

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

## **Pilot Test Focus Group Report**

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## Introduction

### ***Overview of Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (CCC-DPCR)***

The Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (CCC-DPCR) was developed to effectively equip disaster responders in cultural and linguistic competency. The CCC-DPCR is grounded in the national disaster response structure identified in the National Response Plan (NRP) and its successor, the draft National Response Framework (NRF), as well as in the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care issued by the Office of Minority Health (OMH), Department of Health and Human Services (DHHS). This curriculum, designed specifically for disaster response partners, builds on the other current Office of Minority Health sponsored projects, the *Cultural Competency Curriculum Modules (CCCM)* for physicians (released in 2004), and the *Culturally Competent Nursing Modules (CCNM)* for nurses (released in 2007).

As part of its mission of "improving the health of racial and ethnic minority populations through the development of effective health policies and programs that help to eliminate disparities in health," the Office of Minority Health (OMH) commissioned the development of training curricula that would give healthcare providers resources and tools to understand and increase their knowledge of cultural competency; to develop self-awareness about attitudes, beliefs, biases, and behaviors that influence the care they provide; and to enhance their capacity to provide culturally competent care to an increasingly diverse patient population. In the aftermath of catastrophes like the terrorist attacks of September 11, 2001 and Hurricanes Katrina and Rita in 2005 it became apparent that minorities were disproportionately impacted and affected by disasters. At all levels of disaster response, cultural and language barriers between survivors and responders can undermine relief efforts and the effective delivery of health care, illustrating the applicability of a cultural and linguistic competency training program for disaster response partners. It is for this reason that the OMH expanded their continuing education opportunities to include persons involved in disaster preparedness and crisis response.

According to the Census, the population of the U.S. is increasing in diversity. Non-white and Hispanic ethnic and racial groups currently comprise approximately 35% of the total U.S. population (U.S. Census, 2005). Forty-seven million people aged five and over (18 percent of the population) speak a language other than English at home (Shin, 2003). The growing diversity of the U.S. brings to the forefront the importance of the provision of culturally and linguistically competent services.

Disaster response poses specific challenges in the provision of culturally and linguistically competent services to minority populations. Disaster responders encompass several professional groups that provide a variety of services to populations affected by disasters. Each of these groups may have different levels of training in cultural competence and working with minority populations. Further, during disaster response, structures and supports for culturally competent services may become limited.

Systems Research Applications International, Inc. (SRA International) was contracted by the OMH to provide oversight in the development and testing of the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (CCC-DPCR). This training program is designed to help disaster response partners understand and increase their knowledge of issues related to cultural competency; develop self-awareness about attitudes, beliefs, biases, and behaviors that influence the response and care they provide; and to serve as a tool to enhance their capacity to provide culturally and linguistically competent services to an increasingly diverse population.

A variety of resources were used to develop the content and format of the CCC-DPCR. Expert subject matter panel members from the National Project Advisory Committee (NPAC) and Consensus Building meetings contributed insight and expertise into the content of these training modules. An extensive Environmental Scan of the literature was also conducted to provide background information on the applicability and relevance of culturally and linguistically appropriate services in disaster response preparedness. The Scan was necessary to determine if the available information provided an adequate base for developing curriculum and if so, to summarize and synthesize that information into a usable form.

In July 2008, a series of five focus groups were conducted with 40 individuals involved in disaster preparedness and crisis response in five geographically and culturally diverse locations across the U.S. The focus group participants provided input on specific content areas to be addressed in the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response and the most appropriate delivery methods for achieving the widest dissemination of the training program. Additionally, focus group participants were questioned as to their current knowledge of cultural competency; previous cultural competency-related educational courses taken; and their preferred learning format. This report provides a summary of the results of the Pilot Test Focus Groups conducted in July 2008.

## Description of the Curriculum

The curriculum consists of an Introductory Course and three Courses organized around phases of a disaster (prepare, respond, and recover). The curriculum is grounded in the principals of OMH's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care issued in December 2000 (Office of Minority Health, 2001). The curriculum seeks to present the CLAS Standards' applicability outside a health care specific arena and in a disaster preparedness and crisis response setting.

Each Course consists of several modules. Each module includes:

1. Introduction to each section
2. Learning objectives
3. Text-based content
4. Video vignettes

The text-based content includes learning points and implications for disaster response partners. The modules also include practical examples and tools, such as self-assessment checklists, to help disaster response partners apply the information to their daily work. The list below provides a comprehensive summary of the curriculum tools included as supplementary information to the content:

- **Stories from the Front Lines** provide real life stories that illustrate the applicability of cultural and linguistic competence to the field of disaster preparedness and crisis response.
- **Fast Facts** highlight information, research and statistics related to diversity and cultural competence issues.
- **Cultural Insights** present information and statistics about culturally diverse groups.
- **CLAS Acts** present creative ways to implement the CLAS standards.
- **Taking Vitals** include questions about the case studies and video vignettes, and allow for self-reflection.

## ***Purpose of Pilot Testing***

The focus groups were conducted by SRA International, Inc. for the Office of Minority Health between July 14, 2008 and July 24, 2008. The results presented here include one focus group conducted in an academic setting at the George Washington University in Washington, D.C., in which seven individuals participated.

Focus group pilot testing of the curriculum with members of the target audience provides valuable feedback about individuals' perceptions of the curriculum, its usability, and the value of the resources and information included. It also allows for the opportunity to explore whether the content presented met the course objectives. The data collected in the pilot testing focus groups will be used to make recommendations for revisions and improvements to the curriculum.

The objectives of the focus groups were to:

1. Explore the cultural issues that disaster response partners encounter as a part their interactions during disaster preparedness and crisis response;
2. Examine whether the CCC-DPCR Introduction serves to pique participant attention and provides participants with a thorough explanation of what to expect from the rest of the curriculum;
3. Examine if the curriculum, case studies, and vignettes convey messages to illustrate how disaster response partners can provide culturally and linguistically competent care and services to diverse populations during disaster preparedness and crisis response;
4. Explore if the curriculum, case studies, and vignettes raise awareness and encourage self-reflection regarding culturally and linguistically competent care and services in disaster preparedness and crisis response;
5. Identify if the cases studies and vignettes in the curriculum are realistic and useful in promoting culturally and linguistically appropriate care and services during disaster preparedness and crisis response; and
6. Examine participants' opinions on the usability and overall design of the online CCC-DPCR.

## **Methodology**

### ***Data Collection***

The five focus groups were held in Miami, FL; Oklahoma City, OK; Houston, TX; San Francisco, CA; and Alexandria, VA (recruiting from the Washington, DC metropolitan area). Alexandria, VA served as the academic site, recruiting graduate students primarily from the George Washington University's Institute for Crisis, Disaster, and Risk Management. In addition, one participant was a student at the Metropolitan College of New York's graduate program in emergency and disaster management who was living in Washington, DC for the summer. A total of 40 participants from a variety of backgrounds and work environments took part in the focus groups.

SRA International, Inc. partnered with Metro Research Services (MRS) to recruit participants using a screener developed by SRA International, Inc. and approved by the Project Officer. In addition to recruiting participants, MRS coordinated closely with SRA International, Inc. staff to organize focus group logistics, including participant food and facilities. (Copies of the non-

academic and academic screeners used by MRS to recruit participants are available in Appendices A and B, respectively.)

Nine to eleven participants were recruited for each focus group in order to account for no-shows and ensure that each group had between six and nine participants. In Miami, FL, eleven individuals took part in the discussion group, and all other groups had six to nine participants. Criteria for participation, as outlined in the non-academic recruitment screener included:

- Adults between the ages of 25 and 65;
- Individuals currently working in disaster preparedness or crisis response; or worked actively in disaster preparedness and crisis response within the last two years; (exception for the academic site)
- Had no fewer than 2 years of experience working in disaster preparedness or crisis response;
- Worked routinely with at least 20% of individuals from ethnic/minority backgrounds;
- Had taken more than one continuing education course relating to the profession in the last 5 years;
- Had access to a high-speed internet connection.

Additionally, MRS was asked to recruit a variety of race/ethnicities, education levels, and approximately 50% each male and female in order to fulfill recruitment goals. Prior to each group, MRS provided SRA International staff with demographic information, including:

- Gender
- Age
- Capacity within disaster preparedness and crisis response in which they work
- Current position
- Education
- Percentage of assistance provided to minorities
- Number of years in disaster preparedness and crisis response
- Race/Ethnicity
- Number of continuing education courses taken in the last five years
- Number of cultural competency courses taken in the last five years

Recruited individuals were asked to complete the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (CCC-DPCR) prior to attending the discussion, and to record the amount of time it took them to complete each Course. Depending on the location of the group, participants received an incentive in the amount of \$200 to \$250, to compensate for completion of the homework assignment and focus group attendance. Recruited individuals were informed by facility staff that if they did not complete the homework assignment, in full, they would not be able to participate in the discussion and would not be compensated for any part of their time. SRA International monitored and cross checked information regarding registration and completion of the curriculum.

Each focus group lasted approximately two hours and was attended by two staff members. One staff member served as the focus group moderator, while the other staff member served as the note-taker. The note-taker was situated behind a one-way mirror to record participant feedback. All sessions were audio recorded to allow for accurate transcription of all comments made and to ensure the accuracy of the information collected. Prior to the start of all groups, participants were informed that they were being observed and recorded, and that their feedback would be included in a report for the Office of Minority Health. Participants were also informed that no identifying information would be used in any transcriptions or reports that would be produced. All participants signed a consent form agreeing to participate in this project (see Appendix C).

## ***Data Analysis***

SRA International created verbatim transcripts of all feedback provided during the focus groups. Identifying information was then removed from each of the transcripts so that no individual could be traced back to a specific comment.

The previously cited pilot test objectives serve as the framework for data presented here. Findings from the focus groups are presented under the headings of each of the objectives. The data presented represents key, recurring themes heard during the five focus groups. The feedback presented also provides the basis for content revisions prior to the field testing of the CCC-DPCR.

## **Results from Data Analysis**

### ***Demographic Data***

Figure 1 presents the demographic data of the professional disaster personnel who participated in the non-academic focus groups. Figure 2 presents the demographics of the students who participated at the Washington, DC/Alexandria, VA site. A total of 33 disaster professionals participated in the non-academic pilot testing focus groups – 55% (n=18) were men, and 45% (n=15) were women. Of the seven academic participants, 57% (n=4) were men, and 43% (n=3) were women.

Among the non-academic participants, the majority were 31 years of age or older; only 6% (n=2) of the non-academic participants were under 30. Not surprisingly, a much larger percentage of the academic participants were under 30 (43%, n=3). Across the non-academic sites, 27% of participants were 31-40 years old (n=9), 36% were 41-50 years old (n=12), and 30% were 51-60 years old (n=10).

When asked during the screening process about their race/ethnicity, 40% (n=16) of participants self-identified as either White or Caucasian, 22.5% (n=9) self-identified as Hispanic, 17.5% (n=7) self-identified as African American, 10% (n=4) self-identified as Asian, 7.5% (n=3) self-identified as Other, and 2.5% (n=1) self-identified as Native American. No participants self-identified as Native Hawaiian or Other Pacific Islander. While the data we received is useful in determining the general racial/ethnic make-up of our groups, it is inconsistent because participants were not given choices from which to pick. Further, they were not asked to report both their race and their ethnicity, which may have caused inconsistencies in interpretation, as was exhibited by several participants self-identifying as Caucasian while others identified as White. For field testing, the screener will be altered to collect this information in a manner that is consistent with the U.S. Census Bureau. The Census asks two questions, one for ethnicity and one for race, and provides the choices of White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, Native American, and Other.

Among participants at the non-academic sites, about half (54%, n=18) had a bachelor's degree or higher. One participant had a high school diploma, five reported having completed some college, eight reported having an Associate's degree, nine reported having a Bachelor's degree, seven reported having a Master's degree, two reported having a Doctorate, and one reported 'other.' Among the academic participants, all but one indicated they were in or had just finished a Master's degree program. The other was pursuing a graduate certificate.

Among the disaster professionals, 55% (n=18) had 2 to 10 years of experience working in disaster preparedness and crisis response. An additional 36% (n=12) had 11 to 20 years experience, and 9% (n=3) had over 20 years of experience.

**Figure 1: Non-Academic Participant Demographic Information**

Gender	San Francisco, CA		Houston, TX		Oklahoma City, OK		Miami, FL		TOTAL (n=33)	
M	4	50 percent	4	66 percent	5	62 percent	5	45 percent	18	55 percent
F	4	50 percent	2	33 percent	3	38 percent	6	55 percent	15	45 percent

Age	San Francisco, CA		Houston, TX		Oklahoma City, OK		Miami, FL		TOTAL (n=33)	
21-30	--	--	--	--	--	--	2	18 percent	2	6 percent
31-40	3	38 percent	--	--	2	25 percent	4	36 percent	9	27 percent
41-50	4	50 percent	3	50 percent	3	38 percent	2	18 percent	12	36 percent
51-60	1	13 percent	3	50 percent	3	38 percent	3	27 percent	10	30 percent

Education	San Francisco, CA		Houston, TX		Oklahoma City, OK		Miami, FL		TOTAL (n=33)	
High School Diploma	--	--	--	--	--	--	1	9 percent	1	3 percent
Some College	1	13 percent	2	33 percent	1	13 percent	1	9 percent	5	15 percent
Associate's Degree	3	38 percent	2	33 percent	2	25 percent	1	9 percent	8	24 percent
Bachelor's Degree	2	25 percent	--	--	3	38 percent	4	36 percent	9	27 percent
Master's Degree	1	13 percent	2	33 percent	1	13 percent	3	27 percent	7	21 percent
Doctorate Degree	1	13 percent	--	--	1	13 percent	--	--	2	6 percent
Other	--	--	--	--	--	--	1	9 percent	1	3 percent

Race/Ethnicity	San Francisco, CA		Houston, TX		Oklahoma City, OK		Miami, FL		TOTAL (n=33)	
White	2	25 percent	3	50 percent	4	50 percent	4	36 percent	13	39 percent
Asian	3	38 percent	--	--	--	--	--	--	3	9 percent
African American	2	25 percent	3	50 percent	--	--	--	--	5	15 percent
Native American	--	--	--	--	1	13 percent	--	--	1	3 percent
Hispanic	--	--	--	--	1	13 percent	7	64 percent	8	24 percent
Native Hawaiian or Other Pacific Islander	--	--	--	--	--	--	--	--	--	--
Other	1	13 percent	--	--	2	25 percent	--	--	3	9 percent

Years in Disaster Preparedness and Crisis Response	San Francisco, CA		Houston, TX		Oklahoma City, OK		Miami, FL		TOTAL (n=33)	
2-10	6	75 percent	1	17 percent	4	50 percent	7	64 percent	18	55 percent
11-20	1	13 percent	5	83 percent	4	50 percent	2	18 percent	12	36 percent
21+	1	13 percent	--	--	--	--	2	18 percent	3	9 percent

% of Diverse Patients	San Francisco, CA		Houston, TX		Oklahoma City, OK		Miami, FL		TOTAL (n=33)	
Less than 20%	--	--	--	--	1	13 percent	--	--	1	3 percent
20-40%	1	13 percent	1	17 percent	4	50 percent	--	--	6	18 percent
40-60%	2	25 percent	1	17 percent	2	25 percent	2	18 percent	7	21 percent
60-80%	5	63 percent	2	33 percent	--	--	5	45 percent	12	36 percent
Over 80%	--	--	2	33 percent	1	13%	4	36 percent	7	21 percent

**Figure 2: Academic Participant Demographic Information**

Gender	Washington, DC/Alexandria, VA (n=7)	
M	4	57 percent
F	3	43 percent

  

Age	Washington, DC/Alexandria, VA (n=7)	
20-25	1	14 percent
26-30	2	29 percent
31-35	3	43 percent
36+	1	14 percent

  

Academic Program	Washington, DC/Alexandria, VA (n=7)	
GWU Masters	5	71 percent
GWU Certificate	1	14 percent
MCNY Masters	1	14 percent

  

Race/Ethnicity	Washington, DC/Alexandria, VA (n=7)	
Caucasian	3	43 percent
Hispanic	1	14 percent
African American	2	29 percent
Asian	1	14 percent

  

Number of Previous Cultural Competency Training Courses	Washington, DC/Alexandria, VA (n=7)	
None (0)	1	14 percent
Minimal (1-3)	5	71 percent
Moderate (4-5)	0	0 percent
Extensive (6 or more)	1	14 percent

## Focus Group Findings

***Objective 1: Explore the cultural issues that disaster response partners encounter as a part of their interactions during disaster preparedness and crisis response.***

### Diversity of Individuals Being Served

The majority of focus group participants indicated that they serve a diverse community. Some of the ethnic groups mentioned most frequently were Hispanic, African American, and Asian. Also, a number of individuals indicated they worked in areas with large Filipino populations. The participants in Miami all indicated that they served a number of different Hispanic groups, and discussed differences between Hispanic populations in Miami (i.e., Cuban, Dominican, Mexican, etc.).

### Diversity of Colleagues

Participants indicated that their colleagues tended to be slightly less diverse than the individuals they served. However, most still felt they worked in diverse environments and that their colleagues had some awareness of different cultures and at the very least had some degree of cultural sensitivity. One participant indicated that although he did not feel that his colleagues had high levels of cultural awareness, they “aren’t culturally insensitive. It’s not that they’re trying to be mean, but they occasionally misstep.”

## Understanding of Cultural Competency

Many participants had heard of the term cultural competency prior to completing the curriculum. Several indicated they were familiar with the concept of cultural competency, but not the term itself. Approximately one-third of the participants had never heard of cultural competency. In contrast, most of the participants had no prior knowledge of the CLAS Standards. Only three participants indicated that they had ever heard of them before.

Overall, participants liked cultural competency as a concept, and saw it as important, useful, and necessary in disaster preparedness and crisis response. However, a number of participants indicated its lack of applicability during the immediate reaction to a disaster, versus its applicability in the minutes, hours, days, months, and years following. For example, one participant said:

- o "...You have to be culturally sensitive during disasters. [But] there's a timeline where...at 0+ minutes, no one is concerned about cultural competency. It's just not part of the equation. As that becomes 12 hours, 24 hours, 48 hours and you can stabilize the situation, there's more of an opportunity to be concerned about these issues [of cultural competency] because you aren't dealing with life or death, right here and right now."

## Challenges Encountered

Primarily, participants indicated that cultural differences in general provided the biggest challenges when working with diverse populations in disaster preparedness and crisis response. One participant illustrated this point by saying, "A lot of challenges are cultural habits; things you say and way you say things; eye contact and hand gestures all these little gestures. Some may not have an issue; others may find this extremely offensive. You have to be careful not to offend someone inadvertently."

Several participants indicated that their main challenge with cultural differences was the sheer number of different cultures and the inability to know each well enough. Additionally cited were language and communication barriers, which were discussed in further depth when examining the resources that participants have to combat these challenges.

## Existing Resources

The most commonly mentioned resources for working with diverse populations involved the provision of appropriate language access services. Some of the language access services that participants mentioned having access to included translated materials, bilingual interpreters on staff, AT&T language line, and the Wong Baker faces pain scale. A couple of participants indicated that their organizations adjusted when they noticed an influx of a given group. One said: "When we started noticing an influx of Haitian population, we hired a Haitian liaison. He needed to be trained as a hostage negotiator and as an interrogator because we don't have that many Haitian police officers so it's a unique culture and it's a large population."

## ***Objective 2: Examine whether the CCC-DPCR Introduction serves to pique participant attention and provides participants with a thorough explanation of what to expect from the rest of the curriculum***

### Length of Introduction

A number of participants thought the information provided in the introduction was interesting. However, overall, participants felt the introduction was too long, was repetitive, and provided more information than could reasonably be retained. Several participants indicated that it did not

seem like an introduction, particularly with the level of detail and information provided, but that it read more like a standalone course. As the Introduction was written to be an accredited component of the course itself, this feedback is very helpful. We may want to consider pulling the logistical details into a short introductory section and renaming the majority of the other information something like “Fundamentals of Cultural Competency” so as not to cause confusion among users.

When asked to identify the most helpful part of the Introduction, participants answered:

- “For me it was the pretest. It summed up the knowledge of what I know and whatever I didn’t know it was like oh, OK.”
- “Summary of concepts - get straight to the point.”
- “I printed out a lot of stuff from the resource library, the glossary etc. because I thought it would be useful.”
- “...It was a good background for the whole range of the courses. Without getting too in-depth, but giving an opportunity to understand that the whole course would be very deep, it’s not a five minute course where you’ll be in and out and then be an expert because even if you studied this for ages and ages you wouldn’t be an expert.”
- “It got your interest so that you would want to read more.”

### **Time Spent/Duration**

Participants reported a variety of time it took to complete the introduction. On average, it took most people slightly more than one hour to complete. Time spent ranged from 20 minutes to 2.5 hours. The range in time is likely in part attributable to differences in how individuals read the section: some skimmed for overall content and comprehension, while others read word for word. A number of participants indicated that they skimmed sections of the curriculum because they had to complete the homework in order to participate in the focus group.

***Objective 3: Examine if the curriculum, case studies, and vignettes illustrate how disaster response partners can provide culturally and linguistically competent care and services to diverse populations during disaster preparedness and crisis response.***

### **Curriculum**

Participants indicated that they saw the importance of the provision of culturally and linguistically appropriate services during a disaster. For instance, one participant said, “If we are headed in one direction thinking this is what people need and it’s really not, maybe we need to refocus and understand what some groups needs are. I think it is real important from that point of view as a first responder.” Another commented, “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. Now I’m coming at these interactions with a different mindset. You have to tailor your approach to the individual, and that concept is really important if you’re in a public service position.”

Overall, however, the curriculum was generally perceived as too long, too dense, and too repetitive. A number of participants felt the curriculum focused too much on teaching the CLAS Standards which became overwhelming to learn, as opposed to focusing on the underlying concept of cultural competency. Several others discussed how cultural competency cannot overshadow the provision of care and services, especially in a disaster. One participant illustrated this point by saying, “it really seemed to emphasize cultural competency over the actual providing of service. I understand they we’re integrating those. But, at the street level in an

emergency situation, [cultural competency] really does take a back seat. Cultural competency should be seen as a complement.”

## **Case Studies**

The case studies (i.e., Fast Facts, From the Field, and Stories from the Front Page) as a whole were very positively received. Participants indicated that they helped illustrate the CLAS Standards and the themes of cultural competency. The case studies were frequently cited as the part of the curriculum that participants remembered and retained. A number of individuals suggested adding more case studies as a way to break up the text, illustrate overall points and cultural competency themes, and make the curriculum less dense.

## **Vignettes**

When asked whether the vignettes were successful at presenting the underlying themes of cultural competency, several participants indicated that the vignettes illustrated the concepts presented. However, a number of participants felt the vignettes involved poor acting and poor presentation, and therefore did not enhance the curriculum. In several markets, the moderator had to ask explicitly whether the themes were even addressed, because the participants got bogged down in other details.

### ***Objective 4: Explore if the curriculum, case studies, and vignettes raise awareness and encourage self-reflection regarding culturally and linguistically competent care and services in disaster preparedness and crisis response.***

Several participants shared stories about their own past experiences which were directly related to the concepts presented in the curriculum, case studies, and vignettes. Participants indicated that they felt the curriculum raised their awareness about cultural competency and provided the opportunity to reflect on their experiences in providing culturally and linguistically appropriate services.

Some reactions regarding increased awareness and knowledge of the provision of culturally and linguistically competent services in disaster preparedness and crisis response include:

- “[For a] first timer, there is a tremendous amount of information here. For those in NYC who grew up in a diverse community, it would be a refresher. More work can be done, but overall it is not bad.”
- “Thought it was good, piqued my interest; but should hit the top three or five points.”
- “It was very interesting material. After a while, I don’t remember the standards!”
- “I enjoyed this Course; [Course 2] was the most interesting...Sometimes when you are responding to a disaster, some of these things will come to you. It’s like, you have a checklist, but at a certain point in time, you’re going to make decisions and act based on what you think is right.”
- “I thought it was pretty good.”
- “Learned a lot of what I didn’t know and what needs to be done.”
- “I think [Course 1]’s great for disasters. If you see a hurricane coming and we know that the police department is going to send a few officers, this is good information.”
- “Reading this information gave me a lot of food for thought. Some things that you might think just overlook yourself – it is a mentality.”

## Curriculum

Overall, participants appreciated receiving information that they could incorporate into their everyday activities. Participants shared their experiences and talked about the applicability of the curriculum to what they have done in the past or do day-to-day:

- "We've already been trained in [dealing with diverse patients], but it helped because it brought it back to the forefront."
- "I took away the fact that people don't respond to disasters in the same way. It didn't really dawn on me that people don't want to leave their homes, or have issues with trusting people etc."
- "I think that, I liked the fact that it went into, it just made me really think it made me think about how much you really don't know, you know?"
- "...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."
- "We utilized something like this to reach out to our employees and our community during the '99 and '03 tornados."
- "I thought that was very good because it applies to any scenario at any time. Making sure you advertise emergency numbers. If you have a neighborhood of all Hispanics, and they go to a certain church, make sure they know what numbers they can call in an emergency. If you tell them, well you live here so you should speak the language – that may be my personal opinion, but it's not going to get anywhere with them."
- "[The self assessment tools] were really good, and we often have to do unit based education where or peer-to-peer education. I thought that would just be a good starting point to just open people's eyes. Because you are right, you got to know, we don't think we have biases, but we do."

## Case Studies

Overall, the participants felt that the case studies were effective in illustrating the necessity of cultural competency, as well as the dangers of not being adequately prepared to provide culturally and linguistically appropriate services. Many of their reactions to the case studies allowed them to reflect on what they would have done or what could have been done differently:

- "I was reading some of the [case studies] and I was like, I never thought of that."
- "The 911 call, I was like wow, I never, wait a minute, hold on, something else could have been done there differently. And why wasn't [it]. I already had cultural competency training as far as the community, you know, in my mind I am not a dispatcher but in my mind I'm like hold on, wait a minute. Let me get someone in. That set me back to know these things weren't set in motion..."
- "Also, in the [case] where they talked about the fires in San Diego. They only had, in the reverse 911 call, they only had one language. I'm like wow, why isn't this in other languages. The major population down there is Hispanic and you mean to tell me that reverse 911 calls can't also say it in Spanish. Spanish doesn't mean that all these families who can't speak English getting the reverse 911 calls to get out and they are perishing. That's just what set me aback because of me doing the cultural competency in the community I already would have had that in place and knew to do something other than that."

## Vignettes

The vignettes provided a framework with which the participants reflected on their own challenges and lessons learned in disaster response. Representative reactions to the vignettes included:

- "It was a major issue, at Georgia Brown again they served 3 meals a day plus snacks, and I guess because of the size of the crisis nobody took into consideration, you know, if the people from New Orleans, if their diet was any different. You know, do they eat spicy

- food or anything like that? It was just like meatloaf today, it was just no consideration for the dietary habits of what's predominant for the inhabitants of New Orleans."
- "We had some new EMTs, well, we always have to remind them to respect their elders, and when you talk to little old ladies, be patient. It's not "sweetie" or "honey," you know, I'm guilty of it myself. I try to always remember to respect people, even if it is a younger person; try to be as respectful as you can because a person is a person."
  - "The most recent one, we had a grass fire, albeit small, in Brisbane. We were just letting it burn. People are showing up saying 'You guys are letting it burn. Why aren't you doing anything?' There isn't a house anywhere near you know. So we need to educate them saying let it burn now or come back an hour later. It's easy to tell our community that we are letting the fuel burn off but then there are people who don't get that message and they say 'They are letting it burn!'"

***Objective 5: Identify if the curriculum, case studies, and vignettes are realistic and useful in promoting culturally and linguistically appropriate care and services during disaster preparedness and crisis response.***

**Curriculum**

The curriculum received both positive and negative comments across the markets. A number of participants said they would recommend the curriculum to their colleagues. Those who indicated they would not recommend the curriculum to colleagues said that they simply would not do so in its present form. It seems likely that these participants may have felt some of the information was relevant or useful, but perhaps that there was too much of it or that it needed to be edited or pared down before they felt comfortable recommending it to colleagues. Further, a number of participants indicated that some of the information presented was not relevant to their specific profession, making them less likely to recommend it to their colleagues.

Some representative comments about the applicability of the curriculum to specific groups include:

- "It is sure something that every EMS personnel and perhaps fire department person certainly need to be aware of, but we need help from the other groups who are going to assist us."
- "If it's for a medic, it's not really applicable. If it's someone in a management position, maybe."
- "If I could, I would take this course every year. It's really applicable."
- "If nothing else, it's good food for thought. Whether you get to use everything or not, it opens your mind and brings these issues to the forefront."
- "At the very least, the more focused the better. Lumping the managers and the responders into one course causes a lot of information that is not applicable to one or the other."
- "I almost felt like it needed to be two deals. Some people could use cultural diversity version 200, some people could use version 100. It went too in-depth for some people's jobs and not enough for others'."
- "You have this overall cultural competency thought process that then manifests itself in a variety of ways, depending on your function...As far as the application goes, you're going to lose people because they're going to say: this doesn't apply to my job. So if you then had more specific training for first responders, administrators, mental health people..."
- "I think a lot of it would lend organizational help to people who are higher up in administration and trying to actually form more concrete systems within the department"

or within administration. But for the bottom layer peons, it's overwhelming. It's a lot of good information but too much."

## **Case Studies**

The case studies (i.e., Fast Facts, From the Field, and Stories from the Front Page) were overall perceived as realistic and very useful at illustrating how to implement cultural and linguistic competency in disaster preparedness and crisis response. The case studies were frequently cited as the most useful part of the curriculum, and participants frequently indicated that the stories were the most relevant and made the concepts tangible. Representative comments about the case studies included:

- "The real life experiences on the side were helpful and interesting."
- "... they were interesting and well-written and they did a good job of illustrating the point."
- "It's the real world experience that can really bring it home."
- "I felt the Stories help bring it back down to understand what was trying to be conveyed in the course."
- "I thought the stories for it were really well selected. Very significant. Feelings associated with them and little shock and a little frustration but they were all really good examples."
- "They were all relevant and brought everything clearer and actually tied the subject matter instead of the ongoing text."
- "The only thing I retained was the scenarios...That was the best part."
- "Really liked the Stories. They were more realistic than the vignettes. They were interesting."
- "I liked all the little fast facts; I kind of focused on them first and then the content because it kind of brought some real life situations."

## **Vignettes**

The vignettes were generally perceived as too long and unrealistic; however, certain vignettes received both positive and negative comments across the markets. For instance, the vignette which focused on relocating after a hurricane received positive and negative comments in different markets. In San Francisco, participants regarded it highly: they empathized with the character presented and felt that it was very realistic. One respondent said "I know it is acting, but he seemed like a real FEMA guy." In contrast, the Miami market felt it did not add anything to the curriculum, and while it was the best perceived of the vignettes in this market, one participant summarized the groups' feelings saying, "[that] one was closest. But none of them are particularly realistic." Additionally, the Houston market felt the scenario was good, but took issue with how the interview was conducted and one person felt it was unrealistic and took offense at the main character, saying she was a stereotypical representation of an elderly black woman.

## ***Objective 6: Examine participants' opinions on the usability and overall design of the online CCC-PDCR***

Many users found the online CCC-DPCR to be user-friendly and enjoyed the layout. One participant said, "It was structured and formatted well. It was easy to use. Whoever prepared it did a good job...it was a good course and I enjoyed it." Some of the additional positive feedback received about the overall design and usability included that there were no dead links and that you could easily navigate forward and backwards through screens.

A number of participants had difficulty finding and accessing the CLAS Standards. Additional negative feedback received included that there weren't enough graphics to break up the text, that the font was too small, that there was too much text on each page making the pages

themselves too busy, a lack of consistency in how long each page was, and too many “click next” prompts, particularly following the questionnaires and taking vitals questions. Two participants had difficulty hearing the audio appropriately on the 9-1-1 call, and a couple individuals indicated they could access the answers to the pre-test while taking the post-test which seemed to them counter-productive in terms of testing their knowledge gained. A number of participants suggested using bullets to break up the text.

## **Implications**

### ***Accreditation***

When asked how much time would be appropriate for completing this curriculum and how many continuing education credits should be offered, the responses varied. Six participants said it should be worth 15 or more hours in its current form. Five participants indicated it should be for 6 to 8 hours. One participant felt that four hours would be sufficient, and another indicated that it should be broken up into smaller sections so one section would be less than a credit (i.e., 0.3 credits per section like FEMA does).

### ***Audience***

Overall, the feedback indicated that the curriculum as a whole was most appropriate for emergency managers. A number of participants felt that in its current form, only some of the information was relevant to first responders and those providing services at the front lines. There were several suggestions to split the curriculum in two, creating one program specifically geared towards the management level, and one program geared towards those who work on the front lines. Specifically, participants indicated that the information contained in Course 2 (Response) and some of the information in Course 3 (Recover) was most appropriate for those on the front lines. Some participants indicated that information in the Introduction, Course 1 (Prepare), and the Organizational Supports section of Course 3 was useful for management, but that they would have a hard time applying it, especially if they didn't have support from their managers.

### ***CLAS Standards***

Participants indicated that they felt the CLAS Standards provided a lot of information, but felt there were far too many of them. Some noted difficulty in memorizing the CLAS Standards and suggested consolidating them or highlighting three or four major themes or points to them. A number of participants indicated that they did not find the individual standards to be helpful, learn-able or applicable to their individual duties in disaster preparedness and crisis response. Some participants felt they were distracting and would have preferred to have the CLAS Standards as an easily visible and user-friendly link, accessible for reference at all times, rather than interspersed throughout the curriculum and referred back to with such frequency.

### ***General Comments***

The focus group findings revealed that, for the most part, participants felt the curriculum contained interesting information; however, they also indicated it is too long, too repetitive, and too dense. The case studies were very well received and were frequently cited as that which was retained most by participants. Focus group participants felt the curriculum should focus as much as possible on the practical aspects of disaster preparedness and crisis response and on providing real-world examples of applying cultural competency in the arena of disaster preparedness and crisis response. Additionally, participants felt the program as a whole was not, in its current form, relevant to first responders, but more appropriate for emergency managers. Based on these findings, the priority for revisions should be placed on reformatting the CCC-DPCR into a more

targeted and shorter program. Feedback from the upcoming NPAC meeting will also be valuable in assisting the project team to refine the CCC-DPCR. By combining the findings from the focus groups and the NPAC, the CCC-DPCR can be refined to create a superior continuing education e-learning program for disaster preparedness and crisis response.

## Conclusion and Recommendations

Recommendations from focus group participants for curriculum revisions are presented below. Content specific revisions are presented in one table, while formatting and technological revisions are presented in another.

### Curriculum Content

Many recommendations received from the focus groups centered on ways to break up the text, as the length and density of the curriculum were major complaints. Users would also like the program to be more interactive and focus on the practicality of disaster preparedness and crisis response, rather than on theory.

- Reduce density
  - Use hyperlinks for some information (i.e., policy/legal content)
- Add more visual elements
  - Tables with specific cultural information which can be printed and carried into the field
  - Charts, graphs, diagrams and graphics
  - Pictures to put a face on what is being discussed
- Increase the practicality of what is presented
  - Add more case studies and real-life stories; include failures as well
- Increase the interactivity of the curriculum
  - Offer facilitated sessions to allow for discussions, sharing of ideas, and potentially role playing
  - Include users' responses to the taking vitals as a forum for sharing – participants felt typing the answers would be more useful if they could see what others included or have a forum to share their responses
  - Consider creating a monitored blog as a place for participants to share real-life experiences
- Condense CLAS Standards
  - Focus on the underlying themes rather than the specific numbers; several participants felt the focus on the specific number of a Standard was distracting
- Elaborate on the cultural information presented, including religion and other aspects of culture consistently throughout, as opposed to only in the definitions at the beginning of the curriculum.
- Tailor the target audience further, potentially splitting the curriculum into two programs (one for management and one for the front lines)

### Curriculum Format and Technology

Several participants commented that the program was user-friendly, they liked the structure, and liked that you could easily navigate back. Suggestions for improvement and changes included:

- Increase the font size and make length of pages more consistent
- Add more visuals/graphics/bullets to break the text up further
- Revise Taking Vitals
  - Remove closed ended questions – they were not perceived as helpful.

- Consider deleting the confirmation message that pops up on the same page and allow participants to be directed immediately to the next page of curriculum: a number of participants were aggravated at the number of prompts and number of times they had to “click next” to continue.
- Edit CLAS Standards in Reference Library
  - Verify that the links go to the CLAS Standards – some participants indicated that it didn’t take them to the correct information when they clicked on the link for them.
  - Emphasize CLAS Standards further – several participants had difficulty accessing or finding the CLAS Standards in the reference library
  - Remove reference to “health care organizations” in CLAS Standards listed in reference library – when participants looked at the Standards in the library they felt they were not applicable to them.
- Verify that 9-1-1 audio is functioning properly
  - Several participants indicated technical difficulties when trying to listen to the audio.
- Vignettes
  - Re-edit, re-film, revise based on suggestions in vignette report.
  - Include transcripts of the vignettes giving participants the opportunity to read the stories.

## Summary and Next Steps

Overall, participants felt that the curriculum contained a lot of good information, but for the most part indicated that there was too much of it, and that it was too dense and too repetitive. Feedback from the focus groups revealed that the curriculum needs to be cut in length and pared down in density in order to make it stronger and more applicable to our target audiences. Further, participants indicated that some of the information was inappropriate for those at the front lines and was only applicable at the management level. Based on the feedback received, it may be appropriate to revise the curriculum into two shorter programs, one geared more towards management and one geared more towards those at the front lines. Doing so may also ultimately streamline the accreditation process, as we may run into problems gaining accreditation for certain groups if much of the information presented is not as relevant to them.

Perhaps the most important finding from the pilot test focus groups is that a number of participants would not recommend the curriculum in its current form. As such, the feedback received must be taken under advisement as changes are made. The National Project Advisory Committee must also be consulted prior to making revisions. The CCC-DPCR will undergo a first round of major revisions based on the results seen here in the pilot testing before undergoing a field test. Ultimately, by incorporating feedback from the pilot test, field test, and ongoing consultation with the National Project Advisory Committee, the OMH will be able to produce a cutting edge continuing education curriculum which will increase the provision of culturally and linguistically appropriate services in disaster preparedness and crisis response.

## References

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## Appendix A: Non-academic CCC-DPCR Recruitment Screening Questionnaire

Location:

Houston, TX       San Francisco, CA       Oklahoma City, OK  
 Miami, FL       New York City, NY

Date: \_\_\_\_\_ Gratuity (2 hour group): TBD

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

How would you like to receive your confirmation letter?

Mail  Email  Fax

TO BE ASKED AT THE CONCLUSION OF SCREENING:

Are you currently scheduled for any other market research studies, including focus groups?

Yes, **SEE SUPERVISOR**     No, **CONTINUE**

Do you know anyone else coming to this focus group?

Yes, **SEE SUPERVISOR**     No, **CONTINUE**

**PLEASE REMEMBER TO BRING A PICTURE ID WITH BIRTHDATE FOR REGISTRATION**

**GIVE PHONE NUMBER OF FACILITY \_\_\_\_\_  
PARTICIPANTS WILL BE CALLED THE DAY BEFORE TO CONFIRM THEIR ATTENDANCE**

**CONFIRMATION LETTER SENT AND INCLUDES URL ADDRESS FOR TESTING AND  
REMINDER TO RECORD TIME IT TOOK TO COMPLETE EACH COURSE?**

**DATE \_\_\_\_\_**

**REMINDER PHONE CALL MADE AND INCLUDES URL ADDRESS FOR TESTING?**

**DATE \_\_\_\_\_**

Assumptions for each location:

- Recruit to get between 6-9 participants (across all five locations). Over-recruit 2 participants for each testing group in anticipation of no-shows. Recruitment total=30-45 participants.
- Recruit adults (ages 25-65), currently working in disaster preparedness or crisis response or worked actively in disaster preparedness and crisis response within the last two years, work routinely with at least 20% of patients from ethnic/minority backgrounds, mix of race/ethnicity, mix of education levels, and mix of gender to fulfill recruitment goals.

**READ**

Hello, this is \_\_\_\_\_. I am calling from Metro Research Services, a national market research company. We have been hired to speak with disaster response partners in your area and this will only take a few minutes. Please be assured that we are not selling anything—we are only interested in your opinions. No salesperson will call on you as a result of this survey.

If you are interested in participating, and you meet the requirements, we will invite you to come for a discussion group at (**INSERT LOCATION**). The group will meet for about two hours and you will be compensated for your time.

Before the group discussion, you will be asked to review an online disaster preparedness and crisis response training program that emphasizes cultural competency and record **how long it took you to complete each Course** (please emphasize that it is very important that each participant record this information as they are completing the curriculum). Then at the group discussion we will ask for your opinions about the online program. We will use what we learn from these group discussions to revise and improve upon the online continuing education curriculum for cultural competency in disaster preparedness and crisis response.

May I ask you a few questions? **IF YES, GO TO Q1. IF NO, THANK AND END.**

**If needed, explain further:** Since we need to include people who are a mix of different backgrounds and experiences, there are some requirements that I have to check on for all the people we bring in to participate in the group discussion. I need to ask you a few questions to see if you meet participant requirements.

Date \_\_\_\_\_ Time \_\_\_\_\_

1. **RECORD SEX**

Female \_\_\_\_\_ (**CONTINUE**)

Male \_\_\_\_\_ (**CONTINUE**)

**(TRY AND RECRUIT APPROXIMATELY 50% MALE/50% FEMALE)**

2. We would like to get a range of age groups for the focus group. Would you please state your age? **RECORD RESPONSE.**

**(NOTE: IF UNDER 25 THANK AND END SCRIPT A or if 66 or older THANK AND END SCRIPT A)**

\_\_\_\_\_

3. In what capacity do you work in Disaster Preparedness and Crisis Response? **READ LIST. PLEASE STOP ME WHEN I MENTION YOUR ROLE/CAPACITY. RECRUIT MIX.**

\_\_\_\_ Emergency Medical Services Personnel (EMS, paramedic, etc.)  
**(CONTINUE)**

\_\_\_\_ Fire Department **(CONTINUE)**

\_\_\_\_ Law Enforcement **(CONTINUE)**

\_\_\_\_ General Medical Personnel (doctor, nurse, etc.) **(CONTINUE)**

\_\_\_\_ Emergency Management **(CONTINUE)**

\_\_\_\_ Volunteer **(IF YES, PLEASE SPECIFY ORGANIZATION)**

**If yes, specify if Citizen Corps, FBO, CBO, etc.**

\_\_\_\_ American Red Cross **(CONTINUE)**

\_\_\_\_ Uniformed Public Health Service (Commissioned Corps)  
**(CONTINUE)**

\_\_\_\_ Military **(CONTINUE)**

\_\_\_\_ Mental Health Professional (Social Worker, Psychologist,  
Psychiatrist) **(CONTINUE)**

\_\_\_\_ Public Health Professional **(CONTINUE)**

\_\_\_\_ Other **(PLEASE DESCRIBE—IF NOT A DISASTER RESPONSE  
PARTNER, THANK AND END SCRIPT A)**

4. Please tell me your current position title. **RECORD RESPONSE.**

\_\_\_\_\_

5. What is the highest level of education that you have completed? **READ LIST. PLEASE STOP ME WHEN I GET TO THE CORRECT RESPONSE.**

\_\_\_\_ No degree

\_\_\_\_ Some high school

\_\_\_\_ High school diploma

\_\_\_\_ Some college

\_\_\_\_ Associate's degree

\_\_\_\_ Bachelor's degree

\_\_\_\_ Master's degree

\_\_\_\_ Doctorate degree

\_\_\_\_ Other

6. Do you have access to a high-speed (DSL, cable modem, broadband) Internet connection?

\_\_\_\_ YES **(CONTINUE AND GO TO Q.5)**

\_\_\_\_ NO **(THANK AND END SCRIPT A)**

7. In your current disaster preparedness and/or crisis response setting, what percent of patients that you typically care for are from ethnic/minority backgrounds? **(IF NEEDED EXPLAIN FURTHER-- AFRICAN AMERICAN, HISPANIC, ASIAN-AMERICAN, NATIVE HAWAIIAN, AMERICAN INDIAN) READ LIST. PLEASE STOP ME WHEN I GET TO THE CORRECT PERCENT.)**

\_\_\_\_ <Less than 20% (**THANK AND END SCRIPT A**)  
\_\_\_\_ >20% but less than 40% (**CONTINUE**)  
\_\_\_\_ > 40% but less than 60% (**CONTINUE**)  
\_\_\_\_ > 60% but less than 80% (**CONTINUE**)  
\_\_\_\_ > 80 % (**CONTINUE**)

8. How long have you been working in disaster preparedness and crisis response?  
**READ LIST. PLEASE STOP ME WHEN I MENTION THE CORRECT YEARS.**

\_\_\_\_ < 2 Years (**THANK AND END SCRIPT A**)  
\_\_\_\_ 2-10 Years (**CONTINUE**)  
\_\_\_\_ 11-20 Years (**CONTINUE**)  
\_\_\_\_ > 20 Years (**CONTINUE**)

9. We are hoping to get a diverse mix of participants for our focus groups. Can you tell me what racial or ethnic group you belong to? **RECORD RESPONSE. RECRUIT MIX.**

\_\_\_\_\_

10. How many continuing education courses related to your profession have you taken in the last five years?

\_\_\_\_ 0 or 1 (**THANK AND END SCRIPT A**)  
\_\_\_\_ 2 or more (**CONTINUE**)

11. How many cultural competency continuing education courses or training courses have you attended in the last five years? **RECORD RESPONSE. GO TO INVITATION.**

\_\_\_\_\_

**INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA**

Thank you for answering all of my questions. You are eligible to participate in the discussion group. Are you available to attend a discussion group at \_\_\_\_\_ (**INSERT LOCATION**) \_\_\_\_\_ (**INSERT DATE and TIME**) for about two hours? As a token of appreciation for helping us in our research efforts, you will receive a gratuity of \_\_\_\_\_ (**INSERT AMOUNT**).

**RECORD INFORMATION ON THE FRONT PAGE  
PROVIDE TELEPHONE NUMBER**

**END SCRIPT A FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I said earlier, we are trying to recruit people who meet certain criteria. Unfortunately, you have not met these requirements. I appreciate your taking the time to speak with me and I hope you have a good day.

**END SCRIPT B FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I mentioned earlier, we are trying to recruit people from different backgrounds and work experiences. It looks like you are eligible to participate but right now we already have enough people in our study with backgrounds similar to yours. Can we contact you in the future in case we have any cancellations? ***IF RESPONDENT SAYS YES RECORD RESPONDENT'S INFORMATION ON THE FRONT PAGE AND GIVE PHONE NUMBER. IF NO, THANK AND END.***

## Appendix B: Academic CCC-DPCR Recruitment Screening Questionnaire

Location:  
Date:  
Gratuity: TBD

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

How would you like to receive your confirmation letter?  
\_\_\_\_Mail \_\_\_\_Email \_\_\_\_Fax

**PLEASE REMEMBER TO BRING A PICTURE ID WITH BIRTHDATE FOR REGISTRATION**

**GIVE PHONE NUMBER OF FACILITY \_\_\_\_\_  
PARTICIPANTS WILL BE CALLED THE DAY BEFORE TO CONFIRM THEIR ATTENDANCE**

**CONFIRMATION LETTER SENT AND INCLUDES URL ADDRESS FOR TESTING AND  
REMINDER TO RECORD TIME IT TOOK TO COMPLETE EACH COURSE?  
DATE \_\_\_\_\_**

**REMINDER PHONE CALL MADE AND INCLUDES URL ADDRESS FOR TESTING?  
DATE \_\_\_\_\_**

Assumptions for each location:

- Recruit to get 6-9 participants. Over-recruit 2 participants in anticipation of no-shows.
- Recruit individuals who are currently enrolled in a program (Master's, Doctoral, or graduate certificate) at the George Washington University Institute for Crisis, Disaster, and Risk Management (ICDRM). Try and recruit a gender and ethnic mix.

**READ**

Hello, this is \_\_\_\_\_. I am working on behalf of the Department of Health and Human Services Office of Minority Health. We are interested in talking to public health students and this will only take a few minutes. Please be assured that we are not selling anything—we are only interested in your opinions. No salesperson will call on you as a result of this survey.

If you are interested in participating, and you meet the requirements, we will invite you to come for a discussion group at (**INSERT LOCATION**). The group will meet for about two hours and you will be compensated for your time.

Before the group discussion, you will be asked to review an online cultural competency disaster preparedness and crisis response training program and record **how long it took you to complete each Course** (please emphasize that it is very important that each participant record this information as they are completing the curriculum). Then at the group discussion we will ask for your opinions about the online program. We will use what we learn from these group discussions to revise and improve upon the online continuing education curriculum for cultural competency in disaster preparedness and crisis response.

May I ask you a few questions? **IF YES, GO TO Q1. IF NO, THANK AND END.**

**If needed, explain further:** Since we need to include people who are a mix of different backgrounds and experiences, there are some requirements that I have to check on for all the people we bring in to participate in the group discussion. I need to ask you a few questions to see if you meet participant requirements.

Date \_\_\_\_\_ Time \_\_\_\_\_

12. **RECORD SEX**

Female \_\_\_\_\_ (**CONTINUE**)

Male \_\_\_\_\_ (**CONTINUE**)

**(TRY AND RECRUIT APPROXIMATELY 50% MALE/50% FEMALE)**

13. We would like to get a range of age groups for the focus group. Would you please state your age? **RECORD RESPONSE. (NOTE: IF UNDER 22, PLEASE THANK AND END SCRIPT)**

-----

14. Are you currently enrolled in a graduate program in the George Washington University Institute for Crisis, Disaster, and Risk Management (ICDRM)/Department of Engineering Management and Systems Engineering? **RECORD RESPONSE.**  
\_\_\_\_ Yes (**IF YES, GO TO Q4**)  
\_\_\_\_ No (**IF NO, PLEASE THANK AND END SCRIPT**)
15. Do you have an interest in Cultural Competency and Its Relation to Emergency Preparedness and Disaster Response?  
\_\_\_\_ Yes (**CONTINUE AND GO TO NEXT QUESTION**)  
\_\_\_\_ No (**THANK AND END SCRIPT A**)
16. Have you taken any courses in Emergency Preparedness, Disaster Response, Risk Communication, etc.? (**RECORD RESPONSE AND CONTINUE TO Q6**)  
\_\_\_\_ Yes  
\_\_\_\_ No
17. Do you have access to a high-speed (DSL, cable modem, broadband) Internet connection?  
\_\_\_\_ YES (**CONTINUE AND GO TO Q7**)  
\_\_\_\_ NO (**THANK AND END SCRIPT A**)
18. We are hoping to get a diverse mix of participants for our focus groups. Can you tell me what racial or ethnic group you belong to? **RECORD RESPONSE. RECRUIT MIX.**  
\_\_\_\_\_
19. How many cultural competency courses, either in your graduate program or outside of it, have you attended or taken in the last five years? **RECORD RESPONSE. GO TO INVITATION.**  
\_\_\_\_\_

**INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA**

Thank you for answering all of my questions. You are eligible to participate in the discussion group. Are you available to attend a discussion group at **(INSERT LOCATION)** on **(INSERT DATE)** at **(INSERT TIME)**? As a token of appreciation for helping us in our research efforts, you will receive a gratuity of **(INSERT AMOUNT)**.

**RECORD INFORMATION ON THE FRONT PAGE  
PROVIDE TELEPHONE NUMBER**

**END SCRIPT A FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I said earlier, we are trying to recruit people who meet certain criteria. Unfortunately, you have not met these requirements. I appreciate your taking the time to speak with me and I hope you have a good day.

**END SCRIPT B FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I mentioned earlier, we are trying to recruit people from different backgrounds and work experiences. It looks like you are eligible to participate but right now we already have enough people in our study with backgrounds similar to yours. Can we contact you in the future in case we have any cancellations? ***IF RESPONDENT SAYS YES RECORD RESPONDENT'S INFORMATION ON THE FRONT PAGE AND GIVE PHONE NUMBER. IF NO, THANK AND END.***

## **Appendix C: CCC-DPCR Consent Form for Focus Group Discussion**

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### **Purpose**

The Office of Minority Health (OMH) at the Department of Health and Human Services is working to develop an online cultural competency training program tailored to personnel involved in disaster preparedness and crisis response. As part of the curriculum development process, we are conducting pilot test focus groups with disaster personnel throughout the country. We would like to know about your opinions about the online training program, specifically with respect to its content and usability.

### **Estimated Time Required**

This discussion group will take approximately 2 hours.

### **Risks of Participating in the Focus Group**

There is no expected risk of participating in this focus group.

### **Benefits of Participating in the Focus Group**

By taking part in this discussion, you have the opportunity to help shape the Office of Minority Health's cultural competency training program for disaster personnel. To thank you for your participation, we will provide you with a monetary incentive.

### **Confidentiality**

Everything you tell us will be kept private. We will not give your name to anyone else. We will be taking notes and audiotaping the group to make sure we do not miss anything important that you may say.

### **More Information**

For more information about this project, you may contact Ilana Dickman at (240) 514-2721, or via email at [Ilana\\_Dickman@sra.com](mailto:Ilana_Dickman@sra.com).

### **Informed Consent**

I have read and understand the information regarding my participation in this discussion group about cultural competency and emergency/disaster response.

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX D: CCC-DPCR MODERATOR'S GUIDE**

### **Stage Setting**

**Introduction:** Pre-Housekeeping Activities

**Description:** The purpose of this module is to prepare participants for the session ahead.

**Time:** 5 minutes

**Theme:** Upon successful completion of this module participants will:

- Sign-in/Complete Incentive Paperwork
- Complete name tags & table tents
- Be ready to discuss the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response

**Logistics:**

- Consent Forms
- Name tags/Table tents
- Incentive Checks (provided by MRS)
- Small Table Clock for the Moderator
- Pads/Paper/Flipcharts
- Minimum of 12 pens/pencils
- Audio-recording Equipment
- Laptop with cord to take notes; seat for recorder
- Handouts (CLAS Standards, Models, Self-assessment exercise)
- Food/Snacks for participants as appropriate

As participants arrive, Metro Research Services/Focus Group Facility staff will show them where to get refreshments, explain the consent form, ask if they have any questions, and have participants sign the consent form. A copy of the consent form will be provided upon participant request.

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Once they get their food and come into the meeting room, the Moderator will ask participants to write their name on the name tag/table tent. While they wait for everyone to get settled into their seats, the Moderator will remind them that the session will start promptly at **6pm\***.

Start as close to **6pm\*** as possible- do not wait for late arrivals.

(\* 6:30pm for the Miami market; 8 pm for the Houston market)

## **Introduction**

**Discussion Guide:** Housekeeping Activities

**Description:** The purpose of this module is to outline the parameters of the focus group, introduce participants, and identify the themes that will be explored during the session.

**Time:** 10 minutes

**Theme:** Upon successful completion of this module, participants will:

- Know the name of the moderator, the other participants, and their specialties
- The rules of conduct
- The goals of the focus group

### **Moderator:**

- Hello, thank you for being here and for making the time to participate in this group discussion. My name is <<INSERT NAME>> and I am the Moderator for today's discussion.
- Affiliation – I work for SRA International, Inc., which is a systems and research company located in the Washington, DC area. We are currently supporting an Office of Minority Health/HHS funded project to create continuing education materials that will be used as part of a training program in disaster preparedness and crisis response.
- Before we get started, I would like to go over a few pieces of information and some ground rules with you.
  - Ground Rules: Location of bathrooms.
  - Cell phone pager/off or vibrate.
  - Speak in a voice at least as loud as mine.
  - Avoid side conversations. We are interested in all of your ideas, and others in the group may get ideas just from listening to yours.
  - This is an open discussion and there are no wrong answers; all of your experiences are important in helping to understand the value of the curriculum.
  - We want everyone to participate equally.

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- If it seems that some questions are repetitive it is because we need to make certain that all the elements within the curriculum are thoroughly explored.
- Because we have a lot to discuss I may have to move quickly to a new topic. If I do, I don't mean to cut anyone off or prevent someone from voicing their opinion.
- Everything said in this room should stay in this room; please be respectful of each others' opinions.
- Take breaks if needed; however, I ask that only one person leave at a time.
- Disclosures: We are audiotaping today's session to capture all your comments. No one will be identified; no names will be used.
- We will be writing a report for our client at the Office of Minority Health, Department of Health and Human Services. No one's name will be mentioned in the report.
- **ASK:** Ask participants to give their first names, what they do (profession), and tell how long they've been in the field of disaster preparedness and crisis response.
  - *Participants give names and specialty within disaster preparedness and crisis response.*
- State why participants are here: **“You are here today so we can get your feedback on the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response.”**
- Our goal is to gather as much information as possible regarding the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response.
- We want to figure out which parts of the curriculum are most valuable and which may need to be changed.
- I'd like to review the Goals for our discussion with you:
  - *Note: Goals could be on a flipchart or written on board if desired. They are listed below.*
  - *\*\*Moderator may or may not choose to review all of these, but instead can suggest participants take a quick look at them.*
  - **To explore the cultural issues encountered as a part of daily interactions and the environments in which participants work.**

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- **To examine whether the CCCDPCR Introduction serves to pique participant attention and provides participants with a thorough explanation of what the format of the curriculum will be.**
- **To examine if the curriculum, vignettes, and Stories from the Front Line convey messages needed for disaster response partners to provide culturally and linguistically appropriate care to diverse populations.**
- **To explore if the curriculum, vignettes, and Stories from the Front Line raise awareness and encourage self-reflection regarding culturally and linguistically appropriate care.**
- **To identify if the vignettes and Stories from the Front Line in the curriculum are realistic and useful in promoting culturally and linguistically appropriate disaster preparedness and crisis response.**
- **To examine participant's opinions on the usability and overall design of the CCCDPCR curriculum.**

## **Cultural and Linguistic Competency**

### **Discussion Guide Part 1: Cultural and Linguistic Competency Knowledge and Understanding**

**Description:** The purpose of this module is to gain insights to the types of populations participants provide care for; the cultural backgrounds of their colleagues; the challenges they face working with persons with different cultural backgrounds; their initial knowledge and understanding of cultural and linguistic competency; and whether their knowledge of cultural and linguistic competency increased as a result of completing the CCCDPCR curriculum.

**Time:** 10 minutes

**Theme:** Upon successful completion of this module participants will talk through the following activities:

- Describe health disparities as they impact their daily practice of disaster preparedness and crisis response
- Discuss the cultural backgrounds of their colleagues
- Discuss participants' initial knowledge and understanding of cultural and linguistic competence and whether their knowledge increased as a result of the curriculum.

### **Moderator:**

1. **SAY:** Tell me about individuals you serve.
  - *Go around the table and allow participants to respond.*
2. **ASK:** Would you say that the disaster preparedness professionals and crisis responders you work with come from a variety of diverse cultural backgrounds? Can you share some of them with me?
3. **ASK:** Do you feel that your colleagues are aware of and responsive to cultural diversity in disaster preparedness? Do you feel that your colleagues are aware of and responsive to cultural diversity in crisis response?
4. **ASK:** What types of challenges do you face working with/caring for patients from diverse populations?

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5. **ASK:** How do you deal with these challenges?
6. **ASK:** What types of tools and resources do you have in your organization to help you meet these challenges? What types of tools and resources exist in the communities you work with that help you meet these challenges? What types of tools and resources do you need to better serve diverse populations during disaster situations?
7. **ASK:** What does cultural and linguistic competency mean to you?  
**(NOTE: Probe for specific examples)**
  - *ACTIVITIES: Cultural competence is a set of behaviors, attitudes, and skills that enables disaster response partners to work effectively in cross-cultural situations.*
  - *ACTIVITIES: Through cultural competence, disaster response partners can help by providing more equitable and quality care to those they serve that can, in turn, help reduce disparities in disaster preparedness and crisis response for minority populations.*
8. **ASK:** After reviewing this program, do you have a better understanding about cultural and linguistic competence? (**Probe: What do they understand now that they did not understand before; do they have the same level of understanding that they had prior to completing the sections they completed?**)
9. **ASK:** What are some things you believe disaster response partners can do to provide culturally and linguistically appropriate services?
10. **ASK:** As a disaster response partner, do you feel that you have made any changes or tried to be more culturally and linguistically competent in your disaster preparedness work? In your crisis response work? Have you seen others try to make changes in disaster preparedness? Crisis response?

## **CCCDPCR Introduction Review**

### **Discussion Guide Part 2: CCCDPCR Introduction Review**

**Description:** The purpose of this module is to gain participants' opinions about the CCCDPCR Introduction's content and ease of use. Additionally, this module examines participants' prior knowledge of the CLAS standards and whether knowledge increased as a result of the CCCDPCR Introduction.

**Time:** 15 minutes

**Theme:** Upon successful completion of this module participants will:

- Discuss their initial reaction to the Introduction
- Describe what new information they learned and will use in their daily practice
- Discuss what they liked and disliked about the Introduction
- Identify any recommendations or changes to improve the Introduction
- Discuss the CLAS standards as they remember them from the CCCDPCR course
- Define terms to reflect increased knowledge of culturally competent care models, principles, theories and CLAS standards

### **Moderator:**

1. **Say:** Now I would like to talk about the CCCDPCR Introduction you reviewed prior to coming to this group. **I would like to first find out from each of you how long it took for you to review the Introduction.**
  - *Go around the table.*
2. **SAY:** As a refresher, the CCCDPCR Introduction provides information on:
  - The National Standards for Culturally and Linguistically Appropriate Services (CLAS)
  - How the CLAS Standards can be applied in Disaster Preparedness and Crisis Response
  - The Five Elements to Increasing Cultural Competency
  - Definition of a Disaster

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- Statistics about health disparities and population diversity
  - Curriculum format
  - Rationale for cultural competence in disaster preparedness and crisis response
  - Foundations of cultural competency in disaster preparedness and crisis response
  - *NOTE: May want to write Introduction section headings on the flip chart prior to the group*
  - *PROBE: Are there any parts of the Introduction you specifically liked; disliked? – If so, please explain.*
3. **ASK:** What was your initial reaction to the Introduction? (**Probe: Both positive and negative responses.**)
4. **ASK:** What new information about health disparities and culturally competent care did you learn after reading the Introduction?
- *CLAS standards and OMH's role in developing standards*
  - *The increase in the diverse population and health disparities*
  - *The impact of the lack of diversity in the health care workforce*
  - *Transcultural nursing*
  - *Legal and professional requirements*
5. **ASK:** How well did the Introduction keep your interest? Tell me after viewing the Introduction, how interested were you to move on to Course I? (**Probe: Piqued my interest to learn more, I had a good understanding on what to expect by taking the Course, etc.**)
6. **ASK:** What two or three things did you like best about the Introduction? (**Probe: length, content, diagrams, statistics, etc.**)
7. **ASK:** What didn't you like about the Introduction?
8. **ASK:** Are there any recommendations you have for changing the Introduction? (**Probe: Was it appealing—in what ways? Did you have any problems viewing the Introduction, going back to look for information, etc.?**)
- What, if anything, is missing from the Introduction?
  - What could we get rid of or is unnecessary in the Introduction?
9. **ASK:** Prior to reviewing the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response how many of you had heard the term “cultural competence?” What about the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care?

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- For those of you who have heard this term before, where/how did you learn about cultural competence? Where/how did you learn about the CLAS standards?
- *Culturally competent care is one aspect of overall competence. It helps to ensure:*
  - *Access to care*
  - *Quality in terms of being patient-centered & safe*
  - *Reduced disparities in terms of access & treatment*

***Language Access***

- *Legal requirements in terms of obligations for providers ensuring LAS for patients and business practices.*
- *Interpersonal communication, interpretation and written language & translated materials.*
- *Working effectively with an interpreter; triadic interview.*

***Organizational supports***

- *Collaborate with minority community members to identify resources and expertise re language, cultural beliefs, demographics*
- *Partner with community organizations can help educate, re: specific diseases, risk factors, prevention.*

**Probe:** How would you define:

1. Culturally competent care?
  2. Language Access Services?
  3. Organizational supports?
10. **ASK:** Do you think the Introduction provided thorough information on the Culturally and Linguistically Appropriate Services (CLAS) in Health Care standards?
11. **ASK:** Do you see yourself implementing the CLAS Standards in your work? Do you think this curriculum will help you do so? How so?
12. **ASK:** Thinking only of the CCCDPCR Introduction, what if anything, have you learned that will help you most in your daily practice?

## **CCCDPCR Course I (Prepare) Review**

### **Discussion Guide Part 3: CCCDPCR Course I Review**

**Description:** The purpose of this module is to gain participants' reactions to the CCCDPCR Course I content and determine how the information presented in Course I will be used in their day-to-day preparedness and crisis response efforts.

**Time:** 25 minutes

**Theme:** Upon successful completion of this module participants will:

- Discuss their first impression and what they liked and disliked about Course I
- Describe what new information they learned and how it could be applied in their day-to-day preparedness and crisis response efforts
- Discuss the relevance of the material to disaster preparedness and crisis response
- Provide feedback on any recommended modifications for Course I

### **Moderator:**

1. **SAY:** Now let's move on to Course I. I am interested in learning more about what you thought about the content and its relevance to your daily practice of disaster preparedness. I will be asking you general questions about the content in the course.

2. **SAY:** Let's start by finding out how long it took each of you to complete Course I.

- *Go around the table.*

3. **SAY:** As a refresher, the CCCDPCR Course I focuses on the Prepare phase of a disaster, and contains the following sections:

- Module 1.1: Prepare to Prevent
  - Self Assessment
  - Community Needs Assessment
  - Resource Inventory
  - Gap Analysis
- Module 1.2: Laws and Policies

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- Cultural and Linguistic Laws, Policies and Initiatives
  - Title VI and Executive Order 13166
  - Implications of Title VI and Executive Order 13166
  - Additional Policies
  - Module 1.3: Language Access Services
    - How to Work with an Interpreter
    - The Triadic Interview Process
  - Module 1.4: Community Involvement
    - Outreach with Community
    - Trust and Rapport
    - Overcoming a Cultural Misstep
  - Module 1.5: Prepare to Respond
    - Assisting the Community with Plan Development
    - Collaborating with Other Response Agencies
  - Module 1.6: Cultural Fluency and Communication Strategies
    - Early Warning System
    - Written Communication
    - Different Strategies to Distributing Information
  - Module 1.7: Preparing Your Response Teams
    - Response Teams
    - History Taking
      - *NOTE: May want to write Course I Module headings on the flip chart prior to the group*
      - *Suggestion: have the outline as a handout so you can quickly go through the topic areas.*
      - *Handout of CLAS standards*
4. **ASK:** What was your first impression of Course I? (**Probe: Both positive and negative responses**)
  5. **ASK:** What three things did you like most about Course I?
  6. **ASK:** Were there any parts that you disliked in Course I?
    - *PROBE: Can you clarify any specific sections that you disliked or did not see as “adding to the overall content”?*
  7. **ASK:** Do you think the content in the Course is appropriate for disaster personnel? (**Probe: Too much information, too little information, etc.**)
  8. **ASK:** Is the information something you could use in your daily disaster preparedness and crisis response efforts—share with your colleagues? (**Probe: Ask for specifics—Five Elements of Cultural Competence, self assessment tools, assessment checklists, Fast**

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- Facts, CLAS Acts, From the Field stories, Taking Vitals, Cultural Insights – was any of this information more helpful than other areas?)**
9. **ASK:** Have you had a chance to use any of the information presented in the CCCDPCR in your day-to-day preparedness and crisis response work?
10. **ASK:** Now that you completed Course I, do you feel more equipped with the awareness, knowledge, and skills to better provide culturally and linguistically competent preparedness and crisis response services to the diverse populations you serve?
11. **ASK:** What models, tools, concepts and approaches presented in Course I do you believe were most helpful to you that can be applied in your disaster preparedness and crisis response work? (**Probe: For specifics – Five Elements of Cultural Competence, Self-Assessment tools, Assessment checklists, Fast Facts, CLAS Acts, From the Field stories, Taking Vitals, Cultural Insights**)
12. **ASK:** Are there any recommendations you have for changing Course I? (**Probe: Length, organization, appropriate content, etc.**)  
**ASK:** Can you think of anything that is missing from Course I or that could be changed?  
**ASK:** Is there something we could do without?
13. **SAY: We are now going to view two short video vignettes. (SHOW COURSE I VIGNETTES).**  
**Vignettes:**
- *Vig in 1.1: A local health department is trying to develop a campaign to encourage disaster preparedness within their community.*
  - *Vig in 1.6: A group of clinical mental health workers are preparing packages to send with evacuees of the impending hurricane.*
- Ask:** Tell me about the vignettes. Were they realistic? Did they help to reinforce the concepts presented in the course? Do you feel they provided tangible examples of how to infuse cultural competency into your day-to-day work?
14. **ASK:** What did you think about the “Stories from the Front Page”?  
**Probe:** Were they realistic? Did they help to reinforce the concepts presented in the course? Do you feel they provided tangible examples of how to infuse cultural competency into your day-to-day work?

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**Stories from the Front Page:**

- *Case Study: Mr. Bravos dials 911 when his stepdaughter, Jennifer Garcia, falls in the water at the pool at their apartment*
- *International District Emergency Center working to collaborate with disaster personnel and within the community*
- *Specific center uses bilingual (Spanish/English) posters to reflect the diversity of the community*
- *Active TB exposure when responding to a call – lack of ability to take a full medical history for obvious reasons*

**15.ASK:** What did you think about the “From the Field” stories?

**Probe:** Were they realistic? Did they help to reinforce the concepts presented in the course?

**From the Field:**

- *Lack of trust of people in uniform – man does not go to hospital with wife in labor because of fear that uniformed individuals will rob his house while he's gone.*
- *“Where does it ‘hurt-o’” and other such communication, in lieu of appropriate training*

**16. ASK:** Did you feel the length was appropriate? Did you get “bogged down” in the material; was your interest sustained?



## **CCCDPCR Course II (Respond) Review**

### **Discussion Guide Part 4: CCCDPCR Course II Review**

**Description:** The purpose of this module is to gain participants' reactions to the CCCDPCR Course II content and interactive components and determine how the information presented in Course II will be used in their day-to-day disaster preparedness and crisis response work.

**Time:** 25 minutes

**Theme:** Upon successful completion of this module participants will:

- Discuss their first impression and what they liked and disliked about Course II
- Describe what new information they learned and how it could be applied in their day-to-day disaster preparedness and crisis response work
- Provide feedback on any recommended modifications for Course II

### **Moderator:**

**1. SAY:** Now let's switch gears and talk about the Course II. (**NOTE:Show flip chart**)

- *Pre-Written Flip Chart of Module Headings*
  - 2.1
    - *Communicating Risk*
    - *Just-in-Time training*
    - *Responding to Migrate*
  - 2.2
    - *Engagement of the Community*
    - *Bottom-up Communication*
    - *Translated and Symbolic*
  - 2.3
    - *Responding to Provide Relief*
    - *Meeting Basic Health Needs*
      - *Defining Basic Health Needs*
      - *Maslow's Hierarchy*
  - 2.4
    - *Meeting Basic Needs and the CLAS standards*
    - *CLAS and diet*
    - *CLAS and Shelter/Housing*
  - 2.5

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- *Health Needs Following a Disaster*
- *Triage and the Importance of CLAS*
- *Acute Patient Care*

- 2. SAY:** As a refresher, Course II provides information on:
- Module 2.1: Mitigating the Impact
  - Module 2.2: Culturally Competent Communication
  - Module 2.3: Responding to Provide Relief
  - Module 2.4: Meeting Basic Needs
  - Module 2.5: Providing Culturally Competent Care
- 3. ASK:** What was your first impression of Course II? (**Probe: Both positive and negative responses; Tell me more, etc.**)
- 4. ASK:** What three things did you like most about Course II?
- 5. ASK:** Tell me about the parts of Course II that you did not like.
- 6. ASK:** Do you think the content in the Course II is appropriate for disaster response partners? (**Probe: Too much information, too little information, etc.**)
- 7. ASK:** What parts of the information presented could you use in your day-to-day disaster preparedness and crisis response work? Share with your colleagues? (**Probe for specifics— was anything more helpful than others?**)
- 8. ASK:** Have you had the chance to use any of the information presented in the CCCDPCR in your day-to-day preparedness and crisis response work?

***SUGGESTED PRE WRITTEN CHART***

***Course II Specific Content***

- *Rules for successful risk communication*
- *Interviewing dos and don'ts*
- *information on disaster mental health*
- *tips for engaging the community*
- *translated/symbolic documents*
- *meeting basic human needs/CLAS application table*
- *Fast Facts*
- *From the Field stories*
- *Taking Vitals*
- *Cultural Insights*

- 9. ASK:** Now that you completed Course II, do you feel more equipped with the awareness, knowledge and skills to better provide culturally and linguistically competent preparedness and crisis response services to the populations you serve?

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**10. ASK:** What models, tools, concepts and approaches presented in Course II do you believe were most helpful to you that can be applied in your day-to-day work? (**Probe for specifics**)

**11. ASK:** Are there any recommendations you have for changing Course II? (**Probe: Length, organization, appropriate content, etc.**)

- **ASK:** Can you think of anything that is missing from Course II or that could be changed?
- **ASK:** Is there something we could do without?

**12. SAY:** We are now going to view two short video vignettes. (**SHOW COURSE II VIGNETTES**).

*Vignettes*

- *Vig 2.1: A tornado has devastated an adult assisted living facility on the Kickapoo Indian reservation in Horton, KS. Responders are brought in from outside to care and transport injured victims to other facilities.*
- *Vig 2.3: A team of Commissioned Corps officers are attempting to provide resources to those affected by a recent flood. The area has a large Southeast Asian population and do not seem to be interested in the food offered to them; as a result, several appear to be malnourished and have been hospitalized.*
- **Ask:** Tell me about the vignettes. (**PROBE FOR:** Were they realistic? Did they help to reinforce the concepts presented in the course? Do you feel they provided tangible examples of how to infuse cultural competency into your day-to-day work?)

**13. ASK:** What did you think about the “Stories from the Front Page”? (**PROBE FOR:** Were they realistic? Did they help to reinforce the concepts presented in the course? Do you feel they provided tangible examples of how to infuse cultural competency into your day-to-day work?)

*Stories from the Front Page:*

- *2.1.C: Community vs. disaster personnel's perceptions. Understanding what makes the community tick.*
- *2.1.F: Reflection on how one's presence is perceived by the community*
- *2.2.C: Focus group results from regarding specific issues that might help disaster responders.*
- *2.3.B: fear of uniformed individuals*
- *2.5.B: Nurse's story of Hispanic woman & “I have tonsils”*

**14. ASK:** What did you think about the “From the Field” stories? (**PROBE FOR:** Were they realistic? Did they help to reinforce the concepts presented in the course?)

*From the Field:*

- *ARC's “Ready When the Time Comes”*
- *Chediski-Rodeo wildfire and radio station assisting Apaches*
- *Commissioned Corps officer reflection upon going to a closed community of Native American Indian*

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- *ARC Goals for Disaster Mitigation*
- *Shamans counter bad luck*
- *Migrant farm workers employed as outreach workers following El Nino storm damage in California in 1998*
- *Commissioned Corps psychologist and dietary needs*
- *CDC's Faith-Based and Community-Based Organizations Pandemic Influenza Preparedness Checklist*
- *Disaster survivors and continuity of medicinal regimens*
- *EMT reflection on medicines and high blood pressure*

**15. ASK:** Did you feel the length was appropriate? Did you get “bogged down” in the material; was your interest sustained? (**PROBE:** Can you clarify any specific sections that you disliked or did not see as “adding to the overall content”?)



## **CCCDPCR Course III (Recover) Review**

### **Discussion Guide Part 5: CCCDPCR Course III Review**

**Description:** The purpose of this module is to gain participants' reactions to Course III content and interactive components and determine how the information presented in Course III will be used in their practice.

**Time:** 20 minutes

**Theme:** Upon successful completion of this module participants will:

- Discuss their first impression and what they liked and disliked about Course III
- Describe what new information they learned and how it could be applied in their day-to-day disaster preparedness and crisis response work
- Discuss how they felt about the interactive components
- Discuss the relevance of the material to disaster preparedness and crisis response
- Provide feedback on any recommended modifications for Course III

### **Moderator:**

**1. SAY:** Now let's switch gears and talk about the Course III. (**NOTE:** Show chart)

- *Pre-Write Module Headings on Chart; Have the outline as a handout so you can quickly go through the topic areas.*
  - 3.1
    - *Short-Term Recovery and Mental Health*
    - *Increasing Access and Eliminating Barriers*
    - *Culturally Competent Mental Health Services*
    - *Culturally Competent Care for Disaster Personnel*
  - 3.2
    - *Physical Impact*
    - *Mental Impacts*
    - *Seeking Assistance*
  - 3.3
    - *Rebuilding Neighborhoods*
    - *Consulting the Community*
  - 3.4
    - *(Re)Planning*
    - *Evaluation*

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**2. SAY:** As a refresher, Course III provides information on:

- Module 3.1: Short-Term Recovery
- Module 3.2: Disparities in Recovery
- Module 3.3: Long-Term Recovery
- Module 3.4: Organizational Supports

**3. ASK:** What was your first impression of Course III? (**Probe: Both positive and negative responses.**)

**4. ASK:** What three things did you like most about Course III?

**5. ASK:** Were there any parts that you disliked in Course III?

**6. ASK:** Do you think the content in the Course is appropriate for disaster response partners? (**Probe: Too much information, too little information, etc.**)

**7. ASK:** Is the information something that you could use in your day-to-day disaster preparedness and crisis response work - share with your colleagues? (**Probe for specifics— was any of the information more helpful than other areas?**)

**8. ASK:** Have you had the chance to use any of the information presented in the CCCDPCR in your day-to-day work?

*SUGGESTED PRE WRITTEN CHART*

*Course III Specific Topics*

- *Key concepts of disaster mental health*
- *Checklist for culturally competent care in disaster mental health programs*
- *Approaches for stress management for disaster responders*
- *Principals of Sustainability*
- *10-step process for local planning and action*
- *Evaluation guidelines*
- *From the Field stories*
- *Fast Facts*
- *CLAS Acts*
- *Stories from the Front Page*

**9. ASK:** Now that you completed Course III, do you feel more equipped with the awareness, knowledge and skills to better provide culturally and linguistically competent preparedness and crisis response services to the populations you serve?

**10. ASK:** What models, tools, concepts and approaches presented in Course III do you believe were most helpful to you that can be applied in your day-to-day work? (**Probe for specifics-was any information more helpful than other areas?**)

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**11. ASK:** Are there any recommendations you have for changing Course III? (**Probe: Length, organization, appropriate content, etc.**)

- **ASK:** Can you think of anything that is missing from Course III or that could be changed?
- **ASK:** Is there something we could do without?

**12. SAY:** We are now going to view two short video vignettes. (**SHOW COURSE III VIGNETTES**).

*Vignettes*

- *1. An elderly, African-American female needs to be relocated because a hurricane destroyed her home. She has multiple medical issues including COPD and hypertension. She refuses to leave her home because she is suspicious and mistrusts the FEMA workers. She doesn't want to leave her church and community support system.*
- *2. A Mexican-American mother is trying to receive government assistance from FEMA following a large scale fire. She is pregnant and has gestational diabetes for which she is taking insulin. The FEMA rep asks her to complete paperwork to receive assistance, but they are not translated and she fears deportation if she completes them, despite being in the country on a valid visa.*

- **Ask:**
  - What was your reaction to each of these video clips?
  - Were they realistic?
  - Do you believe they enhanced what you learned in Course III?  
If yes, in what way(s)?
  - Did they help to reinforce the concepts presented in the course?
  - Do you feel they provided tangible examples of how to infuse cultural competency into your day-to-day work?

**13. ASK:** What did you think about the “Stories from the Front Page”?

- Were they realistic?
- Which did you feel were most applicable to your day-to-day work?
- Did they help to reinforce the concepts presented in the course?
- Do you feel they provided tangible examples of how to infuse cultural competency into your day-to-day work?

*Stories from the Front Page:*

- *Multiple methods employed to communicate with racial/ethnic minority groups – leaflets in Cambodian, Vietnamese, etc. for example*
- *Crisis counseling for rural residents following the Great Flood of 1993 in Missouri; using cultural competency from initiation*
- *Provision of culturally and linguistically relevant materials following the Northridge Earthquake in Ventura County, CA (a highly diverse community) in 1994.*
- *Alaska village helped by tribal elders following severe flooding*
- *Employment of an African American counselor for disaster crisis counseling following flooding in a particularly diverse area of Florida*
- *Concerns following the Oklahoma City Bombing regarding child care among many racial/ethnic minorities*

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**14. ASK:** What did you think about the “From the Field” stories? (**PROBE FOR:** Were they realistic? Did they help to reinforce the concepts presented in the course?)

**15. ASK:** Did you feel the length was appropriate? Did you get “bogged down” in the material; was your interest sustained? (**PROBE:** Can you clarify any specific sections that you disliked or did not see as “adding to the overall content”?)

## **Overall Usability**

### **Discussion Guide Part 6: Overall Usability**

**Description:** The purpose of this module is to gain participants' insights to the online CCCDPCR experience.

**Time:** 10 minutes

**Theme:** Upon successful completion of this module participants will:

- Provide feedback on the usability and overall appearance of the online CCCDPCR.

#### **Moderator:**

- 1. SAY:** Let's talk a moment about your thoughts on the appearance and ease of use of navigating through the online training program.
- 2. ASK:** Was it appealing-in what ways? Did you have any problems viewing the courses, going back to look for information, etc.?
- 3. ASK:** How well did the training program keep your interest? After viewing the Introduction, how interested were you to move on to the remainder of the curriculum?
- 4. ASK:** How many of you used the online Reference Library? Tell me about your experience in using this feature.
  - *Probe: What resources or tools did you access in the Reference Library?*
- 5. ASK:** How did you find the overall online experience in viewing the training program?
- 6. ASK:** Did you find the Decision-Tree format with the vignettes appropriate? Did it help increase the understanding of cultural competency in these situations?
- 7. ASK:** Were the Stories from the Front Line helpful in understanding real-world situations regarding cultural competency?
- 8. ASK:** After completing the program, would you recommend the online curriculum to your colleagues? What would you say to your colleagues about the curriculum? (**PROBE: Provide new information, found site easy to use, was full of information that can be used in daily practice, etc.**)
- 9. ASK:** How much time do you think you should be provided for the training?

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**10. ASK:** Would you take a longer course on cultural competency if you could get free continuing education credits for it?



## **Closing**

### **Discussion Guide Part 7: Closing Remarks**

**Description:** This module gathers some demographic information and concludes the group discussion.

**Time:** 5 minutes

**Theme:** Upon successful completion of this module participants will:

- Discuss who would benefit by taking a cultural competency training program in their organizations, and identify any missing topics or questions pertaining to the curriculum that were not asked.

#### **Moderator:**

**1. SAY:** We are getting ready to wrap-up our group discussion. In closing, I just have a couple more questions.

**2. ASK:** Who in your organization would benefit by taking a course on culturally competent care?

- *Probe: no names, titles such as emergency managers, disaster mental health professionals, Commissioned Corps, EMS personnel, social workers, etc.*

**3. SAY:** I have learned a great deal from you today. Thank you for sharing your ideas and suggestions. They will help us as we continue to develop this continuing education program on cultural competency for disaster preparedness and crisis response.

Finally, is there anything you feel we should have covered but didn't?

**4. SAY:** Thank you again for your participation.

- *Offer business card to contact you for further comments/questions.*