Cultural Competency E-Learning for Disaster Preparedness and Crisis Response

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HEALTH & HUMAN SERVICES
Office of Minority Health

Presentation Overview

◆ *What is a disaster?*

◆ *Disparities and disasters*

◆ *What is cultural competency?*

◆ *Why cultural competency in disaster preparedness and crisis response?*

◆ *The Office of Minority Health (OMH) at the U.S. Department of Health and Human Services*

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

  • *Development process, components of the program, and preliminary feedback*

◆ *Additional OMH tools to address health disparities*
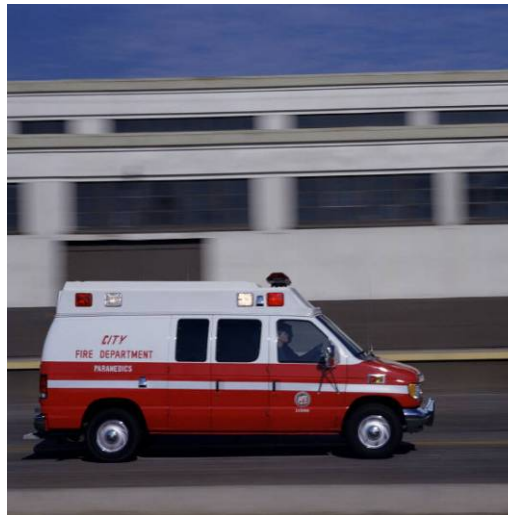
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What is a Disaster?

◆ *Disaster: a potentially traumatic event that is collectively experienced, has an acute onset, and is time-delimited.*

Two Types:

Natural

- ◆ *Earthquakes*
- ◆ *Tornadoes*
- ◆ *Floods*
- ◆ *Tsunamis*
- ◆ *Hurricanes*

Man-Made

- ◆ *Terrorist attacks*
- ◆ *Car accidents*
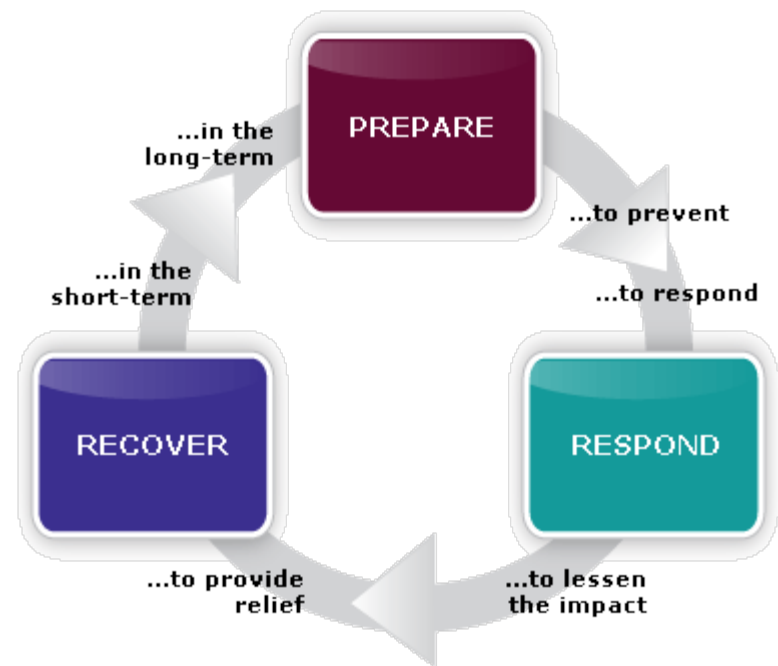- ◆ *Plane crashes*
- ◆ *Fires*
- ◆ *School shootings*

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Examples of Disasters

◆ *Haiti earthquake*

◆ *September 11, 2001*

◆ *Hurricanes Katrina and Rita*

◆ *California wildfires*

◆ *Loma Prieta earthquake*

◆ *Midwest flood of 1993*

◆ *Oklahoma City bombing*

◆ *School shootings (Columbine, Virginia Tech, Northern Illinois University)*

◆ *Indian Ocean tsunami*

Phases of a Disaster

◆ *Preparation: tasks and activities necessary to build, sustain, and improve the ability to prevent, protect, respond, and recover from a disaster event.*

◆ *Response: mitigating the impact of a disaster, including immediate actions to save lives, protect property, and meet basic human needs.*

◆ *Recovery: includes both long- and short-term efforts to assist communities in achieving their pre-disaster states.*

...in the long-term

PREPARE

...to prevent

...in the short-term

...to respond

RECOVER

RESPOND

...to provide relief
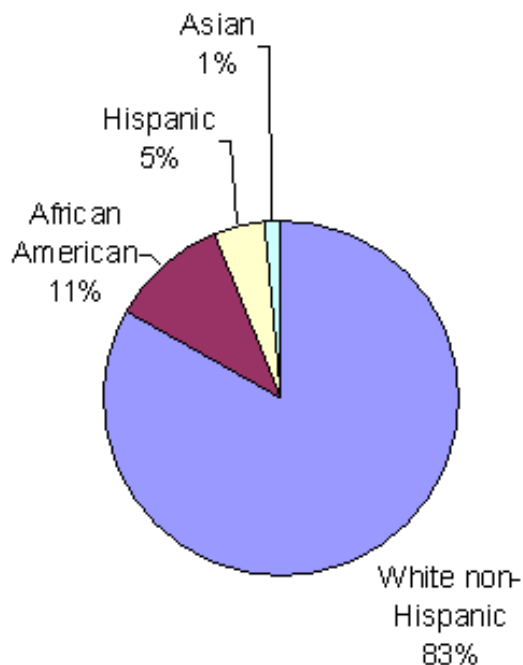
...to lessen the impact

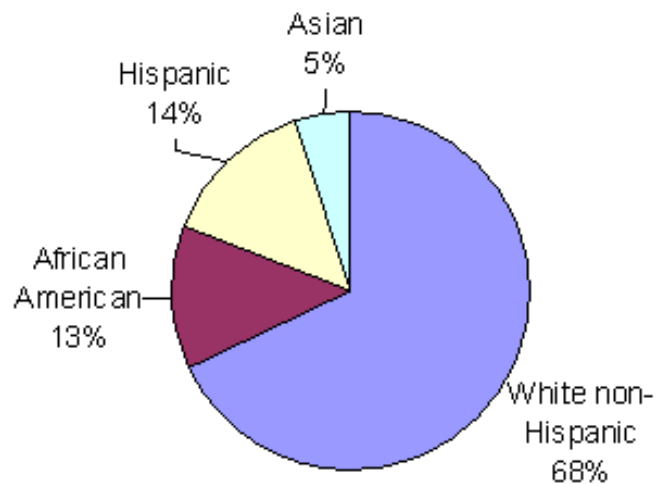www.thinkculturalhealth.org

Disparities in All Phases of Disaster

◆ *Preparation: Minorities are more likely to be under-prepared for disasters, less likely to be involved in preparedness activities, and less likely to receive preparedness training.*

◆ *Response: Minorities who do not speak English may encounter barriers during the response phase, such as inability to read relief information or other important messages.*

◆ *Recovery: Minorities have slower and more difficult recoveries due to lower incomes, fewer savings, greater unemployment, less insurance, poorer access to information, and bias in the search for long-term housing.*

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A Snapshot of the Race/Ethnicity Shift in the U.S.*

1970 Population
- Asian 1%
- Hispanic 5%
- African American 11%
- White non-Hispanic 83%

2005 Population
- Asian 5%
- Hispanic 14%
- African American 13%
- White non-Hispanic 68%

Projected 2050 Population
- Asian 10%
- Hispanic 25%
- African American 13%
- White non-Hispanic 52%
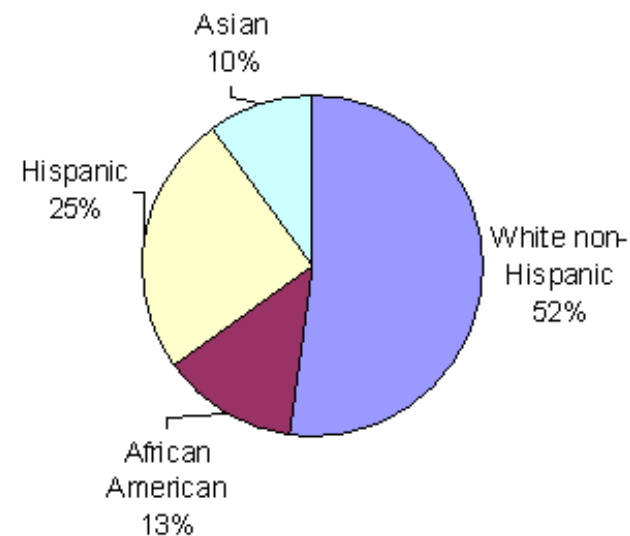
*Sources: U.S. Census Bureau, Population Reference Bureau

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What is Cultural Competency?

◆ *Cultural competency is effectively providing services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and preserves their dignity.*

◆ *Aspects of culture include all of the following*:*

Socioeconomic Status

Ethnicity

Religion

Race

Age

Sexual Orientation

Individuals with Low literacy

Disability

Gender

Deaf and Hard of Hearing (HOH)

Limited English Proficiency (LEP)

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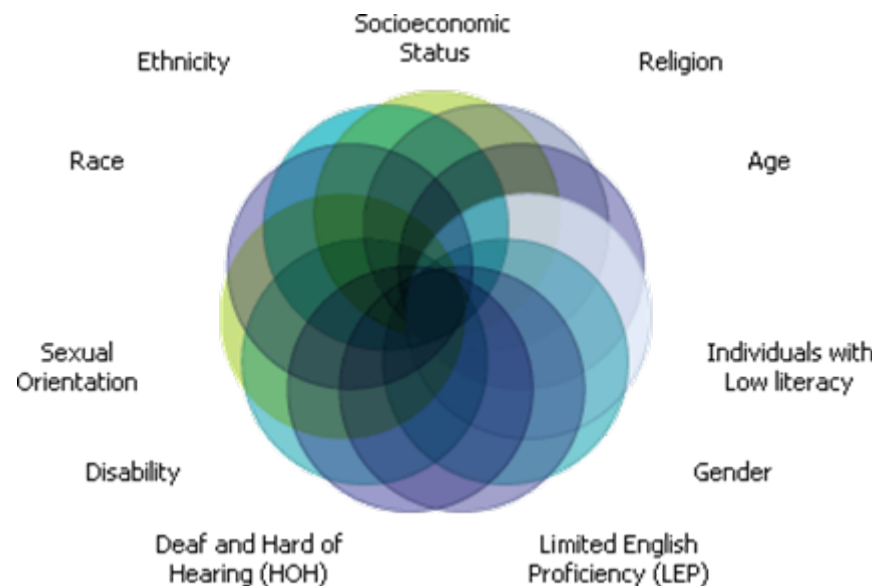
Reasons for Cultural Competency in Disaster Preparedness and Crisis Response

◆ *Responding to the growing diversity of the United States population*

◆ *Eliminating long-standing disparities of people of diverse racial, ethnic, and cultural backgrounds*

◆ *Improving the quality of services and outcomes for all populations*

◆ *Meeting legislative, regulatory, and accreditation mandates*

- *Title VI of the Civil Rights Act of 1964*
- *Executive Order 13166*
- *Joint Commission*
- *Legislation in California, Massachusetts, and New York*

U.S. Department of Health and Human Services

◆ **U.S. Department of Health and Human Services (HHS)**

- Established Healthy People 2010, a public health agenda with a focus on eliminating health disparities

◆ **Office of Minority Health, HHS**

- Develops policies and programs to eliminate health disparities

- Developed National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) to promote culturally and linguistically appropriate health care services

- Has developed several cultural competency curricula and tools for health care providers

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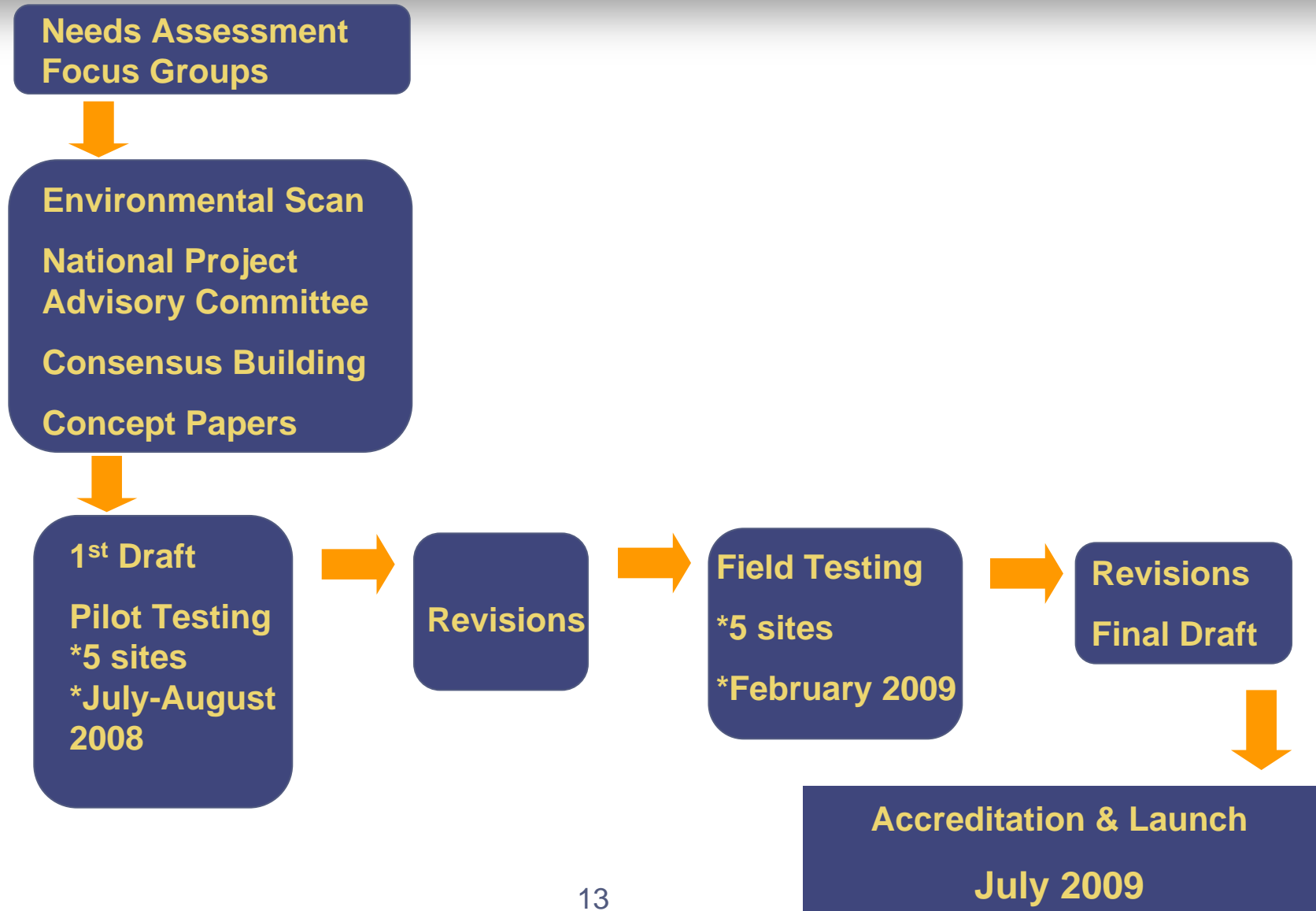# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

◆ *The CLAS Standards were developed by OMH in December 2000 as a means to improve access to health care for minorities, reduce disparities, and improve quality of care.*

◆ *There are 14 CLAS Standards, which are divided into three themes:*

- *Culturally Competent Care (Standards 1-3)*
- *Language Access Services (Standards 4-7)*
- *Organizational Supports (Standards 8-14)*

◆ *The CLAS Standards are applicable in every environment where health related care is provided and where disparities exist. Their applicability is not limited to clinical settings.*

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Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (CCC-DPCR)

◆ *Free, online continuing education course for emergency medical service personnel, disaster mental health providers, and disaster organization workers*

◆ *Launched on July 1, 2009 and accredited for up to nine (9) continuing education credits*

◆ *Feature video vignette case studies, self-assessment exercises, and pre- and posttests designed to measure knowledge gain*

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CCC-DPCR Development Process

Needs Assessment Focus Groups

↓

Environmental Scan

National Project Advisory Committee

Consensus Building

Concept Papers

↓

1st Draft

**Pilot Testing
*5 sites
*July-August 2008**

→

Revisions

→

**Field Testing

*5 sites

*February 2009**

→

**Revisions

Final Draft**

↓

Accreditation & Launch

July 2009

CCC-DPCR Target Audiences

Disaster Management	• **Emergency Managers***
Emergency Medical Services Personnel	• **First Responders*** • **EMT-Basics*** • **EMT-Intermediates*** • **Paramedics*** • **Emergency Medical Dispatchers**
Public Health	• **Commissioned Corps**
Disaster Mental Health Workers	• **Social Workers*** • **Psychologists*** • **Psychiatrists***
Disaster Relief Organization Workers	• **FEMA** • **Red Cross**

*Accredited for audiences indicated with ***

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CCC-DPCR Organization

◆ *The curriculum contains an overview course and three additional courses, each of which focus on implementing cultural and linguistic appropriate services during specific phases of a disaster*

- *Course I: Introduction to CLAS in Disaster Preparedness and Crisis Response*

- *Course II: Implementing CLAS in the Preparation Phase of a Disaster*

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

- *Course IV: Implementing CLAS in the Recovery Phase of a Disaster*

◆ *Each course contains modules which address different concepts of cultural competency in the preparation, response, and recovery phases of disaster*

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Components of the Curriculum

From the Field: examples and case studies that demonstrate how culture influences situations and reactions

Video Clips: case studies depicting scenarios involving people affected by disasters

Taking Vitals: questions about the case studies and videos

Fast Facts: information, research, and statistics related to diversity

Cultural Insights: information and statistics about culturally diverse groups

CLAS Acts: creative ways to implement the CLAS Themes

Example: Video Case Study

Inez Castillo

◆ **Lost home due to wildfire**

◆ **Speaks little English**

◆ **Relies on son for interpretation**

◆ **Pregnant with gestational diabetes**

Jasper Letzon

◆ **FEMA employee**

◆ **Does not speak Spanish**

◆ **Wants to help Mrs. Castillo receive the assistance she needs**

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User Feedback from Pilot and Field Testing

◆ **Participants liked cultural competency as a concept and saw it as important, useful, and necessary in DPCR**

- *"Every day [I use this information]. You're dealing with people on a daily basis, even if it's not the type of scenario described here...You have to tailor your approach to the individual, and that concept is really important if you're in a public service position."*

◆ **Participants discussed applicability of curriculum and cultural competency concepts to their day-to-day work**

- *"…We deal with the preparation, the response, and the recovery pretty equally. I liked that this was organized pretty much in the way that I operate and need things, so it's easier for me to incorporate it into what I'm already doing organizationally."*

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User Feedback from Pilot and Field Testing

◆ **Participants found that the curriculum presented relevant and helpful information**

- *"It's great to have this program for the help of all the people that don't understand a lot of English….Misunderstandings, especially with medications and such – it's really not good. This could save lives."*

◆ **Users indicated that the curriculum provided a platform for self-reflection regarding applicability of cultural competency concepts**

- *"There were some things that came out of it that I had never even thought of before…things that I had never realized about my organization's disaster preparedness. I thought 'this is good.' I had never given a thought about how to identify [the people who need assistance or] how to contact them."*

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CCC-DPCR User Statistics

◆ *Preliminary data indicates that the program has been extremely well received since its launch*

◆ *Over 1000 registered users*

- *70% of users are female*
- *27% of users are 55 or older, 28% are between the ages of 45-54*

◆ *Users include:*

- *Mental Health Professionals (25%)*
- *Public Health Professionals (18%)*
- *Emergency Medical Services Personnel (9%)*
- *Emergency Managers (6%)*
- *Community Volunteers (6%)*
- *Many Others*

◆ *Over 2,900 continuing education credits have been awarded since launch*

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User Feedback from Course Evaluations

◆ *Over half of users have heard about the program via email or directly from a colleague*

◆ *Nearly 98% of participants indicate they would recommend the DPCR to a colleague*

◆ *95% of participants indicate that they will use the information presented in the DPCR either extensively or moderately in their work*

◆ *Nearly 90% of participants agreed or strongly agreed that the DPCR is an effective tool to increase their knowledge of cultural competency*

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Additional OMH Tools to Reduce Disparities available at www.ThinkCulturalHealth.org

◆ *A Physician's Practical Guide to Culturally Competent Care: Cultural Competency Curriculum Modules (CCCMs)*

- *Released in December 2004*
- *Accredited for physicians, physician assistants, and nurse practitioners*
- *Over 38,500 registered users*

◆ *Culturally Competent Nursing Care: A Cornerstone of Nursing – the Culturally Competent Nursing Modules (CCNMs)*

- *Released in March 2007*
- *Accredited for nurses and social workers*
- *Over 22,600 registered users*

◆ *Health Care Language Services Implementation Guide (HCLS-IG)*

- *Released in June 2007*
- *Target audience includes all health care organizations*
- *Over 2,700 registered users*

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Bridging the Health Care Gap through Cultural Competency Continuing Education Programs

Designed for the busy health care provider – presenting "Anywhere, Anytime" online continuing education programs at no cost to you.

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Benefits of OMH Programs

◆ *Online: can be completed at home, in the office, or any other location with internet access*

◆ *Convenient*

- *No need to travel for a class*
- *Courses can be completed 24 hours a day, 7 days a week when users' schedules permit*

◆ *Free: no cost to any user*

◆ *Accredited: a requirement for licensure and relicensure in some states*

◆ *Learning tailored to the individual: users can proceed through the courses at their own pace, spending more time on areas of individual interest*

For More Information, Contact:

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