Assuring Cultural Competence in Disaster Response
Course Description

A competency-based, short course developed by the Florida Center for Public Health Preparedness to prepare public health professionals for their functional role in disaster response by offering culturally competent disaster interventions to survivors, witnesses, and responders of bioterrorism and other major public health threats and community disasters.
This course has been designed for public health, health care, mental health, and emergency response professionals, to include public health professionals, physicians, nurses, allied health professionals, mental health professionals, health care administrators and managers, emergency managers in local, state, and federal roles, and first responders.
Course Goals

1. Provide a brief overview of cultural competency.
2. Create an awareness of the importance of cultural competence in delivering an effective public health disaster response.
Relevant Competencies for Public Health Professionals

- Identify the role of cultural factors in determining and delivering disaster intervention services.

- Utilize appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences when assisting disaster survivors, their family members, witnesses, and disaster responders.

- Develop and adapt approaches to assisting disaster survivors that take into account cultural differences.
Learning Objectives

1. Define cultural competence.
2. Describe the role of cultural competence in public health workforce readiness and disaster response and recovery.
3. Identify the rationale and role of cultural competence (including cultural, social, and behavioral factors) in delivering effective disaster interventions.
4. Describe approaches, principles and strategies for developing cultural competency in assisting disaster survivors from cultural and diverse groups.
5. Identify cultural barriers to offering disaster intervention services.
6. Understand and appreciate the dynamic forces contributing to cultural diversity and their importance in delivering culturally competent disaster intervention services.

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Learning Objective #1

Define cultural competence.
What is Cultural Competence?

• A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991).

• The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better health outcomes (Davis, 1997).
What is Cultural Competence?


• The level of knowledge-based skills required to provide effective clinical care to patients/clients from a particular ethnic or racial group (DHHS, HRSA).

• The ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs (Betancourt et al., 2002).
General Characteristics of Cultural Competence

• An understanding, appreciation, and respect of cultural differences and similarities within, among and between groups.

• Based on the premise of respect for individuals and cultural differences, and an implementation of a trust-promoting method of inquiry.

• Not limited to race and ethnicity. It includes acculturation level, social class, sexual orientation, age, religion and gender.

Sources: (DHHS, HRSA)
What Does It Mean to Be Culturally Competent?

Having the capacity to function effectively in other cultural contexts within the context of culturally integrated patterns of human behavior as defined by a group.
Learning Objective #2

Describe the role of cultural competence in public health workforce readiness and disaster response and recovery.
Cultural Competence in Public Health

A systematic process, the purpose of which is to increase public health practitioner’s cultural awareness, knowledge of self and others, communication skills and improve attitudes and behaviors.
Cultural Competence and Public Health’s Role in Disaster

- To promote and protect community health in disaster preparedness and response.
- To identify and address potentially affected individuals and populations and groups most at risk from disaster.
- To consider intervention needs for groups of special interest.
- Develop and adapt approaches to assisting disaster survivors that take into account cultural differences.
Assuring Cultural Competence in Public Health Disaster Response

• Recovery programs must respond specifically and sensitively to the various cultural groups affected by a disaster.
• Each family or individual receiving disaster services should be viewed within the context of their cultural/ethnic/racial group and their experience of being a part of that group. The degree and nature of acculturation is relevant, in that bicultural influences are manifested by variation within each group.
• To be culturally sensitive and provide appropriate services, disaster responders must be aware of their own values, attitudes, and prejudices, be committed to learning about cultural differences, and be flexible, creative, and respectful in our intervention and outreach approaches.
Learning Objective #3

Identify the rationale and role of cultural competence (including cultural, social, and behavioral factors) in delivering effective disaster interventions.
Why is Cultural Competence Important in Disaster Response?

• Ethnic and racial minority status are identified as potential moderating factors and predictors for adverse outcomes (IOM, 2003).
• Minority, immigrant, and refugee populations may be at higher risk for negative psychological consequences based on prior experiences of traumatic events and language or cultural needs that are different from the majority (IOM, 2003).
• Lack of awareness about cultural differences makes it difficult for both responders and survivors to achieve the most appropriate care.
• Increases effectiveness of response and recovery efforts.
• Decreases risk for adverse effects, distress and disorders.
• Essential to building effective response teams.
Learning Objective #4

Describe approaches, principles and strategies for developing cultural competency in assisting disaster survivors from cultural and diverse groups.
Attitudes, Knowledge & Skills Development

How can you prepare to deliver disaster response interventions to culturally different or diverse groups?
Cultural Competency Strategy Development

• Attitudes
  – Awareness of own assumptions, values, and biases

• Knowledge
  – Understanding the worldview of culturally different people

• Skills
  – Developing appropriate intervention strategies

Source: (Arrendondo, 1999; Sue & Sue, 2002)
Cultural & Diversity Principles

• Activate Cultural Sensitivity Always
  – Can a person from one culture effectively help a person from another?
  – Rapport may be slower to come.
  – Consider racial/cultural identity development.
  – Work to increase multicultural competencies.
  – Be a cultural learner always.
Cultural & Diversity Principles

• Bifocal View: General & Unique Characteristics
  – Etic vs. Emic Model
  – Between group differences and within group differences
Cultural & Diversity Principles

• Communicate Caring Intention
  – Core Conditions of Caring
    • Unconditional Positive Regard
    • Empathy
    • Genuineness
  – Send and receive verbal and nonverbal messages accurately.
Strategies for Self-Awareness

- Identify values and behaviors that reflect own cultural beliefs and attitudes.
- Talk with family of origin about unique values and behaviors.
- Assess your own worldview.
Considerations In Establishing Contact With Ethnic Groups

- Language/degree of fluency in English and literacy
- Immigration experience and status
- Family values
- Cultural values and traditions
Intervention Guidelines

• Learn from cultural informants about values, family norms, traditions, community politics, etc.
• Involve staff and community outreach workers who are bilingual and bicultural.
• Establish rapport. Gain acceptance.
• Be dependable, non-judgmental, genuine, respectful, well-informed, and credible to the community. Practice active listening skills.
• Determine most appropriate ways to introduce yourself and define your program and services.
• Recognize cultural variation in expression of emotions, manifestation and description of psychological and physical symptoms.
• Focus on problem-solving and concrete solutions. Be action-oriented and empower clients through education and skill-building.

Source: (Deborah J. DeWolfe, Ph.D., 1993)
Strategies for Understanding the Culturally Different

• Read, attend cultural events and ask questions to understand.

• Investigate how your own emotional reactions effect people who are culturally different.

• Consider how powerlessness and poverty affect cultural groups.
Strategies for Developing Appropriate Interventions

- Advocate to remove barriers to information and resources.
- Develop a working relationship with cultural informants.
- Interact with a variety of people and assess their response.
Learning Objective #5

Identify cultural barriers to offering disaster intervention services.
Cultural Barriers

- Cultural Values
- Class Values
- Communication and Language Variables
Addressing Bias

1. Acknowledge desire to help.
   – "I know you want to help. The survivors are really hurt and vulnerable now."

2. Remind to activate cultural sensitivity.
   – "Best way to help is to activate cultural sensitivity so will not inadvertently offend."

   – "It's important to keep in mind . . . "

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Culturally Competent Communication Strategies

1. Value diversity and view it as a strength.
2. Learn about the specific culture/diverse group.
3. Tentatively apply general guidelines; allow openness to change and challenge.
5. Shift intervention style to meet cultural needs of clients.

Source: (Sue, 2002)
Culturally Competent Communication Strategies

6. Be attune to social rhythms (starts, stops, interruptions, involvement).

7. Be aware of nonverbal communication.
   - A. Proxemics – personal space
   - B. Kinesics – body movements, facial expressions, eye contact, touch
   - C. Paralanguage – loudness, silences, rate
   - D. High context (nonverbals) vs. low context (content)

Source: (Sue, 2002)
8. Be overt by stating openness, awareness of limitations and intention.

9. Ask for feedback on verbal and nonverbal messages.
   – “I'm here to help out. I want to understand you and your experience. I know we have cultural differences. Please let me know if I say or do something that makes you uncomfortable.”

10. Recognize societal forces of discrimination & advocate as needed. Source: (Sue, 2002)
Learning Objective #6

Understand and appreciate the dynamic forces contributing to cultural diversity and their importance in delivering culturally competent disaster intervention services.
Intervention Guidelines for Cultural and Diverse Groups

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Cultural Differences of Grief and Loss

• The meaning of trauma is culturally specific.
• Some cultural groups are more vulnerable.
  – Hurricane Andrew: PTSD highest in Spanish-preferring Latinos (38%) (Perilla, 2002).
  – 9/11: PTSD & depression highest in Hispanics (Galea, et al, 2002).
  – Hurricane George: Puerto Rican stress confounded by acculturation (Diaz, 1999).
• Cultural rituals are healing (DeVries, 1996).
Trauma Responses

- Intense, public emotional expression (sadness and anger) (Janowiak, 1995).
- Cultural value of "be strong" may block grieving (Hines, 1999).
- Tragedy may require reorganizing family structure.
Intervention Guidelines

• Focus more on interpersonal factors rather than procedures (Gibbs, 1980).
• “Small talk” and straight forward talk needed to develop egalitarian relationship (Sue & Sue, 2003).
• Connect with immediate and extended family
• Encourage connection with spirituality, music, and storytelling as sources of strength (Tully, 1999).
ASIAN AMERICANS
Trauma Responses

• Traumatic death requires spiritual ritual for peace (Gerber, 1999).
• Not discussing “bad death" is okay form of avoidance.
• Family expected to cry during funeral but be in control of emotions afterward.
• In Oklahoma bombing, prior trauma from country of origin was greatest predictor of PTSD (Trautman, 2002).
• Somatic symptoms outweigh other symptoms (Kiss, 1999).
Intervention Guidelines

- Allow for greater personal space, except if middle eastern (Sue & Sue, 2003).
- Use tact when gathering information; respect privacy (Sue & Sue, 2003).
- Determine acculturation and previous trauma (Sue & Sue, 2003).
- Focus on interpersonal relationship (Gerber, 1999).
- Take active, directive role and stance as a teacher.
- Encourage support from traditional cultural rituals, spiritual leaders, & family (Gerber, 1999).
HISPANIC AMERICANS
Trauma Responses

• Unexpected loss of family member = threat to future, extreme anxiety and obligation to provide for extended families (Garcia-Preto, 1999).
• Both men and women expected to express emotion intensely.
• Hispanic ethnicity predictor of PTSD & depression for 9/11 & Vietnam veterans (Galea, 2002).
• Language and acculturation levels increase vulnerability.
Intervention Guidelines

- Ask if Spanish is preferred in interactions and resource material (Sue & Sue, 2003).
- Develop personal and nurturing relationship (Hayes, 1997).
- Use "la platica" or small talk (Sue & Sue, 2003).
- May be reluctant to ask others for help due to pride or machismo (Sue & Sue, 2003).
- May expect active and concrete assistance (Sue & Sue, 2003).
- Connect them with extended family, religious priest or curandero (Velez-Ibanez, 1999).
NATIVE AMERICANS
Trauma Response

• Cultural identity varies greatly (250 languages).
• Talking about the dead brings bad luck, for some.
• Historical unresolved grief due to massive collective traumatization.
• Racism, physical and sexual abuse high, especially among males.

Sources: (Abadian, 2000; Stamm, 1999; Weaver & Brave Heart, 1999)
Intervention Guidelines

• View culture as treatment through cultural and spiritual rituals (ceremonies, folklore).
• Family, community, & traditional healers must actively participate in healing (Stamm, 1999).
• Encourage connection with their spirituality.
• Use silence as sign of respect.
• General lead statements are helpful.
• "Realness" or genuineness is paramount.

Source: (Abadian, 2000; Sue & Sue, 2003)
Moderators of Adverse Outcomes Post Disasters

- Female gender
- Low socioeconomic status
- Minority status
- Acute stress disorder
- Bereaved
- Pre-existing psychiatric disorder
- Required medical or surgical attention
- Intense or prolonged exposure to event
High Risk Groups

- Children
- Women
- People with disabilities
- Minorities
- Refugees
- Immigrants
- Poor
- Mentally ill
Children & Adolescents
Risk Factors

- Minority status
- Low socioeconomic status
- Severe marital discord
- Overcrowding
- Criminality of father
- Psychiatric disorder of mother
- Authoritarian parents
- Admitting child to care of authorities

Source: (Garbarino, 1986)
Risk Factors

• Death or serious injury of family member or close friend
• Witnessing grotesque destruction
• Exposure to life threat
• Separation from parents
• High level of family stress
• Recent stressful life events
• Prior functioning problems
Resiliency Factors

- High verbal abilities
- One caring adult or parent figure
- Capacity for goal-oriented behavior
- Open, supportive educational environment
- Early identification and intervention
- Trauma is not of human design and not in family

Source: (Garbarino, 1986)
Trauma Responses

• 55% of children had moderate to very severe symptoms 3 months after Hurricane Andrew.

• Predictive factors of PTSD in children:
  – exposure to trauma, female gender, low social support and negative coping (3 months)
  – Ethnic minority & more recent life events (44 months).

Sources: (Vernberg, 1996; Vincent, 1998)
Children’s Trauma Responses

• Preschool – 2nd Grade
  – separation anxiety
  – avoidance
  – regressive symptoms
  – Fear of the dark
  – sleep problems
  – Nightmares
  – Fearfulness
  – Clinging
  – Repetitive play

Source: (Braden & Duchin, 2002)
Children’s Trauma Responses

- 3rd – 6th Grades
  - Sleep problems, nightmares
  - Fears about safety
  - Preoccupation with disaster
  - Physical complaints
  - Depression
  - Guilt
  - Angry outbursts
  - School performance decline
  - Re-enactment through traumatic play
  - Withdrawal from friends
  - Aggressive behavior at home or school
  - Hyperactivity that wasn't present earlier

Source: (Braden & Duchin, 2002)
Adolescents' Trauma Responses

- Sleep problems
- Physical complaints
- Depression
- Guilt
- Aggressive behavior
- Increased risk-taking behavior
- Decline at school and in previous responsible behavior
- Social withdrawal, isolation
- Apathy
- Rebellion at home or school

Source: (Braden & Duchin, 2002)
Psychological Responses After a Biological Terrorist Attack

- Magical thinking about microbes and viruses
- Fear of invisible agents and contagion
- Attribution of arousal symptoms to infection
- Panic and paranoia
- Children will be most afraid that:
  - The event will happen again
  - Someone will be injured or killed
  - They will be separated from the family
  - They will be left alone

Source: (Braden & Duchin 2002)
Intervention Guidelines

- Talk calmly and openly at their level.
- Ask what they think and about their fears.
- Share your own fears and reassure.
- Emphasize the normal routine.
- Limit media re-exposure.
- Allow expression in private ways (playing, drawing).
- Encourage positive coping, not blaming.
- Foster social support from teacher and classmates.

Source: (Braden & Duchin, 2002)
Psychological Tasks for Recovery

• Acceptance of the disaster and losses
• Identification, labeling, and expression of emotions
• Regaining sense of mastery and control
• Resumption of age-appropriate roles and activities (Pynoos & Nader, 1988)
Trauma Responses

• Female gender predictor of PTSD and depression after 9/11 (Boscarno, 2002).

• Prior domestic and sexual violence may be triggered.

• Women who experienced both child physical and sexual abuse have higher rates of PTSD (Schaaf, 1996).
Intervention Guidelines

• Build relationship with relational give and take.

• Offer affection and intimacy (Bakken & Roming, 1992).

• Communicate accurate empathy (Sue & Sue, 2003).

• Cognitive trauma therapy decreases PTSD (Kubany, 2003).
ELDERLY
Trauma Responses

• Loneliness, physical illness and financial limitations are immediate concerns.

• Be aware depression and suicidal ideation are prevalent (occurs in 25%).

Source: (Sue and Sue, 2003)
Intervention Guidelines

• Treat with respect.
• Address immediate problems.
• Encourage reminiscing about positive and negative experiences.
• Active advocating needed.

Source: (Sue and Sue, 2003)
PERSONS WITH DISABILITIES
Trauma Responses

• Prior victimization may confound response (McFarlane, 2001).
• Immediate concerns of physical assistance and safety.

Source: (Sue and Sue, 2003)
Intervention Guidelines

- Use person first language: person with disability, not "disabled person".
- Respectively assist with physical needs with "May I help you?"
- Be aware that depression and suicidal ideations may be prevalent.
- Link with social service agencies and support groups.

Source: (Sue and Sue, 2003)
PEOPLE LIVING IN POVERTY
Trauma Responses

• Powerlessness and lack of finances prevail.
• Self-efficacy may be low.
• Prior victimization may be triggered.

Source: (Sue and Sue, 2003)
Intervention Guidelines

• Be aware of middle class bias and barriers.
• Look for anxiety and depression.
• Focus of strength of persistence and survival.
• Advocate for community resources and supports.

Source: (Sue and Sue, 2003)
GAYS & LESBIANS

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Trauma Responses

- Prior victimization or discrimination may increase anxiety and fear.
- May have limited social support from family and churches.

Source: (Sue and Sue, 2003)
Intervention Guidelines

• Express openness and affirmation.
• Advocate and refer to safe places, community resources and support.
• Be aware that suicide is three times higher in GLBT youth.
• Assess your own views.

Source: (Sue and Sue, 2003)
Additional Course Resources

The Florida Center for Public Health Preparedness

www.FCPHP.org
Credits

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