

Applications of Community Risk Reduction

ACRR-Student Manual

December 2016



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ACRR-SM
December 2016

Applications of Community Risk Reduction



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COURSE GOAL

The goal of “Applications of Community Risk Reduction” (ACRR) is to empower the Managing Officer (MO) to lead in the planning, design, implementation, and evaluation of the risk-reduction plan within the diverse communities they service.

AUDIENCE, SCOPE AND COURSE PURPOSE

This six-day course is intended for the managing officers who are currently engaged in risk-reduction activities and the managing officers who desire to lay the foundation to start community risk reduction.

This course is about how managing officers can plan, implement and evaluate risk-reduction activities to benefit the residents they serve and those in the fire and emergency services who provide the services. The course features the role of the officer as an inspirational leader for the risk-reduction cause.

Students learn that a broader approach to fire protection involves multiple interventions, and when all are applied to a specific community risk issue, a difference is likely to occur, reducing risk for citizens. Students also learn that, by reducing the community’s risk, the risk of death and injuries to firefighting forces is also reduced.

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APPLICATIONS OF COMMUNITY RISK REDUCTION

SCHEDULE

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Unit 1: Introduction Unit 2: Getting Ready for Risk Reduction	Unit 3: Service Area Risk Assessment	Unit 4: Bridging Risk Reduction and Culture	Unit 4: Bridging Risk Reduction and Culture (cont'd)	Unit 5: Intervention Strategies for Risk Reduction (cont'd)	Unit 7: Culminating Project One hour preparation for presentation
PM	Unit 2: Getting Ready for Risk Reduction (cont'd)	Unit 3: Service Area Risk Assessment (cont'd)	Unit 4: Bridging Risk Reduction and Culture (cont'd)	Unit 5: Intervention Strategies for Risk Reduction	Unit 5: Intervention Strategies for Risk Reduction (cont'd) Unit 6: Measuring Success	Unit 7: Culminating Project (cont'd) Project Presentations
Evening	Graded Assignment 1 Read: Fast/Close/Wet	Graded Assignment 2 Read: Engaging Firefighters in Community Risk Reduction Read: Line Fire Fighter Attitudes Towards Fire Prevention	Graded Assignment 3	Graded Assignment 4 Read: Community Risk Reduction: Changing the Focus of Fire Service		

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FIREFIGHTER CODE OF ETHICS

Background

The Fire Service is a noble calling, one which is founded on mutual respect and trust between firefighters and the citizens they serve. To ensure the continuing integrity of the Fire Service, the highest standards of ethical conduct must be maintained at all times.

Developed in response to the publication of the Fire Service Reputation Management White Paper, the purpose of this National Firefighter Code of Ethics is to establish criteria that encourages fire service personnel to promote a culture of ethical integrity and high standards of professionalism in our field. The broad scope of this recommended Code of Ethics is intended to mitigate and negate situations that may result in embarrassment and waning of public support for what has historically been a highly respected profession.

Ethics comes from the Greek word ethos, meaning character. Character is not necessarily defined by how a person behaves when conditions are optimal and life is good. It is easy to take the high road when the path is paved and obstacles are few or non-existent. Character is also defined by decisions made under pressure, when no one is looking, when the road contains land mines, and the way is obscured. As members of the Fire Service, we share a responsibility to project an ethical character of professionalism, integrity, compassion, loyalty and honesty in all that we do, all of the time.

We need to accept this ethics challenge and be truly willing to maintain a culture that is consistent with the expectations outlined in this document. By doing so, we can create a legacy that validates and sustains the distinguished Fire Service institution, and at the same time ensure that we leave the Fire Service in better condition than when we arrived.



FIREFIGHTER CODE OF ETHICS

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Developed by the National Society of Executive Fire Officers

STUDENT SCORING DIMENSIONS GUIDE

**Pre-Course Assignment
(100 Points)**

Assessment Area	Assessment Criteria	Points Awarded
Step One — Locate Mission Statement and Identify Current Community Risk-Reduction Programs.	Mission statement is listed. A current community risk-reduction program offered by your department is identified.	_____ / 25
Step Two — Define Your Service Area and its Associated Demographics.	Geographic boundaries of station service area are defined, and community demographics are explained.	_____ / 25
Step Three — Analyze Problem-Related Data.	After analyzing response data, a profile of at least four types of fire and (if applicable) EMS incidents is created. Where a student is unable to gather the requested data for analysis, an explanation is provided in writing as to why the data could not be obtained.	_____ / 25
Step Four — Explore High-Risk Sections of Your Service Area.	Problem- and people-related data is explored to identify potential high-risk neighborhoods or facilities in the service area.	_____ / 25

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STUDENT SCORING DIMENSIONS GUIDE

**Graded Assignment 1 — Mission, Priorities and Self-Reflection
(100 Points)**

Assessment Area	Fair (0-6 Points)	Good (7-13 Points)	Excellent (14-20 Points)	Points Awarded
Mission Statement and Priorities.	Provide one but not both of either mission statement or priorities.	Provide mission statement and priorities.	Provide mission statement and comprehensive list of department's priorities.	_____ / 20
Describe the commitment to community risk reduction that is displayed by the leadership of your department.	Partially described the commitment to community risk reduction that is displayed by the leadership of your department.	Description was clear and organized about commitment to community risk reduction that is displayed by the leadership of your department.	Description was superior, using examples to describe commitment to community risk reduction that is displayed by the leadership of your department.	_____ / 20
What is your current attitude about engaging in community risk reduction at the station/service area level?	Some information provided on attitudes about engaging in community risk reduction at the station/service area level.	Description was clear and organized on attitudes about engaging in community risk reduction at the station/service area level.	Description was superior, using examples to describe attitudes about engaging in community risk reduction at the station/service area level.	_____ / 20
What are the current attitudes about community risk reduction held by your station personnel?	Some information provided on current attitudes about community risk reduction held by your station personnel.	Description was clear and organized on current attitudes about community risk reduction held by your station personnel.	Description was superior, using examples to describe current attitudes about community risk reduction held by your station personnel.	_____ / 20
What leadership skills do you need to build support for community risk reduction?	Some information provided on leadership skills to build support for community risk reduction.	Description was clear and organized on leadership skills to build support for community risk reduction.	Description was superior, using examples to describe leadership skills to build support for community risk reduction.	_____ / 20

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STUDENT SCORING DIMENSIONS GUIDE

**Graded Assignment 2 — Prioritizing Risk the Service Area
(100 Points)**

Assessment Area	Fair (0-6 Points)	Good (7-13 Points)	Excellent (14-20 Points)	Points Awarded
Identify three risks.	Identified one risk.	Identified two risks.	Identified three risks.	____ / 20
Describe the three risks.	Did not describe three risks.	Described the three risks, but did not fully include data, experience and/or notions about the risks.	Description was superior, using examples that included data, experience and/or notions about the risks.	____ / 20
Select one risk, and justify why the risk was selected.	Did not select risk, and failed to justify the human, economic and social costs and impacts the risk has on the station/neighborhood level.	Selected one risk, but did not fully justify the human, economic and social costs and impacts the risk has on the station/neighborhood level.	Description was superior, using examples to justify the human, economic and social costs and impacts the risk has on the station/neighborhood level.	____ / 20
Identify the populations that are or could be impacted the greatest by the risk.	No information provided on population(s) impacted by the risk.	Some information provided on population(s) impacted by the risk.	Information was superior, using examples about population(s) impacted by the risk.	____ / 20
Develop a problem statement and goal.	Weak problem statement with no rationale. Weak goal.	Problem statement was clear and concise with rationale for why risk was selected.	Problem statement was clear, concise and no more than two sentences with rationale for why risk was selected.	____ / 20

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STUDENT SCORING DIMENSIONS GUIDE

**Graded Assignment 3 — Building Support
(100 Points)**

Assessment Area	Fair (0-33 Points)	Good (34-66 Points)	Excellent (67-100 Points)	Points Awarded
<p>Part 1. Culture and Risk Reduction.</p> <ul style="list-style-type: none"> How can you impact the culture of your station to enhance or improve attitudes toward risk reduction? List three specific things you can do within your sphere of influence to create this impact when you go home. 	<p>Partially described how to impact the culture of the station to enhance or improve attitudes toward risk reduction.</p> <p>Failed to list three specific things to do within your sphere of influence to create this impact when you go home.</p>	<p>Description was clear and organized about how to impact the culture of the station to enhance or improve attitudes toward risk reduction.</p> <p>Listed three specific things to do within your sphere of influence to create this impact when you go home.</p>	<p>Description was comprehensive, using examples to show how to impact the culture of the station to enhance or improve attitudes toward risk reduction.</p> <p>Listed three specific things to do within your sphere of influence to create this impact when you go home.</p>	<p>_____</p>
<p>Part 2. Culture and Leadership.</p> <ul style="list-style-type: none"> Completed chart. How might your values influence your ability to lead effectively? How might you adapt your leadership style to be more effective? 	<p>Partially completed chart.</p> <p>Partially addressed values.</p> <p>Partially addressed how to adapt leadership style to be more effective.</p>	<p>Completed chart.</p> <p>Addressed values.</p> <p>Addressed how to adapt leadership style to be more effective.</p>	<p>Completed chart.</p> <p>Description was comprehensive, using examples to show how your values influence your ability to lead.</p> <p>Description was comprehensive, using examples to show how to adapt leadership style to be more effective.</p>	<p>_____</p>

APPLICATIONS OF COMMUNITY RISK REDUCTION

Assessment Area	Fair (0-33 Points)	Good (34-66 Points)	Excellent (67-100 Points)	Points Awarded
<p>Part 3. The Cultures in Your Area.</p> <ul style="list-style-type: none"> • List three significant cultural groups in our area. • List risks for these groups and any cultural beliefs or values that might underlie these risks. • Cultural stereotypes and generalizations about these groups. • What steps can you take to understand these groups' beliefs and practices better? 	<p>Listed less than three cultural groups.</p> <p>Partial list of risks for these groups, and identified some cultural beliefs or values that might underlie these risks.</p> <p>Partially addressed cultural stereotypes and generalization about these groups.</p> <p>Partially addressed steps to take to understand these groups' beliefs and practices better.</p>	<p>Listed three cultural groups.</p> <p>Listed risks for these groups, and identified cultural beliefs or values that might underlie these risks.</p> <p>Addressed cultural stereotypes and generalization about these groups.</p> <p>Addressed steps to understand these groups' beliefs and practices better.</p>	<p>Listed three cultural groups.</p> <p>Listed risks for these groups, and identified cultural beliefs or values that might underlie these risks.</p> <p>Description was comprehensive, addressing cultural stereotypes and generalization about these groups.</p> <p>Comprehensive steps to understand these groups' beliefs and practices better.</p>	<p>_____</p>

STUDENT SCORING DIMENSIONS GUIDE

**Graded Assignment 4 — Designing a Risk-Reduction Action Plan
(100 Points)**

Assessment Area	Fair (0-33 Points)	Good (34-66 Points)	Excellent (67-100 Points)	Points Awarded
Develop a causal chain analysis on your priority risk and how it typically evolves including pre-event, event and post-event stages.	Partially developed a causal chain analysis but missed more than three actions. Did not develop pre-event, event and post-event stages.	Developed a causal chain analysis but not fully complete. Partially developed pre-event, event and post-event stages.	Developed a comprehensive causal chain analysis. Demonstrated a full knowledge of the causal chain analysis. Fully developed pre-event, event and post-event stages.	_____
Develop a combination of interventions using the five E's to prevent or mitigate the risk.	Developed only one intervention.	Developed interventions but did not incorporate all five E's.	Developed interventions using all five E's.	_____
Develop action plan with a problem statement goal and measurable program objectives.	Partial action plan but objectives are not fully developed.	Developed action plan and objectives but did not incorporate all five E's with measurable objectives.	Developed a comprehensive action plan using all five E's with measurable objectives.	_____

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ACTIVITY 7.1

**Culminating Project Presentation Assessment Rubric
(100 Points)**

Each student will present a culminating presentation that integrates the elements of the activities from the course into a plan for the Managing Officer's home community.

Units of Course for Criterion Reference: Pre-course, Units 1, 2, 3, 4, 5 and 6.

Grades for the presentation will be based on the following assessment areas:

1. Introduced yourself, articulated your current leadership role, and described your community/response area.
2. Explained why you called your team together and what you intended to discuss.
3. Provided a clear overview of what community risk reduction is, why it is important, how it ties into the mission of your department as a whole, and where your station/division fits into the process.
4. Articulated the benefits to the station/division, department at-large, and community for performing strategic community risk reduction.
5. Explained what you learned about your service area through the ACRR pre-course assignment. Summarized the knowledge you gained about the demographics, people, cultures and risks that are present in your service area.
6. Explained the risk issue you are proposing that the station/division address, and provided a clear justification of how/why you came to this decision. Created a sense of urgency for action. Problem statement and goal developed.
7. Summarized your action plan to begin addressing the risk and how the station/division will be involved in helping to address the risk.
8. Summarized how your team could go about engaging the community in the process, taking into consideration various cultures represented in the service area.
9. Summarized how you will measure success to show your supervisor the plan is making a difference.
10. Offered potential solutions to any challenges that you anticipate encountering after you return home. This includes potential internal challenges from within your station/organization and those that are external in nature.
11. Submitted a one-page summary of three key things learned during the class that will be used when returning home.

Scoring

The instructor will critique the Culminating Project Presentation using the following scale. The presentation will be graded on how well the student meets the following criteria:

76-100 points

Consistently does all of the following:

- Information includes all of the categories above and is presented in a logical and convincing sequence.
- Demonstrates full knowledge of each assessment area.

- Graphics explain and reinforce text and presentation.
- Presentation has no misspellings or grammatical errors.
- Maintains good eye contact, uses clear voice.

50-75 points

Does most or many of the following:

- Information includes all of the categories above and is presented in a logical sequence.
- Demonstrates some knowledge of each assessment area without elaboration or explanation.
- Graphics relate to text and presentation.
- Very few misspellings or grammatical errors.
- Maintains eye contact but frequently returns to notes, uses clear voice.

25-49 points

Does most or many of the following:

- Information does not include all of the categories above and is not clearly organized.
- Demonstrates little knowledge of each assessment area without elaboration or explanation.
- Occasionally uses graphics that rarely support text and presentation.
- Presentation has multiple misspellings and/or grammatical errors.
- Occasionally uses eye contact but mostly reads presentation.

0-24 points

Essentially incomplete or does not do the presentation.

A Student Guide to End-of-course Evaluations

Say What You Mean ...

Ten Things You Can Do to Improve the National Fire Academy

The National Fire Academy takes its course evaluations very seriously. Your comments and suggestions enable us to improve your learning experience.

Unfortunately, we often get end-of-course comments like these that are vague and, therefore, not actionable. We know you are trying to keep your answers short, but the more specific you can be, the better we can respond.



Actual quotes from student evaluations:	Examples of specific, actionable comments that would help us improve the course:
1 "Update the materials."	<ul style="list-style-type: none"> The (ABC) fire video is out-of-date because of the dangerous tactics it demonstrates. The available (XYZ) video shows current practices. The student manual references building codes that are 12 years old.
2 "We want an advanced class in (fill in the blank)."	<ul style="list-style-type: none"> We would like a class that enables us to calculate energy transfer rates resulting from exposure fires. We would like a class that provides one-on-one workplace harassment counseling practice exercises.
3 "More activities."	<ul style="list-style-type: none"> An activity where students can physically measure the area of sprinkler coverage would improve understanding of the concept. Not all students were able to fill all ICS positions in the exercises. Add more exercises so all students can participate.
4 "A longer course."	<ul style="list-style-type: none"> The class should be increased by one hour per day to enable all students to participate in exercises. The class should be increased by two days so that all group presentations can be peer evaluated and have written abstracts.
5 "Readable plans."	<ul style="list-style-type: none"> The plans should be enlarged to 11 by 17 and provided with an accurate scale. My plan set was blurry, which caused the dotted lines to be interpreted as solid lines.
6 "Better student guide organization," "manual did not coincide with slides."	<ul style="list-style-type: none"> The slide sequence in Unit 4 did not align with the content in the student manual from slides 4-16 through 4-21. The instructor added slides in Unit 4 that were not in my student manual.
7 "Dry in spots."	<ul style="list-style-type: none"> The instructor/activity should have used student group activities rather than lecture to explain Maslow's Hierarchy. Create a pre-course reading on symbiotic personal relationships rather than trying to lecture on them in class.
8 "More visual aids."	<ul style="list-style-type: none"> The text description of V-patterns did not provide three-dimensional views. More photographs or drawings would help me imagine the pattern. There was a video clip on NBC News (date) that summarized the topic very well.
9 "Re-evaluate pre-course assignments."	<ul style="list-style-type: none"> The pre-course assignments were not discussed or referenced in class. Either connect them to the course content or delete them. The pre-course assignments on ICS could be reduced to a one-page job aid rather than a 25-page reading.
10 "A better understanding of NIMS."	<ul style="list-style-type: none"> The instructor did not explain the connection between NIMS and ICS. The student manual needs an illustrated guide to NIMS.

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UNIT 1: INTRODUCTION

TERMINAL OBJECTIVE

The students will be able to:

- 1.1 *Explain the course and their role in risk reduction.*

ENABLING OBJECTIVES

The students will be able to:

- 1.1 *Identify course rationale.*
 - 1.2 *Identify course completion requirements and student responsibilities.*
 - 1.3 *Explain the importance of leadership in the risk-reduction process.*
-

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**UNIT 1:
INTRODUCTION**

Slide 1-1

ENABLING OBJECTIVES

- Identify course rationale.
- Identify course completion requirements and student responsibilities.
- Explain the importance of leadership in the risk-reduction process.

Slide 1-2

I. NFA ORIENTATION VIDEO AND WI-FI USE VIDEO

DVD PRESENTATION

“NFA ORIENTATION”



Slide 1-3

II. ADMINISTRATION

ADMINISTRATION

- Class roster.
- Exits.
- Daily schedule.
- Breaks.
- Restrooms.
- Wi-Fi.
- Class logistics.



Slide 1-4

- A. Class roster: Circulate the roster through the class to correct spelling of names, addresses, etc.; give to Training Specialist by first break in the morning.
- B. Vehicle parking: Student vehicles **must be** parked in the lot adjacent to J Building.
- C. Coffee breaks.
- D. Daily schedule.
- E. Restrooms are located in the central hall.
- F. Fire exits: Note fire exits and relevant procedures.

ADMINISTRATION (cont'd)

- No smoking.
- Computer room hours.
- Superintendent's Luncheon.
- Turn off (or set to "vibrate") all electronics.



Slide 1-5

- G. No smoking: Instructor will identify smoking areas.

- H. Computer room hours.
- I. Determine who will attend the Superintendent’s Luncheon.
- J. Turn off, or set to “vibrate,” all electronic devices, cell phones, and other such items while the class is in session. These items may be checked during scheduled breaks.

III. COURSE OVERVIEW

COURSE OVERVIEW

The goal of this course is to empower the Managing Officer (MO) to **lead** in the planning, design, implementation, and evaluation of a **risk-reduction plan** within the diverse communities they serve.



Slide 1-6

- A. The **goal of this course** is to empower the Managing Officer (MO) to **lead** in the planning, design, implementation, and evaluation of a **risk-reduction plan** within the diverse communities they serve.
 - 1. Some students may currently be engaged in risk-reduction activities.
 - 2. Others may be preparing to start.

COURSE OVERVIEW (cont'd)

The outcome of this course is a risk-reduction plan that is:

- Targeted to the issues.
- Well formulated.
- Culturally appropriate.
- Strategic and effective.



Slide 1-7

B. The **outcome of this course** is a risk-reduction plan that is:

1. Targeted to the issues.
2. Well formulated.
3. Culturally appropriate.
4. Strategic and effective.

COURSE OVERVIEW (cont'd)

During this course, students will discover the steps to successful risk reduction in their response area.



Slide 1-8

C. **During this course**, students will discover the steps to successful risk reduction in their service area or area of responsibility.

COURSE OVERVIEW (cont'd)

When returning home to their response areas, students should be able to:

- **Lead** the effort to implement their risk-reduction plan.
- Combat risk issues **proactively and with cultural competence**, as a regular part of station duties.



Slide 1-9

D. **Upon returning home to their response areas**, students should be able to:

1. Lead the effort to implement their risk-reduction plan.

- 2. Combat risk issues in their response area:
 - a. Proactively.
 - b. With cultural competence.
 - c. As a regular part of station and/or daily duties, such as:
 - Conducting non-emergency home safety visits.
 - Entering business and industry locations for prefire surveys and/or inspections.
 - Working with residents on a wildland urban interface safety plan.

COURSE OVERVIEW (cont'd)

It is through this grassroots effort that we will see:

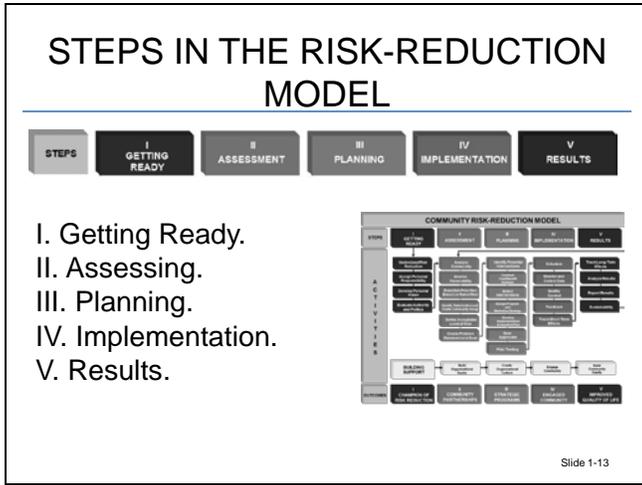
- A continued reduction in the deaths, injuries and property loss associated with fire.
- A reduction in the number of firefighter deaths and injuries.



Slide 1-10

- E. The long-term outcome of this course will be, through this grassroots effort, to see:
 - 1. A continued reduction in the deaths, injuries and property loss associated with fire.
 - 2. A reduction in the number of firefighter deaths and injuries.

- 3. Engage personnel through leadership.
 - 4. Engage the community through leadership.
 - 5. Build community equity through leadership.
- E. Throughout this course, we will be referring to this model. Since risk reduction is an organized and planned process, the model will help to keep everyone on track.



- F. Course units.
- 1. Unit 1: Introduction.

This unit orients the students to the course sequence and content and introduces the concept of risk reduction and the risk-reduction plan.
 - 2. Unit 2: Getting Ready for Risk Reduction.

Students will analyze the leadership skills required to lead an effective risk-reduction process.
 - 3. Unit 3: Service Area Risk Assessment.

Students will identify and prioritize the risk-reduction issues impacting their service area.
 - 4. Unit 4: Bridging Risk Reduction and Culture.
 - 5. Unit 5: Intervention Strategies for Risk Reduction.

Students will develop effective intervention strategies and design activities targeting specific risks within their service area.

6. Unit 6: Measuring Success.

Students will be able to determine the success of the risk-reduction activities.

7. Unit 7: Culminating Project.

V. COURSE COMPLETION REQUIREMENTS

**COURSE COMPLETION
REQUIREMENTS**

- Attendance is required at all class sessions.
- Active participation in all activities.
- Graded individual evening assignments based on student's service area.
 - Based on an application of the objectives that are exercised in class during the day.
 - Final product of these evening assignments will be the framework for a risk-reduction plan.
 - Present plan to the class on Friday.

Slide 1-14

- A. Attendance is required at all class sessions.
- B. Active participation in all activities is expected and required.
- C. Graded individual evening assignments that are based on the student's service area. These graded assignments will be the basis for the proposed risk-reduction plan for their service area that will be presented to the class on Friday. By completing the evening assignments, students will have the majority of information they will need for their presentation.
- D. Assignments are to be complete. If you cannot get the information, state that it is not available in your written responses. Do not skip over or leave any part of the assignment blank.
 - 1. Graded assignments are based on an application of the objectives that are exercised in class during the day, totaling 100 points. These assignments include:
 - a. Pre-course.
 - b. Sunday evening Assignment No. 1: Mission, Priorities and Self-Reflection.

- c. Monday evening Assignment No. 2: Prioritizing Risk in the Service Area.
 - d. Tuesday evening Assignment No. 3: Building Support.
 - e. Wednesday evening Assignment No. 4 Designing a Risk-Reduction Action Plan.
 - f. Friday: Culminating Project.
- 2. These assignments are based on the student's home community.
 - 3. Students will be given class time to work on these assignments.
 - 4. Final product of these evening assignments will be the framework for the risk-reduction plan.
 - 5. Students' presentations will be due on Friday. This is a graded assignment.

**COURSE COMPLETION
REQUIREMENTS (cont'd)**

Reading assignments:

- Sunday evening: "Fast/Close/Wet."
- Monday evening: "Engaging Firefighters in Community Risk Reduction" and "Line Fire Fighter Attitudes Towards Fire Prevention."
- Wednesday evening: "Community Risk Reduction: Changing the Focus of the Fire Service."

Slide 1-15

- E. Reading assignments.
 - 1. Sunday evening: "Fast/Close/Wet."
 - 2. Monday evening: "Engaging Firefighters in Community Risk Reduction" and "Line Fire Fighter Attitudes Towards Fire Prevention."
 - 3. Wednesday evening: "Community Risk Reduction: Changing the Focus of the Fire Service."

STUDENT MATERIALS

Student Manual (SM).

- Note-taking Guide (NTG).
- Activity worksheets.
- Background text.



Slide 1-16

F. Student materials.

Student Manual (SM).

1. Note-taking Guide (NTG).
2. Activity worksheets.
3. Background text.

REFERENCE MATERIAL

- On the classroom shared drive, reference materials are available electronically.
 - Home Safety Surveys and Canvassing Surveys.
 - Relevant articles on community risk reduction.
 - Risk-reduction plan examples.
 - The Risk-Reduction Model used in this course.
 - Planning resources.

Slide 1-17

ACTIVITY 1.1

Student Introductions

Purpose

To provide introductions to each other and the class as a whole.

Directions

1. Pair with another student whom you do not already know, and gather the following information from that individual:
 - a. Name, organization and place (city/state) of agency being represented.
 - b. Rank/Length of service.
 - c. Length of time partner has been in a leadership role (i.e., officer in the department).
 - d. Description of partner's service area.
 - e. Partner's heritage or cultural background.
 - f. What does your partner want to get out of this course?
 - g. What do you like to do in your spare time?
2. You will then introduce your partner to the class.

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CHAMPIONS FOR RISK REDUCTION

- Risk-reduction initiatives need a leader.
 - To promote ownership of a risk-reduction program.
 - To foster engagement of personnel in the risk-reduction process.
 - To carry out the mission of the department.

Slide 1-19

VI. VIDEO: "COMMUNITY RISK REDUCTION"

DVD PRESENTATION

"COMMUNITY RISK REDUCTION" —
VISION 20/20



Slide 1-18

VII. SUMMARY



SUMMARY

- This introductory unit included the course objectives, information on administrative procedures, the course goal and the units of the course.
- Throughout the process of assessing, designing, implementing and evaluating risk and risk-reduction activities, the MO will be discussed as being the leader and catalyst of risk reduction in the service area.

Slide 1-21

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UNIT 2: GETTING READY FOR RISK REDUCTION

TERMINAL OBJECTIVE

The students will be able to:

- 2.1 *Analyze the leadership skills required to lead an effective community risk-reduction process.*

ENABLING OBJECTIVES

The students will be able to:

- 2.1 *Describe risk reduction.*
 - 2.2 *Analyze the elements of risk reduction.*
 - 2.3 *Distinguish how risk reduction supports firefighter safety and survival.*
 - 2.4 *Assess attitudes of self, station personnel and department toward risk reduction.*
 - 2.5 *Assess attitudes toward fire service culture.*
 - 2.6 *Discuss the value of building organizational culture and community equity that support risk reduction.*
-

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**UNIT 2:
GETTING READY FOR RISK
REDUCTION**

Slide 2-1

ENABLING OBJECTIVES

- Describe risk reduction.
- Analyze the elements of risk reduction.
- Distinguish how risk reduction supports firefighter safety and survival.
- Assess attitudes of self, station personnel and department toward risk reduction.

Slide 2-2

ENABLING OBJECTIVES (cont'd)

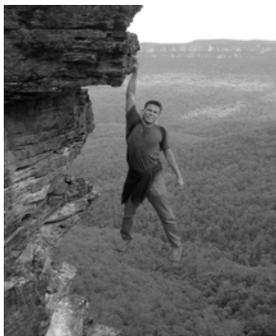
- Assess attitudes toward fire service culture.
- Discuss the value of building organizational culture and community equity that support risk reduction.

Slide 2-3

- B. When conducting risk-reduction activities, a fire department, or a station, has the opportunity to be a proactive organization, working in its community to create a safe environment.
- C. While the level of risk-reduction activity may vary for each organization, risk reduction enables a fire organization to meet its mission, no matter what the stated mission is.

II. WHAT IS RISK?

What is risk?



Slide 2-6

- A. Throughout these next few sections, we will be breaking down the term “risk reduction” and defining what it is.

DEFINITION OF RISK

- Vulnerability for harm or damage to life, property or community vitality.
- Risk can come in one of two categories:
 - Man-made.
 - Natural.



Slide 2-7

- B. Definition of risk.
 - 1. The official definition of risk is “vulnerability for harm or damage to life, property or community vitality.”

- 2. Risk is the result of an exposure to a hazard.
- 3. A hazard is a type of event that causes harm to the community. A hazard can come from one of two categories: man-made and natural.

DEFINITION OF RISK (cont'd)

- Man-made hazards:
 - Fires.
 - Explosions.
 - Hazardous materials.
 - Traffic crashes.
 - Household injuries.
 - General injuries.



Slide 2-8

- a. Man-made hazards include fires, explosions, hazardous materials incidents, traffic crashes, and household or general injuries.

DEFINITION OF RISK (cont'd)

- Natural hazards:
 - Earthquakes.
 - Tornadoes.
 - Blizzards.
 - Hurricanes.
 - Floods.



Slide 2-9

- b. Natural hazards include such things as earthquakes, tornadoes, blizzards, hurricanes and floods, to name a few.

C. Risk versus hazard.

- 1. A **hazard** is any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work.

2. **Risk** is the chance or probability that a person will be harmed or injured if exposed to a hazard. It may also apply to situations with property or equipment loss.
3. Example: A school or hospital may be considered a target hazard in your community. However, the risk of death or injury is very low under normal operating conditions.
4. In this example, what creates the risk, or the vulnerability to a hazard, is the ability (or lack thereof) of those in the facilities to prevent a hazard or react properly when a hazard occurs.
5. In this course, we are looking at reducing the vulnerability to the hazard among the members of the service area by prevention or mitigation of the hazard and its impact.

- What are the hazards that face the residents of your service area?
- What is the risk of these hazards?



Slide 2-10

D. Risk is based on social and economic issues.

DEFINITION OF COMMUNITY RISK

Community risk is the totality of risks that a specific community faces.

- It is a mixture of natural and man-made hazards.
- Most risks that affect a community are man-made.



Slide 2-11

1. Reside in a specific locality.
2. Share government.
3. Often have a common cultural and historical heritage.

B. Community consists of the people, the land, and the buildings.

COMMUNITY DEFINED (cont'd)

- Communities vary in size and description.
 - An entire city or county, or only a few city blocks.
 - A residential area, a commercial or industrial area, or a combination.
 - Rural, urban, wildland or anywhere in between.
- Communities may have their own distinct culture, and at the same time, may consist of several different cultural groups, or subcultures.

Slide 2-14

C. Communities vary in size and description and may form:

1. An entire city or county.
2. The geographic service area for your department.
3. No more than a few blocks or a single street.
4. A residential area, a commercial or industrial area, or a combination.
5. Some service areas include a predominance of businesses and few residences.
6. Rural, urban or anywhere in between.
7. Wildland urban interface areas.
8. May consist of several different cultural groups, or subcultures.

COMMUNITY DEFINED (cont'd)

- For the purpose of this course, the community of focus will be your service area.
- Service area may include:
 - The department's entire response district.
 - A small part of the department's response district.



Slide 2-15

- D. For the purpose of this course, your service area will be the community that we focus on.
- E. Your service area may be the department's entire response district, or your service area may be only a small part of the department's response district.

IV. WHAT IS RISK REDUCTION?

So, what is risk reduction?



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DEFINITION OF RISK REDUCTION

Risk reduction is:

- Prevention and mitigation of the dangers (risks) to people, places and things within the community.
- The combination of programs, activities and services that reduce vulnerability to hazards.
- A systematic approach that helps you meet the needs of those you serve.

Slide 2-17

A. Definition of risk reduction.

1. Risk reduction is prevention and mitigation of the dangers (i.e., risks to people, places and things) within the community.
2. This may not be the entire community (from your perspective) but a community that falls within your area of responsibility (local risk reduction).
3. Risk reduction is the combination of programs, activities and services that reduce the vulnerability of a community, service area or even an individual to hazards.
4. Risk reduction is the identification and prioritization of risks followed by the coordinated application of resources to minimize the probability or occurrence, and/or the impact, of unfortunate events (NFPA 1452).
5. Risk reduction is a systematic approach that helps you meet the needs of the citizens you serve.

PURPOSE AND BENEFITS OF RISK REDUCTION

- A way to do more with less; create good will in the service area.
- Helps communities face new and emerging hazards.
- Stay appraised of changes in local demographics.

Slide 2-18

B. Purpose and benefits of risk reduction.

1. As budgets are being slashed, fire departments must be able to do more with less and create good will within the community while doing their job to save lives and protect property.
2. Communities and neighborhoods are facing new and emerging hazards that they do not know how to deal with.
3. Local demographics are always changing.

PURPOSE AND BENEFITS OF RISK REDUCTION (cont'd)

- Population growth within high-risk groups in the community:
 - The very young and old.
 - Those with disabilities.
 - Those living in poverty.
- Risk reduction can increase firefighter safety.

Slide 2-19

4. Situations that put people at a higher risk, such as age, economic status, disability or culture, are more prominent now than ever. Some of these high-risk and hard-to-reach populations are growing.
 - a. Fire departments must adapt to the changing demographics and the behaviors and attitudes that are placing individuals at risk.

- b. Fire departments still need to reach high-risk residents who continue to be more likely to die from fire.
 - Very young (0-5 years).
 - Very old (65 and over).
 - Those with physical, mental and emotional disabilities.
 - Those living in poverty.
- 5. Risk reduction can increase firefighter safety and occupational health by reducing the number of fires, particularly those fires where citizens are in danger and need rescue.

BACKGROUND OF RISK REDUCTION

- Fire prevention is not a new topic, but is usually not on the forefront.
- Documents and reports serve as benchmarks relating to fire prevention.



Slide 2-20

- C. Background of risk-reduction efforts in the fire service.
 - 1. Fire prevention is not a new topic for the fire service, but it is one that has not, for the most part, been on the forefront of a fire department’s mission and/or focus.
 - 2. There are a number of documents and reports that have been published over the years relating to the fire service and fire prevention that still serve as benchmarks in what is now referred to as risk reduction.

BACKGROUND OF RISK REDUCTION (cont'd)

- In 1947, President Harry S. Truman commissioned the President's Conference on Fire Prevention.
 - Reviewed the fire problem.
 - Determined ways to raise awareness.
 - Introduced the "Three E's of Prevention."



Slide 2-21

3. In 1947, President Harry S. Truman commissioned the President's Conference on Fire Prevention.
 - a. The purpose of the group was to review the fire problem in the United States and identify deficiencies in the U.S. Fire Service.
 - b. The recommended outcome was to determine ways to raise the level of awareness about the fire problem and increase the "work of fire safety in every community" (U.S. Fire Administration).
 - c. The group advocated for:
 - Incorporation of fire safety education into the school curriculum.
 - Better building design.
 - Use of technology for prevention.
 - d. Out of this group, the concept of the three E's of prevention was introduced. The three E's were:
 - Education.
 - Enforcement.
 - Engineering.
 - These three E's were later expanded to five E's to include economic incentives and emergency response.

BACKGROUND OF RISK REDUCTION (cont'd)

- In 1972, President Richard Nixon convened the National Commission on Fire Prevention and Control.
- Produced the report “America Burning,” which has had an impact on:
 - Fire and emergency services.
 - Fire prevention.
 - Fire protection.
- “America Burning” provided the foundation for many changes in the fire service and shed light on many deficiencies.



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4. In 1972, President Richard Nixon convened the National Commission on Fire Prevention and Control.
 - a. The commission produced the famous report “America Burning,” which has had an impact on the fire and emergency services, fire prevention, and fire protection in the U.S.
 - b. This document provided the foundation for many changes in the fire service, and it brought to light many of the deficiencies relating to fire safety, prevention and overall fire service in America.

BACKGROUND OF RISK REDUCTION (cont'd)

- Five basic subheadings in “America Burning”:
 - The Fire Services.
 - Fire and the Built Environment.
 - Fire and the Rural Wildlands Environment.
 - Fire Prevention.
 - Programs for the Future.



Slide 2-23

- c. The five basic subheadings in “America Burning” are:
 - The Fire Services.
 - Fire and the Built Environment.
 - Fire and the Rural Wildlands Environment.

- Fire Prevention.
- Programs for the Future.

THE FIRE PROBLEM IN THE UNITED STATES IN 1972

The condition of the United States in relationship to fire:

- Fire claimed 12,000 lives annually.
- 300,000 Americans were injured by fire.



Slide 2-24

- D. Condition of the U.S. in 1972.
1. Fire was claiming 12,000 lives annually.
 2. 300,000 Americans were injured by fire.

THE FIRE PROBLEM IN THE UNITED STATES IN 1972 (cont'd)

- U.S. led industrialized countries in per capita deaths and property loss from fire.
- Firefighting was most hazardous profession.
- Inadequate training for firefighters.

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3. The U.S. was leading the world's major industrialized countries in per capita deaths and property loss from fire.
4. Firefighting was the most hazardous profession, with a 15 percent greater death rate than mining, which was second.
5. There was inadequate training for firefighters.

SUMMARY OF RECOMMENDATIONS FROM THE “AMERICA BURNING” REPORT

- Creation of the U.S. Fire Administration (USFA).
- Creation of the National Fire Academy (NFA).
- Better equipment for firefighters.
- School-based fire safety education.
- Advocacy for better buildings.
- Many others recommendations.



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E. Recommendations from the “America Burning” report (those listed are only a few of the 90 recommendations included):

1. Creation of the U.S. Fire Administration (USFA).
2. Creation of the National Fire Academy (NFA).
3. Better equipment for firefighters.
4. School-based fire safety education.
5. Advocacy for better constructed buildings.
6. And many other recommendations related to buildings, hazardous materials, construction, protection, firefighter safety and others.

“AMERICA BURNING RECOMMISSIONED”

- “America Burning Revisited” (1987) and “America Burning Recommissioned” (2002) followed “America Burning” (1972).
- These follow-up reports found that some progress had been made, but many recommendations were yet to be implemented.



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F. “America Burning Revisited” (1987) and “America Burning Recommissioned” (2002).

1. These documents were follow-up reports to the original “America Burning” (1972) report.
2. Their purpose was to determine and report the progress that had been made in implementing the recommendations from the original report.
3. These documents found that, while some of the recommendations from the original report had been implemented, there were many that were still untouched or incomplete.
4. These three documents have provided a foundation for improvements in many fire service areas, especially firefighter safety, prevention, community involvement, and code development.
5. The commission reported on 12 areas of findings in the 2002 report to the U.S. Fire Administrator. These 12 areas were:
 - a. Implementation of loss prevention strategies.
 - b. Application and use of sprinkler technology.
 - c. Loss prevention education for the public.
 - d. Acquisition and analysis of data.
 - e. Improvements through research.
 - f. Codes and standards for fire loss reduction in the built environment.
 - g. Public education and awareness.
 - h. National accrediting and certification.
 - i. Firefighter health and safety.
 - j. Emergency Medical Services (EMS).
 - k. Diversity.
 - l. Burn injuries and care.

BACKGROUND OF RISK REDUCTION

- Over the years, the concept of prevention embraced:
 - Fire and life safety education.
 - Code enforcement.
 - Natural disaster mitigation.
 - Other proactive programs and services.



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6. Over the years, the concept of prevention has embraced:
 - a. Fire and life safety education.
 - b. Code enforcement.
 - c. Natural disaster mitigation.
 - d. Other proactive programs and services.

BACKGROUND OF RISK REDUCTION (cont'd)

- Many departments lack the commitment to risk reduction.
- The typical fire department allocates 95 percent of its personnel to emergency services and 5 percent to support services.



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7. Yet many departments still lack the commitment of personnel, equipment, time and resources to this valuable function.
8. According to a survey conducted by the Home Safety Council, the typical fire department allocates 95 percent of its personnel to emergency services and 5 percent of its personnel to support services.

BACKGROUND OF RISK REDUCTION (cont'd)

- Some have a fire prevention bureau or risk-reduction division.
- Some add risk reduction function to other positions within the department.
- Some perform risk reduction on a very limited basis or not at all.



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9. Some departments have a fire-prevention bureau or risk-reduction division that performs the risk-reduction functions for the department.
10. Other departments add the risk-reduction functions to other positions within the department.
11. Still other departments perform risk-reduction activities on a very limited basis, or not at all.

How committed is your fire organization to risk reduction?



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- What are the characteristics of an organization that is committed to risk reduction?
- As a member of your department and a station officer, how committed are you to the concept of risk reduction?



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V. RISK REDUCTION AND FIREFIGHTER SAFETY

DVD PRESENTATION

“VINA DRENNAN”



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RISK REDUCTION AND FIREFIGHTER SAFETY

- Firefighter safety is directly impacted by community risk reduction.
- Remove the risk, remove the possibility that firefighters will be placed into risky situations.
- NFFF, Firefighter Life Safety Initiatives 14 and 15:
 - 14: Public education must receive more resources and be championed as a critical fire and life safety program.
 - 15: Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.

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A. Firefighter safety is directly impacted by community risk reduction.

- B. If you remove the risk, you remove the possibility that firefighters will be placed into risky situations.
- C. 16 Firefighter Life Safety Initiatives.
 - 1. Everyone should be familiar with the 16 Firefighter Life Safety Initiatives published by the National Fallen Firefighters Foundation (NFFF).
 - 2. Initiative 14: Public education must receive more resources and be championed as a critical fire and life safety program.
 - a. Fire and life safety education is an effective means for establishing fire safe behavior among people of all ages and abilities.
 - b. It also promotes understanding and acceptance of regulations and technologies that can improve safety within the homes, businesses and institutions.
 - c. Furthermore, educating the public about how to prevent fires can contribute significantly to reducing firefighter deaths.
 - d. For example, if evacuation plans are in place and practiced by residents of a home, or occupants of an office building, responding firefighters will not face the personal risk associated with rescuing trapped citizens as frequently.
 - e. Moreover, fighting extremely dangerous fires will become a less frequent necessity as individuals assume personal responsibility for maintenance of smoke alarms and as they adopt early suppression technologies, such as fire sprinklers.
 - f. Initiative 14 asks us to rethink our priorities in the fire service—to recognize the central and enduring value of public education, and to raise fire prevention to the level of other department operations.
 - 3. Initiative 15: Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.
 - a. A successful effort in fire prevention will mean fewer fire responses by firefighters because of a reduction in fires, and less dangerous working conditions on the fire ground as a result of smaller, contained fires.
 - b. With fewer fire responses and smaller, contained fires, and a better protected public, it is clear that there will be fewer firefighter injuries and fatalities — which is the goal of the overall efforts.

- c. The 15th Initiative asks us to advocate for stronger codes and laws which will decrease the number and severity of structural and residential fires to keep our firefighters out of harm's way.

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ACTIVITY 2.1

Defining Risk Reduction

Purpose

To identify the components of successful risk-reduction programs.

Directions

Part 1

1. Watch the 20-minute video “Community Risk Reduction” from Wilmington, North Carolina, Fire Department.
2. You will see five different examples of community risk reduction in this video. While viewing the video, consider the following questions about each example:
 - a. How did the activities conducted by each respective fire station help achieve the mission of the Wilmington Fire Department?

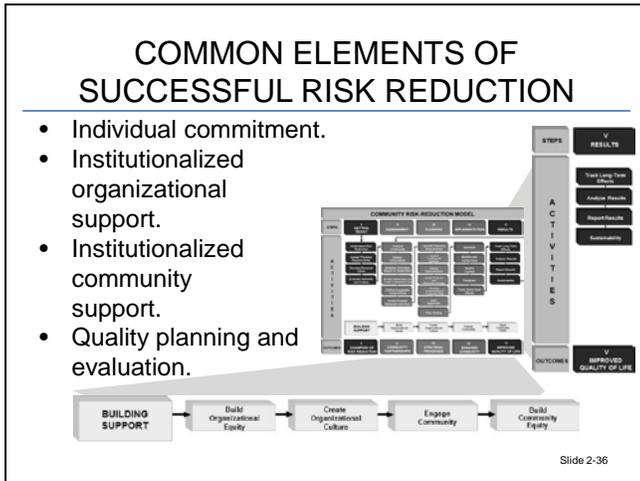
 - b. How did the activities help build community support for risk reduction?

3. Upon conclusion of the video, you will have five minutes to discuss your observations in your table groups.

Part 2

1. In your table group, spend 15 minutes sharing programs or projects you are currently conducting in your home communities that might fall under the risk-reduction umbrella. Discussion should include who is doing them, how the need was identified, if it is department wide or a station project.
2. Your table group should propose an example that you discussed to share with the class. The example should be one that your group agrees to be a very effective example of community risk reduction in action.

VI. COMMON ELEMENTS OF SUCCESSFUL RISK REDUCTION



The following common elements are combined to create a successful risk-reduction effort:

- A. **Individual commitment.**
 1. At the center of every successful risk-reduction effort, whether station based or communitywide, a catalyst will be found.
 2. These individuals are motivated leaders and visionaries with enthusiasm and organizational skills.

- B. **Institutionalized organizational support.**
 1. Members of the organization, from its leadership (both chief and mid-level) to new staff, willingly provide support to enhance risk-reduction efforts.
 2. Organizational support is not something that happens immediately. It will have to be achieved through effort, leadership and competence.

- C. **Institutionalized community support.**
 1. The community (station based or communitywide) understands, supports and responds to risk-reduction efforts.
 2. Again, community support comes slowly and happens through building relationships, establishing trust, and promoting a general atmosphere of good will.

- D. **Quality planning and evaluation.**
 1. Local risks are identified, prioritized and addressed in an analytical manner.

2. Target populations are identified, and culturally sound interventions are designed.
 3. An organized risk-reduction process is followed, monitored, and enhanced according to local need.
- E. In summary, successful risk reduction:
1. Has a successful leader at the helm.
 2. Is specific to the needs of the citizens living or working in that particular response area.
 3. Is culturally appropriate.
 4. Involves effective leadership.
 5. Is not based on ease or entertainment value.

VII. BUILDING ORGANIZATIONAL SUPPORT

BUILDING ORGANIZATIONAL SUPPORT

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graph LR; A[BUILDING SUPPORT] --> B[Build Organizational Equity]; B --> C[Create Organizational Culture]; C --> D[Engage Community]; D --> E[Build Community Equity]
```

- Many risk-reduction efforts fail because of a lack of organizational support.
- Organizational support is equally as important to success as neighborhood support.
- As a leader in risk reduction within your service area and your department, you will have a role in building organizational support.

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- A. Many risk-reduction efforts fail because of a lack of internal support.
- B. As a leader in risk reduction within your service area and your department, it is just as important to develop organizational support for your efforts as it is to develop neighborhood support.
- C. Many times, station personnel are resistant to risk-reduction efforts. You may encounter resistance due to the very culture of the fire service in general.

- D. It is not simply enough to “order” your personnel to conduct risk-reduction initiatives. Success depends on the full understanding of the purpose of risk reduction, acceptance of risk reduction as a part of their daily job duties, and the full support of the outcomes.
- E. Ways to build organizational support:
1. Know and understand the demographics of your personnel and organization.
 - a. What is each individual interested in doing? What are their strengths?
 - b. What are the financial, political, and logistical challenges that you might face?
 - c. Use your sphere of influence to gain support for risk-reduction concepts and initiatives. Remember senior officers, as well as your own personnel.
 - d. Build credibility by knowing and understanding your service area’s risk issues, its demographics, and assets. This will help build your credibility.
 2. Be able to articulate the risk-reduction plan in simple terms:
 - a. What is the issue?
 - b. What is the vision?
 - c. How does each individual fit into the plan?
 - d. What resources are needed?
 - e. What are the goals and benefits of risk-reduction efforts to the community, the department, and each individual firefighter?
 3. Recognize and accept your role as a **leader in risk reduction**.
 - a. Be honest and fair. Do your part of the work.
 - b. Make it a team effort. Solicit and use input from others.
 - c. Be patient. Change takes time. Not everyone may have your passion.
 - d. Celebrate successes.

- F. Remember you are the **catalyst** and have the individual commitment needed to promote risk reduction initiatives within your service area and within your department. Your passion will be contagious to your personnel, and you will be able to lead effectively.

VIII. CHAMPIONS FOR RISK REDUCTION

CHAMPIONS FOR RISK REDUCTION

- Effective risk reduction in the service area requires outstanding leadership by the managing officer.
- What is leadership?
 - Leadership is not management.
 - Leadership is not authority.

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- A. Effective risk reduction in the service area requires outstanding leadership by the Managing Officer.
- B. What is leadership?
 - 1. Leadership is hard to define.
 - 2. We know it when we see it, and feel its absence when we don't have it.
- C. Leadership is not management.
 - 1. Management is how the order is carried out.
 - 2. Leadership is why the order was given in the first place.
 - 3. Think about strategy and tactics. Strategy is the plan (leadership) and tactics are how the plan is carried out (management).
- D. Leadership is not authority.
 - 1. Just because you have bugles, or the authority to give orders, doesn't mean you are leading.
 - 2. Are you pushing or pulling your personnel?

3. Leadership is persuading your personnel to follow instead of forcing them to do something.

CHAMPIONS FOR RISK REDUCTION (cont'd)

- Types or styles of leadership.
 - Transformational leadership.
 - Democratic leadership or participative leadership.
 - Transactional leadership.
 - Servant leadership.
 - Transitional leadership.
 - Autocratic leadership.

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- E. Types or styles of leadership.
 1. There are a variety of leadership styles or types, depending on who you ask.
 2. Some of the leadership styles that are talked about in the fire service include:
 - a. Transformational leadership.
 - The power or ability to lead people to identify a needed future change, create and communicate the vision of change, and implement the change with others who are equally committed to the change.
 - The concept of this leadership model is to identify an appropriate future state of change and not maintain status quo.
 - Motivates the team to be effective and efficient.
 - Transformational leaders focus on the big picture, needing to be surrounded by people who take care of the details.
 - b. Democratic leadership or participative leadership.
 - The democratic leader listens to the team's ideas and studies them, but holds the responsibility to make the final decision.
 - Team players contribute to the final decision, increasing people satisfaction and ownership.

- Team members feel their input was considered when the final decision was made.
- c. Transactional leadership.
 - The power or ability to lead people to promote compliance through both rewards and punishments.
 - The concept of this leadership model is to maintain status quo and not really change for the future.
 - The concept is about now and not the future.
- d. Servant leadership.
 - The servant leader ensures goal accomplishment by giving the team members what they need in order to be productive.
 - This leader is an instrument employees use to reach the goal, rather than a commanding voice that moves one to change.
- e. Transitional leadership.
 - The power or ability to lead people to constantly change from one state or condition to other states and conditions, based on the current conditions applied upon the leader.
 - The Managing Officer is consistently in the transitional leadership role during their on-duty roles and responsibilities, based on emergency and non-emergency conditions.
 - Also may be referred to as Situational Leadership.
- f. Autocratic Leadership.
 - The autocratic leader is given the power to make decisions alone, having total authority.
 - They stand in master of the people and impose their wills. No one is allowed to challenge them.
 - This style works best for employees that need close supervision.

CHAMPIONS FOR RISK REDUCTION (cont'd)

- What are some other leadership styles?
- What type of leader are you?
- Do you know?



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CHAMPIONS FOR RISK REDUCTION (cont'd)

- Traits or attributes that have been identified as characteristics of successful leaders.
 - Lead by example.
 - Motivate others.
 - Demonstrate competence.
 - Create trust.

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F. No matter the leadership style, there are specific traits or attributes that have been identified as being characteristic of successful leaders.

The following were gathered from a random group of firefighters (Angulo, 2001):

1. Leads by example. “The first ship in the line.” Does what he says, says what he does, and acts in a way that his crew respects. Simply, he or she does the right thing and is a positive example.
2. Motivates others. Motivates others so they want to follow. He or She inspires pride and teamwork in the crews and uses these to be effective.
3. Demonstrates Competence. Competent, knowledgeable, well-versed, and experienced. He/she is reliable, leads people, and is a good role model.

- 4. Creates Trust. Creates an atmosphere that encourages trust. Gets the team to take action and to trust and follow. He/she also shows trust in his subordinates.

What does this have to do with risk reduction?



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IX. UNDERSTANDING A FIRE DEPARTMENT’S ATTITUDE TOWARD RISK REDUCTION

UNDERSTANDING THE FIRE DEPARTMENT’S ATTITUDES

- Success involves:
 - Commitment to the process.
 - A collective commitment from each individual in the department.
- A fire department’s culture drives the behavior of personnel.



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- A. Within a fire department that successfully implements risk reduction, is a commitment to the process.

This is not simply an individual commitment, or words on a paper, but rather it is a collective commitment from each individual in the entire department.

- B. A fire department’s culture drives the behavior of its personnel.
 - 1. In order for risk reduction activities to be successful, departmental commitment is necessary.

- 2. While this attitude starts at the top with the department's leader, it can also be instilled by other members of the department.
- C. Risk reduction should be a written part of job descriptions for all personnel and used in the evaluation process.
- D. As a Managing Officer (MO), it is your role and responsibility to lead your personnel in risk reduction activities.

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ACTIVITY 2.2

Assessing Your Fire Department's Commitment to Risk Reduction

Purpose

To assess the commitment of your fire departments to risk reduction.

Directions

1. Individually, complete the following worksheet based upon your opinion of your fire department's commitment to risk reduction.
2. You should take approximately five to 10 minutes to complete this worksheet.
3. This assessment is based upon your own personal opinion.
4. Once everyone has completed the worksheet, we will use the TurningPoint polling software so the class can share scores for comparison to other students.

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ACTIVITY 2.2 (cont'd)

Worksheet

Assessment Questionnaire

1. Risk-reduction activities are considered to be a positive and important function in my department.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

2. Company and battalion officers are responsible for risk-reduction programs or services that are designed for their service area and the people that live or work there.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

3. Culturally appropriate and proactive risk reduction is seen as a core mission of the organization.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

4. Risk-reduction programs and activities are designed specifically to meet the identified needs of different cultures or target audiences in my community.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

5. My organization keeps its personnel abreast of the major fire and life safety concerns and issues for the diverse populations served in our community.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

6. Participation in risk-reduction activities is required in my organization.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

7. There are budget monies set aside for risk-reduction training and activities.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

X. UNDERSTANDING THE IMPACT OF YOUR COMMITMENT TO RISK REDUCTION

UNDERSTANDING THE IMPACT OF COMMITMENT

- Successful risk reduction depends on the commitment of the fire department, top to bottom:
 - 100 percent of organization’s personnel.
 - Managing Officer.



Slide 2-52

- A. Successful risk reduction depends upon the commitment of the fire department, from the top to the bottom.
1. It also needs commitment from the organization’s personnel, not just a few people.
 2. This can be influenced, positively or negatively, by the commitment of the MO and the way that he or she leads the assigned personnel.
 3. There are several NFPA standards that support or complement risk-reduction activities by the company officer. The Fire Officer standards are mentioned below. Students should understand that most standards related to job qualifications require knowledge of risk reduction and participation in risk-reduction activities.

UNDERSTANDING THE IMPACT OF COMMITMENT (cont’d)

- NFPA 1021, *Standard for Fire Officer Professional Qualifications* provides specifications about delivering presentations and developing educational programs.
- Fire Officer 1.
 - Initiates action on a community need.
 - Initiates action on a citizen’s concern.
 - Able to deliver a public education program.
- Fire Officer 3.
 - Enhance the quality of life by developing nontraditional services for the community.

Slide 2-53

- B. National Fire Protection Association (NFPA) 1021, *Standard for Fire Officer Professional Qualifications* provides specifications regarding the ability to deliver presentations and develop educational programs.
 - 1. Specifically, the standard for Fire Officer 1 states that:
 - a. The fire officer (i.e., MO) initiates action on a community need so that the need is addressed.
 - b. The fire officer (i.e., MO) initiates action on a citizen's concern.
 - c. The fire officer (i.e., MO) is able to deliver a public education program.
 - 2. More directly, the standard for Fire Officer 3 specifies that the fire officer should enhance the quality of life by developing nontraditional services for the community.

UNDERSTANDING THE IMPACT OF COMMITMENT (cont'd)

- Your attitudes are reflected in those you supervise.
- Leadership has a huge influence on risk reduction at the station level.
- The Managing Officer is the most influential individual in the department.



Slide 2-54

- C. Your attitudes are passed down to and reflected in the personnel under your supervision.
- D. Leadership in regard to risk reduction has a huge impact in any organization, particularly at the station/company level.
- E. The MO, in some ways, is the most influential individual in the fire department.

Think about the individuals under your supervision. How have you influenced their attitudes and opinions about risk reduction and proactive firefighting?



Slide 2-55

- F. Some personnel may view risk reduction in a negative fashion.
1. This might be due to departmental leadership or fire service cultural issues.
 2. Other personnel may be very responsive to conducting and participating in risk-reduction activities in the community.
 3. It is the responsibility of the MO to be a leader of risk reduction in the service area and among the personnel under his/her leadership.
 4. It is the role of the MO to determine how his or her personnel feel about risk reduction and lead them accordingly.

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ACTIVITY 2.3

Assessing Your Attitudes About Championing Risk Reduction

Purpose

To assess your individual attitudes toward and commitment to risk reduction.

Directions

1. Individually, complete the following worksheet, which assesses your attitude and commitment to risk reduction.
2. You should take approximately five to 10 minutes to complete the worksheet.
3. This assessment is based upon your own personal opinion. Be honest! When answering, consider proactive risk-reduction activities (as opposed to suppression activities).
4. Once everyone has completed the worksheet, we will use the TurningPoint polling software so the class can share their scores.

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ACTIVITY 2.3 (cont'd)

Worksheet

Assessment Questionnaire

1. I believe that risk-reduction activities are important to the overall mission of my department.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

2. I treat others with dignity and respect. This includes the diverse members of my community, as well as the diverse members of my station personnel and organization.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

3. I support the decisions that my personnel, under my supervision make on their own.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

4. I actively listen to diverse points of view.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

5. I avoid imposing values that may conflict or be inconsistent with those of nationalities or ethnic groups other than my own.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

6. I recognize that the perception of health, safety and prevention may have different meanings to different groups of people.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

7. I believe risk reduction is the responsibility of every member of my station.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

8. I follow through on promises/commitments that I make to others.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

9. I consider myself to be an effective communicator with my personnel and with members of my service area.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

10. As a Managing Officer, I feel empowered to make decisions regarding activities, scheduling, and training for my personnel.

_____ Strongly Disagree.
_____ Disagree.
_____ Neutral.
_____ Agree.
_____ Strongly Agree.

ACTIVITY 2.4

Assessing Attitudes of Staff About Risk Reduction

Purpose

To assess staff attitudes toward and commitment to risk reduction.

Directions

1. In your small group, identify the various personality types that are represented in your home department/station. This is not meant to identify individuals, but behaviors that motivate personnel and their positive and negative attributes, specifically those that apply to risk reduction.

2. Discuss the following questions as they relate to the personnel under your supervision.
 - a. Do these individuals understand what community risk reduction really is?

b. Do these individuals feel that risk reduction is a part of their job?

c. Do these individuals feel that risk reduction is a part of the mission of the department?

d. What is the attitude of personnel when conducting risk-reduction activities?

- e. Do these individuals understand the potential benefits of risk-reduction activities in reducing the number of deaths and injuries from fire or unintentional injuries?

- f. How has your attitude about risk reduction affected the overall attitude of the personnel?

- 3. You are encouraged to give the different personality types descriptive names, such as “The Leader,” “Grumpy,” “The Go-getter,” “The Talker,” “The Know-it-all,” etc.
- 4. Take approximately 15-20 minutes to discuss your personnel and their views, both positive and negative, on risk reduction.
- 5. This is based totally upon your personal observations as the Managing Officer.
- 6. Use the easel charts to identify the types of individuals, and be prepared to share your findings with the large group.

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XI. 360-DEGREE VIEW OF RISK REDUCTION

360 DEGREE VIEW OF RISK REDUCTION

- **The bottom-up method:**
 - Allows risk reduction to begin.
 - Focuses on individual contributions.
 - Encourages autonomy to develop and reach goals.
 - Station ownership of risk-reduction initiatives may have some practical limits.



Slide 2-68

- A. Within any fire organization, risk reduction is the responsibility of each and every individual.
- B. Risk-reduction initiatives can come from the bottom up, the top down, or from the middle (i.e. the mid-level manager or officer).
- C. Bottom-up risk reduction:
 - 1. Allows for risk reduction to begin in the station.
 - 2. It focuses on individual contributions.
 - 3. It encourages autonomy to develop and reach goals.
 - 4. Station ownership of risk-reduction initiatives may have some practical limits.

360 DEGREE VIEW OF RISK REDUCTION (cont'd)

- Bottom-up risk reduction activities are those that are developed by the station personnel, and they may provide unique concepts.
- Your ability to foster and “grow” your members’ ideas may mean everything to the overall program.



Slide 2-69

5. Bottom-up risk-reduction activities are those that are developed by the station personnel, and they may provide unique concepts.
6. Your ability to foster and “grow” your members’ ideas as they develop around the table may mean everything to the overall program.

360 DEGREE VIEW OF RISK REDUCTION (cont’d)

- **Top-down** risk reduction activities are those that:
 - May or may not be in line with station personnel goals or objectives.
 - Are instituted at a level greater than the station level or by the Managing Officer alone.
 - Are assigned or designated by management or those in charge.

Slide 2-70

D. Top-down risk reduction.

1. Top-down risk-reduction activities are those that:
 - a. May or may not be in line with the goals and objectives of the station personnel.
 - b. Are instituted at a level greater than the station level or by the company officer alone.
 - c. Are assigned or designated by management or those in charge.
2. These *may* also be more global issues, such as those affecting an entire community, and not just a smaller area. If unattended cooking is a problem in the entire community, it may not be appropriate to address it at the station level.
3. MOs can address motivating factors when risk-reduction assignments are imposed from the top-down.
4. It is the MO’s responsibility to help members see some of the potential benefits for themselves, as well as the community.
5. Top-down risk-reduction activities will have the support of management, which is important in the success of risk-reduction programs.

360 DEGREE VIEW OF RISK REDUCTION (cont'd)

- Both models require input from each member of every station.
- The Managing Officer must see the value and communicate this to those under their leadership.



6. With top-down activities, there is a danger that the station personnel may simply write off the program as another mandate handed down from above and not see the real relevance to the company or the community.
 7. The MO must see the value in these activities and communicate their importance to those under their leadership.
- E. Mid-Level risk reduction.
1. Risk reduction does not have to start at the top or the bottom.
 2. Middle level initiatives are those that:
 - a. May come from personnel with administrative assignments, such as training instructors, EMS coordinators, fire marshals, and investigators, to name a few.
 - b. May address a particular segment of the department's overall response area, or the entire community.
 3. Mid-level managers must work vertically to gain management support, and horizontally to gain the support of the other mid-level managers, such as the station officers.
- F. All models require input (and eventual buy-in) from each member of the department.
- G. It is the MO's responsibility to provide motivation to lead personnel in a positive direction.
1. Capitalize on the individual strengths and interests of the members.

2. While all ideas should be heard and considered, your emerging plan must stay realistic, legal and ethical.
3. The MO must stay abreast of the needs, concerns, conflicts, and other internal issues that might affect the risk-reduction activities, and be sensitive to those situations.

360 DEGREE VIEW OF RISK REDUCTION (cont'd)

- Your agency's approach will help to determine a path to follow as the brainstorming process begins.



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- H. The organization's overall approach to risk reduction and its chosen development model (i.e., most ideas handed down from above or most ideas developed and carried up from below) will help to determine a path to follow as you and your staff begin the brainstorming process.

XII. FIRE SERVICE CULTURE

DEFINED CULTURE

- Culture needs a group. Groups can be defined differently.
 - National.
 - Ethics.
 - Regional.
 - Organizational.
 - Socioeconomic class.



Slide 2-73

- A. Breaking down the definition of culture.
1. Culture needs a **group**.

- 2. Groups can be defined differently.
- 3. Examples of different cultures:
 - a. National.
 - Mexican, American, Haitian.
 - b. Ethnic.
 - Native American, African American, European America.
 - c. Regional.
 - U.S. South, U.S. West Coast, New England.

DEFINED CULTURE (cont'd)

- Gender.
- Age.
- Religion.
- Sexual Orientation.

Slide 2-74

- d. Gender.
 - Patterns of culture based on gender roles in every ethnic group.
- e. Socioeconomic class.
 - Rich, poor, high status, low status.
- f. Age.
 - Different generations.
- g. Religion.
 - Jewish, Muslim, Hindu, Christian.

- h. Sexual orientation.
 - People who are gay, lesbian, bisexual, transgendered, heterosexual.
 - i. Organizational.
 - Fire service, medical field.
- B. This course will look at the cultures we live and work in through several perspectives.
1. The course will put your culture and the culture of your station under a microscope. When we examine our own culture, we are given the opportunity to identify strengths we want to keep and build upon, as well as practices or belief that are holding us back.
 2. The course will also look at national level cultural differences. You will assess your cultural beliefs and compare them to other beliefs. You will learn to identify predictable issues that arise when working with people from other cultures.
 3. In risk reduction, we look to change behaviors. As you will learn, culture has a significant influence on behavior. When we understand the values that motivate certain behaviors, we become more effective at helping people from other cultures adapt or change their behaviors.
 4. To be effective in our diverse communities, we have to learn how to accomplish our goals (like risk reduction) even when we are working with people who have different ideas and beliefs than us. If we do not learn how to be flexible, adaptable leaders, we will have serious blind spots that will reduce our effectiveness.
 5. Therefore being “culturally competent,” or effective in working in different cultures, is a core leadership skill in today’s diverse community. **Cultural competence** will be explored in depth later in the next unit.

FIRE SERVICE CULTURE (cont'd)

- Leading risk reduction can be daunting.
- Some challenges include:
 - The role and image of a firefighter.
 - Need for additional skill and knowledge in planning, business, and public relations.
 - Skill in making educational presentations to the public.

Slide 2-75

- C. The MO may find that leading risk reduction in a service area is a challenging and daunting assignment.
- D. Some challenges to implementing risk reduction may include:
1. The role and image of firefighters — this is not what they signed up for. Many firefighters hold to the image of the fearless hero, and the prevention role is just not a challenge.
 2. Skills and knowledge necessary to prepare the risk-reduction plan. More skill in business and public relations is needed.
 3. Skill in making educational presentations to the public. Most risk-reduction activities will involve some form of education, and many firefighters do not feel competent to perform this function.
- E. Some of the reasons for these challenges revolve around the organizational culture of the fire service.

FIRE SERVICE CULTURE (cont'd)

- “A pattern of shared basic assumptions that the group has learned...that has worked well enough to be considered valid, and, therefore, to be taught to new members as the correct way to perceive, think, and feel...”
- This is evidenced by behavior.

— Edgar Schein

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F. What is organizational culture?

1. Edgar Schein, in an article titled “Defining Organizational Culture,” is quoted describing organizational culture as:

“A pattern of shared basic assumptions that the group has learned ... that has worked well enough to be considered valid, and, therefore, to be taught to new members as the correct way to perceive, think, and feel ...”
This is evidenced by behavior.

2. Culture was previously defined as “a group’s shared assumptions, values and beliefs which result in characteristic behavior.”

FIRE SERVICE CULTURE
(cont'd)

- Some of these challenges are related to the organizational culture of the fire service.
 - The stories we are told.
 - What gets you promoted.
 - The values the organization lives by.
- Changing behavior can be a difficult task.

Slide 2-77

3. Essentially, describing organizational culture is not much different than describing one’s personal culture. For the fire service, culture is passed on in how we do things:

- a. The stories we are told.
- b. What gets you promoted.
- c. The values the organization lives by.

4. For the MO, attempting to change behavior as it relates to culture can be a difficult task.

5. This is particularly true when looking at community risk reduction.

What are the various cultures represented in the fire service?

Where do these cultures originate?



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ACTIVITY 2.5

Fire Service Culture

Purpose

To determine the history of fire service culture, and identify ways to work within that culture to achieve positive risk-reduction results.

Directions

1. For last night's evening assignment, you read Alan Brunacini's article titled "Fast/Close/Wet."
2. In your table groups, discuss the following questions:
 - a. While this article was written with a focus on firefighter safety, how does it apply to risk reduction?

- - b. How can the message of "Fast/Close/Wet" be transformed into a proactive approach to firefighting (i.e., risk reduction)?

- c. Brunacini says that one must “pledge allegiance to the traditional attack routine” to be accepted in our organization. How can community risk reduction become part of the “attack routine”?

- d. How can you, as a leader in your department, make these changes in the culture?

- 3. Pick a representative for your table to share the answers with the class.

DVD PRESENTATION

**“DR. KIMBERLY ALYN,
HIGHLIGHTS FROM A
LEADERSHIP PRESENTATION”**



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XIII. SUMMARY



SUMMARY

- Risk reduction is a systematic approach to prevention and mitigation of the dangers (risks) to people, places, and things.
- Attitudes toward risk reduction can vary widely within fire departments.
- We learned strategies for motivating firefighters to engage with their community.
- Interaction between community members and their firefighters is critical; both groups need each other.

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SUMMARY (cont'd)

- Culture is a part of any organization, community, or any group of people.
- Risks affecting a target population may be related to their culture.
- To change a culture, you must start by trying to understand it better.
- As a leader in your organization, you have influence on your organization’s culture.

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GRADED ASSIGNMENT 1

Mission, Priorities and Self-Reflection

Purpose

To establish a foundation for conducting risk-reduction activities in your service area.

Directions

1. This assignment is worth 100 points toward the final grade.
2. Complete the section, “Mission, Priorities and Self-Reflection,” provided on the following pages. This part of the assignment will be graded according to the rubric in the Front Matter section of your Student Manual.

Your written work for this assignment will become a part of your final Risk-Reduction Plan. An electronic version of this assignment is available in the files provided on the classroom Shared Drive for this course. You may type your work directly into this file if you choose, and print your completed assignment for submittal.

3. Read the article titled “Fast/Close/Wet” in Appendix A. This article is also available electronically as a PDF file in the files provided on the classroom Shared Drive for this course. Be prepared to participate in a discussion on this reading.

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GRADED ASSIGNMENT 1 (Sunday) (cont'd)

Mission, Priorities and Self-Reflection

To be completed Sunday evening and submitted for grading on Monday morning.

Risk Reduction Plan, Part 1: Mission, Priorities and Self-Reflection

Please respond to the following directives:

Mission Statement

What is your organization's (i.e., Fire Department) mission statement?

Priorities

What are your organization's (i.e., Fire Department) priorities?

Self-Reflection on Leadership in Service Area Risk Reduction in Your Own Organization

Describe the commitment to community risk reduction that is displayed by the leadership of your department.

GETTING READY FOR RISK REDUCTION

What is your current attitude about engaging in community risk reduction at the station/ service area level?

What are the current attitudes about community risk reduction that are held by your station personnel?

Reflect on the conditions that exist within your department and station. What leadership skills do you need to build support for community risk reduction?

APPENDIX

EVENING READING ASSIGNMENT: “FAST/CLOSE/WET”

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FAST/CLOSE/WET

By: Alan V. Brunacini

The struggle to reduce firefighter occupational death and injury is currently an issue that is receiving a never before seen level of concern and attention. Our service is no longer willing to accept that an insult to our welfare and survival is an inevitable part of doing our job. This new safety emphasis has found its way on to the agenda of virtually every fire organization. It has actually caused the development of some new ones. The safety campaign has produced an avalanche of new programs, projects and pleadings. Thus far, all of the efforts have not made a big impact on the statistics. In fact, the first thing we all see when the computer greets the new day is the morning edition of the daily electronic fire service obituary column ... a really cheerful way to start the day.

This change in our concern for safety has also created an increased frustration when all of our prevention efforts simply do not work. To add to that feeling, in spite of all the prevention energy, there actually may be (statistically) more current hazard zone operational injuries and deaths than in the past. I have been a student of firefighter safety for most of my career, so I feel that same frustration.

We have directed our current efforts to refining and improving equipment, procedures, training, leadership, command, and technology to somehow reduce the injury/death rate. These are all organizational and operational components that would logically become part of any occupational change program. Along with the ongoing discussion about using all these standard pieces and parts to make what we do safer, for the past several years I have also heard the continual comment “we must change our CULTURE to solve the safety problem”. In the past, I have not heard us refer to fire service culture as an obstruction to change in quite the focused way as it is now referred to in this discussion. As I trudge around and try to understand more about how our culture is connected to our safety, I realize that I have not really paid much attention (at least not consciously) to cultural stuff during my career. I don't think that I really could produce a very intelligent definition of what ‘culture’ is. Given that I now hear the cultural reference used all the time, I have started to give it more of my attention, ask questions, listen critically - and most of all, think about it a lot.

When I engaged a certain firefighter about culture, he says: “Chief, culture is a lot like love.....you don't see it- you feel it”. Given that he is a B shifter who has been married five times, I assume he has a lot of experience (!) with how love ‘feels’. I continue my questioning”Where does our culture come from?” He answers: “I don't know, it was here when I got here”. That simple response produced a mental jolt that caused me to adjust the direction of my attention. If ‘it’ (culture) was here when he got here, it had to come from someplace. It is very difficult to develop an understanding of a very historic process by just looking at where that process is in its current time/state. It's tough to catch on to the plot and the cast of characters of a really long movie when you come in at the middle. Getting beat up and sometimes killed in our business is nothing new. It has sadly been going on since the very beginning of our service. Based on that historic reality, my cultural reflection caused me to realize that the way to better

understand today was to go back to what led up to the current point. This realization caused me to go back to the home office of our service and start at the start.

Ben Franklin is the father of our service. He organized us into the beginning of the American fire service in the 1700s (let's say for round numbers 1740). He recognized that when a fire situation exceeded the ability of a citizen to control, that it became the responsibility of the local government to provide and manage a response that will assist that citizen. Such a firefighting response was (and still is) necessary to maintain a civilized level of local good order and security. Ben was an incredible thinker and developed many of the advancements of his time that are still in place supporting the way our country is formed. He had an exceptional ability to 'think out of the box', even though they probably did not call it that then. He originated the concept that providing firefighting services was a public function and that original concept became the basic foundation of our service.

As he assembled the original firefighting response and operational plan it quickly became evident that delivering such a special high performance service would require very special people to become firefighters. Ben had to consider the response and operational requirements of delivering firefighting service and then develop a profile to recruit a worker who was willing and capable of doing such work. Being able to quickly move firefighting apparatus, enter high hazard areas to control active fires with heavy hose lines, to tactically protect and physically rescue fire victims, required strong, smart and very aggressive young men (all men in those early days). That person must be very physically fit /tough to be able to do the difficult/dangerous manual labor involved in firefighting. Such characters typically come with "young man's invincibility syndrome", which made them perfectly suited for Ben's response system.

They also had to be very mentally alert to think and react quickly under rapidly changing combat conditions. Ben knew that fighting fires required a very quick response, so he did not have the time to inspire timid firefighters when there was an alarm. In fact, the basic unnatural act of running into a burning building required a person who would subordinate their personal safety for the challenge of doing up close and very personal fire combat in a very dangerous place. Taking these risks required a very action oriented person with a short range orientation, who was both episodic and competitive, so they would actually look forward to and be anxious to immediately respond and fight. This requires a hyper active and slightly attention deficit personality, simply because it is very difficult to convince highly reflective, very careful individuals who are very future oriented to run into high hazard places that are on fire. These were then and still are the basic characteristics of an American Firefighter. Ben realized that when there was a fire that the situation required rapid response, so he taught his fire lads that they must be fast. He also knew that he did not have long range hydraulic application equipment, so his firefighters had to get close to the fire.

Ben also understood that the fire could not live in the same space with an adequate amount of water so he told his troops get the fire wet. This created our basic response routine: fast/close/wet. It is short, simple, understandable and extremely challenging to consistently do well. The original response routine that Ben established in 1740 has defined the cultural context of our service since that beginning and has set the stage for how we have operated for the next almost 300 years. If we manage fast/close/wet properly, it can be our highest and finest tradition-

if fast/close/wet is unmanaged, it can (and does) create the saddest days in our lives. Like most really powerful strengths it has the potential to become a really powerful weakness.

The fast/close/wet message from Ben to the boys created clear direction that our role centered on a very straightforward obligation to act. We are effective to the extent that we can respond and operate (i.e., act) to effectively intervene in a fire that is underway. F/CIW serves that service delivery responsibility very well. The simply stated mission also becomes the basis for a promise that we made to the citizen when we become a firefighter: When that citizen is threatened by a fire and calls us for help, we will quickly respond and physically place our body in between that person and the fire. We have kept that promise one call at a time every day since 1740. That promise creates a very unusual relationship between a worker and a customer. That very special action oriented customer connection has produced an almost 300 year love affair between Mrs. Smith and Firefighter Smith. Mrs. Smith knows if she is in danger and calls us for help, we will respond quickly, solve her problem and be nice to her. Firefighters act out their identity by physically fighting out of control conditions until they are under control- they don't do thermal studies, they don't form hazardous condition committees, they don't write reports and philosophize about how dangerous fires are - they respond fast, they get close to the problem, and they get the fire wet.

One of the things Ben quickly understood was that directly dealing with out of control fire conditions is a very dangerous business. Facing such dangerous episodes challenged and excited the fire lads. Doing battle motivated them to use their physical capability and skill to fight and overpower the out of control energy (fire). A singular focus on structural firefighting started in the very beginning and continued with very little external or internal distraction for a long, long time- from our beginning to almost the 1960s. Simply, we did not do the all risk menu of service we do today- no EMS, hazmat, high angle/confined space/swift water rescue. There also was no IC providing management control or safety officers patrolling the fireground. No OSHA, NFPA standards, Department of Labor or NIOSH. No safety regulators or advocates. No risk managers - very few lawyers or guys in black dresses.

This two century period where we mostly did just structural firefighting established the most durable, enduring and definitive cultural socialization that has ever occurred in any occupation. It was pretty simple: if they called us it was because a building was on fire. We were able to do daredevil structural firefighting, many times taking crazy risks that produced half burned up buildings that were hauled to the local land fill two weeks later.

We routinely traded our welfare for non productive, but very exciting hazard zone occupation. There was very little questioning or complaining (inside or outside) when a firefighter got beat up or killed - we knew that casualties are a regular part of going to war. We never articulated it, but acceptable losses were just part of the deal. For 225 years it was okay for a burning building to kill us. It sounds goofy to say that it was okay to vocationally die, but we proved it by doing it for 250 years before the recent risk management plan based safety response appeared.

When the fire kills us, our department typically conducts a huge ritualistic funeral ceremony, engraves our name on the honor wall and makes us an eternal hero. Every LODD gets the same terminal ritual regardless if the firefighter was taking an appropriate risk to protect a savable life

or was recreationally freelancing in a clearly defensive place. A Fire Chief would commit instant occupational suicide by saying that the reason everyone is here today in their dress blues is because our dearly departed failed to follow the department safety plan. Genuine bravery and terminal stupidity both get the same eulogy. Our young firefighters are motivated and inspired to attack even harder by the ceremonialization of our battleground death. This is a major reason it has taken so long to have this discussion.

The way the cultural process continued was really pretty simple: each new generation learns the F/C/W routine from the old generation. The firefighter who told me “it (the culture) was here when I got here” nailed it. The way we are accepted into the department is by getting into the back of the slow moving continuous organization ‘line’, and then staying in that line for the rest of our career (I stayed in it for 48 years). The line has old guys at the head and young guys/gals at the back. The line is regulated and controlled by being accepted or rejected by the peer process. In that peer centered way, we are a little bit of a secret society. We regulate ourselves and resist and instinctively defend ourselves from external influence. We insulate ourselves from the outside. If you aren’t a firefighter, you’re a “dry sox” -we are a closed shop. The young firefighters want to be like the old ones. This is how the cultural beat goes on, and on, and on. When you are at the back of the line, you speak when you are spoken to –”kid, just ride backwards and keep your mouth shut!” If you get very far out of the line, one of your elders will smack you back in that line. If you create too much disruption, they kick you out of the line. I had an old scholar describe cultural rejection: “We define you as maladaptive and select you out of the system”.

A major way you are accepted (or not) is by doing your part in the fast/close/wet routine which is the most defining ritual that occurs inside the organization. Simply, you must pledge allegiance (by your action) to the traditional attack routine to secure your place in the line. How you attack, or don’t attack becomes the most compelling place where we decide if you are adaptive or maladaptive. The ongoing fireground attack continuity creates the most powerful process in our service. We can track what we do today by going back through (only) eleven successive generations - (given that one of our generations is about 25 years). Those generations cross over and integrate in an ongoing and very powerful way that continually connects what we are now doing to what we were doing. Many times we adapt and apply our familiar traditional tactical approach to every situation we encounter, so we just naturally absorb what has changed and make today look like yesterday. This natural reaction creates great stability and a very slow rate of evolution.

What is the point of all this cultural rant? I don’t know exactly what steps we should take to better protect our firefighters, but I think that to be effective we must become both historian and futurist. It would be a huge mistake for us to reject how Ben put us together in the beginning. Fast/close/wet has served us and the people, places and things we have protected for almost 300 years very well. I think if Ben was here now he would tell us to keep doing the basic service delivery routine, but make the changes that will better protect our firefighters. Doing this will not be easy but we must, because whatever we do next must realistically connect to what has occurred in the past- the new safety approach must emerge from the traditional way we have always operated, making this then/now/next connection is particularly important to how we can make fireground operations safer. This is an activity where a lot has changed, but a lot has stayed

the same. Our apparatus now has computer controlled automatic transmissions, air conditioning and a roof over our head, but we still use a fire truck to get us to the fire fast. We now communicate on portable radios, wear space age PPE and can look behind the beyond with a thermal imager, but we still get as close as we can to fight the red demon because no one has invented a remote controlled way to apply offensive water. We now have smart sized synthetic hose lines and constant flow nozzles and in spite of all the additives we have dumped in water through the years to make it rapid, slippery, light or foamy but we still mostly use plain old water to murder the fire by getting it WET. Water is pretty timeless and firefighters still deliver and apply it manually on the burning end of our business. Virtually none of the firefighting process is automated, so we are effective to the extent we can do fast/close/wet.

Whatever we do to be safer must be based on us understanding that our firefighters have never stopped hearing Ben's voice tell them to be FAST/CLOSE/WET when they are responding to a fire. I think this is what culture really means in the current safety discussion.

About the Author

Alan Brunacini joined the Phoenix Fire Department in 1958. He served in every department position. He was promoted to Fire Chief in 1978 and retired in 2006. He is a graduate of the Fire Protection Technology program at Oklahoma State University. He has a BS and an MPA from Arizona State University. He is the past Chairman of the Board of the National Fire Protection Association and the N.F.P.A. Fire Service Occupational Safety Committee (standard 1500). He is the current Chairman of the N.F.P.A. Career Fire Service Career Organization and Deployment Committee (standard 1710). He and his two firefighter sons are currently developing and teaching the local command level Blue Card hazard zone management program. They also present workshops, seminars and conferences to many fire departments throughout the country on various topics. He is the author of Fire Command, Command Safety, Timeless Tactical Truths, Essentials of Fire Department Customer Service and The Anatomy and Physiology of Leadership. He is currently working on several other fire service books.

About the Symposium

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UNIT 3: SERVICE AREA RISK ASSESSMENT

TERMINAL OBJECTIVE

The students will be able to:

- 3.1 *Conduct an assessment to prioritize risk issues impacting their service area.*

ENABLING OBJECTIVES

The students will be able to:

- 3.1 *Demonstrate the process of conducting a community risk assessment.*
 - 3.2 *Establish risk-reduction priorities and target populations.*
 - 3.3 *Determine stakeholders, and create community partnerships.*
 - 3.4 *Develop a problem statement and goal for a prioritized risk.*
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I. COMMUNITY RISK ASSESSMENT

COMMUNITY RISK ASSESSMENT

- A risk assessment is a fact-based objective study of the local risks present in your service area.



Slide 3-4

A. Purpose of a community risk assessment.

1. A risk assessment is a fact-based study of risks present in your community.

What are the benefits of a **good** community risk assessment?



Slide 3-5

COMMUNITY RISK ASSESSMENT
(cont'd)

- Benefits of a **good** risk assessment:
 - Prioritize risk issues and target at-risk populations.
 - Foundation to determine interventions.
 - Justify and defend actions.
 - Create a focus for “the mission.”

Slide 3-6

2. Risk assessment is the **first and most important step** toward deciding priority risk issue(s) and target population(s) to address.
3. Risk assessment will help you **justify why** specific type incidents and populations should be addressed.

Having this justification allows a fire department to defend why they have prioritized certain risks and populations to target with risk-reduction strategies.

4. A good risk assessment provides the foundation to determine the types of intervention that may be needed to prevent or mitigate risks.

COMMUNITY RISK ASSESSMENT
(cont'd)

- Communitywide risk assessment.
 - Area served by **entire** department.
 - Should be done by **all** departments.
 - Small departments can use as stand alone.

Slide 3-7

- B. Communitywide risk assessment.
1. A communitywide risk assessment explores risks in the area that the **entire** department serves.

- a. Ensuring the completion of a communitywide risk assessment is the responsibility of a department's senior management.
 - b. Risk assessment may be a task assigned to a managing officer who is responsible for a communitywide service area.
2. Whether a department serves a large or small population, it should begin the risk-assessment process with exploring what is going on communitywide.
 3. A department that serves a relatively small population base in a limited geographic area may be able to use the results of a communitywide assessment as their sole base of data.

COMMUNITY RISK ASSESSMENT
(cont'd)

- Service area risk assessment.
 - Explores risk in **firehouse service area**.
 - May be job of a managing officer.
 - Consult with department's leadership and inquire about the results of a communitywide assessment.

Slide 3-8

- C. Service area risk assessment.
 1. A service area risk assessment explores risks in the area that the local firehouse serves.
 2. Leading a service area risk assessment is often the job of a MO.
 3. Prior to initiating a service area risk assessment, the MO should consult with their department's leadership and inquire about the results of a communitywide assessment.

COMMUNITY RISK ASSESSMENT
(cont'd)

- Departments may have identified and prioritized risks to be addressed communitywide or in each service area.
- Often, a large fire department will empower station-level supervisors to help assess risk in the response area that they serve.

Slide 3-9

- a. The MO may learn that his or her department has already identified and prioritized risks to be addressed communitywide or in each service area.

Here is an example:

- The department may identify cooking fires as a priority risk for the community at-large.
- Your station is then asked to deliver information about preventing cooking fires to the residents in your service area.
- In addition, there may be a program to install smoke alarms.

- b. In contrast, a fire department in a large urban community may be working to reduce the occurrences of cooking fires city-wide but recognizes that youth firesetting is a growing problem in a specific station's response area.

- c. The MO is asked by the department's leadership to work within the station service area to reduce the occurrence of youth firesetting.

- 4. Often, a large fire department will empower station-level supervisors to help assess risk in the response area that they serve.

Why may a fire department fail to perform proper risk assessment before developing a risk-reduction program? What are potential consequences?



Slide 3-10

II. THE PROCESS OF RISK ASSESSMENT

PROCESS OF RISK ASSESSMENT

- A risk assessment looks at problem- and people-related data.
- Problem-related data looks at:
 - Type of incidents.
 - Frequency of incidents.
 - Severity of incidents.



Slide 3-11

- A. Whether it is done communitywide or in a service area, risk assessment explores problem-and people-related data.
 - 1. Problem-related data looks at incidents that occur, including their type, frequency and severity.

PROCESS OF RISK ASSESSMENT (cont'd)

- Examples of local problem-related data to include and explore in a community risk assessment include:
 - Man-made incidents, such as fires and preventable injuries.
 - Naturally-occurring incidents, such as weather-related events, etc.

Slide 3-12

Examples of local problem-related data to include and explore in a community risk assessment include:

- a. Human-created incidents such as fires and preventable injuries.
- b. Naturally-occurring incidents such as weather-related events, etc.

PROCESS OF RISK ASSESSMENT (cont'd)

- For each problem, find data on:
 - Frequency.
 - Incidents rising or falling.
 - Where incidents are occurring.
 - Who incidents are affecting.
 - When incidents occur.
 - Physical threats from risk.
 - Economic impact.
 - Quality of life.

Slide 3-13

2. For each problem identified, you must find data on the following:
 - a. How often incidents occur (frequency).
 - b. If the occurrences of incidents are rising or falling.
 - c. Where the incidents occur (geographic distribution).
 - d. Who the incidents affect.
 - e. When incidents occur (time, day, month).

- f. Physical threats from risk (injury, loss of life) to civilians and emergency service staff.
- g. Economic impact of incidents (expense to community and emergency services).
- h. Impact on the overall quality of life of citizens.

**PROCESS OF RISK
ASSESSMENT (cont'd)**

- Gather and analyze adequate amount of data.
 - Establish a baseline.
 - Look for trends.
 - At least three to five years of data, maybe more.

Slide 3-14

- 3. Gather and analyze an adequate amount of problem-related data.
 - a. When exploring problem-related data, it is important to gather several years' worth of statistics so a baseline can be established and potential trends can be explored.
 - b. Three to five years of data is a good starting point.
 - c. Smaller departments that answer fewer calls for service should consider looking at five years (or more) worth of data.

ACTIVITY 3.1

Exploring Residential Structure Fire Data

Purpose

To explore residential structure fire data sets to be able to identify conditions that may warrant further investigation.

Directions

This activity begins as a small group effort and culminates with individual reflection. The activity has two parts.

Part 1

1. Given a single-year summary of residential structure fire causation for a specific location, your table group is to review the data and suggest which fire cause should receive priority attention (Chesterfield Fire and EMS).

Remember to consider the frequency of occurrence, number of injuries, deaths and property loss.

2. While there is no right or wrong answer, please be prepared to justify your group's decision.
3. Ten minutes are allotted for small group discussion.

Part 2

1. This portion of the activity is completed individually.
2. Given a five-year NFIRS summary of your department's residential structure fire causation, please identify and justify which fire risk you would prioritize as an issue worthy of consideration.
3. Remember to consider the following indicators:
 - a. Frequency of occurrence.
 - b. Rate of rise, fall or remaining steady.
 - c. Injuries and deaths.

- d. Property loss.
4. Once you have made your decision, be prepared to justify it to the class. You have 20 minutes to complete this task.

ACTIVITY 3.1 (cont'd)

Exploring Residential Structure Fire Data

Structure Fire Causes (Chesterfield Fire and EMS)
Report Period: 1/1/14 to 12/31/14

Code	New Cause Description	Fires		Civilian Deaths		Civilian Injuries		Firefighter Deaths		Firefighter Injuries		Property Loss		Contents Loss		Total Loss	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
01	Intentional	28	6.65%	0	0.00%	2	4.26%	0	0.00%	0	0.00%	202,450	4.81%	44,044	2.40%	246,494	4.08%
03	Smoking	18	4.28%	1	25.00%	9	19.15%	0	0.00%	3	23.08%	570,800	13.56%	251,850	13.71%	822,650	13.60%
04	Heating	62	14.73%	0	0.00%	2	4.26%	0	0.00%	1	7.69%	158,218	3.76%	68,360	3.72%	226,578	3.75%
05	Cooking	161	38.24%	1	25.00%	23	48.94%	0	0.00%	0	0.00%	621,405	14.76%	307,739	16.75%	929,144	15.36%
06	Electrical Malfunction	34	8.08%	0	0.00%	2	4.26%	0	0.00%	2	15.38%	382,050	9.08%	80,605	4.39%	462,655	7.65%
07	Appliances	25	5.94%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	246,300	5.85%	74,485	4.05%	320,785	5.30%
08	Open Flame	19	4.51%	0	0.00%	5	10.64%	0	0.00%	1	7.69%	315,710	7.50%	228,300	12.42%	544,010	9.00%
09	Other Heat	5	1.19%	0	0.00%	2	4.26%	0	0.00%	0	0.00%	90,000	2.14%	25,000	1.36%	115,000	1.90%
10	Other Equipment	1	0.24%	0	0.00%	0	0.00%	0	0.00%	2	15.38%	368,500	8.75%	200,000	10.88%	586,500	9.40%
11	Natural	8	1.90%	0	0.00%	0	0.00%	0	0.00%	1	7.69%	209,500	4.98%	169,000	9.20%	378,500	6.26%
12	Exposure	29	6.89%	0	0.00%	0	0.00%	0	0.00%	1	7.69%	210,600	6.22%	100,000	5.48%	310,600	5.99%
13	Unknown	12	2.85%	1	25.00%	1	2.13%	0	0.00%	1	7.69%	433,066	10.34%	146,001	7.95%	581,067	9.61%
14	Equipment Misoperation, Failure	3	0.71%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	55,000	1.31%	10,500	0.57%	65,500	1.08%
15	Other Unintentional, Careless	16	3.80%	1	25.00%	1	2.13%	0	0.00%	1	7.69%	292,850	6.96%	131,000	7.13%	423,850	7.01%
Grand Total		421	100.00%	4	100.00%	47	100.00%	0	0.00%	13	100.00%	4,158,449	100.00%	1,838,884	100.00%	5,995,333	100.00%

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II. THE PROCESS OF RISK ASSESSMENT (cont'd)

PROCESS OF RISK ASSESSMENT (cont'd)

- People-related data examines the human component of the risk.
- Demographics of service area.
- High-risk populations.
- Risk factors.



Slide 3-16

4. People-related data examines the human component of risk.
 - a. Demographics of the service area.
 - Population size of the area.
 - How the population is distributed throughout the area.
 - Gender profiles and age distribution of people throughout the area.
 - Family size and structure.
 - Distribution of race, ethnic and cultural groups.
 - Emerging and/or shrinking populations.
 - Income and education levels of people.
 - Employment and school system demographics.
 - b. Location and distribution of confirmed (or potential) high-risk populations.
 - Risk factors, such as poverty, population transience (moving), and disabilities.
 - Social, cultural, economic, and environmental factors that may impact vulnerability to risk.

- Hidden or underserved populations that may be at risk.

HIGH-RISK GROUPS

- Older adults.
- Younger children.
- People with disabilities (physical or mental).
- People who smoke.
- Low-income groups.
- Ethnic minority groups.
- Low-education groups.
- College students.



Slide 3-17

B. National statistics identify the following groups to be at high risk of being injured or killed in a fire at home:

1. Older adults.
2. Young children.
3. People with disabilities (physical or mental).
4. People who smoke.
5. Low-income groups.
6. Ethnic minority groups.
7. Low-education groups.
8. College students living in off-campus housing.

C. America’s greatest fire challenge is in the home.

Nationwide, most fire deaths occur in the home.

1. Homes are the least accessible places for firefighters prior to an emergency event.
2. Many jurisdictions still essentially ignore their biggest potential fire death producer.

D. Targeting residential fire and preventable injury risks.

1. Most station service areas are located in a neighborhood or serve at least part of a residential area.
2. Many times, fire service personnel are only in the homes when someone has called for help, whether for a fire or medical emergency.
3. An effective means for combating risk in a residence is to get into the home and conduct a home safety survey.
4. Many fire departments offer smoke alarm installation programs.
 - a. As a part of that program, it only takes a few minutes to identify other risks and conduct a risk survey.
 - b. The way to get to the root of the fire and preventable injury problem is to get into the home. It is challenging but worthwhile.
 - c. In addition, other risks, such as hoarding or trip and fall hazards, can be identified to prevent other risk issues.

LOCATING PROBLEM-RELATED DATA

- Risks may be identified by members of the service area.
 - Requests from schools.
 - Homeowners' associations.
 - Service clubs.
 - Business and industry.



Slide 3-18

- E. When assessing risks, it is also important to look at concerns of those who live or work in the service area. For example:
1. Requests from schools for intervention in youth firesetting activity.
 2. Homeowners' associations with specific concerns regarding their neighborhood.
 3. Service clubs that want to support local risk reduction efforts.
 4. Businesses and industries that request training on how to make their operations safer.

LOCATING PROBLEM-RELATED DATA (cont'd)

- Risks may be identified through preplanning and knowledge of your response area.
 - Particular target hazard would be at risk with any disruption of operations.
 - Station personnel are eyes and ears of the service area, and they know where the greatest risks are.

Slide 3-19

F. Finally, risks may be identified through preplanning and knowledge of your response area.

1. For example, there may be a critical facility in the service area that needs special attention so continuity of operation is maintained at all times.
2. There could be special target hazards that require additional attention because an incident at their location could result in severe consequences.
3. Target hazards can also be high-risk neighborhoods or buildings.

A multi-story, wood frame, unsprinklered apartment building housing an aging low-income population can be classified as a target hazard.

4. Station personnel are the eyes and ears of the service area, and they understand where the greatest risks are located.

III. LOCATING DATA

LOCATING DATA

- National Fire Incident Reporting System (NFIRS) Data.
 - Provides response data for department as a whole.



Slide 3-20

A. Sources for problem-related data.

Data on fire experience in the United States is available through the United States Fire Administration's (USFA) National Fire Incident Reporting System (NFIRS).

1. Under NFIRS, local fire departments forward fire incident data to a state coordinator.
2. The coordinator collects statewide fire incident data and reports the information to the USFA.
3. Each fire department should have a representative who has access (by password provided through their state coordinator) to their data.
 - a. The MO should be able to partner with the data collection/reporting person in his or her department to obtain NFIRS data.
 - b. NFIRS data can be utilized to build a profile of the fire department's responses in the community.
 - c. NFIRS data does not allow for drilling down to the station response area.

LOCATING DATA (cont'd)

- Records Management System (RMS).
 - Drill down on the incident profiles at the station-based level.
 - Comparing NFIRS data with departmental RMS data is a good strategy.



Slide 3-21

4. In addition to reporting incidents through NFIRS, many fire departments utilize their own RMS where response data can be located.
 - a. Again, the MO should be able to partner with the data collection/reporting person in his or her department to obtain incident response data.
 - b. Utilizing records from the department's RMS is often a good way to drill down on the incident profiles at the station-based level.

- c. Comparing NFIRS data with departmental RMS data is a good strategy to assess reliability of data.

LOCATING DATA (cont'd)

- Accurate profile of response data is essential.
 - Avoid subjective reporting (guessing or shortcuts).
 - Agree on a data reporting protocol.
 - MO responsible for following/enforcing rules.

Slide 3-22

- 5. Accurate data is essential.
 - a. Avoid subjective reporting (guessing or shortcuts).
 - One of the greatest challenges facing our industry is accurate data collection and reporting.
 - It can be a frustrating situation for a MO when he or she knows through experience that the leading cause of residential fire in their response area is cooking-related, but the data fails to confirm it.
 - Consider all of the potential entries that could be made on the typical unattended pot of food on the stove.
 - Fire confined to object of origin.
 - Unattended.
 - Smoke scare.
 - Odor of smoke.

How does your department report the typical “food on the stove” response?



Slide 3-23

- b. The first step in data collection and analysis should be a department-wide emphasis on accurate completion of run reports according to a set protocol.
- c. The MO is responsible for ensuring response data is entered as dictated by departmental protocol.

LOCATING DATA (cont'd)

- Local hospital and state Emergency Medical Services (EMS) data will provide injury information.
 - Vital records provides cause of death.
 - Local health department or public health agencies.
 - EMS providers (private and public).
 - Web-based Injury Statistics Query and Reporting System (WISQARS) (<http://www.cdc.gov/injury/wisqars/>).

Slide 3-24

B. If conducting an all-hazard risk assessment, fire data should not be the only statistics to consider.

Local hospital and state health department data can help build a profile of preventable injury events such as falls, motor vehicle collisions, poisonings, assaults, etc.

- 1. EMS run reports (private and public service) can be a good source of injury related data.

2. The web-based Injury Statistics Query and Reporting System (WISQARS) from the Center for Disease Control and Prevention (CDC) has a comprehensive database on injury (<http://www.cdc.gov/injury/wisqars/>).
3. Most hospitals and public health agencies have a person dedicated to data collection and reporting. Forge a partnership with these people prior to seeking data.
4. Local or state emergency management office.

What is something new you learned about the risks in your service area while doing the pre-course assignment?



Slide 3-25

LOCATING DATA (cont'd)

- Did you encounter any challenges trying to obtain problem-related data?
- If so, what were they?

Slide 3-26

- C. Sources for people-related data.

LOCATING DATA (cont'd)

- U.S. Census Data.
 - Decennial Census.
 - American Community Survey (ACS).
 - Data on how people live.



Slide 3-27

1. Local demographical information is collected on all communities by the U.S. Census Bureau.
 - a. Data for the Decennial Census is collected by the Bureau every 10 years.
 - Data from the Decennial Census is used to determine congressional districts.
 - The Decennial Census seeks to determine the number of people who live in a community.
 - b. A second type of operation is the American Community Survey (ACS) which remains an ongoing task of the Bureau. This survey collects data about how people live.
 - The ACS is mailed to over 3 million U.S. residents annually.
 - The Bureau's goal is to survey each U.S. resident every seven years, thus providing current profiles about local communities.
 - c. Data from the ACS is available to the public through the American FactFinder database <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.
 - d. While FactFinder is a very comprehensive tool, another simple online tool to explore census data with is found at www.usa.com.
 - Both tools are important for risk-reduction practitioners because they allow for exploration of demographic data for the overall community by census tracts.

- e. Census tracts are defined, geographical areas within a city, town, county, or village. Each tract carries a numerical identification.

LOCATING DATA (cont'd)

- Analyzing problem- and people-related data by census tract represents one of the most accurate ways to build a comprehensive community profile/risk assessment.

Slide 3-28

- f. Analyzing problem- and people-related data by census tract represents one of the most accurate ways to build a comprehensive community profile/risk assessment.
- g. The population included in a census tract is between 1,200 and 8,000 people, with an optimum size of about 4,000. The geographic size of a census tract is driven by the number of people living there.
- h. Census block groups are subsets of census tracts and include between 600 and 3,000 people.
- i. Census blocks are subsets of block groups and include between 0 and 600 people.
- j. The benefit of understanding how to explore data from census tracts, census block groups and census blocks is that it allows the researcher to build a demographical profile of smaller geographical areas in a community.
- k. This becomes very important when doing station-based risk assessment.

LOCATING DATA (cont'd)

- Reasons for exploring local data sources:
 - Demographics can change quickly.
 - Some people choose not to participate in census.
 - Identify the locations and profiles of high risk and emerging populations.

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2. Reasons for exploring multiple local-data sources.

- a. Since demographics can change quickly in growing and changing communities, an examination of other local data sources is essential.
- b. While census data is the most formal source of demographic information published by the Census Bureau, remember that it may not capture the presence of populations that choose (for whatever reason) not to participate in census data collection.

3. Local universities, schools, hospitals, businesses and even the public library can be great partners to teach the company officer how to obtain data pertinent to the local community.

LOCATING DATA (cont'd)

- Planning Department.
- Community Emergency Response Team (CERT) members.
- Senior and social service agencies.
- Law enforcement agencies.
- Faith-based groups.
- Neighborhood associations.
- Economic development.
- Community advocates.
- Utility agencies or companies.



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4. Additional sources of valid demographic information on the local community may include:

- a. City and county planning departments.

SERVICE AREA RISK ASSESSMENT

- b. Community Emergency Response Team (CERT) members.
- c. Senior and social service agencies.
 - Department of Social Services.
 - Commission on Aging.
 - Housing Authority.
 - Community Action Council.
- d. Law enforcement agencies.
- e. Faith-based groups.
- f. Economic development director.
 - Office of community development.
 - Chamber of Commerce.
- g. Community advocates.
 - Advocacy groups.
 - Neighborhood associations.
- h. Utility agencies or companies.

What is something new you learned about the demographics in your service area while doing the pre-course assignment?



Slide 3-31

LOCATING DATA (cont'd)

- Did you encounter any challenges trying to obtain people-related data?
- If so, what were they?

Slide 3-32

LOCATING DATA (cont'd)

- Gather and use anecdotal data.
 - A collection of data that people tell you about a specific topic.
 - Face-to-face communication.
 - Neighborhood level.
 - Residents know the “real” neighborhood.
 - Effective at reaching the “hard to reach” populations.



Slide 3-33

- D. Use anecdotal data to support the risk assessment.
1. Anecdotal information is a collection of data that people tell you about a specific topic.
 2. Anecdotal information is collected through face-to-face contact with people.
 3. Anecdotal information can be obtained at the neighborhood level.
 - a. Local neighborhood-based collaboration is the gateway to reaching populations that historically have been the hardest to reach.
 - b. Getting out into the community to explore neighborhoods and talking to people is one of the most effective ways to gather anecdotal information.

4. The emergency providers who protect the neighborhood are among the most trusted by those who live and work there.
5. Residents and those who work in the neighborhood are likely sources of knowledge about the “real” composition of the neighborhood.
6. This type of strategy is especially effective at locating hidden, hard to reach, and potentially underserved populations.

What are examples of anecdotal information that could be collected to support a community risk assessment?



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LOCATING DATA (cont'd)

- How have you utilized anecdotal information collected at the neighborhood level to assist in your risk assessment efforts?

Slide 3-35

LOCATING DATA (cont'd)

- Hidden populations.
 - People whose presence, demographic information, risk factors, and other information does not appear in data sources.
 - May have not been considered in service delivery.



Slide 3-36

- E. Identify hidden, previously inaccessible, underserved, and emerging populations.
1. “Hidden populations” refers to groups of people whose presence, demographic information, risk factors, and other information does not appear in data sources and/or has not been considered in service delivery.
 - a. Populations may be “hidden” because members of the group do not want to be discovered.
 - b. Example: People without legal immigration status, adults with literacy challenges, older adults worried about losing independent living status, etc.
 - c. These groups might also be invisible in databases and unknown to organizations because improper assessment tools were used.
 - d. Example: Limited literacy among a Spanish-speaking population may go unidentified because assessment tools identify only preference of **spoken** language.

What “hidden” populations are present in your service area?



Slide 3-37

LOCATING DATA (cont'd)

- Previously inaccessible populations.
 - Recently discovered to exist or with whom opportunities for engagement have recently become possible.



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2. “Previously inaccessible” refers to populations that were recently discovered to exist or with whom opportunities for engagement have recently become possible.

Example: Services to people without American citizenship were forbidden under one funding source but were allowed under a new funding source.

What “previously inaccessible” populations are present in your service area?



Slide 3-39

LOCATING DATA (cont'd)

- Potentially underserved populations.
 - Groups that are receiving less than the standard quantity or quality of service offered by an organization.



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3. “Underserved populations” refers to groups that are receiving less than the standard quantity or quality of service offered by an organization.
 - a. This is often the result of a lack of cultural and linguistic appropriateness of programs and services.
 - b. Example: A community where 30 percent of the population’s first language is not English and only 5 percent of a program’s participants speak English as a second language.

What “potentially underserved” populations are present in your service area?



Slide 3-41

LOCATING DATA (cont'd)

- Emerging populations.
 - Groups of people that are new to a community.



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4. “Emerging populations” are groups of people that are new to a community.
 - a. These groups’ risk factors, cultural backgrounds, and other information are not available, and/or there is not a historical precedent for working with these groups in the targeted community.
 - b. Example: A group of Somalis recruited to work in a community where no significant Somali population existed previously is an “emerging population.”

What “emerging” populations are present in your service area?



Slide 3-43

LOCATING DATA (cont'd)

- Other specialized populations:
 - Older adults with no support.
 - People with disabilities.
 - Working poor.
 - Language barriers.
 - Those who refuse services.

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5. Other examples of potentially hidden, previously inaccessible, underserved, and emerging populations may include:
 - a. Older adults with no family or those who have isolated themselves in fear of losing independence.
 - b. People with disabilities.
 - c. Working poor who make too much income to qualify for public assistance.
 - d. Families that speak no or limited English.
 - e. Those who refuse services.
 - Cultures that may choose to isolate themselves.

- People and families who (for whatever reason) do not wish to raise the attention of public officials or be included in community demographic data.
- Groups that, due to cultural or religious reasons, may have refused local community services.
- People and families who may not feel welcome in a specific area or among certain populations.

LOCATING DATA (cont'd)

- Why are these specialized populations at higher risk?
- How are you handling this situation?

Slide 3-45

LOCATING DATA (cont'd)

- Risk factors:
 - Lack of resources and support systems.
 - Low income or poverty conditions.
 - Mobility constraints (disabled).
 - Isolation from other people and/or services.

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6. Potential risk factors of hidden, previously inaccessible, underserved, and emerging populations may include:
 - a. Lack of resources and support systems.
 - b. Low income or poverty conditions.
 - c. Mobility constraints (disabled).

d. Isolation from other people and/or services.

LOCATING DATA (cont'd)

- Physical distance from support services.
- Language/Information sharing barriers.
- Lack of information/knowledge about safety.
- Lack of knowledge about existing safety products/services.
- Social isolation.

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- e. Physical distance from support services.
 - f. Language/Information sharing barriers.
 - g. Lack of information/knowledge about safety.
 - h. Lack of knowledge about existing safety products/services.
 - i. Social isolation.
7. It may be easy to overlook a group that could be underrepresented or statistically absent from official demographic profiles.
 8. Agencies must be constantly assessing demographic data (both official and unofficial sources) to analyze potential trends in populations.
 9. Anecdotal evidence (getting out in the community) may be the most accurate and powerful data.

IV. PUTTING THE DATA TOGETHER

PUTTING THE DATA TOGETHER

- Compare problem- and people-related data.
- Have an adequate amount of data (years).
- Include station resources, such as log books.
- Personal observations.

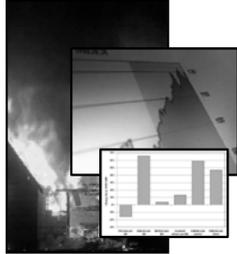
Slide 3-48

- A. The next step in the risk-assessment process is to compare the problem- and people-related data.
- B. Recall that it may be challenging for stations to conduct risk assessments because of small samples and limited data for their service area.
- C. In these cases, data from the larger community can be used as a basis for risk assessment, in combination with company observations of local people and problems.
- D. Station personnel have other sources of data and information that will help determine risk issues within the service area and the demographics of those at highest risk.
- E. A station log book or journal is a good first step as a data collection method to track local activity, in addition to what is entered into the department's incident reporting system.
 - 1. The log book can show activity that is not incident-related, as well as details that the incident reporting system does not collect.
 - 2. Coupled with company members' memories of events and patterns, log book information can form the foundation for a service area risk assessment.
- F. Personal observations of station personnel are extremely valuable.
 - 1. Such observations provide information about the people and risks present in the service area.

2. These observations may be tied to incident report data to provide statistical value, or they may be used simply to confirm or disprove what other sources of information are saying about the area.
3. MOs and firefighters can be conducting risk assessments as they:
 - a. Drive through neighborhoods while returning from calls or other assignments to conduct a “windshield” survey.
 - b. Attend school-based programs and discuss the composition of the community with school staff.
 - c. Provide fire station tours.
 - d. Perform pre-incident planning.
 - e. Park the rigs, get out, and explore the neighborhoods they serve.

PUTTING THE DATA TOGETHER
(cont'd)

- Identifying trends.
 - A trend is a general direction in which something is developing or changing.
 - They may show up as simple patterns.



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- G. Identifying trends in local data.
1. A trend is a general direction in which something is developing or changing.
 2. Trends may also show up as simple patterns.
 3. It is possible to perform an analysis of report data, even if your department has no data specialist.
 4. It is not difficult to spot basic trends when comparing incident reports, log book information, and company personnel’s observations and knowledge of the service area.

PUTTING THE DATA TOGETHER
(cont'd)

- Trend analysis.
 - Perform your own analysis of report data.
 - Spot basic trends when comparing:
 - Incident reports.
 - Log book information.
 - Personnel observations.
 - Knowledge of the service area.



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5. Every reporting system has the means to single out specific call types, as well as calls answered by specific stations or companies.
 - a. The reports can usually be based on a certain call type or on all call types within a certain time frame.
 - b. Trends can be used to help quantify the risk issues within the service area.

PUTTING THE DATA TOGETHER
(cont'd)

- Every reporting system has the means to identify:
 - Specific call types.
 - Calls from specific stations.
 - Calls within a specific time frame.
 - Trends quantify risk issues.
- With trends identified, formulate plans to address the problems.



Slide 3-51

6. With trends identified, plans can be formulated to address the risks they represent.

PUTTING THE DATA TOGETHER
(cont'd)

- Your analysis shows a very large number of stove-top cooking fires between 3-5 p.m. on weekdays.
- Most attributed to unsupervised children in low-income neighborhoods.
- Correlation between end of school day and poor cooking safety knowledge.



Slide 3-52

Example:

- a. While cooking fires are common in the overall community, service area data analysis shows that your service area has a very large number of stove-top cooking fires between 3-5 p.m. on weekdays.
 - b. Further investigation (based on member recollection and demographic data) reveals that most of these fires can be attributed to unsupervised children in low-income neighborhoods.
 - c. There is a strong correlation involving the end of the school day (kids arrive home while parent/guardian is still at work) and poor cooking safety knowledge.
7. You have identified a trend and now have enough information to begin developing a plan to address it.

What other sources are available to provide information about the risk issues in your service area?



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PUTTING THE DATA TOGETHER
(cont'd)

- Explore the American Red Cross Fire Risk Mapping Tool.

www.homefirepreparedness.org

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PUTTING THE DATA TOGETHER
(cont'd)

- Capitalize on the interests and skills of your members.
 - Find a data person to be assigned to find and process data.
 - Find the best person to begin developing community relationships.



Slide 3-55

- H. Capitalize on the interests and skills of your members to engage them in the risk-assessment process.
 1. Someone in your own company with a flair for numbers, or an interest in computers, could be assigned to find and process existing hard data (such as census tract information).
 2. Another company member, perhaps one who grew up in the focus neighborhood, might be the best person to begin developing community relationships.

PUTTING THE DATA TOGETHER
(cont'd)

- Get out in your community.
 - Spend time at local gathering places: stores, playgrounds, restaurants.
 - Pay attention to changing neighborhoods, businesses, industries, etc.
 - Know your territory.



Slide 3-56

3. Get out in your community.
 - a. Spend time at local gathering places, such as stores, playgrounds and restaurants.
 - b. Pay attention to changing neighborhoods, businesses, industries, etc.
 - c. Know your territory.
4. Identify high-risk populations, especially those statistically prone to fire death, as previously discussed.
5. Use incident reports to look for correlations between the presence of high-risk groups and the occurrence of certain call types.
6. Comparing a demographic profile and incident data with national trends may help frame the problem.

For example, ask yourself the following:

- a. Is our rate of this incident type lower than the national rate?
 - b. Are we being less effective by choosing a particular problem for intervention, even when it appears to be a low priority nationally?
7. As the process of identifying areas with a prevalence of certain high-risk groups unfolds:
 - a. You and your company members will see immediate benefits from an enhanced understanding of the neighborhoods served.

- b. There are benefits to the process of engaging with the community, as well as the results of that process in regard to risk-reduction activities.
- 8. When your risk assessment research is combined with an increased presence in the neighborhoods, everybody wins.
 - a. Station personnel will learn a great deal more about not only the people they serve, but also about inherent risks that may exist within occupancies and areas not otherwise frequented by the fire department.
 - b. In both of the above actions, you are establishing personal relationships with the individuals in the service area.

V. ESTABLISHING RISK-REDUCTION PRIORITIES

ESTABLISH PRIORITIES

- Frequency of incidents.
 - Are incidents rising, falling or steady?
 - Where and when are incidents occurring?
 - Who is being impacted?
 - Injuries, loss of life and property.
 - Economic impact and quality of life.

Slide 3-57

- A. Key indicators that should be explored when seeking to prioritize a risk:
 - 1. How often incidents occur (frequency).
 - 2. If the occurrences of incidents are rising or falling.
 - 3. Where the incidents occur (geographic distribution).
 - 4. Who the incidents affect.
 - 5. When incidents occur (time, day, month).
 - 6. Physical threats from risk (injury, loss of life) to civilians and emergency service staff.

7. Economic impact of incidents (expense to community and emergency services).
8. Impact on the overall quality of life of citizens.

ESTABLISH PRIORITIES
(cont'd)

- Contrast risks with people-related information.
 - Who is being affected?
 - Who may be at higher risk?
 - Where are people being affected?
 - Who is causing risk?

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- B. Contrasting the most serious risks with people-related information should create a profile of the following:
1. Identification of who is being affected by leading risks (explore all populations).
 2. Identification of populations that may be at higher risk from a specific type of incident.
 3. Identification of populations that may be at higher risk due to specific circumstances.
 4. Locations where people are being affected by risks.
 5. Exploration of who (if the risk is man-made) or what is causing the risk.
 6. Examination of factors that are causing people to place themselves at risk from specifically targeted incidents.
- C. The MO must recognize that there may be too many risk issues to address in his or her service area given available time and resources.

ESTABLISH PRIORITIES
(cont'd)

- Assess the list of risks according to practicality.
 - What is the feasibility of action?
 - Re-examine each risk.
 - Immediate attention.
 - No action at all.
 - Consider time, resources and energy.

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1. Assess the list of risks according to practicality.
 - a. What is the feasibility of action?
 - b. Re-examine each risk.
 - Immediate attention.
 - No action at all.

2. Consider time, resources and energy.

Examination of resources will allow for logical determinations to be made about the risks that should be addressed and which to temporarily set aside.

ESTABLISH PRIORITIES
(cont'd)

- A spectacular loss may capture attention, but the root cause is very rare.
- A more mundane risk may pose a much greater likelihood of injury or death to your citizens.
- Thus, the more mundane risk should be prioritized much higher for a more successful reduction in the risk to the target population.

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- D. Mundane versus spectacular events.

1. A recent, spectacular loss may have captured everyone's attention, but the root cause may be a very rare situation.
 2. A more mundane risk may pose a much greater ongoing likelihood of injury or death to the citizens.
 3. Thus, the more mundane risk should be prioritized much higher because it is likely to produce a more successful reduction in the risk to the target population.
 - a. Example 1:
 - A small cargo plane crashes into an apartment complex, resulting in a spectacular fire and multiple fatalities. The media devotes inordinate amounts of airtime and energy to the incident. As a result, the community wants to know what responders are doing to prepare for "the next one."
 - The facts are that this is the first such incident in your area, which is not on a regular flight path.
 - b. Example 2:
 - An aging woman dies in an otherwise unremarkable room-and-contents fire in a sprinkler-equipped apartment. The cause is determined to be a smoker's carelessness coupled with medical oxygen use. There was virtually no media attention paid to this incident and its predecessors, making it appear rather mundane.
 - Your incident report records indicate that there have been several similar fatalities spread out over the last decade. Based on the response history, widespread use of home oxygen, and widespread smoking in this demographic, this type of incident seems quite likely to occur again.
- E. Once you have prioritized your list of risks with regard to probability of occurrence and seriousness of impact, assess the list with regard to practicality.
1. In other words, you are introducing a new parameter (feasibility for action by us) to the process.
 2. You will need to re-examine each risk identified, starting from the top, in order to determine which ones should get your most immediate attention.

3. Consideration of your available time, resources and energy will play a part in making these determinations.

VI. DEVELOPING A PROBLEM STATEMENT AND GOAL

DEVELOP A PROBLEM STATEMENT

- Clear and concise problem statement.
- Provides rationale of why the need to address.
- Promotes ownership of risk.
- Identifies one risk.
- No more than two sentences.
- Does not offer solution.

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- A. A well-defined problem is a problem half-solved.
- B. The results of a good community risk assessment will create a foundation for writing a problem statement.
- C. Prior to writing the statement, one should consider:
 1. Who is affected by the risk?
 2. What is the risk?
 3. When is the risk occurring?
 4. Where is the risk occurring?
 5. Why is it important to eliminate or mitigate the risk?
- D. A clear and concise problem statement provides the rationale for why the selected risk should be addressed.
- E. It also promotes ownership of the risk, which can be utilized to create a sense of urgency to take action.
- F. A problem statement is usually no more than one or two sentences.

G. Guidelines for creating a problem statement:

1. Should identify one risk only.
2. Be no more than two sentences.

DEVELOP A PROBLEM STATEMENT (cont'd)

- The problem is that unattended cooking in low-income rental properties is the leading cause of residential structure fires in the response area of Station 25.
- The problem is falls in the homes of older adults represents the fastest rising type of injury that Station 25's EMS responds to.

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3. Should not offer a solution for prevention or mitigation of the risk.

Examples of problem statements:

- a. The problem is that unattended cooking in low-income rental properties is the leading cause of residential structure fires in the response area of Station 25.
- b. The problem is falls in the homes of older adults represents the fastest rising type of injury that Station 25's Emergency Medical Services (EMS) responds to.

DEVELOP A GOAL

- Broad and general statement of desired change.
- Does not include a unit of measurement.

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H. Develop goal.

1. A broad statement showing what is to be accomplished.
2. No units of measurement should appear in the goal.

DEVELOP A GOAL (cont'd)

- To reduce the number of ground level falls in Station 25's EMS area within the homes of older adults who own their home and live there independently.

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Example: The goal is to reduce the occurrence of falls in the homes of older adults in Station 25's response area.

GRADED ASSIGNMENT 2

Prioritizing Risk in the Service Area

Purpose

To prioritize a community risk that needs addressed in your home service area.

Directions

1. This assignment is worth 100 points toward the final grade.
2. Use data from the pre-course assignment, and what has been distributed in class, as you respond to the following directives:
 - a. Consider three of the risks you identified as part of your pre-course assignment that you believe are potentially worthy of addressing in your service area.
 - b. Write a description of each risk. The descriptions should be at least a paragraph in length. You must include the data, experience and/or notions that led you to consider this risk.
 - c. Next, select one risk that will be your focus for the rest of the course.
 - d. Justify **why** the risk is worthy of addressing by estimating what the risk you have prioritized may be costing your local constituents in terms of human, economic and social costs. Also consider your ability to impact the risk issue at the station/neighborhood level.
 - e. Identify the populations that are (or could be) impacted the greatest by the risk.
 - f. Develop a problem statement and goal for the selected risk.

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VII. IDENTIFY STAKEHOLDERS AND CREATE COMMUNITY PARTNERS

ENGAGING COMMUNITY PARTNERS

- Community partnerships are like mutual aid for risk reduction.
 - Successful risk-reduction efforts require community partnerships.
 - Developing and implementing involves those who are affected by the risk issue and those already working on reducing the risk.

Slide 3-66

- A. Community partnerships are like mutual aid for risk reduction.
 - 1. Just as most service areas need mutual aid for firefighting operations, successful risk-reduction efforts require local partnerships.
 - 2. Developing and implementing the risk-reduction plan should involve those who are affected by the risk issue, as well as those who are already working with the affected population.

- B. Engaging the community.
 - 1. Target population: Those directly affected by or contributing to the problem.
 - 2. Stakeholder: People or groups who have an interest in risk reduction and may be affected by the program.
 - 3. Partners: Those that can assist with the risk-reduction plan with resources. May include stakeholders and target population.
 - 4. Engaging the target population, stakeholders and partners as a part of the risk-reduction process is key to the success of your plan.

ENGAGING COMMUNITY PARTNERS (cont'd)

- Who are partners and what can they do?
 - Help with implementation.
 - Provide resources.
 - Share goals.



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C. Who are partners, and what can they do?

1. Those than can help with the implementation of your plan.
2. Can provide services, goods, or money.
3. May be able to supply volunteers, interpreters, translators, or other specialized assistance.
4. May include members of the target population or stakeholder groups, but not necessarily.
5. Partnerships provide any organization another method to provide a service jointly to increase efficiency.
6. Might share common goals.
7. Partnerships can vary at the station level, not just at a departmental level (based on their level of involvement).
8. Partnerships may require coordination with staff, educator, etc.

What are the benefits of partnerships?



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BENEFITS OF PARTNERSHIPS

- Increases impact in the community between people and businesses.
- Able to reach and deliver more in the community.
- Partnerships attract more funding.
- Produces innovation with new and more effective ways to provide a program.



Slide 3-72

D. Benefits of partnerships.

1. Increases impact in the community between people and businesses.
2. Able to reach and deliver more in the community with partnerships.
3. Attracts more funding when partnerships have been created.
4. Produces innovation with new and more effective ways to provide a program.

BENEFITS OF PARTNERSHIPS (cont'd)

- Brings new perspectives to the organizations.
- Complements strengths of the organization's resources.
- Provides more flexibility in a team atmosphere.
- Ability to pool resources and share costs.

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5. Brings new perspectives to the organizations.
6. Complements strengths of the organization's resources.
7. Provides more flexibility in a team atmosphere.
8. Ability to pool resources and share costs.

E. Identification of community partners.

ENGAGING COMMUNITY PARTNERS

- Groups already providing services in the area.
- Members who are affected by the risk.
- Community service and advocacy groups.



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1. Groups who are already providing services in the service area or addressing this risk.
2. Members of the service area who are affected by the risk.
3. Community service and advocacy groups.

COMMUNITY PARTNERSHIPS

- Groups can provide needed resources:
 - Knowledge.
 - In-kind support.
 - Political support.
 - Financial support.
 - Marketing.



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4. Groups can help provide needed resources for the risk-reduction effort.
 - a. Knowledge.
 - b. In-kind support.
 - c. Political support.
 - d. Financial support.
 - e. Marketing.

What makes a good partner?



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F. What makes a good partner?

WHAT MAKES A GOOD PARTNER

- Someone who:
 - Wants the partnership to succeed.
 - Looks for win-win solutions.
 - Open and clear about own goals.
 - Listens and responds to other views.
 - Is prepared to trust.
 - Has integrity and is consistent.



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Someone who:

1. Wants the partnership to succeed.
2. Looks for win-win solutions.
3. Is open and clear about his or her own goals.
4. Listens well and responds to other views.
5. Is prepared to trust.
6. Has integrity and is consistent.

WHAT MAKES A GOOD PARTNER (cont'd)

- Someone who:
 - Completes tasks consistently.
 - Is respectful to others.
 - Does not ignore problems.
 - Is flexible and remains focused.
 - Understands how and why partners depend on each other.
 - Leads peers and fellow employees.



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7. Completes tasks on a consistent basis and is responsible.
8. Is respectful to others and what they may contribute.

9. Does not ignore problems.
10. Is flexible and still remains focused.
11. Understands how and why partners depend on each other.
12. Leads peers and fellow employees to support collaboration.

VIII. DEVELOPING COMMUNITY PARTNERSHIPS

DEVELOPING COMMUNITY PARTNERSHIPS

- Steps to make contact with community partners for target populations:
 - Know the demographics of the community.
 - Identify potential community partners.
 - Develop specific community partners.
 - Ask the six questions.
 - Learn more.

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- A. Though it is important to become more culturally competent yourself, it is also important to foster community partnerships so they can help you understand the risk issues at hand and how to address them effectively.
- B. Though every situation is different, here are some steps you could take to make contact with community partners for different target populations:
 1. Know the demographics of the community.
 2. Identify potential community partners.
 3. Develop specific community partners.
 4. Learn more.
- C. Know the demographics of your community.
 1. The demographics may be self-apparent, like older adults or children with special needs.

2. If you plan to target a migrant population, use a web-based tool like USA.com to cross check the impression you have from having boots on the ground. The size of the population may surprise you.
3. The best community partners may not be the most obvious or the most eager. Sometimes people may have alternative motivation to be involved, especially if you come with some funding. The benefit of identifying several potential partners is that you do not get “boxed” into using one if they turn out to be a poor partner.

**IDENTIFY POTENTIAL
COMMUNITY PARTNERS**

- Once you know your target population:
 - Generate a list of three to five potential community partners.
 - Use your own contacts, networking, web searches.
 - Potential partners may include:
 - Religious leaders.
 - Political leaders.
 - School administrators or teachers.
 - Advocacy groups.
 - Others affiliated with community organizations.

Slide 3-80

- D. Identify potential community partners.
1. Once you know your target population, generate a list of three to five potential community partners.
 2. This list could be a combination of people you already know, as well as new contacts you find through networking or web searches.
 3. Potential community partners could include:
 - a. Religious leaders.
 - b. Political leaders.
 - c. School administrators or teachers.
 - d. People affiliated with sports programs.
 - e. Community advocacy groups.
 - f. Organizations that provide services to the target group.

g. Local businesses.

E. Develop specific community partners.

In some areas, there are non-profits that specialize in connecting community partners. Typically **foundations** are a great liaison for connecting community partners. For example, the Oralea Foundation in Santa Barbara: <http://www.orfaleafoundation.org/partnering-impact/collective-impact-initiatives/aware-prepare>.

Demonstration:
Researching
Potential
Community
Partners
[demo website link]

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ASK THE SIX QUESTIONS

- Am I meeting with the right people?
- Am I offending anyone?
- Am I meeting at the right time and place?
- Am I meeting in the right way?
- Is our communication clear?
- What information am I missing, and where can I find it?

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F. Ask these six questions.

Much of cultural competence is the process of learning what you don't know and figuring out how to find the missing information. Six basic questions should be present throughout the risk-reduction process with a community partner:

1. Am I meeting with the right people?

2. Am I offending anyone?
3. Am I meeting at the right time and place?
4. Am I meeting in the right way?
5. Is our communication clear?
6. What information am I missing, and where can I find it?

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ACTIVITY 3.2

Developing Community Partnerships

Purpose

To consider potential stakeholders and community partners to collaborate with on a specific, local risk issue.

Directions

1. You will consider the priority, local risk that you are focusing on for the remainder of the course, and respond to the following directions:

- a. Identify who your target population(s) will be for risk reduction. It should be those directly affected by or contributing to the problem you want to address.
- b. Identify at least three stakeholders (in addition to your target groups) that should be consulted as part of the planning process to address the risk you have selected.

These should be people or groups who have an interest in risk reduction and may be affected by any programs you develop. Examples could be your fire department staff, landlords, property management companies, etc.

Explain why you would involve these stakeholders in the risk-reduction planning process, and how you would go about engaging them to help.

- c. Identify at least three partners (people or groups) that might be able to assist you with developing a risk-reduction program or providing key supportive resources.

These partners would be those who could possibly provide in-kind, political, financial or marketing support.

Explain why you would involve these partners, and how you would go about engaging them to help.

2. Forty-five minutes are allotted for this activity.

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IX. GROUND RULES FOR PARTNERSHIPS

GROUND RULES FOR PARTNERSHIPS

- Focus on the value added because of the partnership.
- Don't surprise partners with something that may endanger the relationship.
- Address issues quickly and constructively when they arise.
- Offer support to each other when needed.

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- A. Ground rules provide the guidelines that can be used between the partners that help improve the relationship.
1. Focus on the value added because of the partnership.
 2. Don't surprise partners with something that may endanger the relationship.
 3. Address issues quickly and constructively when they arise.
 4. Offer support to each other when needed.

GROUND RULES FOR PARTNERSHIPS (cont'd)

- Follow decisions made by the partnership.
- Share information and be open.
- Always continue learning.
- Train together to build shared knowledge and improve skills.



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5. Follow decisions made by the partnership.
6. Good communications is a must — always share information and be open.

7. Always continue learning — train together to build shared knowledge and improve skills.

PARTNERSHIP RESPONSIBILITIES

- Roles and responsibilities should be clarified to determine:
 - Who is responsible for risk reduction (don't duplicate efforts).
 - If we share responsibilities.
 - If one partner carries out more responsibilities than another.
 - What action is needed, by whom, and when.

Slide 3-86

B. Partnership responsibilities.

1. Determine who is responsible for risk reduction (don't duplicate efforts, but support). There often needs to be a lead team for projects, and then others will follow.
 - a. If we share responsibilities.
 - b. If one partner carries out more responsibilities than another.
2. What action is needed, by whom, and when. Be specific, and provide team members with documentation spelling out those duties.

PARTNERSHIP AGREEMENTS

- Develop agreements to improve relationships.
 - Document what is intended.
 - Manage resources.
 - Work through conflicts.
- Keeping partnerships on the right track avoids conflict.



Slide 3-87

3. Develop agreements to improve relationships.

- a. Document what is intended.
 - b. Manage resources.
 - c. Work through conflicts.
 - d. Keep partnerships on the right track to avoid conflict.
4. Establish reasonable deadlines, and don't let your partners down by not meeting those deadlines.

Does your department or local government have a policy regarding partnerships?



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ENDING PARTNERSHIPS

- Reasons for ending partnerships:
 - Not accomplishing anything.
 - The need has ended, and the work is finished.
 - The roles and responsibilities may change over time.
- If the work has been finished:
 - Celebrate the achievements.
 - Determine what has been learned.
 - Recognize what people have done.

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5. Reasons for ending partnerships:
- a. Not accomplishing anything.
 - b. The need has ended, and the work is finished.
 - c. The roles and responsibilities may change over time.

6. Sharing of the success. Celebrate milestones together. Everyone is important, and everyone takes credit.
- C. Benefits of involving the community.
1. The problems become community problems versus fire department problems.
 2. Partnerships are established, so the community as a whole is involved.
 3. Enables more minds, bodies and resources to tackle the problem.
 4. Shares the task of targeting the problem, developing a plan, and implementing the solutions.
 5. More productive in terms of creativity, credibility, visibility and overall effectiveness.
 6. The most successful risk-reduction efforts are those that involve the community in the planning and solution process.
 7. As in fire suppression, large fires require mutual aid; the same strategy should be applied to community risk-reduction programs.
- D. Involving the community.
1. The community can be invited to assist after the community profile and problem identification are completed, or the community can be invited to assist in determining what problems should be addressed.
 2. Involving the community early on avoids programs being developed and “dropped” into a community with little attempt to understand the political, cultural and economic environment.
- E. Nothing for us without us.
1. Community support is essential to successful programs.
 2. Meeting with community groups and individuals, and explaining that the program cannot succeed without their participation and involvement at all phases, is also essential.
 3. A broad-based group of community agencies and members can be invited to help identify areas of concern.

4. Look for stakeholders who have the following characteristics: wisdom, wealth and workers.
5. They can assist in prioritizing community problems.
6. Involving the community gives it a stake in the solution.

X. SUMMARY



SUMMARY

- Risk assessment is a key starting point.
- Explore problem- and people-related data.
- Analyze adequate amount of data.
- Prioritize risk, and identify target populations.
- Develop a problem statement.

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EVENING READING ASSIGNMENT

“Engaging Firefighters in Community Risk Reduction”

Purpose

To discuss using firefighters in community risk reduction and examining attitudes towards fire prevention.

Directions

1. Download and read “Engaging Firefighters in Community Risk Reduction” at <http://www.firefighternation.com/article/fire-prevention-and-education/engaging-firefighters-community-risk-reduction> and read “Line Firefighters Attitudes Towards Fire Prevention” by Jim Crawford in the appendix of this unit.
2. Be prepared to discuss the following questions during class:
 - a. What is the importance of embracing both suppression and prevention in regard to community support?
 - b. What is the importance of creating organizational (i.e., fire service) partnerships in encouraging firefighters to embrace risk reduction and prevention in the community?
 - c. Crawford refers to risk-reduction efforts becoming “institutionalized” in departments that “get it.” What does this mean, “get it”? And “institutionalized”?
 - d. Is your department a “get it” department or a “stealth fire department”? What can you, as the MO, do to promote risk reduction as a value in your station or department?

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APPENDIX

EVENING READING ASSIGNMENT: “LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION”

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LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

September 2015



Vision 20/20

Institution of Fire Engineers-USA Branch

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

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LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

This report was done under a DHS Fire Prevention and Safety Grant awarded to the Institution of Fire Engineers-US Branch, Vision 20/20 Project.

It was prepared by TriData.

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Executive Summary

A short survey of 650 mostly line firefighters found surprisingly positive attitudes toward having their departments do more prevention, and engaging in home safety visits themselves. Key reasons given for making home visits included better public relations and giving the community more value for its fire service. These reasons ranked even higher than the more obvious reason of reducing civilian casualties. And reducing risk to firefighters was given almost as high a rating for undertaking home safety visits as was reducing civilian casualties. All of these reasons should be touted when trying to “sell” fire departments and individual firefighters on undertaking home safety visits as part of a more comprehensive community risk reduction program.

The leading reasons given for not undertaking home visits were lack of time, and concern about liability. Other high-ranking reasons were lack of training for visits, concern about government intrusion into the home, and concern about personal injury during the visits. These concerns all can be overcome relatively easily.

Results were broken out separately for volunteers and for firefighters assigned to operations, who were the real target of the survey. It turned out that there were less than expected variations across the groups.

The survey methodology was limited, and was not random. The survey focused on attitudes toward doing home safety visits, and was short. The request to fill out the survey questionnaire on behalf of Vision 20/20 was relayed through several fire service groups and on-line lists and publications. Some fire chiefs who got the message asked their firefighters to respond. So it was part self-selected, part requested, and voluntary. The group that responded probably was somewhat biased toward prevention. It would be good to repeat this survey with closer to a true random sample, and with a few more questions. Nevertheless, the 650 respondents were mostly operations personnel from departments large and small, spread across 42 states and 177 communities. They surely represent some significant fraction of the fire service if not the majority.

Introduction

Research on fire department best practices to improve residential fire safety found that the practice leading to the largest reduction in fire deaths was home safety visits, often conducted by firefighters. During these visits, the firefighters test smoke alarms, replace faulty ones, and give one-on-one safety education.

One of the keys to a successful program is firefighter willingness to participate. In order to obtain firefighter cooperation, it was thought to be important to obtain their perceptions about whether home safety visits were or were not a good idea, and their willingness to participate in them. This was thought to be even more useful if their perceptions were viewed in the broader context of their experience in prevention, and their perceptions about prevention in general.

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

To that end, a survey was developed to determine firefighter attitudes about these issues. The survey was part of a broader effort on community risk reduction undertaken by the Vision 20/20 project of the Institution of Fire Engineers (IFE), and a parallel effort by the Washington State Association of Fire Marshals (WSAFM). Both of these efforts were funded largely by the FEMA Assistance to Firefighters Grant program (AFG).

This report summarizes the results of the national survey. It was preceded by a survey of 30 communities that had participated in home safety visit studies under previous AFG grants to IFE and WSAFM. The previous survey, of interest in itself and reported in a separate document, also served as a test of the questionnaire. The surveys were developed and analyzed for these organizations by the TriData Division of System Planning Corporation.

Survey Methodology

A link to a voluntary questionnaire was disseminated online through the auspices of several fire organizations

- Vision 20/20 email list
- FEMA Assistance to Firefighter Grants Program mailing list
- CRRNet
- EPARADE and NFLSE, two email groups focusing on life safety and code issues
- Fire Service trade media
- National Volunteer Fire Council (NVFC) on-line newsletter
- State fire associations
- Social media
- State fire marshals (some of whom passed on the survey request to their own mailing lists)

Survey participants reported the source that led them to the survey. The most frequently cited source was a Vision 20/20 email, accounting for 21% of responses. Another 10% of respondents cited their state associations as the source, and another 10% cited an AFG email distribution. CRRnet, EPARADE, National Volunteer Fire Council newsletter, the National Fire and Life Safety Educators NFLSE, and social media accounted for most of the rest.

Many fire chiefs and fire marshals forwarded the survey to their firefighters. Thus some of the respondents self-selected, and others were asked to respond. Knowing that the survey was about prevention probably biased the results toward those interested in prevention. It was not feasible within the resources and time to get a truly random sample, but, as will be discussed below, the sample obtained was large and well distributed, and consisted mostly of line firefighters not assigned to prevention, as was the survey target.

The firefighters filled out the questionnaire online, using the Survey Monkey website application that was used both to design the questionnaire and to record and analyze the results. The key questions on

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

the survey addressed the firefighters' experience in prevention, their attitudes toward prevention, and their willingness to participate in making home visits as part of Community Risk Reduction.

Respondent Profile

There were 711 firefighters who answered the first question, on how they found out about the survey. The vast majority of respondents, about 650 firefighters, went on to answer each question. About 72 respondents did not answer one or more of the additional questions.

The responding firefighters came from 177 fire departments in 42 states. Alaska had the most responses, mostly from the city of Anchorage. Alaska has often had the most fire deaths per capita among states. There were no respondents from eight states:

- Kansas
- Massachusetts
- Montana
- Nevada
- Rhode Island
- Utah
- Vermont
- West Virginia

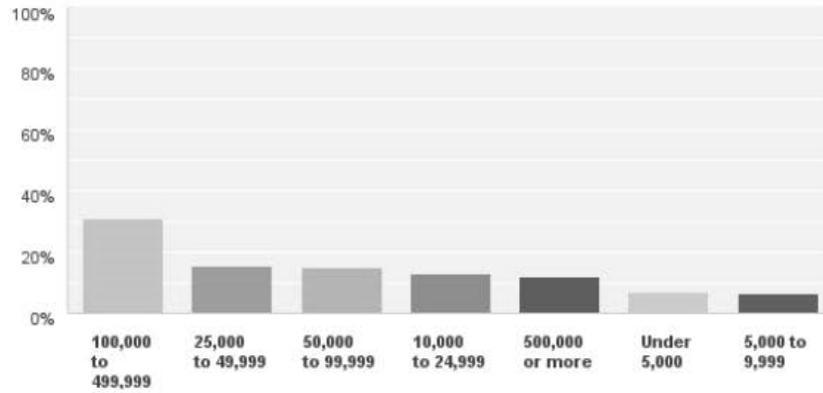
The fact that there were no responses from these states should not be interpreted as a lack of interest or activity. Since this was not a randomized survey, it could be simply that the information about the survey was not widely distributed in these states. Some other states had disproportionately low participation relative to population, notably NY. It seemed to vary by whether or not a fire chief sent the survey to their firefighters.

All population sizes were well represented, from metro cities to small towns and rural districts. About 49% of the respondents who answered questions were from all-career departments, 30% from combination departments, and 13% (89) from volunteer departments. (We analyzed the volunteers as a separate group as well as part of the total group, because of their special problems in doing prevention work on a large scale.)

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Q4 2. Approximate population served by the department

Answered: 651 Skipped: 64

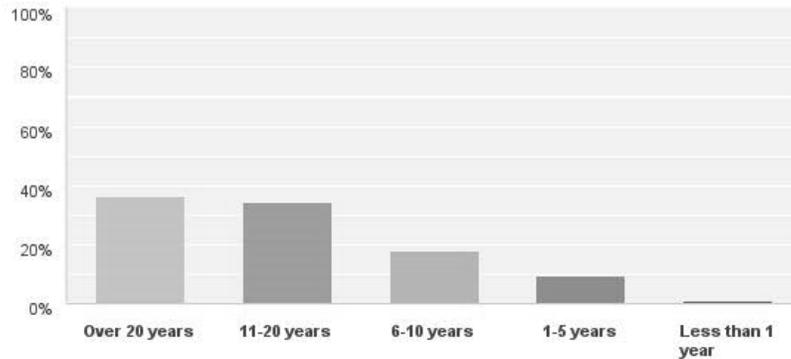


Almost half (46%) of respondents were firefighters; another 30% were officers below battalion chief; 16% were battalion chiefs or higher.

Most respondents were highly experienced (71% had more than 10 years of service), while only 1% had less than a year of experience).

Q7 5. Years in fire service

Answered: 654 Skipped: 61



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Some cities had large numbers of firefighters responding, evidently from the chief asking them to do so. Others had only one or two respondents.

About 79% said their primary assignment was operations, which was the target group. Another 6% were in management services; 4% in prevention; 1% support services; and the rest did not answer. About 5% of respondents were female.

Overall, this was a good distribution though not a pure random sample. It would be highly desirable to repeat the survey with a more random sample. Still, getting opinions from 650 firefighters spread across the nation, with most in operations, is probably not going to be too far from what we would expect from a purely random sample.

The main analysis below used all of the data from all respondents. In the Appendix, we present bar charts comparing the overall answer distribution with the subgroups of those in operations and those in volunteer department.

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

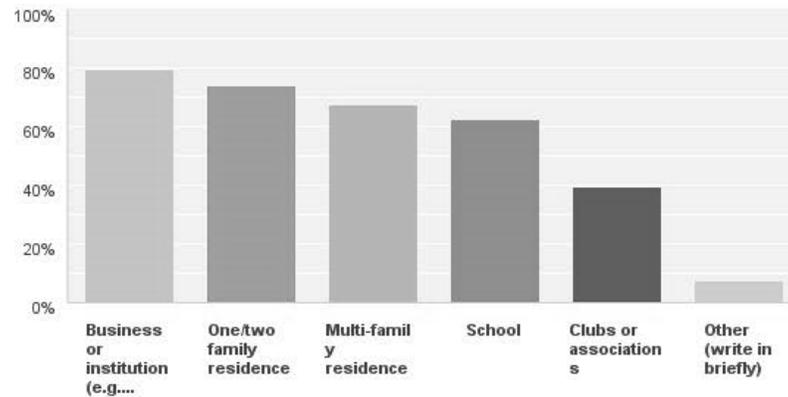
Findings

1. Participation in Inspections— 78% of the firefighters said they had participated in a fire safety inspection during their career. This seemed high and encouraging. It possibly reflected a self-selection of firefighters with above-average interest and experience in prevention, but also may reflect growing use of line firefighters for at least simple inspections.

79% also said they had inspected businesses or institutions, and a very surprising two-thirds or more said they had done inspections in the occupancy categories of single-family homes, multi-family dwellings, and schools. Many had done at least some inspections in residential and commercial occupancies. It is very encouraging that even a biased sample of line firefighters would have that broad inspection experience as part of their careers, and that the ice had been broken on making single-family dwelling visits by many. We did not ask about the frequency of the visits, nor about the nature of the inspection, which would be good details to collect on future surveys.

Q11 If Yes, what type of occupancy? (Check all that apply.)

Answered: 558 Skipped: 157



2. Participation in Public Education— Even higher than the participation in inspections was participation in public education; 88% of the firefighters said they had participated in public fire education. Of these:

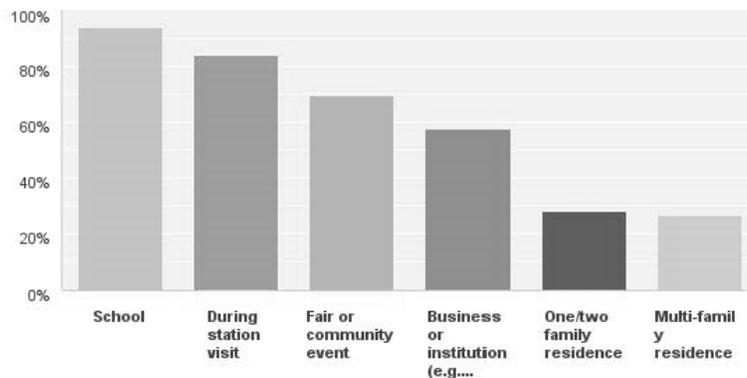
- 94% said their fire safety education experience had occurred in schools. (It is common practice for fire units to visit their neighborhood schools.)
- 84% said they had participated in fire safety education during station visits by the public. Those visits, too, are a very common practice, especially during National Fire Prevention Week.

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

- 70% said they participated in public education during fairs and community events; which is again not surprising.
- 58% said they conducted public education efforts in businesses or institutions
- 30% said they did some fire safety education in one- or two-family residences, multi-residences or both. So about a quarter of all firefighters who responded had some experience in conducting fire safety education in the home. This is a relatively low number, but also indicates that there is potential for growing the number of line firefighters involved in home safety visits.

Q13 If Yes, where? (Check all that apply.)

Answered: 627 Skipped: 88

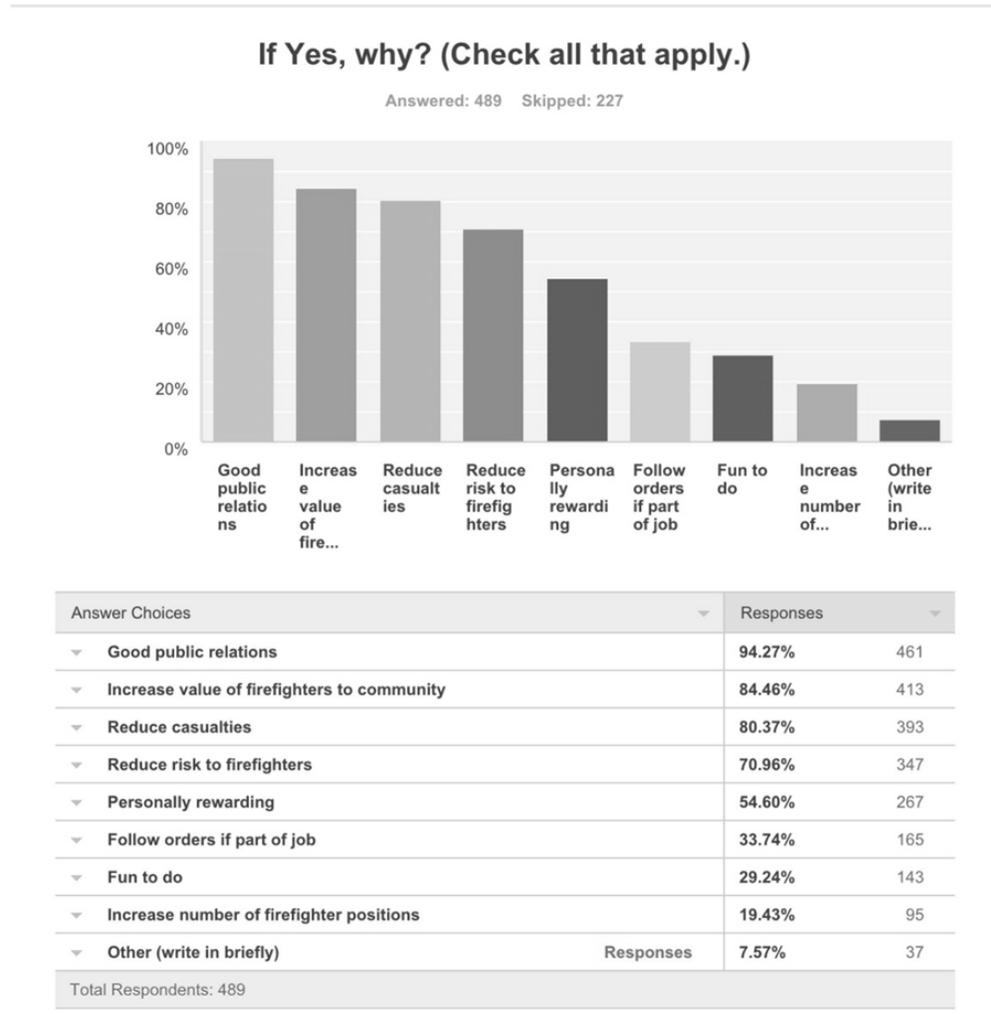


3. Views about Home Fire Safety Visits— When asked if they thought that their fire department should make home fire safety visits, 55% said ‘Yes’. And 68% of respondents indicated that they personally would be willing to participate in home fire safety visits.

It seems very important to know and apply what firefighters think are the benefits of home safety visits when promoting such visits to the fire service. It also seems very important to know why some firefighters do not want to make home visits, to see if the barriers can be overcome or are in fact based on false assumptions.

Why do home visits?— The two leading reasons given for doing home safety visits were **good public relations** and increasing the value of the fire department to the community. (Improved public relations were, in fact, a result of home visit programs in at least some of the cities that have done extensive home visits.). Other key reasons given by more than 80% of the firefighters for undertaking home visits were the **reduction of risk to the firefighter** and **reduction of risk to the public**. That is an important pairing for the fire service to appreciate: not only will you reduce civilian casualties, but also reduce the risk to yourself.

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION



More than half of respondents replied that home visits would be personally rewarding, and about one-third stated that it would be a fun activity. But about one-third (34%) of respondents said that they would participate in home visits only if they were following orders as a part of their job duties. Thus it may be necessary to make clear in work contracts that prevention activities such as home visits are to be considered part of the job, not something special.

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A significant number of respondents wrote in that conducting fire safety home visits was an opportunity to preplan houses and increase area familiarization. Examples of other reasons written in:

“It is good for the community to know the faces of its firefighters.”

“It’s better to be proactive than reactive.”

“It’s the right thing to do”

“Lead By example”

“Prevent the 911 call.”

“Opportunity for recruitment.”

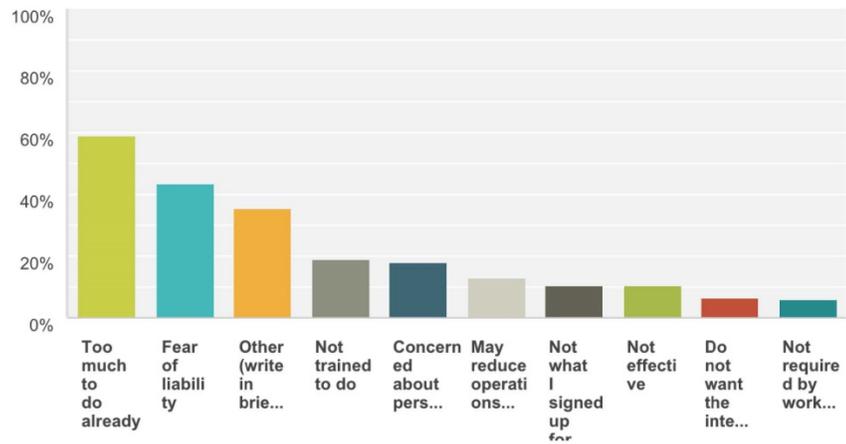
“What if the one you installed saved a life?! Awesome!”

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

3. **Why not do home visits?**— The main reason given by those who said they did not want to do home visits was **lack of time** to do them. This suggests the need for a true community risk reduction strategy that considers all of the things firefighters do, and balances priorities. Making time for home visits in a busy department may have to be achieved by reducing other tasks. The irony is that a strong home visit program that results in more working smoke alarms and better safety education may reduce calls for minor fires. In other words, home visits made in a busy department may reduce its activity.

If No or Not sure, why? (Check all that apply.)

Answered: 152 Skipped: 564



Answer Choices	Responses
Too much to do already	59.21% 90
Fear of liability	43.42% 66
Other (write in briefly)	Responses 35.53% 54
Not trained to do	19.08% 29
Concerned about personal safety	17.76% 27
May reduce operations jobs	13.16% 20
Not what I signed up for	10.53% 16
Not effective	10.53% 16
Do not want the interaction with occupants	6.58% 10
Not required by work contract	5.92% 9
Total Respondents: 152	

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Many dentists opposed fluoridation because it would reduce cavities and was bad for business. But much of the dentists' occupation shifted to plying prevention skills, and they are as busy as ever, just doing a different mix of activities to improve dental hygiene. The same may happen with firefighting.

The second leading reason given for not making home visits (43% of respondents) was concern about **liability**. Again, this is important for those promoting home visits to know. Liability is rarely an issue. Firefighters need to know that, and perhaps have some sort of insurance safety net, so they don't have to worry about liability. Liability can be further reduced in some states by having the occupant sign a waiver about any smoke alarms given to their household.

Also illuminating are the almost 20% of respondents who indicated that a **lack of training** and concerns about **personal safety** were reasons not to make home visits. A lack of training is easily remedied, through the introduction of home visit policies and procedures. It does not take long to train a firefighter on how to conduct a home safety visit and test smoke alarms. Vision 20/20 and the Washington State Fire Marshals Association have recently developed a step-by-step manual for conducting home visits, which can be used as the basis for a home visit training program.

The concerns about personal safety (whether from lack of training or fears about interactions with the public, especially in high-risk areas, may be assuaged through the presentation of safety programs citing the low statistics of assaults or injuries from home visits, and the SOP of working in pairs. Home safety visits are conducted only with the concurrence of the residents in homes. The visits are not mandatory, and not called inspections.

Some other concerns about making home visits that were written-in:

"[Whether to undertake home visits] would depend on how the program was set up. Firefighters are well regarded in the community. If we were to INSIST that we enter people's homes... our stature is subject to change. People do not view the invasion of privacy very well. If the program was VOLUNTARY on the part of the homeowner it would be openly accepted and a great benefit to the Community and Department. [The home visit programs are voluntary, which indicates the lack of awareness of this crucial detail.]

"It would be good to do [home visits], but we are so short on manpower that we have a hard time doing the extras let alone the calls." [This begs the question of whether home visits should be considered "an extra".]

"Let the people visiting homes be a paid position where that is all they do. I am also not opposed to doing them myself on my days off." [if firefighters are totally busy, this would be less expensive than using firefighters; if there is some time apart from training and answering calls, then it is less expensive to use the incremental time of firefighters for home visits.]

"With the limited time modern urban fire departments have to conduct public education, the time would be [better] spent with larger audiences rather than one household at a time."

"I do not wish to interfere with the individual rights of homeowners in an official capacity."

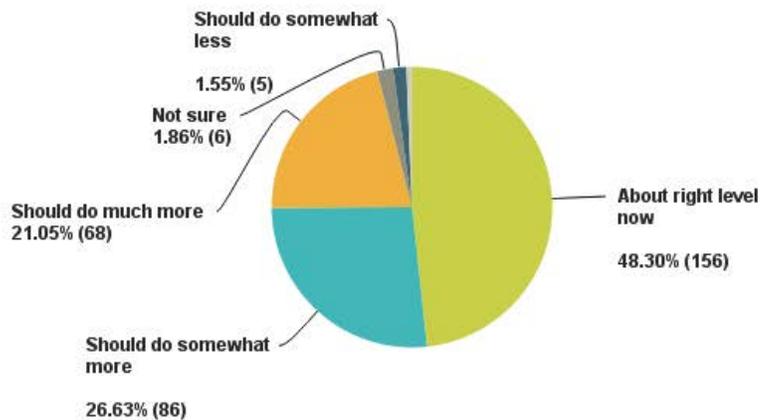
LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Because this survey was not based on a random sample, we don't know how closely the results would match those of a larger, more random sample. But the answers all ring true in our experience in working to implement home visit programs in 30 fire departments over the past five years. Surely most of the pros and cons apply to many departments. It might be a good idea for individual departments to use the questionnaire to do their own internal survey to understand how their firefighters are thinking about prevention, and home visits in particular, and then address the issues found.

4. Volume of fire prevention activities - For career departments, when personnel identified as being in operations, almost half of the respondents (48%) felt that their department was doing "about the right level" of fire prevention activities.

Q15 11. Do you think your fire department should be doing more or less prevention than it does?

Answered: 323 Skipped: 2



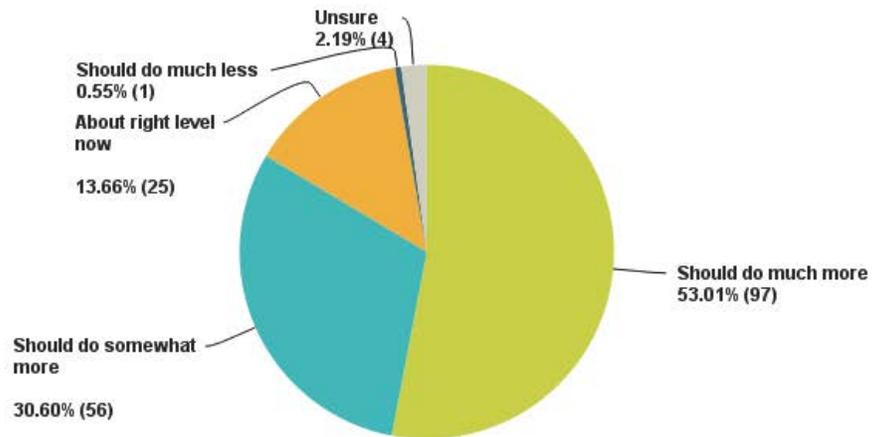
Career Departments, Operations Personnel

LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

However, in a parallel survey done of fire prevention managers, only 14% of the respondents from career departments/prevention personnel said that they were at the right level now, representing a significant difference in attitude between the two disciplines.

Q20 12. Do you think your fire department should be doing more or less prevention (including public education) than it does?

Answered: 183 Skipped: 8



Career Departments, Prevention Personnel

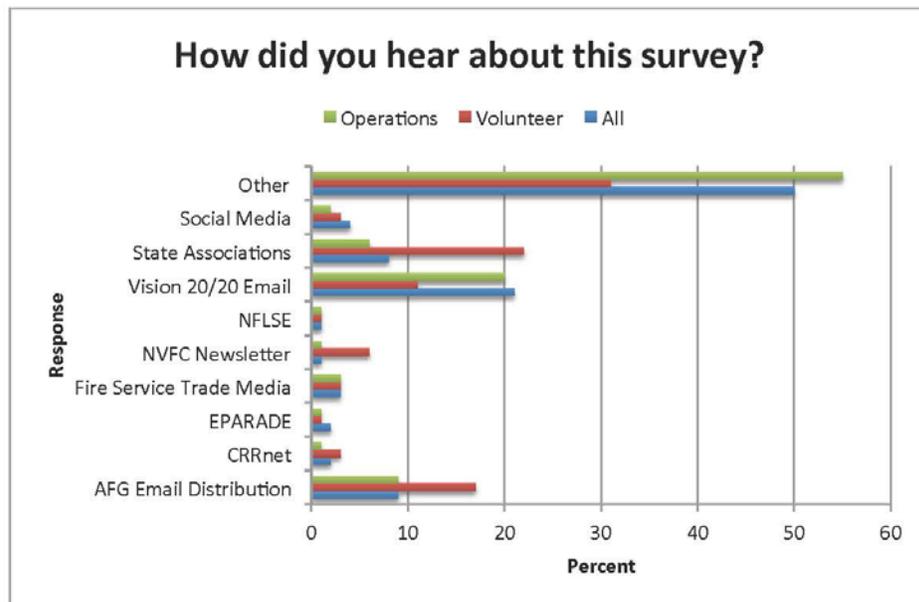
LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

APPENDIX – Comparison of survey results from different fire service groupings

The following diagrams illustrate the comparative answers from the total survey population and two subsets, Volunteers and Operations personnel.

Source Question: How did you hear about this survey?

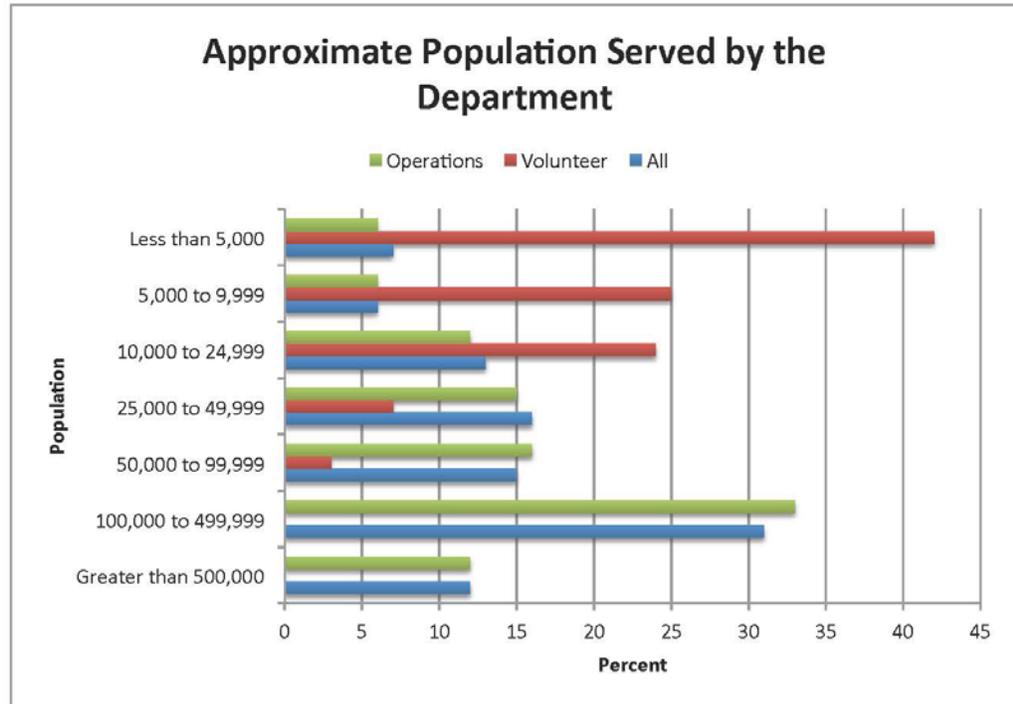
Volunteers heard about the survey more from state associations and from the AFG mailing than did other groups.



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Question 2: Approximate Population Served by the Department

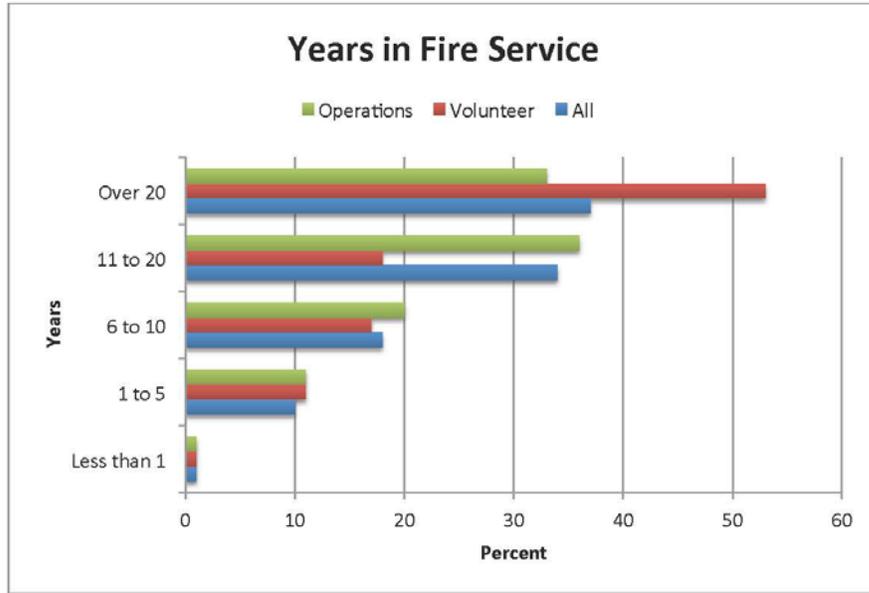
As would be expected, the volunteers tended to come from departments under 25,000 population.



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

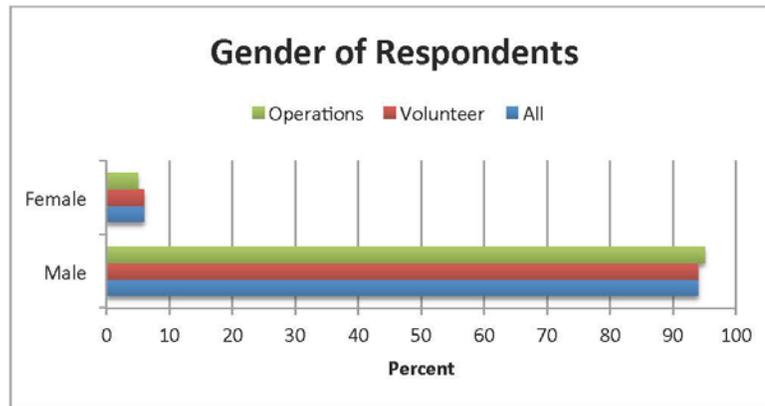
Question 5: Years in Fire Service

Rather surprising, the volunteers who responded tended to have been in the fire service longer than career respondents.



Question 6: Gender

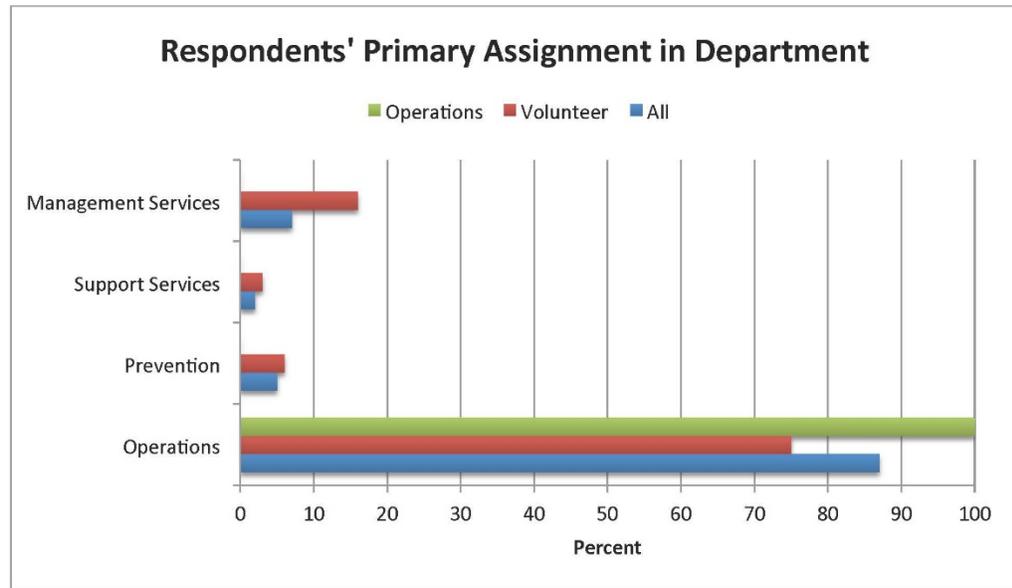
Quite similar across the groups.



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

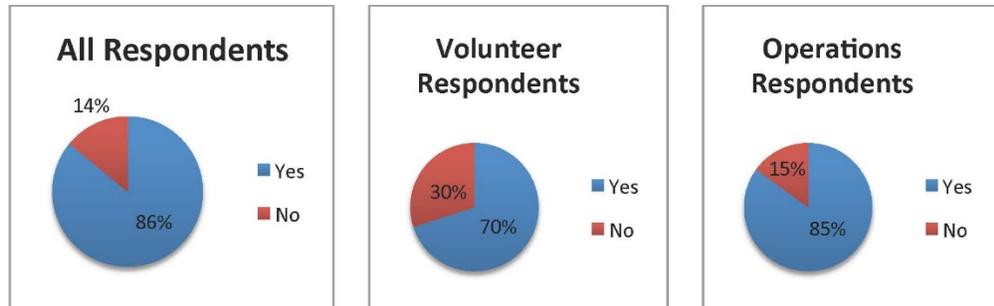
Question 7: Primary Assignment in Department

Somewhat more of the volunteer respondents tended to be in management, which was consistent with their greater years of service.



Question 8: Have you ever participated in a fire safety inspection or home visit of any kind?

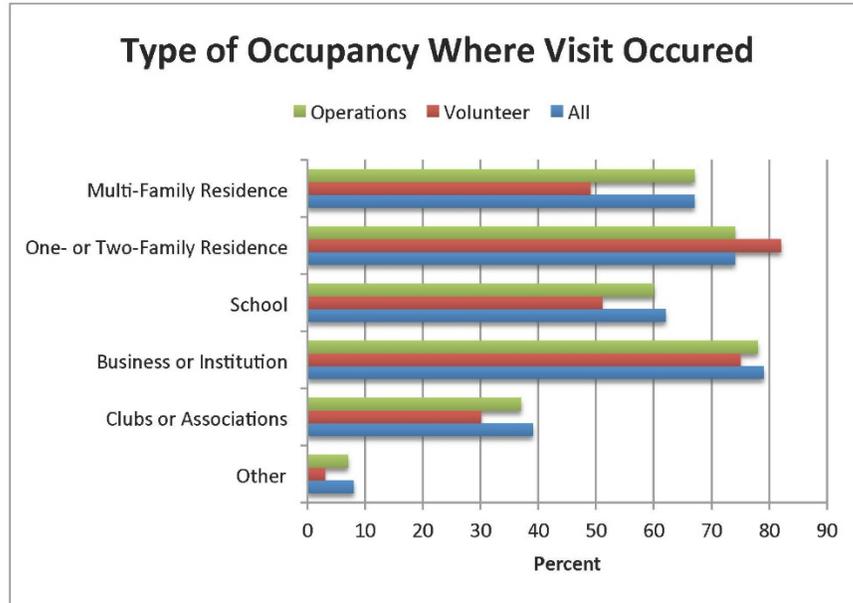
A somewhat higher percentage of the operations respondents (85%) had been involved in inspections or home visits than the volunteers (70%).



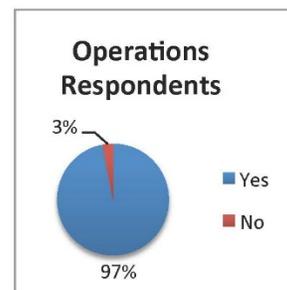
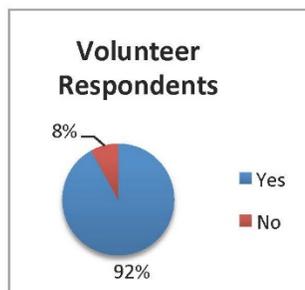
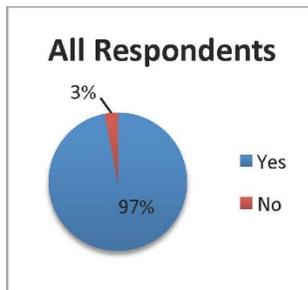
LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Question 8a: If Yes, where?

Quite similar across groups.



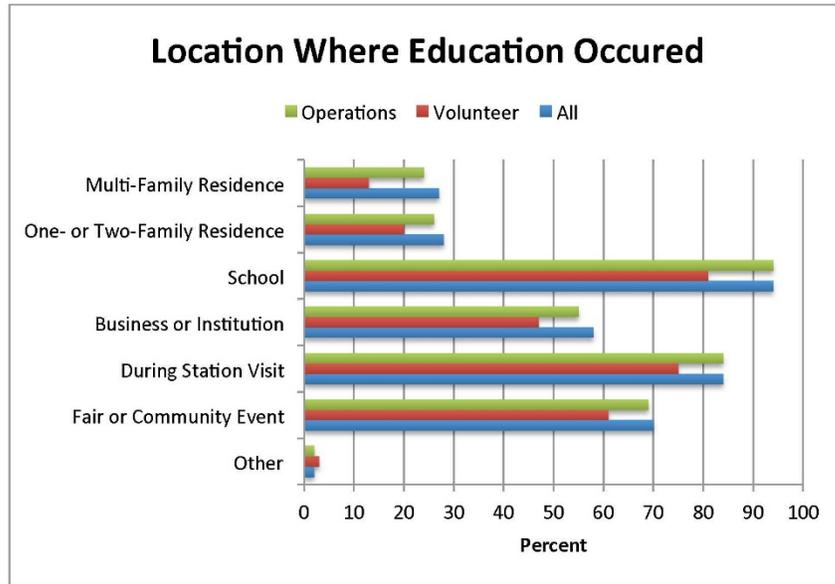
Question 9: Have you ever participated in conducting fire safety education?



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

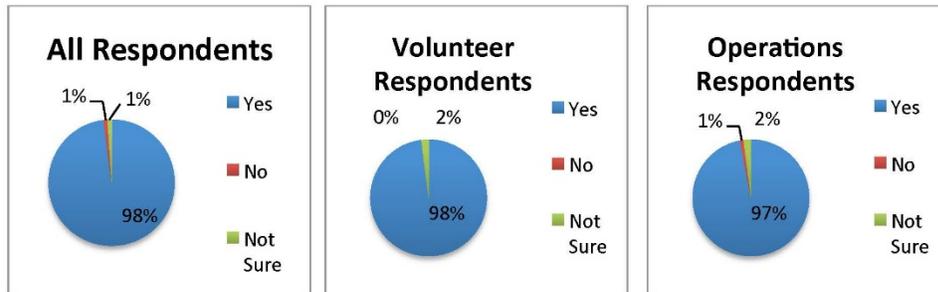
Question 9a: If Yes, where did the education occur?

Fewer volunteers did home visits.



Question 10: Do you think fire/injury prevention is important for your department to do?

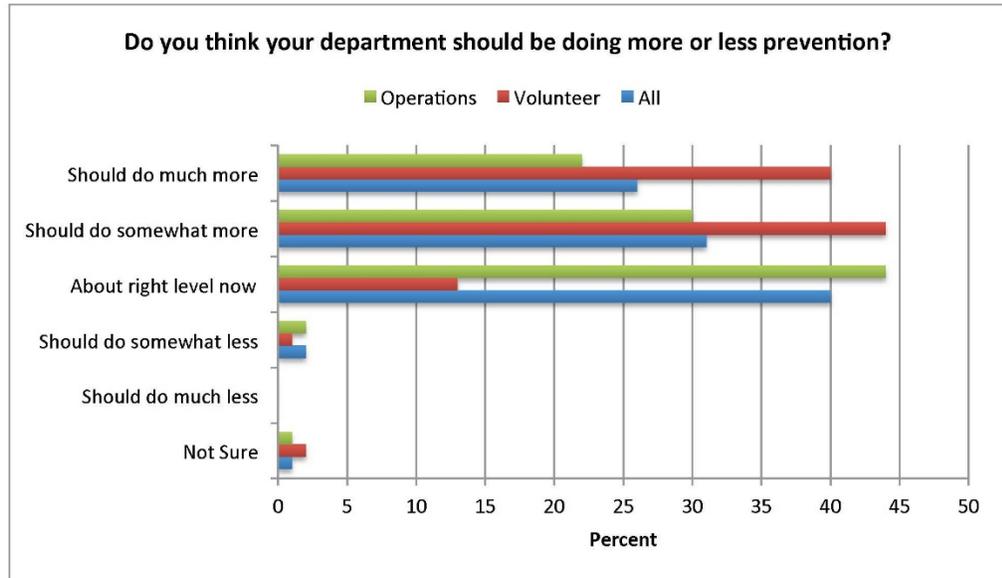
Virtually all thought it important.



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

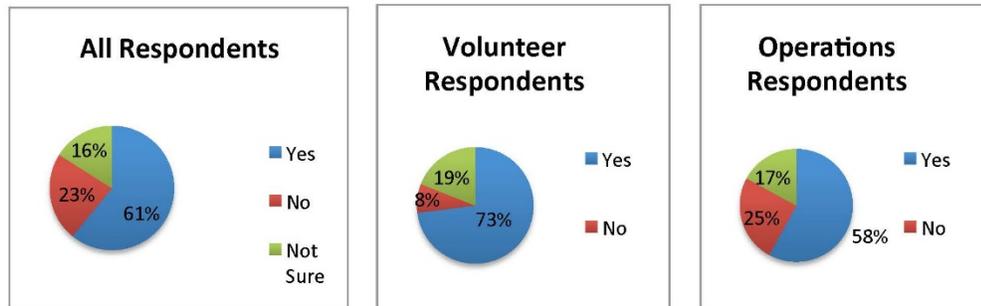
Question 11: Do you think your fire department should be doing more or less prevention than it does?

Much larger percentages of the volunteers thought their department should do much more prevention than the other groups. Many volunteer departments do little prevention, because most of the volunteered time is in training or answering calls.



Question 12: Do you think your department should make home fire safety visits?

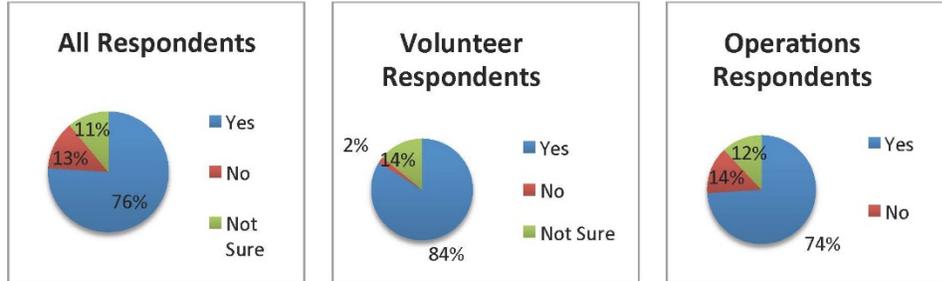
The majority of all groups thought their department should make home visits, but the volunteers even more so.



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

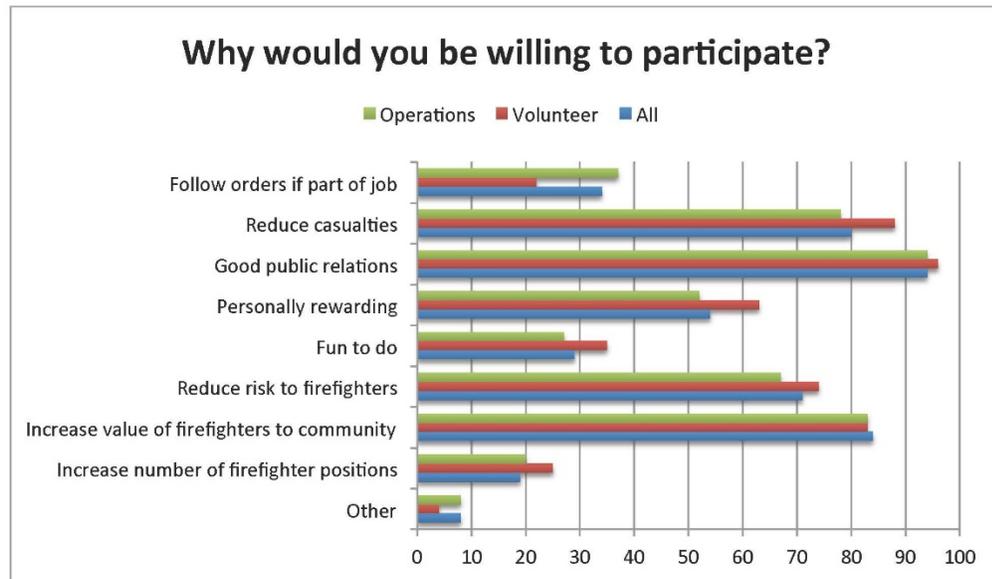
Question 13: Would you be willing to conduct home visits as part of your job?

The majority of all were willing, but again even more of the volunteers.



Question 13a: If Yes, Why?

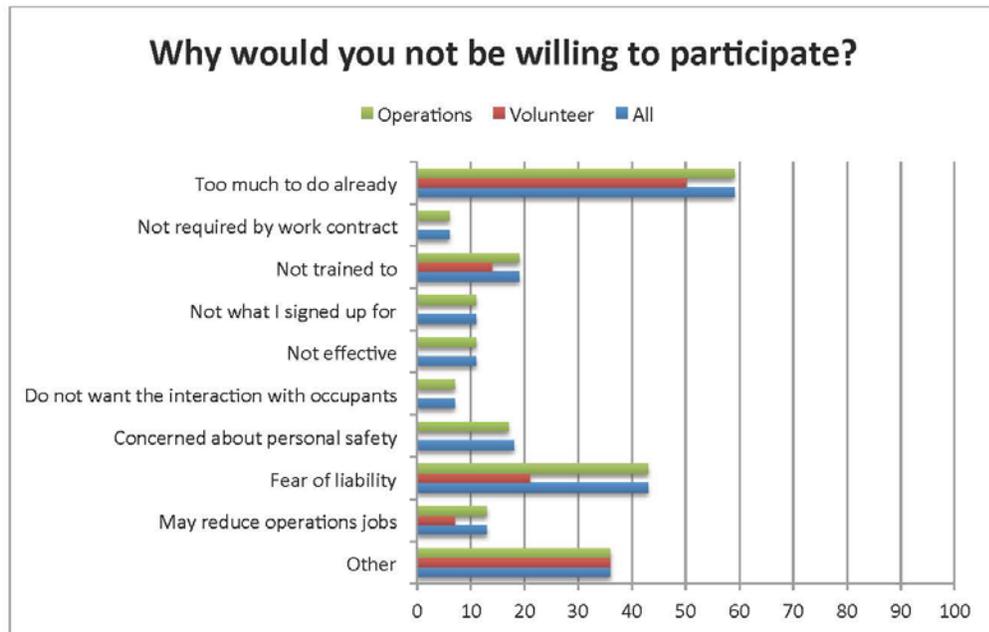
Reasons given were generally similar across groups.



LINE FIRE FIGHTER ATTITUDES TOWARDS FIRE PREVENTION

Question 13b: If No, Why not?

There are some surprises here. First, while all groups gave as a reason for not doing home visits that there was too much to do already, the volunteers noted this somewhat less (50%) than the others (59%). One might have expected the volunteers to feel they had less time to devote to visits than the others. Volunteers had much less concern about liability or personal safety, and some of the work contract reasons did not apply to them.



[†] Philip Schaenman et al, Global Concepts in Residential Fire Safety, Parts 1-3, 2007-2000, TriData, undertaken for CDC and AFG.

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UNIT 4: BRIDGING RISK REDUCTION AND CULTURE

TERMINAL OBJECTIVE

The students will be able to:

- 4.1 *Apply cultural awareness in reducing risk.*

ENABLING OBJECTIVES

The students will be able to:

- 4.1 *Define the concept of culture.*
 - 4.2 *Explain the concept of culture as applied to emergency services and communities served.*
 - 4.3 *Explain the difference between culture and behavior.*
 - 4.4 *Identify factors that impede or challenge communication.*
 - 4.5 *Explain the building blocks of culture.*
 - 4.6 *Apply the building blocks of culture.*
 - 4.7 *Define cultural competence.*
 - 4.8 *Apply cultural competence concepts and leadership skills to risk-reduction activities.*
-

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**UNIT 4:
BRIDGING RISK REDUCTION
AND CULTURE**

Slide 4-1

ENABLING OBJECTIVES

- Define the concept of culture.
- Explain the concept of culture as applied to emergency services and communities served.
- Explain the difference between culture and behavior.
- Identify factors that impede or challenge communication.
- Explain the building blocks of culture.

Slide 4-2

ENABLING OBJECTIVES (cont'd)

- Apply the building blocks of culture.
- Define cultural competence.
- Apply cultural competence concepts and leadership skills to risk-reduction activities.

Slide 4-3

- G. If we assume the target population’s beliefs are the same as our beliefs, there is a higher likelihood of failure of the initiative.
- H. Furthermore, if we interpret other people’s behaviors according to the meaning we have for that behavior in our culture, we might end up frustrated, judgmental and/or confused.

What percentage of your work depends on relationships?



Slide 4-6

- I. Learning about culture helps us communicate more effectively, so we can be effective in all aspects of our work.
- J. Many students may think they will learn a “magic” guide to negotiating the specific cultural differences in their communities. For example, when working with Mexicans, you should do x, y, and z. This course does not teach about specific cultures.
- K. Instead, students will learn the components of culture and then will learn skills to be able to apply this understanding to reduce community risk.
- L. Ultimately, you should recognize the importance of asking for help from key stakeholders in the target population, and including this in the process of developing a risk-reduction initiative.

II. CULTURE DEFINED

- A. Every community has people from different cultures.

We typically associate culture with nationality, but the term “culture” also refers to people from different socioeconomic backgrounds, different generations and different races.

What is culture?



Slide 4-7

Culture is “a group’s shared assumptions, values, and beliefs that result in characteristic behavior.”



Slide 4-8

- B. Define culture.
1. Culture is a group’s shared assumptions, values, and beliefs that result in characteristic behavior.
 2. Language (including acronyms and slang) and communication methods are extremely important “assumptions” of culture (e.g., When you say, “nein” Germans assume you mean “no” and Americans hearing “nine” assume you mean the number).



Does your crew/organization reflect the population of your community that you found using USA.com?

Slide 4-10

If your crew/organization does not reflect the population of your community in race, gender, age, ethnicity, etc., are they prepared to serve this community? Why or why not?

Slide 4-11

UNDERSTANDING CULTURE

Why do we need to understand culture?

- Can be complex and overwhelming.
- Explain why people behave as they do.
- See how it informs our daily lives.

Slide 4-12

- C. Why do we need to understand culture? We are talking about this because, when we talk about culture, it gets complex and overwhelming. In this unit, we will look at frameworks that begin to explain why people might behave as they do, particularly if it is different from what you would expect.
- D. Culture is sometimes challenging to understand, as it is stored by each individual in the unconscious mind. By breaking down culture into small units, we can better see how it informs our daily life.
- E. “Culture is a group’s **shared assumptions, values, and beliefs** which result in characteristic behavior.”
1. Culture is **shared**.
 - a. Values and behavior fall on a continuum: universal to personal.
 - b. If values are not shared by most members of the group, they’re not culture; they’re personal. (For example: “I like to wear red.”)
 - c. If values are shared by everyone everywhere, they’re not culture; they’re universal. (For example: “I want my family to be safe.”)
 2. Culturally based values and behaviors fall in the middle of this continuum (Storti, 1999, p. 15).

UNDERSTANDING CULTURE (cont'd)

- Culture includes assumptions, values, and beliefs.
- Is two-dimensional (visible and invisible).
 - Invisible component includes assumptions, values, and beliefs.
 - Invisible component is very important.



Slide 4-13

F. Culture includes **assumptions, values, and beliefs.**

1. Culture includes two dimensions: one is visible, and one is invisible. The first dimension is defined by a culture's invisible aspects, including assumptions, values, and beliefs.
2. Meaning of language (including body language and gesture) is included in the invisible aspect of culture.
3. Assumptions may include:
 - a. All snakes are poisonous.
 - b. All Americans like hot dogs.
 - c. People yelling at each other are fighting.
 - d. Everyone in a blue uniform is a police officer.
4. Values may include:
 - a. Respect for age and family.
 - b. Honor, trustworthiness.
 - c. Importance of tradition.
5. Beliefs may include:
 - a. Religious, such as life after death.
 - b. A handshake is as good as a signature.

- c. The male is the head of the household.
- 6. The invisible realm of culture is extremely important.

UNDERSTANDING CULTURE
(cont'd)

- Culture includes behavior.
 - This is the visible component.
 - Behavior is a characteristic of a group of people.
 - Communication is conveyed through speaking, writing, listening, and non-verbal communication.



Slide 4-14

G. Culture includes behavior.

1. The second dimension of culture includes visible (or sensible) aspects of the culture.
2. The visible dimension of culture includes behavior characteristics of a group of people.
3. The visible dimension of culture also incorporates the act of using language to communicate. This includes speaking, writing, listening, and nonverbal communication.



Slide 4-15

4. The visible part of culture is like the tip of the iceberg. Ninety percent of the iceberg is a mass of ice below the surface of the ocean that we cannot see. Similarly, every culture has a significant, invisible portion we cannot observe with our senses.
5. When we encounter another culture, what we see, smell and touch is just the tip of the iceberg. The tip of the iceberg would not be there if it were not for the rest of the iceberg floating beneath the surface. Similarly, the visible parts of culture would not be there if it weren't for the invisible parts of culture.
6. The visible parts of culture are easier to see, but we typically cannot intuitively understand them without understanding all the invisible parts that inform them.
7. Typically, there is some sort of invisible assumption, value or belief that drives or motivates visible behavior.

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ACTIVITY 4.1

Cultural Roots of Assumptions, Values, Beliefs, and Behaviors

Purpose

To highlight how firefighters live and work in a distinct culture, to explore the invisible and visible components of culture, and to compare individual values with cultural norms.

Directions

Part 1

Remember the definition of culture: “Culture is a group’s shared assumptions, values, and beliefs which result in characteristic behavior.”

1. Think about the fire service as a cultural group.
2. Answer the instructor’s question concerning firefighter values.
3. Share answers as a large group.

Part 2

1. Refer to the worksheet titled “Cultural Group: The Fire Service.”
2. As the instructor selects values from the list composed in Part 1, insert them into the “Invisible Dimension” column of your worksheet.
3. Working in your table groups, discuss visible characteristic behaviors related to each invisible characteristic, and record them in the “Visible Dimension” column.
4. After discussing your responses as a class, individually reread your list. Put an X next to the assumptions, values, or beliefs that you **do not** share with the fire service culture.

Example: Although you embrace the **importance of seniority**, you do not think it should always determine promotions. Put an X next to the statement if you do not share this value.

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ACTIVITY 4.1 (cont'd)

Worksheet

Cultural Group: The Fire Service

Invisible Dimension of Culture (shared assumption, value, or belief)	Do not share with group (X)	Visible Dimension of Culture (characteristic behavior(s) reflecting this assumption, value, or belief)	Do not share with group (X)

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ACTIVITY 4.2

U.S. American Culture

Purpose

To explore U.S. American culture.

Directions

1. Your instructor will provide you with some examples of invisible and visible cultural norms specific to the United States.
2. As we did in the last activity, as a group, explore how and why your values and behaviors might differ from the norm.
3. Have you heard of any stereotypes about Americans that you feel do not apply to you?

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III. UNDERSTANDING CULTURE: STEREOTYPES AND GENERALIZATIONS

- A. In this course, we use cultural generalizations, which are different from stereotypes. We want to make sure not to fall into the trap of making stereotypes, as this leads into prejudices.

What is the difference between a stereotype and a generalization?



Slide 4-18

- B. A cultural generalization is a tentative statement about some behaviors and/or beliefs that might be shared by a group of people.

UNDERSTANDING CULTURE:
STEREOTYPES AND GENERALIZATIONS

- Generalizations are useful to help us anticipate similarities, differences, and predictable miscommunication between cultural groups.

Slide 4-19

1. Generalizations are useful to help us anticipate similarities, differences, and predictable miscommunication between cultural groups.
2. When we make a generalization, we recognize there may be a lot of “exceptions to the rule.” An example of a generalization is: **some older adults prefer to communicate face-to-face or by hand written letters.**
3. Generalizations are neutral (no judgment).

UNDERSTANDING CULTURE: STEREOTYPES AND GENERALIZATIONS (cont'd)

- A stereotype takes a cultural generalization and applies it universally. It is an oversimplification.
 - Stereotypes tend to have a strong evaluation about certain beliefs or behaviors being good or bad.

Slide 4-20

- C. A stereotype takes a cultural generalization and applies it universally. It is an oversimplification.
1. Stereotypes tend to have a strong evaluation about certain beliefs or behaviors being good or bad. An example of a stereotype is: **all older adults hate technology.**
 2. Stereotypes often lead to a preference of one group over another (prejudice), or treating cultural groups differently (bias or oppression).

- How might you present the difference between stereotypes and generalizations to your crew?
- When would be the best time to have this conversation?
- What might be some challenges in doing this? And benefits of it?

Slide 4-21

IV. CULTURE, BEHAVIORS AND RISK REDUCTION

CULTURE, BEHAVIORS, AND RISK REDUCTION

- Many of our behaviors are rooted in culture.
- In homogenous groups, a “decoding” of behavior happens intuitively.
- When cultural norms are different, intuition is not enough.
- It is common to struggle with interpretations and react to seemingly illogical behavior.



Slide 4-22

- A. Many of our behaviors are influenced by culture.
1. Risk-reduction initiatives are an effort to change behavior, which is no easy task.
 2. As we saw in the Iceberg Model of culture, behaviors (visible) are connected to beliefs (invisible).

CULTURE, BEHAVIORS, AND RISK REDUCTION (cont'd)

- Risk reduction initiatives need to take current beliefs of the target group into account. What might you want to consider?

Slide 4-23

3. Risk-reduction initiatives need to take the current beliefs of the target group into account. If you are working with older adults, you will want to find out their perceptions of risk; if you are working with people from a different socioeconomic background than yours, you will need to find out their perceptions of risk. Similarly, if your target group is from another country, you will need to learn their perception of risk.

- 4. If we fail to craft a risk-reduction message that resonates with our target population, they will probably not internalize the message or change their behaviors.

What are some factors that might influence your ability to deliver a solid, effective message?

Slide 4-24

- 5. This will waste resources and time, and we will fail to reach our goal.

Currently, when you interact with different target groups, how do you change your message or your appearance to be more culturally appropriate?

Slide 4-25

- 6. When we go through the day, most of us are constantly adapting to our environment. For example, we are trained to adapt our response based on the severity of the emergency call. Eventually, this adaptation becomes second nature, and we rely mostly on intuition.
- 7. In settings where cultural norms are different, intuition isn't enough to help us adapt. People may have to consciously work to think about why they — and others — are behaving a certain way.
- 8. In diverse cultural settings, it is common to struggle with and react to seemingly illogical behavior.

9. Even though behavior may not make sense to someone else with a different cultural perspective, an individual's behavior generally makes sense to them given their culture and personal values, beliefs, and assumptions.

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ACTIVITY 4.3

Cross-Cultural Miscommunication

Purpose

To analyze how cultural values inform our understanding of other people's behaviors.

Directions

1. Your instructor will read the following scenario out loud to the class.
2. Your instructor will lead a discussion on the cross-cultural miscommunications that occurred in the scenario.

Scenario

Firefighters from Culture A responded to a call to put out a small cooking fire in a household of people from Culture B. The firefighters noticed that there was a fire extinguisher that had not been used on the wall in the kitchen. Before leaving, a few of the firefighters walked the multigenerational family through the process of using a fire extinguisher. The firefighters then asked residents if they understood how to use the device. All of the residents from Culture B said they understood. The company returned to the station feeling confident in the success of their impromptu intervention. They felt confused when, just a few days later, a cooking fire that could have been easily extinguished with a fire extinguisher grew large enough to destroy a number of units in the same household where they delivered their message. The company was disappointed that the family would lie to them about understanding the message.

What happened in this situation?

Using the idea of visible and invisible aspects of culture, let's explore the possible miscommunications.

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IV. CULTURE, BEHAVIORS AND RISK REDUCTION (cont'd)

UNDERSTANDING CULTURE
(cont'd)

- What people do or say is not arbitrary.
- Behavior is a direct result of values, beliefs, and assumptions.
- Sometimes, behavior does not mean anything at all. Example: "We've always done it this way."



Slide 4-27

- B. What people do or say is not arbitrary. Behavior is a direct result of values, beliefs, and assumptions. As demonstrated in the last activity, you can sometimes discover the internal logic of someone's behaviors by understanding their values.
- C. **Except** sometimes, behavior doesn't mean anything at all (Storti, 1999, p. 10).
1. "Why? Because we've always done it this way."

What traditions do you have in your organization that you've always done, even if you don't know why?



Slide 4-28

UNDERSTANDING CULTURE (cont'd)

- Behavior can be culturally meaningless when it is done unconsciously or unintentionally.
- Culture does not determine **all** behavior.
- But be cautious — never assume a behavior has **no** cultural meaning.



Slide 4-29

2. Behavior can also be culturally meaningless when it is done unconsciously or unintentionally (fidgeting, etc.).
3. **Beware:** Even if the value behind the behavior is not immediately apparent to the actor, do not assume that the behavior has no meaning.

D. Finally, culture does not determine **all** behavior.

1. As Storti notes in his book, it is important to “remember that cultural generalizations are necessarily statements of likelihood and potential, not of certainty...Hence, a generalization can tell you at best how people from a particular culture **may** behave in a given situation but not necessarily how they will **always** behave” (Storti, 1999, p. 3).
2. In other words, cultural generalization may help you make an educated guess on how you have to adapt.
3. As noted earlier, an individual’s values, and the behaviors prompted by those values, can be universal, cultural, or personal.

What influences, other than culture, can affect people’s behavior?



Slide 4-30

E. Collaborative review.

1. So far we have looked at visible and invisible aspects of culture. We have looked at the fire service culture using this model. We spoke about the difference between stereotypes and miscommunications.
2. We have examined how different values can lead to significant miscommunication. We have looked at how culture is one of the factors that influence what people believe and how they behave.

- What is one important take away you have learned from this unit so far?
- How do these concepts apply to station-based risk reduction?

Slide 4-31

V. UNDERSTANDING CULTURAL COMPETENCE

UNDERSTANDING CULTURAL COMPETENCE

- Culture is a group's shared assumptions, values, and beliefs that result in characteristic behavior.
- When different cultures interact, intercultural experiences occur.



Slide 4-32

A. Defining cultural competence.

1. Cultural competence is a set of congruent behaviors, attitudes and policies that allow people to interact and work effectively in intercultural settings.

2. Recall that culture is a group's shared assumptions, values, and beliefs which result in characteristic behavior (Storti, 1999, p. 5).
3. When different cultures come into contact, **intercultural** experiences occur.
4. Cultural competence is a measure of how effectively individuals, and the organizations they are part of, interact and work in intercultural environments.

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Cultural competence is a set of congruent behaviors, attitudes and policies that allow people to interact and work effectively in intercultural settings.



Slide 4-33

5. Cultural competence is sometimes confused with a number of other ideas.
- B. Some reasons that cultural competence is vital to effective risk-reduction work are:
1. Most of work in risk reduction involves relationships with people. As we have covered, you need to work **with** your department, **in** your community. Unless you can communicate with people effectively, you will not be effective.
 2. You need to be aware of differences in order to lead and motivate.
 3. To be successful as a supervisors, you need to be able to apply this within your organization, as well as externally.
 4. In order to champion risk reduction, you need to know how to communicate with your supervisors.
 5. Being culturally competent can enhance your ability to treat people respectfully no matter where they are from.
- C. Cultural competence is an ongoing process. This course will get you started in each of these four areas.

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Cultural competence is sometimes confused with a number of other ideas.
- It is **not**:
 - Affirmative action.
 - Political correctness.
 - Diversity training.
 - Cultural orientation or sensitivity.



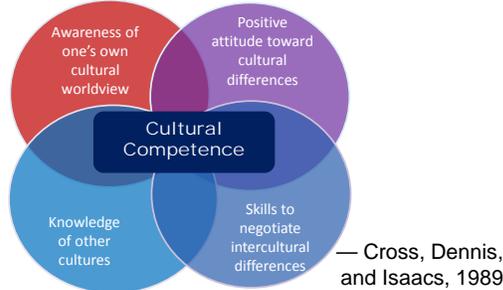
Slide 4-34

D. Cultural competence includes four components (Cross, Dennis, and Isaacs, 1989):

1. Awareness of one's own cultural worldview.
2. Positive attitude toward cultural differences.
3. Knowledge of other cultures, including values and behaviors.

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Cultural competence includes four components.



Slide 4-35

4. Skills to negotiate intercultural differences, including intercultural communication skills.

VI. STORTI'S SEVEN LESSONS TO LEARN ABOUT CROSS-CULTURAL COMMUNICATION

STORTI'S 7 LESSONS TO LEARN ABOUT CROSS-CULTURAL COMMUNICATION

1. Don't assume sameness.
2. What you think of as normal behavior may only be cultural.
3. Familiar behaviors may have different meanings.
4. Don't assume that what you meant is what was understood.
5. Don't assume that what you understood is what was meant.

Slide 4-36

Seven Lessons to Learn about Cross-Cultural Communication, from Craig Storti, 1994, Cross-Cultural Dialogues, Intercultural Press, UI International Programs.

- A. Don't assume sameness.
- B. What you think of as normal behavior may only be cultural.
- C. Familiar behaviors may have different meanings.
- D. Don't assume that what you meant is what was understood.
- E. Don't assume that what you understood is what was meant.

STORTI'S 7 LESSONS TO LEARN ABOUT CROSS-CULTURAL COMMUNICATION (cont'd)

6. You don't have to like or accept "different" behavior, but you should try to understand where it comes from.
7. Most people do behave rationally; you just have to discover the rationale.

— Craig Storti, 1994, Cross-Cultural Dialogues, Intercultural Press, UI International Programs

Slide 4-37

- F. You don't have to like or accept "different" behavior, but you should try to understand where it comes from.

G. Most people do behave rationally; you just have to discover the rationale.

VII. STAGES OF CULTURAL COMPETENCE

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Remember that cultural competence refers to a congruent set of behaviors, attitudes, and policies that allow people to interact and work **effectively** in intercultural settings.

Slide 4-38

- A. Again, cultural competence refers to a congruent set of behaviors, attitudes, and policies that allow people to interact and work **effectively** in intercultural settings.
- B. The complete definition of cultural competence is available at the Office of Minority Health Web site: <http://minorityhealth.hhs.gov>.

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- There are four stages of cultural competence:
 - Unconscious competence.
 - Conscious competence.
 - Conscious incompetence.
 - Unconscious incompetence.



Slide 4-39

- C. There are four stages of cultural competence (Storti, 1999, p. 157).
 - Unconscious competence.
 - Conscious competence.
 - Conscious incompetence.

4. Unconscious incompetence.

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Unconscious competence: aka “spontaneous adaptation.”
 - Appropriate behavior comes naturally.
 - Trust your intuitions because they have been reconditioned.

Slide 4-40

D. Unconscious competence aka “spontaneous adaptation.”

1. Culturally appropriate behavior comes naturally (except in circumstances where you’re encountering a new cultural group).
2. Trust your intuitions because they have been reconditioned by what you know about cross-cultural interactions.
3. In this stage of competence, when working in a cross-cultural setting, someone might say:
 - a. “It’s nice to be able to relax and be myself around these people.”
 - b. “I have a sense of what they think of me.”

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Conscious competence: aka “deliberate adaptation.”
 - Realize there are differences.
 - Understand some of the differences.
 - Try to modify behavior, but it’s still not natural.
 - Aware of how your behavior is being interpreted.
 - New intuitions replacing the old.

Slide 4-41

E. Conscious competence, aka “deliberate adaptation.”

1. Realize there are differences between values and behaviors of cultures different than your own.
2. Understand what some of these differences are.
3. Try to modify behavior to accommodate these differences, but it's still not natural.
4. More aware of how your behavior is being interpreted.
5. New intuitions replacing the old.
6. Hopeful that you may be able to do this.
7. In this stage of competence, when working in a cross-cultural setting, someone might say:
 - a. "There is a logic to how they behave."
 - b. "I wonder what they think of me."

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Conscious incompetence: aka "troubling ignorance."
 - Realize there are differences.
 - Don't understand the differences.
 - Doubt intuition.
 - Uncertain that you'll ever figure these people out.



- Unconscious Competence
- Conscious Competence
- Conscious Incompetence
- Unconscious Incompetence

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- F. Conscious incompetence, aka "troubling ignorance."
1. Realize there are differences between values and behaviors of cultures different than your own.
 2. Do not understand what these differences may be.
 3. Doubt intuition.
 4. Uncertain that you'll ever figure these people out.

- 5. This stage is like seeing the tip of the iceberg, but having no idea how much is underneath.
- 6. In this stage of competence, when working in a cross-cultural setting, someone might say:
 - a. “I understand less than I thought I did.”
 - b. “I’ll never figure these folks out.”

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

- Unconscious incompetence: aka “blissful ignorance.”
 - Not aware of cultural differences.
 - No recognition that misunderstanding is occurring.
 - Trust intuition because of lack of awareness.



Slide 4-43

- G. Unconscious incompetence, aka “blissful ignorance.”
 - 1. Not aware that there are cultural differences.
 - 2. No recognition that misunderstandings may be occurring.
 - 3. Trust intuition because of lack of awareness.
 - 4. In this stage of competence, when working in a cross-cultural setting, someone might say:
 - a. “This group has no trouble understanding me.”
 - b. “These folks really aren’t so different from me.”
- H. Note that unconscious incompetence and unconscious competence can look similar to each other.
 - 1. In both of these stages people rely on their intuition and have a lot of confidence in their competence.
 - 2. The difference is that people who are unconsciously incompetent trust their instinct out of ignorance of cultural differences.

3. Someone who is unconsciously incompetent may be offending people without knowing it, and someone who is unconsciously competent is most likely comfortable and adapted to culturally appropriate behavior.

- How do you know where you are in this continuum?
- Why could this be a problem?
- What level of cultural competence do you think is most stressful? Why?

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- Do we ever achieve unconscious competence?
- What stage do you think you are in? What stage do you think your department is in?
- What are some examples of unconscious incompetence (or any of these other steps) in your risk-reduction efforts?

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VIII. INDICATORS OF CULTURAL COMPETENCE

INDICATORS OF CULTURAL COMPETENCE

- National Office of Minority Health, “Culturally and Linguistically Appropriate Services (CLAS) Standards.”
- The National Center for Cultural Competence, Georgetown University.
- Other sources.



- Unconscious Competence
- Conscious Competence
- Conscious Incompetence
- Unconscious Incompetence

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Indicators of cultural competence.

- A. There are a number of indicators of cultural competence for individuals and organizations. The National Office of Minority Health has collected these indicators into 14 standards of Culturally and Linguistically Appropriate Services (CLAS).
- B. The National Center for Cultural Competence at Georgetown University also publishes extensively on cultural competence.
- C. Individuals and organizations may be really competent in some intercultural settings and not-so-good in others.
- D. The key is that the foundation of self-awareness and fundamental skills remain the same, regardless of the level of your cultural knowledge of different groups you may encounter.

CULTURE DEFINED

- Culture needs a group. Groups can be defined differently.
 - National.
 - Ethnic.
 - Regional.
 - Organizational.
 - Socioeconomic class.
 - Gender.
 - Age.
 - Religion.
 - Sexual orientation.



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In what intercultural settings do you feel culturally competent?

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IX. INTRODUCTION TO THE BUILDING BLOCKS OF CULTURE

THE BUILDING BLOCKS OF CULTURE

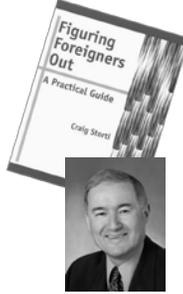
- No “magic guide” to specific cultural differences.
- There are components of culture and skills to use.

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- A. There is no “magic” guide to negotiating the specific cultural differences in their communities. For example, when working with Mexicans, you should do x, y, and z. This course does not teach about specific cultures.
- B. Instead, there are components of culture and skills to apply to reduce community risk.
- C. Ultimately, they should recognize the importance of asking for help from key stakeholders in the target population, and including this in the process of developing a risk-reduction initiative.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- In “Figuring Foreigners Out: A Practical Guide,” Storti identifies “building blocks” of culture.
 - These building blocks are the sources of and explanations for behaviors.
 - Different combinations of these building blocks yield different cultures.



Slide 4-50

- D. In “Figuring Foreigners Out: A Practical Guide,” Storti identifies four “building blocks” of culture.
1. These “building blocks” are the sources of, and explanations for, behaviors (Storti, 1999, p. 19).
 2. We will look at three of these four building blocks. The building blocks of culture are like the base pairs of DNA that can be arranged in huge number of combinations. Different combinations of these building blocks yield different cultural behaviors.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Storti identifies four building blocks of culture:
 - Concept of self.
 - Balance of responsibility.
 - Concept of time.
 - Locus of control.
- In this course, we will look at three of these four building blocks.



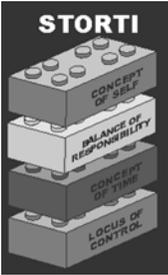
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3. In this section, we will look at national level cultural differences. This will be very relevant to some of your station areas.
4. What we are really doing is an activity to understand our culture by looking at contrasts with different cultures. Developing a self-awareness of our culture will help us to form better relationships with people who are from different cultures, whether it is people from a different country, generation, or socioeconomic class.

5. It's helpful to break culture down into these elements because cultures can be overwhelmingly complex.
6. Storti's building blocks are all invisible aspects of culture.
7. Building blocks are poles on the two ends of a continuum. The continuum is defined by the extremes. Yet, no culture is exclusively one extreme or another.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Identify key elements of one's own culture and components of others.
- Subsequent challenges will be more easily predicted, detected, and negotiated.
- This helps people remember the strong, invisible components of culture.
- There is logic to a person's behavior.



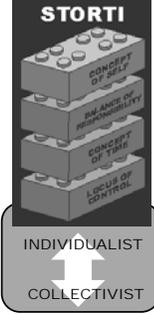
Slide 4-52

- E. By identifying key elements of one's own culture and comparing them to components of other cultures, cultural differences — and subsequent challenges — are more easily predicted, detected, and negotiated.
1. For example, it is extremely difficult to compare Americans and Russians.
 2. It is much easier to compare American and Russian concepts of time.
 3. Recall that people usually behave rationally, but in intercultural settings we may have to search to understand the rationale.
 4. The awareness that comes from examining these building blocks will enhance your leadership skills, even if you do not routinely work with people from other countries.
 5. Cultural competence will help you communicate and build relationships across any differences.
 6. As the course progresses, we will revisit these building blocks and their variations.

X. THE BUILDING BLOCKS OF CULTURE: CONCEPT OF SELF

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Concept of self.
 - Individualist.
 - Collectivist.
- This building block identifies how members of a culture define identity.

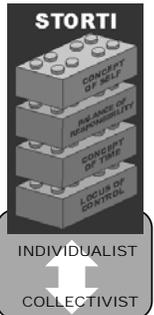


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A. This building block identifies how members of a culture define identity.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Self: Individualist.
 - Smallest unit of survival is the individual.
 - Individual desires over those of the group.
 - Well-being of individual benefits the group.
 - Personal freedom highly desired.
 - Emotional and psychological distance.
 - Group membership not required.



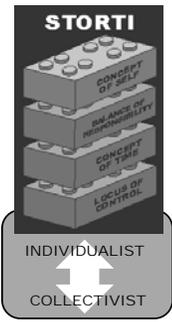
Slide 4-54

B. Individualist.

1. The smallest unit of survival is the individual.
2. Desires of the individual are satisfied before those of the group.
3. Well-being of the individual ensures well being of the group.
4. Personal freedom is highly desired.
5. Emotional and psychological distance between people.
6. Group membership is not necessary for identity, survival, or success.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Self: Collectivist.
 - Primary group (usually family) is smallest unit of survival.
 - Identity is function of membership in group.
 - Well-being of group helps the individual.
 - Harmony and interdependence valued.
 - Little distance between people.



Slide 4-55

C. Collectivist.

1. Primary group (usually family) is the smallest unit of survival.
2. Identity is the function of membership in a group (e.g., family).
3. Well-being of the group ensures well being of individual.
4. Harmony and interdependence are valued.
5. Little emotional/psychological distance between people inside the group (ingroup) and more outside (outgroup).

D. Remember the building blocks of culture are invisible elements of culture, so they can seem abstract. When we can connect them to behaviors, they “come to life,” so to speak.

E. For example: Historically, the fire service has been more collectivistic. The necessity of well-coordinated teamwork and close living quarters reflects more of a collectivistic orientation. However, there are recent cultural developments that are shifting the fire service to be more individualistic. For example, the use of smartphones reflects and perpetuates individualism as it creates more distance between people and allows people to rapidly prioritize their personal needs.

F. Another recent development is the trend of moving from dormitory style sleeping quarters to individual or double rooms. In collectivistic cultures, people spend a lot of time together in close proximity, thus becoming intimately familiar with everyone’s habits, moods, ups and downs, communication styles, etc. In individualistic cultures, privacy and time alone is valued. This creates more emotional distance between people.

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ACTIVITY 4.4

The Building Blocks of Culture: Concept of Self

Purpose

To identify the building blocks of culture¹ and increase self-awareness of one’s own cultural framework.

Directions

1. Refer to Storti’s “Concept of Self” definitions below. These definitions can also be found on p. 50 of “Figuring Foreigners Out: A Practical Guide.” Mark your answers to the following questions on the diagram below.
 - a. Where do you think your beliefs would fall on this continuum?
 - b. Where do you think the collective beliefs of the class would fall?

Individualist				Collectivist			
The self is the smallest unit of survival; looking out for one’s self protects others; personal fulfillment is the greatest good; independence and self-reliance are highly valued; children are taught to stand on their own two feet; workers don’t mind individual recognition; one’s identity is personal and individual, not a function of one’s membership or role in a group.				The primary group, usually the family, is the smallest unit of survival; looking out for others protects one’s self; group harmony is the greatest good; children are taught to depend on others, who in turn can always depend on them; employees don’t like to stand out, they prefer group/team recognition; identity is a function of one’s membership or role in a primary group.			
1	2	3	4	1	2	3	4
Individualist				Collectivist			

2. Take the personal assessment on the following worksheet on “Concept of Self: Individualist versus Collectivist.”

¹ Storti, 1999

3. Your instructor will conduct a debrief where the class shares their scores anonymously, so the distribution of scores can be seen by the whole class. If scores cannot be shared anonymously, your instructor will ask volunteers to share their scores.
 - a. Given the results of everyone's scores, approximately where does the class fall on this continuum?
 - b. How does this compare to your earlier predictions?
4. View the slide showing Storti's diagram of the "Concept of Self" continuum ("Figuring Foreigners Out: A Practical Guide" on p. 52), indicating where different countries fall on this continuum.
 - a. Consider where you stand in relation to your country and in relation to other countries on this "building block."
 - b. With which target populations are you likely to encounter challenges? Which cultures would likely be easier to work with?
 - c. Consider where the fire service stands in relation to other industries on this "building block."
 - d. How is this particular building block related to socioeconomic class?
 - e. How might individualism or collectivism affect vulnerability to risk?
 - f. How might individualism or collectivism affect a group's access to a risk-reduction initiative?

ACTIVITY 4.4 (cont'd)

Worksheet

Individualist versus Collectivist (Storti, 1999, pp. 29–31)

Indicate whether you **personally** agree more strongly with statement A or statement B. Then, using the Score Key column, assign yourself a score of “1” or a “0” based on your choice of statement “A” or statement “B.”

	A	B	Score Key	Score
1.	Managers should be hired from within the organization, based mainly on their seniority.	Managers should be hired on the basis of their skills and previous experience in similar jobs.	A=1 B=0	
2.	It takes a long time to make a new friend.	Friends can be made relatively quickly.	A=1 B=0	
3.	If I took a job with a new company, I would expect my old employer to wish me well.	If I took a job with a new company, I would be afraid that my present employer might lose face.	A=0 B=1	
4.	I expect people to judge me by my achievements.	I expect people to judge me by the groups I belong to.	A=0 B=1	
5.	Before making a decision, it is best to make sure everyone agrees with it.	Before making a decision, you should get at least half of the people to agree with it.	A=1 B=0	
6.	I am embarrassed by individual recognition.	If I do a good job, I feel I have earned individual recognition.	A=1 B=0	
7.	Making sure people don't lose face is more important than always being completely honest.	Being honest with people is always best in the end.	A=1 B=0	
8.	If my brother did wrong, I would admit it to other people.	If my brother did wrong, I would defend him to other people.	A=0 B=1	
9.	Confrontation is sometimes necessary to clear the air.	Confrontation almost always causes more problems than it solves.	A=0 B=1	
10.	In the end, you can always rely on other people.	In the end, you can only rely on yourself.	A=1 B=0	
TOTAL SCORE:				

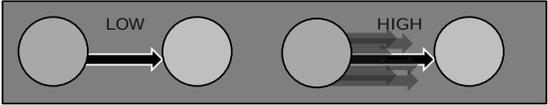
If you scored between zero and five, you have a more individualist self-concept. If you scored between six and ten, you have a more collectivist self-concept.

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XI. COMMUNICATION STYLES

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Communication styles.
 - Low versus high context.
 - Low — Only what is meant is said.
 - High — Much of what is meant is not said. It is implied or inferred.

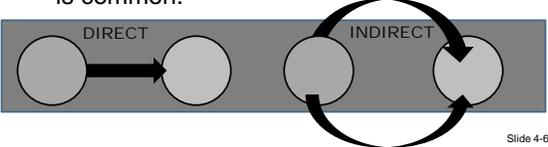


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- A. The building blocks represent an invisible aspect of culture. Let's look at how this becomes visible.
- B. A value on individualism or collectivism plays a large role in how people communicate messages to another person and how they receive messages from another person.
 - 1. Individualistic cultures' communication styles tend to be low context: only what is meant is said.
 - 2. Collectivistic cultures' communication styles tend to be high context: Much of what is meant is not said, but implied and inferred.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Communication styles: Direct or Indirect.
 - Direct — Points made in explicit terms. Feelings of others come second to blunt communication.
 - Indirect — Points are communicated in ways to maintain harmony. Circuitous storytelling is common.



Slide 4-60

- 3. Direct or indirect.

- a. Direct: A point is made in explicit terms; feelings of others come second to blunt communication.
 - b. Indirect: Points are communicated in ways that maintain harmony; circuitous storytelling is common.
- C. Remember cultural differences are relative, so you could be much more direct than your friend, but he might be way more indirect than someone in China. There are direct and indirect people in the U.S. and in China. We are looking at generalizations, not stereotypes.

Does the indirect style drive you crazy?

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Why might a more collectivistic culture value indirect communication?

Slide 4-62

Table 2-1. Indirect and Direct Styles of Communication

Interculturalists have identified numerous differences in communication styles from culture to culture. The most important and most studied distinctions are the indirect/direct or high context/low context dichotomy described below. Context refers to the amount of innate and largely unconscious understanding a person can be expected to bring to a particular communication setting.

Indirect/High Context

In high context cultures, such as Thailand, which tend to be homogenous and collectivist, people carry within them highly developed and refined notions of how most interactions will unfold (of how they and the other person will behave in a particular situation).

Because people in high context cultures already know and understand each other quite well, they have evolved a more indirect style of communication.

They have less need to be explicit and rely less on words to convey meaning — especially on the literal meaning of the spoken word — and more on nonverbal communications.

People often convey meaning or send messages by manipulating the context.

Because these cultures tend to be collectivist, people work closely together and know what everyone else knows.

The overriding goals of the communication exchange is maintaining harmony and saving face.

Direct/Low Context

Low context cultures, like the United States, tend to be more heterogeneous and individualist, and accordingly, have evolved a more direct communication style.

Less can be assumed about the other person in a heterogeneous society, and less is known about others in a culture where people prefer independence, self-reliance, and a greater emotional distance from each other.

They cannot depend merely on manipulating context — not doing or not saying something that is always done or said in that situation — or communicating nonverbally to make themselves understood.

They must rely more on words, and on those words being interpreted literally. Getting or giving information is the goal of most communication exchanges.

XII. THE BUILDING BLOCKS OF CULTURE: CONCEPT OF TIME

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Concept of time.
 - Monochronic.
 - Polychronic.
- This building block describes how individuals in a culture perceive time and behave accordingly.

Slide 4-63

A. Concept of time: Monochronic/Polychronic.

This building block describes how individuals in a culture conceive time and behave accordingly.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Time: Monochronic.
 - Time is a limited quantity, a commodity.
 - Needs of people come second to a schedule.
 - People may be too busy to see you.
 - Plans are not easily changed.
 - People live by an external clock.

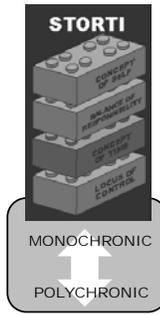
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B. Time: Monochronic.

1. Time is a limited quantity, a commodity.
2. The needs of people come second to keeping a schedule/deadline.
3. People may be too busy to see you.
4. Plans are not easily changed.
5. People live by an external clock.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Time: Polychronic.
 - There is always more time.
 - Time is bent to meet needs of people.
 - People always have time to see you.
 - Plans are fluid.
 - People live by an internal clock.



Slide 4-65

- C. Time: Polychronic.
1. There is always more time.
 2. Time (schedules/deadlines) can be bent to meet needs of people.
 3. People always have time to see you.
 4. Plans are fluid.
 5. People live by an internal clock.
- D. “Concepts of time” is a highly charged cultural difference. The U.S. military and government tend to be highly monochronic. Start and finish times are taken literally, and timeliness shows respect and demonstrates competence. In a monochronic culture, if the class starts at 8 a.m., then students will arrive 5-15 minutes early. Respect is demonstrated by being on time. In some polychronic cultures, students will come in a 9 or 9:15 for a 9 a.m. class, expecting to start when everyone has arrived and chatted a bit first. Greeting people and chatting about non-business related things first, such as family, sports or health, demonstrates respect.
- E. Someone who was raised in a more polychronic culture, like many Hispanic cultures, may struggle to adapt to this strict use of time. If they are late, they might be judged as being disrespectful. In reality, they may not have been raised to live by an external clock.
- F. This gets tricky, as not all people who are late are polychronic. Monochronic people make a practice of being late and do not care about what other people think. The take home here is to ask yourself if the person’s behavior might be related to cultural differences. If the answer is yes, suspend your judgment of them, and get creative about ways to adapt to their practices, educate them about your cultural practices, or find a compromise. Working across cultures takes creativity!

Table 2-2. Monochronic and Polychronic Cultures

	Monochronic Culture	Polychronic Culture
Interpersonal Relations	Interpersonal relations are subordinate to present schedule.	Present schedule is subordinate to interpersonal relations.
Activity Coordination	Schedule coordinates activity; appointment time is rigid.	Interpersonal relations coordinate activity; appointment time is flexible.
Task Handling	One task at a time.	Many tasks are handled simultaneously.
Breaks and Personal Time	Breaks and personal time are sacrosanct regardless of personal ties.	Breaks and personal time are subordinate to personal ties.
Temporal Structure	Time is inflexible; time is tangible.	Time is flexible; time is fluid.
Work/Personal Time Separability	Work time is clearly separable from personal time.	Work time is not clearly separable from personal time.
Organizational Perception	Activities are isolated from organization as a whole; tasks are measured by output in time (activity per hour or minute).	Activities are integrated into organization as a whole; tasks are measured as part of overall organizational goal.

ACTIVITY 4.5

The Building Blocks of Culture: Concept of Time (Storti, 1999)

Purpose

To identify the building blocks of culture² and increase self awareness of one’s own cultural framework.

Directions

1. Refer to Storti’s definitions of “Concept of Time” below (also on p. 80 of “Figuring Foreigners Out: A Practical Guide”). Mark your answers to the following questions on the diagram below.
 - a. Where do you think your beliefs would fall on this continuum?
 - b. Where do you think the collective beliefs of the class would fall?

Monochronic				Polychronic			
Time is a limited commodity; the needs of people are subservient to the demands of time; deadlines and schedules are sacred; plans are not easily changed; people may be too busy to see you; people live by an external clock.				Time is bent to meet the needs of people; there is always more time; schedules and deadlines are easily changed; plans are fluid; people always have time to see you; people live by an internal clock.			
1	2	3	4	1	2	3	4
Monochronic				Polychronic			

2. Take the personal assessment on the following worksheet.
3. Your instructor will conduct a debriefing where the class shares their scores anonymously, so the distribution of scores can be seen by the whole class. If scores cannot be shared anonymously, your instructor will ask volunteers to share their scores.
 - a. Given the results of everyone’s scores, approximately where does the class fall on this continuum?

² Storti, 1999

- b. How does this compare to your earlier predictions?
4. View the slide showing Storti's diagrams of the "Concept of Time" continuums (also on p. 82 of "Figuring Foreigners Out: A Practical Guide"), indicating where different countries fall on this continuum.
 - a. Consider where you stand in relation to your country and in relation to other countries on this "building block."
 - b. With which target populations are you likely to encounter challenges? Which cultures would likely be easier to work with?
 - c. Consider where the fire service stands in relation to other industries on this "building block."
 - d. How might a monochronic or polychronic orientation affect vulnerability to risk?
 - e. How might a monochronic or polychronic orientation affect a group's access to a risk-reduction initiative?

ACTIVITY 4.5 (cont'd)

Worksheet

Monochronic versus Polychronic (Storti, 1999, pp. 58–59)

Indicate whether you **personally** agree more strongly with statement A or statement B. Then, using the Score Key column, assign yourself a score of “1” or a “0” based on your choice of statement “A” or statement “B”.

	A	B	Score Key	Score
1.	People should stand in line so they can be waited on one at a time.	There's no need to stand in line, since people will be waited on as they are ready for service.	A=0 B=1	
2.	Interruptions can usually not be avoided and are often quite beneficial.	Interruptions should be avoided wherever possible; they are inefficient.	A=1 B=0	
3.	It's more efficient if you do one thing at a time.	You can get just as much done working on two or more things at a time.	A=0 B=1	
4.	It's more important to complete the transaction (if a meeting has gone beyond the scheduled time).	It's more important to stick to the schedule (and continue the meeting at another time).	A=1 B=0	
5.	Unanticipated events are hard to accommodate and should be avoided when possible.	Unexpected things happen all the time; that's life.	A=0 B=1	
6.	You shouldn't take a telephone call, or acknowledge a visitor, when you are meeting with another person.	It would be rude not to take a phone call or to ignore a visitor who drops by.	A=0 B=1	
7.	You shouldn't take deadlines too seriously; anything can happen. What's a deadline between friends?	Deadlines are like a promise; many other things depend on them, so they should not be treated lightly.	A=1 B=0	
8.	It's important, in a meeting or a conversation, not to become distracted or digress. You should stick to the agenda.	Digressions and distractions are inevitable. An agenda is just a piece of paper.	A=0 B=1	
9.	You're never too busy to see someone; he or she would never understand if turned away.	Sometimes you're just too busy to see people; they will understand.	A=1 B=0	
10.	Personal talk is part of the job.	Personal talk should be saved for after hours or during lunch.	A=1 B=0	
TOTAL SCORE:				

If you scored between zero and five, you have a more monochronic concept of time.

If you scored between six and ten, you have a more polychronic concept of time.

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XIII. THE BUILDING BLOCKS OF CULTURE: LOCUS OF CONTROL

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Locus of control.
 - Internal.
 - External.
- This building block describes how individuals in a culture are likely to perceive control over their circumstances and future.

Slide 4-69

A. Locus of control: Internal/External.

This building block describes how individuals in a culture are likely to perceive control over their circumstances and future.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Control: Internal.
 - Individuals have control over their lives.
 - Fate has little/no importance.
 - Few things are inevitable or unchangeable.
 - One makes luck and happiness.
 - People tend to be optimistic.

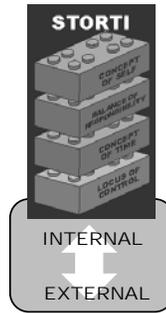
Slide 4-70

B. Control: Internal.

1. Individuals have control over their lives.
2. Fate has little/no importance.
3. Very few things are inevitable or unchangeable.
4. One makes luck, happiness. (“Life is what you make it.”)
5. People tend to be optimistic.

THE BUILDING BLOCKS OF CULTURE (cont'd)

- Control: External.
 - Individuals have little control over their lives.
 - Fate plays a major role in shaping life.
 - Life cannot be changed; must be accepted.
 - Happiness and success are largely luck.
 - People tend to be realistic/fatalistic.



Slide 4-71

C. Control: External.

1. Individuals have little control over their lives.
2. Fate plays a major role in shaping life.
3. Many things in life can't be changed and instead must be accepted.
4. Luck, happiness, success, etc., is largely good/bad luck/fortune.
5. People tend to be realistic/fatalistic.
6. To pick up whether people have a more internal or external locus of control, you have to listen to how they rationalize why something happened. People with a more internal locus of control tend to emphasize their control over life events, while people with an external locus of control will emphasize fate, chance, or "God's will."
7. Of all the building blocks, this may be the most explicitly linked to risk. It is well established that people's response to environmental danger is linked to both the facts about the danger and their beliefs about it. As we have seen, beliefs are often linked to culture. A person's perceived locus of control will affect both how they assess and respond to risk (Sims & Baumann, 1972).
8. People who have an external locus of control may be less apt to take precautions to decrease vulnerability to risk.
9. It is rare (though possible) to encounter cultures that won't try their best to protect their lives, and the lives of the people they love, when the precaution makes sense to them and is feasible from an environmental and economic view. Some research shows that people with an external locus of control may have less confidence in their ability to influence events (Sims & Baumann, 1972).

10. The unspoken assumption of any risk-reduction effort is that we can control our environment and the risks we face. This very idea may be foreign to some people.
11. This should be considered in the design of your intervention. If you are working to change the behavior of people with an external locus of control, you might be met with a lot of resistance, confusion or a lack of interest. It would be best to call upon a contact, partner or stakeholder in the culture to get your message across.

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ACTIVITY 4.6

The Building Blocks of Culture: Locus of Control

Purpose

To identify the building blocks of culture³ and increase self awareness of one’s own cultural framework.

Directions

1. Refer to Storti’s definitions of “Locus of Control” below (also on p. 81 of “Figuring Foreigners Out: A Practical Guide”). Mark your answers to the following questions on the diagram below.
 - a. Where do you think your beliefs would fall on this continuum?
 - b. Where do you think the collective beliefs of the class would fall?

Internal		External	
The locus of control is internal; fate has little or no importance; there are few givens in life, few things that can’t be changed and must just be accepted; where there’s a will, there’s a way; one makes one’s own luck; unhappiness is one’s own fault; people tend to be optimistic; life is what you make it.		The locus of control is external; fate plays a major role; people believe they have limited control over their destiny/external events; many things in life must be accepted/can’t be changed; success/lack of success is partly a result of good/bad fortune; people tend to be realistic; life is what happens to you.	
1	2	3	4
Internal		External	

2. Take the personal assessment on the following worksheet.

³ Storti, 1999

3. Your instructor will conduct a debriefing where the class shares their scores anonymously, so the distribution of scores can be seen by the whole class. If scores cannot be shared anonymously, your instructor will ask volunteers to share their scores.
 - a. Given the results of everyone's scores, approximately where does the class fall on this continuum?
 - b. How does this compare to your earlier predictions?
4. View the slide showing Storti's diagram of the "Locus of Control" continuums (also on p. 82 of "Figuring Foreigners Out: A Practical Guide"), indicating where different countries fall on this continuum.
 - a. Consider where you stand in relation to your country and in relation to other countries on this "building block."
 - b. With which target populations are you likely to encounter challenges? Which cultures would likely be easier to work with?
 - c. Consider where the fire service stands in relation to other industries on this "building block."
 - d. How might an internal or external locus of control affect vulnerability to risk?
 - e. How might an internal or external locus of control affect a group's access to a risk-reduction initiative?

ACTIVITY 4.6 (cont'd)

Worksheet

Locus of Control: Internal vs. External (Storti, 1999, pp. 71-72)

Indicate whether you **personally** agree more strongly with statement A or statement B. Then, using the Score Key column, assign yourself a score of “1” or a “0” based on your choice of statement “A” or statement “B”.

	A	B	Score Key	Score
1.	I tend to be an optimist, to take a positive view of life.	I tend to be a realist, to see life as neither better nor worse than it is.	A=0 B=1	
2.	If I'm unhappy, I should do something about it.	Nothing's wrong if I'm unhappy; it's just a part of life's ups and downs.	A=0 B=1	
3.	The external world is complex, dynamic, and mysterious. It cannot be ultimately understood or manipulated.	The external world is a mechanism like other mechanisms; its workings can be discovered, predicted, even manipulated.	A=1 B=0	
4.	If I try hard enough and want something badly enough, there is nothing to stop me from getting what I want.	Some things are beyond my reach, no matter what I do.	A=0 B=1	
5.	If a friend is depressed, there is no need for me to do anything.	If a friend is depressed, I try to cheer him/her up.	A=1 B=0	
6.	There is a solution to every problem, if you look hard enough.	Some problems don't have a solution.	A=0 B=1	
7.	I tend to be a stoic.	I tend to be proactive and a doer.	A=1 B=0	
8.	My success is a personal achievement.	My success is my good fortune.	A=0 B=1	
TOTAL SCORE:				

If you scored between zero and four, you have a more internal locus of control.

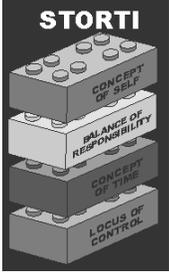
If you scored between five and eight, you have a more external locus of control.

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XIV. THE BUILDING BLOCKS OF CULTURE: SUMMARY

SUMMARY OF THE BUILDING BLOCKS OF CULTURE

- Intercultural interactions occur when members of different cultures come together.
- When building blocks are different, miscommunication, frustration, and mistakes will often happen.
- Culture plays a large role in communication.



Slide 4-75

- A. **Intercultural** interactions occur when individuals from different cultures come together.
- B. When individuals come from cultures whose “building blocks” are substantively different in one or more of these areas, miscommunication, frustration, and mistakes are likely to occur (Storti, 1999, p. 50).
- C. This does not mean that cultures with dramatically different “building blocks” can’t live and work together. It does mean that intuition won’t be very helpful and working effectively will require some effort and patience.
- D. Understanding differences is an important first step, learning how to adapt to these differences is an ongoing process.

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ACTIVITY 4.7

Video Analysis: The Building Blocks of Culture

Purpose

Through analysis of a scenario, identify the level of cultural competence displayed by those portraying roles in the vignette.

Directions

1. Your instructor will show the YouTube video (5:57 min.) “Building the Multicultural Team Japanese Restaurant” <https://www.youtube.com/watch?v=YsJBT8V8-DM>.
2. You will watch this video twice.

Debrief

How is this related to the situations you encounter in your work?

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3. What would you do to improve the outcome in these intercultural situations?

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XV. OVERCOMING COMMUNICATION BARRIERS

OVERCOMING BARRIERS

- Signs that you may have made a mistake:
 - Sudden silence.
 - Awkward responses/behaviors.
- What do you do if you've made a mistake?

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- A. Even the most culturally competent individual is still likely to make some mistakes in behaving and interpreting the behavior of others in an intercultural setting. This is okay. Cultural competence is not an end point; it is an ongoing process.
- B. The occurrence of mistakes and misunderstandings can be reduced by becoming more familiar with your own assumptions, beliefs, values and the behaviors that accompany these.
- C. This awareness will help you immensely when in any leadership role. Minimizing miscommunication will help you build trust and mobilize the people with whom you work.
- D. Though their incidence can be reduced, mistakes and misunderstandings are inevitable in intercultural settings. How these mistakes are negotiated can determine the severity of the consequences.
- E. How people show some of the signs of intercultural gaffes:
 - 1. Sudden silence.
 - 2. Awkward responses/behaviors.

OVERCOMING BARRIERS
(cont'd)

- If you have made a communications mistake:
 - Ask directly what you did wrong.
 - Apologize if appropriate to do so.
 - Laugh with others if appropriate.
 - Learn from mistake.
 - Don't be discouraged.

Slide 4-79

- F. If you **do** make a mistake:
1. Ask directly what you did wrong.
 2. Apologize if you think that it's appropriate.
 3. Laugh with others if you haven't done anything too severe.
 4. Learn from your mistake. People are usually understanding the first few times.
 5. Don't be discouraged!

- G. If you see someone from another cultural background misinterpreting a behavior or behaving inappropriately within your cultural norms, it can be most helpful to them to respond gently and point out gaps in understanding.

For instance: This meeting was planned for 4:00 p.m. We usually start on time. Don't worry about being late; I understand. Next time though, could you please be here by 4:00 p.m.?

- H. Just as it is important to avoid assuming sameness between cultures, it is important to avoid assuming difference. Recall that people's behavior is shaped by individual and universal values as well as cultural norms.

For example: It is not culturally competent to say, "I know that in your culture time is not important, but to Americans, we value punctuality." This rule is especially important to follow if you have limited familiarity with the culture.

ACTIVITY 4.8

Overcoming Communication Barriers: Applying the Building Blocks of Culture

Purpose

To gain practical experience negotiating the four building blocks of culture and applying different styles of communication.

Directions

1. You will have an opportunity to practice negotiating intercultural settings one building block of culture at a time. You may refer to Unit 2 and/or “Figuring Foreigners Out: A Practical Guide” to assist with this exercise.
2. Each small group will be assigned a scenario. While each group should read and discuss **all** scenarios, the group will be responsible for presenting their assigned scenario — and response to it — to the class.
3. Groups should prepare a response to questions for each scenario.

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ACTIVITY 4.8 (cont'd)

Overcoming Communication Barriers: Applying the Building Blocks of Culture

Scenario 1: Child Safety Seat Training (Concept of Time)

Your station has sponsored a child passenger safety event. Under a grant received from the State Department of Health, participants must receive no less than one hour of training in order to receive a free child safety seat. Participants are told when they register that the class will start promptly at 10 a.m. and that they will not be admitted if they are late. They are told to be there 10 to 15 minutes early to complete registration paperwork. The majority of the participants are Hispanic, and the class and paperwork are culturally appropriate for the audience.

The class begins promptly at 10 a.m. Between 10:15 and 10:30 a.m., five more participants come in to join the class. One woman has her three young children with her. She is in obvious need of safety seats for her children, as the two-year old is in a carrier designed for an infant.

Scenario 1 Questions

1. Which building block is demonstrated here?

2. Where do the actors fall on the continuum of this building block?

3. Before coming to this class, how would you have handled this situation?

4. What are some of the consequences and risks that may result from handling this situation poorly?

5. How would you handle this with cultural competence?

Scenario 2: Inspection of an Apartment Building (Locus of Control)

A department conducts a fire safety inspection of an apartment building where a local refugee organization places a number of their new clients. The inspection reveals that none of the apartments are equipped with smoke alarms.

The lieutenant advises the property manager, as well as the executive director of the organization, that smoke alarms have to be installed in all apartments, and she will be back in 30 days to perform a reinspection.

When they return for the reinspection, the executive director and the property owner inform the lieutenant that the smoke alarms have been installed in all but one apartment. The director explains that the tenant in Apartment B said that the family “did not need one.”

The lieutenant and the executive director visit with the residents of Apartment B to explain the importance of smoke alarms.

The family listens politely and allows the lieutenant and director to install the smoke alarm. As the two visitors are leaving, though, the father of the family laughs, explaining that, if it is meant to be, they will perish in a fire. If it is meant to be, they will be saved.

The lieutenant is concerned that the smoke alarm will be disarmed when they leave.

Scenario 2 Questions

1. Which building block is demonstrated here?

2. Where do the actors fall on the continuum of this building block?

3. Before coming to this class, how would you have handled this situation?

4. What are some of the consequences and risks that may result from handling this situation poorly?

5. How would you handle this with cultural competence?

Scenario 3: Fire Code Violations in Rental Properties (Concept of Self)

You are a lieutenant in Middle County. Over the past year, you have noticed a dramatic increase in the number of citations for unsafe and substandard conditions in a particular neighborhood. When you look at the data for the citations, you realize that the majority of the cited properties are rentals owned by five members of the same extended family. You know from your conversations with the family members that they immigrated from Burma seven years ago.

Since the threats and the fines don't seem to be working to improve the conditions, you decide a little friendly competition would help the properties meet fire code. You invite the property owners to a meeting where you explain that the owner whose property demonstrates the greatest improvement in three months will receive a check for \$5,000 from the Good Business Foundation as a reward for their successful clean-up. The monies are to be used for environmental enhancements that are being implemented by the county. All who receive monies from the foundation are recognized at a community ceremony held quarterly.

"If all of our properties improve," says one of the property owners, "perhaps everyone should receive the award?"

"Well, I hope that all the properties improve. But we only have a certain amount of money. If you want to win, your work needs to be the best!"

Scenario 3 Questions

1. Which building block is demonstrated here?

2. Where would the first comment fall on this building block's continuum?

3. Where would the second comment fall?

4. Before coming to this class, how would you have handled this situation?

5. What are some of the consequences and risks that may result from handling this situation poorly?

6. How would you handle this with cultural competence?

Scenario 4: Communication Styles (Communication)

Officer: I will be coming back to check on these code violations on Friday.

Property Owner: I see.

Officer: At that point, you will need to fix the fire exit signs and get a few more extinguishers for your kitchen. You think you can do that?

Property Owner: Friday is a special day.

Officer: What do you mean? You're looking forward to having me come back on Friday?

Property Owner: Of course. It is the end of Ramadan. My family is celebrating all day.

Officer: Well, that sounds like fun.

Property Owner: Thank you. We will be happy to see you.

Scenario 4 Questions

1. Who was communicating in a **high context/indirect** style?

2. What miscommunication occurred?

3. What are the consequences of this miscommunication?

4. How would you rewrite the risk-reduction practitioner's words to communicate more clearly in this intercultural setting? (See **bold** recommendations.)

Officer: I need to verify that you have made these changes within the next five days.

Property Owner: I see.

Officer: At that point, you will need to fix the fire exit signs and get a few more extinguishers for your kitchen. You think you can do that?

Property Owner: Friday is a special day.

Officer: What do you mean?

Property Owner: It is the end of Ramadan. My family is celebrating all day.

Officer: Well, that sounds like fun. Will you be available to meet that day?

Property Owner: Oh, no. I will not be working then. It is an important day for us.

Officer: Is there another day—maybe Wednesday or Thursday—that would be better for you? I am flexible, but the law says that I must follow up with you before Saturday.

Property Owner: No problem. Thursday is good for me. 4:00 p.m.?

Officer: Thursday at 4:00 p.m. is perfect.

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XVI. APPLICATIONS OF CULTURAL COMPETENCE IN RISK REDUCTION

APPLICATION OF CULTURAL COMPETENCE IN RISK REDUCTION

- In what aspect of your job is cultural competence most important?
- What can you do differently immediately when you go home?
- What are some success stories, working with a cultural group in your area for risk reduction?
- Do you have any examples of how the lack of cultural competence may have led to failures?

Slide 4-81

LEARNING MORE ABOUT CULTURAL COMPETENCE

- Courses on building community partnerships.
 - Vision 20/20 and others.
- Podcasts or Webinars on different cultures and cultural competence.
 - e.g., allianceforclas.org.
- Immersion in the target population.
 - Spend casual time with them to understand more.
 - Attend cultural events.

Slide 4-82

- A. Learn more.
- B. When we come across blind spots in our skill sets, we should seek more information. Here are some ways you can learn more.

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ACTIVITY 4.9

Putting It All Together: Culture, Leadership, and Risk Reduction

Purpose

Apply cultural competence concepts and leadership skills to risk-reduction activities.

Directions

1. Work within your table group to answer your assigned questions, and present your findings to the class.
2. Each table will represent a different aspect of their job. Groups 1 and 3 are looking at internal relationships, and Groups 2 and 4 are looking at community relationships.
 - a. Group 1 answers the questions while considering their leadership role in their department (not specifically related to risk reduction).
 - b. Group 2 answers the questions while considering emergency response and community relationships.
 - c. Group 3 answers the questions from the perspective of being a champion for risk reduction.
 - d. Group 4 is answering from the perspective of implementing a risk-reduction initiative within the community.

Questions

1. Name three concrete behaviors that would occur in this aspect of your job that would demonstrate a lack of cultural competence. (Be specific! No interpretation.)

2. What are some of the possible impacts of this behavior? (Consider relationships, trust, etc.)

3. Are there any risks that could increase as result of this behavior and its impact?

4. What specific behaviors could you do differently?

GRADED ASSIGNMENT 3

Building Support

Purpose

To prepare for culturally competent risk-reduction initiatives in the service area.

Directions

Complete the section “Building Support” provided on the following pages. Your written work for this assignment is intended primarily for your own self-reflection and will not be explicitly incorporated into your final risk-reduction plan; however, this assignment will be submitted for a grade based on the rubric in the Front Matter section of your Student Manual.

This activity is worth 100 points towards the final grade.

This assignment asks for your reflection in three areas:

1. Part 1: Culture and Risk Reduction — Your ability to influence the culture of your organization and their attitudes about risk reduction.
2. Part 2: Culture and Leadership — Self-awareness pertaining to your values and beliefs, and your own behaviors associated with those values and beliefs. Awareness of how your behaviors could be perceived or misinterpreted by others. Look at yourself: perceived values, work ethic, integrity, trust, aggression, optimism, tradition, competence, ambition.
3. Part 3: The Cultures in Your Area — What do you currently know about cultural groups in your area? How can you find out more about them and the fire and life safety risks that affect them?
4. In the morning, there will be a debrief of the assignment by taking each part and sharing your reflections from the assignment.

An electronic version of this assignment is available in the files provided on the classroom Shared Drive for this course. You may type your work directly into this file if you choose, and print your completed assignment for submittal.

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GRADED ASSIGNMENT 3 (cont'd)

Building Support

To be completed Monday evening and submitted for grading on Tuesday morning.

Building Support

Part 1: Culture and Risk Reduction

List **three** specific things you can do to impact the culture of your station to enhance or improve attitudes towards risk reduction.

Part 2: Culture and Leadership

Complete the chart on the following page, outlining invisible and visible aspects of culture for selected values, beliefs, and behaviors. Recall that a version of this chart was used in Activity 4.1: Cultural Roots of Assumptions, Values, Beliefs, and Behaviors, where the culture of the fire service was analyzed. The chart was used again in Activity 4.6: Applying Lessons from “The Box Game” to expand on the analysis in Activity 4.1. You may find it helpful to refer back to your work in these activities as you complete this assignment.

1. In column 1, list three (invisible) values that are important to you.
2. In column 2, list some (visible) behaviors that reflect these values.
3. In column 3, brainstorm some possible misinterpretations of this behavior by other people.
4. After you complete this chart, reflect on the information you have compiled. How might your values influence your ability to lead effectively? Reflect upon ways you may need to adapt your leadership style to be more effective.

Example: I think it is important that I am able to speak my mind if I am asked to do things that do not align with my values. This may be misinterpreted at times as rude and overly assertive. I should be clear with my crew and chiefs that I am just trying to have good integrity and model good integrity. I should make sure they know I want them to feel comfortable speaking their mind as well. Perhaps I can adapt my leadership style by being more transparent about my motivation for speaking up.

Part 3: The Cultures in Your Area

1. Using the “Population/race” and “Income/career” tabs on USA.com, make a list of the top three significant cultural groups in your area.

Note: You can refine this by census tract, census block groups, census blocks, ZIP Code, school districts, or whatever makes the most sense for your service area. If you are from a very small town with little diversity, do this activity for a large city near to you.

2. List some of the risks you have seen in these groups.

3. Are you aware of any cultural beliefs or values that might underlie these risks? (Answer “not aware” or “not applicable,” if this is the case.)

4. What are some of the cultural stereotypes and generalizations that exist about these groups?

5. What steps can you take to understand these groups’ beliefs and practices better?

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GRADED ASSIGNMENT 3 (cont'd)

Building Support

COLUMN 1	COLUMN 2	COLUMN 3
<p>Invisible Cultural Norm (shared assumptions, value or belief).</p>	<p>Visible Cultural Norm and its meaning to me (characteristic behavior(s) reflecting this assumption, value or belief).</p>	<p>Possible misinterpretation of this behavior.</p>
<p><i>Example:</i> <i>Integrity</i></p>	<p><i>I will push back if people ask me to do things that do not align with my values.</i></p>	<p><i>People may think I am stubborn, rude, defiant, or uncooperative.</i></p>
<p>1.</p>		
<p>2.</p>		
<p>3.</p>		
<p>4.</p>		

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XV. DEBRIEF GRADED ASSIGNMENT 3

XVIII. SUMMARY

SUMMARY

- Bridging risk reduction and culture.
- Understanding culture.
- Understanding culture: stereotypes and generalizations.
- Culture, behaviors, and risk reduction.
- Understanding cultural competence.
- Storti's 7 lessons to learn about cross-cultural communication.
- Stages of cultural competence.

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SUMMARY (cont'd)

- Indicators of cultural competence.
- Introduction to the building blocks of culture.
- The building blocks of culture: concept of self.
- Communication styles.
- The building blocks of culture: concept of time.
- The building blocks of culture: locus of control.

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SUMMARY (cont'd)

- The building blocks of culture: summary.
- Overcoming communication barriers.
- Applications of cultural competence in risk reduction.
- Debrief Graded Assignment 3.

Slide 4-87

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APPENDIX A

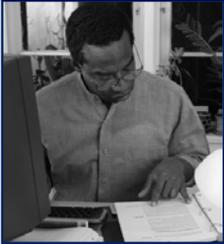
BARRIERS TO COMMUNICATING RISK- REDUCTION INTERVENTIONS, PREPARING MATERIALS FOR TRANSLATION, AND INTERPRETATION

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XVI. BARRIERS TO COMMUNICATING RISK-REDUCTION INTERVENTIONS

BARRIERS TO COMMUNICATING RISK REDUCTION INTERVENTIONS

- Limited English proficiencies.
 - What are some reasons for LEPs?
 - Law requires assistance be available.
 - Do you have a translation or interpretation policy?



- A. Limited English proficiency.
1. People who are not able to speak, read, write, or understand fluently in English are often referred to as English Language Learners (ELLs) or people with limited English proficiency (LEP).
 2. LEP individuals are unable to communicate in English at a level that permits them to interact effectively with risk-reduction agencies and emergency services.
 3. An estimated 9 percent of the population of United States is classified as LEPs.
 4. LEP individuals often face critical barriers to safety, health, and social services. These barriers often result in unacceptable outcomes including:
 - a. Unsatisfactory encounters.
 - b. Inability to access programs.
 - c. Negative personal, health care, or safety outcomes.
 5. Federally funded agencies must comply with Title VI of the Civil Rights Act of 1964 that states that “no person in the U.S. shall, on grounds of race, color or national origin, be excluded from program or activity receiving Federal financial assistance.” Including:
 - a. Medicare and Medicaid.
 - b. Hospitals and public health clinics.

- c. Departments of Health, Transportation, and Housing.
- d. Police/Fire.
- e. Department of Corrections, jails, and courts.
- f. Nutrition programs.

BARRIERS TO COMMUNICATING RISK REDUCTION INTERVENTIONS (cont'd)

- Translation.
 - Written rendering of one language into another.
 - Does not incorporate body language and nonverbal cues.



- B. Translation: An introduction.
1. **Translation** is the **written** rendering of one language into another language.
 2. In some circumstances, funders require risk-reduction practitioners to provide translations of materials for substantial groups speaking languages other than English. In other cases, departments have in-house policies on provision of linguistically appropriate services.
 3. Since translation does not incorporate most of the body language and nonverbal cues present in spoken language, some intercultural challenges are avoided.
 4. Translation is not easy, though.
- C. Considerations in culturally appropriate translation: to translate or not to translate?
1. While translation of key messages is often a good addition to a culturally appropriate risk-reduction intervention strategy, it is important not to assume that translation is a good idea. It is possible that your target population is not literate.

BARRIERS TO COMMUNICATING RISK REDUCTION INTERVENTIONS (cont'd)

- Determine literacy.
 - What is language most understood by target group?
 - Is group generally literate in this language?
 - Reading level of group.
 - Consider dialect variation.



2. To determine if a translation would benefit your intervention strategy, ask:
 - a. What is the language most easily understood by your target audience?
 - b. Is your target audience generally literate in this language?
 - c. At what level do most of your target audience members read?
3. Determine whether a target language has a standardized, written form that is appropriate for the majority of your target audience.
 - a. Some languages have variations on dialect. While these variations may seem minor to non-speakers, the linguistic differences can mean that a message is incomprehensible to some community members.
 - b. In other situations, translations into certain dialects may be politically charged.
 - c. If you don't have access to funds, make sure you budget time to have your translation reviewed by several (three plus) people within the target population.

BARRIERS TO COMMUNICATING RISK REDUCTION INTERVENTIONS (cont'd)

- Example statement: “When your smoke alarm goes off, go outside.”
- When translated, this statement becomes: “When your smoke alarm stops making noise, go outside.”

Does your department have the resources to complete high-quality, linguistically appropriate translation?



Do you have a method to effectively distribute the translated materials to the target group?



XVII. PREPARING MATERIALS FOR TRANSLATION

PREPARING MATERIALS FOR TRANSLATION

- Use simple, effective text.
- Ensure readability.
- Remove jargon.
- Use relevant images.
- Field test.
- Back-translate.



- A. Once a risk-reduction practitioner and the target community have determined that a translation is desirable and resources are available to secure a quality translation, steps can be taken to help ensure a high quality, culturally competent translation.
- B. Six considerations for producing quality translated materials.
1. Use simple, effective text.
 - a. Craft a message with a good text that articulates the key prevention messages you want to communicate to the target audience.
 - b. Avoid long sentences.
 2. Ensure readability.
 - a. Start with a product that is similar to your target reading level.
 - b. Remember: 20 percent of all American adults and 66 percent of inner-city residents and older adults read below a fifth grade level.
 - c. A number of free, online tools test the readability of documents.
 - www.online-utility.org/english/readability_test_and_improve.jsp (Adamovic).
 - www.read-able.com/ (Simpson, 2009).

3. Remove jargon.

“Clean” the document of figures of speech. While many good translators can accommodate idioms, assuring messages remain intact through translation is easier if figures of speech are avoided.

4. Use images that are relevant to the target audience.

“Clean” the document of any culturally inappropriate images or confusing illustrations.

5. Always field test the message first with native speakers.

- a. Never skip this step.
- b. Researchers have demonstrated that companies have spent millions of dollars on texts that are inaccessible or frustrating to readers.

6. Back-translate.

- a. Have another person who did not participate in the translation convert the document back into English. This will not be a perfect translation, but any glaring errors and/or easily misinterpreted phrases will be obvious.
- b. When possible, use materials that have been developed by other departments successfully with your target population for your intervention.

XVIII. INTERPRETATION

<h3>INTERPRETATION</h3>
<ul style="list-style-type: none">• Spoken rendering of words in one language into words of another.• Required by law.• Can be refused.• Why may a LEP person refuse free services?

- A. **Interpretation** is the **spoken** rendering of words in one language into words of another language.
- B. As with translation, access to an interpreter of the (limited English proficiency) LEP person’s choice is a protected right under Title VI of the Civil Rights Act of 1964.

Many organizations provide free interpretation services for their target audiences.

- C. LEP persons **do** have the right to refuse free interpretation and work with an interpreter of their own choosing. There are risks involved in this. Given those risks, it is a good idea to have documentation that:
 - 1. Your organization informed the LEP person of free services.
 - 2. The LEP person declined those services.
 - 3. An agency interpreter should be on hand to verify this.

INTERPRETATION (cont'd)

- Interpretation should communicate the literal and intended meaning of words.
 - Can be challenging.
 - Interpreter may need time to process information.
 - Take your time, and be patient.

- D. Like translation, interpretation should communicate not only the literal meaning of the words, but also their intended meaning.
 - 1. This can be extremely challenging when considering the influences that communication style and nonverbal communication can have in intercultural settings.
 - 2. Don’t be surprised if you only say a few sentences, then the interpretation takes much longer. Direct communicators will typically use fewer words, while indirect communicators may use more words in order to be more nuanced and appropriate.

VIDEO PRESENTATION

“WORKING WITH INTERPRETERS”

<https://www.youtube.com/watch?v=pVm27HLLiQ>

INTERPRETATION (cont'd)

- The best interpreters:
 - Are fluent in both languages.
 - Are familiar with communication styles in each culture.
 - Can handle emotional and cultural challenges.
 - Can negotiate confidential and ethical challenges.
 - “Disappear.”
 - Understand the language and culture of your organization.

- E. The best interpreters (professional or volunteer):
1. Are fluent in both languages (including nonverbal language) and are familiar with the communication styles in each culture.
 2. Are trained to handle emotionally and culturally challenging situations.
 3. Are trained to negotiate confidential and ethically challenging situations.
 4. “Disappear” — provide interpretation without adding, subtracting, or otherwise changing the meaning of what is said by either party.
 5. Understand the language and culture of your organization as much as they possibly can.

TYPES OF INTERPRETERS

- Staff.
- Contract.
- Telephone.
- Family/Friends.
- Bystanders/Incidental contacts.



What are the benefits and drawbacks of each?

6. Interpreters may be:
 - a. Staff (permanent interpreters or part-time multilingual staff).
 - b. Contract interpreters.
 - c. Telephonic interpreters.
 - d. Family/Friends.
 - e. Bystanders/Incidental contacts.

- F. Pros and cons each of these types of interpreters offer: What are the potential drawbacks?
 1. Staff:
 - a. Pro: Know internal culture/ language; likely to be available quickly; consistent interpretation.
 - b. Con: May be overworked; may not be known/respected in the community; may start delivering their own messages; likely to be available only during the work week.

 2. Contract:
 - a. Pro: Tend to be well trained and efficient.
 - b. Con: Often expensive; interpreters may change from day to day.

3. Telephonic:
 - a. Pro: Tend to be well trained, efficient, and available quickly on demand.
 - b. Con: Lack access to nonverbal communication and body language cues which play a significant role in communication of messages; some persons with LEP may not be comfortable with phones.
 4. Family/Friends:
 - a. Pro:
 - Tend to be trusted, free, available quickly and in off hours.
 - Different situation when trying to build rapport in a non-emergency situation.
 - b. Con:
 - Unlikely to “disappear” and interpret without commentary; ethical issues involved (especially with minors); while linguistically advanced minors unlikely to understand complex adult ideas, may be culturally inappropriate to communicate certain messages through family members.
 - Avoid family and friends in emergency situations.
 5. Bystanders/Incidental contacts:
 - a. Pro: There in a pinch and free.
 - b. Con:
 - No rapport with target audience; ethical issues of sharing personal information with strangers.
 - May not be getting the information you are seeking.
- G. Working with family, friends, children/minors, and people met in passing are the least preferred options for ensuring linguistically and culturally appropriate translation. Because these options:
1. Are more likely to distort messages (advocate, comment, etc.).
 2. Expose agencies to liability under Title VI.

3. May result in breach of confidentiality.
4. Increase liability if competence of interpreter is of concern.
5. May reduce LEP person's buy-in if LEP person is unwilling to engage.

What can you do to work effectively with interpreters?



- H. What can you do to work effectively with interpreters?
1. Apply lessons of cultural competence to interactions. (They're people, too.)
 2. Make interpreters part of your risk-prevention teams.
 3. Include interpreters in risk-reduction intervention strategy planning sessions.
 4. Organize opportunities for persons with LEP to meet interpreters prior to "getting down to business."

XIX. ADAPTING COMMUNICATION: NONVERBAL COMMUNICATION

**ADAPTING COMMUNICATION:
NONVERBAL**

- Important to understand role of body language.
- What percentage of the meaning of a message is conveyed from:
 - Literal meaning of the words.
 - Way a speaker says the words (tone, emphasis, etc.).
 - Facial expressions and nonverbal communication.

- A. In addition to considering the communication style as part of intercultural interactions, it is important to understand the role of body language.
- B. As noted above, a great deal of the total meaning understood in a spoken message comes from sources other than the actual meaning of words.
- C. Keep in mind that there may be multiple interpretations for any given nonverbal gesture. Don't always assume your understanding is what they are trying to communicate.

XX. OVERCOMING COMMUNICATION BARRIERS

OVERCOMING BARRIERS

- Signs that you may have made a mistake:
 - Sudden silence.
 - Awkward responses/behaviors.
- What do you do if you've made a mistake?

- A. Even the most culturally competent individual is still likely to make some mistakes in behaving and interpreting the behavior of others in an intercultural setting. This is okay. Cultural competence is not an end point; it is an ongoing process.
- B. The occurrence of mistakes and misunderstandings can be reduced by becoming more familiar with your own assumptions, beliefs, values and the behaviors that accompany these.
- C. This awareness will help you immensely when in any leadership role. Minimizing miscommunication will help you build trust and mobilize the people with whom you work.
- D. Though their incidence can be reduced, mistakes and misunderstandings are inevitable in intercultural settings. How these mistakes are negotiated can determine the severity of the consequences.
- E. How people show some of the signs of intercultural gaffes:
 - 1. Sudden silence.

2. Awkward responses/behaviors.

OVERCOMING BARRIERS
(cont'd)

- If you have made a communications mistake:
 - Ask directly what you did wrong.
 - Apologize if appropriate to do so.
 - Laugh with others if appropriate.
 - Learn from mistake.
 - Don't be discouraged.

F. If you **do** make a mistake:

1. Ask directly what you did wrong.
2. Apologize if you think that it's appropriate.
3. Laugh with others if you haven't done anything too severe.
4. Learn from your mistake. People are usually understanding the first few times.
5. Don't be discouraged!

G. If you see someone from another cultural background misinterpreting a behavior or behaving inappropriately within your cultural norms, it can be most helpful to them to respond gently and point out gaps in understanding.

For instance: This meeting was planned for 4:00 p.m. We usually start on time. Don't worry about being late; I understand. Next time though, could you please be here by 4:00 p.m.?

H. Just as it is important to avoid assuming sameness between cultures, it is important to avoid assuming difference. Recall that people's behavior is shaped by individual and universal values as well as cultural norms.

For example: It is not culturally competent to say, "I know that in your culture time is not important, but to Americans, we value punctuality." This rule is especially important to follow if you have limited familiarity with the culture.

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APPENDIX B

CHECKLIST FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE TRANSLATIONS

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Preparing to do Translations:

- 1. Contact the **Office of Public Health Strategy and Communications (OPHSC)** at for technical assistance and to obtain a list of qualified translators/agencies. All translation projects must be undertaken in consultation with the OPHSC.

Steps in the Translation Process:

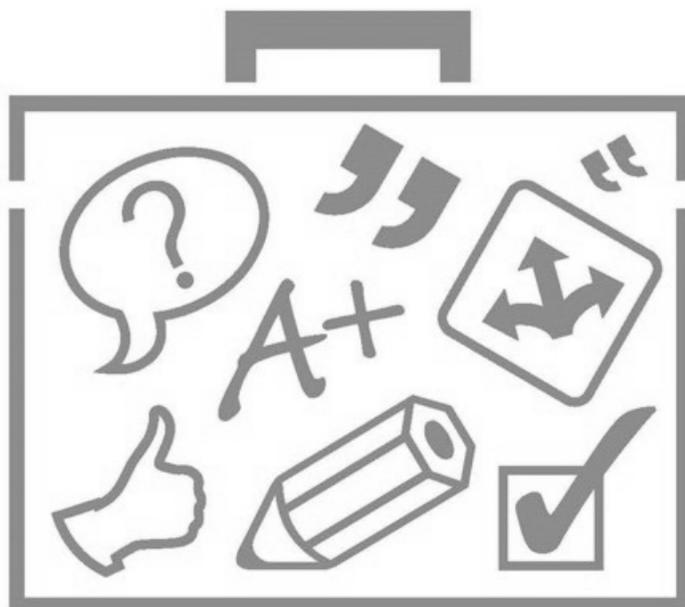
- 1. Determine target audience, their language, ethnicity, reading level, and other factors. Refer to the Foreign Language Guide in the Translation Toolkit.
- 2. Develop a list of key health messages the document will convey.
- 3. Contact the OPHSC to coordinate development of materials.
- 4. Work with individuals from the identified language/ethnic group to ensure materials are appropriate.
- 5. Choose potential translators from the state wide contract.
- 6. Complete Translation Request Worksheet.
- 7. Obtain an itemized estimate in writing from the translator/agency to establish per word cost, turnaround time and project management fees, and to document any special instructions prior to assigning the project to the translator.
- 8. Develop a budget and time-line for translation completion.
- 9. Make arrangements to ensure translation will be proofread/edited by a second translator, either by requesting this service from the translation agency when obtaining a cost estimate or, if working with an individual translator, by selecting a second translator to perform proofreading/editing services.
- 10. Review key messages and technical terms with the translator and go over translation process.
- 11. Field-test the first draft of the translation with community providers, community residents, and/or DPH staff. When performing peer reviews, forward the In-house Translation Review Guidelines and Quality Assurance Form to the reviewer, along with the translation and the English originals.
- 12. Negotiate any changes or discrepancies, if needed, by utilizing DPH's glossaries at www.mass.gov/dph/healthequity or by contacting the OPHSC.
- 13. Make sure that the final translation document includes a reference, in English, to the document title and the language into which it has been translated. This will allow DPH staff and distributors to identify the language for distribution purposes.
- 14. Have final typeset copy proofread by translator before the document is printed.
- 15. Make a backup copy of final translation, design files, and fonts – especially foreign language fonts. Be sure to have alternative, accessible formats (e.g. PDF, .doc) for all documents that will be posted online.

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APPENDIX C

TRANSLATION TOOLKIT

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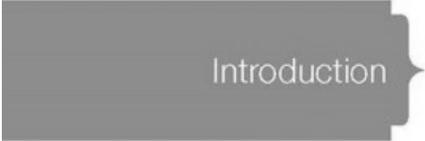
Translation Toolkit

The following step-by-step document is guidance for MDPH staff involved with translating materials.

The Office of Public Health Strategy and Communications (OPHSC) is committed to ensuring quality for the Department's translated materials. All translation projects must be undertaken in consultation with the OPHSC. Please contact OPHSC **prior to final approval of the English document** to ensure that materials are translation-ready.



Office of Public Health Strategy and Communications
Revised October 2010

A dark grey graphic with a white bracket-like shape on the right side containing the word "Introduction".

Introduction

In Massachusetts, almost one in five individuals five years and older speaks a language other than English at home (18.2%, Census 2000). Of these, 41% speak English less than very well. To ensure that public health messages are accessible to populations with limited English proficiency, the Department of Public Health translates program materials into multiple languages. The following document describes a process for translating materials. It builds on translation guidance developed by the former Office of Refugee and Immigrant Health (ORIH) and a subsequent version by the former Office of Multicultural Health.

The field of translation has changed since the last revision of the ORIH translation guidance. Where once the best practice was to do a “back-to-English” translation, today promising practices emphasize a conceptual translation to ensure that messages are culturally and linguistically appropriate. This document, developed by the OPHSC, incorporates these new approaches. Although internet-based translation services are available, OPHSC does not recommend their use for public health documents in general, and for Department of Public Health documents specifically.

This Translation Toolkit is comprised of the following six tools, developed by OPHSC to assist you through the translation process:

1. **Foreign Language Guide:** Provides specific resources for identifying the appropriate language for translation, and they provide information on the top six languages spoken in MA and their population.
2. **Translation Guidelines:** Provide guidance on how to translate a DPH document.
3. **Translation Request Worksheet:** To be completed before contracting with a translator. Once completed, this document provides you with the necessary information for talking with the translator about your project.
4. **Translation Checklist:** Ensures that all the steps of the translation are completed.
5. **Translation Quality Assurance Form:** For reviewers to use when providing feedback on the quality of the translated document. It is a useful tool when having to negotiate discrepancies with the translator. OPHSC keeps performance records of its contracted vendors.
6. **In-House Translation Review:** Provides guidance for peers reviewing translations, as well as for staff requesting the reviews. Forward this one-page document to the reviewer along with the translation, the English original, and the OPHSC Translation Quality Assurance Form. OPHSC has glossaries of terms in Spanish, Portuguese, and French commonly used by DPH programs. When appropriate, refer reviewers to these glossaries, which can be found at: www.mass.gov/dph/healthequity.



Translation Toolkit

Foreign Language Guide

The purpose of this section is to help you identify the appropriate language(s) to translate your written materials into, so that you can communicate most effectively with people who prefer languages other than English.

This document provides information on the top six languages spoken in MA, and is a general reference. Therefore, it cannot adequately characterize any population and the differences within it. Please use it in combination with other data specific to the group or population you are trying to reach.

For a step-by-step guide on the overall translation process, see the document entitled "Translation Toolkit."



Office of Public Health Strategy and Communications
Revised October 2010

Resources

First Language is Not English (FLNE) Report

Information on public school students for whom English is not their first language and those who have Limited English Proficiency (LEP). Go to: www.mass.gov/dph/healthequity and click on "Data and Statistics."

Top ten languages are:

- Spanish
- Portuguese
- Chinese
- Haitian Creole
- Vietnamese
- Khmer
- Cape Verdean
- Russian
- Arabic
- Korean

Interpreter Services in MA Acute Care Hospitals

A DPH report documenting the interpreter services provided at 72 MA hospitals during the Federal Fiscal Year 2007. Hospital interpreter services data are good indicators of populations that lack sufficient English proficiency and need language access services. These populations are likely to have a need for written translations of health information. Go to: www.mass.gov/dph/healthequity, click on "Interpreter Services," then click on "Interpreter Services in Massachusetts Acute Care Hospitals." Top ten languages are:

- Spanish
- Portuguese
- Russian
- Chinese
- Haitian Creole
- Cape Verdean
- Vietnamese
- Arabic
- American Sign Language
- Albanian

Modern Language Association Language Map Data Center

Maps and tables based on the 2000 US Census and 2005 American Community Survey. Go to: www.mla.org/map_data&dcwindow=same and choose from the drop-down menus. Top ten languages in MA are:

- Spanish
- Portuguese
- Chinese
- French
- French Creole
- Italian
- Vietnamese
- Russian
- Greek
- Khmer

Resources

Birth Registry

When mothers give birth in a MA hospital, they are asked the language in which they prefer to read or discuss health-related materials. Contact the Registry of Vital Records and Statistics at 617-740-2620 for more information. For the period of 2006-2008 the top ten languages were:

- English
- Spanish
- Portuguese
- Other (aggregate of all languages except English, Spanish, and Portuguese)
- Haitian Creole
- Mandarin
- Vietnamese
- Arabic
- Russian
- Cantonese
- Cambodian

Surveillance and Program-Specific Data

Programs with a disease-specific focus may use surveillance, enrollment, and hospital discharge data to identify patient demographics.

Refugee Resettlement Program

Refugees from selected countries and regions are admitted to the US yearly. The Refugee and Immigrant Health Program has arrival information. Upon request, data can be provided at the regional or city level. Go to www.mass.gov/dph/cdc/rhip/wwwrihp.htm, click on "Programs" and then "Refugee and Immigrant Health Program."

Race, Ethnicity and Language (REL) Data Collection

DPH has adopted regulations for the collection of race, ethnicity, and language information, requiring hospitals in Massachusetts to submit detailed data on all patients in order to more fully describe them. The goals are to assess health disparities and more effectively target programs. Gradually, community based health centers and DPH programs are adapting the proposed REL collection tool, which eventually will enable us to identify specific languages and detailed ethnicity backgrounds for the populations we serve.

The Massachusetts Community Health Information Profile (MassCHIP)

Free, online access to MA health and social indicators, as well as demographic information from a variety of sources. Community-level data are available. Go to <http://masschip.state.ma.us/default.asp>.

Español

Spanish



Background

The Royal Academy of the Spanish Language has worked to maintain the uniformity of the language, at least in its formal written form, by deciding what constitutes “standard” Spanish. With more than 20 countries using Spanish as their primary language, having uniform, mutually understandable writing is challenging. To add complexity, consider that in these countries language has evolved independently for more than five hundred years. It is no surprise, then, that what might be standard, everyday Spanish in one country may not have equal meaning or affect in another.



Written Spanish: Neutral Spanish, Regional Variations, and Spanglish

When developing public health messages for an English-speaking audience, we tend to favor informal language, everyday speech, and even colloquialisms. This poses a challenge to translators. The best way to ensure uniformity in Spanish is to avoid regionalisms, slang, idiomatic expressions, and most of the techniques we favor when writing our English language materials.

In the interest of clarity, it is preferable to use a less standard word in a translation, or in extreme cases even Spanglish, than it is to risk hindering our audience’s understanding of the message due to increasing the literacy level or using regional variations.

When buying translation services, or developing Spanish language materials, “US Spanish” should be requested. However, all translations should undergo a review by native Spanish speakers from different countries. For those working with medium-size and large translation firms, ask specifically for US-based translators. Translation agencies tend to outsource their services abroad, therefore increasing the chances that your Spanish translation may have lots of regional flavor.

Regional Variations and Education Level

We should recognize that our target audience’s main barrier to understanding our messages is actually literacy itself, not regional variations or word choice. In MA, 46% of Hispanic adults have a literacy level below basic.⁴ Therefore, we should use plain language when writing all of our materials, especially if they are going to be translated.

Spanish Speakers in Massachusetts

Spanish is the second most commonly spoken language in our state.⁵ Speakers come from a variety of countries, educational backgrounds, and have varying degrees of acculturation. The census collects Hispanic or Latino race in four categories: Mexican, Puerto Rican, Cuban, and other. You may consult the U.S. Census Bureau to find out the geographic distribution of Hispanic or Latino race in MA. However, other information suggests that the primary Spanish-speaking groups are the following:

- **Dominicans and Puerto Ricans**, who account for the majority of the Spanish-speaking population statewide.

⁴ 2003 State Assessment of Adult Literacy and 2003 National Assessment of Adult Literacy.

⁵ According to the 2005 American Community Survey, 7% of Massachusetts residents five years and older speak Spanish.

Español

Spanish

- **Central Americans**, represented primarily by Salvadorans, Guatemalans, Hondurans, and Costa Ricans.
- **South Americans**, primarily Colombians but also Venezuelans, Peruvians, and Ecuadorians.
- **Indigenous groups.** It is worth mentioning that the population of indigenous groups from Central and South American countries residing in MA has been growing steadily in recent years. The Southeastern (Fall River, Brockton, New Bedford, and Taunton) and Northeastern (Milford) regions are said to be home to these groups. There is indication that these are speakers of Quiche and Quechua, and that they may not be proficient in Spanish.

Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education data, the 10 school districts with the highest number of Spanish-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Lawrence, Worcester, Springfield, Lynn, Chelsea, Holyoke, Lowell, New Bedford, and Revere.

Português

} Portuguese

**Background**

Portuguese is spoken in Portugal (including the islands of Azores, Madeira and Porto Santo), Brazil, Angola, Mozambique, Guinea-Bissau, São Tomé and Príncipe, Cape Verde, East Timor, and Macau. In that vast area, the standard written language is very uniform, with small differences in spelling and grammatical structure. Educated Portuguese speakers usually have no difficulty understanding each other's writing (except when regional vocabulary is used). As for the spoken language, differences are more significant.¹

**Written Portuguese: Brazilian vs. European**

Rather than developing or translating materials in one or both variations of the language, programs should study the target population and decide the base variety of Portuguese to use. Materials should always undergo a review process that includes native speakers—preferably from different Portuguese-speaking countries—to ensure appropriate usage. For example, if a program is developing materials targeted for women of reproductive age statewide, it is preferable to translate into Brazilian Portuguese, because Brazilian immigrants tend to be younger in age. Particular vocabulary that is not common to other Portuguese-speaking countries can be corrected by either adding a second word or replacing the Brazilian term with alternative words or phrases that reflect a more universal type of Portuguese.

Portuguese Speakers in Massachusetts

Portuguese is the third most commonly spoken language in our state.² Speakers can be grouped in three broad categories.

- **Brazilians** account for the majority of recent arrivals and tend to be younger adults (46% ages 20-34; 24% ages 35-44³).
- **European Portuguese** speakers (Portugal, Azores, and Madeira) belong to a previous migration period, with its majority of Portuguese-only speakers now older adults and senior citizens. Having been established in the state longer, European Portuguese speakers are more likely to be acculturated and to have US-born adult children.
- **Cape Verdeans** speak a Creole dialect, but the official language of the country is Portuguese. Individuals who are literate will most likely speak Portuguese. For those who did not attend school in Cape Verde, as was often the case with women, Portuguese may not be a meaningful means of communication. Due to reporting often as “Portuguese,” Cape Verdeans in MA might be undercounted.

Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education data, the 10 school districts with the highest number of Portuguese-

¹ Adapted from *Modern Portuguese, a Reference Grammar*. Mário A. Perini, Yale University Press, 2002.

² According to the 2005 American Community Survey, 3.54% of Massachusetts residents five years and older speak Portuguese. According to the same source, English and Spanish make up the first and second most commonly spoken languages, respectively.

³ U.S. Census Bureau, 2000.

Português

Portuguese

speaking students in public schools during the 2008-2009 school year (in descending order) were Fall River, Framingham, New Bedford, Everett, Somerville, Marlborough, Lowell, Boston, Milford, and Malden.

According to the 2000 census, Brazilians are concentrated in three major areas:

- Boston and the North Shore – comprising principally Allston/Brighton, Somerville, Medford, Everett, Malden, Chelsea, and East Boston.
- Metro West – Marlborough, Framingham, and Milford.
- South Shore, Cape Cod, and The Islands – Barnstable, Yarmouth, Martha's Vineyard, and Nantucket.

European Portuguese are concentrated mainly in the Cambridge, Fall River, and New Bedford areas.

Cape Verdeans are concentrated in the Boston area (Dorchester, Roxbury, Quincy, Mattapan, and Randolph) and an onset in Somerville/Cambridge), Brockton, Taunton, Fall River, New Bedford, and Cape Cod.

中文

Chinese⁶**Background**

There are nine main dialect groups in spoken Chinese, of which Mandarin and Cantonese are the biggest. Most of these dialects are not mutually understood; a Cantonese speaker and a Hakka speaker will not necessarily understand one another easily. Mandarin is the official spoken language of the People's Republic of China – it is taught in schools and strongly encouraged by the Chinese government. Most educated mainland Chinese speak Mandarin, even those whose native tongue is a different dialect.

**Written Chinese: Traditional Vs. Simplified**

The most confusing thing about Chinese translation is that spoken Chinese dialects do not correspond directly with writing systems.

There are two main Chinese writing systems in use today: Traditional Chinese and Simplified Chinese. The Traditional script was in common use everywhere in the Chinese-speaking world until the 1950s, and is still used in Taiwan, Hong Kong, and many other places outside mainland China.

Simplified Chinese is the official writing system of the People's Republic of China. It was introduced by the government in the mid-1950s as part of an effort to increase literacy. In 1956 the Chinese government published the *Scheme for Simplifying Chinese Characters*, and over the next two decades the system was refined. The result was that over 2,000 commonly used characters were made less complicated.

Choosing Traditional or Simplified Chinese

Simplified characters are used in mainland China, Singapore, and Malaysia. Traditional Chinese characters are used in Hong Kong, Taiwan, Macau and in most overseas Chinese communities. This means that a Cantonese speaker from Canton, China and a Cantonese speaker from Taipei, Taiwan might be able to understand each other in a spoken conversation, but would not be able to communicate in writing because each uses a different system. Often people who grew up with Traditional Chinese can figure out (with varying levels of difficulty) Simplified characters, but people who learned Simplified as a child will not understand Traditional Chinese without some study.

Although the writing systems can be used by speakers of different dialects, word choices and the meanings of characters can differ based on the dialect. Depending on where your translation will be used, you may need to adapt your document. Different Chinese-speaking audiences have different vocabularies, as language variations continue to develop over time. Units of measurement, currencies, local demographics, brand names, and different governmental structures must be taken into account.

Chinese in Massachusetts

As is the case with most overseas Chinese communities, the predominant writing system uses Traditional characters.

⁶ Most of the information on this sheet was provided by Cetra, Inc.

中文

Chinese

According to the 2005-2006 FLNE Report, Cantonese was the most commonly spoken dialect of Chinese in MA public schools. Mandarin was the second most frequently encountered dialect, followed by the Taiwan, Fukien, and Shanghai dialects.

According to Birth Registry data, between 1999 and 2005 Mandarin was more commonly spoken by mothers giving birth in Massachusetts than Cantonese or any other Chinese dialect. This information may suggest that Mandarin is the emerging Chinese dialect in the Commonwealth.

Data on preferred writing systems are not available.

Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Chinese-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Quincy, Newton, Malden, Lexington, Brookline, Winchester, Westford, Acton, and Shrewsbury.

Kreyòl Ayisyen

Haitian Creole⁷



Background

Massachusetts is home to thousands of Haitians. The two official languages of Haiti are French and Haitian Creole. All Haitians speak Haitian Creole, while only a small portion of the population can be considered fully bilingual in French and Haitian Creole. Traditionally, the two languages served different functions, with Haitian Creole being the informal, everyday language of all the people, regardless of social class, and French being the language of formal situations: schools, newspapers, the law and the courts, etc.



Literacy

Haiti's education system was reformed in 1978. One major change was the use of Haitian Creole as the language of instruction in the first four grades. Until then, all grades were taught in French. According to the 1982 census in Haiti, more than 60% of the adult population was illiterate. More recent data (2003-2008) show a 62% adult literacy rate.⁸

The low literacy rates combined with several other factors – such as the formal introduction of Haitian Creole in schools as of 1978 – has at times resulted in conflicting language preference among Haitians. While the use of Creole is popular for oral communication, its written form may not be meaningful for those formally educated in French, or for people who do not have regular contact with written Creole.

Choosing to Translate Written Documents into Haitian Creole or French

A series of focus groups sponsored by the MDPH in 2007 found that Haitians in the Metropolitan Boston area prefer to receive their written health information in Creole, not French. The focus groups further reported that whenever possible, bilingual formats should be used. The language pairs for bilingual documents should be Creole and French or Creole and English.

Video and audio formats have shown to be successful media to communicate health information to the Haitian population.

Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Haitian Creole-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Brockton, Randolph, Everett, Malden, Cambridge, Somerville, Medford, Waltham, and Lynn.

⁷ Most information on this sheet comes from "The Haitians, Their History and Culture," by Michele Burtoff Civan, Refugee Service Center, Center for Applied Linguistics (1994).

⁸ http://www.unicef.org/infoycountry/haiti_statistics.html#67. Accessed June 2, 2010.

Tiếng Việt

Vietnamese



Background

The Vietnamese have been in Massachusetts for decades. Different waves of refugees settled in the Commonwealth during the '70s, '80s and early '90s, and, more recently, as immigrants. As a result, the Vietnamese community in MA is diverse in terms of age, educational background, degree of acculturation, etc.



Language Variation

Vietnamese has traditionally been divided into three dialect regions: North, Central, and South. These dialect regions differ mostly in their sound systems, but also in vocabulary (including basic vocabulary, non-basic vocabulary, and grammatical words) and grammar.¹⁰

Translating Written Documents into Vietnamese

Here are a few things to consider when translating into Vietnamese:

- Some translation companies send their translation jobs abroad. Similar to other immigrant groups, there is a difference between how language is used in Vietnam and how it is used by Vietnamese immigrants in the US. Vietnamese literacy levels between refugees or early settlement immigrants may be different from that of the newly arrived. Make clear to the company that your audience is Vietnamese readers living in the US and, as such, neutral, standard terms should be used. Whenever possible, request a US-based translator. Make sure to use simple explanatory terms and not high level terminology.
- Always have your translations reviewed internally or by end-users. When possible, the translation must be reviewed by more than one person.
- Vietnamese script uses the Latin alphabet with an extensive and complex combination of diacriticals over and below vowels. Therefore, most computers won't readily display it. Always have PDFs of your final documents and ask translators to provide you with the fonts they used. Also, ask to have the document completed using the UNICODE font type.
- Video and audio formats have shown to be successful media to communicate health information to the Vietnamese population.

Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Vietnamese-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Worcester, Quincy, Randolph, Malden, Springfield, Everett, Lowell, Lynn, and Lawrence.

¹⁰ http://en.wikipedia.org/wiki/Vietnamese_language. Accessed June 3, 2010.



Khmer / Cambodian



Background

The city of Lowell alone is home to more than 25,000 Cambodians. Lowell, Massachusetts has the second largest Cambodian population in the US. Many immigrated to the region during the late 1970s/early 1980s resettlements, fleeing from political persecution and genocide.



Literacy

According to the CIA World Factbook the literacy rate in Cambodia is 73.6%.⁹ Other sources cite much lower rates. Adult literacy rates for males are considerably higher than those for females. One of the most alarming facts about literacy in Cambodia is that rates have remained unchanged for many years.

Translating Written Documents into Khmer

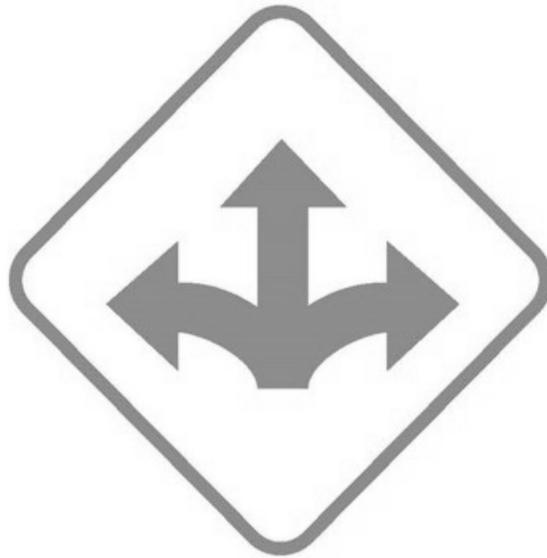
Here are a few things to consider when translating into Khmer:

- Some translation companies send their translation jobs abroad. However, there are differences between how language is used in Cambodia and how it is used by Cambodian immigrants in the US. Literacy between refugees or early settlement immigrants is different from that of the newly arrived. Therefore, whenever possible, request a US-based translator. Make sure to use simple explanatory terms and not high level terminology
- There are significant differences in how language is used by different age groups. Academic language is often more difficult to understand than lay terms or the everyday language used in the community. Therefore, make sure the target audience is clearly defined to the translator, including age group.
- Always have your translations reviewed internally or by end-users. When possible, the translation must be reviewed by more than one person.
- Khmer script (abugida) is complex and most computers won't readily display it. Always have PDFs of your final documents and ask translators to provide you with the fonts they used. Also, ask to have the document completed using the UNICODE font type.
- Video and audio formats have shown to be successful media to communicate health information to the Cambodian population.

Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Khmer-speaking students in public schools during the 2008-2009 school year (in descending order) were Lowell, Lynn, Fall River, Lawrence, Revere, Attleboro, Worcester, Boston, Chelsea, and Easthampton.

⁹ <https://www.cia.gov/library/publications/the-world-factbook/geos/cb.html>. Accessed on 04/26/2010.



Translation Toolkit

Translation Guidelines

The OPHSC coordinates the translation of written materials department-wide. If your program is in the process of developing health education materials, or has developed materials that need to be translated, please read the following guidelines.

For questions or technical assistance, contact the Office of Public Health Strategy and Communications.



Office of Public Health Strategy and Communications
Revised October 2010

Translation Guidelines

The OPHSC's translation guidelines are specific to health-related documents. The process can be divided into three broad steps. They are:

1. **Preparing materials.** The English text is evaluated for readability, clarity and cultural appropriateness. A translator is chosen.
2. **Translation.** The initial translation is performed.
3. **Revision/Editing.** The translation is given to a second translator for revision, and then is field tested with the target audience. In the past, the department's efforts to ensure quality translation included a 'back-to-English' translation. However, experience suggests that back translation is ineffective.

How the Office of Public Health Strategy and Communications Can Help

OPHSC can assist you throughout the translation process to:

- Include language in your Scope of Services to assure translation cost is incorporated in your project.
- Ensure correct reading level, appropriate cultural content, and translatability of the English document.
- Identify appropriate languages for translating your document.
- Develop a translation budget.
- Identify a competent and high quality translator from the state-wide vendor list.

General Recommendations

- **OPHSC recommends that translation costs be included when planning or developing health education materials.** If you are working with a marketing agency for the creation of your materials, OPHSC will help you develop an appropriate Scope of Services that includes translation and review.
- OPHSC recommends that a conceptual translation be used for health education materials, as opposed to a word-for-word, sentence-by-sentence translation. This method allows the translator to select from a variety of ways to express the message to the target audience. The use of a non-literal methodology conveys the intended message in a more culturally relevant way than the use of literal or a word-for-word translation.
- Use two translators – one for the initial translation and the second to review and edit the translation, checking for accuracy, tone, and appropriateness. The translators should be from different sources: either translation agencies or independent translators. **Utilize the services of paid professional translators only.**
- Whenever possible and appropriate, you should have your English materials field-tested prior to getting them translated. Translated materials, too, should be tested. A simple way of doing this is by working with community providers, community residents, and/or DPH staff. They can review your documents and provide valuable input. Utilize OPHSC's in-house translation review guidelines when working with peer reviewers. OPHSC can help you plan this process.

Translation Guidelines

Steps in the Translation Process

1. Prior to the assignment of work to a translator:

- a. **Materials Review:** Program staff should carefully review the document to be translated to ensure:
 - Appropriate reading level for the target population.
 - The language is simple and clear.
 - Messages and illustrations are culturally appropriate.
 - Document is appropriately formatted for accessibility, as recommended by the Healthy Aging & Health and Disability Unit. For more information contact them at 617-624-5070.
 - Document prints clearly in black and white if it will be posted on the internet for public download.
 - If contact information is listed, program must have capacity to interface with people who are LEP. In most cases, having Telephonic Interpreter Services solves the issue. The availability of such services should be listed on your materials.
 - Available space for the translated text (text may increase or decrease depending on the target language for translation).
 - The document to be translated has been finalized.
- b. **Contracting with a Translator/Agency:** The OPHSC maintains a list of individual translators and translation agencies from which program staff should make their selection. This is the list of vendors under OSD contract PRF30, Foreign Language Interpretation (In-Person) and Translation Services. PRF30 is due to expire in 2011, when it will be replaced by contract PRF48. A complete list of languages and maximum rates can be found on <http://www.comm-pass.com>. Paid translators are responsible and therefore liable for their work. If you use unpaid peer translators, and a translation problem arises in the future, no one can be held accountable for those problems. Therefore, it is important that translations be performed by an individual or through an agency under this vendor list.
- c. **Budget & Timeline:** The OPHSC can help you determine an appropriate budget for the translation project. Current state approved contract rates may vary, but are anywhere between \$0.18 and \$0.50 per translated word depending on the target language. Similar rates are charged to review/edit. Additional costs for desktop publishing and formatting may be charged. Program staff should request a detailed, itemized estimate in writing from the translator/agency including turnaround time, per word price, formatting, editing, implementation of peer review edits, and project management fees **prior** to contracting with a translator. Program staff should develop a realistic timetable for the completion of a translation, including time for review and revisions.

Translation Guidelines

Please note: to ensure a quality translation, you should have it proofread/edited by a second translator. To reiterate, the second translator reviews and/or edits the translation checking for accuracy, tone, and appropriateness.

- When working with a translation agency, ensure that editing by a second translator is provided and that this cost is included in the price estimate.
- When working with an independent translator, be mindful that the cost for a second translator/editor needs to be included in the budget.

2. At the time of assignment of work to a translator:

- a. **Selecting Translators:** Once you've chosen a translator/agency, program staff should discuss the following with the translators: the purpose of the material, the appropriate reading level of the target population, key health messages, and terminology specific to the message. The translator needs to be encouraged to ask questions, because the quality of the translation is dependent upon the translator's understanding of the English document. If English materials were created by a marketing company, a contact person from the company and a phone number need to be identified for the translator to contact should he/she have any questions about the English document.

3. After receiving the initial translation:

- a. The second translator will check style, grammar, accuracy, and comprehension of the messages. The second translator will also review the literacy level of the translation. During the review process, the following must be noted:
 - Back-to-English translation is not a good quality assurance practice for DPH materials. The literacy level of a translation cannot be assessed by analyzing a back translation.
 - Translator's footnotes may be used to explain difficult concepts. They should be used judiciously, as they can interfere with readability.
 - Program contact information should disclaim the availability of Telephonic Interpreter Services (TIS). For example, "Assistance in other languages is available" should suffice. Contact the OPHSC for assistance with TIS.
 - When listing other resources, place a disclaimer to inform readers that some of the options to communicate with the listed resources may only be available in English.
- b. If discrepancies occur between the first translation and the revisions done by the second translator/agency, please contact the OPHSC. To maintain consistency from one translation to another, OPHSC has glossaries of terms commonly used in Spanish, Portuguese, and French by DPH programs. You can find these glossaries at: www.mass.gov/dph/healthequity.

Translation Guidelines

- c. The finalized copy of the translated document must indicate (in English) the language in which it is written, so that the translation can be identified easily by distributors and DPH staff. The date or version number should also be indicated.
- d. Always keep backup copies of all translations. Ask your translator/translation agency to provide you with the final translation files on a CD. When your materials go to the printer, you will usually need to provide any design files, as well as the foreign fonts used in the translation. If your materials will be posted on a state Website, you will be asked to provide additional, accessible formats for all documents. For instance, if your final document is a PDF, you will have to provide a text-only Word or RTF document for visually impaired readers who use screen reader software.



Contact and Fiscal Information

- 1. Date: _____
- 2. Program: _____
- 3. Bureau: _____
- 4. Contact Person: _____
- 5. Phone: _____
- 6. E-mail: _____
- 7. Project Title: _____
- 8. Deadline: _____
- 9. Marketing Agency or Subcontractor: _____
- 10. Have funds been identified for this project?:
 Yes No

Project Information

- 11. In addition to translation, will you need any of the following?:
 Formatting
 Printing
 Other: _____
- 12. What format will be used to deliver the message?:
 Brochure
 Fact Sheet
 Poster
 Radio/TV Ad
 Other: _____
- 13. Languages to translate into (select all that apply by holding down CTRL):

- Spanish
 - Portuguese - Brazilian
 - Portuguese - European
 - Chinese - Traditional
 - Chinese - Simplified
 - Haitian Creole
 - Vietnamese
 - Khmer
 - French
 - Russian
 - Arabic

- Other: _____

Audience

- 14. Who are your primary and secondary audiences? Please identify the following: gender, age group, ethnicity, race, country of origin, literacy level, etc:

- 15. What is the critical message you are trying to convey? Please list at least three main points you're trying to make?

- 16. Have these materials been pre-tested with the target audience?
 Yes No
- 17. Which cities/regions are your materials going to be used in?

- 18. What is the context in which your materials will be presented to the audience?
 Face-to-face (health care professionals to patient, peers, family members)
 Group delivery (worksite or classroom)
 Mass media (radio, television, magazines, direct mail, billboards, newspapers)
 Community (libraries, employers, schools, malls, health fairs, local government agencies)

Preparing to do Translations:

- 1. Contact the **Office of Public Health Strategy and Communications (OPHSC)** at for technical assistance and to obtain a list of qualified translators/agencies. All translation projects must be undertaken in consultation with the OPHSC.

Steps in the Translation Process:

- 1. Determine target audience, their language, ethnicity, reading level, and other factors. Refer to the Foreign Language Guide in the Translation Toolkit.
- 2. Develop a list of key health messages the document will convey.
- 3. Contact the OPHSC to coordinate development of materials.
- 4. Work with individuals from the identified language/ethnic group to ensure materials are appropriate.
- 5. Choose potential translators from the state wide contract.
- 6. Complete Translation Request Worksheet.
- 7. Obtain an itemized estimate in writing from the translator/agency to establish per word cost, turnaround time and project management fees, and to document any special instructions prior to assigning the project to the translator.
- 8. Develop a budget and time-line for translation completion.
- 9. Make arrangements to ensure translation will be proofread/edited by a second translator, either by requesting this service from the translation agency when obtaining a cost estimate or, if working with an individual translator, by selecting a second translator to perform proofreading/editing services.
- 10. Review key messages and technical terms with the translator and go over translation process.
- 11. Field-test the first draft of the translation with community providers, community residents, and/or DPH staff. When performing peer reviews, forward the In-house Translation Review Guidelines and Quality Assurance Form to the reviewer, along with the translation and the English originals.
- 12. Negotiate any changes or discrepancies, if needed, by utilizing DPH's glossaries at www.mass.gov/dph/healthequity or by contacting the OPHSC.
- 13. Make sure that the final translation document includes a reference, in English, to the document title and the language into which it has been translated. This will allow DPH staff and distributors to identify the language for distribution purposes.
- 14. Have final typeset copy proofread by translator before the document is printed.
- 15. Make a backup copy of final translation, design files, and fonts – especially foreign language fonts. Be sure to have alternative, accessible formats (e.g. PDF, .doc) for all documents that will be posted online.

Translation Toolkit

Translation Quality Assurance Form



Date: _____

Languages (select all that apply by holding down CTRL):

Project Title: _____

- Spanish
- Portuguese - Brazilian
- Portuguese - European
- Chinese - Traditional
- Chinese - Simplified
- Haitian Creole
- Vietnamese
- Khmer
- French
- Russian
- Arabic

Agency/Translator's Name: _____

Edited/Proofread By: _____

How would you rate this translation overall?:

- Excellent
- Good
- Average
- Below Average
- Unacceptable

Other: _____

Please Check Off the Appropriate Box for Each:

STATEMENTS	STRONGLY AGREE	AGREE	NOT SURE	DISAGREE	STRONGLY DISAGREE
Loyalty: I read both the translated and English texts and I understand the same message from both documents.	<input type="checkbox"/>				
Accuracy: I read the translated text and I get more information or different information than reading the English text.	<input type="checkbox"/>				
Register: I find the language in the translated text more difficult to read/ understand than the English.	<input type="checkbox"/>				
False Cognates: I read the translated text and think I would not understand it as well if I didn't know English.	<input type="checkbox"/>				
Appropriateness for Culture/Audience: The translated message sounds offensive or inappropriate to me.	<input type="checkbox"/>				
Grammar and Style: The translated text has grammatical mistakes, punctuation errors and format problems.	<input type="checkbox"/>				

Recommendations/Comments:

Employees reviewing translations and those requesting internal reviews should follow these guidelines to ensure quality and to record translation vendor performance.

Please forward to your internal reviewer: the translated documents, a copy of the English originals, these guidelines, and the OPHSC Translation Quality Assurance form.

- **Peer reviewers should focus on two areas: errors and context barriers.** The reviewer's task is to correct mistakes and to point out contextual barriers by offering constructive feedback and suggestions for improvement. Reviewers should not concentrate on style. Ask yourself: is this really an issue or is it a matter of taste?
- **Peer reviewers should be native speakers.** Please consider regional differences of the language. For example, Spanish varies greatly among countries and regions. Before deciding that a word or expression is incorrect, double check to make sure that word is in fact incorrect and not a word that sounds foreign only because you are not accustomed to using it. Remember that our US audience comprises a variety of speakers from different countries and regions. Therefore, we must make a conscious effort at including those variations in our translations.
- **Observe language level.** Most materials are written in a low reading level (below 8th grade). Make sure the translation maintains the same tone and reading level as the original, as long as this is not inappropriate or offensive for your audience. Look for words and phrases that our US immigrant population may not understand because of literacy issues.
- **Use the track changes and commenting tool to annotate your changes.** Click on the "tools" menu and choose "track changes". If your computer doesn't have the capacity for certain alphabets and characters, contact the OPHSC for assistance. If you are reviewing PDF documents, Adobe complete has commenting tools. If you do not have the full version of Adobe, print out the documents and hand mark them clearly. Most translators/translation agencies accept hand written comments as long as they are legible.
- **Maintain consistency.** The OPHSC keeps glossaries of terms in Spanish, Portuguese, and French commonly used by DPH programs. Visit: www.mass.gov/dph/healthequity. The OPHSC has dictionaries and reference materials.
- **Footnotes.** You may suggest the use of a translator's footnote to clarify difficult concepts.
- **If you have many concerns or extensive comments,** write them down and contact the translator/translation agency to discuss them further.

For questions or technical assistance, contact the Office of Public Health Strategy and Communications.

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UNIT 5: INTERVENTION STRATEGIES FOR RISK REDUCTION

TERMINAL OBJECTIVE

The students will be able to:

- 5.1 *Develop effective intervention strategies and design activities targeting specific risks within their service area.*

ENABLING OBJECTIVES

The students will be able to:

- 5.1 *Utilize causal chain analysis to explore potential intervention strategies.*
 - 5.2 *Identify appropriate types of prevention interventions.*
 - 5.3 *Evaluate potential intervention strategies (Five E's).*
 - 5.4 *Develop prevention interventions that are appropriate for the target population.*
 - 5.5 *Prioritize risk-reduction strategies based on internal and external requirements.*
 - 5.6 *Develop multiple intervention strategies to address risks in the home community.*
 - 5.7 *Evaluate options for reaching target populations with risk-reduction strategies.*
 - 5.8 *Engage community partners in dialog about their role in intervention strategies.*
 - 5.9 *Create an action plan for selected intervention.*
-

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**UNIT 5:
INTERVENTION STRATEGIES
FOR RISK REDUCTION**

Slide 5-1

ENABLING OBJECTIVES

- Identify appropriate types of interventions.
- Use causal chain analysis to explore interventions.
- Develop interventions appropriate for target populations.
- Prioritize risk-reduction strategies.

Slide 5-2

ENABLING OBJECTIVES (cont'd)

- Develop multiple intervention strategies for risk in home community.
- Evaluate options for reaching target populations.
- Engage community partners.
- Build action/evaluation plan.



Slide 5-3

I. DEBRIEF INDIVIDUAL EVENING READING ASSIGNMENT

Debrief Individual Evening Assignment



Slide 5-4

- A. What is the importance of embracing both suppression and prevention in regard to community support?
- B. What is the importance of creating internal (i.e., fire service) partnerships who encourage firefighters to embrace risk reduction and prevention in the community?
- C. The author refers to risk-reduction efforts becoming “institutionalized” in departments that “get it.” What does this mean, to “get it”? And what does it mean to be “institutionalized”?
- D. Is your department a “get it” department or a “stealth fire department”? What can you, as the Managing Officer, do to promote risk reduction as a value in your station or department?

II. OVERVIEW

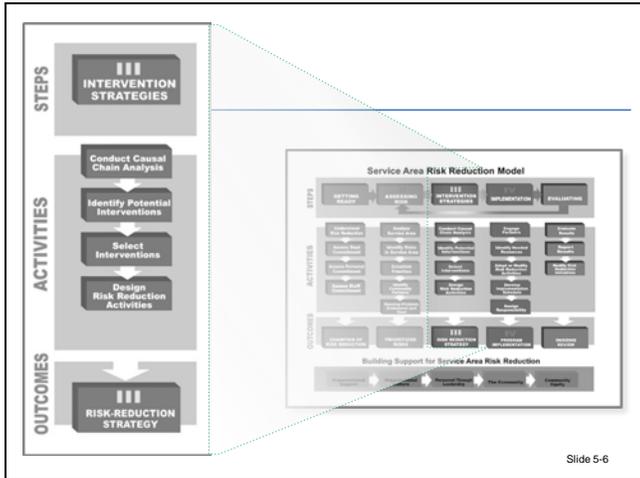
INTRODUCTION

- We have discussed:
 - Methods to determine the risks affecting a specific area.
 - The need to prioritize.
 - The ability to prevent or mitigate with risk reduction.
- In this unit:
 - We will examine the process for selecting effective interventions.
 - We will develop risk-reduction activities and strategies for implementing them.

Slide 5-5

Introduction.

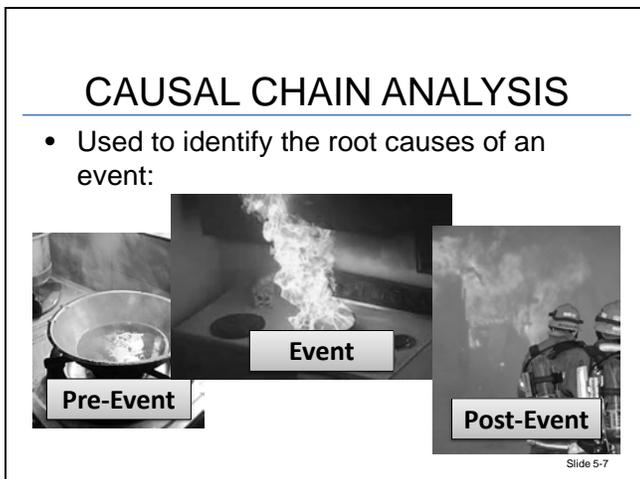
- A. In the previous unit, we discussed methods to determine the risks affecting a specific area.
- B. We also discussed the need to prioritize risks based upon their impact and the ability to prevent or mitigate with risk reduction.



- C. In this unit, we will examine the process of designing and selecting effective interventions in the planning step on the model.
- D. Interventions are effective strategies for preventing or reducing the identified risk.
- E. We will develop risk-reduction activities and strategies for implementing them in the implementation slip on the model.

III. CAUSAL CHAIN ANALYSIS

- A. Causal chain analysis permits the strategic analysis of occurrences.



1. Used to identify the root causes of the event.
2. Most man-made damage to people and property can usually be predicted and often prevented.
3. Unintentional man-made damage to people and property can usually be predicted and often prevented.
4. If the event cannot be prevented, its effects can usually be mitigated.
5. We can understand how incidents occur because a chain of events happens involving pre-event, event and post-event phases.
6. Pre-event phase is the time before the event occurs.
7. Event phase is the exact time when the energy transfer occurs.
8. Post-event is the time following the event.
9. There is no such thing as an accident. Instead, a chain of events leads to damage and injury which makes the incident a predictable event.

CAUSAL CHAIN ANALYSIS
(cont'd)

- A **behavioral root cause** is an action by a human that puts that person or others at risk.
- An example of a behavior that leads to risk is smoking in bed.



Slide 5-8

- B. Effectively designing a strategy to reduce a community risk requires that its root cause(s) be clearly understood.
1. A behavioral root cause is an action by a human that puts that person or others at risk.
 2. An example of a behavior that leads to risk is smoking in bed.

CAUSAL CHAIN ANALYSIS (cont'd)

- Once a priority risk has been identified, and you have chosen to address it, conduct causal chain analysis to explore its root causes.



Slide 5-9

- C. Once a priority risk has been identified, and you have chosen to address it, conduct causal chain analysis to explore its root causes.
- D. Causal chain analysis is considered a best practice of risk reduction because it explores the action/factors that directly contribute to the cause of the risk.

CAUSAL CHAIN ANALYSIS (cont'd)

- Causal chain analysis is the process of listing each event that occurs during a fire or injury incident.
 - Through this process, root causes are better understood.
 - Explore the chain of events that sets the stage for the fire or injury event to occur, including the outcome of the event.

Slide 5-10

- E. Causal chain analysis is the process of listing each action/factor that occurs during an incident.
 1. Key component of exploring the root factors contributing to an incident.
 2. Causal chain analysis examines the sequence of events that lead to the occurrence of a risk incident.

CAUSAL CHAIN ANALYSIS
(cont'd)



- A method to determine the behavioral and environmental factors that can lead to a loss so that proactive interventions may be directed at mitigating or preventing the loss.

Slide 5-11

- F. A method to determine the behavioral and environmental factors that can lead to a loss so that proactive interventions may be directed at mitigating or preventing the loss.
1. To conduct causal chain analysis, explore the following components of a risk that has been selected:

CAUSAL CHAIN ANALYSIS
(cont'd)

- To conduct causal chain analysis, explore the following components of a risk that has been selected:
 - What succession of events caused the incident?
 - Who is contributing to its cause?
 - What populations are being affected by occurrence?
 - Is the risk being exacerbated because of social, cultural, economic or environmental influences?

Slide 5-12

- a. What succession of events caused the incident?
 - b. Who is contributing to its cause?
 - c. What populations are being affected by occurrence?
 - d. Is the risk being exacerbated because of social, cultural, economic or environmental influences?
2. The more complex the incident, the more steps there will be in the chain.

CAUSAL CHAIN ANALYSIS (cont'd)

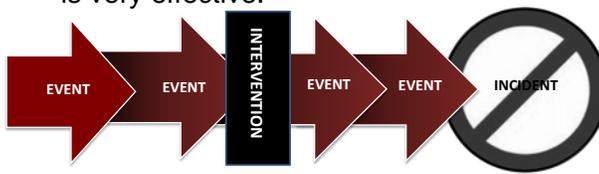
- By removing or eliminating any given link in the sequence, the outcome will be altered.
 - If the link is removed prior to the start of the fire or injury event, the event will not occur.
 - If the link is removed after the fire or injury begins, but before injury occurs, the event is mitigated, limiting the severity of the damage or injury.

Slide 5-13

3. By removing or eliminating any given link in the sequence, the event will be altered.

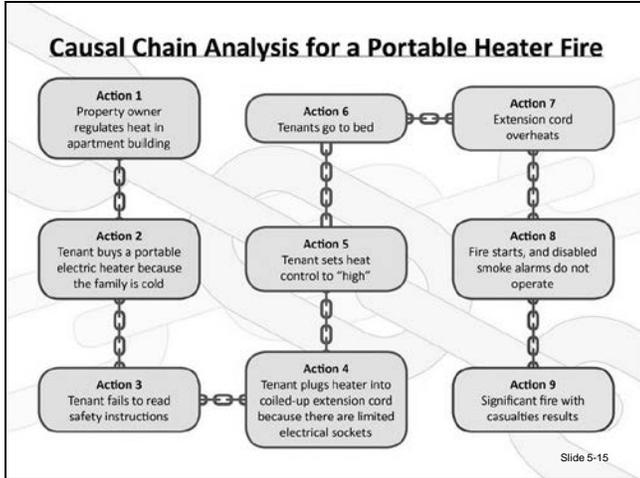
CAUSAL CHAIN ANALYSIS (cont'd)

- Interventions that will break the chain of events or interrupt the sequence can be considered.
- This is why the use of multiple interventions is very effective.

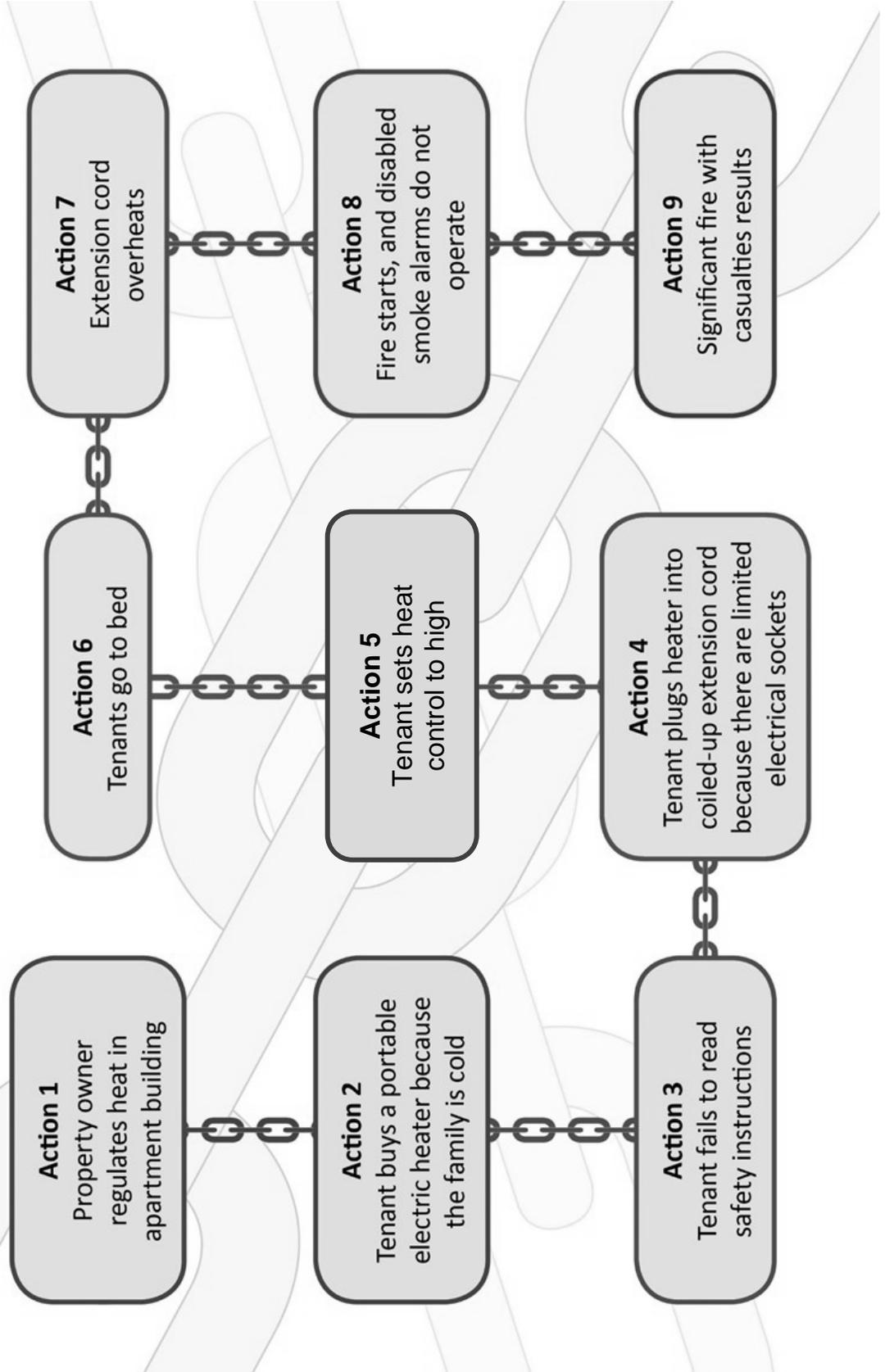


Slide 5-14

- a. If the link is removed prior to the start of the event, it will not occur.
- b. If the link is removed after the event begins, but before injury occurs, the event is mitigated, limiting the severity of the damage or injury.



Causal Chain Analysis for a Portable Heater Fire



G. Portable Heater Fire Chain.

1. Property owner regulates heat in the apartment building.
2. Tenant buys a portable electric heater because family is cold.
3. Tenant does not read safety instructions.
4. Tenant plugs heater into coiled-up extension cord because there are limited electrical sockets.
5. Heat control is set to high.
6. Occupants go to bed.
7. Either the extension cord overheats (and melts) or the nearby combustible materials ignite.
8. Fire originates and disabled smoke alarms do not operate.
9. Significant fire with casualties results.

H. Interventions that will break the chain of events or interrupt the sequence can be considered.

1. This is why the use of multiple interventions is very effective.

CAUSAL CHAIN ANALYSIS
(cont'd)

- In the home, the occupant is not likely to recognize and address the sequence on his or her own.
- It will take your intervention, directly or in the form of education, to remove a link from the chain.



Slide 5-16

2. In the home setting, the occupant is not likely to recognize and address the sequence on his or her own.
3. It will take your intervention, either directly or in the form of education, to remove a link from the chain.

CAUSAL CHAIN ANALYSIS (cont'd)

- Without a basic understanding of the pertinent risk sequencing and root cause:
 - You are making assumptions that may merely be off-base or may be radically wrong.
 - Consequently, the actions you take may have no effect. They could even make matters worse.



Slide 5-17

- I. Embarking on risk-reduction efforts without a basic understanding of the pertinent root cause(s) is risky.
 1. You make assumptions that may be incorrect.
 2. The actions you take may have no effect or could make matters worse.

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ACTIVITY 5.1

Causal Chain Analysis

Purpose

To conduct causal chain analysis to determine the root factors of the risk issue.

Directions

1. Working as a group, conduct causal chain analysis on the given event.
2. You should record this information on an easel pad.
3. Determine how you can get more information about the root causal factors of the problem.
4. Discuss how culture may be a factor in this incident, and identify some of the building blocks of culture that might have affected this event.
5. Be prepared to share your findings with the class.

You are **only** determining the steps in the chain for this event. Interventions will be discussed later in the unit. You should simply list the steps in the chain of the event.

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ACTIVITY 5.1 (cont'd)

Causal Chain Analysis

Scenario 1

On a Saturday evening, around 8:05 p.m., Fire Station 1 in Bellville was called to 3255 Harmony Grove Road for a fall with injuries. It was reported to the 911 Dispatch Center that an elderly woman had been found in her shower, where she had fallen on the previous night.

Nguyen Thi Kim, age 72, lives alone but has a neighbor who checks on her daily. Mrs. Nguyen decided she wanted to shower on Friday evening, and she fell. She did not have access to a phone, and there was no one to check on her. Mrs. Nguyen was found by her neighbor when she arrived to check on her Saturday evening. The neighbor was unsure what to do, and so she called a monk at the Buddhist Temple to seek advice. He advised her to call 911 since Mrs. Nguyen was barely breathing.

Firefighters and paramedics from MCFD Station 1 responded to the address given by the dispatcher. Upon arrival, they found a large, three-story colonial home that had been renovated into small apartments. Since the dispatcher was unable to provide an apartment number, personnel went to the closest apartment to seek information.

After knocking on the door, they were met by an elderly Vietnamese woman that spoke little English. She took them across the hall to another apartment, where another elderly Vietnamese female lived. She spoke a little more English and understood what the personnel from Station 1 were asking. She took them to Mrs. Nguyen's apartment.

Inside the apartment, the women were crowded around Mrs. Nguyen, who was still in the bathtub. They were trying to get her dressed. The women would not let the paramedics see Mrs. Nguyen until she was somewhat dressed. Paramedics determined she was suffering from dehydration and malnourishment, and that she also had broken her hip in the fall. She was transported to County Hospital.

After further inquiry, emergency responders discovered that the apartments were all occupied by Vietnamese women that were widows. Some of them were related by blood or by marriage. Some had been in the United States for quite some time, and others had just recently moved to the building after the passing of their husbands. The apartment building was owned by the local Buddhist Temple, and temple monks took care of the building and assisted the women.

Sadly, Mrs. Nguyen was not able to return to her home due to the seriousness of her injuries.

Scenario 2

Layton firefighters recently responded to a traumatic motor vehicle crash on Interstate 925/Highway 395 involving a minivan, occupied by one adult and four children, and a Dodge pickup truck driven by a Hispanic male. Two of the four children in the minivan were killed, and two of the children were seriously injured. The driver of the minivan was also killed.

The crash occurred at approximately 6 a.m. when the pickup truck, traveling northbound, crossed the median and struck the southbound minivan. The minivan rolled over twice before landing on its side in a wooded area beside the roadway. The driver and two of the children were ejected from the minivan and killed. The other two children were seriously injured. The driver of the pickup truck was transported to County Hospital with non life-threatening injuries.

Investigators discovered that the driver of the pickup, Juan Reyes, worked the late shift at a local poultry processing plant. He had gotten off work at 5 a.m. and was traveling home at the time of the incident. The driver of the minivan, Jose Alvarez, was driving his four children to his parents' home for the day. Apparently, Mr. Reyes had fallen asleep while driving and had not maintained control of the vehicle.

Further investigations by state patrol concluded that none of the children riding in the Alvarez minivan had been properly restrained in the vehicle. The two children who perished, ages 5 and 3, were riding unrestrained in the rear seat of the minivan. It is believed they were asleep at the time the crash occurred. The 9-month-old child was in a child restraint seat, but the seat was improperly installed. The 7-year-old was riding in the front seat and was seriously injured by the vehicle's air bag when it deployed. She was wearing her seatbelt but was not in a child seat as required by the law and recommended by child safety experts. Mr. Alvarez was not wearing his seatbelt at the time of the crash.

Firefighters in Layton were sickened by this incident. State police investigators believe that the two children could have been saved, and the other two would have suffered only minor injuries had they been in the proper child restraint seats. Friends of the Alvarez family, who arrived at the crash scene, said that Mr. Alvarez was not familiar with the various types of restraints for children and had been confused by the different types available. He had been afraid to seek out assistance due to the fact that he had not received his immigration papers.

A memorial has been erected on the side of Interstate 925 to remember this family.

Scenario 3

The first drowning of the year, which claimed two lives on Lake Jordan, occurred the weekend before the Memorial Day holiday. A 14-year-old boy and his father drowned while swimming during a family picnic outing.

The family was enjoying a fun afternoon at County Park on Lake Jordan when the boy, 14-year-old Chaz Lanier, decided to walk and swim to one of the many islands in Lake Jordan. Water levels were low, so he was walking along a sandbar when it dropped off suddenly, and he was unable to recover. According to other park patrons, he tried to start swimming but began to struggle violently and shout for help. While family members called emergency services, Mr. Lanier, his father, attempted to swim to assist his son. When he got to Chaz, they both went under the water and never resurfaced.

Emergency responders, including rescue divers from the local fire department, responded to the 911 dispatch. They were originally dispatched to another park area approximately two miles from County Park due to the family's unfamiliarity with the area. The dispatch center had to triangulate the cellphone calls due to a lack of adequate information on the location of the incident.

It was approximately 30 minutes before rescue divers were able to locate the two victims in the water. Resuscitation attempts were unsuccessful.

Fire department personnel are concerned that it will be a long, hot summer, and that this is just the first incident of many. They are uncertain as to what to do to assist lake visitors to remain safe and understand the dangers of swimming in Lake Jordan. While the lake is basically safe, many individuals do not understand how water levels affect safety and the difference between swimming in open bodies of water and a swimming pool.

The Lanier family were frequent visitors to the lake and live in the area.

Scenario 4

Fire investigators are noticing an upward spiral in the number of kitchen fires in various areas throughout the county. They met with the department risk-reduction specialist and began to compare notes as to the causes of these fires. The most serious of the incidents injured a single mother and her 7-year-old daughter.

Investigation into this incident revealed the following information:

Isabel Luna, age 37, and her daughter Elena, age 7, arrived home one evening during the week. Isabel, a single mother, recently arrived in the United States. She works as a housekeeper at the County Inn. Elena is attending school at Kent Elementary. She is presently in an ESOL class to get caught up. She participates in an after school tutoring program provided by their sponsor organization. Isabel does not get off work until 5 p.m.

At the time the fire occurred, Isabel was starting to cook dinner for the two of them. Isabel has cooked over an open stove since she was a child and really doesn't understand how to use the stove. She is making Pepián, which is a thick meat and vegetable stew. She places one of her ceramic pots on the stove, places the ingredients in it, and turns it to a high setting. Elena called to her mother, and Isabel left the kitchen to see what Elena needed, which was help with her homework. Elena was upstairs.

Isabel became involved with the homework assignment and totally forgot about dinner on the stovetop. She finished helping Elena with her homework and then remembered. When Isabel got downstairs, she saw smoke coming from the kitchen. She entered the kitchen to remove the ceramic pot and was burned in the process. She tried to take the pan outside, but it was too hot. She dropped it, burning herself and Elena. Since the fire was growing fast, both Isabel and Elena were overcome by smoke in the kitchen.

A neighbor happened to see the smoke coming from the rear door of the residence and called the fire department. The neighbor could see Isabel and Elena lying on the kitchen floor but could not reach them due to the heavy fire conditions.

A quick response by the fire department was all that saved Isabel and Elena from death. They were both transported to the local hospital but were later airlifted to a burn center in another part of the state. Isabel received second-degree burns to her feet and legs, and Elena received third-degree burns to her face and hands. Both also suffered smoke inhalation.

Upon extinguishing the fire, firefighters determined that there were no smoke alarms present in the home. After relating this story, the other investigators related that they had had similar experiences with the new members of their community that did not seem to understand how to use a stove and American cooking practices.

Scenario 5

Howell firefighters and rescue personnel responded to a structure fire today that claimed the life of a 6-year-old boy. David Martin, of 1254 Murray Lane, died in a fire that started in the living room of his home.

When David's mother, Kimberly Martin, went to work at her morning shift at the Quick Trip Convenience Store in Howell, she left David in the home with a babysitter. David's father is a Marine, deployed to Afghanistan for two years.

The fire started at approximately 7 a.m. and was reported to 911 by a passerby. When crews arrived at the single-story, 1,200-square foot wood-frame residence, the home had heavy smoke and flames coming from the front and sides.

Firefighters found David in a back bedroom, and he was treated at the scene with CPR. David was rushed to County Hospital, where emergency room personnel tried diligently to resuscitate him.

The babysitter managed to escape and was treated for smoke inhalation at the scene. She said that she was unable to get to David due to the location of the fire. She said she had fallen asleep on the couch and was awakened by the sounds of the fire. She didn't know what to do to try to save him, and she was devastated by his death. She had actually flagged down a passerby to make the 911 call.

Firefighters said that a smoke alarm inside the home was not working.

Fire investigators determined that the fire was started by a couch that was too close to a wall heating unit. Mrs. Martin stated that she had turned the heating unit on to "get the chill out of the air" before she left for work and had forgotten to turn it off.

American Red Cross (ARC) representatives are working to get in touch with Mrs. Martin's husband in Afghanistan.

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ACTIVITY 5.1 (cont'd)
Causal Chain Analysis

(sequence of events)	ED	ENG	ENF	EI	ER
Pre-Event (actions leading up to event)					
Action 1:					
Action 2:					
Action 3:					
Action 4:					
Action 5:					
Action 6:					
Action 7:					
Event (the moment the fire or injury occurs)					
Action 8:					
Post-Event (things that happen after fire or injury)					
Action 9:					
Action 10:					
Action 11:					

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IV. CHOOSING INTERVENTIONS USING CAUSAL CHAIN ANALYSIS

V. LEVELS OF PREVENTION INTERVENTION

LEVELS OF PREVENTION INTERVENTION

 <p>Primary Any activity that prevents an event.</p>	 <p>Secondary Reduce the severity of an event.</p>	 <p>Tertiary Reduce a negative impact of an event.</p>
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Slide 5-19

There are three levels of prevention intervention that should be considered:

LEVELS OF PREVENTION INTERVENTION (cont'd)

- **Primary risk-reduction** activities are ones that **prevent an event from happening**.
- Examples:
 - Home safety surveys.
 - School-based education programs.
 - Community-based education programs.
 - Smoke alarm installation programs.

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A. **Primary risk-reduction** activities are ones that prevent an event from happening.

Primary risk-reduction activity is designed to implement measures so that the event that causes property damage, injury or death does not happen at all.

LEVELS OF PREVENTION INTERVENTION (cont'd)

- **Secondary risk-reduction** activities seek to change or modify events and/or behaviors to **reduce the severity of the event**.
- Examples:
 - Pre-incident planning.
 - Activation of a smoke alarm during a fire.
 - Neighborhood canvas after a fire.
 - Extinguishing a fire with a fire extinguisher.
 - Fire suppression response.

Slide 5-21

B. **Secondary risk-reduction** activities seek to change or modify the events and/or behaviors in order to reduce the severity of the event.

This can include pre-incident planning, activation of a smoke alarm, fire extinguisher use, and fire suppression response as examples.

LEVELS OF PREVENTION INTERVENTION (cont'd)

- **Tertiary risk-reduction activities** seek to **reduce a negative impact** of an event **over a long-term span of time**.
- Examples:
 - Long-term community-based services after a disaster has happened.
 - Prompt medical care at a burn facility for individuals that have been burned.
 - Rehabilitation after an injury.

Slide 5-22

C. **Tertiary risk-reduction** activities seek to reduce a negative impact of an event over a long-term span of time

Examples include long-term community based services after a disaster has happened or prompt medical care and/or rehabilitation at a burn facility.



PRIMARY SECONDARY TERTIARY

- Which level is most effective at reducing a community's level of risk?
- Which is the most cost-efficient and productive?

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VI. INTERVENTION STRATEGIES

INTERVENTION STRATEGIES

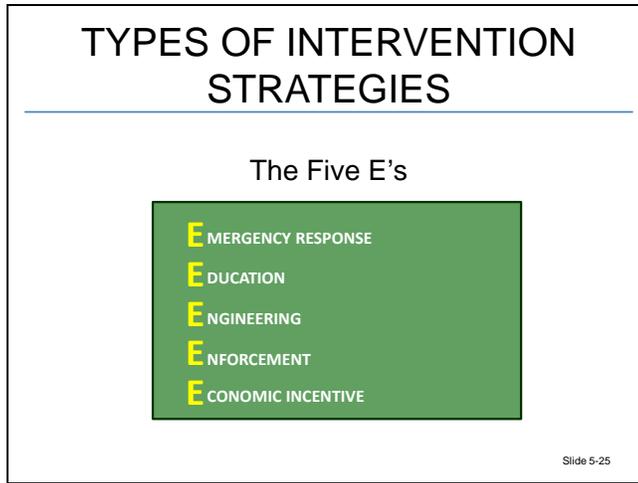
- In order to properly create a risk-reduction plan, appropriate intervention strategies must be designed for the targeted risks.
- These will include strategies for both prevention and mitigation of the risk.



Slide 5-24

- A. In order to properly create a risk-reduction plan, appropriate intervention strategies must be designed for the targeted risks. These will include strategies for both prevention and mitigation of the risk.
- B. The Centers for Disease Control and Prevention (CDC) defines an intervention strategy as a guiding plan of action for the intervention or program.
- C. The intervention strategy encompasses:
 - 1. Specific target audience segment(s).
 - 2. Specific behavior change goal.
 - 3. Benefits of the desired behavior to promote.

4. Costs and barriers to behavior change that will be minimized.
5. The marketing mix (product, price, place and promotion).
6. Activities that will influence or support behavior change.
7. Cultural aspects of the target population(s) that might influence the intervention and the implementation process.



- D. The Five E's are:
1. Education.
 2. Engineering.
 3. Enforcement.
 4. Economic incentive.
 5. Emergency response.

EDUCATION

- Education raises awareness and knowledge of fire and life safety and is the first step in producing desired low-risk behavior.
- What are some examples of education that are used in your service area to reduce risk?

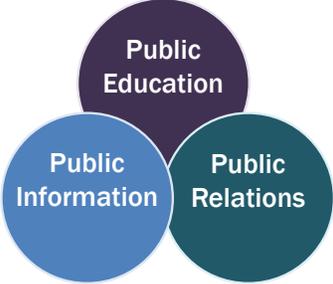


Slide 5-26

E. Education.

1. Education raises awareness and knowledge of fire and life safety and is the first step in producing desired low-risk behavior.

PUBLIC RELATIONS, EDUCATION, AND INFORMATION — WHAT'S THE DIFFERENCE?



Slide 5-27

2. Public relations, information and education — what is the difference?
 - a. Many times, it takes a project such as this to get a “foot in the door” to provide risk-reduction projects.
 - b. The concepts of public relations (or marketing), public information, and public education (or risk reduction) are not mutually exclusive of each other.
 - Public-relations activities help to increase and/or improve the community’s view or opinion of the fire department. Parades, fairs, and standby events are examples of opportunities for the department to market itself.

- Public information is usually about specific incidents: a fire on Main Street; the wreck on the interstate; or upcoming significant weather events.
 - Public education is the opportunity to reduce risky behaviors; to teach individuals the correct behaviors in order to prevent or mitigate injuries and/or deaths. **Public education must be measurable in order to be called education.**
- c. These three work together to assist departments in being successful community partners.
- While giving information about an incident, PIOs or others can provide safety information about smoke alarms, seat belts, or other information related to the incident.
 - While conducting public-relations events, firefighters have the opportunity to educate citizens on risk-reduction initiatives and to build relationships so that risk reduction information and activities will be better accepted.
 - So while some activities may not be viewed as risk reduction, you can certainly use these opportunities and events to build relationships with members of the service.

ENGINEERING

- This refers to new products and/or technology.
- It means modification of the product or the environment to prevent or mitigate death, injury and property loss.
- What are some examples of engineering that are used in your service area to reduce risk?



Slide 5-28

F. Engineering.

1. This refers to new products and/or technology.
2. It means modification of the product or the environment to prevent or mitigate death, injury and property loss.

ENFORCEMENT

- Enforcement reduces risk or the hazards causing the risk through the adoption of legislation and enforcement of the legislation.
- What are some examples of enforcement that are used in your service area to reduce risk?



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G. Enforcement.

1. Enforcement reduces risk, or the hazards causing the risk, through the adoption and enforcement of the legislation.
2. Typically done through inspections with penalties for noncompliance.

ECONOMIC INCENTIVES

- Economic incentives are offered to encourage people to make certain choices or behave in certain ways.
- What are some examples of economic incentives that are used in your service area to reduce risk?



Slide 5-30

H. Economic incentive.

1. Economic incentives (\$) are offered to encourage people to make certain choices or behave in certain ways.
2. Economic incentives can be negative or positive.

EMERGENCY RESPONSE

- Effective emergency response can mitigate the loss of an unintentional injury and save lives.
- What are some examples of emergency response that can mitigate a particular risk?



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I. Emergency response.

Effective emergency response can mitigate loss and save lives.

USE MULTIPLE STRATEGIES

- These strategies are designed to work in concert with each other.
- Rarely will one strategy remove the risk or provide the necessary mitigation.
- It takes a multi-strategy process to ensure success.



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J. Use multiple strategies.

1. Rarely will only one strategy remove the risk or provide the necessary mitigation.
2. These five strategies are designed to work in concert with each other.
3. Often, it takes a multi-strategy process to ensure success.
4. While using multiple strategies is more effective than using just one, education as a strategy is the foundation for all others.
5. Education is not as effective alone as when accompanied by others, but it is always needed.

- 6. If smoke alarms are installed, then residents must be educated about the maintenance of the alarm and the actions to take when it sounds.

• Which intervention strategies do seatbelts represent?

• Which of the five E's does this activity represent?



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USING FIVE E'S EFFECTIVELY

• Use the framework of the five E's to brainstorm intervention strategies.

• Determine which prevention and mitigation categories could be employed.

• Assess each option.



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- K. Using the Five E's effectively.
 - 1. Once a risk issue is identified, the Managing Officer (MO) should use the framework of the Five E's to brainstorm potential prevention and mitigation (intervention) strategies with his/her personnel.
 - 2. It is the role of the MO to lead the decision-making process into which interventions are going to be the most effective.
 - 3. He/She must decide which ones are possible within the parameters of department policies.
 - a. Determine which of the prevention and mitigation categories (Five E's) could be employed to help reduce the particular risk being assessed.

b. Use pros/cons or criteria to assess each option.

**USING FIVE E'S
EFFECTIVELY (cont'd)**

- Consider the feasibility of the options:
 - Financial.
 - Political.
 - Logistical.
 - Organizational.
 - Cultural.



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- 4. Consider the feasibility of the options, including financial, political, logistical, organizational and cultural factors.
 - a. If the MO believes that legislation is needed to address a risk, it may take time for that to happen.
 - b. There may be another more immediate intervention that can be used in the meantime to address the risk.
- L. Knowledge and consideration of the culture of the target audience is key for the success of the intervention.
- M. If the strategies are not based on the needs of the target audience, they will not be feasible to implement and will most likely not be effective.
- N. The MO may have to sell the interventions to his/her personnel. Remember, easiest is not always the most effective.
- O. Including all personnel that will be involved in the risk-reduction initiative in the decision-making process will help to increase buy-in.
- P. The MO may encounter challenges to the selected interventions.
 - 1. Competing attitudes, values, and beliefs of the target population and the community as a whole. People do not believe that fire or other negative events will happen to them, and therefore often it is not a high priority.
 - 2. Competing attitudes, values, and beliefs of the fire department members. Members may feel that participating in training activities, for example, is more important than conducting risk-reduction activities.

3. Cost. Some strategies may be affordable and some may not. This applies to the risk-reduction planning team, the fire department, and the target audience.
4. Resource availability. The resources needed to implement or design a particular intervention may not be available.
5. Strategies may deal with a social issue or with a change of behavior that may not be culturally acceptable to the target audience. Those will be the most difficult to implement.
6. If the risk is associated with a cultural, social or religious practice, conventional interventions may not be effective.

VII. APPLYING THE HEALTH BELIEF MODEL TO RISK AND BEHAVIOR

HEALTH BELIEF MODEL

- Explains an individual's decisions related to health behavior, change, and maintenance.
- Framework for health behavior interventions.



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- A. The Health Belief Model was developed in the 1950s, and it explains an individual's decisions related to health behavior, change, and maintenance.
- B. The Health Belief Model acts as a guiding framework for health behavior interventions.
- C. The Health Belief Model proposes that people will respond best to messages about health promotion, injury prevention, or disease prevention when the following four conditions for change exist:

HEALTH BELIEF MODEL (cont'd)

- Person must **know about** and **understand** the risk.
- Believes risk is serious and may impact them.
- Believes a change will help reduce the risk.
- Believes barriers to behavioral change can be overcome and change is worth it.



1. The person believes that he or she is at risk of developing a specific condition.
 2. The person believes that the risk is serious and the consequences of developing the condition are undesirable.
 3. The person believes that the risk will be reduced by a specific behavior change.
 4. The person believes that barriers to the behavior change can be overcome and managed.
- D. The initial concept is perceived threat. The individual must believe that he or she is at risk.
1. This involves perceived susceptibility and perceived severity.
 2. Susceptibility refers to how much risk a person perceives he or she has; severity refers to how serious the consequences might be.
 3. To effectively change health behaviors, the individual must usually believe in both susceptibility and severity.
- E. The model is a set of conditions that must occur for a person to make a life safety behavior change.
1. The person is aware that a problem exists as a result of his or her own behavior.
 2. The person understands the problem and the factors contributing to it.

3. The person believes that he or she may be personally at risk from the problem.
 4. The person also believes that someone under his or her care may also be at risk.
 5. The person believes the benefits to change outweigh any barriers to do so.
 6. The person believes he or she is capable of successfully making the behavioral change.
 7. A clear understanding exists of what the person must do to reduce the risk.
 8. There is an understanding and personal commitment to the reasons for changing the behavior.
 9. The person has the resources and ability to successfully make the change in behavior.
 10. Positive feedback is provided when the change is made.
- F. Knowing what aspect of the Health Belief Model individuals accept or reject can help you design appropriate interventions.
1. For example, if an individual is unaware of his or her risk factors for one or more injury areas, you can direct your teaching towards personal risk factors.
 2. If the individual is aware of the risk, but feels that the behavior change is overwhelming or unachievable, you can focus your teaching efforts on helping them overcome the perceived barriers.
- G. When designing community risk-reduction programs and associated materials, practitioners should apply the principles of the Health Belief Model.

HEALTH BELIEF MODEL (cont'd)

- The level of knowledge of the risk may be associated with:
 - Literacy level.
 - English proficiency.
 - Culturally-based health beliefs and values.
 - Previous experiences with trauma.
 - Acceptance of the risk, based on spiritual/religious beliefs.



Slide 5-38

H. The concepts of this model are especially important when designing culturally appropriate interventions. The level of knowledge of the risk may be associated with:

1. Literacy level.
2. English proficiency.
3. Culturally-based health beliefs and values.
4. Previous experiences with trauma.
5. Their acceptance of the risk, based on spiritual or religious beliefs.

ACTIVITY 5.2

Categorizing Activities Into the Five E's

Purpose

To identify the categories of various risk-reduction interventions (preventions and mitigations).

Directions

1. Working in your table groups, complete the worksheet on the following page.
2. The worksheet lists a number of intervention strategies. You should identify which of the Five E's is represented by this strategy. (There may be more than one.)
3. You must come to consensus as a table group.
4. When all groups have completed this process, you will share with the class to ensure consensus in the class.

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ACTIVITY 5.2 (cont'd)

Categorizing Activities Into the Five E's

	Engineering	Education	Enforcement	Economic Incentive	Emergency Response
A city mandates sprinklers in all new construction.					
A city initiates a junior fire marshal program in elementary schools.					
A new program installs smoke alarms in high-risk homes.					
An older-adult housing project installs stove control knobs with larger-print settings.					
A fire station is built at the entrance to an active adult subdivision.					
Fire inspectors provide annual code inspections for local businesses.					
An open burning ban is initiated during fire season.					
Rapid response vehicles are provided to outlying communities in rural areas.					
Child restraint seats are provided free for low-income families.					
A state repeals its no-helmet law for motorcycles, requiring helmets to be worn.					

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VIII. OTHER RISK-REDUCTION INTERVENTIONS

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ACTIVITY 5.3

Determine Appropriate Interventions

Purpose

Using the Five E's, determine the appropriate interventions to prevent or mitigate the problem.

Directions

1. Using the causal chain analysis developed in Activity 5.1 Causal Chain Analysis, determine possible interventions to prevent or mitigate the risk event.
2. Consider all Five E's when considering interventions.
3. If there are cultural factors associated with your group's target audience, identify how those might affect the chosen intervention (we will discuss implementation in the next unit).
4. You should record this information on an easel pad.
5. Groups will share their findings with the class.

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IX. TYPES OF RISK-REDUCTION ACTIVITIES

TYPES OF RISK REDUCTION ACTIVITIES

- Designing successful risk-reduction activities:
 - Must target the identified risks.
 - Must be attractive and desirable to the members of the service area.



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- A. Designing risk-reduction activities that are both effective and successful can be challenging.
1. Activities and interventions must target the identified risks in the service area.
 2. Activities and interventions must be attractive and desirable to the members of the service area.

TYPES OF RISK REDUCTION ACTIVITIES (cont'd)

- Meeting needs of service area require non-traditional activities.
 - Builds community equity and goodwill.
 - Leads to more acceptance of the intervention efforts.



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- B. Some stations have found that meeting the needs of members of the service area may mean performing nontraditional activities.
1. Such activities build community equity and goodwill among service area members.

2. This can lead to more acceptance by service area members of the intervention efforts to make them safer from the risks that are present.

C. Risk reduction in action.

D. Videos: Risk-Reduction Activities.

VIDEO PRESENTATION

**“RICHLAND FIRE FIGHTERS
GIVE BACK”**

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**“RICHLAND FIRE FIGHTERS GIVE
BACK”**

- How did this particular incident meet the needs of the resident?
- What do you believe the outcome was, beyond a new water heater?
- How can an activity like this lead to more communication about prevention and mitigation with members of the station service area?
- Prior to this incident, how had the station prepared to assist members of the service area?

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VIDEO PRESENTATION

“CLARK COUNTY FIRE OPEN HOUSE”

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“CLARK COUNTY FIRE OPEN HOUSE”

What risk-reduction objectives might an open house at your fire station meet?

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VIDEO PRESENTATION

“WILMINGTON FIRE DEPARTMENT GOES DOOR TO DOOR”

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“WILMINGTON FIRE DEPARTMENT GOES DOOR TO DOOR”

- Though this appears to be a service-area-wide initiative, how can it be adapted to be a station-led risk-reduction activity?
- What is the benefit of having the department chief, or even a chief officer, involved in the program?



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X. INTERVENTION IN RESIDENCES

INTERVENTION IN RESIDENCES

- Firefighters may only enter private residences in an emergency when the focus is on the emergency.
- After that, they rarely have access to someone’s home due to privacy and property rights.
- Residential survey programs may increase social acceptance of firefighters and give all involved an opportunity for intervention.

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A. Home Safety Surveys.

1. It is statistically proven that most fires occur in one- and two-family dwellings.
2. Traditionally, firefighters only enter private residences during emergency responses, whether it is a fire emergency or medical emergency.
 - a. During these short visits, there is a focus on the emergency at hand, not the big picture situation within the living space.
 - b. Once the emergency ends, fire service personnel rarely have access to someone’s home.

3. Our society places privacy and private property rights above virtually all other considerations (i.e., the home is the castle).
4. However, where residential survey programs have been established, there has been an increase in the social acceptance of firefighters as intervention specialists, able and willing to help in a multitude of ways.
5. An active home safety visit program would give all involved an opportunity for intervention.
6. Many fire departments get into the home for smoke alarm installation programs.
 - a. As a part of that program, it only takes a few minutes to identify other risks and conduct the survey.
 - b. The way to get to the fire problem is to get into the home. It is challenging but worthwhile.
 - c. In addition, other risks, such as hoarding, and trip and fall hazards, can be identified to prevent injury.
7. The list of hazards that put citizens at risk at home may not be the same as those that put firefighters at risk during emergency operations.
 - a. The challenge is to identify those hazards that are not normally visible to fire suppression personnel, especially inside homes.
 - b. They are often more subtle than typical response hazards, yet they can sometimes put both occupants and firefighters at risk nonetheless.
 - c. Being invited into a home for other reasons, such as a medical call, is a great opportunity to begin identifying hazards and risks that we might otherwise never see.
 - d. Company members must be trained and attuned to notice risks under these circumstances.
 - e. Ultimately, however, these “random” visits are not enough on their own.

INTERVENTION IN RESIDENCES (cont'd)

- What are your thoughts on performing home safety surveys/assessments?
- Experiences?

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INTERVENTION IN RESIDENCES (cont'd)

- Washington SFM Association and Vision 20/20 have developed a website to help fire departments design a home safety visit program.

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- B. Developing a Home Safety Visit Program.
1. The Washington State Fire Marshals Association, in partnership with Vision 20/20, has recently developed a website for fire departments desiring to develop a home safety visit program.
 2. This website is a “how-to” covering all aspects of home safety visits from beginning to end.

VIDEO PRESENTATION

“HOME SAFETY VISIT GUIDE”

<https://www.youtube.com/watch?v=jn7MZ5gFPo0>

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ACTIVITY 5.4

Home Safety Visit Programs

Purpose

To discuss the components of a successful home safety visit program.

Directions

1. This is an instructor-led class activity with five parts.
2. You will view several video clips.
3. Be prepared to answer questions about the video clips when asked by the instructor.

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X. INTERVENTION IN RESIDENCES (cont'd)

INTERVENTION IN RESIDENCES (cont'd)

- Community Paramedic Programs.
 - Post hospital discharge, scheduled in-home visit.
 - Comprehensive health and home assessment.
- Have you instituted a community paramedic program?
- Are you exploring one of these programs as an option?

Slide 5-54

C. Using Community Paramedics for Home Safety Visits.

1. Today, due to changes in healthcare requirements, fire departments and EMS providers are commencing Mobile Integrated Healthcare programs, commonly referred to as Community Paramedic Programs.
2. This is a pro-active approach to healthcare carried out in partnership with medical facilities and medical providers.

D. How the CPM program works.

1. When a patient is discharged from a medical facility, a community paramedic will schedule a home visit to ensure that the patient is taking medications and to provide medical follow-up services and the like.
2. The community paramedic also conducts an assessment which includes a survey of the environment, the social aspects of the patient's life, and other factors that can affect health and livelihood.
3. Since the physician does not see the environment or how the patient lives, paramedics are able to see that a patient is climbing steps or eating a high-sodium diet, and suggest appropriate changes.
4. In addition, a community paramedic will be able to conduct the safety survey to identify potential fire- and life-safety issues in the home.

VIDEO PRESENTATION

“TRANSFORMING EMS: MIH-CP”

<http://www.emsworld.com/video/11653137/transforming-ems-mih-cp-video>

Slide 5-55

XI. ASSESSING INTERVENTION STRATEGIES

ASSESSING INTERVENTION STRATEGIES

- Culture can impact how an intervention will be received and acted upon.
- Are there any populations in your service area for whom you would need to consider cultural differences?



Slide 5-56

- A. Desiring a life free from danger and harm for self and family is a shared value.
- B. Just as a population’s cultural background can affect exposure to risk, culture can also impact how an intervention will be received and acted upon by the community.
- C. Culture should be considered when determining which prevention interventions should be used.
- D. To avoid wasted funding and energy, always consider cultural factors before implementation.

1. For example, if heating is an issue for a low income family, space heaters may be the only source of heat for them.
2. If a community uses candles in its religious practices and has done so for generations, they are not going to just stop using them.

In this case, you would not have much success with an intervention that insisted that they “can not burn candles.” Rather you may have more success with, “Here is how you can burn candles safely.”

3. Many times, the possible inappropriateness of interventions is invisible to those trying to reduce the risk.

ASSESSING INTERVENTION STRATEGIES (cont'd)

- Culture can impact how an intervention will be received and acted upon.
- What information do you need to ensure interventions are culturally appropriate? How will you gather this information?



Slide 5-57

- E. While the interventions need to be culturally acceptable, they must, of course, address the behavior(s) that are contributing to increased risk.
1. Cultural competence is about being effective, not just culturally appropriate or sensitive.

ASSESSING INTERVENTION STRATEGIES (cont'd)

- If an intervention does not address the underlying root causes that contribute to the problem, it is unlikely to be effective in changing the problem.
- How can you find out what interventions have worked or failed when used in a specific population?

Slide 5-58

2. If an intervention does not address the underlying root causes that contribute to the problem, then the intervention is unlikely to be effective in changing the problem.
3. If an intervention does not fit a community's capacity, resources, or readiness to act (including their cultural values), the target audience is unlikely to implement the intervention effectively.
4. Unfortunately, it often seems a lot easier to identify what will **not be** an effective risk-reduction intervention in intercultural settings than to know what **will be**.
5. Learning from a variety of sources is a significant part of selecting appropriate risk-reduction interventions. Do not reinvent the wheel. Find out:
 - a. What has **not** worked?
 - Within your service area? Within your division? Within your department?
 - In other departments?
 - b. What **has** worked?
 - Within your service area? Within your division? Within your department?
 - In other departments?
 - In other fields with similar missions of public education, safety, etc.?

ASSESSING INTERVENTION STRATEGIES (cont'd)

- Methods to identify previously implemented strategies that worked (or did not) include:
 - Talk to others in the organization and community.
 - Research articles.
 - Practices that have won awards.
 - Talk with target population.

Slide 5-59

6. Methods to identify **previously implemented** appropriate intervention strategies (and inappropriate strategies to avoid) include:
 - a. Talking with station, division and department members about experiences working with specific target populations.
 - b. Reading research articles including NFA Executive Fire Officer (EFO) Program papers.
 - c. Exploring promising practices and interventions that win awards.
 - d. Talking with members of the target community about their experiences and perspectives of types of intervention strategies that may prove successful.

XII. TRAINING FOR STATION PERSONNEL

TRAINING FOR STATION PERSONNEL

- Ensure station personnel receive training on the intervention being proposed or used.
- Proper training brings confidence and ability to perform necessary actions.
- What type of training will your personnel need?



Slide 5-60

- A. Before embarking on any risk-reduction initiative or event, personnel involved in the initiative must receive training on the intervention being proposed or used.

This is particularly true when conducting home safety surveys or simply installing smoke alarms.
- B. As a Managing Officer, it is your responsibility to ensure that all personnel involved receive the proper training for the risk-reduction initiatives, and the risk-reduction process.
- C. With proper training comes a confidence and ability to perform the actions necessary, and this creates a willingness on the part of the personnel to be involved.

- D. The Managing Officer may have to seek sources for training, especially if it involves training in culture or language.
- E. In Unit 3, stakeholders were identified and consulted that could possibly assist with this training. In Unit 5 we will talk more about engaging stakeholders.
- F. The Managing Officer must develop and provide for these training opportunities to enable personnel to be successful in the risk-reduction efforts.
- G. NFPA 1452, *Guide for Training Fire Service Personnel to Conduct Community Risk Reduction* is but one of many training documents available to assist the Managing Officer in designing training opportunities, or in seeking out opportunities for the appropriate training.

XIII. COORDINATING INTERVENTIONS

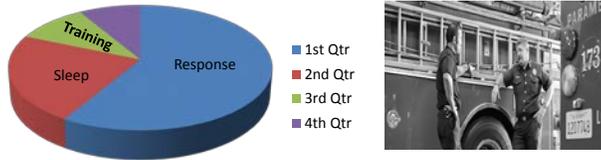
COORDINATING INTERVENTIONS

- Managing officer coordinates all activities performed by station.
- Includes community risk reduction.
- Activities need to be prioritized.
- How does one do it all?

Slide 5-61

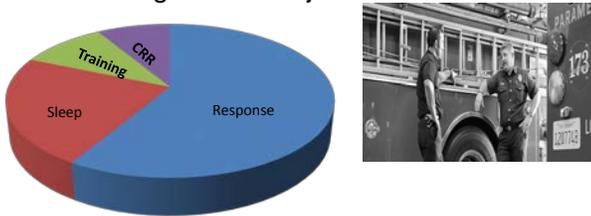
- A. One of the roles of the Managing Officer is to coordinate all the responsibilities and activities of the personnel under his/her leadership.
- B. In this time of economic/personnel cutbacks, and greater demands being placed on all personnel within a department, you may be wondering how to accomplish all duties.
- C. This includes risk-reduction activities, as well as other duties that are required or mandated by the department.
- D. Many personnel in departments today are wearing multiple hats and have multiple responsibilities; and it is important that those are met, in addition to risk-reduction initiatives.

- List and discuss required duties that need to be performed during a shift.



Slide 5-62

- How can you create (or find) time for Community Risk Reduction without sacrificing **critical** objectives?



Slide 5-63

- E. Risk-reduction activities may need to be prioritized based upon the available time, resources and feasibility based upon these other requirements, including emergency responses.
1. For example, some departments may be able to take a station or apparatus out of service while risk-reduction activities are being performed. For others, this may not be an option.
 2. You may decide that the risks to be addressed in your service area will require more time and/or resources than are available to you.

RISK REDUCTION — A STATE OF MIND

- 10 p.m. on Saturday – call for hissing water heater.
- Met at door by aging female who lives alone.
- Check reveals heater working okay. However, basement is full of clutter and stair rail is broken.
- What would your station do?



Slide 5-64

RISK REDUCTION – A STATE OF MIND (cont'd)

- Every call is an opportunity for risk reduction.
- If you see a problem, help fix it (within reason).
- If you cannot, **help find someone who can.**
- Risk reduction is a state of mind.



Slide 5-65

XIV. THE RISK-REDUCTION PLAN

THE RISK REDUCTION PLAN

- A **goal** is written as a broad, general statement of a desired, overall outcome and is based upon the problem statement.
- It is the overall improvement you and the target audience want to see.

Slide 5-66

- A. The risk-reduction plan should include a problem statement and a goal for the program.
- B. A clear and concise problem statement provides the rationale for why the identified risk should be addressed.
- C. It also promotes ownership of the risk which can be utilized to create a sense of urgency to take action.
- D. In the previous unit, you designed a problem statement for your home community-risk issue.
- E. A program **goal** is written as a broad general statement of a desired overall outcome and is based upon the problem statement.
- F. Does not include target completion dates and measurements of success.
- G. Questions to ask when setting goals:
 - 1. What is the overall improvement you want to achieve?
 - 2. What are the goals of the target audience; what do they want to achieve or see happen?
 - 3. What is the desired effect on the safety of the community?

THE RISK REDUCTION PLAN
(cont'd)

- A problem statement and a goal.
- The problem is: Cooking fires are the number one cause of residential fires and injuries in the City of Watertown.
 - Goal: To reduce the occurrence of cooking fires in the City of Watertown.

Slide 5-67

- H. Examples:
 - 1. The problem is cooking fires are the number one cause of residential fires and injuries in the City of Watertown.

Goal: To reduce the occurrence of cooking fires in the City of Watertown.

- 2. The problem is the residents of Marion County are experiencing a high number of sudden cardiac arrests.

Goal: To reduce the number of sudden cardiac arrests that occur in Marion County.

THE RISK REDUCTION PLAN
(cont'd)

- Objectives:
 - The desired level of measurable reduction for a specific risk over a period of time.
 - An intervention should be written as an objective in order to focus on what will be accomplished and to measure the results.



Slide 5-68

- I. An **objective** is the desired level of measurable reduction for a specific risk over a period of time.
- J. The objectives are consistent with the goal; they direct all activity and performance toward achieving the overall goal.
- K. An intervention should be written as an objective in order to focus on what will be accomplished and to measure the results of the intervention. These interventions should consider cultural, social and economic influences.

THE RISK REDUCTION PLAN
(cont'd)

- Objectives are the basis for determining the success of risk-reduction activities.
- They are the means by which risk reduction will be evaluated.



Slide 5-69

- L. Designing effective objectives.

1. Objectives are the basis for determining the success of risk-reduction activities.
2. They are the means by which risk reduction will be evaluated.

THE RISK REDUCTION PLAN
(cont'd)

- Objectives will clearly identify:
 - What is going to be done?
 - Who is going to do it?
 - When is it going to get done?



Slide 5-70

3. Objectives will clearly identify:
 - a. What is to be done.
 - b. Who is going to do it.
 - c. When it will be done.
4. The following are some general questions to be used as guidelines for writing program objectives:
 - a. Is the objective statement constructed properly?

SMART OBJECTIVES

Characteristics of written objectives:

- **S**pecific.
- **M**easurable.
- **A**chievable.
- **R**elevant.
- **T**imeframed.



Slide 5-71

- b. Is it measurable and verifiable?
- c. Does it relate directly to the goal?
- d. Can it be readily understood by those who must implement it?
- e. Is the objective a realistic and attainable one?
- f. Will the result, when achieved, justify the expenditure of time and resources required to achieve it?

ACTION PLAN

Central City Life Safety Coalition Bike Safety Program

Problem Statement: The problem is Central City has a high rate of bicycle incidents requiring hospitalizations involving children between the ages of 10 and 14 as compared to similar communities.

Goal: To decrease the number of bicycle incidents involving children between the ages of 10 and 14 in Central City.

Program Objectives

Starting January 2016, the company officer on A Shift will monitor child bicycle injuries by collecting and analyzing data from city emergency medical services' run report data, the county's medical examiner's logs on fatalities, trauma registry data on children treated in three hospital emergency rooms and local clinics, police reports, and city traffic engineering department reports. Interventions: Education.

By April 2016, the company officer on A Shift will work as the department's Public Information Officer. The officer will develop a social media campaign to raise awareness about bike safety and use various mediums to reach the target audience throughout the life of the program. Interventions: Education.

By June 2016, the company officer on A Shift will recruit local stakeholders and partners to become part of the Central City Bike Safety Committee.

By September 2016, the Central City Bike Safety Committee and station personnel will be trained in bike safety.

By December 2016, the Central City Bike Safety Committee will begin a fundraising campaign to raise \$3,000 to purchase helmets for children and props for bicycle rodeos.

By February 2017, the project coordinator will receive commitment from local merchants to offer discounts on bicycle helmets and display posters.

By April 2017, the committee will acquire 50 bicycle helmets and develop a plan for distribution. Interventions: Education, Engineering, Economic incentive.

By December 2016, each member of the committee will conduct a training/presentation to community groups about the bicycle safety program. Intervention: Education.

By June 2017, the committee members will visit each third grade classroom in Central City to present the bike safety program. Intervention: Education.

By October 2017, the company officer on A shift, with the assistance of the committee, will conduct three bike rodeos and offer bike helmets to those qualifying. Interventions: Education, Engineering, Economic incentive.

GRADED ASSIGNMENT 4

Designing a Risk-Reduction Action Plan

Purpose

You will analyze how your home community priority risk develops, propose interventions, and develop an action plan to begin addressing the issue.

Directions

This activity is worth 100 points toward the final grade.

Part 1

1. Working individually, you should develop a causal chain analysis of how your priority risk typically evolves and transpires. The analysis should ascend through the pre-event, event and post-event stages.
2. A suggestion for creating a causal chain diagram is as follows:
 - a. Open a MS WORD application.
 - b. Go to “Insert” and choose “Smart Art.”
 - c. Click on the “process” selection on the left side of screen.
 - d. Scroll down and locate the nine-box flow chart that is entitled “Vertical Bending Process.” This will allow creation of a fillable flow chart that resembles the causal chain analysis PowerPoint slide used in this course.

Part 2

Based on the causal chain analysis, develop a list of potential intervention strategies to address the risk. This list should be a combination of interventions (Five E’s).

Note: These interventions should be specific actions that could be carried out at the station level. They could be actions such as supporting community risk-reduction efforts already offered by the department or creating a new program for the service area.

Part 3

Reflecting on what you listed in Part Two, develop an action plan that proposes how your station will work to address the risk. Start by including your problem statement and goal. Next, develop a series of measurable objectives that outline what is to be done and a deadline. Use the Central City Action Plan as an example.

GRADED ASSIGNMENT 4 (cont'd)

Part 3: Problem Statement, Goal and Risk-Reduction Strategies

Problem Statement:

After you have brainstormed strategies using the Five E's (Education, Engineering, Enforcement, Economic incentives and Emergency response), assessed the options and ones to implement, list those strategies below. Then in the space below the Strategy name (i.e., engineering, education, etc.), briefly describe each strategy.

1. Strategy:

2. Strategy:

3. Strategy

4. Strategy:

5. Strategy:

Objectives for the Above Interventions:

1.

2.

3.

4.

INTERVENTION STRATEGIES FOR RISK REDUCTION

5.

Are there any strategies that address more than one risk? Could strategies be combined to be more effective?

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READING ASSIGNMENT

Purpose

To analyze firefighters attitude towards prevention and community risk reduction.

Directions

Read “Community Risk Reduction: Changing the Focus of Fire Service.” This reading can be found at the following URL: <http://www.firefighternation.com/article/fire-prevention-and-education/community-risk-reduction>. A copy of the article can also be found in the Appendix of your Student Manual.

Discussion Questions on the Reading

1. Using your department as the basis for your decision, do you feel the author is correct about the attitude of firefighters toward prevention and/or risk-reduction activities and those leading the efforts?
2. Is a name change from prevention to risk reduction going to make a difference?
3. What is the purpose of having a risk-reduction strategy?

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UNIT 6: MEASURING SUCCESS

TERMINAL OBJECTIVE

The students will be able to:

- 6.1 *Determine the success of the risk-reduction activities.*

ENABLING OBJECTIVES

The students will be able to:

- 6.1 *Identify the methods for monitoring the risk-reduction program.*
 - 6.2 *Identify appropriate methods to collect data and evaluate results.*
 - 6.3 *Recognize when to modify components of the risk-reduction plan.*
-

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UNIT 6: MEASURING SUCCESS

Slide 6-1

ENABLING OBJECTIVES

- Identify methods for monitoring the risk-reduction program.
- Identify appropriate methods to collect data and evaluate results.
- Recognize when to modify components of the risk-reduction plan.

Slide 6-2

I. OVERVIEW

OVERVIEW

- Introduction:
 - Evaluation helps determine if program is working according to its plan.
 - Evaluates goals and objectives.
 - Entails sharing results.



Slide 6-3

- A. There are a variety of methods for conducting evaluation, depending upon the questions you want to answer and the information you want to receive.
- B. Monitoring.
 - 1. Monitoring simply means checking the progress of the plan and clarifying that benchmarks are being met.
 - 2. Is the program going according to plan?
 - 3. Is the plan effective in meeting the goal that was set, or does it need to be modified?

METHODS OF EVALUATION
(cont'd)

- What is monitoring?
 - Are you reaching the right audiences?
 - Are you getting the results you want?
 - Monitoring allows for review of the plan and the progress.
 - Monitoring assures that the plan is being implemented as designed.

Slide 6-6

- 4. Are you reaching the right audiences?
- 5. Are you getting the results you want?
- 6. Monitoring allows for review of the plan and the progress (i.e., helps with accountability, responsibility and timeliness).
- 7. Monitoring assures that the plan is being implemented as designed.

METHODS OF EVALUATION (cont'd)

- Monitoring tools:
 - Station meetings or team meetings.
 - Review the program with the partners, internal and external.
 - Prepare progress reports.
 - Analyze any data collected through observations or surveys.



Slide 6-7

8. Monitoring tools.
 - a. Station meetings or team meetings to discuss the progress of the risk-reduction activities should be held on a consistent basis.
 - b. Review the program with the partners, internal and external.
 - c. Prepare progress reports.
 - d. Analyze any data collected through observations or surveys.
- C. Interviews with participants.
 1. This can include interviews within the organization and in the community.
 2. Talking with stakeholders about the initiatives can gather different viewpoints.
 3. This can help provide you with information about successes and failures or why program goals were not met.

What methods do you use to track data?

Slide 6-8

III. COLLECTING DATA

COLLECTING DATA

- Data collection is extremely important to determine if a risk-reduction program is working.
- Data can be collected in narrative format, observed in person and documented, or recorded through statistics.
- Data analysis can be broken into two categories: qualitative and quantitative.

Slide 6-9

- A. A thorough evaluation of a program or effort requires information, or data.
- B. Data collection is extremely important to determine if a risk-reduction program is working.
- C. Data can be collected in narrative format, observed in person and documented, or recorded through statistics.

Data analysis can be broken into two categories: **qualitative** and **quantitative**.

COLLECTING DATA (cont'd)

- Qualitative data:
 - Analyzes words, statements and testimonials.
 - Data that can be observed but cannot be measured or expressed numerically.
 - There is no single or best way to perform qualitative data analysis.



Slide 6-10

D. Qualitative data.

1. Qualitative data analyzes words, statements and testimonials, which will examine the quality of the program.
2. Qualitative data is that data that can be observed but cannot be measured or expressed numerically.
3. There is no single or best way to perform qualitative data analysis.

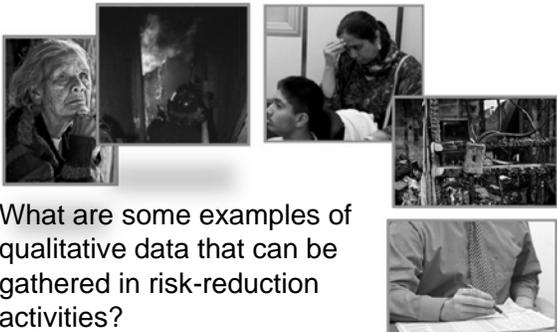
COLLECTING DATA (cont'd)

- Qualitative data collection methods:
 - Direct observation — can be considered very broad, such as field research. An example could be living in the community where the problem exists.
 - Written documents — existing documents, such as websites, newspapers, magazines, annual reports, etc.
 - Anecdotal data — success stories told by a program participant.

Slide 6-11

4. Methods may include:
 - a. Direct observation — can be considered very broad, such as field research. An example could be living in the community where the problem exists.
 - b. Written documents — existing documents, such as websites, newspapers, magazines, annual reports, etc.

- c. Anecdotal data, or a success story as told by a program participant or recipient, is the ultimate qualitative evaluation piece.

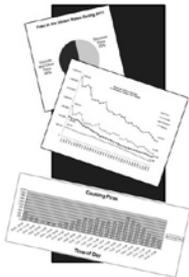


What are some examples of qualitative data that can be gathered in risk-reduction activities?

Slide 6-12

COLLECTING DATA (cont'd)

- Quantitative data:
 - Data that uses a numerical value to measure the specific variable.
 - Quantitative data looks at numbers and measures the quantity of what the program has produced.

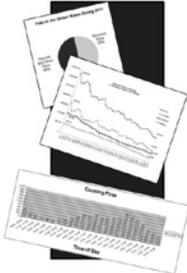


Slide 6-13

- E. Quantitative data.
 1. Data that uses a numerical value to measure the specific variable.
 2. Quantitative data looks at numbers and measures the quantity of what the program has produced.

COLLECTING DATA (cont'd)

- Quantitative data:
 - Quantitative data can express the program outreach or performance:
 - Number of presentations.
 - Test scores.
 - Behavioral change.
 - Anecdotal success stories.



Slide 6-14

3. Quantitative data can express the program outreach or performance:
- a. Number of presentations.
 - b. Test scores.
 - c. Behavioral change.
 - d. Anecdotal success stories.

COLLECTING DATA (cont'd)

- Quantitative data:
 - What did you do?
 - Number of smoke alarms installed.
 - Number of homes without working smoke alarms.
 - Installation locations.
 - Preincident planning.
 - Visited a school/business for public education activity.
 - For each:
 - How many contacts did you make?
 - What are the ages of the contacts?
 - What type of program did you present?

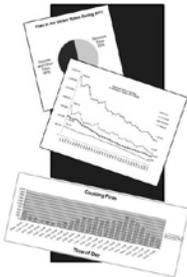
Slide 6-15

4. What did you do?
- a. Number of smoke alarms installed.
 - b. Number of homes without working smoke alarms.
 - c. Installation locations.

- d. Preincident planning.
- e. Visited a school/business for a public education activity.
 - How many contacts did you make?
 - What are the ages of the contacts?
 - What type of program did you present?

COLLECTING DATA (cont'd)

- Resources and training.
 - Vision 20/20 (www.strategicfire.org)
 - National Fire Academy's (NFA's) course titled "Demonstrating Your Fire Prevention Program's Worth" (DYFPPW).
 - The Centers for Disease Control (CDC) has a variety of publications and trainings.



Slide 6-16

- F. Resources and training.
 - 1. Vision 20/20 (www.strategicfire.org) has on-line training programs and information related to evaluation.
 - 2. National Fire Academy's (NFA's) course titled "Demonstrating Your Fire Prevention Program's Worth" (DYFPPW). This is a six-day course that provides in-depth information about evaluating all aspects of risk-reduction activities.
 - 3. The Centers for Disease Control (CDC) has a variety of publications and trainings to assist with the design and implementation of evaluation plans. This information can be found at www.cdc.gov.

IV. SHARING THE RESULTS OF YOUR EVALUATION — GETTING THE WORD OUT!

SHARING RESULTS

- The importance of getting the word out:
 - Allows sharing of in-depth information.
 - Provides a basis for program continuation.



Slide 6-17

- A. The importance of getting the word out.
1. Allows sharing of in-depth information.
 2. Provides a basis for program continuation.
 3. Reasons for celebration!

SHARING RESULTS (cont'd)

- Report on evaluation results and processes.
 - Typically prepared after the program has been in place for a while.
 - An abstract can be prepared that lists highlights.
 - Provide pictures and anecdotal stories to make the report personal.

Slide 6-18

- B. Report on evaluation results and processes.
1. Typically prepared after the program has been in place for a while.
 2. An abstract can be prepared that lists highlights.
 3. Provide pictures and anecdotal stories to make the report personal.

SHARING RESULTS (cont'd)

- Who should receive evaluation results?
 - External partners.
 - Target audience.
 - Internal partners.
 - Fire department administration and members.
 - Any funders or others interested in the outcome.

Slide 6-19

C. Who should receive evaluation results?

1. External partners.
2. Target audience.
3. Internal partners.
4. Fire department administration and members.
5. Any funders or others interested in the outcome.

SHARING RESULTS (cont'd)

- Methods for sharing evaluation results.
 - Face to face.
 - Presentation.
 - Video.
 - Media outlets.
 - Articles.

Slide 6-20

D. Methods for sharing evaluation results.

1. Face to face.
2. Presentation.

3. Video.
4. Media outlets.
5. Articles.

V. WHEN TO MODIFY THE PLAN

WHEN TO MODIFY THE PLAN

- Change in project scope.
- Plan is not working.
- Partnerships have not worked out.
- Lack of resources.
- More pressing needs are changing the plan.
- Lack of motivation.

Slide 6-21

- A. **Remember:** Modifying a plan is not a sign of failure! Don't forget the world is constantly changing.
- B. Evaluation may show that your plan is not as effective as you had anticipated.
- C. It is okay to adapt and modify the plan to increase the outreach, effectiveness, and/or when situations change.
- D. Why would a plan need to be modified?
 1. Scope of the project has changed.
 2. The plan is not working.
 3. Partnerships have not worked according to the plan.
 4. Lack of funding, if needed.
 5. More pressing needs are changing the plan.
 6. Lack of motivation.

- E. Modification should include stakeholders, partners, and others that may have valuable input into how to make your initiative more effective.

VI. SUSTAINABILITY

SUSTAINABILITY

- Developing sustainability.
 - Continuation of program over long term.
 - Building on what works.
 - Evaluation integral to sustainability.
 - Policy change and sustainability are related.

Slide 6-22

- A. Developing sustainability.
 1. Refers to the continuation of a program over the long term.
 2. Means not starting over, but rather building on what works.
 3. Evaluation is integral to sustainability. Be able to show why your program is worth supporting.
 4. Policy change and sustainability go hand in hand. The best prevention is policy change.
 5. Build a case for support by putting into writing a clear statement of why people should pay attention to your program.

SUSTAINABILITY (cont'd)

- Goals of sustainability.
 - Integration into the community.
 - Acceptance by community.
 - Used by community.
 - Institutionalized by fire department.

Slide 6-23

B. Goals of sustainability.

1. Integration into the community.
 - a. Accepted by the community.
 - b. Used by the community.
2. Institutionalized into the core mission of the fire department.
 - a. Part of the larger network of services and resources.
 - b. Reflected in mission statement and budget.

SUSTAINABILITY (cont'd)

- Steps to sustainability.
 - Promote visibility.
 - Community involvement.
 - Create diverse base for project funding and support.
 - Show how program benefits the organization and the community.

Slide 6-24

C. Steps to sustainability.

1. Promote visibility.

2. Community involvement.
3. Create diverse base for project funding and support.
4. Identify how programs can improve the quality of life in the community.
5. Show how programs benefit the organization and the community.

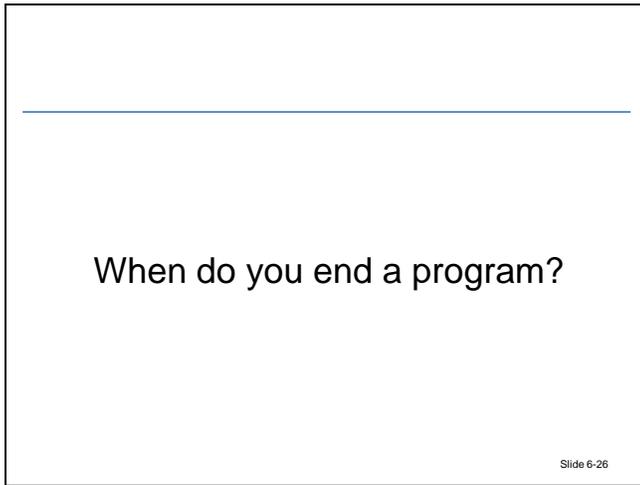
SUSTAINABILITY (cont'd)

- Alternatives to sustaining.
 - Grow or spin off.
 - Change focus.
 - Cut back or end.

Slide 6-25

- D. Alternatives to sustaining.
1. Grow.
 2. Spin off.
 3. Change focus.
 4. Cut back.
 5. End.

E. Terminating programs.



1. Goals and objectives have been met.
2. No longer support or interest for the program.

ACTIVITY 6.1

Measuring Success

Purpose

You will evaluate how you will measure success of your action plan.

Directions

1. Working individually, review your action plan and decide how you would measure the success of the program to superiors.
2. This will complete your Home Community Risk-Reduction Plan.

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UNIT 7: CULMINATING PROJECT

TERMINAL OBJECTIVE

The students will be able to:

- 7.1 *Present strategies for community risk reduction based on the assessed risk in their community.*

ENABLING OBJECTIVES

The students will be able to:

- 7.1 *Summarize leadership potential and authority for community risk reduction.*
- 7.2 *Identify priority risk areas and justification for the risk selection.*
- 7.3 *Summarize action plan.*
- 7.4 *Summarize potential solutions to challenges.*
-

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**UNIT 7:
CULMINATING PROJECT**

Slide 7-1

ENABLING OBJECTIVES

- The students will:
 - Summarize leadership potential and authority for community risk reduction.
 - Identify priority risk areas and justification for the risk selection.
 - Summarize action plan.
 - Summarize potential solutions to challenges.

Slide 7-2

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ACTIVITY 7.1

Culminating Project Presentations

Purpose

Integrate the elements of the activities from Units 1 through 5 into a draft risk-reduction plan for the MO's home community.

Directions

1. Each MO will deliver a 12- to 15-minute oral/visual presentation on Friday afternoon of class. The presentation will be based on the information that you have developed during several of the individual activities in class. It will be graded and is worth 100 points.
 - a. You will prepare the main component of the presentation with the mindset that you are delivering a persuasive presentation to the members of your station (or division).
 - b. Your presentation should provide a fact-based rationale for addressing a local risk and offer a suggested plan of action to begin addressing the issue.
 - c. While this will be an oral presentation, please develop visuals to support your proposal. You are encouraged to utilize pictures and graphics in your presentation. Create bulleted speaking points, not full text paragraphs.
2. The presentation should be divided into three sections.
3. The following is an overview of what should be included in the presentation. It includes the number of PowerPoint slides that should be utilized and suggested speaking time for each part.

Section 1

Design this so you are addressing/speaking to your small group of NFA peers.

A brief introduction of you, your current leadership role, and a description of your community/response area. This is for the benefit of NFA instructors, class members and potential visitors (one slide – one minute).

Section 2

Design this as if you are presenting to members of your station/division.

1. An introduction to your team that explains why you called them together, and what you are about to discuss (one slide – one minute).
2. An overview of what community risk reduction is, why it is important, how it ties into the mission of your department as a whole, and where your station/division fits into the process (one slide – two minutes).

Note: Remember, you are speaking to your staff. Deliver a summary in your own words, so your staff can understand it.

3. An explanation of the benefits to the station/division, department and community for performing strategic community risk reduction (one slide – one minute).
4. An overview of what you learned about your service area through the pre-course assignment and the NFA class. Reflect on the knowledge you have gained about the demographics, people, cultures and risks that are present in your service area (one or two slides – two minutes).
5. Explain the risk issue you are proposing that the station/division address and provide a clear justification of how/why you came to this decision. This is where you need to create a sense of urgency for action. Refer to Assignment 2 as you develop this section. Post your problem statement on Slide 2 (two slides – two minutes).

Note: Be sure to create a sense of urgency for action at the station level.

6. A summary of your proposed initial-action plan to begin addressing the risk and how the station/division will be involved. Refer to Assignment 2 as you develop this section.

Include in the summary how your team could go about engaging the community in the risk-reduction process and how you will evaluate if the plan is achieving success.

Remember to consider the various cultures represented in your service area.

Remember that this is your **vision** for action and that you have developed a **draft** plan. Obviously, in real life, you are going to seek input from your team throughout the assessment/planning process. Be sure to clarify that point. (Use up to four slides – three minutes).

Section 3

Design this so you are speaking to your small group of NFA peers again.

1. Reflecting on your proposed plan, explain (and offer potential solutions to) any potential challenges that you anticipate encountering when you return home. This section should cover the potential internal challenges (station/organization) and those that are external in nature (community-based) (two slides – two minutes).
2. At the end of your presentation, other students and the instructors may ask you questions about your plan. The questions will only be to clarify elements of your plan, rather than challenge your strategies.
3. You will be evaluated based upon the criterion that is listed on the grading rubric for this activity.
4. Finally, to support your NFA experience, please prepare a one-page summary of three key things you have learned during the class that you will put to use upon returning home. Prepare the summary with the intent that you will submit it to your supervisor upon returning from the NFA. Submit the document to the instructor prior to making your oral presentation.
5. Here are a few tips for success with the individual culminating project. Begin early. You can begin the introductory part of your presentation as early as today.
 - a. As you progress through the course, add content to your presentation.
 - b. Remember to prepare Section 2 of the presentation with the mindset that you are delivering a persuasive presentation to your station members/division.

Anticipate the questions they would have about the plan, your role, their role, the need for risk reduction, etc.

Speak from your head and heart as you deliver the presentation.
 - c. Discuss your presentation with other students, and seek their feedback and suggestions.
 - d. Practice your delivery and timing. Fifteen minutes pass quickly, and you cannot go over this mark.
 - e. If you have any questions, or encounter difficulties, see the instructors for assistance.

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DVD PRESENTATION

“PEP TALK FROM KID
PRESIDENT”



Slide 7-7

APPENDIX

OVERVIEW OF CULMINATING PROJECT ACTIVITY

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Introduction (NFA Class)

- You, your organization, leadership role and the area you protect.



Slide 1-1

Approaching Your Team

- Why you are meeting.
- What you are going to be presenting.



Slide 1-2

Community Risk Reduction

- What it is.
- Why it's important.
- How it is tied to FD mission.
- Where station fits in.



Slide 1-3

Benefits of CRR

- Station.
- Department at-large.
- Community.



Slide 1-4

Knowledge Gained – Service Area

- Demographics.
- People.
- Cultures.
- Risks.



Slide 1-5

Priority Risk Issue

- Identify and justify.

Will be a couple of slides



Slide 1-6

Problem Statement and Goal

- The problem is ...
- Goal is broad and general in nature.



Slide 1-7

Action Plan

- Summarize your draft action plan.
- Articulate how your station fits into the plan.



Will be several slides

Also explain how you will engage community and evaluate the plan.

Slide 1-8

Potential Challenges (NFA Class)

- Internal (station and organization).
- External (community-based).



Discuss potential solutions as well.

Slide 1-9