
1 2 3	Allot time for participants to examine their own values, attitudes and beliefs.

Score	**Ensure that services are accessible, appropriate, and equitable.**
1 2 3	Identify and attempt to overcome reluctance of racial or ethnic minorities to utilize mental health services.
1 2 3	Identify and attempt to eliminate service barriers that result from discrimination, language barriers, transportation issues and stigma from receiving mental health counseling.
1 2 3	Appoint members of cultural groups to serve on program committees, planning boards and policy-making organizations.
1 2 3	Address concerns of community members who are suspicious of government services.

Score	**Recognize the role of help-seeking behaviors, customs, and traditions, and natural support networks.**
1 2 3	Identify cultural patterns that influence help-seeking behaviors.
1 2 3	Build trusting relationships with disaster victims.
1 2 3	Recognize that victims may find traditionally accepted relief procedures difficult or confusing.
1 2 3	Recognize cultures' customs and traditions related to healing, trauma and loss.
1 2 3	Acknowledge cultural beliefs about healing and their importance to victims.
1 2 3	Assist victims in reestablishing rituals and organizing anniversary activities that are culturally appropriate.
1 2 3	Acknowledge that outreach efforts focused on individuals may not be effective in cultures that center on family or community.
1 2 3	Determine family structure and importance of family for survivors.

Score	**Involve community leaders and organizations representing diverse cultural groups as cultural brokers.**
1 2 3	Collaborate with trusted community leaders.
1 2 3	Include cultural group leaders or representatives when planning a disaster mental health program.
1 2 3	Enlist the community leaders or cultural group representatives in disseminating the disaster mental health services available.
1 2 3	Identify ways of working with informal cultural groups.
1 2 3	Coordinate with other disaster response agencies.

Score	**Ensure that services and information are culturally and linguistically competent.**
1 2 3	Use bilingual workers if possible.
1 2 3	Identify trained, certified interpreters with similar cultural backgrounds.
1 2 3	Determine the victims' dialects prior to contacting an interpreter.
1 2 3	Consider how long the interpreter has lived in the U.S. or dominant culture.
1 2 3	Provide written materials in languages other than English and at the literacy level the targeted population.
1 2 3	Provide a means to reach and communicate with people who are deaf or hard of hearing.
1 2 3	Determine effective outreach activities by collaborating with community groups.
1 2 3	Utilize community resources, such as local ethnic media, to reach targeted groups.

Score	**Assess and evaluate the program's level of cultural competence.**
1 2 3	Identify and correct problems that hinder the delivery of culturally competent services.
1 2 3	Incorporate process evaluation into the program.
1 2 3	Involve cultural and community groups in the process evaluation.
1 2 3	Communicate evaluation findings to cultural groups throughout the community.

Tally of Responses: 1_____ 2_____ 3_____

Total Score: _____

What the tally of your responses may mean:

1	2	3
If the majority of your responses were 1, or reflective of the pre-competence stage of development, there are a number of opportunities for you and your organization to become more CLAS compliant. You may want to introduce the CLAS Standards or Themes at your next staff meeting as a way get individuals thinking about implementing more culturally and linguistically appropriate services.	If the majority of your responses were 2, or reflective of the cultural competence stage, then you should be congratulated. You have begun the process of becoming more culturally and linguistically competent. But as we have discussed, there is always room for growth when it comes to enhancing the services we provide to our diverse populations. It may be appropriate to use the CLAS Standards or Themes as a tool for evaluation in addition to your responses to the above checklist as a means of identifying what areas are in need of improvement.	If the majority of your responses were 3, or reflective of the cultural proficiency, then you could be congratulated. You are well on your way to providing the best possible services to the individuals you serve. This might be an ideal time to convene a focus group of community members to help assess what is going well and where improvements can be found. Because as we have said, there is always room for growth and improvement in relation to providing culturally and linguistically appropriate services.

Handout 3-E: Approaches for Stress Prevention and Management

- **Management of Workload**
  - Task priority levels with a realistic work plan
- **Self Awareness**
  - Early warning signs for stress reactions recognized and heeded
  - Over-identification with survivors'/victims' grief and trauma may result in avoiding discussing painful material
  - Examination of personal prejudices and cultural stereotypes
  - Recognition of when own disaster experience or losses interfere with effectiveness
  - Monitoring the emergence of stress reactions two to three months following the disaster assignment
- **Balanced Lifestyle**
  - Nutritional eating; avoiding excessive junk food, caffeine, alcohol or tobacco
  - Adequate sleep and rest, especially on longer assignments
  - Contact and connection maintained with primary social supports
- **Stress Reduction Strategies**
  - Reducing physical tension by taking deep breaths, calming self through meditation, walking mindfully
  - Using time off for exercise, reading, listening to music, taking a bath, talking to family, getting a special meal to recharge batteries
  - Talking about emotions and reactions with coworkers during appropriate times

Course 4 Handouts

Number	Module	Name
4-A	1	The *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*
4-B	1	From the Field: Culturally Competent Efforts Make a Difference When Disaster Strikes a Highly Diverse Community
4-C	3	10-Step Process for Local Planning and Action
4-D	3	From the Field: Importance of Culturally Competent Workers from the Community
4-E	5	Evaluation Guidelines

Handout 4-A: The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*

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7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

From: HHS OMH, 2013
www.ThinkCulturalHealth.hhs.gov/CLAS/Standards

Handout 4-B: From the Field: Culturally Competent Efforts Make a Difference When Disaster Strikes a Highly Diverse Community

On January 17, 1994, a major earthquake struck Los Angeles and Ventura Counties. The Northridge earthquake was the largest and most violent to hit an urban area in the United States since the 1906 San Francisco quake. The post-disaster recovery effort provided mental health services to 1.9 million persons, representing a myriad of ethnic groups, special populations and lifestyles.

The size and scope of the two affected counties, as well as the ethnic diversity of their residents, constituted a challenge to disaster mental health providers. For example, Ventura County is home to many undocumented migrant farm workers, the majority of whom do not speak English and are mistrustful of government at any level. Language and cultural barriers had to be overcome for persons from several Asian cultures as well. The diverse population in the affected areas also included other special populations, such as physically challenged persons and runaway youth, two groups that required special outreach strategies.

The disaster mental health program staff recognized from the beginning of the project the need to develop and provide culturally relevant and linguistically appropriate services, covering a multitude of cultures and languages.

From: HHS 2003

Handout 4-C: 10-Step Process for Local Planning and Action

Step	Example
1. Get organized	Form a recovery committee and appoint leadership.
2. Involve the public	Invite community members to attend any meetings regarding recovery efforts or attend community group meetings to provide an update on the recovery process.
3. Coordinate with other agencies, departments and groups	Partner with local agencies, such as health departments or social service/mental health providers, as well as national agencies, including the Red Cross and Salvation Army.
4. Identify the problem	Inform the community of the effects caused by the disaster.
5. Evaluate the problem and identify opportunities	Consider what the potential impacts of the disaster include, such as community members' economic status, natural resources and overall quality of life.
6. Set goals	Determine appropriate short- and long-term recovery goals, such as conducting damage assessments or restoring structures within the community.
7. Explore all alternative strategies	Brainstorm several ways to complete each goal, including who is involved, the resources necessary and the method for completion.
8. Plan for action	Develop a plan that will assist the entire community in the recovery process, including special population individuals.
9. Get agreement on an action plan	Ensure the plan is appropriate for all groups involved. By getting agreement on the plan prior to acting upon it, the community will be more likely to show ownership for the activities involved.
10. Implement, evaluate and revise	After the plan has been conducted, meet with the community again to evaluate the effectiveness and restructure the plan as necessary.

Process steps adapted from Flood Mitigation Planning: the Community Rating System Approach by French Wetmore and Gil Jamieson

From: Adie, 2003

Handout 4-D: From the Field: Importance of Culturally Competent Workers from the Community

Flooding in Florida displaced many residents in 1998. One area that was flooded included a community with a high percentage of African Americans, a majority of who were living in rental properties. Unfortunately, the landlords were not always prompt, thorough or enthusiastic in making repairs.

The disaster crisis counseling program that was developed in response to the flood employed an African-American team leader from the county where most of the affected people lived. She was especially important in accessing community leaders and gatekeepers, helping identify needs of the community, and providing services.

From: HHS 2003

Handout 4-E: Evaluation Guidelines

Type of Evaluation	Definition	Implementing Cultural Competency
A **transparent** evaluation…	…involves processes that are open enough to allow stakeholders (project staff, local partners, etc.) to see what is being done.	Uses principles of bottom-up communication and avoidance of top-down judgment to increase community and individual sense of ownership in the project.
An **independent** evaluation…	…must be non-biased and objective in order to be credible (and ultimately useful).	Uses the Five Elements of Cultural Competence, including personal and organizational self-assessments to mediate the effects of one's personal biases.
A **consultative** evaluation…	…allows stakeholders (project staff, local partners, etc.) to participate in the evaluation process.	Utilizes participatory approaches to include members of the community, which can help ensure higher levels of trust.
A **relevant** evaluation…	…addresses the needs of the affected community.	Uses the Five Elements of Cultural Competence, including understanding and managing dynamics of differences and the ability to adapt activities to fit the cultural context of those being served.

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