

Cultural Competence in Risk Reduction

CCRR-Student Manual

1st Edition, 5th Printing-April 2014



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FEMA/USFA/NFA
CCRR-SM
April 2014
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U.S. DEPARTMENT OF HOMELAND SECURITY

PREPAREDNESS DIRECTORATE

UNITED STATES FIRE ADMINISTRATION

NATIONAL FIRE ACADEMY

FOREWORD

The U.S. Fire Administration (USFA), an important component of the Department of Homeland Security (DHS) Preparedness Directorate, serves the leadership of this Nation as the DHS's fire protection and emergency response expert. The USFA is located at the National Emergency Training Center (NETC) in Emmitsburg, Maryland, and includes the National Fire Academy (NFA), National Fire Data Center (NFDC), and National Fire Programs (NFP). The USFA also provides oversight and management of the Noble Training Center in Anniston, Alabama. The mission of the USFA is to save lives and reduce economic losses due to fire and related emergencies through training, research, data collection and analysis, public education, and coordination with other Federal agencies and fire protection and emergency service personnel.

The USFA's National Fire Academy offers a diverse course delivery system, combining resident courses, off-campus deliveries in cooperation with State training organizations, weekend instruction, and online courses. The USFA maintains a blended learning approach to its course selections and course development. Resident courses are delivered at both the Emmitsburg campus and its Noble facility. Off-campus courses are delivered in cooperation with State and local fire training organizations to ensure this Nation's firefighters are prepared for the hazards they face.

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Glossary

ACKNOWLEDGEMENTS

The development of any National Fire Academy (NFA) course is a complex process aimed at providing students the best possible learning opportunity we can deliver.

There are many players in course development, each of whom plays an equally important part in its success. We want to acknowledge their participation and contribution to this effort and extend our heartfelt thanks for making this quality product.

The following persons participated in the creation of this course:

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AUDIENCE, COURSE PURPOSE, AND SCOPE

The target audience includes all who work in fire and life safety prevention, typically including public educators, code enforcers, arson investigators, inspectors, fire marshals, and others whose work requires community outreach. Other organizational personnel whose job responsibilities may be primarily outside of prevention but who have prevention responsibility as a secondary or even volunteer status such as operational personnel are also within the target audience. All students should have some responsibility for interfacing with the community within the risk-reduction process.

The course purpose is to improve cultural competence in the application of risk-reduction strategies.

The scope is to facilitate understanding of how cultural competence can improve community risk reduction.

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COURSE SCHEDULE

- Unit 0: Introduction
- Unit 1: Getting Ready to Improve Cultural Competence
- Unit 2: Assessing Community Risk for Cultural Groups
- Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies
- Unit 4: Action Plans and Delivery Techniques—Culturally Competent and Linguistically Appropriate
- Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services

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CULTURAL COMPETENCE IN RISK REDUCTION

SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Assignments Due			Activity 1.14: Develop a Vision	Activity 2.4: Selecting and Detailing a Risk- Reduction Goal—Home Community	Activity 3.10: Culturally and Linguistically Appropriate Interventions for a Local Risk— Home Community	Activity 4.4: Culturally and Linguistically Appropriate Action Plan— Home Community
Morning	Unit 0: Introduction Unit 1: Getting Ready to Improve Cultural Competence	Unit 1: Getting Ready to Improve Cultural Competence (cont'd)	Unit 2: Assessing Community Risk for Cultural Groups	Examination 1 Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies (cont'd)	Unit 4: Action Plans and Delivery Techniques— Culturally Competent and Linguistically Appropriate	Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services
	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Afternoon	Unit 1: Getting Ready to Improve Cultural Competence (cont'd)	Unit 1: Getting Ready to Improve Cultural Competence (cont'd)	Unit 2: Assessing Community Risk for Cultural Groups (cont'd) Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies	Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies (cont'd)	Unit 4: Action Plans and Delivery Techniques— Culturally Competent and Linguistically Appropriate (cont'd)	Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services (cont'd) Examination 2 Course Evaluation Graduation
Evening	Reading: Unit 1 Background Text	Reading: Unit 2 Background Text Complete Activity 1.14: Develop a Vision	Reading: Unit 3 Background Text Study for Examination 1 Activity 2.4: Selecting and Detailing a Risk- Reduction Goal—Home Community Complete Activity 3.1: Selecting Interventions (if not completed in class)	Reading: Unit 4 Background Text Activity 3.10: Culturally and Linguistically Appropriate Interventions for a Local Risk— Home Community Activity 3.11: Practicing Cross- Cultural Communication and Intervention Planning— Online Modules	Reading: Unit 5 Background Text Study for Examination 2 Activity 4.4: Culturally and Linguistically Appropriate Action Plan— Home Community	

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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

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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PRECOURSE ASSIGNMENT

Cultural Competence in Risk Reduction (R0394)

The Course Description

This new 6-day (National Fire Academy (NFA) course seeks to improve cultural and linguistic determinants within the application of risk-reduction strategies. The course aims to connect fire prevention/emergency medical services (EMS) personnel with diverse and cultural groups with the community(ies) they serve, specifically to increase the reach and effectiveness of fire/life safety prevention services and programs. The course is designed for a variety of prevention specialists such as public fire and life safety educators, inspectors, juvenile firesetter intervention specialists, fire marshals, and code enforcers.

The course applies a risk-reduction model, which is used in several other NFA courses, as the context to discuss and interact with aspects of cultural competence. The cultural aspects that this course deals with are nationality and language (other than English), although the principles of cultural competence taught in this course can be applied in any multicultural environment. Students learn that these populations can be potentially hidden, underserved, and/or emerging within their community(ies).

The course is not about any one particular culture but about the building blocks of culture which correspond to four broad categories of human experience. Note: Other NFA courses and U.S. Fire Administration (USFA) risk-reduction efforts focus on reaching specific populations characterized by urban inner city, rural, older adults, young people (0 to 5 years), socioeconomic class, and disabled populations. These populations are not part of this course.

The course introduces students to four fundamental dimensions or building blocks of culture which correspond to four broad continuums of cultural similarities and differences.

These four building blocks of culture are

1. Concept of self: individualist and collectivist.
2. Personal versus societal responsibility: universalist and particularistic.
3. Concept of time: monochronic and polychronic.
4. Locus of control: internal and external.

Students learn these four concepts and how they connect to the various cultural and linguistic settings found in prevention. Students learn to encounter and interact with these dimensions of culture through realistic prevention scenarios and interactions. Even though the course deals with a modest understanding of the four building blocks of culture, students discover that these enhanced skills may also bring a decrease in the community risk(s) they have identified.

Students learn to select interventions based on cultural and linguistic determinants, including some guidelines on culturally appropriate translation methods and how to communicate through an interpreter.

Course Topics

- Getting Ready to Improve Cultural Competence:
 - Risk-Reduction Model/Processes;
 - Four Building Blocks of Culture; and
 - Cultural Competence Assessments—individual, organizational, and program/service.

- Assessing Community Risk for Cultural Groups:
 - Identifying Risk;
 - Identifying Hidden Populations/Cultural and Linguistic Populations;
 - Using Geographic Information System (GIS); and
 - Writing a Risk-Reduction Goal.

- Developing Culturally and Linguistically Appropriate Intervention Strategies:
 - Selecting Intervention Strategies;
 - Applying Cultural and Linguistic Determinants;
 - Using Translations; and
 - Communicating Through an Interpreter.

- Action Plans and Delivery Techniques—Culturally Competent and Linguistically Appropriate:
 - Developing Culturally Competent Action Plan; and
 - Prevention Interactions Within the Four Building Blocks.

- Evaluating Culturally and Linguistically Appropriate Programs and Services:
 - Four Stages of Evaluation;
 - Need for Cultural Competence in Evaluation;
 - Prevention Evaluation in Cultural and Linguistic Settings; and
 - Challenges in Conducting Culturally and Linguistically Appropriate Evaluation.

Demographic Information Questions

Demographic information can be obtained for nearly all communities in America by visiting the U.S. Census Bureau (www.census.gov). 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.

A second type of census, the American Community Survey (ACS), is an ongoing task of the Bureau. The ACS is mailed to over three million U.S. residents annually. The Bureau's goal is to survey each U.S. resident every 7 years, thus, providing current profiles about local communities. ACS data are important to risk-reduction specialists because they provide information about **how** people live.

Data from the ACS are available to the public through the American FactFinder database. FactFinder is an important tool to risk-reduction practitioners because it allows them to explore demographic data by census tracts. Census tracts are defined geographical areas within a city, town, county, or village. Each tract carries a numerical identification.

A word of caution—many hidden or potentially underserved populations may be inadequately identified by census data. There are many reasons for this potential challenge that include:

- language and reading barriers;
- people choosing not to participate in the census; and
- people/groups not wanting attention brought to their existence in the community.

Other important sources of information that may be helpful in locating populations that may have previously been hidden, emerging, or underserved include, but are not limited to:

- City and County Planning Departments;
- Office of Community Development;
- Housing Authority;
- Economic Development Commission;
- Chamber of Commerce;
- Community Action Council;
- Local schools, hospitals, and health departments;
- Head start programs and childcare organizations;
- Department of Social Services;
- Commission on Aging;
- Advocacy groups;
- Neighborhood associations; and
- Houses of worship.

After checking some of these sources in your community, please answer the following questions:

1. How many census tracts does your serving area population cover?
2. What is the demographic dispersion of groups by nationality (ancestry) in your service area?
3. What languages other than English are spoken, and what are the numbers/percentages of each?

4. Which Web site or organization was most helpful with any information in this section?

Culture Questions

1. To what degree has your current position provided opportunities to engage with cultural groups and people who speak a language other than English?

2. Have you been part of an effort in which translated materials/publications/brochures/Web sites, etc., were developed into a language other than English? If so, briefly describe.

3. Are interpreter services available to you within your organization or service area? If so, briefly describe this service.

4. Have you had an opportunity to use an interpreter as part of your current job responsibilities in risk reduction? If so, describe.

5. Describe what part of your current job is most likely to bring cultural interactions or interactions with people who speak a language other than English?

Optional Purchase Question

Please read the following sheet regarding this optional purchase and answer this question.

1. I will bring my own copy of "Figuring Foreigners Out: A Practical Guide" to class. ___ Yes ___ No

Please complete and submit 2 weeks prior to class. Email with attachment is preferable.

Gerry N. Bassett
National Fire Academy
16825 South Seton Avenue
Emmitsburg, MD 21727
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Email: gerry.bassett@fema.dhs.gov
Fax: (301) 447-1372

Optional Purchase—Prior to Class

Please read the following and answer the last question (optional purchase question) on your precourse assignment worksheet.

Congratulations on your acceptance into NFA's pilot offering of *Cultural Competence in Risk Reduction* (R394). In addition to this precourse assignment, you have one additional option.

The paperback book "Figuring Foreigners Out: A Practical Guide" is used throughout the class. You may check out a copy from the campus Learning Resource Center (LRC). However, you must return your book to the LRC at the end of the class.

The book is an excellent resource for you to use in your fire department/organizational setting. The NFA would like to provide information on ordering your own copy, "Figuring Foreigners Out: A Practical Guide," for use both in class and after class.

You may order this book through the publisher, Intercultural Press at www.nicholasbrealey.com and it takes about a week to arrive. The cost is approximately \$26. You can also check with www.amazon.com for a better price. Amazon's prices range from \$7.98 used to \$17.97 new.

NFA is unable to reimburse students who bring their own book to class. It is an optional student decision and expense.

The advantage to bringing your own book is that not only do you get to keep it for future reference, but you can mark up the book in class. Students will not be allowed to mark in the LRC book and must return it at the end of the class.

UNIT 0: INTRODUCTION

OBJECTIVES

The students will:

- 1. Recognize the central goals and overall structure of the course.*
 - 2. Describe the Community Risk-Reduction (CRR) Model (risk-reduction framework).*
 - 3. Recognize that evaluation occurs throughout each stage of the community risk-reduction process.*
 - 4. Recognize that making assumptions or stereotyping can be inaccurate, offensive, and sometimes dangerous.*
-

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NOTE-TAKING GUIDE

Slide 0-1



Slide 0-2



Slide 0-3



Slide 0-10

STUDENT/COURSE REQUIREMENTS

- Participation in class. Course content is driven by the activities.
- Precourse materials.
- Class seating and organization.
- Respect the opinions of others.

Slide 0-10

Slide 0-11

STUDENT/COURSE REQUIREMENTS (cont'd)

Course Evaluation

Quiz 1—30 percent
Quiz 2—30 percent
<u>Individual Assignments—40 percent</u>
Total—100 percent

Slide 0-11

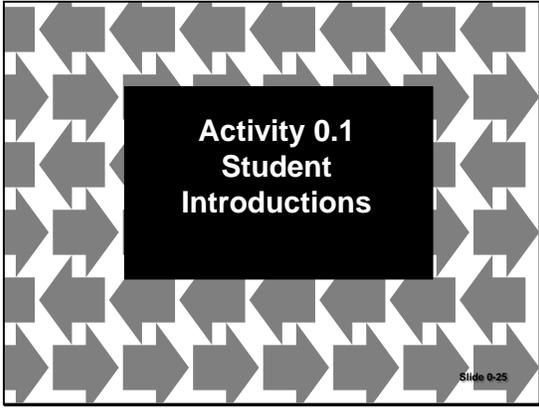
Slide 0-12

COURSE MATERIALS

- Student Manual (SM) that includes text, examples, and activities, as well as a Note-Taking Guide (NTG).
- Handouts.
- Instructional objectives are stated at the beginning of each unit.
- Terminal objectives describe the on-the-job performance expected by the student after completing this course.

Slide 0-12

Slide 0-25



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Activity 0.1

Student Introductions

Purpose

To recognize that making assumptions or stereotyping can be inaccurate, offensive, and sometimes dangerous.

Directions

1. Count off into pairs by counting off to half of the total number of students (i.e., total of 30 students, count to 15 twice; 1s go together, 2s together, etc.). In the case of an odd number, you may be in a group of 3. If you end up paired with someone with whom you have been previously acquainted, notify your instructor so that you can be paired with someone you don't know.
2. You will be "introducing" your partners to the class using only the information gathered from the other's physical characteristics, name tag, and State. Your instructors will demonstrate for you before you begin.
3. After you and your partner have both "introduced" each other using only physical characteristics, name tag, and State information, you and your partner may each take 1 minute to properly introduce yourselves to the class. You may point out anything that your partner got right about you with the limited information. You may also correct anything said that was not true.
4. Your instructor will debrief the activity with a few reflection questions for the class.

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COMMUNITY RISK-REDUCTION MODEL

The Community Risk-Reduction (CRR) Model was developed by National Fire Academy (NFA) for its Executive Fire Officer (EFO) class on community risk reduction. It has become the model for the process of community risk reduction in several classes, as well as in many communities.

The CRR Model starts with the development of a vision for community risk reduction and continues through the evaluation of programs and strategies employed in reaching community risk-reduction goals. It then cycles back, adapting programs and strategies based upon evaluation findings.

The steps in the CRR Model, as adapted for this course, are:

Step 1: Getting Ready to Improve Cultural Competence:

- Understand risk reduction.
- Understand program/service evaluation (throughout).
- Understand cultural competence.
- Develop personal awareness of cultural competence.
- Assess organizational cultural competence.
- Understand existing community-based programs and services.
- Develop a vision.

Step 2: Assessing Community Risk for Cultural Groups:

- Analyze the community.
- Identify hazards and causal factors.
- Assess vulnerability.
- Identify and engage stakeholders (building support).
- Assess target population's knowledge and perception of risk.
- Establish priorities based on related risks.
- Create a risk-reduction goal.

Step 3: Developing Culturally and Linguistically Appropriate Intervention Strategies:

- Evaluate potential risk-reduction strategy(ies) (Five Es).
- Select appropriate risk-reduction strategy(ies) (Five Es).
- Address cultural and linguistic determinants.
- Identify and secure resources.
- Develop new or modify existing programs.

Step 4: Action Plans and Delivery Techniques—Culturally Competent and Linguistically Appropriate:

- Develop a culturally and linguistically appropriate action plan.
- Risk communication with cultural groups.

Step 5: Evaluating Culturally and Linguistically Appropriate Programs and Services:

- Understand the evaluation process for a program or service.
- Integrate cultural and linguistic appropriateness into the evaluation process.
- Develop a culturally and linguistically appropriate evaluation plan.

Evaluation Throughout

While evaluation is a section unto itself in the CRR Model, evaluation must occur through each and every step of planning, development, and implementation of risk-reduction initiatives. This is particularly important when striving for culturally competent initiatives to meet the needs of community members.

Evaluation will determine the effectiveness of the program or service being provided. Through evaluation, the cultural competence of the service or program will be determined as well. Evaluation will be based upon the objectives developed for prevention interventions being delivered through the program or service. There are four stages of evaluation:

Formative Evaluation

- Occurs when the program or service is being developed or when an existing program is being modified.

- Shows which aspects of the program are likely to succeed and which need improvement.
- Looks at community analysis, target population identity, goals and objectives, resources, and the target population characteristics, to name a few.

Process Evaluation

- Looks at program or process delivery.
- Examines how well the program is being delivered.
- Examines how well the program or service is reaching the intended audience.

Impact Evaluation

- Measures learning and action.
- Compares conditions that existed before the program or service delivery to those present after it is completed.
- Uses an assessment instrument to measure changes in knowledge, attitudes, and beliefs.

Outcome Evaluation

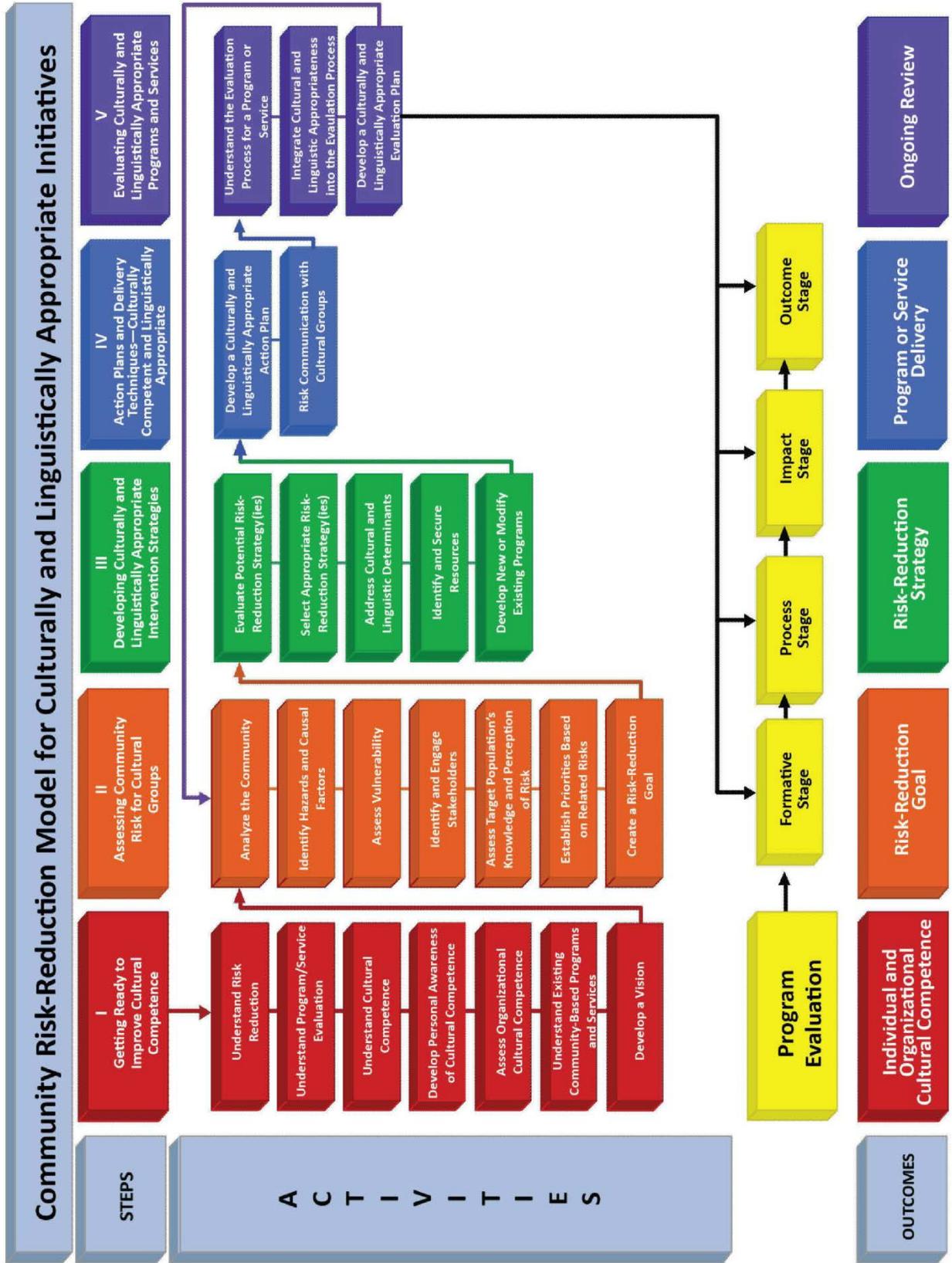
- Shows how well the program has met its goals.
- Measures changes over an extended period of time.
- Provides statistical proof that the program or service is reducing the risk among the target population.

The evaluation process and the stages of evaluation will be covered in more depth in Unit 5.

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APPENDIX: COMMUNITY RISK-REDUCTION MODEL

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UNIT 1: GETTING READY TO IMPROVE CULTURAL COMPETENCE

TERMINAL OBJECTIVE

The students will be able to describe the National Fire Academy (NFA) risk-reduction process illustrated in the Community Risk-Reduction (CRR) Model and the role of cultural competence in reducing risk.

ENABLING OBJECTIVES

The students will:

- 1. Explain the three levels of prevention.*
 - 2. Explain the Five Es of prevention (integrated prevention interventions).*
 - 3. Identify components of the Health Belief Model.*
 - 4. Explain components of successful community risk reduction.*
 - 5. Define the concept of culture.*
 - 6. Explain the concept of culture as applied to emergency services and communities served.*
 - 7. Explain the difference between culture and behavior.*
 - 8. Identify factors that impede or challenge communication.*
 - 9. Define the four building blocks of culture.*
 - 10. Determine the building blocks of culture.*
 - 11. Define cultural competence.*
 - 12. Identify how cultural competence is powerful.*
 - 13. Identify the ramifications for a lack of cultural competence.*
 - 14. Explain the role of individual catalysts in community risk reduction.*
-

15. *Establish a baseline for individual cultural competence.*
16. *Recognize that you are accepting personal responsibility by taking this course.*
17. *Identify indicators of cultural competence.*
18. *Analyze cultural competence as exhibited in a variety of video situations.*
19. *Determine your organization's level of cultural competence.*
20. *Assess the cultural competence of existing risk reduction programs.*
21. *Use a checklist assessment tool(s) to evaluate the cultural competence of a public education program or inspection service.*
22. *Develop a vision for an existing program in need of improvement.*

Slide 1-4

SUMMARY OF ENABLING OBJECTIVES

The students will:

- Explain the types and levels of prevention.
- Define culture and explore relationships between assumptions, values, beliefs, and behavior of cultural groups.
- Individually assess where you stand in relation to cultural norms.
- Individually assess where you stand in relation to each Building Block of Culture.

Slide 1-4

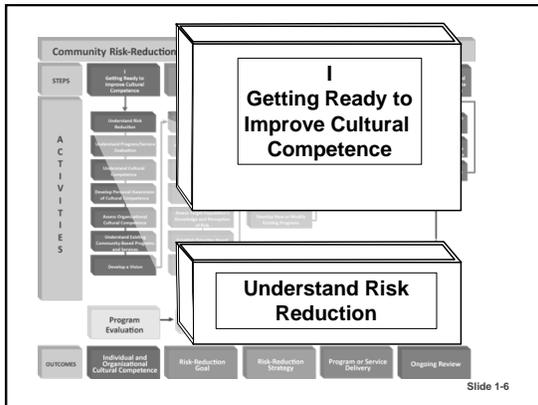
Slide 1-5

SUMMARY OF ENABLING OBJECTIVES (cont'd)

- Define cultural competence.
- Explain the ramifications of a lack of cultural competence.
- Conduct self-assessments of competence at both the individual and organizational level.
- Develop a vision for improving an existing program or service.

Slide 1-5

Slide 1-6



Slide 1-7

TYPES AND LEVELS OF PREVENTION

There are three levels of prevention:

1. Primary
2. Secondary
3. Tertiary



Slide 1-7

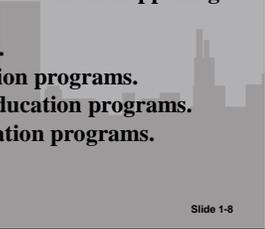
Slide 1-8

TYPES AND LEVELS OF PREVENTION (cont'd)

Primary prevention is all of the activities designed to 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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What are some examples of primary prevention programs offered by your organization?

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TYPES AND LEVELS OF PREVENTION (cont'd)

Secondary prevention uses activities that 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.

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What are some examples of secondary prevention programs offered in your community?

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TYPES AND LEVELS OF PREVENTION (cont'd)

Tertiary prevention seeks 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.

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TYPES OF PREVENTION INTERVENTIONS (cont'd)

Engineering: Includes modification of an environment to enhance safety.

Examples:

- Fire-resistive building designs
- Sprinklers
- Vehicle airbag systems, etc.



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TYPES OF PREVENTION INTERVENTIONS (cont'd)



Enforcement: Enforce or obtain compliance with fire regulations and codes.

Examples:

- Fire codes in a building.
- Seatbelt usage laws.
- Ordinances prohibiting open burning.

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TYPES OF PREVENTION INTERVENTIONS (cont'd)



Economic incentive: Enhancing safety measures through monetary incentives.

Examples:

- Providing economic incentives to builders who install sprinkler systems.
- Negative incentives—payment of fines, fees, and/or restitution.

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UNDERSTANDING CULTURE (cont'd)

Culture includes assumptions, values, and beliefs.

- Two dimensions (invisible and visible).
- Invisible component includes assumptions, values, and beliefs.
- Invisible component is very important.



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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 nonverbal communication.



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Activity 1.1
Cultural Roots of Assumptions, Values, Beliefs, and Behaviors



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Activity 1.1

Cultural Roots of Assumptions, Values, Beliefs, and Behaviors

Purpose

To explore the invisible and visible components of culture and to compare individual values with cultural norms.

Directions

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

1. Think about Americans as a cultural group.
2. What are some of the invisible cultural norms of Americans? (In other words, what assumptions, values, and beliefs do you think most Americans have in common?) Put each of these invisible norms in the first column on the following worksheet.

Example: The belief that freedom to practice a religion of your choice is an important right.

3. Now, think about what characteristic behaviors reflect the invisible norms listed earlier.

Example: Because most Americans believe it is important to practice a religion of their choice: 1). There are many different places of worship in every city; 2). People resist being told where and how to worship; and 3). Parents choose to have their children attend schools that do not teach religion.

4. Reread your list. Put an X next to the assumptions, values, beliefs, and behaviors that you do not share with most Americans.

Example: Though you agree with many Americans that it is important to practice a religion of your choice, you send your children to Catholic school. Put an X next to the statement "Parents choose to have their children attend schools that do not teach religion."

5. You will have 15 minutes to complete the worksheet.
6. Take 5 minutes to share your list with a partner. Include an explanation of what influences caused you to deviate from the cultural norms of most Americans.

Example: You choose to send your children to Catholic school because the curriculum in your neighborhood's private school better meets their educational needs.

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Activity 1.1 (cont'd)

Worksheet

Cultural Group: Americans

<u>Invisible Cultural Norm</u> (shared assumption, value, or belief)	Do not share with group (X)	<u>Visible Cultural Norm</u> (characteristic behavior(s) reflecting this assumption, value, or belief)	Do not share with group (X)

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NOTE-TAKING GUIDE (cont'd)

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UNDERSTANDING CULTURE (cont'd)

- Many 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.



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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."



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

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UNDERSTANDING CULTURE (cont'd)

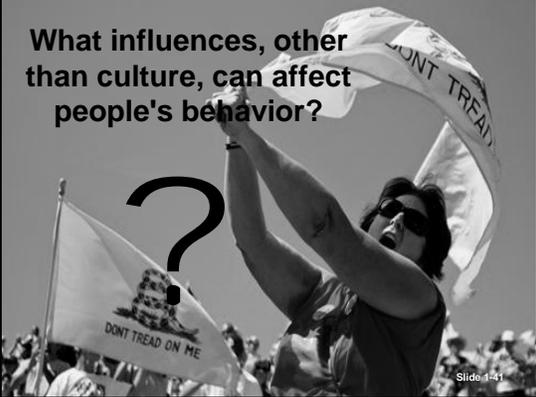


- Behavior can be culturally meaningless when it is done unconsciously or unintentionally.
- Caution—never assume a behavior has no meaning.
- Culture does not determine all behavior.

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

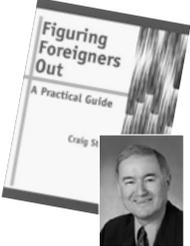


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Slide 1-42

DETERMINING THE BUILDING BLOCKS OF CULTURE

- In "Figuring Foreigners Out: A Practical Guide," Storti identifies four "building blocks" of culture.
- These "building blocks" are the sources of and explanations for behaviors.
- Different combinations of these "building blocks" yield different cultures.
- Cultures can be overwhelmingly complex.



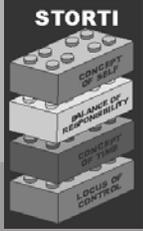
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Slide 1-43

DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

Storti identifies four building blocks of culture:

1. Concept of self
2. Balance of responsibility
3. Concept of time
4. Locus of control

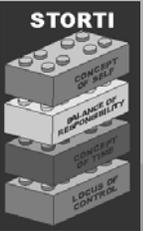


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DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

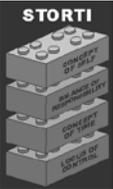
- Identify key elements of one's own culture and components of others.
- Subsequent challenges will be more easily predicted, detected, and negotiated.
- This helps people remember the strong invisible components of culture.
- There is logic to a person's behavior.



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DETERMINING 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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Slide 1-49

TURNING POINT SYSTEM TEST

Please use your Turning Point device to enter your answer to the test question below.

This test will verify that your Turning Point device is working properly.

1. Choose option "1" to test. 0%

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Slide 1-50

CONCEPT OF SELF

Where do your beliefs fall on this continuum?

For example, if your total score was "3," you would choose option "2." Polling will begin on the next slide.

1. 0-1 (very individualist)
2. 2-3 (somewhat individualist)
3. 4-6 (neutral)
4. 7-8 (somewhat collectivist)
5. 9-10 (very collectivist)

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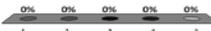
Slide 1-51

CONCEPT OF SELF (cont'd)

Where do your beliefs fall on this continuum?

Choose one of the five options below. Enter your answer using your Turning Point device.

1. 0-1 (very individualist)
2. 2-3 (somewhat individualist)
3. 4-6 (neutral)
4. 7-8 (somewhat collectivist)
5. 9-10 (very collectivist)



Slide 1-51

Activity 1.2

Determine the Building Blocks of Culture: Concept of Self (Storti, 1999)

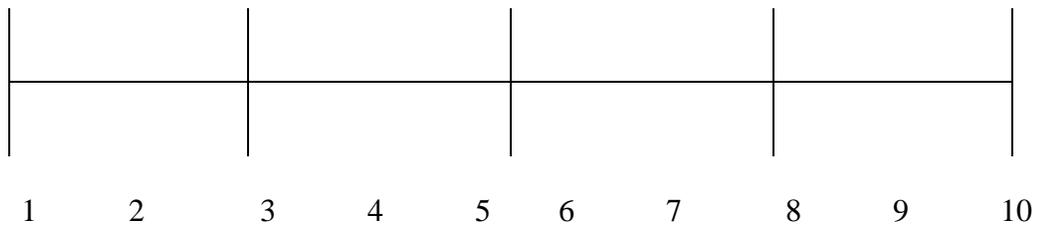
Purpose

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

Directions

1. Refer to Storti's "Concept of Self" 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?

<p>Individualist</p> <p>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.</p>	<p>Collectivist</p> <p>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.</p>
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Individualist

Collectivist

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

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 countries' nationals is your group likely to encounter challenges? Which cultures would likely be easier to work with?

Activity 1.2 (cont'd)

**Determine the Building Blocks of Culture: Concept of Self
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 0–5, you have a more individualist self-concept.
If you scored between 6–10, you have a more collectivist self-concept.

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NOTE-TAKING GUIDE (cont'd)

Slide 1-53

DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

Responsibility and Logic

- Universalist
- Particularist

This building block describes how the individuals in a culture balance responsibility to self, family, friends, and society.



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DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

Responsibility: Universalist

- What's right is always right.
- Law should be applied equally.
- Consistency is important.
- "Fair" is the same treatment for everyone.
- One should try and make life fair.



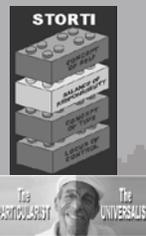
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DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

Responsibility: Particularist

- What's right depends on circumstance.
- Exceptions should be made for in-group members.
- Consistency is not possible.
- "Fair" means treating people uniquely.
- No one expects life to be fair.



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DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

Logic: Objective

- Personal feelings should not affect professional decisions.
- Favoritism is frowned upon.
- People succeed because of what they know, not who they know.
- Being objective is a good thing.



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DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)



Logic: Subjective

- One should not leave personal feelings out of professional decisions.
- Friends help (in-group) friends and expect the same in return.
- People succeed because of their connections.
- No one is expected to be objective.



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Slide 1-58



Activity 1.3
Determine the Building Blocks of Culture:
Logic and Concept of Responsibility



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Activity 1.3

**Determine the Building Blocks of Culture:
Logic and Concept of Responsibility (Storti, 1999)**

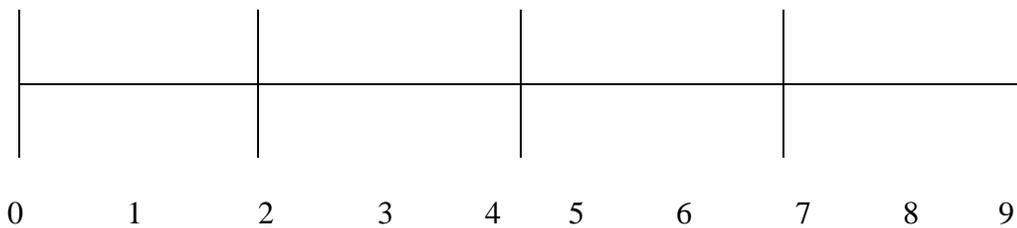
Purpose

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

Directions

1. Refer to Storti's definitions of "Personal versus Societal Responsibility" below (also on p. 51 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?

<p>Universalist What's right is always right; there are absolutes which apply across the board; the law is the law no matter who one is, there should be no exceptions; consistency is important; "fair" means treating everyone the same and one should try to make life fair.</p>	<p>Particularist There are no absolutes; what's right depends on the circumstances; there must always be exceptions (for ingroup members); consistency is not possible (life isn't that neat); "fair" means treating everyone uniquely and no one expects life to be fair.</p>
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Universalist

Particularist

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?
 - b. How does this compare to your earlier predictions?
4. View the slide showing Storti's diagram of the "Personal versus Societal Responsibility" continuum (also on p. 52 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 countries' nationals is your group likely to encounter challenges? Which cultures would likely be easier to work with?

Activity 1.3 (cont'd)

**Determine the Building Blocks of Culture: Logic and Concept of Responsibility
Universalist versus Particularist (Storti, 1999, pp. 41–42)**

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.	In hiring someone, I want to know about his or her technical skills and educational/professional background.	In hiring, I want to know who the person's family and friends are, who will vouch for this person.	A=0 B=1	
2.	In society, we should help those who are the neediest.	In society, we should help the neediest of those who depend on us.	A=0 B=1	
3.	I would be very hurt if my neighbor, a policeman, gave me a ticket for speeding.	I would not expect my neighbor, a policeman, to jeopardize his job and not give me a speeding ticket.	A=1 B=0	
4.	The courts should mediate conflicts.	People should solve their own conflicts; it's embarrassing if people have to go to court.	A=0 B=1	
5.	In general, people can be trusted.	My closest associates can be trusted absolutely; everyone else is automatically suspect.	A=0 B=1	
6.	Performance reviews should not take personal feelings into account.	Performance reviews inevitably take personal feelings into account.	A=0 B=1	
7.	You often have to make exceptions for people because of circumstances.	Exceptions should be very rare; otherwise you open the floodgates.	A=0 B=1	
8.	Contracts aren't necessary between friends.	Contracts guarantee that friends stay friends.	A=1 B=0	
9.	What is ethical in a given situation depends on whom you are dealing with.	Ethics are ethics no matter who you are dealing with.	A=1 B=0	
TOTAL SCORE:				

If you scored between 0–4, you prefer a more universalist approach to resolving a conflict between personal versus societal responsibility.

If you scored between 5–9, you prefer a more particularist approach to resolving a conflict between personal versus societal responsibility.

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Activity 1.4
Determine the Building
Blocks of Culture:
Concept of Time



Slide 1-65

Slide 1-66

CONCEPT OF TIME

Where do your beliefs fall on this continuum?

For example, if your total score was "3," you would choose option "2." Polling will begin on the next slide.

1. 0-1 (very monochronic)
2. 2-3 (somewhat monochronic)
3. 4-6 (neutral)
4. 7-8 (somewhat polychronic)
5. 9-10 (very polychronic)

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Slide 1-67

CONCEPT OF TIME (cont'd)

Where do your beliefs fall on this continuum?

Choose one of the five options below. Enter your answer using your Turning Point device.

1. 0-1 (very monochronic)
2. 2-3 (somewhat monochronic)
3. 4-6 (neutral)
4. 7-8 (somewhat polychronic)
5. 9-10 (very polychronic)

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Activity 1.4

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

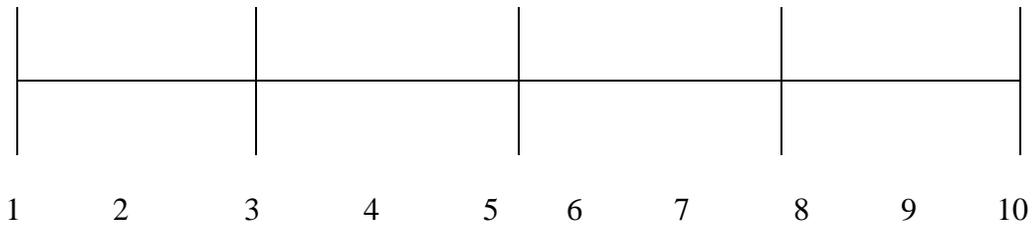
Purpose

To identify the building blocks of culture 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?

<p>Monochronic 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.</p>	<p>Polychronic 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.</p>
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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?

- 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 countries' nationals is your group likely to encounter challenges? Which cultures would likely be easier to work with?

Activity 1.4 (cont'd)

**Determine the Building Blocks of Culture: Concept of Time
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	

GETTING READY TO IMPROVE CULTURAL COMPETENCE

	A	B	Score Key	Score
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 0–5, you have a more monochronic concept of time.
If you scored between 6–10, you have a more polychronic concept of time.

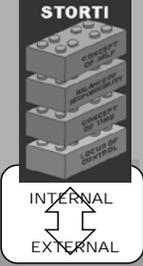
NOTE-TAKING GUIDE (cont'd)

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DETERMINING THE BUILDING BLOCKS OF CULTURE

Locus of Control: Internal/ External

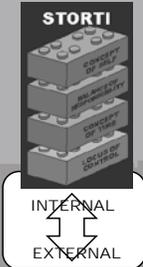
This building block describes how individuals in a culture are likely to conceive of their control over their circumstances and future.



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DETERMINING 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.

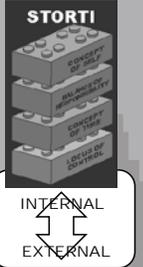
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Slide 1-71

DETERMINING THE BUILDING BLOCKS OF CULTURE (cont'd)

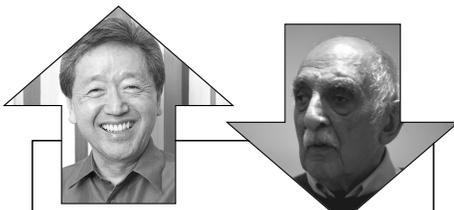
Control: External

- 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.



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Slide 1-72



Activity 1.5
Determine the Building
Blocks of Culture:
Locus of Control

Slide 1-72

Slide 1-73

LOCUS OF CONTROL

Where do your beliefs fall on this continuum?

For example, if your total score was "3," you would choose option "2." Polling will begin on the next slide.

1. 0-1 (very internal)
2. 2-3 (somewhat internal)
3. 4-5 (neutral)
4. 6-7 (somewhat external)
5. 8 (very external)

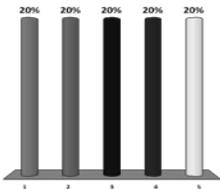
Slide 1-73

Slide 1-74

LOCUS OF CONTROL (cont'd)

Where do your beliefs fall on this continuum?

Choose one of the five options below. Enter your answer using your Turning Point device.

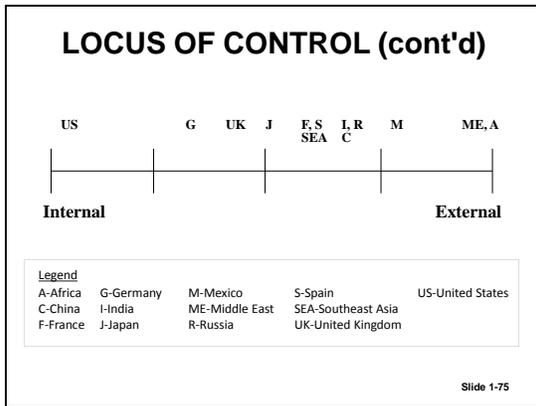


Option	Percentage
1. 0-1 (very internal)	20%
2. 2-3 (somewhat internal)	20%
3. 4-5 (neutral)	20%
4. 6-7 (somewhat external)	20%
5. 8 (very external)	20%

1. 0-1 (very internal)
2. 2-3 (somewhat internal)
3. 4-5 (neutral)
4. 6-7 (somewhat external)
5. 8 (very external)

Slide 1-74

Slide 1-75



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Activity 1.5

Determine the Building Blocks of Culture: Locus of Control (Storti, 1999)

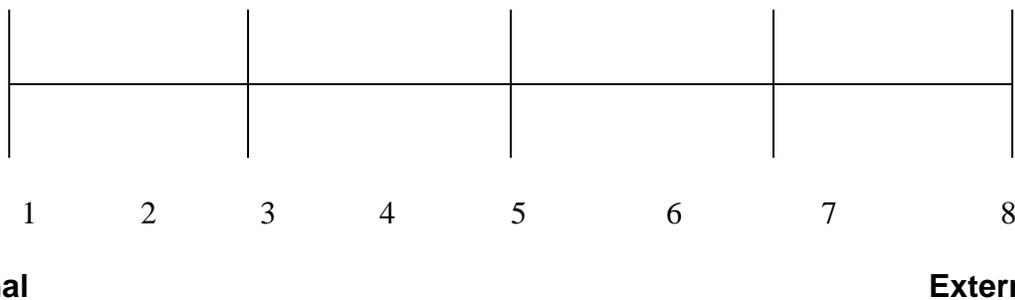
Purpose

To identify the building blocks of culture 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?

<p>Internal 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.</p>	<p>External 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.</p>
--	--



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?
 - 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 countries' nationals is your group likely to encounter challenges? Which cultures would likely be easier to work with?

Activity 1.5 (cont'd)

**Determine the Building Blocks of Culture: Locus of Control
Internal versus 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 0–4, you have a more internal locus of control.
If you scored between 5–8, you have a more external locus of control.

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Slide 1-79

Activity 1.6
Determine the Building
Blocks of Culture:
Walk a Mile



Slide 1-79

Activity 1.6

Determine the Building Blocks of Culture: Walk a Mile

Purpose

To use the building blocks of culture to take on a perspective of a culture that may be different than your own.

Directions

1. Each table group will be assigned one of the following combinations of "building blocks." This will be your new cultural identity.
 - a. Individualist, Monochronic, Universalist, Internal Locus of Control.
 - b. Collectivist, Polychronic, Particularist, External Locus of Control.
 - c. Individualist, Monochronic, Particularist, External Locus of Control.
 - d. Collectivist, Monochronic, Particularist, Internal Locus of Control.
2. Recall the beliefs/behaviors associated with these cultural variations.
3. On the following worksheet, answer whether—from this cultural context—you agree with the statements on the following worksheet by circling the statements with which you would agree.
4. Discuss your answers in your table group and identify the statement that everyone agrees.
5. Select one member of each table group to read the statement that everyone agrees with to the remainder of the class.
6. Refer again to Storti, pp. 50–51 and pp. 80–81, which gives concise descriptions of the poles of each building block's continuum, for guidance.
7. Your instructor will select volunteers from the class to share responses.

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Activity 1.6 (cont'd)

Determine the Building Blocks of Culture: Walk a Mile

Look at the cultural profile that you have been given and recall the characteristics of the variation of the cultural building blocks. From the perspective of your newly-assigned culture, circle the statements with which you agree.

	A	B
1.	I think it is important to stand out as an individual.	I think it is important to blend in to a crowd.
2.	I think if my friend killed a man in a car accident, I would do what was right and tell the truth in court.	I think if my friend killed a man in a car accident, I would do what was right and lie for him in court.
3.	I think I would be happy to get an employee of the year award.	I think I would be really embarrassed to be recognized as the employee of the year.
4.	I think people should be able to choose who they marry.	I think arranged marriages are better than love matches.
5.	I think friends and family make better employees and co-workers than well-qualified strangers.	I think well-qualified people—even if they're strangers—make better co-workers and employees than less qualified friends and family do.
6.	I think since I am a member of emergency services, the law does not apply to me.	I think that even though I am a member of emergency services, the law should treat me as any other.
7.	I think even if it violates my personal opinion of what is right, I will follow the orders of my superiors.	If I believe something is wrong, I will stand up for my personal beliefs, regardless of who is ordering me to act.
8.	I understand if people are two hours late to a meeting...hey, things come up!	I think it is insulting to have to wait.
9.	I am comfortable standing in a single file line when buying something.	I am comfortable standing in a crowd around a counter when buying something.
10.	I think it would be rude to ignore a phone call or avoid a visitor who dropped by.	I think it would be rude to interrupt a meeting to answer a phone call or greet a visitor.
11.	I think nothing is wrong if people get hurt. It's just a normal part of life.	I think if people get hurt, I should do something about it.
12.	I think if I try hard enough and I want something badly enough, there is nothing stopping me from getting what I want.	I think some things are beyond my reach, no matter what I do.
13.	I think in the end, you can always rely on other people.	I think in the end, you can only rely on yourself.
14.	I think my success has little to do with me. I am really simply lucky.	I think my success is a direct result of my hard work and tenacity.
15.	I think there is a solution for every problem, if you look hard enough.	I think some problems do not have a solution.

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Activity 1.7

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

Watch each video twice.

1. "Multicultural Construction Team" www.youtube.com/watch?v=BrJTf97Ev8o
2. "Multicultural Corporate Meeting" www.youtube.com/watch?v=kLTvAOijPKs

Multicultural Construction Team

During the first review, note:

1. Who are the players?

2. What cues to their cultural building blocks do you see?

During the second review, note:

1. What behaviors are displayed that indicate cultural competence?

2. What behaviors are displayed that indicate cultural incompetence?

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

Multicultural Corporate Meeting

During the first review, note:

1. Who are the players?

2. What cues to their cultural building blocks do you see?

During the second interview:

1. What behaviors are displayed that indicate cultural competence?

2. What behaviors are displayed that indicate cultural incompetence?

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

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Slide 1-84



How do you think that increased cultural competence will help you in your current work in the community?

Slide 1-84

Slide 1-85

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

There are four stages of cultural competence:

1. Unconscious Incompetence
2. Conscious Incompetence
3. Conscious Competence
4. Unconscious Competence

Diagram showing four stages in boxes: Unconscious Incompetence, Conscious Incompetence, Conscious Competence, Unconscious Competence.

Slide 1-85

Slide 1-86

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

Unconscious Incompetence:

- Not aware of cultural differences.
- No recognition that misunderstanding is occurring.
- Trust intuition because of lack of awareness.

Diagram showing four stages in boxes: Unconscious Incompetence, Conscious Incompetence, Conscious Competence, Unconscious Competence.

Slide 1-86

Slide 1-87

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

Conscious Incompetence:

- Realize there are differences.
- Don't understand the differences.
- Doubt intuition.
- Uncertain that you'll ever figure these "foreigners" out.

Unconscious Incompetence
Conscious Incompetence
Conscious Competence
Unconscious Competence

Slide 1-87

Slide 1-88

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

Conscious Competence:

- 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.

Unconscious Incompetence
Conscious Incompetence
Conscious Competence
Unconscious Competence

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Slide 1-89

UNDERSTANDING CULTURAL COMPETENCE (cont'd)

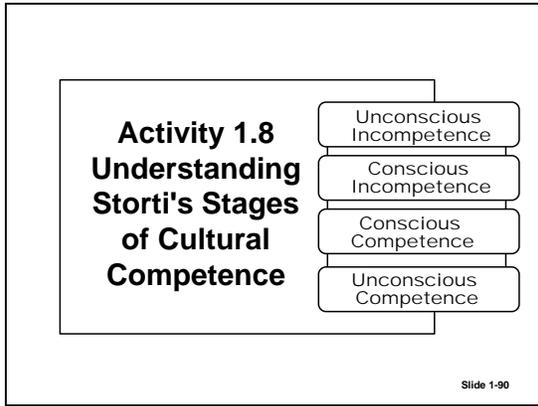
Unconscious Competence:

- Appropriate behavior comes naturally.
- Trust your intuitions because they have been reconditioned.

Unconscious Incompetence
Conscious Incompetence
Conscious Competence
Unconscious Competence

Slide 1-89

Slide 1-90



Activity 1.8

Understanding Storti's Stages of Cultural Competence

Purpose

To become familiar with the stages of cultural competence as defined by Craig Storti.

Directions

1. The material for this activity is taken from "Figuring Foreigners Out: A Practical Guide" (Storti, 1999, pp. 157–158).
2. As a large group, read the statements on the following worksheet.
3. As the class reads through these questions together, write your individual answers on the worksheet.
4. Your instructor will debrief the activity with the class.

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Activity 1.8 (cont'd)

Understanding Storti's Stages of Cultural Competence

Think about the four stages. You will find eleven statements, each of which you are to assign to the stage of awareness you think that the person who made this observation is in. Some of the statements could possibly go in more than one stage (but not more than two). Write the number of the stage (1, 2, 3, 4) in the blank preceding the statement.

- _____ 1. I understand less than I thought I did.
- _____ 2. These people ("foreigners" you have contact with) really aren't so different.
- _____ 3. There is a logic to how these people behave.
- _____ 4. Working with these people is like "walking on egg-shells."
- _____ 5. These people have no trouble understanding me.
- _____ 6. It's possible to figure these people out if you work at it.
- _____ 7. I wonder what they think of me.
- _____ 8. I know what they think of me.
- _____ 9. It's nice to be able to relax and be myself around these people.
- _____ 10. I'll never figure these people out.
- _____ 11. Why did people say working with foreigners would be so difficult?

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NOTE-TAKING GUIDE (cont'd)

Slide 1-91

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 Incompetence

Conscious Incompetence

Conscious Competence

Unconscious Competence

Slide 1-91

Slide 1-92

**Activity 1.9
Identifying the
Ramifications of a
Lack of Cultural
Competence**



Slide 1-92

Slide 1-93

UNDERSTANDING CULTURAL COMPETENCE

Individuals and organizations that lack cultural competence are likely to:

- Use limited material resources inefficiently.
- Use time inefficiently.
- Deliver messages that are inaccessible.
- Frustrate everyone involved.
- Offend someone's values—or be offended.
- Fail to meet risk prevention goals.

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Slide 1-94

**UNDERSTANDING CULTURAL
COMPETENCE (cont'd)**

Over the longer term, individuals' and organizations' lack of cultural competence can:

- Compromise future resource/funding sources.
- Reduce time available for other activities.
- Increase (or fail to reduce) target audience's vulnerability and risk exposure.
- Decrease likelihood of participants' future engagement in initiatives/efforts.

Slide 1-94

Activity 1.9

Identifying the Ramifications of a Lack of Cultural Competence

Purpose

To identify the ramifications for a lack of cultural competence and practice the culturally competent skill of describing behavior instead of ascribing meaning.

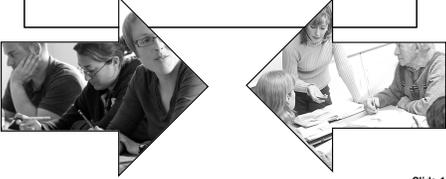
Directions

1. You will be divided into two groups.
2. Your instructor will provide you with a handout explaining this activity.

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Slide 1-98

Activity 1.10
Cultural Competence Job
Performance Requirements



Slide 1-98

Activity 1.10

Cultural Competence Job Performance Requirements

Purpose

To determine what cultural competence job performance requirements are necessary for a culturally competent fire and life safety prevention specialist.

Directions

1. In your table groups, brainstorm what knowledge, skills and/or abilities (KSAs) would be necessary to indicate cultural competence to a fire and life safety educator or prevention specialist.
2. Develop at least five requirements in the areas of knowledge, skills, and abilities.
3. Select a spokesperson in your group who will use the easel pads to record your results.
4. After recording the group's findings, your instructor will facilitate a discussion where you can share with the entire class.

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NOTE-TAKING GUIDE (cont'd)

Slide 1-99



Activity 1.11
Assessment of Individual
Cultural Competence in the
Workplace

Slide 1-99

Slide 1-100

**ASSESSMENT OF INDIVIDUAL
CULTURAL COMPETENCE:
PHYSICAL ENVIRONMENT IN THE
WORKPLACE**

1. 4–6 points
[Minimally Competent]
2. 7–9 points
[Moderately Competent]
3. 10–12 points
[Competent]

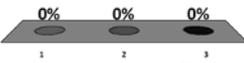
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Slide 1-100

Slide 1-101

**ASSESSMENT OF INDIVIDUAL
CULTURAL COMPETENCE:
PHYSICAL ENVIRONMENT IN THE
WORKPLACE (cont'd)**

1. 4–6 points
[Minimally Competent]
2. 7–9 points
[Moderately Competent]
3. 10–12 points
[Competent]



1	0%	0%	0%

Slide 1-101

Slide 1-102

ASSESSMENT OF INDIVIDUAL CULTURAL COMPETENCE: COMMUNICATION STYLE IN THE WORKPLACE

1. 10–15 points
[Minimally Competent]
2. 16–21 points
[Moderately Competent]
3. 22–30 points
[Competent]

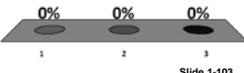
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Slide 1-102

Slide 1-103

ASSESSMENT OF INDIVIDUAL CULTURAL COMPETENCE: COMMUNICATION STYLE IN THE WORKPLACE (cont'd)

1. 10–15 points
[Minimally Competent]
2. 16–21 points
[Moderately Competent]
3. 22–30 points
[Competent]



Category	Percentage
1	0%
2	0%
3	0%

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Slide 1-104

ASSESSMENT OF INDIVIDUAL CULTURAL COMPETENCE: VALUES AND ATTITUDES IN THE WORKPLACE (cont'd)

1. 19–31 points
[Minimally Competent]
2. 32–44 points
[Moderately Competent]
3. 45–57 points
[Competent]

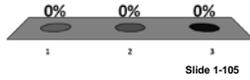
Polling will begin on the next slide.

Slide 1-104

Slide 1-105

**ASSESSMENT OF INDIVIDUAL
CULTURAL COMPETENCE: VALUES
AND ATTITUDES IN THE
WORKPLACE (cont'd)**

- 1. 19-31 points
[Minimally Competent]
- 2. 32-44 points
[Moderately Competent]
- 3. 45-57 points
[Competent]



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Activity 1.11

Assessment of Individual Cultural Competence in the Workplace

Purpose

To reflect on your own level of cultural competence.

Directions

1. Please assign yourself one (1), two (2), or three (3) points for each item listed in the following assessment.

3 = Things I do frequently, or statement applies to me to a great degree.

2 = Things I do occasionally, or statement applies to me to a moderate degree.

1 = Things I do rarely or never, or statement applies to me to a minimal degree or not at all.
2. Your instructor will poll the class using Turning Point software on the results of your score for each section.

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Activity 1.11 (cont'd)

Physical Environment

Physical Environment		I display pictures, posters, artwork, and other décor that reflect the cultures and ethnic backgrounds of clients served by my program or organization.
		I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures and languages of individuals and families served by my program or organization.
		When using videos, films, or other media resources, I ensure that they reflect the different cultures and languages of individuals and families served by my program or organization.
		I ensure that printed information disseminated by my agency takes into account the average literacy levels of individuals and families served by my program or organization.
		Enter total score for this section.

Communication Style

Communication Style		When interacting with individuals and families who have limited English proficiency, I always keep in mind that limitations in English proficiency are in no way a reflection of intellectual functioning.
		When interacting with individuals and families who have limited English proficiency, I always keep in mind that their limited ability to speak English does not reflect limited proficiency in communicating effectively in their language of origin.
		When interacting with individuals and families who have limited English proficiency, I always keep in mind that they may or may not be literate in their language of origin.
		For individuals and families who prefer it, I use multilingual/multicultural staff or volunteers who are skilled in the provision or interpretation for all risk reduction activities.
		When working with individuals and families who speak languages different from my language of origin, I attempt to learn and use key words to be able to better communicate with them.
		I ensure that written communication is provided to individuals and families in their preferred language.
		I understand the method individuals and families prefer to receive information (e.g., written versus oral presentation of information) and my method of sharing information reflects this.
		I understand the principles and practices of linguistic competence. (Dynamics of high/low context communication, skills to work with an interpreter, sound translation practices, etc.)
		I apply the principles and practices of linguistic competence.
		I advocate for adoption and implementation principles and practices of linguistic competence in my organization.
	Enter total score for this section.	

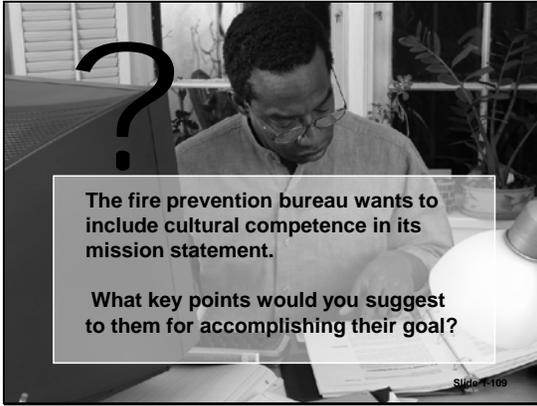
Values and Attitudes

Values and Attitudes		I avoid imposing values that may conflict or be inconsistent with those of nationalities or ethnic groups other than my own.
		I screen media used by my organization for negative cultural stereotypes before sharing them with individuals or families served by my organization.
		I intervene in an appropriate manner when I observe staff or clients within my program or agency engaging in behaviors that show cultural insensitivity, racial bias or prejudice.
		I recognize and accept that individuals may desire varying degrees of acculturation into the dominant culture.
		I understand and accept that family may be defined differently by members of different cultures.
		I understand, accept, and accommodate how individuals' decision making roles and power may vary due to cultural influences.
		Though my professional or moral viewpoint may differ from that of an individual or a family with a cultural background different from my own, I accept individuals and families as the ultimate decision makers for services impacting their lives.
		I recognize that the meaning or value of fire and life safety may vary greatly among cultures.
		I accept that religious and other beliefs may influence how individuals and families respond to risks, injury, and death.
		I understand that the perception of health, safety, and prevention may have different meanings to different cultural groups.
		I understand, accept, and respect my target audience's customs about food, its value, and preparation.
		I seek information from individuals, families or other key informants that will assist in service adaptation to response with cultural and linguistic appropriateness.
		Before visiting or providing services to individuals or families with backgrounds culturally different from my own, I seek information on acceptable behaviors, customs, values and expectations.
		I keep abreast of the major fire and life safety concerns and issues for the diverse populations served by my organization.
		I am aware of fire and life safety disparities and their prevalence within the area served by my organization.
		I am aware of the socioeconomic and environmental risk factors that contribute to these disparities in culturally and linguistically diverse communities.
		I am well versed in the most current, proven and appropriate practices and interventions for the cultural and linguistic groups served by my organization.
		I attend trainings and/or take other opportunities to enhance my knowledge and skills to work effectively in intercultural settings.
		I advocate for the review of my organization's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence.
		Enter total score for this section.

Score Key

<p>Physical Environment: 4–6 points = Minimally Competent 7–9 points = Moderately Competent 10–12 points = Competent</p>
<p>Communication Style: 10–15 points = Minimally Competent 16–21 points = Moderately Competent 22–30 points = Competent</p>
<p>Values and Attitudes: 19–31 points = Minimally Competent 32–44 points = Moderately Competent 45–57 points = Competent</p>

Slide 1-109



The fire prevention bureau wants to include cultural competence in its mission statement.

What key points would you suggest to them for accomplishing their goal?

Slide 1-109

Slide 1-110

ASSESS ORGANIZATIONAL CULTURE (cont'd)

Five Principles

- Valuing Diversity
- Conducting Cultural Self-Assessment
- Understanding the Dynamics of Difference
- Institutionalizing Cultural Knowledge
- Adapting to Diversity

Five essential principles for the culturally competent organization

1. Valuing diversity
2. Conducting cultural self-assessment
3. Understanding the dynamics of difference
4. Institutionalizing cultural knowledge
5. Adapting to diversity

Slide 1-110

Slide 1-111

ASSESS ORGANIZATIONAL CULTURE (cont'd)

Valuing diversity

- Accept and respect difference between and within cultures.
- Assumptions can lead to wrong conclusions.

Five Principles

- Valuing Diversity
- Conducting Cultural Self-Assessment
- Understanding the Dynamics of Difference
- Institutionalizing Cultural Knowledge
- Adapting to Diversity

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Slide 1-112

ASSESS ORGANIZATIONAL CULTURE (cont'd)

Five Principles

- Valuing Diversity
- Conducting Cultural Self-Assessment
- Understanding the Dynamics of Difference
- Institutionalizing Cultural Knowledge
- Adapting to Diversity

Conducting cultural self-assessment

- Each organization has a culture.
- Surveys and discussions can help raise awareness of the organization's way of doing things.

Slide 1-112

Slide 1-113

ASSESS ORGANIZATIONAL CULTURE (cont'd)

Understanding the dynamics of difference

- Past history can explain some current attitudes.
- Mistrust can be carried through generations.
- Groups that have been oppressed may not trust dominant cultures.

Five Principles

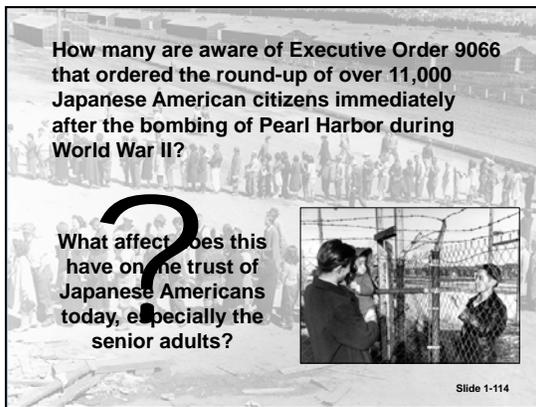
- Valuing Diversity
- Conducting Cultural Self-Assessment
- Understanding the Dynamics of Difference
- Institutionalizing Cultural Knowledge
- Adapting to Diversity

Slide 1-113

Slide 1-114

How many are aware of Executive Order 9066 that ordered the round-up of over 11,000 Japanese American citizens immediately after the bombing of Pearl Harbor during World War II?

What affect does this have on the trust of Japanese Americans today, especially the senior adults?



Slide 1-114

Slide 1-118

ASSESS ORGANIZATIONAL CULTURE (cont'd)

Institutionalizing cultural knowledge

- Your members must understand the cultural characteristics, history, values, beliefs, and behaviors of the cultural group they will be working with.
- Program materials should reflect positive images of all cultures.

Slide 1-118

Slide 1-119

ASSESS ORGANIZATIONAL CULTURE (cont'd)

Adapting to diversity

- Values, attitudes, behaviors, practices, and policies guide a culturally competent organization.
- Recognize, respect, and value all cultures.

Slide 1-119

Slide 1-120

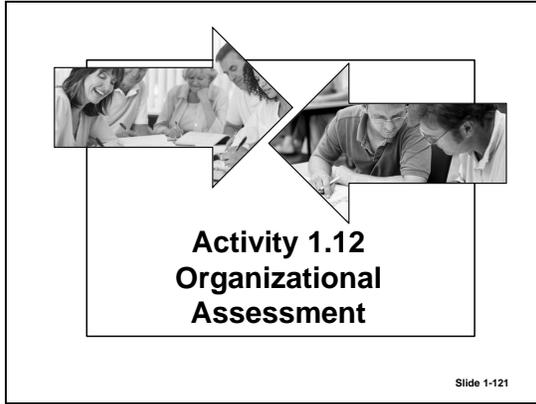
ASSESS ORGANIZATIONAL CULTURE (cont'd)

Practices to building cultural competence

- Learn history of your organization.
- Track community demographics.
- Identify and build on the cultural strengths of your organization.
- Allocate resources for staff development.
- Actively eliminate prejudice.

Slide 1-120

Slide 1-121



Activity 1.12
Organizational
Assessment

Slide 1-121

The slide features a central graphic consisting of two overlapping arrows pointing towards each other, forming a diamond shape. Inside the left arrow is a photograph of three young women sitting at a table, looking at a document. Inside the right arrow is a photograph of a man and a woman looking at a document together. Below the graphic, the text 'Activity 1.12 Organizational Assessment' is centered. The slide number 'Slide 1-121' is in the bottom right corner.

Slide 1-122

**ASSESSMENT OF
ORGANIZATIONAL CULTURAL
COMPETENCE: PHYSICAL
ENVIRONMENT**

1. 4–6 points
[Minimally Competent]
2. 7–9 points
[Moderately Competent]
3. 10–12 points
[Competent]

Polling will begin on the next slide.

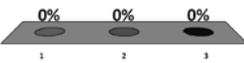
Slide 1-122

The slide contains the title 'ASSESSMENT OF ORGANIZATIONAL CULTURAL COMPETENCE: PHYSICAL ENVIRONMENT' in bold. Below the title is a numbered list of three items with their corresponding point ranges and competency levels. At the bottom, a note states 'Polling will begin on the next slide.' and the slide number 'Slide 1-122' is in the bottom right corner.

Slide 1-123

**ASSESSMENT OF
ORGANIZATIONAL CULTURAL
COMPETENCE: PHYSICAL
ENVIRONMENT (cont'd)**

1. 4–6 points
[Minimally Competent]
2. 7–9 points
[Moderately Competent]
3. 10–12 points
[Competent]



Slide 1-123

The slide contains the title 'ASSESSMENT OF ORGANIZATIONAL CULTURAL COMPETENCE: PHYSICAL ENVIRONMENT (cont'd)' in bold. Below the title is a numbered list of three items with their corresponding point ranges and competency levels. At the bottom right, there is a progress bar with three segments labeled 1, 2, and 3. Each segment has a small black circle above it and '0%' written above the circle. The slide number 'Slide 1-123' is in the bottom right corner.

Slide 1-124

**ASSESSMENT OF
ORGANIZATIONAL CULTURAL
COMPETENCE: POLICIES AND
PROCEDURES**

1. 15–25 points
[Minimally Competent]
2. 26–35 points
[Moderately Competent]
3. 36–45 points
[Competent]

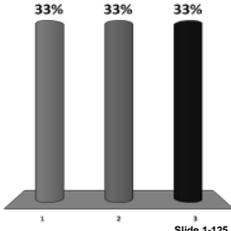
Polling will begin on the next slide.

Slide 1-124

Slide 1-125

**ASSESSMENT OF
ORGANIZATIONAL CULTURAL
COMPETENCE: POLICIES AND
PROCEDURES (cont'd)**

1. 15–25 points
[Minimally Competent]
2. 26–35 points
[Moderately Competent]
3. 36–45 points
[Competent]



Competency Level	Percentage
1. 15–25 points [Minimally Competent]	33%
2. 26–35 points [Moderately Competent]	33%
3. 36–45 points [Competent]	33%

Slide 1-125

Slide 1-126

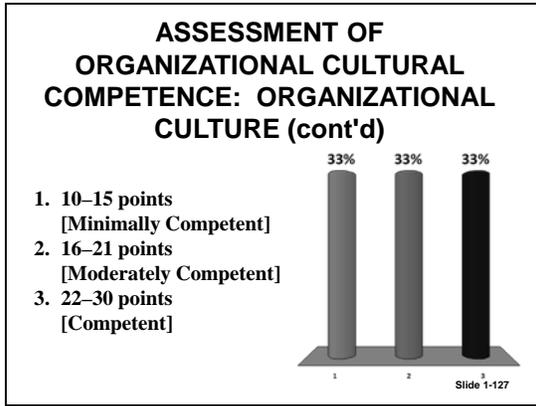
**ASSESSMENT OF
ORGANIZATIONAL CULTURAL
COMPETENCE: ORGANIZATIONAL
CULTURE**

1. 10–15 points
[Minimally Competent]
2. 16–21 points
[Moderately Competent]
3. 22–30 points
[Competent]

Polling will begin on the next slide.

Slide 1-126

Slide 1-127



Activity 1.12

Organizational Assessment

Purpose

To reflect on your organization's level of cultural competence.

Directions

1. Please assign your organization one (1), two (2), or three (3) points for each item listed below.

3 = Things frequently done in my organization, or the statement applies to my organization to a great degree.

2 = Things occasionally done in my organization, or the statement applies to my organization to a moderate degree.

1 = Things rarely or never done in my organization, or the statement applies to my organization to minimal degree or not at all.
2. Your instructor will poll the class using Turning Point software so that you may report your score for each section of the assessment.

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Activity 1.12 (cont'd)

Physical Environment

Physical Environment		Our organization displays pictures, posters, artwork, and other décor that reflect the cultures and ethnic backgrounds of clients served.
		Magazines, brochures, and other printed materials in an organization's reception area reflect the different cultures and languages of individuals and families served by my program or organization.
		Before purchasing or using videos, films, or other media resources the organization ensures that they reflect the different cultures and languages of individuals and families served.
		The organization ensures that printed information disseminated by my agency takes into account the average literacy levels of individuals and families served.
		Enter total score for this section.

Policies and Procedures

Policies and Procedures		Organization uses multilingual/multicultural staff or volunteers who are skilled in the provision of interpretation for all risk reduction activities.
		Organization helps staff working with individuals and families, who speak languages different from my language of origin, learn and use key words to be able to better communicate with them.
		Organization has policies and procedures to ensure written communication is provided to individuals and families in their preferred language.
		Organization collects stakeholder input on the method individuals and families prefer to receive information and method of sharing information reflects this.
		Organization provides risk reduction personnel training on principles and practices of linguistic competence.
		Organization policies and implementation methods reflect the principles and practices of linguistic competence.
		Materials used by the organization are screened for negative cultural stereotypes before sharing them with individuals or families served.
		Organization provides a grievance process to allow people to report and observe staff or clients who are engaging in behaviors that show cultural insensitivity, racial bias, or prejudice.
		Organizational policies reflect that individuals and families are the ultimate decision makers for services impacting their lives.
		Organization regularly collects information from individuals, families, or other key informants that will assist in service adaptation in response with cultural and linguistic appropriateness.
		Before sending staff to visit or provide services to individuals or families with backgrounds culturally different from the predominant culture of the organization, the organization provides staff information on acceptable behaviors, customs, values, and expectations.
		Organization collects demographic data as well as information on fire and life safety disparities and their prevalence within the area served by my organization.
		Organization provides ongoing training and information about current, proven, and appropriate practices and interventions for the cultural and linguistic groups served by the organization.
		Organization provides trainings and/or other opportunities to enhance staff knowledge and skills to work effectively in intercultural settings.
		Organization regularly reviews their mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence.
	Enter total score for this section.	

Organizational Culture

Organizational Culture		A baseline of organizational culture is established and reviewed periodically noting where organization's values, assumptions, and beliefs may conflict or be inconsistent with those of cultural groups served.
		The cultural competence of the organization's staff is reviewed and improvement goals are established.
		Organization considers and accommodates the fact that the definition of family may vary depending on culture.
		Organization accepts and accommodates how individuals' decision making roles may vary due to cultural influences.
		Organization recognizes that the meaning or value of fire and life safety may vary greatly among cultures.
		Organization recognizes that religions and other beliefs may influence how individuals and families respond to risks, injury, and death.
		Organization understands that the perception of health, safety, and prevention may have different meanings to different cultural groups.
		Events hosted by the organization reflect understanding, acceptance, and respect for the target audience's customs about food, its value, and preparation.
		Organization shares information with staff to help them keep abreast of the major fire and life safety concerns and issues for the diverse populations served by the organization.
		Organization is aware of the socioeconomic and environmental risk factors that contribute to these disparities in culturally and linguistically diverse communities.
		Enter total score for this section.

Score Key

<p>Physical Environment: 4–6 points = Minimally Competent 7–9 points = Moderately Competent 10–12 points = Competent</p>
<p>Policies and Procedures: 15–25 points = Minimally Competent 26–35 points = Moderately Competent 36–45 points = Competent</p>
<p>Organizational Culture: 10–15 points = Minimally Competent 16–21 points = Moderately Competent 22–30 points = Competent</p>

Slide 1-131

Activity 1.13
Assess a Program or
Service for Cultural
Competence



Slide 1-131

Activity 1.13

Assess a Program or Service for Cultural Competence

Purpose

To use a checklist to evaluate the cultural competence of a public education program or inspection service presently offered in your home community.

Directions

1. As a class, review the adapted "14 Standards for Cultural Competence Developed by the Office of Minority Health," which are included on the following worksheet.
2. Working individually, select one existing risk-reduction program/intervention you are familiar with in your community. You may have thought about some of these services or programs while completing your precourse assignment.
3. Considering this program/intervention, **individually** complete the questionnaire on the following pages to assess your organization's cultural competence according to the CLAS standards.
4. Additional resources on organizational assessments can be found at:
 - a. National Center for Cultural Competence—nccc.georgetown.edu/
 - b. Office of Minority Health—minorityhealth.hhs.gov/
5. With a partner, discuss the following questions:
 - a. Where did your program come closest to meeting the CLAS standards?
 - b. Where does your program show the greatest need for improvement?
 - c. What kind of support/resources would you need to improve your program's adherence with the CLAS standards?

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Activity 1.13 (cont'd)

Questionnaire

Directions: Please select A, B, or C for each item listed below.

A = Things frequently done as part of the program, or the statement applies to the program to a great degree

B = Things occasionally done as part of the program, or the statement applies to the program to a moderate degree

C = Things rarely or never done as part of the program, or the statement applies to the program to a minimal degree or not at all

Cultural Competence of Program

	CLAS Standards (adapted)	Current Activities	Gaps and Comments
	<p><u>Standard 1</u></p> <p>Program participants receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.</p>		
	<p><u>Standard 2</u></p> <p>Organization delivering program implements strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the program service area.</p>		
	<p><u>Standard 3</u></p> <p>Program staff receives ongoing education and training in culturally and linguistically appropriate service delivery.</p>		

Appropriateness of Language Access

	CLAS Standards (adapted)	Current Activities	Gaps and Comments
	<p><u>Standard 4</u></p> <p>Program includes language assistance services, including bilingual staff and appropriate interpreter services, at no cost, community members with limited English proficiency at all points of contact, in a timely manner during all hours of operation.</p>		
	<p><u>Standard 5</u></p> <p>Program delivery provides participants their preferred language through both verbal offers and written notices informing them of their right to receive language services.</p>		
	<p><u>Standard 6</u></p> <p>Program assures the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends are not to be used to provide interpretation services (except on request by the participant).</p>		
	<p><u>Standard 7</u></p> <p>Program includes culturally appropriate images and easily understood participant related materials and signage in the languages of the commonly encountered groups and/or groups represented in the service area.</p>		

**Organizational Support for Culturally and Linguistically
Appropriate Service Delivery**

	CLAS Standards (adapted)	Current Activities	Gaps and Comments
	<p><u>Standard 8</u></p> <p>Program includes clear goals, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.</p>		
	<p><u>Standard 9</u></p> <p>Indicators of cultural and linguistic appropriateness are included in ongoing program evaluation.</p>		
	<p><u>Standard 10</u></p> <p>Program participants' data on race, ethnicity, and spoken and written language are collected and integrated into the organization's information systems and periodically updated.</p>		
	<p><u>Standard 11</u></p> <p>Program-delivery organization maintains a current demographic cultural and risk profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.</p>		
	<p><u>Standard 12</u></p> <p>Program is developed/modified through participatory and collaborative partnerships with communities and utilizes a variety of formal and informal mechanisms to facilitate community involvement in designing and implementing CLAS-related activities.</p>		

GETTING READY TO IMPROVE CULTURAL COMPETENCE

	CLAS Standards (adapted)	Current Activities	Gaps and Comments
	<u>Standard 13</u> Conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by participants.		
	<u>Standard 14</u> Program's progress toward, and successful innovations in implementing the CLAS standards are shared with the community.		

Total As _____

Total Bs _____

Total Cs _____

Rating scale:

This questionnaire is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity, cultural competence, and linguistic competence of risk reduction programs. It provides concrete examples of the kinds of practices that foster such an environment. There is no answer key with correct responses. However, if you frequently responded "C", your program is unlikely to be appropriate—or effective—at reducing risk in your target communities.

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Activity 1.14

Develop a Vision

Purpose

To develop an individual, organization, and risk reduction vision for cultural competence.

Directions

1. Reflect on your precourse assignment, and the individual, organizational, and risk reduction assessments you just completed.
2. Create a vision for yourself with regard to your personal level of cultural competence.
 - a. **Example:** To be a culturally competent individual—able to interact comfortably with all individuals in my community.
 - b. **Example:** To recognize that different cultures exist—ensure that each individual served gets the same treatment and level of service.
3. Create a vision for your organization regarding cultural competence and culturally competent risk reduction initiatives.
 - a. **Example:** Recognize, affirm and value the worth of each individual, their families and communities while protecting the dignity of each, inside of our organization and in the community we serve.
 - b. **Example:** To be an organization where people of diverse faith, traditions, backgrounds, and cultures are served equally and effectively.
4. Creating a vision for one of your risk reduction initiatives or services, including cultural and linguistic appropriateness. Remember that risk reduction includes more than educational programs.
 - a. **Example:** All programs and services provided by the fire prevention bureau will be culturally and linguistically appropriate to ensure the maximum effectiveness of risk reduction efforts.
 - b. **Example:** Our fire prevention program or service will reach all people we serve, in a manner that they understand and have the ability to incorporate into their cultural activities and behaviors.

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NOTE-TAKING GUIDE (cont'd)

Slide 1-135

SUMMARY

In this unit, we have:

- Explained the types and levels of prevention.
- Identified components of the CRR Model.
- Defined culture.
- Explored relationships between assumptions, values, beliefs, and behaviors of cultural groups.

Slide 1-135

Slide 1-136

SUMMARY (cont'd)

- Explained the relationship between culture and behavior.
- Assessed where we stand individually in relation to cultural norms.
- Defined cultural competence.
- Assessed our views on Storti's continuum.

Slide 1-136

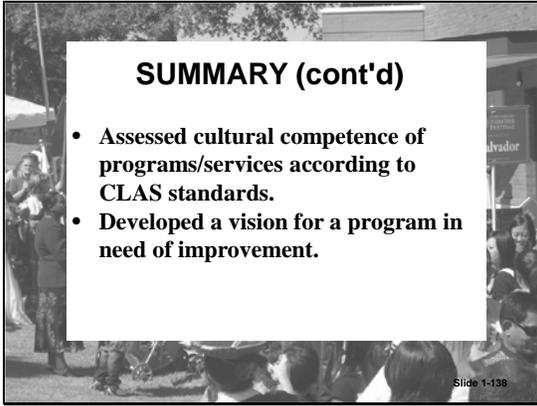
Slide 1-137

SUMMARY (cont'd)

- Explored ramifications of a lack of cultural competence.
- Conducted a self-assessment of individual cultural competence.
- Assessed our organization's cultural competence.

Slide 1-137

Slide 1-138



INTRODUCTION

Before we can examine the role of cultural competence in community risk reduction, we must first look at the various components of the risk reduction process. Risk is defined as vulnerability for harm or damage to life, property, or community vitality. Community risk reduction combines prevention and mitigation strategies. Successful risk reduction is a process. It examines prevention from a variety of levels and from varying aspects of interventions.

We will discuss community risk reduction, and then we will discuss cultural competency and the risk-reduction model that has been adapted for this course.

TYPES AND LEVELS OF PREVENTION

There are three levels of prevention:

1. Primary
2. Secondary
3. Tertiary

Primary Prevention

Primary prevention is all of the activities designed to **prevent an event from happening**. Primary prevention is designed to teach individuals what to do so that an event that could cause property damage, injury, or death **does not happen at all**.

Examples include home safety surveys, school based education programs, community-based education programs, and smoke alarm installation programs.

Secondary Prevention

Secondary prevention uses activities that seek to change or modify events and/or behaviors to **reduce the severity of the event**.

Examples would include the prefire planning or preincident planning, activation of a smoke alarm during a fire, neighborhood canvas after a fire, or extinguishing a fire with a fire extinguisher. This would also include fire suppression response.

Tertiary Prevention

Tertiary prevention seeks to reduce a negative impact of an event over a long-term span of time. Its goal is to prevent complications and/or work with case management/rehabilitation regarding an event.

Examples include long-term community-based services after a disaster has happened or prompt medical care at a burn facility for those individuals that have been burned, as well as rehabilitation after an injury.

TYPES OF PREVENTION INTERVENTIONS FOR RISK REDUCTION: THE FIVE Es

The Five Es of prevention are: Education, Engineering, Enforcement, Economic Incentive, and Emergency Response. It takes all five working together to effectively prevent deaths, injuries, and property loss as a result of fire.

Education

The goal of education is to provide awareness, change behavior, and eliminate risky behavior through education.

Every effective community risk reduction program must have an educational component.

Engineering

Engineering efforts include modification of an environment to enhance safety.

Community risk reduction programs must ensure that the homes of the community members are equipped with working smoke alarms and other forms of fire protection and injury prevention equipment as needed.

Examples: fire-resistive building designs, sprinklers, vehicle airbag systems, etc.

Enforcement

To enforce or obtain compliance with fire regulations and codes.

This may mean the enforcement of fire codes in a building, seatbelt usage through check stations, or ordinances prohibiting open burning.

Economic Incentive

To enhance safety measures through monetary incentives.

One example would be providing economic incentives to builders who install sprinkler systems.

Another type of economic incentive may be in the form of a negative incentive, such as the payment of fines, fees, and/or restitution.

Emergency Response

This refers to an adequately staffed, equipped, and trained cadre of responders to mitigate emergency incidents when they occur.

Emergency response is pertinent to community risk reduction to provide available resources to promptly respond to a fire or other event to mitigate the damage and/or injuries that might occur.

The Goal

The goal of fire prevention efforts has always been to prevent deaths, injuries, and property loss due to fire.

It has been shown that all five components are necessary for effective risk reduction, education is the foundation for effective community risk reduction efforts in any community.

However, **education alone** is a weak intervention. The most effective strategy is to use all Five Es in tandem with one another.

APPLYING THE HEALTH BELIEF MODEL TO COMMUNITY RISK REDUCTION

The Health Belief Model was developed in the 1950s, and it explains an individual's decisions related to health behavior, change, and maintenance. It acts as a guiding framework for health behavior interventions. Also 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:

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.

The initial concept is perceived threat. The individual must believe that he or she is at risk.

- This involves perceived susceptibility and perceived severity.
- Susceptibility refers to how much risk a person perceives he or she has; severity refers to how serious the consequences might be.

- To effectively change health behaviors, the individual must usually believe in both susceptibility and severity.

The model is a set of conditions that must occur for a person to make life safety behavior change.

- The person is aware that a problem exists as a result of his or her own behavior.
- The person understands the problem and the factors contributing to it.
- The person believes that he or she may be personally at risk from the problem.
- The person also believes that someone under his or her care may also be at risk.
- The person believes the benefits to change outweigh any barriers to do so.
- The person believes he or she is capable of successfully making the behavioral change.
- A clear understanding exists of what the person must do to reduce the risk.
- There is an understanding and personal commitment to the reasons for changing the behavior.
- The person has the resources and ability to successfully make the change in behavior.
- Positive feedback is provided when the change is made.

Knowing what aspect of the Health Belief Model patients accept or reject can help you design appropriate interventions.

For example, if an individual is unaware of his or her risk factors for one or more injury areas, you can direct teaching towards personal risk factors. 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.

When designing community risk reduction programs and associated materials, fire and life safety educators should apply the principles of the Health Belief Model.

The concepts of this model are especially important when designing culturally competent interventions. 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.
- Their acceptance based on spiritual and religious beliefs.

COMPONENTS OF SUCCESSFUL RISK REDUCTION

Community risk reduction should be an **organized** process that involves an entire community. There are elements that have found to be common with all successful community risk reduction efforts.

Individual Commitment

At the center of every successful risk reduction effort, a catalyst will be found. Often these folks are motivated visionaries with great enthusiasm and organizational skills. Some catalysts may be fire chiefs and administrators, while others carry no official title. The catalyst must gain credibility in the area of community risk reduction.

Institutionalized Organizational Support

Members of the organization, from its leadership to new staff, willingly provide support to enhance and support the community risk reduction efforts. This may need to be cultivated by catalysts who understand their community, its risks, the various cultures represented, and the potential risk solutions.

In addition, resources are provided by the organization that supports the efforts in the area of risk reduction.

Institutionalized Community Support

The community understands, supports, and responds to risk-reduction efforts. By understanding the risk potential in the community, the catalyst will find that it has its roots in the underlying social, environmental, cultural, and economic factors of the people who live there. Involving the community in problem identification, solutions, and outreach is essential.

The community must value risk reduction.

Quality Planning and Evaluation

Local risks are identified, prioritized, and addressed in an analytical manner. An organized risk reduction process is followed, monitored, and enhanced according to local need.

Planning and evaluation includes:

- Examination of the local data to identify leading causes of risk. This includes the identification of who is at risk and why.
- Identification and recruitment of partners who will comprise a community planning team.
- Design of an intervention strategy. This includes places within the sequence of events where risk interventions can be used, as well as looking at the target populations and locations for interactions. An evaluation strategy must also be developed.
- Pilot-testing of the intervention strategy, adjustment, and implementation.
- Monitoring of the intervention strategies.
- Resource allocation of the basic tools needed to effectively reduce community risk. This includes transportation, work space, educational equipment, intervention equipment and supplies, and personnel to assist with program delivery.

UNDERSTANDING CULTURE

Defining Culture

Before we can talk about cultural competence, we have to talk about culture.

Culture is a group's shared assumptions, values, and beliefs which result in characteristic behavior (Storti, 1999, p. 5). 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 9).

Breaking Down the Definition of Culture

Culture Needs a Group

Groups can be defined differently. This course generally discusses culture based on nationality/ethnicity. But what you learn in this course is also relevant to bridging cultures of group membership based on other criteria.

Other classes at the National Fire Academy can help to provide some insight into working with particular groups and the cultures and behaviors associated with them.

Discovering the Road to High Risk Audiences (DRHRA): This course examines the four high risk groups that have been identified by USFA as being most at-risk from fire. These are the very young, the very old, those with disabilities, and those living in a lower socioeconomic status.

Changing America Family at Risk (CAFR): This course focuses on prevention at the neighborhood level. It examines how families and neighborhoods have changed and how prevention methods and interventions must change as well.

Culture is Shared

Value and behavior can fall on a continuum: universal to personal. If values are not shared, they're not culture, they're personal.

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.") If values are shared by everyone everywhere, they're not culture, they're universal. (For example: "I want my family to be safe.")

Culturally-based values and behaviors fall in the middle of this continuum (Storti, 1999, p. 15).

Culture Includes Assumptions, Values, and Beliefs

Culture includes two dimensions (Storti, 1999, p. 5). The first dimension is defined by a culture's invisible aspects, including assumptions, values, and beliefs.

Meaning of language (including body language and gesture) is included in the invisible aspect of culture.

Assumptions may include: all snakes are poisonous; all Americans like hot dogs; people yelling at each other are fighting; and everyone in a blue uniform is a police officer.

Values may include: respect for age and family; honor, trustworthiness; and importance of tradition.

Beliefs may include: religious such as life after death; a handshake is as good as a signature; and the male is the head of the household. The invisible realm of culture is extremely important.

Culture Includes Behavior

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

As illustrated in the last exercise, many of our behaviors have roots in culture. When interacting with someone of similar cultural background we make accommodations for individuality while interpreting behavior according to shared cultural norms. Within a homogenous cultural context, this "decoding" of behavior happens intuitively.

In settings where cultural norms are different, intuition isn't enough. People may have to consciously work to think about why they—and others—are behaving a certain way. In diverse cultural settings, it is common to struggle with and react to seemingly illogical behavior. 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.

For example: A fire officer from Culture A traveled to a diverse multifamily housing complex to deliver training about how to use fire extinguishers. The uniformed officer walked residents through the process of using a fire extinguisher. He/She then asked residents if they understood how to use the device. All of the residents from Culture B said they understood. The officer returned to his/her firehouse feeling confident in the success of his/her intervention. He/She was 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 complex where he/she delivered his/her message. When he/she read the report, he/she found that the unit where the fire started belonged to a woman from Culture B who attended his/her prevention class. The officer was disappointed that the woman would lie to him/her about understanding the message.

Examples of Values and Associated Behaviors

Value (invisible)	Behavior (visible)	Intended meaning
Culture A: Direct communication with all people is best.	When a fire officer in uniform presents a risk reduction message, a person says she understands the message.	"I understand the risk reduction message."
Culture B: It is disrespectful to tell a person in a position of authority that they are not making sense to you.	When a fire officer in uniform presents a risk reduction message, a person says she understands the message.	"I do not understand what you are saying, but I do not want to embarrass you. I will try on my own to decode what you are trying to express."

What people do or say is not arbitrary. Behavior is a direct result of values, beliefs and assumptions.

Except sometimes, behavior doesn't mean anything at all (Storti, 1999, p. 10).

"Why? Because we've always done it this way."

The underlying value in some behavior is the value of honoring traditions. However, some traditions may have lost their contextual meaning as time passed. For instance, a grandmother may have always cut her chicken in half before roasting it because she only had a small pot. As the tradition was passed down, the family continued to honor the tradition of cutting the chicken, even though the original purpose of the behavior (there wasn't a pot big enough for a whole chicken) was lost and the context changed.

Behavior can also be culturally meaningless when it is done unconsciously or unintentionally (fidgeting, etc.).

Beware: Even if the value behind the behavior is not immediately apparent to the actor, do not assume that the behavior has no meaning.

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

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).

As noted earlier, an individual's values and the behaviors prompted by those values can be universal, cultural or personal. A person's culture is **one** of the circumstances that will influence his or her behavior in a given situation (Storti, 1999, p. 3).

DETERMINING THE BUILDING BLOCKS OF CULTURE (STORTI, 1999)

In "Figuring Foreigners Out: A Practical Guide," Storti identifies four "building blocks" of culture. These "building blocks" are the sources of and explanations for behaviors (Storti, 1999, p. 19). Different combinations of these "building blocks" yield different cultures. It's helpful to break culture down into these elements because cultures can be overwhelmingly complex.

Storti identifies four building blocks of culture:

1. Concept of self.
2. Balance of responsibility.
3. Concept of time.
4. Locus of control.

By identifying key elements of one's own culture and components of other cultures, cultural differences—and subsequent challenges—are more easily predicted, detected, and negotiated.

For example, it is extremely difficult to compare Americans and Russians.

It is much easier to compare American and Russian concepts of time.

After comparing these (and other) "building blocks," it is possible to then use this understanding to negotiate intercultural exchanges between the two groups. This approach also helps people remember the strong invisible components of culture—ideas, values, and beliefs—that drive behavior. Recall that people usually behave rationally, but in intercultural settings we may have to search for an alternate rationale.

As the course progresses, we will revisit these building blocks and their variations. Building blocks are variations on a continuum. The continuum is defined by the extremes. No culture is exclusively one extreme or another.

A Concept of Self: Individualist/Collectivist

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

1. Individualist:
 - a. The smallest unit of survival is the individual.
 - b. Desires of the individual satisfied come before those of the group.
 - c. Well-being of the individual ensures well being of the group.
 - d. Personal freedom is highly desired.
 - e. Emotional and psychological distance between people.
 - f. Group membership is not necessary for identity, survival, or success.
2. Collectivist:
 - a. Primary group (usually family) is the smallest unit of survival.
 - b. Identity is the function of membership in a group (e.g., family).
 - c. Well-being of group ensures well being of individual.
 - d. Harmony and interdependence valued.
 - e. Little emotional/psychological distance between people inside the group (ingroup) more outside (outgroup).

Responsibility and Logic: Universalist/Particularist

This building block describes how individuals in a culture balance responsibility to self, family, and friends (ingroup) against society at large (outgroup). It also describes how individuals in a culture are likely to make judgments.

1. Responsibility: The Universalist.
 - a. What is right is always right (absolute right).

- b. Law should be applied equally.
 - c. Consistency is important.
 - d. "Fair" is the same treatment for everyone.
 - e. One should try to make life fair.
2. Responsibility: The Particularist.
- a. What is right depends on the circumstances (no absolute right).
 - b. Exceptions should be made (for ingroup members).
 - c. Consistency is not possible.
 - d. "Fair" means treating people uniquely.
 - e. No one expects life to be fair.
3. Logic: Objective.
- a. Personal feelings should not affect professional decisions.
 - b. Favoritism is frowned upon.
 - c. People succeed because of what they know, not who they know.
 - d. To be objective is a positive thing and is worth striving for.
4. Logic: Subjective.
- a. One should not leave personal feelings out of professional decisions.
 - b. Friends (ingroup) help friends and expect the same in return.
 - c. People succeed because of their connections.
 - d. No one is expected to be objective.

Concept of Time: Monochronic/Polychronic

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

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

2. Time: Polychronic.
 - a. There is always more time.
 - b. Time (schedules/deadlines) bends to meet needs of people.
 - c. People always have time to see you.
 - d. Plans are fluid.
 - e. People live by an internal clock.

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.

Locus of Control: Internal/External

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

1. Control: Internal.
 - a. Individuals have control over their lives.
 - b. Fate has little/no importance.
 - c. Very few things are inevitable or unchangeable.
 - d. One makes luck, happiness ("Life is what you make it").
 - e. People tend to be optimistic.
2. Control: External.
 - a. Individuals have little control over their lives.
 - b. Fate plays a major role in shaping life.
 - c. Many things in life can't be changed and instead must be accepted.
 - d. Luck, happiness, success, etc., is largely good/bad luck/fortune.
 - e. People tend to be realistic/fatalistic.

Intercultural Communication

Intercultural interactions occur when individuals from differing cultures come together. 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).

This does not mean that cultures with dramatically different "building blocks" can't live and work together. It does mean that intuitions won't be very helpful, and working effectively will require some effort and patience.

Culture plays a large role in how people communicate messages to another person and how they receive messages from another person. Specifically, cultures' communication styles may be:

1. Low context or high context.
 - a. Low content: Only what is meant is said.

- b. High content: Much of what is meant is not said but implied and inferred.
2. 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.

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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.

UNDERSTANDING CULTURAL COMPETENCE

Defining Cultural Competence

Culture is not homogenous across all groups. When different cultures come into contact, **intercultural** experiences occur. Cultural competence is a measure of how effectively individuals—and the organizations they are part of—interact and work in intercultural environments.

Cultural competence is sometimes confused with a number of other ideas. Cultural competence is **not** affirmative action, political correctness, diversity training, cultural orientation, or cultural sensitivity.

Terms:	Promotes:
Political Correctness (Wikipedia) "Being PC"	Marked by or adhering to a typically progressive orthodoxy on issues involving especially race, gender, sexual affinity, or ecology e.g., Use "people with learning disabilities" versus "retarded."
Affirmative Action/ Equal Opportunity	Inclusion of underrepresented groups in programs, hiring, etc., e.g., Compensation for past discrimination.
Nondiscrimination/ Promotion of Equality	Individuals' and organizations' avoidance of applying stereotypes and prejudices. Consideration of individuals on their own terms. Criticism of the systematic as well as individual components to social inequality.
Diversity Training (Kalev, Dobbin, and Kelley, 2006)	How to use (or work around) cultural diversity to achieve certain ends e.g., Complying with Equal Employment Opportunity Law to avoid legal problems and avoiding discrimination lawsuits. Is usually employment-based and mandatory.
Cultural Orientation/ Cultural Knowledge (Adams, 1995)	Understanding the language, norms/behaviors of a particular culture e.g., Introduction to Spanish class and Mexican business etiquette.
Cultural Awareness (Adams, 1995)/ Cultural Sensitivity (Texas Dept., 1997)	Awareness of one's own culture. Understanding that culture affects communication/interaction, etc. To be open, flexible, and neutral about cultural differences.

Cultural competence refers to a (congruent) set of behaviors, attitudes, and policies that allow people to interact and work **effectively** in intercultural settings.

Cultural competence includes four components:

1. Awareness of one's own cultural worldview.

2. Positive attitude toward cultural differences.
3. Knowledge of other cultures, including values and behaviors.
4. Skills to negotiate intercultural differences including intercultural communication skills.

Achieving cultural competence is an ongoing process. There are four stages of cultural competence (Storti, 1999, p. 157).

1. Unconscious Incompetence:
 - Not aware that there are cultural differences.
 - No recognition that a misunderstanding may be occurring.
 - Trust intuition because of lack of awareness.
2. Conscious Incompetence:
 - Realize there are differences between values and behaviors of cultures different than your own.
 - Do not understand what these differences may be.
 - Doubt intuition.
 - Uncertain that you'll ever figure these "foreigners" out.
3. Conscious Competence:
 - Realize there are differences between values and behaviors of cultures different than your own.
 - Understand what some of these differences are.
 - Try to modify behavior to accommodate these differences, but it's still not natural.
 - More aware of how your behavior is being interpreted.
 - New intuitions replacing the old.
 - Hopeful that you may be able to do this.
4. Unconscious Competence:
 - Culturally appropriate behavior comes naturally (except in circumstances where you're encountering a new cultural group).

- Trust your intuitions because they have been reconditioned by what you know about cross-cultural interactions.

Cultural competence is an ongoing process. This course will get you started in each of these four areas.

Indicators of Cultural Competence

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). These standards, as adapted for this course, can be found listed in the worksheet in Activity 1.13. They are also available as Handout 1-3.

Individuals and organizations may be really competent in some intercultural settings and not-so-good in others. 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.

Seven Lessons to Learn about Cross-Cultural Communication

(Adapted from Craig Storti, *Cross-Cultural Dialogues*, Intercultural Press, 1994 by UI International Programs)

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.
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.

THE ROLE OF THE CATALYST IN CULTURAL COMPETENCE

For every successful risk reduction program, there is a catalyst or champion. The catalyst is a strategist who helps create and support risk reduction initiatives at the primary and secondary level.

This is the individual who is culturally competent and provides for culturally and linguistically appropriate activities in community risk reduction initiatives.

The catalyst should be involved in the process of working strategically to mitigate targeted risk and promoting cultural competence within the organization and without. This includes proposing public policy that supports a culturally and linguistically appropriate risk reduction. Change begins with a vision, which in turn helps to create a plan. The catalyst creates the vision and the plan. Well organized plans lead to a successful outcome.

You are the catalyst from your organization by attending this class.

The process begins with the examination of the skill held by you and your organization in regards to cultural competence and risk reduction. You have to build support internally, within the organization, before reaching out to the community. There must be an attitude and supportive tangible evidence, of support for risk reduction within the organization.

ASSESS ORGANIZATIONAL CULTURE

Whether you realize it or not, most of us have faced cultural challenges within our own organizations. Even the generation gap within an organization is a part of its culture. If you can master your internal cultural challenges, you can successfully work with the various cultures in your community.

Changes in the fire service over the years have led to more diversity than ever before. Volunteerism, management, careerism, labor, and generation gaps will affect the internal culture of a fire organization.

What is a culturally competent organization? It consists of its:

- policies
- procedures
- programs
- processes

It incorporates values, beliefs, assumptions, and customs of the organization or profession. A culturally competent organization brings together standards, policies, and practices that make everything work.

A culturally competent organization focuses on aligning policies and practices with goals. By working from the inside-out, it relieves those who are the excluded groups from the responsibility of doing all the adapting.

Five Essential Principles for the Culturally Competent Organization

Valuing Diversity

Accepting and respecting the differences between and within cultures is the first principle in designing a culturally competent organization. Our cultural assumptions can lead us to wrong conclusions. A group might share experiences, but only share physical appearance, language, or spiritual beliefs. Gender, locale, and socioeconomic status can sometimes be more powerful than racial or ethnic factors.

Conducting Cultural Self-Assessment

Each organization has a culture. Surveys and discussion can help members be more aware of the organization's way of doing things. We may misread someone's actions by interpreting them based on our own culture, which we take for granted. Physical distance during social interactions is one example.

Understanding the Dynamics of Difference

Historical cultural experiences explain some of the current attitudes regarding cultures. If a group has experienced discrimination and unfair treatment from a dominant culture, mistrust coming from these experiences can be passed onto the next generations, but ignored by the dominant culture.

A group with a history of oppression may not trust the dominant culture, and the dominant culture can be totally unaware of it or not understand it. If an organization wants to interact with another culture, members will need to have an understanding of this dynamic. Many organizations are intergenerational, and so it will necessitate change in others for the organization to achieve cultural competence.

Anticipating change is important. If people are truly working together, understanding each other deeply, and in total agreement about their beliefs and goals as far as their work is concerned, organizations will be effective.

People must treat each other with respect and effectively communicate with each other to achieve success.

Institutionalizing Cultural Knowledge

Cultural knowledge should be integrated into every facet of an organization. Cultural knowledge means that individuals know some cultural characteristics, history, values, beliefs, and behaviors of another ethnic or cultural group. Staff must be trained and be able to effectively use the knowledge. Policies should be responsive to cultural diversity. Program materials should reflect positive images of all cultures.

Adapting to Diversity

Values, behaviors, attitudes, practices, and policies guide a culturally competent organization. Recognizing, respecting, and valuing all cultures and integrating those values into the system allows culturally competent organizations to meet the needs of these diverse groups.

Building Cultural Competence within the Organization

There are practices that can be applied to build cultural competence within an organization.

1. Learning the history of your organization.
2. Tracking the demographics of your community and/or response area.
3. Identifying and building on the strengths and resources of each culture within the organization.
4. Allocating resources for leadership and staff development in cultural awareness, sensitivity, and understanding.
5. Actively eliminating prejudice in policies and practices.
6. Evaluating yourself and your organization's cultural competence on a regular basis.

UNDERSTANDING EXISTING COMMUNITY-BASED PROGRAMS AND SERVICES

Once a determination has been made about the organization's level of cultural competence, the programs and services provided by the organization need to be assessed for cultural competence. Consideration of risk reduction initiatives should involve members of the target audience, i.e., those cultures that are at risk.

Messages in fire prevention should reflect the beliefs and practices of the intended audience. Messages and materials should reflect the cultural and linguistic status, values, and beliefs of fire prevention professionals who develop scientific-based fire prevention and promotion efforts.

People should have a voice in the type and level of fire protection in the community. Is the community engaged in your programs? When examining the programs and services of your organization, determine if the community cultural groups are included. If not, how could this be accomplished? Community engagement brings credibility to risk reduction.

A key challenge: Honoring traditions and beliefs of the intended audience while recognizing that some of those beliefs and practices may not be congruent with emerging knowledge of safe outcomes.

- Assessing the cultural and linguistic appropriateness of existing programs can:

- Identify short-term and long-term goals for improving service delivery.
- Provide measurable objectives.
- Identify fiscal and personnel resources.
- Enhance consumer and community partnerships.

Self-assessment can also provide a vehicle to measure outcomes for personnel, organizations, population groups, and the community at large. Assessments of individuals, programs, organizations, and policies should be ongoing. This will help to measure progress toward cultural competence over time.

DEVELOP A VISION FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE RISK REDUCTION

A vision transforms the organization. It provides a picture of what could be. It is a catalyst that can impel an organization toward that dream. As dreams come true or realities change, visions change. It is a goal of the highest order. A vision is different from a mission statement. A mission statement tells what business you are in and what products and services you will offer. It is a clear statement of purpose. A mission statement may last for decades. A vision statement can change. Vision is the ultimate in providing direction.

UNIT SUMMARY

In this unit, we have:

- Explained the types and levels of prevention and how these relate to successful community risk reduction.
- Identified the components of the CRR Model and the role of cultural competence within this model.
- Defined culture and explored the relationship between assumptions, values, beliefs, and behavior of cultural groups.
- Explained the relationship between culture and behavior.
- Assessed where we stand individually in relation to our own cultural norms, and where we stand in relation to each "building block of culture."
- Defined cultural competence.
- Assessed where we stand individually on Storti's continuum of cultural competence.

- Explored the ramifications of a lack of cultural competence.
- Conducted a formal self-assessment of individual cultural competence.
- Conducted an informal and a formal assessment of our organization's cultural competence.
- Conducted an indepth assessment of the cultural competence of a public education program or inspection service within our home community, according to the CLAS standards.
- Developed a vision for an existing program in need of improvement.

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**APPENDIX:
A SUMMARY OF "*THE ART OF
CROSSING CULTURE*" BY CRAIG
STORTI**

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The Art of Crossing Culture

Source: A summary of *The Art of Crossing Culture*, by Craig Storti, Intercultural Press, Maine, 1990. Compiled by Mark Tittley in August 2000.

Most people want to adapt to a new culture they find themselves in, but most don't. Cultural Adaptation is a phrase that refers to the process of learning the new culture and its behaviours and language in an effort to understand and empathise with the people of the culture and to live and interact successfully with them.

For sure, it is disconcerting to be at the top of your form one moment, and all thumbs the next.

When one undertakes a move abroad one experiences the following challenges: surviving the move; adjusting to a new job or ministry; adjusting to the new community; adjusting to a new climate; adjusting to poorer communications; adjusting to poor transportation; adjusting to having to do without the things you enjoyed back home; adjusting to not knowing anyone – the result of these experiences is culture shock. These things consume our time and energy and mean that you spend most of your time trying to cope.

What will help you cope in a new country? There are a number of items which will help with this level of adaptation: (1) Know that these stresses are coming; (2) Understand your feelings and anxieties are normal; (3) Keep things in perspective by realising that the trials you are facing are not life threatening; (4) Try to be precise about what it is that is the source of frustration – chances are it is an old dilemma in a new packaging; (5) Take specific actions: look after your health; keep in touch with people back home; seek out other people; and be patient.

However, adjusting to a new country is not the same thing as adjusting to a new culture. The country is a physical circumstance – the setting in which culture is lived out. The culture is the people and how they behave – not general behaviour but behaviour that is specific to a group of people. There are ways in which all people are alike – as human beings we share similar behaviours. Then on the other extreme there are ways in which each person is unique from all others. In the middle there is culture – where one groups acts oddly in the eyes of another.

There are two kinds of adjustments that need to be made (each result in cultural incidents): **Type I** is adjusting to behaviour on behalf of the local people which annoys, confuses or unsettles us. This is where the behaviour of the natives gives the foreigner cause for concern. **Type II** is adjusting our own behaviour so that it does not annoy, confuse or unsettle the local people. This is where the behaviour of the foreigner gives the natives cause for concern.

A cultural incident causes the following feelings to arise: confusion; helplessness, fear, anger, frustration, embarrassment and anxiety. A once off incident is endurable but dealing with these feelings in a string of events is really tough. It is understandable that people who experience stress and anxiety in a cross-cultural situation will want to avoid or withdraw. Here is what happens (this works for other Type I and Type II adjustments):

1. A cultural *incident* occurs

2. causing a *reaction* (anger, fear, etc)
3. which prompts us to *withdraw*

Successful cultural adjustment consists of learning how to recognise and check the impulse to withdraw and how to transcend it.

As people withdraw some seek the company of other expatriates – this can be a temporary phase, or it can become a permanent home. Some withdrawal into an expatriate enclave is appropriate but this reaction to the local culture does not go unnoticed by its inhabitants and it often provokes a counter-reaction of its own. The natives are aware of this behaviour and they notice that the foreigners keep their distance and socialise largely with other foreigners.

What happens when a cultural incident occurs? We may feel uneasy, not understanding what is happening or what we should do next. Unsure of what to do and anxious to do something we become agitated. This occurs because what we **expect** to happen does not happen. Each of us expects that everyone else is just like us. We expect everyone to behave like we do (this is the source of Type I incidents) and we assume we behave like everyone else (the course of Type II incidents).

Returning to, and refining, the model introduced above, the following happens:

1. We expect others to be like us but they aren't
2. Thus, a cultural *incident* occurs
3. causing a *reaction* (anger, fear, etc)
4. which prompts us to *withdraw*

Our assumptions are natural – we learn how to behave by watching and imitating other (this is called conditioning). So we expect that others will act like we do. We can't think of what behaviours unlike ours would look like. We cannot put our selves in the shoes of others. Most of culture is hidden and outside of voluntary control – so it is difficult if not impossible to control.

Many people confuse familiarity with cultural diversity with the ability to adjust to another culture. But just because someone knows about a foreign culture does not mean that they will achieve adjustment. Many sojourners educate themselves about the country they are going to – they read all they can, talk to people who live there, and participate in some kind of training or orientation. They assume they are prepared for the experience but they still experience culture shock.

Conditioning is both the problem and the solution. Just as we learn through experience, to expect everyone will behave as we do, so we can learn through experience to expect certain people to behave differently. We must allow ourselves to have the experiences that will bring about change in our expectations.

It is not the actions of foreigners that worry us, but the fact that we aren't expecting particular behaviours in particular situations and we don't know how to respond. We don't know these behaviours because our conditioning has taught us that others behave like we do. When we discover differences we want to withdraw and avoid the culture around us. Someone withdraw and go home while stay and join an expatriate culture. Neither have adapted successfully.

We cannot expect natives to change their behaviour to suit our expectations; rather we must change our expectations to suit their behaviour – as guests we can't expect that our hosts adjust to us. The key is to train ourselves to become aware of feelings as they arrive and identify them for what they are – a response because what we expect does not happen. This will help to reduce our anger or frustration. If we can be aware of this, our shock will subside – and now we can experience the situation we find ourselves in. The goal is to create an interlude in which we reflect on what we are observing around us.

The model now means that there are two options at point 4:

1. We expect others to be like us but they aren't
2. so a cultural *incident* occurs
3. causing a *reaction* (anger, fear, etc)
4. which prompts us to *withdraw*, OR become *aware* of our reaction
5. if aware, we can *reflect* on it's cause
6. our reaction *subsides*
7. we *observe* the situation
8. which results in developing culturally appropriate *expectations*

Awareness is difficult because it runs against a lifetime of conditioning and instinct. At first we must deal with retrospective awareness. In time we may experience simultaneous awareness of our emotions. But what about behaviours that provoke us even after we have conditioned ourselves to expect them? Observation is effective where behaviours are neutral – but what about instances where a value we host has been violated or ignored? In these instances only observation coupled with understanding can prevent us from being offended. In some cases, cultural knowledge is needed before we can adjust to a specific behaviour. Knowledge won't stop us from reacting to the natives but can help us not to judge them inappropriately – and it can support our progress toward adjustment.

When we make a judgment we must remember that it is based on the experience of our own culture – this realisation can help us suspend our judgment and look for an explanation for the offensive behaviour. Where we still can't accept behaviour it is because they violate values so fundamental to our identity that our continued self-respect demands we reject them. Awareness and observation and understanding may not be enough. What then?

We must not expect to like everything about another culture, any more than we approve of everything about own. Adjustment must not be purchased at the expense of our own self-respect. If we are not at ease with ourselves we can't try to be at ease with the other culture. There will always be some behaviours that we will never get used to. People (foreigners and the natives) come by offensive habits honestly. This realisation allows us to separate individuals from their actions, to deplore the deeds and still have compassion for the doers.

With Type II situations how do we stop causing offence? We can't expect local people to tell us when we have done wrong. When a native gives feedback it often goes unrewarded – as expressing disfavour may be wrong in that culture and the feedback not well received. Many cultures prefer to send criticism through a third-party and not directly.

Some people ask to be guided on how to act in situations, but this does not go far enough. The do's and don'ts approach is situational – and it is impossible to anticipate all situations and prescribe

appropriate responses for each possible situation. It tends to overly simplify a complex phenomenon. Natives struggle to prescribe behaviour – we can't generalise from the advice of one or two. Different age groups; educational levels; socio-economic levels will have different behaviours. It is best to keep applying the technique of awareness – as we learn from locals by observation we will learn how to behave. We must learn the skill of 'instinct override' – the ability to look and then look again before acting. The key rule is to always err on the side of caution. But if we are too cautious and sacrifice naturalness and spontaneity on the altar of cultural correctness we won't have a good time or be invited back.

Objectively observing the culture around us and learning from it is key, but it is incomplete. Humans are not natural at objective observation. When we observe, we respond to the content of what we see – our response colours all subsequent observations. Unless this subjective element can be interrupted, true objective observation is beyond our reach.

Our goal is to be aware of our emotional state and to cut off our responses to the culture outside ourselves and create an interlude where we can truly see what we are observing.

In life we do not adapt naturally to different circumstances, but in a new culture the scale is much greater. The difference is like meeting one new person or a whole room full of people. There are also behaviours that local people exhibit that we are not capable of seeing. When we see things we do so according to meaning in our own culture. Also there is behaviour we see quite quickly but which does not mean the same in both cultures – behaviours we misinterpret – here we can discover our mistake by checking the content to see if it is consistent with our conclusions.

There is also a problem with seeing what isn't there – ie. something means something in my culture but nothing in the other culture.

We often over adjust – going native is inappropriate and is not genuine adjustment. Here the visitor replaces their culture with the local one. Generally the visitor has not been there long enough to justify doing this.

Cultural adjustment actually happens much more than we realise it. There is one culture at work and another at home – so we already have some skills that are needed to enter a new culture in another country.

Speaking the language is not essential to successful cultural adjustment but it does help the process. There are a number of benefits: (a) a sense of well-being and security; (b) it brings insights into the culture; and (c) it expresses worth to the natives.

Successful adjustment has the following rewards: (a) foreigners become increasingly effective in their work; (b) natives battle to hide behind their culture when foreigners understand it; (c) as we understand the locals we experience a sense of security; (d) after the period of uncertainty, we gradually become ourselves again; (e) natives become themselves, especially around us; (f) we start to identify people as individuals, and develop personal relationships; (g) we learn more about our own culture; (h) we begin to see what we could not see before – we become more self-aware which leads to self-improvement; (i) we are rescued from mistakes – such as putting down natives; inflated opinions of ourselves; regret over missed opportunities and a retreat from reality.

What about re-entry? We can construct a home in the new culture but we can't expect to have a home waiting for us when we return. We must create a home again. As we return there are difficulties adjusting back in our own culture; there will be things that we miss about the other culture; we miss the stimulation of living abroad; we struggle with people who do not want to hear about our overseas experiences. What will help with re-entry? (a) we must be forewarned about the realities of re-entry; (b) we must remind ourselves that all transitions are unsettling; (c) we should know that there is nothing wrong with us; (d) we should recall the early weeks in the foreign culture – we made it then and can make it again; (e) we must practise the same awareness process back home.

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UNIT 2: ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

TERMINAL OBJECTIVE

Upon completion of this unit, the students will be able to create a risk-reduction goal for a specific risk affecting a particular target population.

ENABLING OBJECTIVES

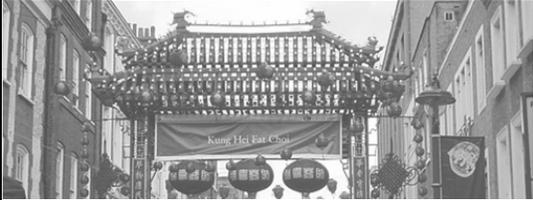
The students will:

- 1. Explain the purpose of a community risk assessment.*
 - 2. Describe the process of conducting a community risk assessment.*
 - 3. Identify resources to support a community risk assessment including people resources, problem resources, and location resources such as Geographic Information System (GIS).*
 - 4. Analyze local data to prioritize community risks and select target populations.*
 - 5. Gather anecdotal data to support the risk assessment.*
 - 6. Identify hidden or underserved populations in a community.*
 - 7. Recognize that hidden or underserved populations may be at high risk.*
 - 8. Explain the potential relationship between culture, behavior, and risk.*
 - 9. Use maps to show the location of people-related data and problem-related data.*
 - 10. Describe how to make contact and establish relationships with target populations in a timely manner.*
 - 11. Identify target population knowledge/perception of a targeted risk.*
 - 12. Discuss how to evaluate what target groups want from a risk-reduction partnership.*
 - 13. Demonstrate how to develop a risk-reduction goal.*
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NOTE-TAKING GUIDE

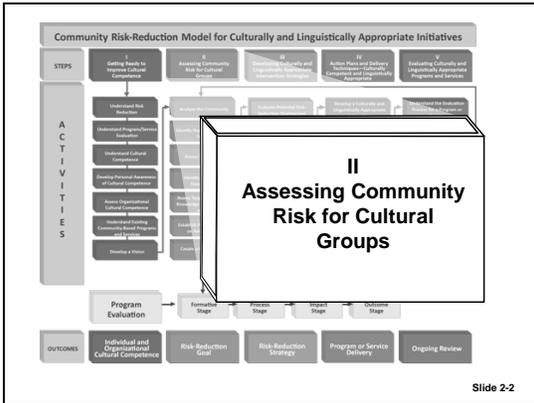
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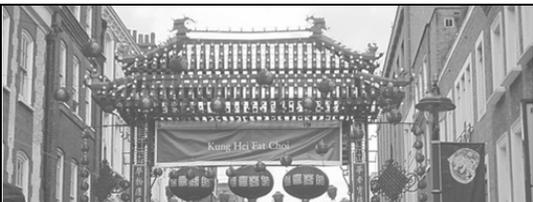
**UNIT 2:
ASSESSING COMMUNITY
RISK FOR CULTURAL
GROUPS**

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Slide 2-2



Slide 2-3

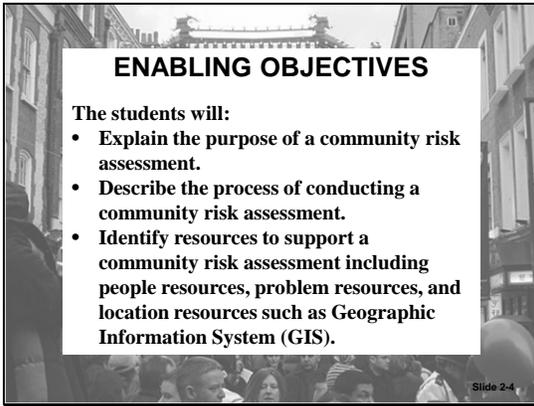


TERMINAL OBJECTIVE

Upon completion of this unit, the students will be able to create a risk-reduction goal for a specific risk affecting a particular target population.

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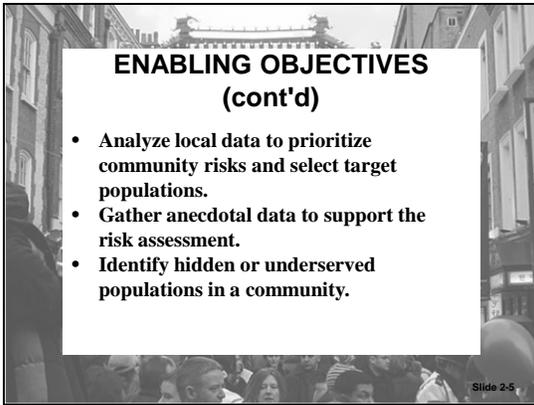


ENABLING OBJECTIVES

The students will:

- Explain the purpose of a community risk assessment.
- Describe the process of conducting a community risk assessment.
- Identify resources to support a community risk assessment including people resources, problem resources, and location resources such as Geographic Information System (GIS).

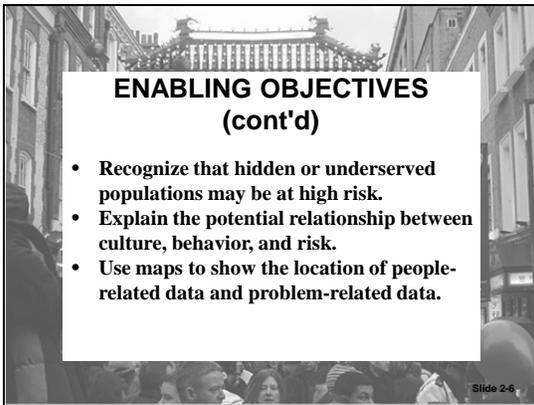
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**ENABLING OBJECTIVES
(cont'd)**

- Analyze local data to prioritize community risks and select target populations.
- Gather anecdotal data to support the risk assessment.
- Identify hidden or underserved populations in a community.

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**ENABLING OBJECTIVES
(cont'd)**

- Recognize that hidden or underserved populations may be at high risk.
- Explain the potential relationship between culture, behavior, and risk.
- Use maps to show the location of people-related data and problem-related data.

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**ENABLING OBJECTIVES
(cont'd)**

- Describe how to make contact and establish relationships with target populations in a timely manner.
- Identify target population knowledge/perception of a targeted risk.
- Discuss how to evaluate what target groups want from a risk-reduction partnership.
- Demonstrate how to develop a risk-reduction goal.

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INTRODUCTION

- This unit is dedicated to assessing/prioritizing community risk(s) and identifying target populations.
- The process corresponds with the second step in the adapted Community Risk-Reduction Model—Assessing Community Risk.

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**PURPOSE OF A COMMUNITY
RISK ASSESSMENT**

- A community risk assessment is a fact-based objective study of local risks.
- Risk assessment is the *first and most important step* toward deciding priority risk issue(s) and target population(s) to address.
- The assessment identifies how and why specific risks are affecting a community.

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PROCESS OF CONDUCTING A COMMUNITY RISK ASSESSMENT (cont'd)

Problem-related data

- Human- and naturally-created events.
- Frequency of incident occurrence.
- Are incidents rising or falling?
- Where are incidents occurring?



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PROCESS OF CONDUCTING A COMMUNITY RISK ASSESSMENT (cont'd)

Problem-related data

- Who are the incidents affecting?
- When are the incidents occurring?
- Number of injuries and deaths?
- What is the economic impact on community?



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PROCESS OF CONDUCTING A COMMUNITY RISK ASSESSMENT (cont'd)

People-related data (community demographics)

- Population size and distribution.
- Gender profiles, family size, and structure.
- Distribution of race/ethnic groups.
- Emerging and shrinking populations.



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PROCESS OF CONDUCTING A COMMUNITY RISK ASSESSMENT (cont'd)

People-related data (community demographics)

- Income and education levels of population.
- Employment and school system profile.
- Exploration of risk factors (age, poverty, etc.).
- Location of confirmed high-risk populations.



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RESOURCES TO SUPPORT A RISK ASSESSMENT

Sources for problem-related data

- United States Fire Administration (USFA).
- USFA began the National Fire Incident Reporting System (NFIRS).
- Local hospitals.
- State Health Department.
- National Weather Service (NWS).



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RESOURCES TO SUPPORT A RISK ASSESSMENT (cont'd)

Sources for people-related data

- U.S. Census Bureau at www.census.gov
- American Community Survey (ACS) is available to the public through the American Fact Finder database.
- Community demographics by census tract.



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RESOURCES TO SUPPORT A RISK ASSESSMENT (cont'd)

Local data sources

- City and county planning departments.
- Office of community development.
- Housing Authority.
- Economic development officials.
- Chamber of Commerce.
- Community Action Council.



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RESOURCES TO SUPPORT A RISK ASSESSMENT (cont'd)

Local data sources

- Schools, hospitals, and health department.
- Head Start.
- Social Services and Commission on Aging.
- Advocacy groups/ Neighborhood Associations.
- Houses of Worship.
- Anecdotal Information.



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GEOGRAPHIC INFORMATION SYSTEMS AND THE FIRE SERVICE

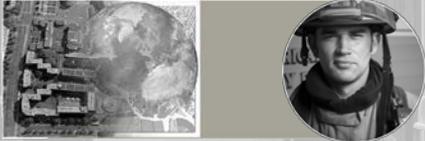


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MAPPING RISKS

Problem- and people-related data can be displayed through the use of GIS software to show the dispersion of risks and affected populations.

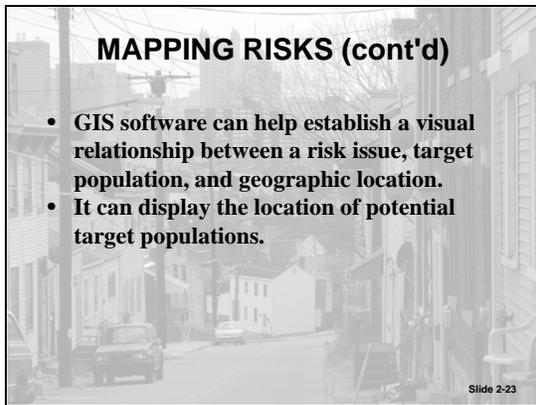


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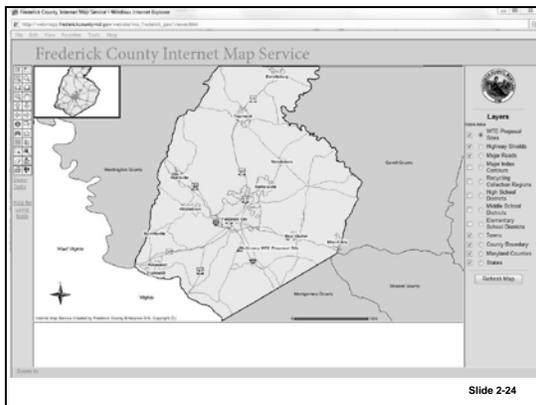
MAPPING RISKS (cont'd)

- GIS software can help establish a visual relationship between a risk issue, target population, and geographic location.
- It can display the location of potential target populations.



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Slide 2-31

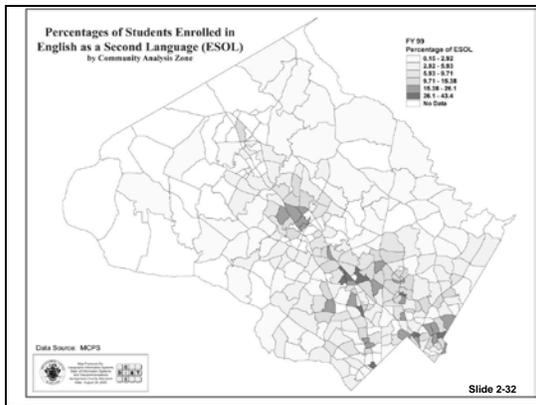
WHO USES GEOGRAPHIC INFORMATION SYSTEMS?

- **Historically**
 - Large businesses and government.
- **Today**
 - Used locally by planners and managers in many fields.
 - Thousands of organizations use GIS to solve problems and improve processes.



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Has anyone had experience with using GIS software to perform risk mapping?

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Activity 2.1
Statistical Data—
Greenfield County

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Activity 2.1

Statistical Data—Greenfield County

Purpose

To analyze local statistical data from a simulated community to prioritize community risks and select target populations.

Directions

1. Individually, review the mock census data for Greenfield County.
2. In your small group, answer the questions on the Worksheet. You have 15 minutes for this action.
3. Select a spokesperson and record your work on an easel pad.
4. Be prepared to report on the results of your group work.

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Activity 2.1 (cont'd)

Statistical Data—Greenfield County Worksheet

1. Identify the total population. Has this number changed over time? To what could you attribute this population growth?

2. Describe the population in terms of education.

3. How many people are foreign born?

4. What can you deduce, if anything, about cultural norms? About religion? About immigration status?

5. What is the average (mean) income?

6. What industry employs the most people?

7. Do most people own their homes, or do they rent?

8. Based on the census data, what don't you know?

Activity 2.1 (cont'd)

Census Data for Greenfield County

DP-1: Profile of General Demographic Characteristics: 2000
 Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data
 Greenfield County

Subject	Number	Percent
Total population	139,277	100
SEX AND AGE		
Male	70,884	50.9
Female	68,393	49.1
Under 5 years	11,417	8.2
5 to 9 years	10,370	7.4
10 to 14 years	9,883	7.1
15 to 19 years	10,140	7.3
20 to 24 years	10,798	7.8
25 to 34 years	23,305	16.7
35 to 44 years	21,630	15.5
45 to 54 years	17,327	12.4
55 to 59 years	6,400	4.6
60 to 64 years	4,940	3.5
65 to 74 years	7,488	5.4
75 to 84 years	4,241	3
85 years and over	1,338	1
Median age (years)	32.2	(X)
18 years and over	101,760	73.1
Male	51,362	36.9
Female	50,398	36.2
21 years and over	95,236	68.4
62 years and over	15,934	11.4

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

Subject	Number	Percent
65 years and over	13,067	9.4
Male	5,366	3.9
Female	7,701	5.5
RACE		
One race	137,382	98.6
White	112,470	80.8
Black or African-American	10,126	7.3
American Indian and Alaska Native	479	0.3
Asian	1,876	1.3
Asian Indian	174	0.1
Chinese	91	0.1
Filipino	86	0.1
Japanese	74	0.1
Korean	106	0.1
Vietnamese	1,234	0.9
Other Asian ¹	111	0.1
Native Hawaiian and Other Pacific Islander	239	0.2
Native Hawaiian	12	0
Guamanian or Chamorro	209	0.2
Samoan	8	0
Other Pacific Islander ²	10	0
Some other race	12,192	8.8
Two or more races	1,895	1.4
<i>Race alone or in combination with one or more other races³</i>		
White	114,153	82
Black or African-American	10,486	7.5
American Indian and Alaska Native	921	0.7
Asian	2,115	1.5
Native Hawaiian and Other Pacific Islander	307	0.2
Some other race	13,260	9.5

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

Subject	Number	Percent
HISPANIC OR LATINO AND RACE		
Total population	265,461	100
Hispanic or Latino (of any race)	32,242	12.15
Mexican	27,826	10.48
Puerto Rican	419	0.16
Cuban	142	0.05
Other Hispanic or Latino	3,855	1.45
Not Hispanic or Latino	112,035	42.20
White alone	88,942	33.50
RELATIONSHIP		
Total population	139,277	100
In households	136,980	98.4
Householder	47,381	34
Spouse	28,500	20.5
Child	41,448	29.8
Own child under 18 years	32,455	23.3
Other relatives	11,365	8.2
Under 18 years	3,863	2.8
Nonrelatives	8,286	5.9
Unmarried partner	2,067	1.5
In group quarters	2,297	1.6
Institutionalized population	1,536	1.1
Noninstitutionalized population	761	0.5
HOUSEHOLD BY TYPE		
Total households	47,381	100
Family households (families)	36,021	76
With own children under 18 years	17,578	37.1
Married-couple family	28,500	60.2
With own children under 18 years	13,646	28.8
Female householder, no husband present	5,102	10.8
With own children under 18 years	2,839	6

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

Subject	Number	Percent
Nonfamily households	11,360	24
Householder living alone	9,083	19.2
Householder 65 years and over	3,166	6.7
Households with individuals under 18 years	19,663	41.5
Households with individuals 65 years and over	9,276	19.6
Average household size	2.89	(X)
Average family size	3.26	(X)
HOUSING OCCUPANCY		
Total housing units	51,046	100
Occupied housing units	47,381	92.8
Vacant housing units	3,665	7.2
For seasonal, recreational, or occasional use	811	1.6
Homeowner vacancy rate (percent)	2.5	(X)
Rental vacancy rate (percent)	5.6	(X)
HOUSING TENURE		
Occupied housing units	47,381	100
Owner-occupied housing units	33,676	71.1
Renter-occupied housing units	13,705	28.9
Average household size of owner-occupied unit	2.81	(X)
Average household size of renter-occupied unit	3.09	(X)

(X) Not applicable.

1. Other Asian alone, or two or more Asian categories.
2. Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
3. In combination with one or more other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

DP-1: Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data—Greenfield County		
Subject	Number	Percent
SEX AND AGE		
Total population	179,684	100
Under 5 years	14,123	7.9
5 to 9 years	14,573	8.1
10 to 14 years	13,536	7.5
15 to 19 years	12,916	7.2
20 to 24 years	11,739	6.5
25 to 29 years	12,134	6.8
30 to 34 years	12,007	6.7
35 to 39 years	12,753	7.1
40 to 44 years	12,907	7.2
45 to 49 years	12,789	7.1
50 to 54 years	11,396	6.3
55 to 59 years	9,796	5.5
60 to 64 years	9,005	5.0
65 to 69 years	6,820	3.8
70 to 74 years	4,751	2.6
75 to 79 years	3,644	2.0
80 to 84 years	2,602	1.4
85 years and over	2,193	1.2
Male population	89,601	100
Under 5 years	7,270	8.1
5 to 9 years	7,379	8.2
10 to 14 years	7,009	7.8
15 to 19 years	6,790	7.6
20 to 24 years	5,984	6.7
25 to 29 years	6,211	6.9
30 to 34 years	6,003	6.7
35 to 39 years	6,343	7.1
40 to 44 years	6,621	7.4
45 to 49 years	6,546	7.3
50 to 54 years	5,651	6.3
55 to 59 years	4,814	5.4
60 to 64 years	4,248	4.7
65 to 69 years	3,255	3.6
70 to 74 years	2,142	2.4
75 to 79 years	1,586	1.8
80 to 84 years	1,000	1.1
85 years and over	749	0.8

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

DP-1: Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data—Greenfield County		
Subject	Number	Percent
Female population	90,083	100
Under 5 years	6,853	7.6
5 to 9 years	7,194	8.0
10 to 14 years	6,527	7.2
15 to 19 years	6,126	6.8
20 to 24 years	5,755	6.4
25 to 29 years	5,923	6.6
30 to 34 years	6,004	6.7
35 to 39 years	6,410	7.1
40 to 44 years	6,286	7.0
45 to 49 years	6,243	6.9
50 to 54 years	5,745	6.4
55 to 59 years	4,982	5.5
60 to 64 years	4,757	5.3
65 to 69 years	3,565	4.0
70 to 74 years	2,609	2.9
75 to 79 years	2,058	2.3
80 to 84 years	1,602	1.8
85 years and over	1,444	1.6
RACE		
Total population	179,684	100
One Race	175,722	97.8
White	133,197	74.1
Black or African-American	13,279	7.4
American Indian and Alaska Native	811	0.5
Asian	3,226	1.8
Asian Indian	395	0.2
Chinese	298	0.2
Filipino	186	0.1
Japanese	74	0.0
Korean	272	0.2
Vietnamese	1,617	0.9
Other Asian [1]	384	0.2
Native Hawaiian and Other Pacific Islander	167	0.1
Native Hawaiian	23	0.0
Guamanian or Chamorro	116	0.1
Samoan	12	0.0
Other Pacific Islander [2]	16	0.0
Some Other Race	25,042	13.9
Two or More Races	3,962	2.2

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

DP-1: Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data—Greenfield County		
Subject	Number	Percent
White; American Indian and Alaska Native [3]	639	0.4
White; Asian [3]	367	0.2
White; Black or African-American [3]	804	0.4
White; Some Other Race [3]	1,599	0.9
Race alone or in combination with one or more other races: [4]		
White	136,772	76.1
Black or African-American	14,397	8.0
American Indian and Alaska Native	1,643	0.9
Asian	3,791	2.1
Native Hawaiian and Other Pacific Islander	287	0.2
Some Other Race	26,937	15.0
HISPANIC OR LATINO		
Total population	179,684	100
Hispanic or Latino (of any race)	46,906	26.1
Mexican	37,054	20.6
Puerto Rican	1,240	0.7
Cuban	396	0.2
Other Hispanic or Latino [5]	8,216	4.6
Not Hispanic or Latino	132,778	73.9
HISPANIC OR LATINO AND RACE		
Total population	179,684	100
Hispanic or Latino	46,906	26.1
White alone	18,897	10.5
Black or African-American alone	522	0.3
American Indian and Alaska Native alone	439	0.2
Asian alone	45	0.0
Native Hawaiian and Other Pacific Islander alone	110	0.1
Some Other Race alone	24,793	13.8
Two or More Races	2,100	1.2
Not Hispanic or Latino	132,778	73.9
White alone	114,300	63.6
Black or African-American alone	12,757	7.1
American Indian and Alaska Native alone	372	0.2
Asian alone	3,181	1.8
Native Hawaiian and Other Pacific Islander alone	57	0.0
Some Other Race alone	249	0.1
Two or More Races	1,862	1.0
HOUSEHOLDS BY TYPE		
Total households	60,691	100
Family households (families) [7]	45,275	74.6

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

DP-1: Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data—Greenfield County		
Subject	Number	Percent
With own children under 18 years	21,650	35.7
Husband-wife family	34,380	56.6
With own children under 18 years	15,705	25.9
Male householder, no wife present	3,384	5.6
With own children under 18 years	1,750	2.9
Female householder, no husband present	7,511	12.4
With own children under 18 years	4,195	6.9
Nonfamily households [7]	15,416	25.4
Householder living alone	12,335	20.3
Male	5,369	8.8
65 years and over	1,237	2.0
Female	6,966	11.5
65 years and over	3,425	5.6
Households with individuals under 18 years	24,406	40.2
Households with individuals 65 years and over	14,329	23.6
Average household size	2.91	(X)
Average family size [7]	3.35	(X)
HOUSING OCCUPANCY		
Total housing units	68,825	100
Occupied housing units	60,691	88.2
Vacant housing units	8,134	11.8
For rent	2,573	3.7
Rented, not occupied	58	0.1
For sale only	1,666	2.4
Sold, not occupied	209	0.3
For seasonal, recreational, or occasional use	1,384	2.0
All other vacants	2,244	3.3
Homeowner vacancy rate (percent) [8]	3.8	(X)
Rental vacancy rate (percent) [9]	12.1	(X)
HOUSING TENURE		
Occupied housing units	60,691	100
Owner-occupied housing units	42,079	69
Population in owner-occupied housing units	121,074	(X)
Average household size of owner-occupied units	2.88%	(X)
Renter-occupied housing units	18,612	31
Population in renter-occupied housing units	55,469	(X)
Average household size of renter-occupied units	2.98%	(X)

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

DP03: SELECTED ECONOMIC CHARACTERISTICS 2010 American Community Survey 1-Year Estimates	
Subject	Greenfield County Estimate
EMPLOYMENT STATUS	
Population 16 years and over	135,384
In labor force	85,008
Civilian labor force	84,861
Employed	75,227
Unemployed	9,634
Armed Forces	147
Not in labor force	50,376
Percent Unemployed	(X)
Females 16 years and over	68,738
In labor force	39,363
Civilian labor force	39,363
Employed	35,753
Own children under 6 years	16,091
All parents in family in labor force	10,706
Own children 6 to 17 years	31,539
All parents in family in labor force	20,237
OCCUPATION	
Civilian employed population 16 years and over	75,277
Management, business, science, and arts occupations	16,209
Service occupations	16,453
Sales and office occupations	16,995
Natural resources, construction, and maintenance occupations	11,969
Production, transportation, and material moving occupations	13,801
INDUSTRY	
Civilian employed population 16 years and over	75,227
Agriculture, forestry, fishing and hunting, and mining	6,474
Construction	6,017
Manufacturing	15,735
Wholesale trade	3,280
Retail trade	7,468
Transportation and warehousing, and utilities	3,801
Information	1,151
Finance and insurance, and real estate and rental and leasing	4,045
Professional, scientific, and management, and administrative and waste management services	2,235

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

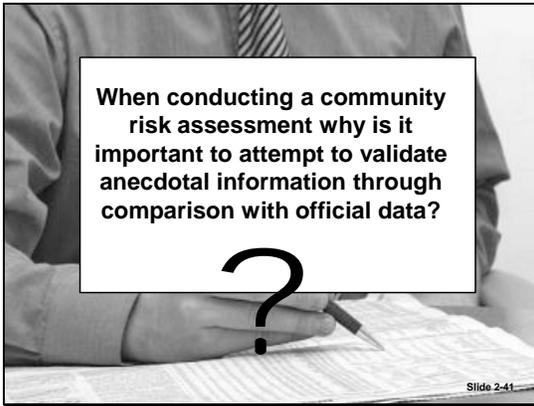
DP03: SELECTED ECONOMIC CHARACTERISTICS 2010 American Community Survey 1-Year Estimates	
Subject	Greenfield County Estimate
Educational services, and health care and social assistance	11,121
Arts, entertainment, and recreation, and accommodation and food services	5,752
Other services, except public administration	3,710
Public administration	2,438
CLASS OF WORKER	
Civilian employed population 16 years and over	75,227
Private wage and salary workers	60,329
Government workers	10,336
Self-employed in own not incorporated business workers	4,395
Unpaid family workers	167
INCOME AND BENEFITS (IN 2010 INFLATION-ADJUSTED DOLLARS)	
Total households	60,969
Less than \$10,000	4,921
\$10,000 to \$14,999	4,311
\$15,000 to \$24,999	8,423
\$25,000 to \$34,999	7,695
\$35,000 to \$49,999	9,167
\$50,000 to \$74,999	9,370
\$75,000 to \$99,999	7,306
\$100,000 to \$149,999	5,360
\$150,000 to \$199,999	2,865
\$200,000 or more	1,551
Median household income (dollars)	47,002
Mean household income (dollars)	62,506
With earnings	48,864
Mean earnings (dollars)	62,633
With Social Security	16,008
Mean Social Security income (dollars)	16,718
With retirement income	10,592
Mean retirement income (dollars)	21,348
With Supplemental Security income	1,263
Mean Supplemental Security income (dollars)	7,986
With cash public assistance income	945
Mean cash public assistance income (dollars)	3,372
With Food Stamp/SNAP benefits in the past 12 months	7,136
Families	46,305
Less than \$10,000	1,967
\$10,000 to \$14,999	2,005

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

DP03: SELECTED ECONOMIC CHARACTERISTICS 2010 American Community Survey 1-Year Estimates	
Subject	Greenfield County Estimate
\$15,000 to \$24,999	4,905
\$25,000 to \$34,999	5,074
\$35,000 to \$49,999	7,666
\$50,000 to \$74,999	9,323
\$75,000 to \$99,999	5,952
\$100,000 to \$149,999	5,556
\$150,000 to \$199,999	2,306
\$200,000 or more	1,551
Median family income (dollars)	53,143
Mean family income (dollars)	70,118
Per capita income (dollars)	21,642
Nonfamily households	14,664
Median nonfamily income (dollars)	26,814
Mean nonfamily income (dollars)	33,687
Median earnings for workers (dollars)	27,007
Median earnings for male full-time, year-round workers (dollars)	39,259
Median earnings for female full-time, year-round workers (dollars)	31,752
HEALTH INSURANCE COVERAGE	
Civilian noninstitutionalized population	175,892
With health insurance coverage	138,023
With private health insurance	109,998
With public coverage	45,100
No health insurance coverage	37,869
Civilian noninstitutionalized population under 18 years	50,026
No health insurance coverage	6,614
Civilian noninstitutionalized population 18 to 64 years	105,328
In labor force:	80,334
Employed:	71,595
With health insurance coverage	54,978
With private health insurance	54,130
With public coverage	1,427
No health insurance coverage	16,617
Unemployed:	8,739
With health insurance coverage	3,415
With private health insurance	2,982
With public coverage	679
No health insurance coverage	5,324

DP03: SELECTED ECONOMIC CHARACTERISTICS 2010 American Community Survey 1-Year Estimates	
Subject	Greenfield County Estimate
Not in labor force:	24,994
With health insurance coverage	15,680
With private health insurance	11,713
With public coverage	5,524
No health insurance coverage	9,314

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When conducting a community risk assessment why is it important to attempt to validate anecdotal information through comparison with official data?

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What is meant by the term hidden or underserved population?

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HIDDEN OR UNDERSERVED POPULATIONS

"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.



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HIDDEN OR UNDERSERVED POPULATIONS (cont'd)

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



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HIDDEN OR UNDERSERVED POPULATIONS (cont'd)

- *"Underserved populations"* refers to groups that are receiving less than the standard quantity or quality of service offered by an organization.
- *"Emerging populations"* are groups of people that are new to a community.



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HIDDEN OR UNDERSERVED POPULATIONS (cont'd)

Examples may include:

- Older adults.
- Working poor.
- People with disabilities.
- Cultures that choose to be isolated.
- People/Families who do not want attention or to be included in community demographic data.



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HIDDEN OR UNDERSERVED POPULATIONS (cont'd)

Examples may include:

- Families that speak no or limited English.
- 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.



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Why may hidden or underserved populations be at a greater risk of fire or injury?



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HIDDEN OR UNDERSERVED POPULATIONS (cont'd)

Potential risk factors may include:

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



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ANALYZE LOCAL DATA TO PRIORITIZE COMMUNITY RISK AND SELECT TARGET POPULATIONS

Once all available sources (official and unofficial) of data have been explored, the next step is to prioritize community risk(s) and select target populations to address.



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ANALYZE LOCAL DATA TO PRIORITIZE COMMUNITY RISK AND SELECT TARGET POPULATIONS (cont'd)

Problem-related data to explore includes:

- Leading fire risks.
- Leading preventable injury risks.
- Human-created risks.
- Naturally occurring risks.
- Geographic areas prone to specific risks.



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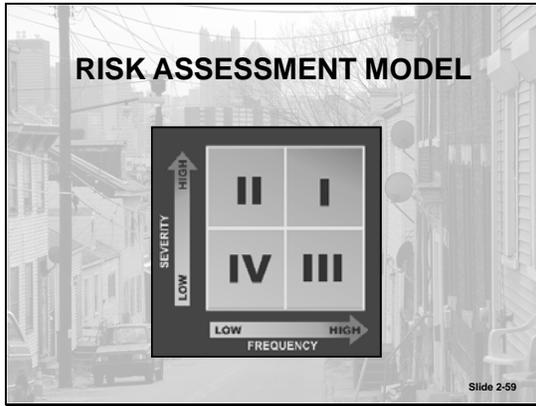
ANALYZE LOCAL DATA TO PRIORITIZE COMMUNITY RISK AND SELECT TARGET POPULATIONS (cont'd)

- Identify risks that present the most threat to the community in terms of cost.
- Stratifying loss of life, injuries, property damage, and expense.
- Examine incident frequency, incident rise/fall, and geographic distribution.

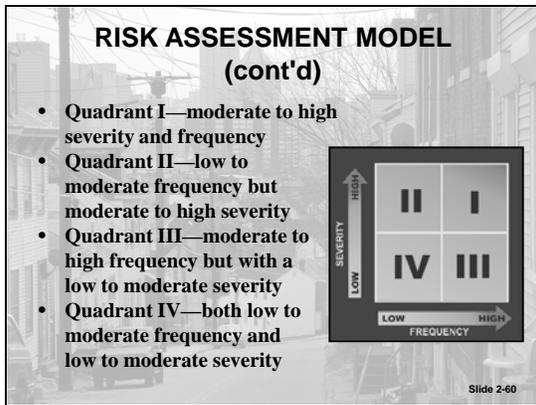


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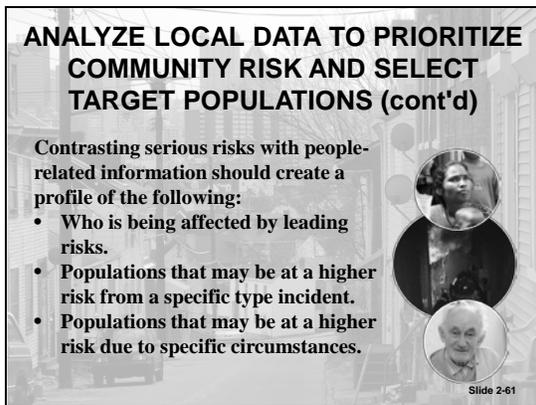
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ANALYZE LOCAL DATA TO PRIORITIZE COMMUNITY RISK AND SELECT TARGET POPULATIONS (cont'd)

Contrasting serious risks with people-related information should create a profile of the following:

- Locations of where people are being affected.
- Exploration of who is causing the risk.
- Examination of factors that are causing people to place themselves at risk from specifically targeted incidents.



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**Activity 2.2
Risk in Hidden or Underserved Populations
Using Anecdotal Data**



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Activity 2.2

Risk in Hidden or Underserved Populations Using Anecdotal Data

Purpose

To identify hidden or underserved populations and recognize that hidden or underserved populations may be at high risk.

Directions

1. Individually read the description of Greenfield County that was provided by the Economic Development Commission (EDC). Also read the description from the fire department.
2. In your small group, you should perform the following actions:
 - a. Discuss the content of the Greenfield County EDC.
 - b. Next, review the problem-related data for Greenfield County.
 - c. Identify (and justify) the risks your group would prioritize if you were members of the risk-reduction committee.
 - d. Identify potentially hidden or underserved populations that may be at risk from the identified problems.
 - e. Identify people or groups that could be interviewed to provide anecdotal information about each potentially hidden or underserved population and risk.

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Activity 2.2 (cont'd)

Demographic Profile—Greenfield County

This information is provided courtesy of the Greenfield County Economic Development Commission.

Greenfield County, population one hundred eighty thousand (180,000), is located in the mid-eastern section of the United States. The county was founded in 1750 by a combination of Scottish-Irish immigrants and groups of English and German settlers. The geography of the county includes flatland with fertile soil, rolling hills, and two mountains (one rich with timber, the other with a rocky composite). Greenfield County is home to Lake Howell. The manmade lake was created by the Smyth Power Company to support a power plant. While recreational use of Lake Howell is prohibited, many homes line its shore. The county enjoys four distinct weather seasons. Winters can be very cold at times with temperatures under twenty (20) degrees for extended periods.

While settlers originally devoted most of their attention to farming, other resources were quickly discovered making Greenfield County a popular place to create a homestead. By the 1800s, mineral mining was flourishing; sand, limestone, shale, and other materials were being harvested, utilized locally, and exported out of county. While Greenfield's population was primarily Caucasian, it also included a significant smattering of African-Americans who worked on farms and an Amish population that migrated there from another state.

By the 1900s, many of Greenfield County's villages had blossomed. Thanks to the presence of a river that bordered the northern end of the county, the arrival of railroads and a large steel mill set up operation in the county. Farming continued to thrive, which supported the development of a major poultry industry.

By the late 1950s, many African-Americans had purchased small areas of land to start their own farm. In addition to growing corn to support the poultry industry, many farmers began planting fruit trees (apple and peach) to expand their income potential.

Arguably, the 1960s was the strongest decade of local employment for the residents of Greenfield County. The population remained primarily White (82%), Black (11%), Amish (5%), and Hispanic (2%).

In the mid-1970s, economic conditions began to deteriorate in Greenfield County. Demand for Greenfield steel diminished due to an economic recession. The large mill downsized, and work was outsourced overseas. This created less demand for rail service and its employees. However, many of the younger Greenfield County residents battled back.

Greenfield's neighboring county, Marshall, served as home to the state capital. Many of Greenfield's residents who had achieved degrees of higher education sought available and higher paying jobs in Marshall County. This included some of the workforce that originally supported the farming and poultry industry.

This reduction in available workforce in the mid-1970s led the poultry industry to seek a labor group that would be willing to work for the industry's available wage. Help was found three counties away in the form of Hispanic workers; the workforce for the poultry industry stabilized by the early 1980s.

The 1980s and 1990s saw a continuance of the younger American-born white populations living in Greenfield County but commuting to employment destinations in Marshall County. Meanwhile, Greenfield continued to see a steady increase in the number of Hispanics relocating from other counties (and now States) to support the booming poultry industry. These new residents supported both the poultry industry workforce **and** the local community.

A closer look at the Hispanic population identified that it included people primarily from Mexico and Guatemala. These workers comprised nearly 80 percent of the poultry industry's workforce. County officials were pleased that many of the Hispanic workers had legal permanent status or were working toward achieving citizenship. Many had now lived in the area for over a decade starting shops, renting apartments, and even buying homes.

By 2000, the poultry industry was a multi-billion dollar cooperative that dominated, but not totally ruled, the Greenfield County economic profile. Quietly, the mining industry had taken lessons from the poultry cooperative on how to recruit and retain an affordable minority workforce. Three sand mines and two large stone mining operations were doing well in Greenfield. Two other natural resources, timber and natural gas harvesting, had been tapped as promising economic-building investments in Greenfield. Investors were again putting resources into Greenfield County as they did in the 1960s. Progress was evidenced by the railroads reactivating old lines and installing two new ones to serve the growing timber, mining, and natural gas industries.

By 2002, the burgeoning Hispanic population had drawn attention from a group of local residents opposed to the exploration of Greenfield County's natural resources. Prompted by a series of anonymous tips, the Immigration and Customs Enforcement (ICE) began investigating the potential presence of Hispanic immigrants residing illegally in Greenfield County. The investigation resulted in the detainment and eventual deportation of over one hundred (100) Hispanic residents. This action resulted in many Hispanic families (most whom were living legally in Greenfield) to vacate the county.

The 2002 investigation and actions by ICE worried investors and business people in Greenfield County. While they certainly wanted Greenfield's citizens to abide by all laws, the partial loss of a skilled labor force could significantly impact the county's economic stability. After all, despite trying to create enhancements for younger residents to work in Greenfield County, the trend of living there but working elsewhere remained. The black workforce remained active in the farming and mining operations. The Amish continued to farm but kept to themselves.

In 2003, a group of stakeholders comprised of business/industry owners, investors, and political and community leaders set out to create a plan to help recruit an additional labor force to help sustain the industries that were making Greenfield County profitable. After talking to managers of poultry plants, the timber and mining industry across the country, they developed a vision of

using the Greenfield County Economic Development Commission to help recruit refugees who could settle legally throughout Greenfield County and support local industry.

A draft plan was created and marketed to Greenfield County residents and business owners through a 3-month series of Town Hall meetings. The plan's developers held to the "nothing for us without us" philosophy by making it clear that the plan would not be launched if there was strong public opposition. The meetings were well attended with lots of questions asked by local residents and business owners. In the end, the decision was unanimous to launch the plan for the economic good and future vitality of the county.

The plan was implemented in the summer of 2003 by a non-profit group located in the state capital that helped settle new refugees. Somalis were the first group to express interest in the relocation offers. Later, they were joined by Haitians, Liberians, and Burmese. Refugee interest in Greenfield County was sharp.

Landlords were the first to benefit from the arrival of the various refugee groups. Rental of apartments and small houses was brisk. Landlords were surprised at the size of many families. In most cases, males served as the spokesperson for families, or in some cases, *groups of families*.

Management of the poultry, mining, and timber industry was pleased with the work ethic of their new employees. While breaks were taken for prayer purposes, the refugees were dependable people willing to work long hours just like their Hispanic coworkers. One significant challenge noted was language barriers. However, most managers seemed able to develop some level of communication with their new employees and work got done.

Greenfield County schools quickly became overwhelmed with the influx of refugee children. School administration was forced to ask for additional funding from the Greenfield county commissioners so several language specialists could be hired. The commissioners were happy to oblige since they were receiving such good feedback from industries that were doing well with the new enhancements to their workforce.

Overall, Greenfield County seemed to be adjusting to the influx of their new citizens. However, while very few people openly complained, many were concerned about how the populations seemed to segregate themselves from mainstream Greenfield County. Ethnic grocery stores, specialty shops, and religious gathering places developed quickly in Greenfield County.

By 2005, the workforce for the poultry, mining, and timber industries had (yet again) stabilized. While the farming industry was experiencing challenges with fluctuating crop and milk prices, it too had a stable workforce comprised of white, black, and Amish farmers. As these workforces stabilized, investors continued moving forward. Their next step was to explore strategies that would entice local residents with higher education to join the workforce in Greenfield County. This plan entailed recruiting technology-based companies to locate in a re-developed area along the Greenfield/Marshall County line.

While the economic downturn (post 2006) hurt Greenfield County, it was not a debilitating blow. This, in part, has been due to the visionary actions and cultural competence exhibited by Greenfield County's leadership, its business community, and residents. Still, there remain clear differences in the amount of resources possessed by Greenfield County's residents.

Today, the social demographics of Greenfield County resemble those of many communities that have welcomed diversity. While many American-born white families have done well economically in Greenfield, pockets of poverty still exist. Overall, the African-American community has established a strong and economically stable presence throughout the county.

Unfortunately, despite their strong work ethic, the Hispanic and refugee populations often struggle economically due to their earning capacity and large families. Although not always visible from curbside, many large and extended families reside in substandard rental housing. While language barriers exist, these populations are grateful for the opportunity to work and live in America.

Activity 2.2 (cont'd)

Problem-Related Data—Greenfield County (sources NFIRS, hospital, and sheriff data)

Type of Incident	Average Annual Occurrence (5 years of data)	Rising or Falling +/-	Average Injuries per Year (5 years of data)	Average Deaths per Year (5 years of data)	Common Root Cause	Population and Gender Injured	Fire Station Service Area
Motor Vehicle Collision	2,200	-	1,100	25	Speed, Aggressive, Distracted, or Impaired Driving	Caucasian Males and Females	1, 2, and 3
Ground Level Falls	1,100	Stable	800	15	Slip and Trip on Steps or Stairs	Caucasian and Black Females	1, 2, 3, 4, and 9
Industrial Incidents	120	+	55	4	Blunt Force Trauma—Appendage in Machinery	Caucasian Males and Females; Somali Males; Haitian, Liberian, and Hispanic Males and Females	7 and 8
Pedestrian/ Cyclist Struck	100	+	90	10	Driver Inability to See or Avoid Victim	Amish Males and Females	14

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

Farming Incidents	15	Stable	25	5	Failure to Notice Child Near Machinery	Amish Children	14
Hazardous Materials Incident	25	Stable	15	2	Improper Use/ Mixing of Chemicals	Hispanic Males and Females	15
Unattended/ Unsupervised Cooking	110	+	25	2	Contact with Hot Cooking Equipment or Flaming Pan	Liberian and Haitian Children	2, 7, and 8
Alternative Heat Source Fires	25	+	10	4	Inappropriate Use of Household or Portable Heating Appliances	Burmese Families	2 and 6

NOTE-TAKING GUIDE (cont'd)

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RISK SEQUENCING

Risk sequencing explores root causes:

- What succession of events occurs that cause the incident to happen?
- Who is contributing to its cause and what populations are being affected?
- Is the risk being exacerbated because of social, cultural, economic, or environmental influences?



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RISK SEQUENCING (cont'd)

By removing or eliminating any given link in the sequence, the fire or outcome will be altered.

- **Primary prevention:** prior to the start of the fire or injury event.
- **Secondary prevention:** after the fire/injury begins but before injury occurs.
- **Tertiary prevention:** injury or event is mitigated.

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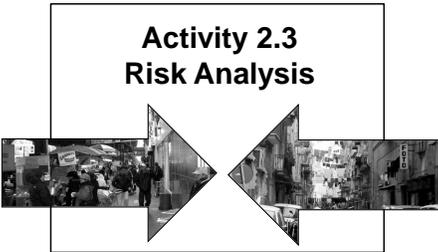
SOCIAL, CULTURAL, ECONOMIC, AND ENVIRONMENTAL INFLUENCES ON RISK

- Should always be explored since they contribute to risk.
- Comprehensive analysis will permit the prioritization of risk(s) and selection of target populations.



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**Activity 2.3
Risk Analysis**



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Activity 2.3

Risk Analysis

Purpose

To use maps to show the location of people-related data, problem-related data, and identify the relationship between culture, behavior, and risk.

Directions

1. Stay in the same small group that you were in for Activity 2.1 and 2.2. Your group will be assigned one of the following situations.
 - a. Group 1: Industrial Incidents.
 - b. Group 2: Pedestrian/Cyclist Incidents.
 - c. Group 3: Farming Incidents.
 - d. Group 4: Hazardous Materials Incidents.
 - e. Group 5: Cooking Incidents.
 - f. Group 6: Alternative Heat Source Incidents.
2. Read the anecdotal information summaries and supporting information on ethnic populations and review the maps for your group. Each map includes information on the type of incident, the target audience, and, if applicable, the industry.
 - a. Group 1: Industrial/Somali/Poultry Plant 1.
Industrial/Haitian/Poultry Plant 1.
Industrial/Liberian/Poultry Plant 2.
 - b. Group 2: Pedestrian and Cyclist/Amish/NA.
 - c. Group 3: Farming Incident/Amish/Farming.
 - d. Group 4: Hazardous Materials/Hispanic/Fruit Orchard.
 - e. Group 5: Unattended or Unsupervised/Cooking/Liberian/NA.
Unattended or Unsupervised/Cooking/Haitian/NA.

- f. Group 6: Alternative Heat/Burmese/NA.
3. Discuss the information with your group and complete the Worksheet.
4. Be prepared to share your group's results with the rest of the class.

Activity 2.3 (cont'd)

Risk Analysis

1. Using all information provided so far during the activity, identify potential target populations for the specific risk your group has been assigned.

2. What culturally based values and/or behaviors contribute to risk in Greenfield County?

3. Where could potential cultural leaders and partners be found?

4. How could the community risk-reduction committee enlist the support from the given cultural communities?

5. How could you assess the target population's knowledge and perception of the risk?

6. What is the best way to evaluate what the target group desires from working with the fire department to address the risk?

7. Discuss and identify potential relationships between culture, behavior, and risk.

Activity 2.3 (cont'd)

Firehouses in Greenfield County

Station Number	Area Served	Populations Residing	Primary Industries	Populations Serving Industries
1	Bellville	Caucasian African-American	Urban Residential Area	
2	Layton	Lower income Caucasian; Pockets of Burmese; Somalis; Haitians; and Liberians	Urban Residential Area	
3	Pleasant Grove	Caucasian	Suburban Residential	
4	Spring Hill	Caucasian; Hispanic	Suburban Residential	
5	Sandy Mile	Caucasian	Sand Mining	Caucasian; Hispanic
6	Granite	Caucasian; Burmese	Stone Quarries	Caucasian; Burmese
7	Halltown	Caucasian; Somalis; Haitians	Poultry Plant 1	Caucasian; Somalis; Haitians
8	Mance	Caucasian; Liberians	Poultry Plant 2	Caucasian; Liberians; Hispanics
9	Spruce	Caucasian; African- American	Residential Upscale Homes	
10	WoodHaven	Caucasian	Technology Corridor	
11	Kent	Caucasian; African- American	Stable Middle- Class Residential	
12	Howell	Caucasian	Timber Harvesting	Caucasian; Somalis
13	Limestone Village Area	Caucasian; African- American	Farming and Stone Quarry	Caucasian; African- American; Burmese

ASSESSING COMMUNITY RISK FOR CULTURAL GROUPS

14	Hayfield Area	Caucasian; Amish	Farming	Caucasian; Amish
15	County Line Area	Caucasian; Hispanic	Fruit Orchards	Caucasian; Hispanic

Activity 2.3 (cont'd)

Greenfield County Fire Department

The Greenfield County Fire Department (GCFD) is a combination department that provides fire and EMS service throughout the entire county. The county has fifteen (15) stations and response times to incidents within nationally recommended standards. Each station has at least one engine company and paramedic unit. Ladder companies, rescue squads, hazardous materials, and brush units are strategically dispersed as well. Each engine, truck, and squad is staffed by three career personnel. Paramedic units are staffed by a paramedic and EMT.

The GCFD is led by an educated, experienced, and visionary fire chief, Ryan Hall. An African-American born and raised in Greenfield County, Chief Hall is the grandson of one of the *Memphis Twelve*. Recall that the Memphis Twelve was the first group of black firefighters hired and put through recruit school in the city of Memphis, Tennessee. These firefighters were then segregated at a specific firehouse in Memphis.

Chief Hall is proud of his fire service heritage and cognizant of the need for cultural competence. He holds a master's degree in public administration, is a graduate of the National Fire Academy's Executive Fire Officer Program, and has led his state in promoting diversity among the emergency services. Of his three hundred (300) member-plus (including volunteers) department, twenty (20) firefighters are black and twelve (12) are Hispanic. A quarter of the department is bilingual. The most common second language spoken by firefighters is Spanish. This trend of diversity has been present in the GCFD over the past fifteen (15) years thanks to the previous chief.

Chief Hall has been chief for 3 years. During his ascent in rank, he led the prevention unit (a group of five inspectors) for a year. One thing that Chief Hall recognized to be lacking during his leadership tenure in prevention was a person/group responsible for overall community risk reduction in Greenfield County.

While he was not in the prevention unit long enough to develop an overall risk reduction strategy that included a staff position, Chief Hall now has the ability to advance risk reduction in Greenfield County. He has the support of his department, partner agencies, and county leadership for moving forward. His vision is to engage a team approach using a committee of GCFD members (career and volunteers) to develop a comprehensive risk reduction strategy.

Department members respect and trust Chief Hall. Many are eager to help with prevention because they sense the need to act proactively on behalf of the community and their fellow firefighters. This sense of urgency is being fueled in part by the opinion of most firefighters that the occurrence of serious fires and traumatic injuries has been steadily increasing over the past 5 years. Paramedics indicate they feel there has been a sharp rise in the number of injuries that involve people who speak no or limited English.

Because Chief Hall always considers diversity, he has selected a mix of firefighters, EMS staff, officers, and inspectors who will comprise the risk reduction committee. Due to the changes in

population diversity that has and continues to take place in Greenfield County, he has tasked the committee to conduct a comprehensive risk analysis and develop an overall goal for risk reduction. To lay a foundation for this work, he has asked an intern who is working on her Ph.D. in anthropology to create cultural profiles of the groups represented in Greenfield County.

Activity 2.3 (cont'd)

Anecdotal Evidence

To develop a rich (and potentially more accurate) profile of the leading risks in Greenfield County, members of the risk-reduction committee sought information from various sources. The following summaries represent excerpts from those information gathering sessions.

Motor Vehicle Crashes and Pedestrian Incidents

The Lieutenant who oversees the crash unit of the Greenfield County Sheriff's Office was asked to provide anecdotal evidence about where she thought the greatest number of serious motor vehicle collisions with injury and/or death occurs, and the populations most affected.

The Lieutenant stated that crashes on winding secondary roads seemed to result in the greatest number of serious incidents. The primary factors causing the incidents were speed and distracted and/or impaired driving. The problem is caused most frequently by Caucasian males, ages eighteen (18)–thirty (30). She said however that the problem was being addressed aggressively by her department through use of public education and specialized enforcement patrols. The Lieutenant offered statistics that showed that the occurrence of serious MVCs had declined over the past 4 years.

When asked about pedestrian incidents, the Lieutenant was not as optimistic. Her data confirmed the same trend that the fire department had realized: the problem of pedestrians and cyclists being struck by motor vehicles is rising. Of interest, she indicated that the Amish population seemed to suffer a disproportionately higher number of losses. She believed the greatest factor associated with the disparity of occurrences was due to the Amish walking, riding bicycles, or using horse-drawn carriages for transportation.

Ground Level Falls

The trauma director at the county hospital and education officer at the health department provided excellent insight into the problem of ground level residential falls. While state health department data clearly identified ground level falls as a rapidly growing preventable injury risk, interviews with the trauma director indicated that older females are at highest risk.

Fire department, emergency room, and health department data revealed that the occurrence of falls among the older adult female population was growing at a rapid pace, especially among black females over age sixty-five (65).

Industrial Incidents

Since fire department response data indicated that a significant number of industrial incidents were occurring in Greenfield County, the committee took a closer look. Exploration revealed the

greatest number of events occurs at the poultry plants. Most involve blunt force trauma injuries resulting from a person getting an appendage caught in machinery.

Examination of emergency department data revealed a disturbing pattern among the population noted as being injured most frequently: the race of most of those injured (or killed) was identified as "other."

The trauma director was asked his opinion of which populations were being hurt most frequently at the poultry plants. He indicated that most were people from the refugee population. When asked to specify which nationality, he indicated that all he knew was that they are among the group of refugees who were brought in to save the poultry industry.

Risk-reduction committee members next interviewed the Safety Director of the poultry plants. While initially reluctant to share information, he indicated that the company is having problems with employees (especially members of the refugee group) getting hurt while using poultry processing equipment. He expressed frustration that the company had enjoyed excellent safety records when local residents and Hispanic workers comprised the majority of the workforce.

In contrast, he said the company is extremely impressed with the work ethic of the refugees who have settled in Greenfield County to solve staffing issues at the poultry plants. He indicated most veteran employees like their new colleagues but have challenges with communication.

The Safety Director said multiple training and safety programs have been held at the plants since the arrival of the refugees. While the company has attempted to use interpreters, costs associated with doing so are high, and it is difficult to find interpreters. He said he thought the information was being understood by the refugees because so many of them nodded heads and said "yes, yes" during training.

Farming Incidents

While farming incidents do not account for a large frequency of occurrences, the average number of injuries and deaths to children demands attention. The fire department, trauma director, and health officer all agree that injuries and deaths from farming-related incidents are much more likely to occur among Amish children than the overall population in general. Factors that seem to contribute to the cause of incidents include inexperienced children operating equipment and adults striking young children with machinery. The trauma director said his center approached the Amish community several years ago offering to help create safety programs directed toward farming. Unfortunately, they were told by the elders of the Amish community that its members could not accept education programs offered by outside groups.

Hazardous Materials Incidents

GCFD quickly identified that most of its hazardous materials responses over the past three years occurred in the orchard areas in the County Line fire service area. The incidents typically occurred when a person inadvertently mixed chemicals together creating a toxic environment.

Since the fruit orchards have historically used Hispanic workers as a primary workforce, this group seems to be the likely target population. A concerning fact—the occurrence of hazardous materials incidents at the orchards has doubled over the past five (5) years.

Committee members talked with several orchard owners in an attempt to figure out why their workers were making potentially deadly mistakes with chemicals. The owners indicated that while they once had a stable workforce that understood how to safely use chemicals, the INS raid had a lasting impact on the Hispanic population of Greenfield County. Many veteran employees (most residing legally in Greenfield County) chose to leave the community after the raid and subsequent deportation of many peers. The newer group of Hispanics is wary of authority figures and often politely refuses any help from the owners of the orchards. Most prefer to be left alone, so they can make a living for their family and send money to extended family members in need.

Unattended/Unsupervised Cooking

The committee was surprised to see that cooking incidents were on the rise. While there is no formal initiative in place, the department has been encouraging the public to stay in the kitchen while cooking food for years. This informal effort seemed to have been working as committee members thought they were responding to fewer unattended cooking fires.

Close examination of the cooking fires indicated they are occurring mostly in rental properties in the urban areas and where the poultry plants are located. Since the department has not tracked who has contributed to the fires, they felt a discussion with landlords may help.

Landlords were surprised that the fire department was contacting them about the cooking fire incidents. They quickly identified the children of the Liberian and Haitian refugees as those primarily responsible for the incidents. Most landlords believe the children are too young to be cooking food for their family, let alone in a potentially unsupervised setting.

Alternative Heat Source Fires

GCFD investigators provided the greatest insight into the fire problem related to alternative heat sources. They isolated the problem to occur most frequently in the Layton and Granite fire response areas. Investigators said the typical sequence of events leading to fires involves improper use of portable heaters and use of household appliances such as stoves, candles, and large wattage lights as heat sources. The heat sources come into contact with combustibles and ignition occurs.

Investigators said that most of the fires seem to occur in apartment buildings primarily occupied by refugee families. Investigators and firefighters expressed concern over the number of people living in some of the apartments where fires have occurred. Several of the fires have been deadly.

Interviews with the landlords confirm the occupancies most affected by the fires are those inhabited by members of the refugee population. When asked by the committee which nationality is most affected, the landlords all said "the refugees."

The committee contacted the nonprofit organization who is settling refugees. The organization indicates that mostly Burmese refugees have been located in the buildings where fires have occurred.

Activity 2.3 (cont'd)

Supporting Information for Ethnic Populations

Mexicans (Kraus, 1996):

The majority of Mexicans in Greenfield County responded that they arrived in the United States as immigrants who came to the United States pursuing job opportunities. Some have immigrated illegally; others have temporary and permanent legal status.

<p>Language and Communication Style</p> <ul style="list-style-type: none"> • May speak/read some English, but are more likely to act/be "sold" on an idea communicated in Spanish • Truth is a relative value • Saving face is important, truth second to diplomacy • Tend to say "yes" and "okay" even if the statement/request in English is not understood • Confrontation avoided • Business/personal relationships not kept strictly separate • Sensitive to differences of opinion • Building rapport before delivering messages important
<p>Points of Congregation</p> <ul style="list-style-type: none"> • Grocery stores (carnacerias, etc.) good points for communicating messages • Churches common point of meeting • Housing complexes/one another's homes • Work • English classes (for some)
<p>Social Stratification</p> <ul style="list-style-type: none"> • May be some stratification between naturalized citizens and recent Mexican arrivals • People from different areas in Mexico are sometimes less likely to work collaboratively
<p>Education</p> <ul style="list-style-type: none"> • Adults may have limited advanced education (i.e., past 8th grade level) • Memorization is common • Likely to be interested in learning English, etc., but limited time
<p>Religion and Fatalism</p> <ul style="list-style-type: none"> • Tend to be quite religious (usually Catholic) • "As God wills" fatalistic
<p>Family and household dynamics</p> <ul style="list-style-type: none"> • Family is first priority • Women tend to play domestic roles • Mobility tends to be more limited by family ties
<p>Time</p> <ul style="list-style-type: none"> • Polychronic

Values

- Title and attendant respect is more important than money/income
- Proud of long history and traditions
- Appearances of professionalism (dress, formality in address) as important as performance/delivery of outcomes
- Ambivalent about migration to the United States; many do not plan on permanent migration (may play a role in roots put down)

Other important background information

- Aesthetic part of life (good food, beauty, etc.) incorporated into all aspects of life, including business
- With recent events where local authorities participate with immigration officials in deportation, may be reluctant to report hazards, emergencies

Potential fire risks

- May be unwilling to report substandard housing and fire hazards due to fears about deportation (common even among legal immigrants)

Some of the cultural information has been gathered from:

Eva Kraus, 1996, *Comparing Cultural Differences, Mexico with Canada and the United States*, accessed from www.mexconnect.com/articles/3194-comparing-cultural-differences-mexico-with-canada-and-the-united-states

Haitians (Civan, 1994) and (Every Culture):

Most of Greenfield County's Haitian population arrived in the United States legally as "entrants"; most have been in the United States one (1)–five (5) years.

<p>Language and Communication Style</p> <ul style="list-style-type: none"> • Majority speak Haitian Creole, some French, some English • Because of social status associated with speaking French, many will claim to speak French, though they may not • High levels of illiteracy common (~50%) • Controversy about written Haitian Creole (not a long history of Haitian Creole as a written language; not all in agreement about whether it should be a written language) • Greetings considered extremely important • Arguments are often mercurial and loud, though this is not considered a dangerous or violent circumstance
<p>Points of Congregation</p> <ul style="list-style-type: none"> • Gather at church • Local African grocery store • Family houses and apartments
<p>Social Stratification</p> <ul style="list-style-type: none"> • Men and women play complimentary roles • Women commonly work outside of the home • Economic/class social stratification is marked
<p>Education</p> <ul style="list-style-type: none"> • Focus on memorization, not critical thinking (confusion re: "Many right answers") • Deference to teachers (no eye contact, no informal address to teachers) • Parents called to school a sign of a child's "great transgression" • Education is valued, seen primarily as a means to escape poverty (versus gain knowledge for its own sake)
<p>Religion and Fatalism</p> <ul style="list-style-type: none"> • Majority Roman Catholic • Practiced in conjunction with voodoo rituals/ideas about "spirits"—belief that all practice voodoo may be considered derogatory • Good and bad occurrences more a result of spirits than individual actions
<p>Family dynamics</p> <ul style="list-style-type: none"> • Family is the central social unit • Great value put on children (both as a "gift from God" and as social security)
<p>Time</p> <ul style="list-style-type: none"> • Polychronic

Other important information

- Country has history of severe government oppression and government-supported torture (likely to distrust authority)
- Majority of Haitian entrants have experienced extreme poverty
- Storytelling common as entertainment and passing history/lessons
- Cooperation valued
- Due to lack of broad/community appreciation for the positive aspects of Haiti, many may try to "pass" as African-American or other ethnicity
- Visitors usually given something (coffee, small gift, etc.)

Potential fire risks

- Young children may be expected to cook
- Children may be unsupervised or supervised only by other, slightly older children
- History of poverty may mean lack of familiarity with American appliances

Information gathered from:

Culture Profile: Haitians: Their History and Culture, Center for Applied Linguistics/U.S. Dept. of State, 1994

www.cal.org/co/haiti/index.html

Every Culture at www.everyculture.com/Ge-It/Haiti.html

Liberians (Dunn-Marcos, Kolllehlon, Ngovo, and Russ, 2005):

Most of Greenfield County's Liberians arrived in the United States as refugees; most will have been in the United States three (3)–five (5) years.

Language and Communication Style

- Are likely to speak some English (but with different dialects...pg. 46), may be difficult for Americans to understand
- English may be a second (or third) language but is a lingua franca among groups
- Generally a positive perspective on learning English (i.e., historically not forced upon them)
- Use of titles to show respect
- Direct eye contact avoided by young people to elders
- Certain American taboo topics are acceptable: weight, frank descriptions of people, money
- "Yes" (or a quick intake of air) is a sign of listening, not comprehension or agreement

Points of Congregation

- In friends' homes, often in gender-segregated groups

Social Stratification

- Tend to be ruled by patriarchy; oldest male usually authority
- Women have greater say (compared to in other areas) in child discipline, family matters
- Women work out of the home; equal footing in many regards
- Divisions between western-educated and nonwestern-educated populations (history of Christianity/ education=oppression of others)
- Different ethnicities, but intermarriage is common

Education

- Low levels of literacy due to extended civil war, etc. (but familiar with formal education)
- Focused traditionally on memorization versus critical thinking
- Girls tend to receive less education
- May be significant differences between education levels of recent arrivals and longer-term Liberian residents (who are better educated)
- Additional "bush schools" traditionally have taught practical skills such as crafts, "art of warfare" and household management (taught in homes to kids by adults)
- May have limited literacy, but not unfamiliar with the concept of literacy (i.e., not preliterate)
- Children excited to attend school
- Deference to teachers ("the teacher is always right")

Religion and Fatalism

- Christianity and Islam dominant
- Practiced with overtones of "fortune"
- Islam practiced more loosely than in other places in the world

<p>Family dynamics</p> <ul style="list-style-type: none"> • Many single mothers heading households • Family composition tends to be fluid, with members getting added in as needed • Communal responsibility for raising children ("it takes a village"), expectation that neighborhood adults will help watch children (w/o being asked)=unattended children • Oldest children in household usually babysitters (mother working, etc.)
<p>Time</p> <ul style="list-style-type: none"> • No fixed schedule, usually a daily routine • Tend to live in the present, no assumption of the future
<p>Values</p> <ul style="list-style-type: none"> • Hospitality, kindness • Respect (esp. for elders) (takes the form of titles including "Old Man, Old lady")
<p>Other important background information</p> <ul style="list-style-type: none"> • Police officers and nonbureaucratic governmental positions ("messengers") were filled by less-educated people • Officials (police, etc.) appearing in Liberia often was accompanied by demands of palm wine, etc. • Music permeates most areas of life • Liberian systems are modeled off U.S. systems • United States sometimes considered Liberians "homeland" (i.e., less distrust of Americans than some groups have) • Not generally shy about singing, acting, and answering questions
<p>Potential fire risks</p> <ul style="list-style-type: none"> • Unattended children or children watched by children common • Lack of familiarity with American appliances (ex: One new arrival heard explanation of how to use a cooking stove, then collected firewood and loaded the oven with it to cook) • Liberians from rural areas may lack familiarity with cooking indoors (i.e., rural Liberian kitchens are outdoors)

Some of the cultural information has been gathered from the Center for Applied Linguistics

Culture Profile #19: *Liberians: An Introduction to their History and Culture*, Center for Applied Linguistics, April 2005, available at: www.cal.org/co/liberians/liberian_050406_1.pdf accessed 8/2/2011

Somalis (Putman and Noor, 1999):

Greenfield County's Somalis are most likely to have arrived in the United States as refugees; most will have been in the United States one (1)–eight (8) years.

<p>Language and Communication Style</p> <ul style="list-style-type: none"> • Appreciation generally not expressed verbally • May speak a variety of Somali languages, language tied to politics, so translation can be a politically volatile issue • Literacy less common among historically marginalized "minority" groups • Saving face is important, so humor and indirect communication is common • May seem extremely opinionated, but can generally be persuaded to reconsider with demonstrated logic • Roman alphabet only recently adopted, spelling may not be standardized
<p>Points of Congregation</p> <ul style="list-style-type: none"> • Men and women generally gather separately • Men often gather in restaurants, storefronts, masjids (Islamic place of worship, usually less formal and smaller than a mosque) • Women tend to gather at one another's homes and surrounding areas (commonly outside, watching children)
<p>Social Stratification</p> <ul style="list-style-type: none"> • Clan structure/affiliation is important • "Me and my full brother against my father..." saying (LO to explain this) • "All men are politicians and counselors" (i.e., variation on egalitarianism) • Public appearance of being male-centered ("There are only men here") • Women play important roles in home/childrearing • Important historical/class divisions between Somalis (who consider themselves descended from Arabs) and Somali Bantu groups (descended from southern Africans, often slaves); some may resist integration of these groups, others may resist segregation • Somali Bantu groups tend to be more rural, less educated; may be considered "lower class"
<p>Education</p> <ul style="list-style-type: none"> • Formal education less common (because of recent war, strife) • Many refugee children attended some schooling in refugee camps • Islamic schools another key point for communicating important life lessons/religious ideas
<p>Religion and Fatalism</p> <ul style="list-style-type: none"> • Almost 100% Muslim • Social turmoil seen as God's punishment for straying from the "true path" • Some divisions between more fundamentalist Muslims (who may see Islam as a way to reestablish social stability) and more traditional approaches to Islam (more permissive interpretations of the Quran, etc.)

<p>Family and household dynamics</p> <ul style="list-style-type: none"> • Family is primary source of structure, identity, security (not "Where are you from?" but "Who are you from?") • Men tend to work outside of the home more often than women • Family support (and friends considered to be family) is expected in times of need • Tend to have large families • Close families (clan connections) tend to care for one another's children informally • May prefer to have many people living in a unit (potential for overcrowding) • Long-term visitors are common
<p>Time</p> <ul style="list-style-type: none"> • Polychronic • Meetings last until they are finished • Important not to rush preliminary greetings/inquires about family, health, etc.
<p>Values</p> <ul style="list-style-type: none"> • Value strength, known to test others limits • Good friends can become "family" for life • Loyalty is important
<p>Other important background information</p> <ul style="list-style-type: none"> • With history of poverty and nomadic life, material goods not of great value • Recent history of lack of political structure/organized governance = people initiating their own programs, may distrust government programs • Cultural arts centered around oral skills (poetry, singing, storytelling), which was enhanced by radio broadcasting • Relocation is common (stay for a few years, make money, etc., then move) • Long, important tradition of proverbs to communicate key values • Commonly settle problems through community councils/consultation with elders
<p>Potential fire risks</p> <ul style="list-style-type: none"> • Women traditionally cook; in households headed by single males, there may be increased fire hazards related to cooking • Many recent arrivals may have a lack of familiarity with American appliances • Common to cook on indoor charcoal stoves and outside kitchens more common; can have problems with moving to indoor cooking • Women wear loose clothing, headscarves, potential hazard

Some of the cultural information has been gathered from the Center for Applied Linguistics

Diana Briton Putman and Mohamood Cabdi Noor, 1999, *Refugee Fact Sheet, Somalis, Their History and Culture*, Center for Applied Linguistics, accessed at: www.cal.org/co/somali/sxpres.html

Burmese:

Most of Greenfield County's Burmese population is likely to have arrived in the United States as refugees; most will have been in the United States one (1)–eight (8) years.

<p>Language and Communication Style</p> <ul style="list-style-type: none"> • Largely illiterate in any language, though some read Karen and a little English; interpreters are rare and overworked • Confusing signs/language because some people use Roman alphabet, some don't • Multiple ethnicities of Burmese, include different dialects (Karen, Karenni, different varieties of Chin)
<p>Points of Congregation</p> <ul style="list-style-type: none"> • Apartments or houses • Churches (Christians) • Informal temples
<p>Social Stratification</p> <ul style="list-style-type: none"> • Tend to have larger families and many people living in apartments • Tend to live in the same neighborhood with other Burmese • Some organized groups, but little crossover between Burmese ethnicities (i.e., passing a message on to another group does not happen) • Men and women both work outside the home
<p>Education</p> <ul style="list-style-type: none"> • Formal education less common (because of recent war, strife)
<p>Religion and Fatalism</p> <ul style="list-style-type: none"> • Religions include Buddhism, animism, and Christianity (with Christianity being most apparent) • Fatalistic "it's supposed to happen," some forces too powerful to overcome • Death considered an ordinary part of life • Sunday is a day of worship therefore no meetings, and work the rest of the week
<p>Family and household dynamics</p> <ul style="list-style-type: none"> • Tend to live near extended families
<p>Time</p> <ul style="list-style-type: none"> • Polychronic
<p>Values</p> <ul style="list-style-type: none"> • Respect for elders (Younger people can read/speak English but messages not being communicated clearly, interrupted communication/translation) • Discretion ("dishonesty") before friendship is formed • Communal harmony above individualism/enterprise • "No" as a modest refusal (though it is not actually intended to be a refusal) ("Give you the answer that they think you want to hear")

Other important background information

- Names of families hard to put together because no family names are passed on
- Direct eye contact avoided
- Reluctant to "brag" about themselves and their skills
- Money for friends/family in refugee camps or for major purchases (businesses, etc.) not "wasteful spending"
- Hesitant about interacting with the police (fear of harassment, experience of harassment common) and uncertain about many American laws
- Reluctant to accept anything, even if the item is needed
- Fear Black Americans and African coworkers are criminals/dangerous, largely stick to themselves

Potential fire risks

- Come from area that can be extremely hot (limited experience with heating appliances)
- Struggle with negotiating cold weather

Amish (Powell):

<p>Language and Communication Style</p> <ul style="list-style-type: none"> • German is usually spoken in the home • English is usually spoken, but is taught in school • Emphasis on speaking truthfully, but preserving communal peace
<p>Points of Congregation</p> <ul style="list-style-type: none"> • Schools (during the lunch hour Mothers may come together in fellowship a few times a week to provide children hot lunch, and school functions share what children are learning) • Homes (especially on Sundays when worship is held in community homes)
<p>Social Stratification</p> <ul style="list-style-type: none"> • Emphasis on communal life • Belief that no individual is better than another, equality of distribution of goods • Eschew goods that may encourage vanity and separation, including televisions
<p>Education</p> <ul style="list-style-type: none"> • Strong belief in education, but only through 8th grade and only through private Amish schools (except where no parochial school is available) • Education features reading, writing, math, and geography as well as vocational training (farming) and Amish socialization, history, and values • Schoolhouses often built by shared labor on donated land • Where parochial schools do not exist, children will go to mainstream schools • Board of parents helps to run the school • School usually taught by young, unmarried women who have recently finished schooling • Schools are a center of community function • Children learn values through observation of their parents
<p>Religion and Fatalism</p> <ul style="list-style-type: none"> • Anabaptist (Christian) • No central church building • Each Amish congregation is served by a bishop, two ministers, and a deacon • All Amish congregation leaders are male • Church districts laid out geographically, usually 20 families together • Worship services take place in family homes that can accommodate large gatherings, also barns and storage buildings • Strong external locus of control (the Holy Spirit chooses leaders, etc.) • Traditions are extremely important, "This is the way it was always done."
<p>Family and household dynamics</p> <ul style="list-style-type: none"> • Men and women have different work roles • Women's homemaking skills are considered important • Family is the most important social unit • Families tend to be large (7–10 children is common) • Amish marry other Amish—intermarriage is not allowed

Concept of Time

- An important Amish concept is *Gelassenheit* or "letting it happen," which encourages yielding and a slow lifestyle

Values

- Life dictated by "Ordnung" or traditional rules for living, which vary from order to order
- Humility and simplicity emphasized
- Separation from the non-Amish world extremely important
- Believe in self-reliance (as a community) and rebuilding after emergencies is a community affair
- Do not draw Social Security or other government benefits
- Avoid violence in all forms

Other important background information

- Averse to technology, which is seen as compromising the family structure
- Telephones may be shared in small buildings between families
- New technology—gas grills, inline skates, and other 20th century inventions—may be used because these items are not forbidden by the Ordnung

Potential risks

- Buggies on main thoroughfares
- Limited fast communication network in the case of emergencies
- Resistance to technology also includes risk-prevention technology
- Young children exposed to farming, equipment at an early age
- Farming accidents in all ages

Some of the cultural information has been gathered from:

Amish 101: Amish beliefs, culture and lifestyle,
pittsburgh.about.com/cs/pennsylvania/a/amish.htm

Ohio's Amish Country: www.oacountry.com/amishknowlegebase1

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What are strategies that can be used to overcome barriers when attempting to engage populations in the risk-reduction planning process?



Slide 2-71

Slide 2-72

STRATEGIES FOR ENGAGING TARGET POPULATIONS

- Emergency services/public officials must invest time to learn about the population.
- Investigate what the organization has done to date.
- Explore the effectiveness of previous interactions with the population.



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STRATEGIES FOR ENGAGING TARGET POPULATIONS (cont'd)

- Identify and establish relationships with official and unofficial leaders.
- Educate the group's leadership with fact-based data about the risk.
- Use data/information from the community risk to build a sense of urgency.



Slide 2-73

Slide 2-77

IDENTIFY TARGET POPULATION'S KNOWLEDGE AND PERCEPTION OF SELECTED RISK

Identify what the target population knows and believes about the selected risk.



Slide 2-77

Slide 2-78

Why is it important to identify the knowledge and beliefs held by a target population about the selected risk issue?



Slide 2-78

Slide 2-79

What are some ways that risk-reduction practitioners can assess what a target population knows and believes about a selected risk?

?



Slide 2-79

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Activity 2.4

Selecting and Detailing a Risk-Reduction Goal—Home Community

Purpose

To identify a community risk-reduction goal for your home community.

Directions

This is an individual activity to be performed after the completion of this unit.

The activity uses information presented in this unit and data from the precourse assignment.

1. List three high priority risks in your community that were identified as part of the precourse assignment.
2. Based on what you have learned in this unit, identify one risk that may be impacting a potentially hidden or underserved population in your community. Explain why this risk is being prioritized.
3. At what location(s) in your community does this risk occur?
4. What are the potentially hidden or underserved populations that the risk is affecting?
5. What has your organization done to address the risk and serve the identified population(s)?
6. If you have worked on this previously, what successes have you enjoyed as part of the process?
7. What challenges have you encountered/will you encounter while attempting to address the risk?
8. To what extent has cultural competence been a factor in the effectiveness or ineffectiveness of your effort?
9. What may be the cultural barriers that you face?
10. Please identify an overall goal for enhancing your risk-reduction efforts directed at the priority risk you have identified.

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NOTE-TAKING GUIDE (cont'd)

Slide 2-89

SUMMARY

In this unit, we have...

- Explained the purpose of a community risk assessment.
- Described the process of conducting a community risk assessment.
- Identified resources to support a community risk assessment.
- Defined how to gather anecdotal data to support the risk assessment.

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Slide 2-90

SUMMARY (cont'd)

In this unit, we have...

- Discussed how to identify hidden or underserved populations in a community.
- Recognized that hidden or underserved populations may be at high risk.
- Explained the potential relationship between culture, behavior, and risk.
- Analyzed local data to prioritize community risks and select target populations.

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Slide 2-91

SUMMARY (cont'd)

In this unit, we have...

- Discussed how to use risk mapping as a planning tool.
- Described how to make contact and establish relationships with target populations in a timely manner.
- Explained how to identify target population knowledge/perception of risk.
- Discussed how to evaluate what target groups want.
- Demonstrated how to develop a risk-reduction goal.

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INTRODUCTION

This unit is dedicated to assessing/prioritizing community risk(s) and identifying target populations. The process corresponds with the second step in the Community Risk-Reduction (CRR) Model—Assessing Community Risk.

This unit's content that corresponds with the CRR Model includes:

- Purpose of a Community Risk Assessment;
- Analyzing the Community;
- Identifying Risks and Causal Factors;
- Assess Vulnerability;
- Identify/Engage Stakeholders—Build Support;
- Assess Target Population Knowledge/Perception of Risk;
- Establish Priorities Based on Identified Risks; and
- Create a Risk-Reduction Goal.

PURPOSE OF A COMMUNITY RISK ASSESSMENT

A community risk assessment is a fact-based objective study of local risks. Risk assessment is the **first and most important step** toward deciding priority risk issue(s) **and** target population(s) to address.

The assessment identifies how and why specific risks are affecting a community. It can help identify hidden, hard to reach, or underserved populations. It builds the foundation to suggest use of integrated prevention interventions (Five Es).

PROCESS OF CONDUCTING A COMMUNITY RISK ASSESSMENT

A community risk assessment explores problem- and people-related data.

Problem-related data examines the occurrence of incidents.

People-related data explores the human component of involvement and factors associated with vulnerability to incidents.

Problem-Related Data

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

- Human-created and naturally occurring incidents (fires, preventable injuries, weather-related events, etc.).

- How often incidents occur (frequency).
- Are occurrences of incidents rising or falling?
- Where are incidents occurring (geographic distribution) and who are they affecting?
- When incidents occur (time, day, month).
- Physical threats from risk (injury, loss of life—to civilians and emergency service staff).
- Economic impact of incidents (expense to community and emergency services).

People-Related Data

People-related data will include the demographics of the **local** community. Information of interest includes:

- population size of the community;
- how the population is distributed throughout the community;
- gender profiles and age distribution of people throughout the community;
- family size and structure;
- distribution of race and ethnic groups;
- emerging and/or shrinking populations;
- income and education levels of people;
- employment and school system demographics;
- risk factors such as poverty, population transience, and disabilities; and
- location and distribution of confirmed (or potential) high-risk populations.

National research has identified four populations that are at greatest risk for fire and other preventable injury. They include:

1. young children (birth to age 5);
2. older adults (age 65+);
3. people with disabilities; and
4. people affected by poverty.

Social, cultural, economic, and environmental factors may impact vulnerability to risk. Hidden or underserved populations may be at risk from both human-created and naturally occurring risks.

A community risk assessment helps to identify/prioritize risks and potential target populations.

RESOURCES TO SUPPORT A RISK ASSESSMENT

Sources for Problem-Related Data

Data on fire experience in the United States is available through the U.S. Fire Administration (USFA). USFA began the National Fire Incident Reporting System (NFIRS) in 1975. Under NFIRS, local fire departments forward fire incident data to a State coordinator. The coordinator collates statewide fire incident data and reports information to the USFA. Because fire departments and States take part in NFIRS voluntarily, NFIRS conclusions may not completely reflect the entire Nation's fire experience. This factor reinforces why an examination of **local** data is a key component of a risk-reduction process.

Another rationale for studying local data is that the level of leading local fire risks may not be the same as at the national level. If conducting an all-hazard risk assessment, fire data should not be the only statistic 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. Other sources to consult may include the National Weather Service (NWS) when exploring trends in severe weather.

Sources for People-Related Data

Demographical information can be obtained for nearly all communities in America by visiting the U.S Census Bureau at www.census.gov 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.

A second type of operation, the American Community Survey (ACS), is an ongoing task of the Bureau. This survey collects data about how people live. The ACS is mailed to over three million U.S. residents annually. The Bureau's goal is to survey each U.S. resident every 7 years thus providing current profiles about local communities. Data from the ACS is available to the public through the American FactFinder database.

FactFinder is an important tool to risk reduction practitioners because it allows us to explore demographic data by census tracts. Census tracts are defined, geographical areas within a city, town, county, or village. Each tract carries a numerical identification. Analyzing problem- and people-related data by census tract represents one of the easiest and most accurate ways to build a community profile/risk assessment.

While the most formal source of demographic information is the Census Bureau, remember that census data may not capture the presence of populations that choose (for whatever reason) not to participate in census data collection.

Since demographics can change quickly in growing and changing communities, an examination of local data sources is **essential**. Sources of valid demographic information on the local community may include:

- city and county planning departments;
- office of community development;
- Housing Authority;
- economic development director;
- Chamber of Commerce;
- Community Action Council;
- local schools, hospitals, and health departments;
- Head Start programs and childcare organizations;
- Department of Social Services;
- Commission on Aging;
- advocacy groups;
- neighborhood associations;
- houses of worship; and
- anecdotal information obtained at the neighborhood level (in-person testimonies).

Not only can these agencies/groups provide valuable data on local demographics, they can help identify the location and profiles of high risk and emerging populations.

Geographic Information System (GIS)

GIS is a system for input, storage, processing, and retrieval of spatial data.

Problem- and people-related data can be displayed through the use of GIS software to show the dispersion of risks and affected populations.

Building a multidimensional picture of the community through the use of GIS software can help establish a visual relationship between a risk issue, target population, and geographic location. Layers of data can be constructed to demonstrate potential relationships between topics of interest.

Risk mapping can also be a valuable tool to display the location of potential target populations that may have previously been hidden, not accessible, or potentially underserved. It provides a visual display of information that helps to discover relationships.

Used to Monitor Where Some Activity Takes Place

- Identify how often a certain activity occurs in a certain type of location.
- Example: Location of fire incidents in industrial zoning.

Used for Planning

- Changes over time can be mapped to determine patterns.
- Example: A meteorologist might study the paths of hurricanes to predict where and when they might occur in the future.

Used to Measure Quantities

- Identify places that meet specific criteria.
- Identify areas adequately served or not.
- Interpret patterns and trends.

Used to Identify Density

- Number of people within a certain geographical area.
- Example: A smaller census tract may have the same number of people as a larger census tract but will have a higher density.

Who Uses GIS?

Historically

GIS has been primarily used by large businesses and government organizations to track a specific statistic or type of information.

Businesses, for instance, may be able to use GIS to see where different types of soil are in a city and use this information to market certain fertilizers to only clients who live in that area.

A government agency may analyze what areas specific types of crime are more likely to occur in and arrange police department resource deployment accordingly.

Today

GIS is used locally by planners and managers in many fields. Thousands of organizations use GIS to solve problems and improve processes.

ArcGIS

ArcGIS is an example of commercial software that is available for transforming data into maps and presentations and is used by the Department of Homeland Security (DHS). It is a powerful tool for mapping and allows users to not only author maps but also to analyze, manage, share, and publish geographic information.

ArcGIS Explorer

This is free and available for download from the Environmental Systems Research Institute (ESRI) Web site. (ESRI is a publishing company in California www.esri.com)

ArcGIS can be used to:

- view and study local GIS data;
- create basic maps; and
- create a presentation.

Online (including ArcGIS Explorer Online)

ArcGIS Online is a Web-based service that is hosted by ESRI. With ArcGIS Online, a user can access base maps, such as those produced by Bing, and maps published by other organizations such as a map on wildland fire in the United States.

Professional ArcGIS Desktop

ArcGIS is a software package commercially available and widely used. It is a scalable system where each license level provides additional functionality. (Consult the ESRI Web site for details.)

ArcView

Provides basic editing and data management tools. Usually suitable for most user level personnel (non-GIS personnel). Prices vary, but the base retail runs about \$1,500, depending on government agreements.

ArcEditor

Provides advanced editing and geoprocessing tools and enterprise database abilities. Well suited for advanced users and GIS professionals. The cost is \$8,000 ballpark, depending on government agreements.

ArclInfo: The Ultimate Level of Functionality

Suitable for GIS professionals who require high level geoprocessing, editing, cartography, and other GIS tasks. The cost is \$12,000 ballpark, depending on government agreements.

IDENTIFY HAZARDS AND CAUSAL FACTORS

Gather Anecdotal Data to Support the Risk Assessment

Local neighborhood-based collaboration is the gateway to reaching populations that historically have been the hardest to reach. Getting out into the community to explore neighborhoods and talking to people is one of the most effective ways to gather anecdotal information.

Anecdotal information is a collection of data that people tell you about a specific topic. Anecdotal information is collected through face-to-face contact with people. This type of strategy is especially effective at locating potentially hidden, hard to reach, and potentially underserved populations.

Identify Hidden or Underserved Populations

Hidden or underserved populations are groups that may not (for whatever reason) have received (or refused) services from a community, organization, or group.

"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. Populations may be "hidden" because members of the group do not want to be discovered. (Example: people without legal immigration status, illiterate adults, etc.)

These groups might also be invisible in databases and unknown to organizations because improper assessment tools were used. (Example: Limited literacy among a Spanish-speaking population may go unidentified because assessment tools identify only preference of **spoken** language.)

"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.)

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

"Emerging populations" are groups of people who are new to a community. 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 community targeted. (Example: A group of Somalis recruited to work in a community where no significant Somali population existed previously is an "emerging population.")

Examples of potentially hidden or underserved populations may include:

- older adults with no family or those who have isolated themselves in fear of losing independence;
- working poor who make too much income to qualify for public assistance;
- people with disabilities;
- cultures that may choose to isolate themselves;
- people/families that (for whatever reason) do not wish to raise the attention of public officials or be included in community demographic data;
- families that speak no or limited English;
- groups that due to cultural or religious reasons may have refused local community services; and
- people and families who may not feel welcome in a specific area or among certain populations.

Potential risk factors of hidden or underserved populations may include:

- lack of resources and support systems;
- low income or poverty conditions;
- mobility constraints (disabled);
- isolation from other people and/or services;
- physical distance from support services;
- language/information sharing barriers;
- lack of information/knowledge about safety;
- lack of knowledge about existing safety products/services; and
- social isolation.

ASSESS VULNERABILITY

Relationship Between Culture, Behavior, and Risk

Culture is influenced by one's knowledge, experiences, and relationships. It can influence a person's attitudes and behaviors both positively and negatively. A person's **vulnerability** to risk is often influenced by his or her attitude and behavior.

A primary focus of the *Cultural Competence in Risk Reduction (CCRR)* course is to explore ways to design and deliver risk-reduction initiatives that serve our culturally diverse communities effectively.

Analyze Local Data to Prioritize Community Risk and Select Target Populations

Once all available sources (official and unofficial) of data have been explored, the next step is to prioritize community risk(s) and select target populations to address.

Problem-related data to explore includes:

- leading fire risks;
- leading preventable injury risks;
- human-created risks;
- naturally occurring risks; and
- geographic areas prone to specific risks.

Close examination of each risk is necessary to explore the incidents that present the most threat to the community in terms of cost. The cost of risk is explored by stratifying loss of life, injuries, property damage, and expense to the local community. Factors such as frequency of occurrence, rates of incident rise/fall, and geographic distribution are also examined.

Many communities use a risk assessment model presented as part of the National Fire Academy's (NFA's) *Executive Analysis of Community Risk Reduction* (EACRR) course. The model uses a quadrant-based rating system to prioritize risk as either low, moderate, or high. The system provides a means to judge the likelihood of an event and the magnitude of harm that the community/population will incur should the event occur. When using the model, each risk is placed into one of four quadrants based on its score.

Risk Assessment Model

Quadrant I includes those risks with moderate to high severity and frequency. To be placed into Quadrant I, the risk must have both a high frequency of occurrence and high-severity affect.

Quadrant II includes those risks with low to moderate frequency but moderate to high severity.

Quadrant III includes those risks with a moderate to high frequency but with a low to moderate severity.

Quadrant IV includes those risks with both low to moderate frequency and low to moderate severity.

The usefulness of this assessment process is that it provides a simple and inexpensive method to segregate risks into more manageable groupings. This action allows risk practitioners to focus more of their time and resources on addressing the issues that fall in Quadrants I and II.

Contrasting the most serious risks with people-related information should create a profile of the following:

- identification of who is being affected by leading risks (explore all populations);

- identification of populations that may be at a higher risk from a specific type incident;
- identification of populations that may be at a higher risk due to specific circumstances;
- locations of where people are being affected by risks;
- exploration of who (if the risk is human created) is causing the risk; and
- examination of factors that are causing people to place themselves at risk from specifically targeted incidents.

RISK SEQUENCING

Once a priority risk has been identified, conduct risk sequencing to explore its root cause. Risk sequencing is the process of listing each event that occurs during a fire or injury incident. Through risk sequence, root causes are better understood. Risk sequence is simply the chain of events that set the stage for the fire or injury event to occur and includes the outcome of the event.

To conduct risk sequencing, explore the following components of a risk that has been selected:

- What succession of events occurs that cause the incident to happen?
- Who is contributing to its cause?
- What populations are being affected by its occurrence?
- Is the risk being exacerbated because of social, cultural, economic, or environmental influences?

By removing or eliminating any given link in the sequence, the fire or outcome will be altered.

If the link is removed **prior** to the start of the fire or injury event, the event will not occur. This is the purpose of primary prevention. A link can be removed **after the fire/injury begins but before injury occurs**, thereby mitigating or limiting the severity of the damage or injury. This is the benefit of secondary prevention. If a link is removed and the long-term nature of the **injury or event is mitigated**, this is tertiary prevention.

Interventions should be selected that will break the chain of events or interrupt the sequence. This is why the use of multiple interventions is very effective.

SOCIAL, CULTURAL, ECONOMIC, AND ENVIRONMENTAL INFLUENCES ON RISK

A risk analysis should always explore the social, cultural, economic, and environmental influences that may be contributing to the selected risk.

Social influences include information communicated through the media, peers, coworkers, and other sources. These influences can impact a person's knowledge levels, attitudes, and beliefs.

Cultural influences are transmitted through personal experiences and relationships with others. Cultural influences can also influence a person's beliefs and attitudes about a topic or issue.

Economic influences include the resources a person or family may have at their disposal to invest into prevention or mitigation of a risk. It is a well-known fact that poverty or lack of financial resources often has a direct impact over a person's level of risk.

Environmental influences are the living environments (both physical and geographical) that may be contributing to a population being at risk.

Performing a comprehensive analysis will permit the prioritization of risk(s) and selection of target populations.

IDENTIFY AND ENGAGE STAKEHOLDERS

Contact and Establish Relationships with Target Groups

Once a risk(s) has been prioritized and a target group(s) selected, the next logical task is to engage the population in the planning process to address the risk. In concept, this sounds like an easy task, but it can often be a challenging process.

Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies will cover specific approaches to assuring cultural and linguistic appropriateness of outreach and service delivery to target populations.

Strategies for engaging target populations in the risk-reduction planning process include:

- Emergency services/public officials must invest time to learn about the population.
 - Identify and study cultural norms, customs, accepted/unacceptable behaviors, etc.
- Investigate what the organization has done to date to serve the targeted population.
 - If the group is an emerging population or group that has previously refused services, recognize that nothing may have been done.
- Explore the effectiveness of previous interactions with the population.
 - If there were interactions, conduct research to determine what went right, wrong, challenging situations, resource issues, etc.
- Identify and establish relationships with official and unofficial leaders of the population.
 - Official leadership may be elected officials, religious leaders, group officers, etc.

- Unofficial leaders may be respected elders, young emerging leaders, etc.
- Educate the group's leadership with fact-based data about the risk.
- Use data/information from the community risk assessment as a foundation to build a sense of urgency among group leadership.
- Offer to work with the group to collaboratively address the issue.
 - Be patient and willing to invest the time required to gain permission to work with the group.
 - Be willing to accept compromises from the group as to what level of services they are willing to accept.
- If the target group agrees to get involved and accept services, begin collaborative efforts in a timely manner.

IDENTIFY TARGET POPULATION'S KNOWLEDGE AND PERCEPTION OF SELECTED RISK

Prior to developing a risk-reduction goal, it must be identified what the target population knows and believes about the selected risk. Methods to assess a target population's knowledge, attitudes, and beliefs about a specific risk include:

- community-based surveys (in person, at points of public gathering, telephone, online);
- pretests/surveys at schools, workplace, etc.;
- assessments from community-based service workers (social services, health care, utilities, etc.); and
- surveys or polling conducted by trusted members of the population.

DETERMINE WHAT THE TARGET GROUP WANTS

Different cultural groups may have differing values, beliefs, and assumptions, as discussed in Unit 1: Getting Ready to Improve Cultural Competence. In order to be effective, risk-prevention practitioners must consider these invisible aspects of culture and incorporate the target group's risk-prevention goals.

For example: In a culture where attention to material wealth was viewed as a sign of greed, risk-reduction efforts focusing on the benefits of preventing property damage may attract little interest.

Gaining approval from a target group to work collaboratively to address a specific risk is a huge accomplishment. It is especially rewarding when the group has been challenging to engage or previously refused services.

An important starting point at the outset of a relationship is to have the target group (stakeholders) communicate what they desire as an outcome of the risk-reduction partnership. Educate target population members with a fact-based rationale of why the specific risk(s) was selected. Commit to a collaborative approach of developing a project goal with support from the target group.

DEVELOPING A RISK-REDUCTION GOAL

A goal is a broad, general statement that explains, overall, what the program seeks to accomplish. A goal describes and discusses the potential benefits to the target population. A goal describes, in general terms, the condition that will exist when the program has been successful.

Questions to ask when setting goals:

- What is the overall improvement the risk-reduction committee wants to achieve?
- What are the goals of the target audience; what do they want to achieve or see happen?
- What is the desired effect on the safety of the community?

Goals deal with a single issue and must be realistic. These are general statements and must be manageable.

A goal sets the fundamental, long-range direction of the program. It summarizes expected results and outcomes rather than program methods and activities.

Example: The goal of the risk-reduction program is to increase the number of bicycle riders following the rules of the road and decrease the number of bicycle accidents involving members of the Turkish community.

Once a target population has been engaged to address a risk issue, the next step is for the group to collaboratively identify a risk-reduction goal. It is important to the success of the program to involve members of the target population in this process.

SUMMARY

In this unit, we have:

- explained the purpose of a community risk assessment;

- described the process of conducting a community risk assessment;
- identified resources to support a community risk assessment;
- defined how to gather anecdotal data to support the risk assessment;
- discussed how to identify hidden or underserved populations in a community;
- recognized that hidden or underserved populations may be at high risk;
- explained the potential relationship between culture, behavior, and risk;
- analyzed local data to prioritize community risks and select target populations;
- discussed how to use risk mapping as a planning tool;
- described how to make contact and establish relationships with target populations in a timely manner;
- explained how to identify target population knowledge/perception of risk;
- discussed how to evaluate what target groups want; and
- demonstrated how to develop a risk-reduction goal.

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UNIT 3: DEVELOPING CULTURALLY AND LINGUISTICALLY APPROPRIATE INTERVENTION STRATEGIES

TERMINAL OBJECTIVE

The students will be able to develop a culturally and linguistically appropriate intervention strategy that addresses a specific risk among a particular population.

ENABLING OBJECTIVES

The students will:

- 1. Evaluate potential intervention strategies (Five Es).*
 - 2. Identify appropriate types of prevention interventions.*
 - 3. Given a fictional community, select appropriate prevention interventions.*
 - 4. Address cultural and linguistic determinants.*
 - 5. Determine culturally and linguistically appropriate modifications to prevention interventions.*
 - 6. Select culturally and linguistically appropriate prevention programs.*
 - 7. Adapt prevention materials, so they become culturally and linguistically appropriate.*
 - 8. Target interventions based on risk and protective factors.*
 - 9. Improve access to culturally and linguistically appropriate services.*
 - 10. Examine how to increase access to services, so interventions become culturally and linguistically appropriate.*
 - 11. Evaluate evidence to prove that interventions work.*
-

12. *Given a fictional community, modify selected interventions based on cultural and linguistic determinants.*
13. *Identify guidelines for culturally appropriate translation.*
14. *Identify potential challenges associated with the process of translation.*
15. *Identify the process for effectively obtaining and using an interpreter.*
16. *Using resources provided, determine how to select and use an interpreter.*
17. *Identify and secure resources to support the intervention process.*
18. *Given a simulated situation, determine how to address needs using translation and interpretation.*
19. *Determine requirements to modify an existing program to meet the needs of the target audience.*

Slide 3-7

**ENABLING OBJECTIVES
(cont'd)**

- Evaluate evidence to prove that interventions work.
- Given a fictional community, modify selected interventions based on cultural and linguistic determinants.
- Identify guidelines for culturally appropriate translation.

Slide 3-7

Slide 3-8

**ENABLING OBJECTIVES
(cont'd)**

- Identify potential challenges associated with the process of translation.
- Identify the process for effectively obtaining and using an interpreter.
- Using resources provided, determine how to select and use an interpreter.

Slide 3-8

Slide 3-9

**ENABLING OBJECTIVES
(cont'd)**

- Identify and secure resources to support the intervention process.
- Given a simulated situation, determine how to address needs using translation and interpretation.
- Determine requirements to modify an existing program to meet the needs of the target audience.

Slide 3-9

Slide 3-16

ENGINEERING INITIATIVES

- Change design of the environment.
- Most reliable (but challenging) intervention.
- Uses technology.
- Design safer products.
- Tend to be more passive.



Slide 3-16

Slide 3-17

ENFORCEMENT/ENACTMENT



Involves use of public policy

- Passing and enforcing laws.
- Issuing and enforcing regulations.

Developing standards for products.

- Requiring people to do (or not do) something.
- Used with education and engineering.

Slide 3-17

Slide 3-18

ECONOMIC INCENTIVES

Provide economic motivation.

- Encourages use of engineering and enforcement.
- Promotes behavioral change.
- Can offer a positive or negative incentive.



Slide 3-18

Slide 3-22

SELECTING THE APPROPRIATE TYPES OF INTERVENTIONS



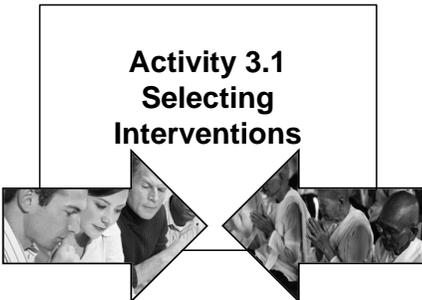
Examine causal factors:

- Consider past successes.
- Brainstorm with target populations.
- Identify all potential solutions.
- Consider the culture and linguistics of the target group.

Slide 3-22

Slide 3-23

**Activity 3.1
Selecting
Interventions**



Slide 3-23

Activity 3.1

Selecting Interventions

Purpose

Given a fictional community, you will identify potential interventions that could address a specific risk occurring among a particular population.

Directions

1. This small group activity builds upon the information from Greenfield County outlined in Unit 2.
2. Using the same risk assignments from Activity 2.1, your group will suggest interventions that may be effective at addressing the targeted risk.
3. Please consider the cultural characteristics of your target population when suggesting potential interventions. Please consider all levels of prevention intervention (Five Es).
4. Answer the following questions as a group:
 - a. What is your identified risk and target audience(s)?
 - b. What interventions do you think would help to reduce this risk?
 - c. What, if any, challenges do you anticipate having to address with your target audience?
 - d. What don't you know about your target population (e.g., language preferred by target audience, literacy level, preferred location for interventions, culturally based perceptions of the risk, etc.)?
5. Post your recommendations on the easel pad.
6. Be prepared to share your responses with the class.

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Activity 3.1 (cont'd)

Scenario 1

Another Accident at the Poultry Plant in Halltown

Firefighters and rescue personnel from Fire Station 7 responded to a traumatic injury at the Murray Poultry Plant in the Halltown area of Greenfield County. An employee had fallen into a piece of processing equipment at the facility, resulting in an amputation of his arm.

Khalid Omar Abukar, age 34, was injured by machinery that is used to unload crates of chickens after they arrive at the processing plant. Abukar and two other workers had reportedly been working on the equipment and had just finished servicing and repairing it. Abukar was injured when the machine was restarted.

Greenfield County firefighters and rescue personnel were able to free Abukar from the machine, but not before his right arm was amputated. He was rushed to the nearest hospital facility and is listed in critical condition.

Interviews with the other two employees stated that the lead mechanic had asked if everyone was clear of the machine before starting it. According to their statements, Abukar nodded his head indicating to them that he was clear. They stated that they had not worked with Abukar much, but he seemed to be a good worker yet was very quiet.

A spokesman for Abukar's family stated that Abukar was a native of Somalia and had come to this country four years ago "in hopes of finding a better life" for his family. He had told his family that working at the plant was very hard work.

The plant manager said that the facility had been very busy. All machines were running at absolute capacity, and he needed to get the hydraulic lift repaired quickly. When asked if he had rushed the maintenance employees, he stated that this was truly an accident and that there was no negligence. When asked, he also stated that there were no lock out/tag out procedures at the facility, and the warning labels on the equipment were in English. He stated that Abukar had been through the same safety training as the other employees.

This is the third traumatic injury at this facility this year. The other incidents involved members of the refugee population in Greenfield County.

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Education:

Enforcement:

Economic Incentive:

Emergency Response:

3. Anticipated Challenges:

Activity 3.1 (cont'd)

Scenario 2

Amish Man Killed, Two Others Injured in Crash Near Hayfield Township

It has been reported that one person was killed and two others injured when a buggy and a sports utility vehicle (SUV) collided at the intersection of County Road 31 and County Road 38 near Hayfield Township.

The wreck happened shortly after 1900 hours when Marion Yoder, his wife Edith, and their 8-year-old grandson Caleb Yoder were heading to Benton Elementary School for a school event. They were struck by the SUV and ejected from the buggy.

Caleb suffered a head injury in the accident but is expected to survive. Edith Yoder fractured her face, ribs, and ankle, dislocated her shoulder, and punctured a lung but is also expected to survive. Marion Yoder died instantly at the scene from a spine injury.

According to a release from the Greenfield County Sheriff's Department, the driver of the SUV told investigators he did not see the buggy on the roadway since it was dark. He did not see the reflective trim on the back of the buggy until it was too late and could not avoid the crash.

This reporter spoke with Amish elders in the community concerning the safety issues of the buggies. The first question concerned the lack of a bright reflective triangle on the rear of the Yoder's buggy. Elders related that the buggy did have reflective tape but that the use of "bold, bright colors" was contrary to their cultural beliefs and practices.

When asked about the lack of seatbelts and child safety seats, the elders replied that since the buggies are nonmotorized and are driven at extremely slow speeds, there is no need and/or requirement for such restraint devices in the buggies.

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Education:

Enforcement:

Economic Incentive:

Emergency Response:

3. Anticipated Challenges:

Activity 3.1 (cont'd)

Scenario 3

Child Killed in Farming Accident

Greenfield County's Station 14 responded to a farming accident on the Stoltzfus Farm today. Katie Stoltzfus, 7 years old, was helping her brother, Joseph Stoltzfus, 12 years old, work in the fields. Inclement weather was expected, and they were rushing to finish hay baling before nightfall. Katie was riding on the hay baler when Joseph encountered difficulty controlling the horses. Katie lost her balance on the hay baler and fell into it. Her brother did not realize that Katie had fallen until it was too late. Joseph hurried to the family barn to find his father, but by the time they got back to the scene, it was too late. Emergency personnel were called, but the child was pronounced dead at the scene.

Sheriff's Office investigators asked Mr. Stoltzfus if they could examine the hay baler. He gave his consent. Investigators looked at the spot where Katie had been sitting. They found that a safety bar had been removed from around the top of the hay baler. When asked about it, Mr. Stoltzfus stated that he had removed the bars around the baler to lighten the weight of the baler and thereby lessen the strain on the horses. He also told investigators that his son, Joseph, often helped in the field by handling the horses, pulling various pieces of equipment. Mr. Stoltzfus considered Joseph to be quite capable of handling the assigned task.

Both Mr. and Mrs. Stoltzfus are devastated at the loss of their daughter but see this as God's will. "With our Community's help will we be able to make it through this," Mr. Stoltzfus told investigators. "God will take care of us, and the soul of our daughter lives on with God."

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Education:

Enforcement:

Economic Incentive:

Emergency Response:

3. Anticipated Challenges:

Activity 3.1 (cont'd)

Scenario 4

Orchard Workers Overcome by Fumes

Two orchard workers in the County Line area of Greenfield County were overcome by chemical fumes at the local fruit orchard. Juan Garcia, age 29, was alone when he was filling a 350-gallon tank with fertilizer when he passed out. One of his coworkers, Jose Reyes, working in another area of the maintenance shed, observed him fall and rushed to assist him. Mr. Reyes was also overcome by the powerful fumes but was able to call for help prior to losing consciousness. Coworkers were able to get the two men outside before being overcome themselves. One of the workers ran to the main office to call for emergency responders. Both Garcia and Reyes were transported to the local hospital where they were diagnosed with respiratory failure, life-threatening metabolic acidosis, and in a coma. Both men were flown by Air Life to a trauma center 150 miles away.

Greenfield County Fire Department investigators found that the tank Garcia was filling was actually a tank designated for lime sulphur. When the small amount of lime sulphur remaining in the tank combined with the phosphate-containing fertilizer, it formed deadly hydrogen sulfide gas. At high enough concentrations, hydrogen sulfide can kill in only one breath.

Hal Kimbrell, owner of J & J Orchards, stated that the tank was labeled appropriately but that Garcia apparently did not read the sign. He stated that Garcia and Reyes had not been working at the orchard for very long. He had provided training for them, as well as Material Safety Data Sheets (MSDS) to read on all the chemicals. When asked if there were any cautions or warnings on the tank, he stated that none were required and that everyone was familiar with the hazard.

Reyes' family, through a local interpreter, stated that neither Reyes nor Garcia spoke any English; they worked many hours; and they were trying to earn a living to support their families. Neither man has any health insurance, and since they were considered day laborers at the orchard, Kimbrell's insurance is not required to cover their medical expenses.

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Activity 3.1 (cont'd)

Scenario 4

Orchard Workers Overcome by Fumes

Risk Issue: _____

Target Population(s): _____

1. Risk Sequencing: (add more lines if needed)

2. Proposed Interventions:

Engineering:

Education:

Enforcement:

Economic Incentive:

Emergency Response:

3. Anticipated Challenges:

Activity 3.1 (cont'd)

Scenario 5

Children Injured in Cooking Fire

Two children were injured in a kitchen fire in Mance Township. The fire started when grease was left on a heated stove unattended.

The fire occurred in a rental house located in a quiet neighborhood mainly inhabited by refugees from Liberia. The mother of the children, Mariam Sahr, was at work at the local poultry processing plant when the fire occurred.

The older child, Lionel, 9 years old, was cooking lunch for his sister, Sofia, 6 years old. He removed the pan from the stove and emptied most of the food onto the plates. He placed the pan back on the stove, not realizing that the stove was still on. The children sat down in the living room to eat, unaware that the pan was starting to smoke. There were no smoke alarms in the residence. It was not until they went to return their plates to the kitchen that they discovered the fire. Lionel attempted to remove the pan from the stove, but he dropped it when his hands were burned. The children then tried to exit the home through the kitchen but were unable. They finally exited through a back door and went to a neighbor's house where the fire department was called.

The neighbor stated that she regularly looked in on the children during the day while Ms. Sahr was at work. She stated that Ms. Sahr did the same for her children when she left for work on the third shift. She said that Lionel and Sofia regularly cook for themselves, but they have had trouble adjusting to using the stove instead of an open fire. This was not the first fire that they had experienced, but it was certainly the worst.

Ms. Sahr was extremely upset about the injuries to her children. Lionel received second degree burns to his hands, and Sofia received first to second degree burns to her feet. Both children were treated at the scene for smoke inhalation. Ms. Sahr was reluctant to have the children transported to the hospital, opting to receive a ride from a friend. She stated that she did not have health insurance on her job and was unable to pay the bill.

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Education:

Enforcement:

Economic Incentive:

Emergency Response:

3. Anticipated Challenges:

Activity 3.1 (cont'd)

Scenario 6

Local Burmese Man Dies in Fire

It appears that unsafe heating practices were the cause of a fire that claimed the life of a local Burmese resident and displaced 12 other family members in a local apartment building.

The fire was reported at approximately 0445 hours by a resident of a neighboring apartment who smelled smoke and went outside. She saw flames coming from the back window of the adjoining apartment. She began to scream and pound on their door to awaken them. A passerby saw the fire and called the fire department.

There were approximately 13 people living in the apartment, including 4 children. Miraculously, all of them were able to escape unharmed. Moe Zaw Hein, the uncle of the four children, escaped the fire but returned to the apartment to attempt to fight the fire. His body was discovered by firefighters.

It appears that this extended family had gone to bed using the space heater to heat the overcrowded bedrooms. The space heater was placed near combustible items in the bedroom. At some point, the materials started smoldering and ignited. There was a cot set up in the kitchen for Moe Zaw Hein and his wife, where the oven had been left on as heat for this small area of the apartment.

An acquaintance of the occupants told investigators that the apartment was being heated with the electric oven and portable heaters. The residents had only been in this country for a short time, and they did not understand the safety issues surrounding the use of appliances and space heaters. Investigators found remnants of a portable propane heater in the structure that is designed for outdoor use only. There were no smoke alarms in the apartment.

This is the third fatality in this neighborhood in 6 months. The neighborhood is inhabited mainly by Burmese refugees.

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Education:

Enforcement:

Economic Incentive:

Emergency Response:

3. Anticipated Challenges:

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ADAPTING INTERVENTION STRATEGIES

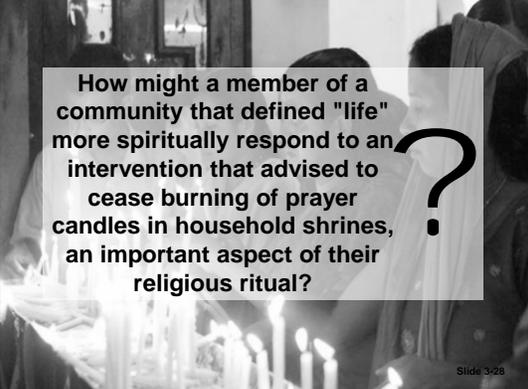
- Desiring a life free from danger and harm for self and family is a shared value.
- Culture helps groups refine terms of this desire.



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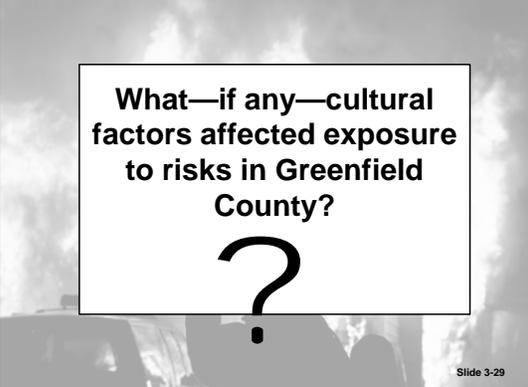
How might a member of a community that defined "life" more spiritually respond to an intervention that advised to cease burning of prayer candles in household shrines, an important aspect of their religious ritual?



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Slide 3-29

What—if any—cultural factors affected exposure to risks in Greenfield County?

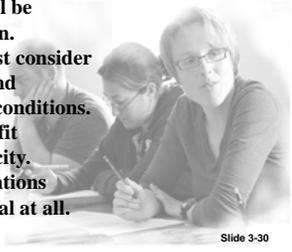


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ADAPTING INTERVENTION STRATEGIES (cont'd)

- Culture can also impact how an intervention will be received/acted upon.
- Planning team must consider underlying risks and protective factors/conditions.
- Intervention must fit community's capacity.
- "Neutral" interventions might not be neutral at all.



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ADAPTING INTERVENTION STRATEGIES (cont'd)

You will view examples of risk-reduction messages/interventions. Please respond to the following questions:

?

- Who do you think the target audience is for this message?
- What clues do you see indicating who the target audience is?
- What group(s) might this message/strategy not be appropriate for?

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ADAPTING INTERVENTION STRATEGIES (cont'd)

- Fire Safety for All Families: video produced by Safe Kids USA (3:17 min.). www.youtube.com/watch?v=tWB4DMztPFo&feature=related
- "Be Safe, Not Sorry!" Safety Tip Sheets: Center for Injury Prevention Policy and Practice, San Diego State University. www.ciopp.org/sheets/safetysheet.htm
- Home Safety Council: Be Safe and Sound Brochure (Spanish, p. 8). www.homesafetycouncil.org/AboutUs/ExpertNetwork/pdfs/en_fslp_p009.pdf
- "Holiday Safety": (English and Spanish): Rady Children's Hospital, San Diego, CA. www.rchsd.org/cmsprodcons1/groups/public/@groups-safekids/documents/content/c00727.pdf
- Smoke Alarm Video: Lakewood Fire District (2:51 min.). www.youtube.com/watch?v=taO5MgSVvkU&feature=related

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ADAPTING INTERVENTION STRATEGIES (cont'd)

- New York City Fire Department: Fire Safety for Jewish Observances
www.fdnvfirezone.org/download/fire_safety_for_jewish_observance-en.pdf
- International Association of Black Professional Fire Fighters: Stop Fire Campaign Video
www.iabpff.activeboard.com/t32001077/iabpff-program-video/
- NFPA: Christmas Tree Fact Sheet
www.nfpa.org/assets/files//ChristmasTreeFactSheet.pdf
- Siren the Fire Safety Dog "Get Low and Go" Fire Tip Video
www.youtube.com/watch?v=9vMz068C_AA

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ADAPTING INTERVENTION STRATEGIES (cont'd)

- It's often easier to identify what is *not* effective as compared to what is.
- When considering options, find out:
 - What has not worked in your community?
 - What has worked?
 - What about other communities?



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How can you find out what intervention strategies implemented by others have worked or failed when used among a specific target population?

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ADAPTING INTERVENTION STRATEGIES (cont'd)

Finding out what worked elsewhere:

- Contact other practitioners.
- Examine EFO research/papers.
- Explore root factors of culture-related legal suits.
- Talk with members of the target community.

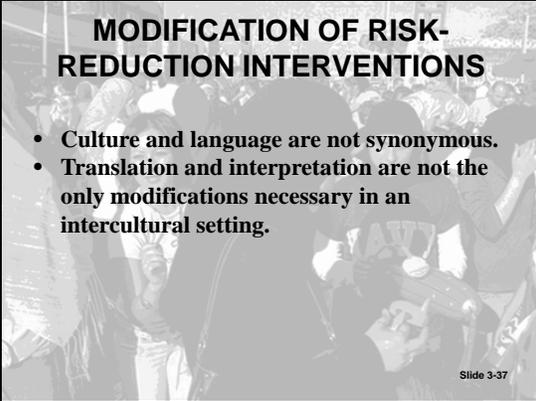


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MODIFICATION OF RISK-REDUCTION INTERVENTIONS

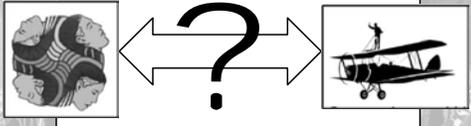
- Culture and language are not synonymous.
- Translation and interpretation are not the only modifications necessary in an intercultural setting.



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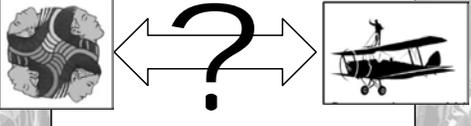
What were some similarities between the two sets of materials?



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What are some of the differences you see between the mainstream *Remembering When* and the First Nations version?



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MODIFICATION OF RISK-REDUCTION INTERVENTIONS (cont'd)

To encourage participation in risk-reduction interventions consider:

- Extended families and neighbors.
- Members of same cultural or linguistic group.
- People with official authority or titles.
- People with a certain level of education.
- Peers, coworkers, and religious leaders.

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MODIFICATION OF RISK-REDUCTION INTERVENTIONS (cont'd)

Modify intervention to increase access:

- Make access convenient to the target group.
- Consider transportation issues.
- The group's familiarity with location.

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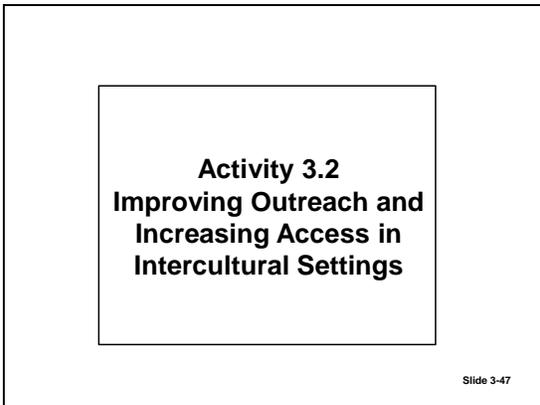
What kinds of locations and settings does the *Remembering When* curriculum recommend to reach First Nation seniors?

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What kinds of modifications do you make to the time, location, and setting of your services and programs to accommodate different cultures in your community?

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**Activity 3.2
Improving Outreach and
Increasing Access in
Intercultural Settings**

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Activity 3.2

Improving Outreach and Increasing Access in Intercultural Settings

Purpose

To examine how to increase access to services and interventions.

Directions

Part 1: (10 min.)

1. In your Greenfield County group, consider your risk issue and target population.
2. Consider the building blocks of this culture.
3. Given the information that you know about the target audience and their culture:
 - a. What outreach methods do you think would be most effective in increasing participation?
 - b. What location(s) do you think would be the most effective setting for greatest participation and buy-in for your proposed risk-reduction program efforts? (Note: Be sure to think about subpopulations, too.)
 - c. What time(s) do you think would allow the best access for your target population?
 - d. What questions (if any) do you have of your target population to be able to ensure access to your intervention?

Part 2: (10 min.)

Remaining in the same small group, discuss:

1. How does your organization adapt the locations of risk-reduction activities to ensure access to interventions?
2. How does your organization adapt its schedule of risk-reduction activities to ensure access to interventions?
3. How does your organization adapt its outreach approaches to ensure participation in risk-reduction activities?

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NOTE-TAKING GUIDE (cont'd)

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LINGUISTICALLY APPROPRIATE INTERVENTIONS

Consider Health Belief Model:

- Must believe they are at risk.
- Must believe risk is serious.
- Must believe that behavioral change will work.
- Must believe barriers to change can be removed.



PERCEIVED SUSCEPTIBILITY
PERCEIVED SEVERITY
PERCEIVED BENEFITS
PERCEIVED BARRIERS
CUES TO ACTION
SELF-EFFICACY

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LINGUISTICALLY APPROPRIATE INTERVENTIONS (cont'd)

- Interventions must engage group's values.
- Be linguistically appropriate.
- Communicate the message clearly.
- Consider verbal and nonverbal communication.



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LINGUISTICALLY APPROPRIATE INTERVENTIONS (cont'd)

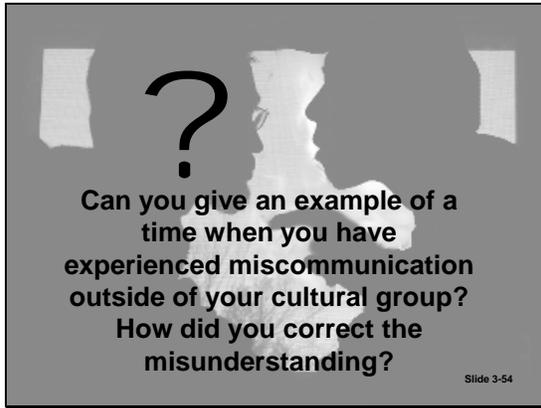
Culturally competent communication includes:

- Assessing one's own style.
- Assessing styles of cultural groups.
- Adapting communication style to ensure integrity of the message.



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Can you give an example of a time when you have experienced miscommunication outside of your cultural group? How did you correct the misunderstanding?

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LINGUISTICALLY APPROPRIATE INTERVENTIONS (cont'd)

- Practitioners will often try and "negotiate" communication differences with target groups.
- Cultural groups may vary in communication styles (Direct versus Indirect).
- Role of context (Low versus High).
- Importance of "Face."



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**Activity 3.3
Applying Cultural and Linguistic Determinants**

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Activity 3.3

Applying Cultural and Linguistic Determinants

Purpose

Given a fictional community, modify selected interventions based on cultural and linguistic determinants.

Directions

1. For each response, consider as a group:
 - a. What might this feedback mean if conveyed by someone who communicates in a high context/indirect style?
 - b. What might this same comment mean if it were conveyed by someone who communicates in a low context/indirect style?
 - c. What are some of the possible misinterpretations if the Risk Reduction Committee is dominated by low context communicators?
2. The first comment has been completed for you as an example.
3. Select a spokesperson to present a 2-minute summary.

Scenario

The Greenfield County Risk-Reduction Committee has been hard at work for the past few months learning about the diverse populations in the community. They have been using what they have learned to create a set of modified risk-reduction actions to increase the cultural appropriateness of their work. Knowing that getting feedback from the community early on was important, the committee arranged a community hearing to review the risk-reduction plan. When the presentation of the draft modification was completed, the committee encouraged residents to provide input on its new plan for a safer community. Residents' feedback is captured in the table.

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Activity 3.3 (cont'd)

Comment/ Response	High Context/ Indirect	Low Context/ Direct	Misinterpretations?
"I have one small suggestion to the outreach approach for my community." (understatement)	May indicate serious concerns if someone is speaking up in public	Likely to be literally a "small suggestion," speaker probably does not feel strongly about the input	Risk-reduction group may think high context speaker doesn't have serious criticism and may continue without change
Asked presenters, "What do you think?" (deflecting questions)			
"I probably can do something to support this plan. I think I can." (qualified answers)			
"My grandfather once had a farm where there were many chickens. Sometimes, one of the chickens thought she was smart and escaped from the pen where the others were." (Telling a story that seems off-subject)			
"This room is very nice. I like having refreshments here." (seemingly unrelated compliment)			

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NOTE-TAKING GUIDE (cont'd)

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LINGUISTICALLY APPROPRIATE INTERVENTIONS (cont'd)

- In addition to communication style, consider role of body language.
- Learn how to avoid nonverbal barriers.
- Meaning of communication comes more from sources other than the actual meaning of the words.



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WHAT PERCENTAGE OF THE MEANING OF A MESSAGE DO YOU THINK IS CONVEYED: (TOTAL 100 percent)



From the literal meaning of the words?

From the way a speaker says the words (tone, emphasis, etc.)?

From facial expressions and nonverbal physical communication?



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Activity 3.4 Intercultural Nonverbal Communication Gaffes

[YouTube Video: HSBC Commercial](#)

[YouTube Video: Peace Corps](#)

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Activity 3.4

Intercultural Nonverbal Communication Gaffes

Purpose

To examine intercultural nonverbal communication gaffes.

Directions

1. The class will watch a series of videos.
2. Please consider the following questions as you watch the videos:
 - a. What message did the sender intend?
 - b. What message was received?
3. After viewing the videos, answer these questions:
 - a. What, if anything, could have been done to have avoided the miscommunication?
 - b. What could have been done to correct the misunderstanding?

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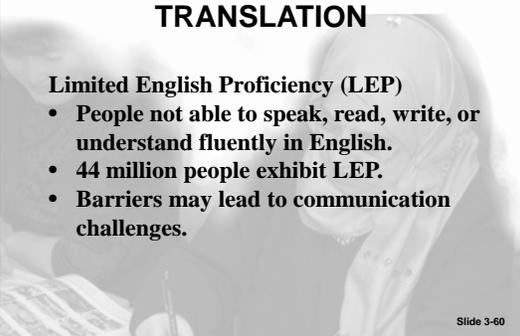
NOTE-TAKING GUIDE (cont'd)

Slide 3-60

INTRODUCTION TO TRANSLATION

Limited English Proficiency (LEP)

- People not able to speak, read, write, or understand fluently in English.
- 44 million people exhibit LEP.
- Barriers may lead to communication challenges.



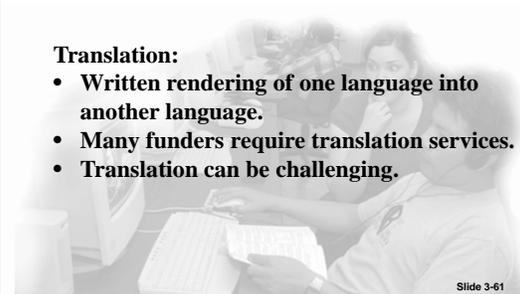
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INTRODUCTION TO TRANSLATION (cont'd)

Translation:

- Written rendering of one language into another language.
- Many funders require translation services.
- Translation can be challenging.



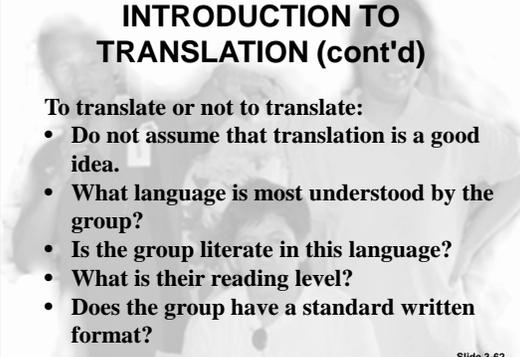
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INTRODUCTION TO TRANSLATION (cont'd)

To translate or not to translate:

- Do not assume that translation is a good idea.
- What language is most understood by the group?
- Is the group literate in this language?
- What is their reading level?
- Does the group have a standard written format?



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Do you have a method to effectively distribute the translated materials to the intended audience?



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Does your organization have the resources (human or financial) to complete a high quality, culturally competent translation by a literate speaker of the target language?



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Can you provide other examples of where a meaning was lost through its translation?



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Activity 3.5
Online Translation



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Activity 3.5

Online Translation

Purpose

To examine potential benefits and challenges of using online resources as a translation tool.

Directions

1. This is an instructor-led activity that culminates with small group practice.
2. Many online translation tools tempt one into believing that translation is easy and free. This activity demonstrates the potential hazards of using online translation tools as formal translators.
3. The instructor will demonstrate several translations. Please respond to his or her questions during the demonstration.
4. On the next page, you will find 21 common statements that apply to our industry. The instructor will assign your group several of the statements and ask you to use Babelfish or other online services as interpretation tools.
5. You will have 20 minutes for exploration of resources. Please note your experiences, so they can be shared with the class.

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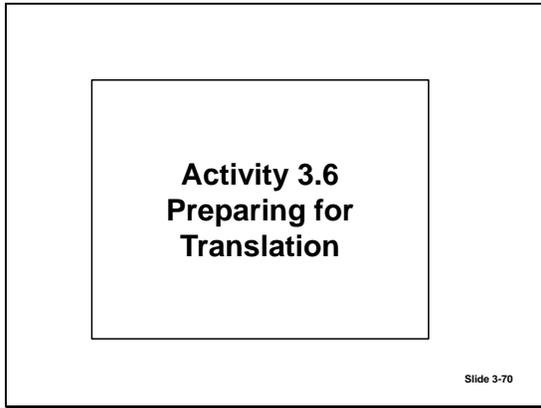
Activity 3.5 (cont'd)

Common Statements Used in the Fire Service

1. When the smoke alarm sounds, go outside.
2. When smoke is near, get low and go.
3. If clothes are on fire, stop, drop and roll.
4. Change your clock; change the batteries in smoke alarms.
5. In a fire, get out and stay out.
6. Stay in the kitchen when cooking.
7. Don't smoke in bed.
8. Test smoke alarms monthly.
9. Replace smoke alarms every 10 years.
10. Have the sprinkler system maintained according to fire code.
11. Install 2-hour rated drywall according to fire code.
12. Replace batteries in emergency lighting.
13. The maximum occupancy for this room is 100 people.
14. The fire extinguisher needs to be hydrostatically tested.
15. This EXIT is blocked.
16. Do not put chains on EXIT doors.
17. Buildings with four or more apartments must have electric-powered smoke alarms with battery back-up.
18. Conduct annual fire safety training for staff.
19. There can be no more than five people living in this apartment.
20. Don't overload extension cords.
21. The OS & Y valve must be secured in the open position.

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Activity 3.6

Preparing for Translation

Purpose

To identify the challenges in the process of translation and identify steps involved in securing a quality translation.

Directions

1. Refer to the "Checklist for Culturally and Linguistically Appropriate Translations." It is in Appendix A of this unit. Review the points under "Preparing for translation."
2. Review one of the sample risk-reduction publications.
3. NFPA's *Remembering When* series is a fire and fall prevention program for older adults. Since America's population is aging and at a higher risk from injury due to fires and falls, all of the target groups from Greenfield County (and your community) may benefit from the *Remembering When* program.
4. In your Greenfield County group, select one prevention message that is designed to be presented to older adults. Consider how that message could be modified, so it becomes useful to address fires and falls among older adults who comprise a portion of the population you have considered in Greenfield County.
5. Prepare a brief summary of what your group is recommending.

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NOTE-TAKING GUIDE (cont'd)

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INTRODUCTION TO TRANSLATION (cont'd)

- Use qualified and professional translators.
 - Inquire on familiarity with target audience.
 - Ask about process of translation.
 - Ask about other projects they have done.
 - Emphasize they focus on meaning over words.
 - Provide written briefing on project.

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INTRODUCTION TO TRANSLATION (cont'd)

Verify accuracy and linguistic appropriateness of translation.



- Review period of all translated documents by community members.
- Use "back translation."
- Final review after formatting.

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COMMUNICATING THROUGH AN INTERPRETER

- Interpretation is the spoken rendering of words in one language into words of another.
- Use of interpreters is often required by law.
- LEP clients can refuse interpretation services.



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Think about the building blocks of culture and cultural norms.

Why might a person with limited English proficiency (LEP) decline free interpretation services?



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What can an organization providing interpretation do to ensure maximum acceptance of its interpretation services?



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COMMUNICATING THROUGH AN INTERPRETER (cont'd)

Like translation, interpretation should communicate not only the literal meaning of the words, but also their intended meaning.



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COMMUNICATING THROUGH AN INTERPRETER (cont'd)

The best interpreters:

- Are fluent in both languages.
- Trained to handle emotionally and culturally challenging situations.
- Trained to negotiate confidential and ethnically challenging situations.
- Provide interpretation without changing meanings.

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COMMUNICATING THROUGH AN INTERPRETER (cont'd)

Types of interpreters:

- Staff (permanent or part-time)
- Contract
- Telephonic based
- Family or friends
- Bystanders or incidental contacts

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What are the benefits that each of these types of interpreters offer? What are the potential drawbacks?



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COMMUNICATING THROUGH AN INTERPRETER (cont'd)

Family, friends, and children, least desirable option for translation:

- More likely to distort messages.
- Liability issues.
- Breaches on confidentiality.
- May reduce LEP person's buy-in.



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**Activity 3.7
Which Interpreter to Use**



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Activity 3.7

Which Interpreter to Use

Purpose

Using resources provided, determine how to select and use an interpreter in given circumstances.

Directions

1. This is a small group activity.
2. Each group should read all of the scenarios.
3. Recall what has been learned about the building blocks of culture and how to provide linguistically appropriate services.
4. Examine the list of potential interpreters.
5. Choose a first and second choice of interpreters to use as applied to the scenario.
6. Also, identify which interpreters would not be appropriate for use in the scenario.

Choices of interpreters include:

- a. Family member of the primary person to be contacted.
 - b. Professional interpreter (\$60/hour, needs to be notified 3 hours in advance).
 - c. Staff interpreter (in uniform).
 - d. Staff interpreter (no uniform).
 - e. Telephonic interpreter.
 - f. Child, 8-year-old, who is fluent in the target language and English.
 - g. Friend of the primary person to be contacted.
7. You are allowed 20 minutes for activity processing. Each group will have 5 minutes to summarize their selections.

Scenario 1

The fire department has received a request for free smoke alarms from a Hispanic family. The request originated through the homework assignment of a second grade student who attended a recent school-based fire safety program. On the homework, there is a box to check indicating that the family wishes to be contacted about free smoke alarms. The student wrote a short note indicating that there are no smoke alarms in the house. The parents do not speak English, but the student and an older brother do. The home address and telephone number of the family has been written on the form.

Scenario 2

The fire marshal's office has investigated a small brush fire near a neighborhood that includes a population of Vietnamese families that have recently relocated there from a large urban community. Investigation reveals that the fire was set by a Vietnamese child who attends the neighborhood elementary school. After contacting the school, investigators learned the student's parents do not speak English. The student is enrolled in the ELL program at the school but is not doing well. The investigators are not sure how to establish contact and develop a relationship with the student's parents.

Scenario 3

The fire department has been asked to conduct a training program on fire safety at a local motel. The manager of the motel has asked for staff training as a result of three recent fires that have occurred in the laundry room at the motel. All three fires were caused by staff overloading dryers with bed sheets and running the appliances on high temperature. The manager tells the fire department he has a staff of 30 housekeepers; 20 of whom are of Somali descent and do not speak English.

Scenario 4

While conducting a neighborhood fire safety canvass, the fire department discovered a home with a badly worn and exposed high voltage electrical line attached to an outbuilding. The building is on private property owned by a family of non-English-speaking people. The fire department knocked on the door and attempted to explain the dangers of the exposed electrical line. The adult who answered the door kept nodding at the firefighters' concerns, but they were sure the message that they were trying to convey was not understood. The firefighters notice several children playing inside the home.

Scenario 5

The fire marshal's office has been requested to review plans for construction of a new Somali restaurant in the community. When they attempted to contact the owner of the property, it was discovered he does not speak English well. The Inspector got frustrated with the attempted exchange of information with the owner and abruptly ended the telephone conversation in disgust. The frustration over the call was vented loudly to coworkers in the fire marshal's office. An hour later, the mayor calls the Fire Chief asking what the Fire Inspector said to the town's newest taxpayer.

Scenario 6

The Fire Chief has been asked to speak about the department at a neighborhood association meeting. This part of the community has recently been developed and includes a mix of Haitians, Liberians, and Burmese families. The Fire Chief knows there will be many attendees who are new to the community and speak very limited English. She is eager to welcome the new residents and wants to make an appropriate and lasting impression.

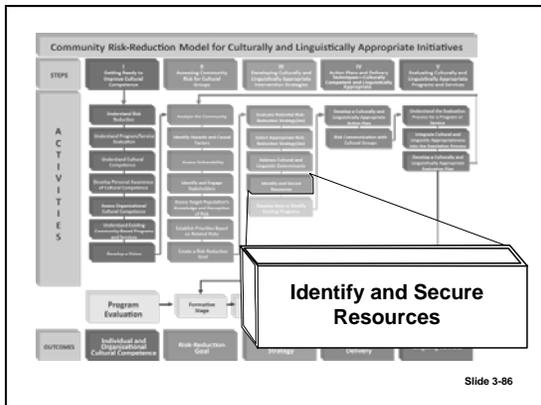
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**Activity 3.8
Modeling Culturally
Competent Behavior
While Working with an
Interpreter**

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Activity 3.8

Modeling Culturally Competent Behavior While Working with an Interpreter

Purpose

To model culturally competent behavior while working with an interpreter.

Directions

1. Please return to your small groups used during the Greenfield County exercises.
2. Your group will prepare and practice a simulated exchange of information between members of the risk-reduction committee and several non-English-speaking members of the target population from their Greenfield County scenario.
3. One group member will portray the risk practitioner. One member will assume the role of interpreter. The other members will be representative of the target population.
4. The topic of presentation can be anything related to your group's respective Greenfield County risk situation.
5. As part of the preparation, please review the list of how to work effectively with an interpreter (noted below):
 - a. Speak directly to the LEP person (being aware of body language and nonverbal communication cues you may be giving).
 - b. Avoid "Ask her if she..." questions.
 - c. Use a conversational tone that is loud enough to be heard.
 - d. Slow your speech slightly.
 - e. Pause as needed to allow the interpreter to catch up.
 - f. Break statements up into manageable pieces.
 - g. Avoid technical vocabulary.
 - h. Allow the interpreter to take notes, if needed.
 - i. Ask LEP person to restate what you have said to verify accuracy of message communicated.

6. Groups will have 15 minutes to prepare a demonstration of both appropriate **and** inappropriate interpretation practices.

Note—Inappropriate strategies may include speaking very quickly or very slowly, increasing volume of speech substantially, using a lot of technical vocabulary and idiomatic language, having the interpreter change what was said or offer an opinion.

7. In front of the class, your group will first demonstrate culturally and linguistically **inappropriate** strategies. Students should then switch roles and demonstrate **appropriate** strategies.

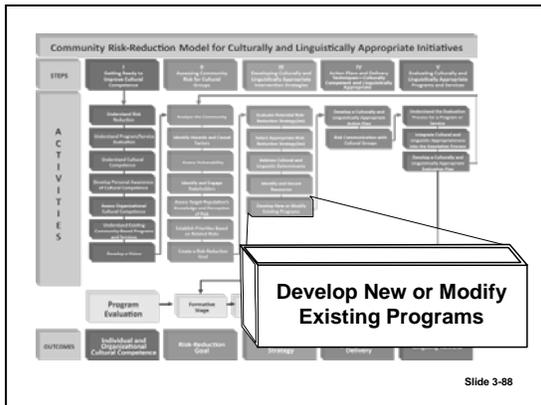
NOTE-TAKING GUIDE (cont'd)

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Activity 3.9 Program Development or Modification— Greenfield County

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Activity 3.9

Program Development or Modification—Greenfield County

Purpose

To develop a new program/service or modify an existing program/service to ensure its cultural and linguistic appropriateness.

Directions

1. Working in your Greenfield County risk-reduction groups, review the interventions that you designed in Activity 3.1 to address the risk among your target population.
2. Consider what you have learned in this unit. Are the interventions that you designed culturally appropriate for your target population? Do you need to modify the intervention(s) itself in order to make it more culturally appropriate? How can you ensure its appropriateness? Also consider the challenges that you identified in Activity 3.1.
3. How can you design and implement your intervention program and/or service, and accompanying strategies, in a culturally and linguistically appropriate manner? You should consider the following:
 - a. Modification of intervention.
 - b. The values, attitudes, and behaviors of the target population regarding the risk.
 - c. Modification of the message.
 - d. Development of appropriate materials.
 - e. Staff outreach and training.
 - f. Outreach approach (to increase participation).
 - g. Access to target population.
 - h. Schedule (for intervention information delivery).
 - i. Location (of intervention information delivery).
 - j. Translation services.
 - k. Interpretation.

- l. Feedback/Evaluation (more information on this will be provided in Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services).
 - m. Resources needed.
4. Use the attached worksheet to record your answers.
 5. Be prepared to share with the class your findings for your modified/adapted program and/or service and its components.

Activity 3.9 (cont'd)

**Greenfield County
Intervention Modifications and Adaptations**

Risk Issue: _____

Target Population(s): _____

1. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Feedback/Evaluation (more information on this will be provided in Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services).

m. Resources needed.

2. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Feedback/Evaluation (more information on this will be provided in Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services).

m. Resources needed.

3. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Feedback/Evaluation (more information on this will be provided in Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services).

m. Resources needed.

4. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Feedback/Evaluation (more information on this will be provided in Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services).

m. Resources needed.

5. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

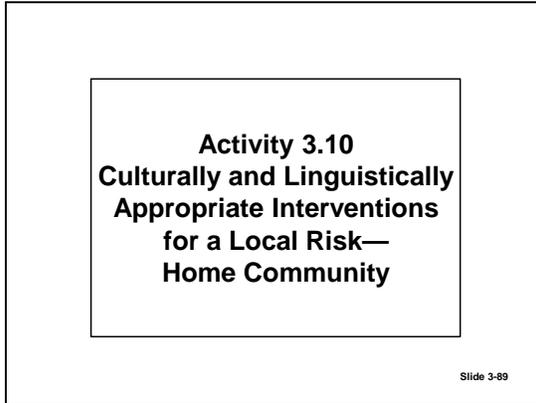
l. Feedback/Evaluation (more information on this will be provided in Unit 5: Evaluating Culturally and Linguistically Appropriate Programs and Services).

m. Resources needed.

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NOTE-TAKING GUIDE (cont'd)

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Activity 3.10

Culturally and Linguistically Appropriate Interventions for a Local Risk— Home Community

Purpose

To develop a new program/service or modify an existing program/service in your home community to ensure its cultural and linguistic appropriateness.

Directions

1. Using the priority risk for your home community from Activity 2.2, design interventions that may be effective at preventing or reducing its occurrence/impact among the selected population. You should consider all types of prevention interventions (Five Es).
2. Consider what you have learned in this unit. Are the interventions that you designed culturally appropriate for your target population? Do you need to modify the intervention(s) itself in order to make it more culturally appropriate? How can you ensure its appropriateness?
3. In designing your interventions, the program and/or services, and accompanying strategies, consider cultural and/or linguistic appropriateness. Consider the following:
 - a. Modification of intervention.
 - b. The values, attitudes, and behaviors of the target population regarding the risk.
 - c. Modification of the message.
 - d. Development of appropriate materials.
 - e. Staff outreach and training.
 - f. Outreach approach (to increase participation).
 - g. Access to target population.
 - h. Schedule (for intervention information delivery).
 - i. Location (of intervention information delivery).
 - j. Translation services.
 - k. Interpretation.

1. Resources needed.
4. Use the blank outline forms to make notes.

Activity 3.10 (cont'd)

**Culturally and Linguistically Appropriate Interventions for a Local Risk—
Home Community**

To be used to make notes.

Risk Issue: _____

Target Population(s): _____

1. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Resources needed.

To be used to make notes.

2. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Resources needed.

To be used to make notes.

3. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Resources needed.

To be used to make notes.

4. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Resources needed.

To be used to make notes.

5. **Intervention:** _____

a. Modification of intervention needed? If so, what is needed?

b. How will the values, attitudes, and behaviors of the target population regarding the risk affect the intervention and implementation strategies?

c. Modification of the message?

d. Development of appropriate materials?

e. Staff outreach and training?

f. Outreach approach (to increase participation).

g. Access to target population.

h. Schedule (for intervention information delivery).

i. Location (of intervention information delivery).

j. Translation services.

k. Interpretation.

l. Resources needed.

NOTE-TAKING GUIDE (cont'd)

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**Activity 3.11
Practicing Cross Cultural
Communication and
Intervention Planning—
Online Modules**

Flood Evacuation Planning for Migrant Workers:
www.lowernvshhc.org/content/practicing-cross-cultural-communication-flood

Bamboo Dragon (restaurant) Health Department Inspection:
www.lowernvshhc.org/content/practicing-cross-cultural-communication-bamboo-dragon

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Activity 3.11

Practicing Cross Cultural Communication and Intervention Planning—Online Modules

Purpose

To virtually observe the intervention planning process.

Directions

1. This activity consists of completing one of two different online training modules. Choose one of these to complete. These are provided by the New York/New Jersey Public Health Training Center.
2. The cultural competence planning modules can be accessed with the URLs listed below:
 - a. Flood Evacuation Planning for Migrant Workers (Public Health Training Center (b)): www.lowernysphtc.org/content/practicing-cross-cultural-communication-flood
 - b. Bamboo Dragon (restaurant) Health Department Inspection (Public Health Training Center (a)): www.lowernysphtc.org/content/practicing-cross-cultural-communication-bamboo-dragon
3. Educators may be more interested in the Flood Evacuation Planning module, while inspectors and/or fire marshals may find the Bamboo Dragon module more relative to their jobs.
4. Upon accessing the site, you will be asked to provide a login and password and complete an enrollment/information page. At the end of the training, you can print a certificate of your training if you would like.
5. Each module takes approximately 45 minutes to complete.
6. While completing each module, consider:
 - a. What cultural and linguistic challenges did the team face in addressing the risk in the community?
 - b. How did they adapt their intervention strategy to help increase the effectiveness of their risk-reduction efforts in the diverse community?
 - c. What ideas that are presented could you use in your own efforts?

7. Be prepared to discuss and debrief this activity at the beginning of the following day.

NOTE-TAKING GUIDE (cont'd)

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SUMMARY

In this unit, we have...

- Discussed appropriate intervention strategies.
- Addressed cultural and linguistic appropriateness.
- Adapted prevention materials.

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SUMMARY (cont'd)

- Discussed guidelines for translation.
- Determined how to address target group needs.
- Determined how to modify a program.

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INTRODUCTION

Unit 1 provided a foundation for this course by reviewing risk-reduction principles and introducing the ideas of culture, cultural competence, and cultural/linguistic appropriateness.

Unit 2 shared information about identifying populations in communities and assessing their levels of risk. The unit also discussed how to modify the assessment process to ensure effectiveness in the intercultural setting of diverse communities.

Once risk and target populations have been identified, interventions must be selected—and modified—to ensure effective risk reduction. Unit 3 will help risk-reduction practitioners select and modify interventions to ensure effective risk reduction in intercultural settings.

This unit refers to "interventions." The term refers to risk-reduction activities that fall into the five types of prevention (e.g., "The Five Es" Education, Engineering, Enforcement, Economic Incentive, and Emergency Response) at each of the three levels of prevention (primary, secondary, and tertiary).

Determining appropriate intervention strategies is a major component of all risk-reduction plans. Interventions are what break the chain of events that lead to adverse consequences.

Risk-reduction strategies are based upon prevention (of the event), preparation (when/if the event occurs), mitigation (of the event's impact), and recovery (after the event has occurred). Risk-reduction strategies must be workable and culturally acceptable by members of the target audience.

THE CONCEPT OF THE FIVE ES

Education, Engineering, and Enforcement, the Three E's, were coined in President Harry S. Truman's 1947 conference on Fire Prevention.

All three "America Burning" reports have called for better integration of education, engineering, and enforcement as prevention strategies in the United States. Economic Incentive and Emergency Response were added later in National Fire Academy (NFA) courses because of their importance in the risk-reduction process. Integrated use of prevention interventions is the most effective strategy for reducing community risk. Interventions, especially those that depend on effective communication, may require modification, so they become culturally and linguistically appropriate for today's diverse populations.

Risk-reduction interventions can be passive or active.

Passive measures protect without anyone having to do anything. Generally, they are built into products, equipment, or the environment. Examples include shortened electrical cords on coffee pots, water heaters that have preset safe water temperatures, and child-resistant caps on medicine bottles. They usually are more effective since they work automatically, with no action required

by the persons being protected. Once passive measures are instituted, they are immediately and permanently successful so long as they are maintained and updated according to manufacturer's recommendations.

Active interventions depend on someone doing something in order to be safe. Active interventions are effective only if people know what they are supposed to do (or not do) and take the appropriate action. Very few measures are truly passive. Many require some involvement on the part of individuals.

- Changing batteries in smoke alarms.
- Putting on helmets and seatbelts.
- Placing child in safety seat.

Passive engineering interventions have been proven by research or are generally accepted to be associated with reducing morbidity, mortality, and monetary loss.

Education/Behavioral Change Interventions

These are activities involving the education of a population at large, targeted groups, or individuals.

This intervention seeks to facilitate behavioral change among the target population.

The educational intervention seeks to influence the behavior of the target audience, so they take a specific action to reduce risk or refrain from risky behavior.

Educational interventions also raise awareness of risk issues and safety considerations. It provides information and knowledge so that people know what to do to reduce the risk or eliminate it.

Effectively delivered education interventions can ultimately produce the desired behavior.

Most often, educational interventions tend to be active measures. Active interventions depend on someone doing something in order to be safe. However, educational interventions are effective only if people do what they are supposed to do and feel they are able to perform the desired behavior.

Engineering Initiatives

Engineering interventions change the design of the environment in order to reduce risk or prevent an event from occurring. It is the most reliable risk-reduction method but may be

difficult to apply. It often involves the use of technology such as fire sprinklers, smoke alarms, bike helmets, and airbags. Engineering can be used to design safer products for consumer use.

Engineering initiatives tend to be passive in design, meaning they protect without anyone having to do anything. They are generally built into products, equipment, or the environment.

Examples include shortened electrical cords on coffee pots, water heaters that have preset safe water temperatures, and child-resistant caps on medicine bottles.

They are generally more effective since they work automatically, with no action required by the persons being protected.

Once passive measures are instituted, they are immediately and permanently successful so long as they are maintained and updated according to manufacturer's recommendations.

Very few measures are truly passive. Many require some involvement on the part of the user. Examples include changing batteries in smoke alarms, putting on helmets and seatbelts, and placing a child in a safety seat.

Passive engineering interventions have been proven by research or are generally accepted to be associated with reducing morbidity, mortality, and monetary loss.

Enforcement/Enactment

Involves:

- Passing, strengthening, and enforcing laws.
- Issuing and enforcing regulations.
- Developing standards and guidelines for devices and products.

Used with penalties for not following laws to influence the actions of people and businesses to reduce risk. Public policy may involve changing behavior, changing environments in structures, or requiring products to meet certain standards. Laws prohibiting smoking in public buildings are legislating behavioral change. Life safety codes, with their descriptions of exit widths, occupant capacity, and fabric flammability ratings are developed to modify the physical environment.

Most successful public policies are accompanied by education and engineering interventions.

Economic Incentives

Economic incentives for prevention provide an economic motivation for the target audience to change their behavior or the environment.

They are employed to promote engineering and enforcement initiatives and can be used to promote use of technology. They can be used to influence behavior either positively or negatively.

Positive economic incentives reward people monetarily for behaving in a certain manner or making certain choices. Negative economic incentives punish people monetarily for behaving in a certain manner or making certain choices.

Emergency Response

There are some risks that cannot adequately or feasibly be reduced by other methods. A community must have an adequately trained, equipped, and staffed emergency response system. This includes the use of Citizens Emergency Response Teams

SELECTING THE APPROPRIATE TYPES OF INTERVENTIONS

There may be a range of risk-reduction strategy options, depending on the risk, the target population, local resources, and community needs. As has been previously stated, risk-reduction strategies must be multifaceted. They should be chosen from all categories of risk-reduction initiatives (i.e., the Five Es). By examining the factors that place the target audience at risk (causal factors), good alternative solutions or strategies can be determined. This can be done by:

- Historical information and analysis—what steps have been used before, were they effective, what alterations could have been made for greater success?
- Brainstorming—sessions with representatives of the target audience and the risk-reduction planning group.
- Identification of all potential solutions, whether they seem feasible or not.
- Knowledge and consideration of the culture and linguistics of the target audience.

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. Challenges of selected interventions:

- Competing agendas or philosophies.
- Cost—some strategies may be affordable and some may not. The risk-reduction planning team, the fire department, and the target audience.

- Resource availability—the resources needed to implement or design a particular intervention may not be available.
- 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.
- Availability of community partners—especially when working with target audiences of a different culture. Those working on the interventions must ensure that there is adequate assistance to effectively implement the strategies.

ADAPTING INTERVENTION STRATEGIES

Many people in emergency services emphasize the importance of treating everyone the same. This is based on the understanding that everyone shares the value of desiring a life free from danger and harm for self and family. This value **is** universal. Culture helps groups refine the terms of this desire. Culture may help define how a person perceives the concept of "danger and harm," "family," and even "life."

(Example: To most doctors, "life" means being physically alive. To some groups, physical life is only part of life. To be spiritually inactive—i.e., to fail to live in faith, practice religious rituals—is another, equally serious kind of death.)

As illustrated in Greenfield County, culture can affect exposure to risk. A risk-reduction planning team should consider cultural considerations for all levels of prevention interventions. If an intervention does not address the underlying risk and protective factors/conditions that contribute to the problem, then the intervention is unlikely to be effective in changing the problem. If an intervention does not fit a community's capacity, resources, or readiness to act (including their cultural values), the community/organization is unlikely to implement the intervention effectively.

Unfortunately, it often seems a lot easier to identify how **not** to implement effective risk-reduction activities in intercultural settings than how **to** implement them.

Learning from a variety of sources is a significant part of developing culturally competent risk-reduction interventions. Don't reinvent the wheel. Seek to learn:

- What has **not** worked?
 - Within your division? Within your department?
 - In other departments?
 - In other fields with similar missions of public education, safety, etc.?

- What **has** worked?
 - Within your division? Within your department?
 - In other departments?
 - In other fields with similar missions of public education, safety, etc.?

Methods to identify **previously implemented** culturally appropriate intervention strategies (and culturally inappropriate strategies to avoid) include:

- Talking with division and department members about experiences working with specific target populations.
- Reading research articles including NFA Executive Fire Officer (EFO) Program papers.
- Exploring promising practices and interventions that win awards. Investigating factors that led to lawsuits and protests that happen when interventions **don't** work.
- Talking with members of the target community about their experiences and perspectives of types of intervention strategies that may prove successful.

Sometimes, research will reveal few or no preexisting intervention strategies have been implemented to support risk reduction among a target audience. This is especially true in new (or "emerging") populations. If no or few preexisting community risk-reduction strategies exist, intervention strategies must be developed or modified to effectively reduce risk in target communities.

MODIFICATION OF RISK-REDUCTION INTERVENTIONS

Unit 1 explained that culture and language, though intertwined, are not synonymous. Despite this, when facing intercultural settings, practitioners often propose translation and/or interpretation as the sole modification needed to make an intervention culturally appropriate. Intercultural communication, translation, and interpretation will be discussed later in this unit.

Translation and interpretation **are not** the only modifications necessary in an intercultural setting. This unit discusses a number of modifications that risk-reduction practitioners can make to interventions once a need for a modification is determined.

In addition to some of the obvious changes developers made to ensure *Remembering When* was culturally appropriate for First Nation audiences, the designers made some other, more subtle modifications. These kinds of modifications are equally important to ensuring effective risk-reduction programs.

The first modification often made to ensure cultural appropriateness is to change the individuals who are targeted for participation in the intervention.

Cultures may vary in leadership structure, roles that individuals play, family dynamics, and interpersonal relationships.

For this reason, it is important to be sure that the intervention engages the members of a cultural group who have the power to make risk-reducing changes.

To encourage participation in a risk-reduction intervention, consider who has the power to affect change and who has the most rapport with that target audience. This might include:

- extended family members;
- neighbors;
- members of the same cultural or linguistic group;
- individuals with official authority or titles;
- people with a certain level of education;
- peers;
- coworkers;
- religious leaders;
- members of the target community; and
- people within a subgroup (women, parents, etc.).

After target groups are selected for outreach, determine which methods of outreach are most likely to be well-received. Examples include:

- personal visits;
- radio announcements;
- newspaper ads, etc.; and
- announcements/events at places already frequented by target audience.

After an effective outreach approach has engaged the members of the target audience who have the power to affect risk-reducing behavioral change, risk-reduction personnel should consider cultural norms and how to accommodate them to increase access to the intervention.

Modifying intervention to increase access for different cultural groups includes:

- Make access convenient to the target group.
- Consider transportation issues.
- The group's familiarity with location.

Implement risk-reduction activities at times convenient to target audience. Consider:

- work schedules;
- national holidays;
- holidays significant to the target group;

- worship commitments; and
- family time.

Options may include:

- weekday mornings, afternoons, or evenings;
- weekends;
- services offered 24/7; and
- on-call services.

Risk-reduction activities must also be conducted at locations convenient and comfortable to the target audience. This includes:

- ease of transportation to intervention location; and
- familiarity with location.

Locations may include:

- homes of the target population;
- housing unit or neighborhood-based community rooms;
- clinics/health centers;
- fire stations;
- community centers;
- faith-based locations;
- locations with child care on site; and
- distant locations (only with the support of transportation plans for target audiences).

Finally, risk-reduction interventions should consider the target group's culture and how reception of the intervention may be affected by the physical and human setting of the intervention.

LINGUISTICALLY APPROPRIATE RISK-REDUCTION INTERVENTIONS PART 1: COMMUNICATION STYLE

As discussed earlier, risk-reduction practitioners must consider cultural influences to ensure that their interventions are reaching the right people in the right time and the right place.

As the Health Belief Model illustrates (Unit 1), to have a target audience actively incorporate a new risk-reduction behavior into their lives, he/she must believe:

- He or she is at risk.
- The risk is serious.
- A behavior change can reduce this risk.

- The barriers to this change can be overcome.

Interventions must:

- Include compelling messages that engage the target audiences' values.
- Be linguistically appropriate; communicate the risk-reduction message clearly so it is received intact.

Culturally based influences of communication style, nonverbal, and verbal language all play a role in whether messages between risk-reduction personnel and target audiences are received intact.

Culturally competent communication includes:

- Understanding the role communication style and language play in affecting the integrity of risk-reduction messages delivered in intercultural contexts.
- Assessing one's own communication style and language.
- Assessing communication styles and languages of other cultural groups.
- Adapting communication style and language used to ensure integrity of risk-reduction messages.

Understand the role communication style plays in affecting the integrity of risk-reduction messages delivered in intercultural contexts. To assess one's own communication style, learn to assess communication styles of **other** cultural groups. Then, adapt your communication style to ensure the integrity of risk-reduction messages.

As discussed in Unit 1, behavior is the visible byproduct of the invisible components of culture. Communication is the act of delivering meaning from one person to another.

Language is the means by which we convey messages. Language includes:

- verbal elements (spoken and written words); and
- nonverbal (gestures, intonation, etc.).

Since communication involves both verbal and nonverbal behaviors, ensuring that a recipient is receiving the intended message can be tricky. What people say, and what they don't say, how they say it, and what they mean are all deeply affected by culture. Communicating clearly when working with individuals who share the same culture can sometimes be a challenging process. When people are in intercultural settings, they are likely to be using different words as well as infusing nonverbal behaviors with different meanings.

In intercultural situations, communication between group members can result in confusion for the practitioner.

This section will discuss how practitioners can help modify their risk-reduction activities to be **linguistically appropriate**.

Ways to negotiate differences in spoken and written language (for example, English, Spanish, or Turkish) are generally the first—and sometimes the only—modifications that many people consider making to communicate risk-reduction messages in intercultural settings.

Translation and interpretation are both important and will be discussed later. However, these are not the only considerations needed to increase the effectiveness of communication in intercultural settings. Cultural groups may vary in their communication styles. This includes how direct the communication is, what role context plays in conveying meaning, and how much what is said—or not—preserves harmony among the group.

Level of Directness

Direct

- People say exactly what they mean. ("Yes means yes.")
- Little need to read between the lines.

Indirect

- People don't always say exactly what they mean. ("Yes may mean 'I understand,' or 'I hear you,' or even 'No.'")
- Need to look for subtle clues of meanings.

Role of Context

Low context

- Tends to occur in more individualistic societies. (Limited shared experiences between people mean less shared understanding.)
- What is said is more important than what is not said.

High context

- Tends to be more common in collectivist communities. (Shared in-group experiences mean more common understandings.)

- Words are not always the most important carriers of meaning; what is unsaid may be most important.

Importance of Face

"Face" less important

- Absolute truth is more important than sparing one's feelings.
- Efficiently getting/giving information is the primary goal of communication.

"Face" more important

- Truth is less important than harmony.
- Preserving/strengthening personal bonds is the primary goal of communication exchanges.

Direct communication tends to be low context and puts limited value on saving face. Indirect communication tends to be high context and puts more value on preserving harmony.

People who were born and raised in the United States generally tend to fall on the direct, low context end of the communication spectrum (Storti, 1999, p. 99).

One of the most important keys to negotiating intercultural communication effectively is to know your own communication style and the communication style of your target audience.

Like with other aspects of culture, understanding communication style differences will help identify opportunities to reduce culturally based misunderstandings and improve the efficacy of your community risk-reduction efforts.

LINGUISTICALLY APPROPRIATE RISK-REDUCTION INTERVENTIONS PART 2: BODY LANGUAGE

In addition to considering the communication **style** as part of intercultural interactions, it is important to understand the role of body language and learn how to avoid nonverbal barriers for effective intercultural communication.

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. In high context cultures where much meaning is derived from unspoken cues, body language tends to be more important than it is in low context cultures, such as is common in the United States.

In an intercultural context, nonverbal communication behavior fits into three categories:

- Behaviors that have the same meaning in both cultures.
- Behaviors that have different meanings in each culture.
- Behaviors that have a meaning in one culture and no meaning in the other.

Same Meaning	Different Meanings	Meaning For One Group, No Meaning For The Other
The message is received as the deliverer intended	Deliverer intends one message, another message is received	Deliverer thinks a message is received and it is not, or deliverer is unknowingly communicating a message
A: Nodding means "yes" B: Nodding means "yes"; A nods, B understands "yes"	A: Nodding means "yes" B: Nodding means "no"; A nods, B understands "no"	A: Nodding means "yes" B: Nodding means nothing; A nods, B thinks A has a twitch B moves his head to a song he remembers, A thinks B means "yes"

INTRODUCTION TO TRANSLATION AS A TOOL FOR DEVELOPING CULTURALLY AND LINGUISTICALLY APPROPRIATE INTERVENTIONS

The final component of delivering linguistically appropriate services is to provide a means to bridge the written and spoken language divides between people working on risk reduction together.

Limited English Proficiency: An Introduction

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).

LEP persons are unable to communicate in English at a level that permits them to interact effectively with risk-reduction agencies and emergency services. An estimated 44 million people in the United States are classified as LEPs.

In addition to the intercultural communication challenges discussed in the section on communication style and nonverbal communication, LEP individuals often face critical barriers to safety, health, and social services. These barriers often result in unacceptable outcomes including:

- unsatisfactory encounters;
- inability to access programs; and
- negative personal, health care, or safety outcomes.

In addition to being a key in providing culturally and linguistically appropriate risk-reduction services, it's also the law that federally funded agencies comply with Title VI of the Civil Rights Act of 1964 which states that "no person in the U.S. shall, on grounds of race, color, or national origin, be excluded from a program or activity receiving Federal financial assistance." Including:

- medicare and medicaid;
- hospitals and public health clinics;
- Departments of Health, Transportation, and Housing;
- police/fire;
- Department of Corrections, jails, and courts; and
- nutrition programs.

Translation: An Introduction

Translation is the **written** rendering of one language into another language. Providing accurate, accessible translation is another element of providing culturally and linguistically appropriate risk-reduction services to speakers of different languages.

As mentioned above, 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.

Since translation does not incorporate most of the body language and nonverbal cues present in spoken language, some intercultural challenges are avoided. Translation is not easy, though. This section will not teach you how to translate but will focus on practical considerations to keep in mind when undertaking translation of materials for your community risk-reduction activities. Considerations in Culturally Competent Translation: To Translate or Not to Translate? While translation of key messages is often a good addition to a culturally and linguistically appropriate risk-reduction intervention strategy, it is important not to assume that translation is a good idea. First, ask a few questions to verify that your intervention strategy would benefit from including translation:

- What is the language most easily understood by your target audience?

- Is your target audience generally literate in this language?
- At what level do most of your target audience members read?

Fluency in a spoken language—even a native language—does not guarantee that a speaker is also literate in that language. Determine whether a target language has a standardized written form that is appropriate for the majority of your target audience. Some languages have only recently created written forms. Variations on spelling make translations nearly indecipherable to many. Some languages have variations on dialect. While these variations may seem minor to nonspeakers, the linguistic differences can mean that a message is incomprehensible to some community members. In other situations, translations into certain dialects may be politically charged.

It is a good idea to ask a number of trusted, literate members of the cultural community if more than one dialect is included in a language's written form. If not, develop an organized plan for effective distribution **prior** to starting translations. If not, your intervention is likely to be compromised by a low-quality translation. Some translations are even **more** confusing—or **dangerous**—than no translation at all.

For example: One translation of "When your smoke alarm goes off, go outside," became "When your smoke alarm **stops making noise** go outside." That was certainly not the intended risk-reduction message.

Preparing a Text for Quality Translation

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.

Considerations in Culturally Competent Translation: Start with a Quality Product:

- Start with a good text that articulates the key prevention messages you want to communicate to the target audience.
- Use a text that has been "field tested" if possible. (Additional field testing will be necessary.)
- "Clean" the document of technical language or clarify technical terms with explanations.
- "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.
- "Clean" the document of any culturally inappropriate images or confusing illustrations.

- Prepare for translated texts to occupy more space than their original versions.
- Start with a product that is similar to your target reading level.
- "Readability" rates the ease with which text can be read and understood by a reader of a certain literacy level.
- Readability formulas consider the main blocks for readers:
 - long sentence length; and
 - the number of "strange" words.
- Researchers have demonstrated that companies have spent millions of dollars on texts that are inaccessible or frustrating to readers.
- A number of free, online tools test the "readability" of documents.
 - (Adamovic) www.online-utility.org/english/readability_test_and_improve.jsp
 - (Simpson, 2009) www.read-able.com/
- Remember: 20 percent of all American adults and 66 percent of inner-city residents and older adults read below a fifth grade level.
- Readability of a final translated document may be higher or lower than readability in the original language. Use draft translations to verify readability with native readers.
- Consider breaking text into a translation table. This makes the formatting of translation easier. Translators often do not provide formatting services for publications.

Sample Translation Table

English	Spanish
Do not allow children to touch matches or lighters.	
Some cigarette lighters look like toys. These are dangerous for children.	

Selecting and Preparing Translators

When selecting and preparing translators use qualified, professional translators to complete translations. Whether in-house or from an outside translation company, verify translator qualifications by asking:

- What is their familiarity with the target audience?
- What is their process for translation? (This should include a proofreading by another qualified translator.)
- What other projects have they completed for this community?
- How familiar are they with community risk-reduction activities? (Note: If they have not participated in the translation of materials for your organization, offer an overview of your intervention strategy and your target audience. Be sure to provide contact information where the translator can reach you if he/she has any questions about prevention terminology.)

Emphasize that the translator focus on conveying **meaning** rather than word-for-word translation. Provide the translator with a written briefing of the project and the terms of his/her contract with you. Be sure to include expected completion dates. (Most professional translators are masters at intercultural exchanges and understand that people in the United States expect deadlines to be taken seriously. Do not forget that the "concept of time" cultural building block can affect behind-the-scenes work, too.)

Consider verifying the accuracy and linguistic appropriateness of translations for a Culturally Competent Translation. Most translators provide a review period of all translated documents. Use this as an opportunity to have community members and/or staff personnel review the draft.

"Back translate"—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. After formatting the translation into a final publication, review one additional time to ensure information was **not** lost in the reformatting.

INTERPRETATION: COMMUNICATING THROUGH AN INTERPRETER

An Introduction

Interpretation is the **spoken** rendering of words in one language into words of another language.

As with translation, access to an interpreter of a (limited English proficient) 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. 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:

- Your organization informed the LEP person of free services.
- The LEP person declined those services.

- An agency interpreter should be on hand to verify this.

Like translation, interpretation should communicate not only the literal meaning of the words but also their intended meaning. This can be extremely challenging when considering the influences that communication style and nonverbal communication can have in intercultural settings.

The best interpreters (professional or volunteer):

- are fluent in both languages (including nonverbal language) and are familiar with the communication styles in each culture;
- are trained to handle emotionally and culturally challenging situations;
- are trained to negotiate confidential and ethically challenging situations;
- "disappear"—provide interpretation without adding, subtracting, or otherwise changing the meaning of what is said by either party; and
- understand the language and culture of your organization as much as they possibly can.

Interpreters may be:

- staff (permanent interpreters or part-time multilingual staff);
- contract interpreters;
- telephonic interpreters;
- family or friends; and
- bystanders/incidental contacts.

Working with family, friends, children/minors, and people only met in passing are the least preferred options for ensuring linguistically and culturally appropriate services. Because these options:

- are more likely to distort messages (advocate, comment, etc.);
- expose agencies to liability under Title VI;
- may result in a breach of confidentiality;
- increase liability if competence of interpreter is of concern; and
- may reduce LEP person buy-in if LEP person is unwilling to engage.

Working Effectively with Interpreters.

What can risk-prevention practitioners do to work effectively with interpreters? Practitioners can apply lessons of cultural competence to interactions (They're people, too.), make interpreters part of their risk-prevention teams, include interpreters in risk-reduction intervention strategy planning sessions, and organize opportunities for LEP persons to meet interpreters prior to "getting down to business." Practitioners also can learn to work effectively with an interpreter, including:

- Speak directly to the LEP person (being aware of body language and nonverbal communication cues you may be giving).
- Avoid "Ask her if she..." questions.
- Use a conversational tone that is loud enough to be heard.
- Slow your speech slightly.
- Pause as needed to allow the interpreter to catch up.
- Break statements up into manageable pieces.
- Avoid technical vocabulary.
- Allow the interpreter to take notes, if needed.
- Ask the LEP person to restate what you have said to verify the accuracy of the message being communicated.

SUMMARY

In this unit, we have:

- Discussed the appropriate intervention strategies, including the Five Es.
- Designed intervention strategies for the model community.
- Addressed cultural and linguistic appropriateness and discovered ways to modify prevention interventions to meet these standards.
- Adapted prevention materials so they become culturally and linguistically appropriate.
- Discussed guidelines and challenges for the translation and use of an interpreter.
- Determined ways to address the needs of the target population using translation and interpretation.
- Determined requirements to modify an existing program to make it culturally and linguistically appropriate.

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**APPENDIX A:
CHECKLIST FOR CULTURALLY AND
LINGUISTICALLY APPROPRIATE
TRANSLATIONS**

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Checklist for Culturally and Linguistically Appropriate Translations

Deciding to translate

- Do you have a document that already works?
- Does translation makes sense?
- Do you know the preferred language of the target audience?
- Is there a standardized written version of this language
- Is most of the target audience literate in this language?
- Do you have an organized plan for distributing the translated materials?
- Does your organization have the human and/or financial resources for a good translation?

Preparing for translation

- Refer to your organization's translation standards or use another organization's standards.
- Identify the key risk reduction messages.
- "Clean" the document of technical language and explain technical terms.
- "Clean" the document of idioms and figures of speech.
- Use readability tools to verify original document has appropriate readability level.
- Reduce the number of "strange" words and divide long sentences into shorter ones.
- Identify and replace culturally inappropriate images.
- Input text into a translation table (optional).

Preparing and securing translators

- Identify qualified translators.
 - Are they certified/professionally qualified?
 - Are they familiar with community risk reduction?

- Have they worked on similar projects for the target audience?
- What is their familiarity with the target audience?
- What is their process for translation?
- Do they have time to take on this project?
- Meet with translators.
 - Provide an introduction to the project and how the translation will be used.
 - Explain the importance of conveying *meaning* rather than word-for-word translation.
 - Explain any unclear terminology.
 - Review the process for translation.
 - Convey work agreement *in writing*.

Review translations to verify accuracy

- "Back translate" into English to catch any major mistranslations.
- Allow select group of target audience to review and provide feedback.
- Format text into final document.
- Review translation after final formatting to ensure accuracy.

APPENDIX B: TRANSLATION CHECKLIST (OPHSC)

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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 (OPHSC)

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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

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: _____

Agency/Translator's Name: _____

Edited/Proofread By: _____

How would you rate this translation overall?:

Excellent

Good

Average

Below Average

Unacceptable

Spanish

Portuguese - Brazilian

Portuguese - European

Chinese - Traditional

Chinese - Simplified

Haitian Creole

Vietnamese

Khmer

French

Russian

Arabic

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 4: ACTION PLANS AND DELIVERY TECHNIQUES—CULTURALLY COMPETENT AND LINGUISTICALLY APPROPRIATE

TERMINAL OBJECTIVE

The students will be able to develop a culturally and linguistically appropriate action plan and implementation strategy.

ENABLING OBJECTIVES

The students will:

- 1. Describe the culturally and linguistically appropriate Action Plan and the relationship between the Action Plan and the Evaluation Plan.*
 - 2. Explain what constitutes a representative group.*
 - 3. Articulate how to conduct a pilot test of a new or modified program.*
 - 4. Develop strategies for the delivery of culturally competent exchanges in fire prevention.*
 - 5. Develop a culturally and linguistically appropriate Action Plan.*
 - 6. Develop implementation strategies for the culturally and linguistically appropriate Action Plan.*
-

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Slide 4-4

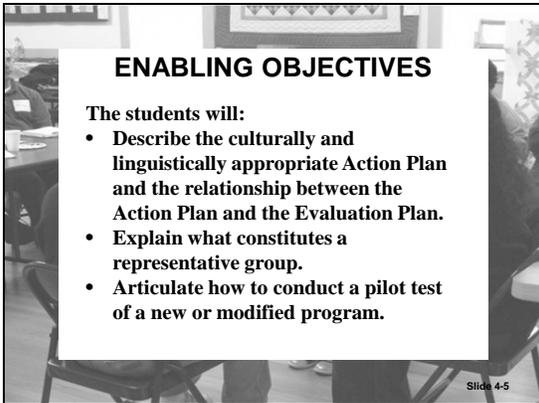


TERMINAL OBJECTIVE

The students will be able to develop a culturally and linguistically appropriate action plan and implementation strategy.

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Slide 4-5



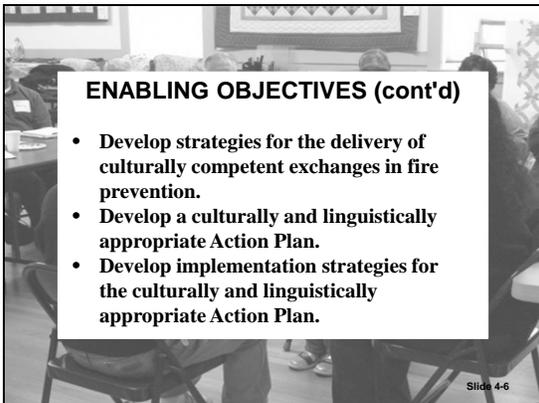
ENABLING OBJECTIVES

The students will:

- Describe the culturally and linguistically appropriate Action Plan and the relationship between the Action Plan and the Evaluation Plan.
- Explain what constitutes a representative group.
- Articulate how to conduct a pilot test of a new or modified program.

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Slide 4-6



ENABLING OBJECTIVES (cont'd)

- Develop strategies for the delivery of culturally competent exchanges in fire prevention.
- Develop a culturally and linguistically appropriate Action Plan.
- Develop implementation strategies for the culturally and linguistically appropriate Action Plan.

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Slide 4-10

THE ACTION PLAN

- Step-by-step outline of work that needs to be done in order to meet the stated objectives.
- An Action Planning Chart is a useful tool.
- A review and analysis of the community risk assessment must occur before developing the action plan.



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Slide 4-11

THE ACTION PLAN (cont'd)

- Barriers should be identified, as well as the resources necessary, in order to implement the interventions.
- Implementation of the intervention strategies involves pilot testing.
- Sometimes modifications are made to the program as the result of a pilot.



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Slide 4-12

ITEMS IN THE ACTION PLAN

- Who are the stakeholders?
- What are the tasks to be accomplished?
- Who will be assigned to those tasks?
- Timetable for completion of tasks?
- Locations where interventions will be delivered?
- How will the program be funded?



Slide 4-12

Slide 4-13

ITEMS IN THE ACTION PLAN (cont'd)

- How will the interventions be pilot tested?
- How will the interventions be evaluated?
- How will modifications to the program be made based on the results of pilot implementation?
- For each phase in the Action Plan, there must be an evaluation component.



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Slide 4-14

EXAMPLE OF AN ACTION PLAN

Please review the Alameda County Public Health Department. "Writing a Community Action Plan."



Respond to the instructor's directives.

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Slide 4-15

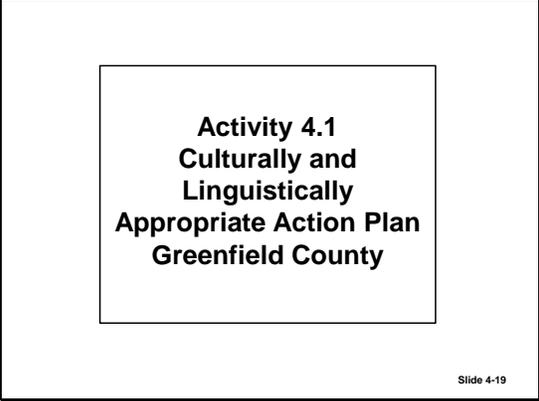
PILOT TESTING

- Purpose is to identify and resolve problems early.
- Challenges should be expected and addressed.
- Pilot with a representative group of the target population.
- Consider having a member of target population on the development team.



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Activity 4.1

Culturally and Linguistically Appropriate Action Plan Greenfield County

Purpose

To apply knowledge regarding action plans and cultural and linguistic appropriateness to the development of an action plan for a fictitious community.

Directions

1. You will create a culturally and linguistically appropriate risk reduction action plan.
2. In your Greenfield County group, develop an action plan for the intervention strategies that you developed in Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies for your cultural group/risk issue.
3. Please include the following in the plan:
 - a. How the program will be implemented, including when, how long, and where.
 - b. Identify who should be a part of the implementation team. Identify their roles and responsibilities.
 - c. Explain the process for outreach to the target population.
 - d. Explain the process for pilot test implementation.
 - e. Identify provisions for making any modifications to the program based on the results of the pilot implementation.
 - f. Develop a predelivery checklist identifying tasks that must be done prior to the implementation.
 - g. Develop a description of potential implementation problems and contingencies.
 - h. Create a description of how to evaluate the effectiveness of the implementation plan.

(Note: The evaluation component of the plan will be covered in the next unit.)

4. Use the resource "Writing a Community Action Plan" as a template or outline.

Your group will share its action plan with the class. Be prepared to justify the steps you are proposing. Please be willing to share the culturally and linguistically appropriate aspects of your plan with the class.

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Slide 4-26

**FACILITATION AND CONFLICT RESOLUTION
IN INTERCULTURAL SETTINGS (cont'd)**



Seven lessons to learn about cross-cultural communications:

5. Don't assume that what you understood is what was meant.
6. You don't have to like or accept different behaviors, but you should try to understand where it come from.
7. Most people do behave rationally; you just have to discover the rationale.

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**FACILITATION AND CONFLICT RESOLUTION
IN INTERCULTURAL SETTINGS (cont'd)**



- Even the most culturally competent individual is still likely to make some mistakes.
- Cultural competence is not an end point; it is an ongoing process.
- The occurrence of mistakes and misunderstandings can be reduced.
- Become familiar with your assumptions, beliefs, values, and behaviors.

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**What are some ways to
increase awareness of
one's own cultural norms?**



Slide 4-28

Slide 4-32

**Activity 4.2
Implementation of
Intervention Strategies:
Negotiating the Four Building
Blocks of Culture and
Different Styles of
Communication**

Slide 4-32

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Activity 4.2

Implementation of Intervention Strategies: Negotiating the Four Building Blocks of Culture and Different Styles of Communication

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 1: Getting Ready to Improve Cultural Competence 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 at large.
3. Groups should prepare a response to questions for each scenario.

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

The local injury prevention planning team sponsored a child passenger safety event. Under a grant received from the State Department of Health, participants must receive no less than 1 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 is culturally and linguistically appropriate for the audience.

The instructor starts the class 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.

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

The inspector 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 the inspector returns for the reinspection, the executive director and the property owner inform the inspector 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 inspector 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 inspector 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 inspector is concerned that the smoke alarm will be disarmed when they leave.

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 an inspector in Greenfield 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 emigrated from Burma 7 years ago.

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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 3 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!"

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: Community Survey (Balance of Responsibility)

You are a fire and life safety educator conducting a community risk assessment in Greenfield County. You've been given a small amount of grant money to hire six community members to help you conduct a survey. You need someone who speaks a specific dialect and who has a car to be able to travel around the community. There is one family who seems to know everyone in the community. They have also been very warm and welcoming to you. They have invited you to dinner twice. During the second dinner, the mother, hearing your plan and the opportunity to hire some people to help, asks you to hire their son for this project. Their son doesn't speak the language you are looking for and doesn't have a car. You also know that he has lost multiple jobs because he was drinking alcohol at work.

You say to the mother, "Your son doesn't speak the language and he doesn't have a car."

She says, "Oh, but you are like family to us. You understand that he is sick. He can bring an interpreter along and we can find transportation."

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 5: Communication Styles (Communication)

Inspector: I will be coming back to check on these code violations on Friday.

Property Owner: I see.

Inspector: At that point, you will need to have fixed 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.

Inspector: 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.

Inspector: Well, that sounds like fun.

Property Owner: Thank you. We will be happy to see you.

1. Who was communicating in a **high context/indirect** style? A **low context/direct** style?

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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?

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Activity 4.3

Case Studies—Challenging Situations

Purpose

To assess the potential unfavorable consequences that can be created through a lack of cultural competence.

Directions

1. In the last exercise, members of the groups were able to practice negotiating cultural differences one building block at a time. Unfortunately, life is more complex, and multiple intercultural challenges tend to occur at the same time.
2. In this exercise, groups will be presented with situations featuring an intervention that started right and then went wrong.
3. Direct students to consider the following questions as they review each situation:
 - a. What did the actors do that demonstrated cultural competence?
 - b. What intercultural mistakes were made?
 - c. What is the risk if this had become an "intercultural disaster"?
 - d. What could have been done by the individual to prevent these mistakes?
 - e. What could have been done by the organization to prevent these mistakes?
 - f. What can the actors do to correct the misunderstanding?
 - g. What information was missing? How could you have gotten this information?
 - h. What resources would you need to avoid/correct the situation?
 - i. What should the Fire Marshal/educator/etc., have known that he/she didn't know? Could he/she have found out anything ahead of time to be better prepared?
4. As a small group, read all the scenarios, and be prepared to explain what went wrong and how the situation could be rectified.

Situation 1: Fire Marshal at an After School Program

The Fire Marshal was told he was needed to fill in and teach home safety to kids in a Greenfield County after-school program that helps kids with limited English proficiency (LEP).

He arranges to have a Spanish interpreter. He brings English "Being Safe at Home" coloring books for a few of the kids in case some of them speak English well. The department doesn't have any Spanish safety materials for the children. **Something is better than nothing**, the Marshal thinks, grabbing a handful of farm safety brochures in Spanish for the children's parents.

Through the program, half of the class is engaged, the other half, seems confused and restless. **These kids don't have any experience being in school**, he thinks. **They're going to have a really hard time adjusting to the United States.**

As he is leaving, the after school program supervisor explains that many of the children in the class do not speak Spanish.

"I guess all of those people look alike to me," he jokes to the afterschool supervisor.

The woman looks at the Marshal sharply. "Do **I** look like them?" the blond teacher asks the Marshal, in perfect English.

"Oh, no. Of course not. Don't be ridiculous. I would never take you for being one of **them**. It's nice that you work with them. You must be a very generous person to work with people with so many problems."

"Actually, I live in this neighborhood. I grew up here. My family is from Cuba."

Feeling stupid for his mistake with the supervisor, the Marshal blurts, "Well, they should just learn English anyway. All of this translating is costing hardworking taxpayers a lot of money."

Questions

1. What did the actors do that demonstrated cultural competence?

**ACTION PLANS AND DELIVERY TECHNIQUES—
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2. What intercultural mistakes were made?

3. What is the risk if this had become an "intercultural disaster"?

4. What could have been done by the individual to prevent these mistakes?

5. What could have been done by the organization to prevent these mistakes?

6. What can the actors do to correct the misunderstanding?

7. What information was missing? How could you have gotten this information?

8. What resources would you need to avoid/correct the situation?

9. What should the Marshal have known that he didn't know? Could he have found out anything ahead of time to be better prepared?

Situation 2: Apartment Inspection

Greenfield County's young, African-American Fire Marshal is sent to a home to ascertain if an apartment is safe to be lived in. A young adult female answers the door.

The Fire Marshal tells the young woman that he is visiting to inspect the apartment. He hands her a document explaining his right to enter the apartment. He spends about 5 minutes explaining his purpose for coming. She nods as he is speaking so he knows that she speaks English. When he motions to enter the apartment, the woman looks scared.

She says, "No speak English."

The Marshal is irritated. **The woman just understood me. How convenient that now she doesn't speak English.**

Wanting to avoid a trip back across town, the Marshal goes back to the apartment lobby where he saw some school children playing. "Can you translate for me for that lady in apartment 209?"

"I will," says an 8-year-old boy who tells the Marshal his name is Michael.

The Marshal and the boy return to the woman's apartment. The woman opens the door but leaves the chain on. She looks surprised to see Michael. She says something to the boy and the boy responds to her. The Marshal does not understand what they said. **"That is so rude,"** he thinks.

"Tell her that if she does not let us into the unit for an inspection, we are authorized by the County to obtain a warrant for entry. If we find substandard conditions, we will evict her and her family from this unit. That means move out. And they will have a difficult time finding housing alternatives in the future."

When the Marshal is finished, the boy says one sentence to the woman. The woman looks alarmed. She says something to the boy. The boy answers. She says something else to the boy and he says to the Marshal, "She says her brother works at the poultry plant in the deboning unit until 8 p.m."

"Okay..." says the Marshal, **"What does that have to do with anything?"**

The boy says something to the woman, who still looks scared. She quickly closes and locks the door. She does not answer when the Marshal knocks again.

The boy says to the Marshal, "Yes, sir. She understands."

The Marshal starts to believe that the family must be hiding something—probably overcrowded conditions and maybe drug manufacturing. The Marshal returns to the station and reports the uncooperative and suspicious behavior. He will try to secure a warrant to investigate the apartment.

Questions

1. What did the actors do that demonstrated cultural competence?

2. What intercultural mistakes were made?

3. What is the risk if this had become an "intercultural disaster"?

**ACTION PLANS AND DELIVERY TECHNIQUES—
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4. What could have been done by the individual to prevent these mistakes?

5. What could have been done by the organization to prevent these mistakes?

6. What can the actors do to correct the misunderstanding?

7. What information was missing? How could you have gotten this information?

8. What resources would you need to avoid/correct the situation?

9. What should the Marshal have known that he didn't know? Could he have found out anything ahead of time to be better prepared?

Situation 3: Fire Inspection Followup

The Fire Inspector is scheduled to have a followup meeting with a building owner. The Inspector has not met the owner before, but the Inspector's colleagues who have worked with the owner, have told the Inspector that the owner is Pakistani—or Indian, or something. In any case, the Inspector was warned that the guy is a little crazy.

The Fire Inspector waits in the parking lot for almost a half an hour. **"This guy is so unprofessional,"** the Inspector thinks. He is almost ready to leave when the building owner pulls up in his new Cadillac. When he gets out, the Inspector notes the owner is wearing an expensive suit and a number of gold rings. **"I wish this guy would put as much money into his property as he does into his cars and his suits,"** thinks the Inspector, **"He just doesn't care that he's putting people in danger by being a slumlord."**

The Inspector is surprised to be introduced to the owner's three brothers. The owner tells the inspector, his brothers—who live a state away—will be joining the meeting. **"Why are these guys here?,"** the Inspector thinks.

"Oh, you don't have to spend your vacation in meetings," the Inspector tells the brothers.

"We should be done in an hour. You can go and do something more fun than this. Your brothers can meet up with you after the meeting." The Inspector looks to the brothers and the owner for affirmation.

"I do not understand," the owner says, looking confused.

Flustered, the Inspector starts speaking loudly and slowly. "Do you need an interpreter?"

The owner and his brothers seem confused.

"Um, we all speak English here," the owner finally says.

"Well, that makes things much easier," the Inspector says. The brothers make no motion to leave. "I guess let's talk about your building."

The owner invites the Inspector into his office and welcomes him to sit on a sofa. The three brothers are already on the sofa, and it would be a tight squeeze. "Oh, I'm okay standing up," says the Inspector, sitting on the owner's desk instead.

"Would you like something to drink or some fruit?" the owner motions to a tray of tea.

The inspector looks at the tea. The tiny cups look effeminate and not very clean.

"No, no. I had something to drink before I came. I'm not really a tea man, anyway. It goes right through me. I'd have to go to the bathroom in five minutes if I did," he says, laughing. "So, your building."

"Let me introduce you to my brothers," says the owner. For the next twenty minutes, the owner tells the Inspector his brothers' names and their engineering qualifications. **"I wish we could just get on with this,"** the Inspector thinks. As the owner rambles, the Inspector zones out, starting a mental list of things that he has to get done for the day.

"My brothers are men who can get things done," the owner says, finally.

"Nice to meet you," the Inspector says, giving each brother a firm handshake. He notices that they have weak handshakes and look away. **"They can get things done, eh?"** the Inspector thinks, **"Not with a handshake like that, they can't."**

After the tea and the introductions and the fruit and the going-nowhere conversation, the Inspector is startled when the owner interrupts the meeting to answer his cell phone. After talking for five minutes without explanation, the owner covers the phone with his hand, "Excuse me," he says. "I have to take this phone call. Can we reschedule this meeting for next week? Thank you."

Without waiting for a response, the owner leaves the office. The brothers follow. The owner gets in his car and leaves the Inspector at the building. **"What just happened?"** he thinks, **"The guys at the station are right. This guy is crazy."**

Questions

1. What did the actors do that demonstrated cultural competence?

2. What intercultural mistakes were made?

3. What is the risk if this had become an "intercultural disaster"?

**ACTION PLANS AND DELIVERY TECHNIQUES—
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4. What could have been done by the individual to prevent these mistakes?

5. What could have been done by the organization to prevent these mistakes?

6. What can the actors do to correct the misunderstanding?

7. What information was missing? How could you have gotten this information?

8. What resources would you need to avoid/correct the situation?

9. What should the inspector have known that he didn't know? Could he have found out anything ahead of time to be better prepared?

Situation 4: Training at a Poultry Plant

The manager of a poultry plant on the edge of town has invited an education specialist to deliver a factory emergency action plan training to floor workers. The program includes introducing the idea of what an emergency action plan is and what it entails. The educator knows that this training is going to be tricky because, in a preparatory conversation, the plant manager told the educator that about 40 percent of the employees to be trained do not speak English well. The plant manager explained that many of the employees are from Mexico, Haiti, Liberia, Somalia, and Burma.

The training the educator wants to use has been successfully used in other plants around the State. The education specialist heard that some other educators have used the program and its materials with diverse groups of workers. Unfortunately, the educator didn't have enough time to talk to anyone who had implemented the program in such a setting. Knowing that preparation is important to the success of these programs, the educator looked the groups up on the internet and decided she needed materials in Spanish, Creole, Somali and Burmese. She was happy to learn that English would work for the Liberian workers.

The curriculum that she wanted to use included materials in English and Spanish but did not include handouts in other languages. Having heard from a friend about some online translation tools, the educator decided to select the best pieces of the curriculum handouts and use the online translation tool to create some materials for the LEP employees.

Thinking that it may be helpful for delivery of the program, she arranges for Spanish, Creole, Somali, and Burmese interpreters to join the training the next day. The educator enthusiastically arrives to the plant the next day, a Friday. She sets up the classroom, organizes handouts, and meets the interpreters who are on loan from Greenfield County's Criminal Courts.

"So, what is this training?" asks the interpreter who has been sent to work with the Spanish-speaking employees.

The educator is a bit frazzled as there is a lot of set up before the class begins. She doesn't have time to chat. "Oh, you'll see. It's pretty straightforward."

Employees join the class, and the room is close to full, but many of the female employees are standing in the back of the room instead of sitting in empty chairs at the front. "Come fill these seats, please," the educator says. "These men up here are handsome and would love to have your company." The interpreters look at the educator strangely, but they interpret accordingly for the women standing in the back of the room. **"They look like I said something wrong,"** thinks the Educator, **"If I screwed up, the interpreters should say something to me."**

A few of the employees take seats, but the rest remain standing in the back of the room for the remainder of the training. Some do not look at the educator again for the rest of the class. These women also do not respond when asked questions about the program. **"Are they learning anything?,"** the educator wonders.

During the training—which is supposed to take only 2 hours to complete but takes almost 4 hours with interpreters constantly asking the educator to stop and restate her point—the employees learn the acronym RACE (Recognition, Alarm, Confine the problem, Evacuate the area). The materials distributed to the group clearly explain this acronym and its significance in the poultry plant setting.

After the training, the employees are invited to enjoy a treat of pepperoni pizza and soda for lunch. Though it has been nearly half a day since they came into the classroom, the educator is surprised to see that few employees eat. **"I guess they're not hungry."** After lunch, employees are asked to take a short, written quiz to verify their learning for evaluation purposes.

Though the quiz should take only 10 minutes to complete, the educator waits 45 minutes for some of the employees to finish the quiz. **"I guess I should have translated those, too,"** the educator thinks. When it's been nearly an hour, and five of the employees are still not done, she notices that some of the employees who completed the quiz are helping those who are struggling, answer the questions. At first the educator tries to stop this cheating. Then, exhausted, she throws her hands up in the air. **"It's been a long day,"** she thinks, **"I'm exhausted. Whatever."**

Questions

1. What did the actors do that demonstrated cultural competence?

2. What intercultural mistakes were made?

3. What is the risk if this had become an "intercultural disaster"?

**ACTION PLANS AND DELIVERY TECHNIQUES—
CULTURALLY COMPETENT AND LINGUISTICALLY APPROPRIATE**

4. What could have been done by the individual to prevent these mistakes?

5. What could have been done by the organization to prevent these mistakes?

6. What can the actors do to correct the misunderstanding?

7. What information was missing? How could you have gotten this information?

8. What resources would you need to avoid/correct the situation?

9. What should the educator have known that she didn't know? Could she have found out anything ahead of time to be better prepared?

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Activity 4.4

Culturally and Linguistically Appropriate Action Plan— Home Community

Purpose

Using the same risk issues that students have identified in previous assignments for their home community, students will develop an action plan for the intervention strategies that they developed in Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies, for their home community.

Directions

1. Include the following in your plan:
 - a. How the program will be implemented, including when, how long, and where.
 - b. Identify who should be a part of the implementation team. Identify their roles and responsibilities.
 - c. Identify the challenges/solutions for outreach to the target population.
 - d. Explain a potential pilot test program and what you will be looking for.
 - e. Develop a predelivery checklist identifying key tasks that must be done prior to the implementation.
 - f. Create a description of how to evaluate the effectiveness of the implementation plan.
2. You may use the resource "Writing a Community Action Plan" as a template or outline.

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INTRODUCTION

This unit will take the components we have discussed and prepared in previous units and turn them into an Action Plan, or a written plan for implementation and evaluation of the program. Once the target audiences and the risks have been identified, appropriate intervention strategies should be developed to address the issues. The Action Plan identifies how the interventions will be implemented and how these strategies will be evaluated. This unit will also provide an opportunity to practice behaviors and attitudes of cultural competence in realistic implementation situations.

THE ACTION PLAN

An Action Plan is a step-by-step outline of work that needs to be done in order to meet the stated objectives. An Action Planning Chart is a useful tool that can be used in planning the implementation as well as in monitoring progress. An Action Plan should contain many of the components previously discussed and developed in this course. Review and an analysis of the community assessment and risk assessment must occur before developing the Action Plan. Barriers to implementation of these interventions should be identified, as well as the resources necessary for implementation of the interventions. Implementation of the intervention strategies involves testing the interventions and then putting the plan into action in the community. Sometimes modifications are made to the program as the result of a pilot implementation. In a real sense, the implementation step is where "the rubber meets the road."

Items to be Outlined in an Effective Action Plan

- Who are the stakeholders?
 - This includes internal and external stakeholders.
 - Sometimes the internal stakeholders may be harder to convince than external ones.
 - This will include leaders of the target group, as well as religious groups, service clubs, business organizations, and professional organizations, to name a few.
- What are the specific tasks that need to be accomplished?
 - There should be a specific list of tasks for each objective identified for your project.
 - There could be a few tasks, or many, to complete each objective.
 - Each task should have someone identified as the person responsible for completion of the task.

- Timetable for the completion dates of specific tasks.
 - There should be a target completion date for each of the identified tasks.
 - Dates should be realistic and achievable.
 - There should also be benchmarks to measure progress.
- Where are the interventions to be delivered?
 - These are the specific areas to target the identified population.
 - This may be difficult to define.
 - Identifying the "where" is important for the success of the Action Plan.
- How will the program be funded?
 - This includes money, people, and time.
 - Resources may be scarce, but breaking down the Action Plan into the different tasks may make it easier to identify resource availability.
- How will the interventions be pilot tested?
- How will modifications be made to the program based on the results of the pilot implementation?
- A description of potential implementation problems and contingencies.

Evaluation

Every good Action Plan must include an evaluation piece that will indicate how well the program is working. For each phase of the Action Plan there must be an evaluation component to determine success, needs, or necessary changes. The evaluation plan must also include an evaluation of the cultural and linguistic appropriateness of the program, the interventions, the implementations, and the evaluation process. Benchmarks are a form of evaluation. Feedback is a valuable form of evaluation. Assess any feedback from stakeholders and the target population. Evaluation should include quantitative as well as qualitative evaluation. The primary goals of the evaluation process, to demonstrate that risk reduction efforts are reaching target populations, have the planned impact, and are noticeably reducing loss. Evaluation strategies will be discussed in the next unit but are an important part of any action plan.

PILOT TESTING

The purpose of the pilot test is to identify and resolve problems with the program. It is easy to believe that all the problems have been worked out during the development process, but there are always problems and challenges that occur when the program is implemented with the target audience. The pilot program provides an opportunity to identify problem areas, make the needed changes, and then prepare to complete the implementation with a proven program. The program should be piloted with a representative group of the target population. The representative group should, of course, consist of members of the target population. Those implementing the pilot should ensure that the group is, in fact, truly representative of the target population as a whole. Stakeholders and other partners should be able to assist with proper implementation of the pilot. A representative of the target audience should be involved throughout the pilot test to provide feedback directly to the development team.

TESTING THE CULTURAL AND LINGUISTIC APPROPRIATENESS OF THE INTERVENTIONS

Planning for Program Effectiveness

- Is your program reaching the people?
 - Marketing is a key aspect of any community program.
 - Stakeholders and key participants can assist program planners through marketing and by delivering the program in locations that are key to the target population.
- Is your program reaching the correct population?
 - If your program is not reaching the target population, this could be a result of an inadequate or ineffective community risk assessment.
 - Pilot testing of the program can help ensure that the correct population is being reached to affect positive change in the risk issues.

Does the target population have an adequate understanding of the problem/issue? Do they understand the potential consequences of not acting or ignoring the problem completely?

Strategies for Delivery of Culturally Competent Interventions

Use stakeholders throughout the planning, implementation, and evaluation process.

This includes members of the target population, as well as individuals and/or organizations that have a vested interest in the health and wellbeing of the target population, and that have an understanding of the culture of the target population.

Environmental Factors

The environment must be appealing and comfortable to the target population. It is important to go where the target population is located, rather than asking them to come to where it is convenient or comfortable for the program planners or specialists.

Scheduling

In order to have effectively delivered the program, programs must be conveniently timed for the target population. It is important to consider:

- time of day;
- day of week;
- work schedules; and
- holidays (of the target culture).

FACILITATING IMPLEMENTATION AND RESOLVING CONFLICT IN INTERCULTURAL SETTINGS

This course has emphasized that working in intercultural situations is often challenging because people with different cultural backgrounds may have different values and behaviors that reflect these values. In Unit 1: Getting Ready to Improve Cultural Competence, the "Building Blocks of Culture" were used to describe important components of every culture. Unit 1 also helped to identify the building blocks of our own cultural backgrounds and the organizational cultures we come from. Unit 3: Developing Culturally and Linguistically Appropriate Intervention Strategies discussed some of the challenges encountered in communicating in intercultural settings.

When communicating about risk, perception is an issue with any group. Perceptions are affected by the norms of the group (or culture) with which they associate. Perception of risk may be based upon personal experiences and circumstances.

In any culture, there is a relationship between what is known about the hazard, and what is felt about it, such as fear or dread. Risk reduction experts must recognize this, and develop strategies which address both aspects (Morrow, 2009).

In risk reduction communications, there must be a recognition that what is perceived as a risk to one group may not be seen as a risk by another.

In addition, risk issues regarding fire and injuries may not be the most pressing issues to individuals in other cultures.

In addition to concrete skills—such as how to work with an interpreter and how to plan effective outreach in intercultural settings—culturally competent individuals have a number of "soft skills" and perspectives that enable them to work effectively in intercultural situations.

Craig Storti, the author of "Figuring Foreigners Out: A Practical Guide," has summarized these in a list. Seven Lessons to Learn about Cross-Cultural Communication (Storti, 1999):

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

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.

The occurrence of mistakes and misunderstandings can be reduced by becoming more familiar with your own assumptions, beliefs, and values and the behaviors that accompany these.

Increased awareness of the culture of the target audience also helps to reduce misunderstandings.

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.

As noted in the earlier Peace Corps video, be aware when people show some of the signs of intercultural gaffes:

- sudden silence; and
- awkward responses/behaviors.

If you **do** make a mistake:

- Ask directly what you did wrong.
- Apologize (if you think that it's appropriate).
- Laugh with others if you haven't done anything too severe.
- Learn from your mistake (people are usually understanding the first few times).
- Don't be discouraged!

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.

SUMMARY

As part of this unit, we performed the following actions:

- Described the components of a culturally and linguistically appropriate Action Plan.
- Defined the relationship between the Action Plan and the Evaluation Plan.
- Explained what constitutes a representative group.
- Articulated how to conduct a pilot test of a new or modified program.
- Developed strategies for delivery of culturally competent exchanges in fire prevention.
- Developed a culturally and linguistically appropriate Action Plan.
- Developed implementation strategies for the culturally and linguistically appropriate Action Plan.

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**APPENDIX:
ALAMEDA COUNTY PUBLIC HEALTH
DEPARTMENT—WRITING A
COMMUNITY ACTION PLAN**

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Writing a Community Action Plan

A healthy community is a form of living democracy: people working together to address what matters to them.

—Stephen B. Fawcett, et al.

The community action plan is a road map for creating community change by specifying what will be done, who will do it and how it will be done. In other words, the plan describes what your group wants to accomplish, what activities are needed during a specified timeline, what resources (money, people and materials) are needed to be successful.



Step 8 discusses how you can use what you learned through the community assessment and turn it into action. It will cover how to write a community action plan through discussing:

- contents of a community action plan
- action planning steps
- other considerations for completing a community action plan

Contents of a Community Action Plan

ICON KEY

	Contents
	Tips
	Action Steps
	Stories

Action Plan Framework: Outcomes, Goals, Objectives and Strategies

Program outcomes, goals and strategies follow directly from the community assessment and visioning process. Outcomes are part of the vision, what results you want to see. Goals, objectives, and strategies are building blocks to make sure that you produce the desired outcomes and are ways to hold each other accountable. Consider

STEP 8: WRITING A COMMUNITY ACTION PLAN

goals as measurable accomplishments and objectives as smaller, measurable milestones along the way to the goals. Strategies are broad sets of activities to reach the goals or objectives.

Outcomes—*what your group would like to see different as a result of your work*

Outcomes: What Do You Want to See Changed in the Future?

Outcomes are what you would like to see different as a result of the work that you do. Outcome statements declare what changes you want to happen as a result of the partnership's efforts.

Goals—*what your group expects to achieve after a reasonable time*

Examples: The Junction Avenue neighborhood will remain clean and litter free throughout 2003 and 2004.

By December 2003, the residents of South Hayward will enjoy a weekly farmer's market where they can purchase fresh fruits and vegetables at reasonable cost.

Objectives—*what seems possible to achieve during the project time period*

By the end of 2001, our neighborhood children will have a beautiful and safe recreation center.

Strategies—*methods to accomplish objectives and reach goals*

Activities—*specific actions that lead to reaching your goals and objectives*



Action Goals and Objectives

Goals are general statements of what the group expects to achieve after a reasonable time. Goals and objectives are related in that objectives should be clear statements of what seems possible to achieve during the project. Program objectives are specific, measurable milestones along the way to achieving your action goals.

Objectives should include these important considerations:

- Who will participate in different projects or activities?
- Who will be responsible for carrying out activities?

**ACTION PLANS AND DELIVERY TECHNIQUES—
CULTURALLY COMPETENT AND LINGUISTICALLY APPROPRIATE**

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

- What does the project want to accomplish?
- How much time does your group expect will be required to complete the work (timeline)?

Examples:

- Process Objective** Within a six month period, the Livermore Neighborhood Coalition will have designed and built with community residents, a recreation playground for the children and families to enjoy.
- Outcome Objective** By the end of a two-year period, at least 30% of the families in the Livermore neighborhood will report increased use and enjoyment of the recreation playground.

Be realistic about the number of objectives your group wants to focus on.

Strategies and Activities

Strategies are methods to accomplish objectives and reach goals. In contrast, activities are more specific. Below are some examples of both to show the differences between strategies and activities.

Strategies	Activities
Neighborhood resident gatherings	Monthly barbeques at the park
Community organizing	Weekly training sessions on community organizing
Coalition building	Establishing a communication system among coalition members
Skills-building among residents	Residents participate in creating a community survey

Action Planning Steps

The following steps are meant to be a guide for completing a comprehensive community action plan to be shared and implemented among community members and partners. Even though they are sequentially numbered, they don't have to be done in the exact order. However, it would be good to complete each of the steps.



- 1. Review and analyze results of community assessment.** By the time an action plan is ready to be developed, there has been a substantial amount of valuable information collected from the interviews, surveys and focus groups. Use the results in the

STEP 8: WRITING A COMMUNITY ACTION PLAN

community action plan.

- 2. Review and analyze feedback from community input and comments on the results.** Information gathered from the community is very significant and can provide some clues and priorities for what needs to be addressed in the plan.
- 3. Choose a group of people to work together on writing the action plan.** The writing of the plan can be limited to one person, or two main people. The process of developing the plan can be a collaborative/partnership effort but the writer(s) can translate the action planning notes into a written plan. Too many writers can result in a fragmented plan.
- 4. Prioritize issues from assessment and community comments.** The most important issues are those identified by community residents and the plan should reflect their priorities.
- 5. Identify interventions that would address issues.** Interventions are focused actions aimed at producing a healthy change in the community. There are “tried and tested” interventions to choose from; however, it is important to think through what would be most appropriate and doable for the group who will be carrying out the plan.
- 6. Identify barriers to successfully implementing interventions.** Part of deciding on what interventions would be most effective and doable is to examine the barriers. For example, crucial barriers to overcome in making an intervention effective may be cultural and language differences between community residents and the community group carrying out the action plan. In this case, it will be necessary for the people carrying out the plan to make sure that their strategies are right for the specific cultures and language groups in their neighborhoods.
- 7. Identify necessary resources related to the interventions.** A key task is to identify the abilities, assets, capacity, duties and responsibilities of all staff and volunteers that will implement the community action plan. There may be some parts of the action plan that will be easier to implement with staff or volunteers from a variety of cultural backgrounds who speak different languages.
- 8. Choose individuals and community partners who will implement interventions.** The community action plan requires many people and organizations to contribute their unique assets and resources. It is important to lay out clearly who is responsible for which tasks and activities in the plan.

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

9. Consider a timeline for conducting activities. Time is a valuable resource so it is important to state clearly and realistically staff members' time and volunteers' contributions to the various parts of the plan. Creating a timeline provides everyone working on the community action plan with a clear idea of what activities should be done and when to expect activities to be accomplished.

10. Include monitoring and evaluation activities. It is essential to know how your action plan progresses as you carry out the strategies and activities—this is where evaluation fits in.



Other Considerations for Completing a Community Action Plan

Here are some additional things to consider in completing a community action plan.

- 1. Partnerships among people.** In order to accomplish the goals and objectives in the plan, many people will have to be engaged in doing the work. As stated earlier in the handbook, the relationships among all of the people involved are important to nurture and sustain.
- 2. Budget.** Financial resources are usually necessary to carry out a community action plan. Thus, it is important to develop a budget that details the expenses for carrying out the action plan. What you include in the budget should match the proposed strategies and activities.

STEP 8: WRITING A COMMUNITY ACTION PLAN

- 3. Close alignment with the community's mission and vision.** The vision that was developed during the community assessment process reflects where the community wants to be headed. The mission is the purpose of your group. During the writing of the action plan, the writers work from the vision and the mission to identify several major goals (priority or strategic) that must be reached. These, in total, work toward the vision and the mission.

- 4. A feasible plan does not have to be “perfect”.** More important than a “perfect” plan is one that is feasible for the community partnership to complete within a reasonable period of time. The action plan is a working document that can be reviewed as the group implements it. It's a starting point that people can continue to update and revise as community groups learn over time and through their evaluation, how to accomplish their goals.

References

Fawcett, S.B. Our Model of Practice: Building Capacity for Community and Systems Change. Ed. J. Nagy and S.B. Fawcett. *Community Toolbox*. 2003. University of Kansas. March 2004. <<http://ctb.lsi.ukans.edu>>.

Center for Collaborative Planning. A Guide Book to Improve the Well-Being of Children Through Community Development. *We Did It Ourselves: Guidelines for Successful Community Collaboration*. Sacramento, CA: Sierra Health Foundation, 2000.

UNIT 5: EVALUATING CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAMS AND SERVICES

TERMINAL OBJECTIVE

The students will be able to develop an evaluation plan that assesses a program's impact on risk reduction as well as its cultural and linguistic appropriateness.

ENABLING OBJECTIVES

The students will:

- 1. Explain the four stages of a program evaluation.*
 - 2. Identify basic concepts of a program evaluation.*
 - 3. Define the role of assumptions in evaluation practice.*
 - 4. Identify themes in a multicultural program evaluation.*
 - 5. Identify challenges in conducting culturally and linguistically appropriate evaluations.*
 - 6. Describe evaluation challenges in multicultural environments.*
 - 7. Create culturally and linguistically appropriate evaluation tools.*
 - 8. Identify criteria for the selection of culturally competent evaluators.*
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NOTE-TAKING GUIDE

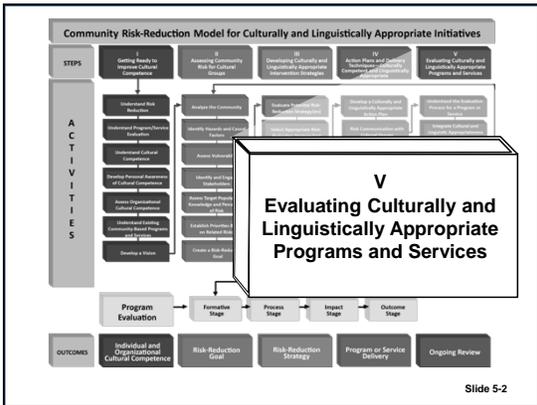
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**UNIT 5:
EVALUATING CULTURALLY
AND LINGUISTICALLY
APPROPRIATE PROGRAMS
AND SERVICES**

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TERMINAL OBJECTIVE

The students will be able to develop an evaluation plan that assesses a program's impact on risk reduction as well as its cultural and linguistic appropriateness.

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ENABLING OBJECTIVES

The students will:

- Explain the four stages of a program evaluation.
- Identify basic concepts of a program evaluation.
- Define the role of assumptions in evaluation practice.
- Identify themes in a multicultural program evaluation.

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**ENABLING OBJECTIVES
(cont'd)**

- Identify challenges in conducting culturally and linguistically appropriate evaluations.
- Describe evaluation challenges in multicultural environments.
- Create culturally and linguistically appropriate evaluation tools.
- Identify criteria for the selection of culturally competent evaluators.

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INTRODUCTION

- Evaluation occurs at all stages of the risk-reduction model.
- Provides the opportunity to make adjustments, if any are needed.
- Cultural and linguistic appropriateness of a program or service must be evaluated as well.

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LIFECYCLE OF A PROGRAM

- **Planning:** design and implementation of community risk assessment, identification and assessment of target population.
- **Implementation:** design of intervention, selection of resources, pilot testing, modification, and implementation.
- **Effect/Impact:** determines whether program is reaching the audience, if behavior is changed, and if risk has been affected.



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What are some reasons for conducting evaluation?

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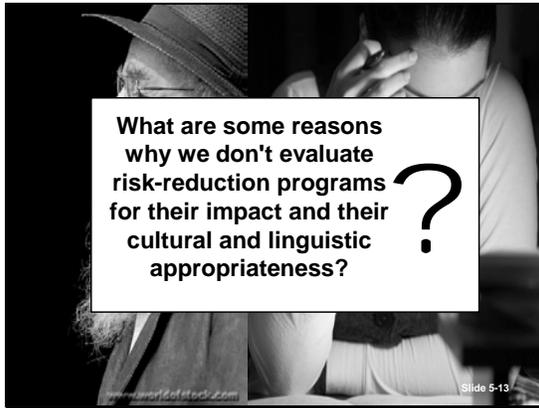
PURPOSE OF EVALUATION

- **Effective program evaluation will reveal:**
 - The positive and negative that you already know.
 - The positive and negative that you may not know.
- **Evaluation should not only measure the effectiveness of your program in changing behaviors but also measure its cultural and linguistic appropriateness and acceptability by target populations.**



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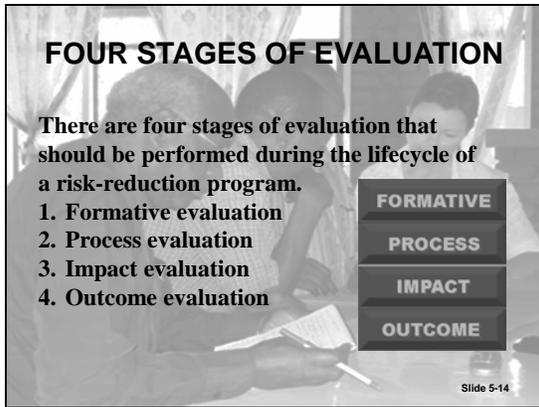
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What are some reasons why we don't evaluate risk-reduction programs for their impact and their cultural and linguistic appropriateness?

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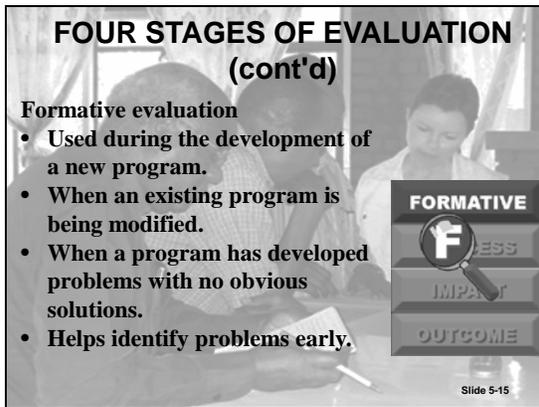
FOUR STAGES OF EVALUATION

There are four stages of evaluation that should be performed during the lifecycle of a risk-reduction program.

1. Formative evaluation
2. Process evaluation
3. Impact evaluation
4. Outcome evaluation

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FOUR STAGES OF EVALUATION (cont'd)

Formative evaluation

- Used during the development of a new program.
- When an existing program is being modified.
- When a program has developed problems with no obvious solutions.
- Helps identify problems early.

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FOUR STAGES OF EVALUATION
(cont'd)

Formative evaluation

- When a program is being used in a new setting, with a new population, or to target a new problem or behavior.
- Main purpose is to strengthen or improve the development/delivery of a program.
- It allows developers to make revisions before the full effort begins.



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FOUR STAGES OF EVALUATION
(cont'd)

Components of formative evaluation include:

- Community risk assessment
- Prioritization of risks
- Identification of target groups
- Recruiting a planning team
- Developing an action plan



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FOUR STAGES OF EVALUATION
(cont'd)

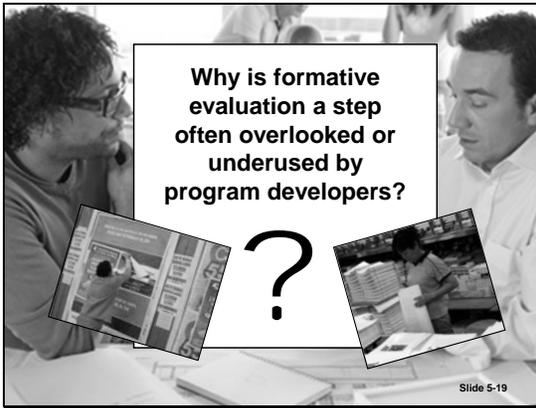
Components of formative evaluation include:

- Conducting focus group meetings
- Resource allocation for programs
- Developing program materials
- Designing pilot-testing strategies

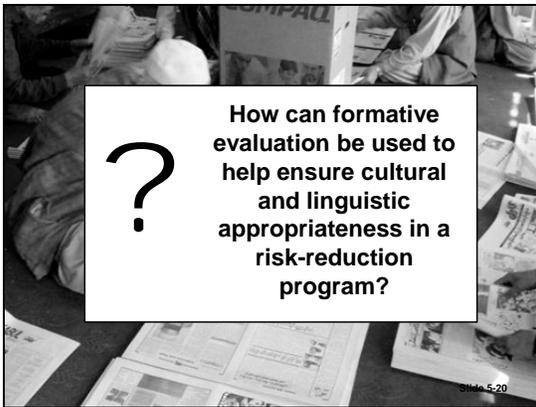


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FOUR STAGES OF EVALUATION (cont'd)



Process evaluation

- Often referred to as "program and/or service monitoring."
- Begins as soon as the program is put into action.
- Examines how well the program is reaching its intended target populations.
- Explores how well a program is being delivered.

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FOUR STAGES OF EVALUATION (cont'd)



Process evaluation

- Identifies when and where programs occur, who delivered services, and how well they did.
- Involves use of forms, surveys, databases, etc.
- Designed during the formative stage of a program's development.

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FOUR STAGES OF EVALUATION (cont'd)

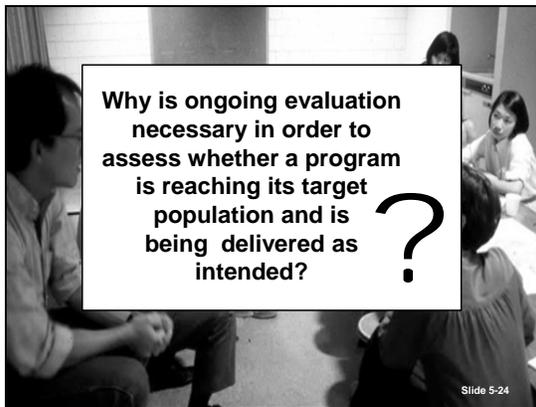


Examples of process evaluation include:

- Number of personnel trained in performing home safety surveys.
- Number of business inspections performed.
- Number of home inspections conducted.

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Why is ongoing evaluation necessary in order to assess whether a program is reaching its target population and is being delivered as intended? ?

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How can a process evaluation be used to help assess the cultural and linguistic appropriateness of a risk-reduction program?

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FOUR STAGES OF EVALUATION (cont'd)

Impact evaluation

- Reveals the degree to which a program is meeting its intermediate goals.
- Follows delivery of the prevention interactions.
- It measures two important levels of performance: learning and action.

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FOUR STAGES OF EVALUATION (cont'd)

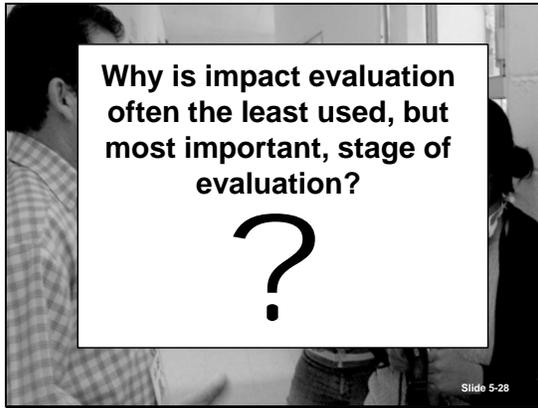
Methods of conducting an impact evaluation include:

- Pre/Posttesting
- Written and observational surveys
- Personal interviews
- Inspections
- Examination of written documents

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Why is impact evaluation often the least used, but most important, stage of evaluation?

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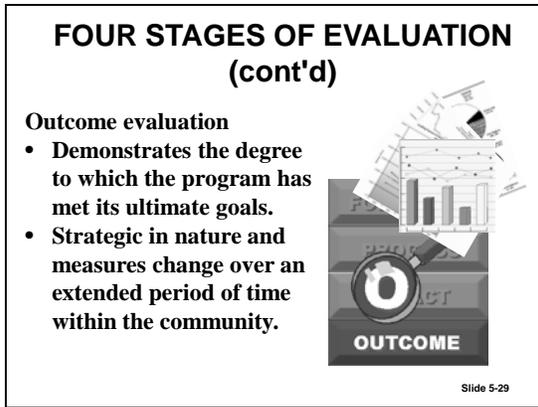


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FOUR STAGES OF EVALUATION (cont'd)

Outcome evaluation

- Demonstrates the degree to which the program has met its ultimate goals.
- Strategic in nature and measures change over an extended period of time within the community.

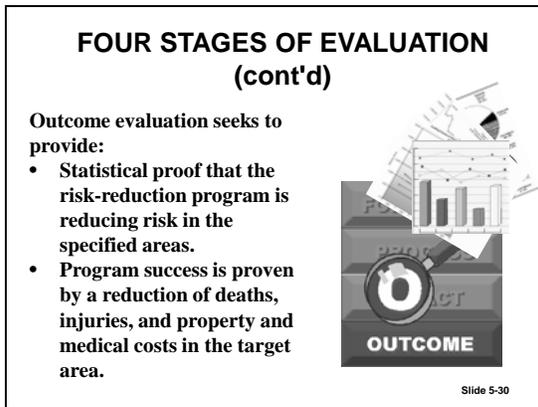


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FOUR STAGES OF EVALUATION (cont'd)

Outcome evaluation seeks to provide:

- Statistical proof that the risk-reduction program is reducing risk in the specified areas.
- Program success is proven by a reduction of deaths, injuries, and property and medical costs in the target area.



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**FOUR STAGES OF EVALUATION
(cont'd)**

Outcome evaluation seeks to provide:

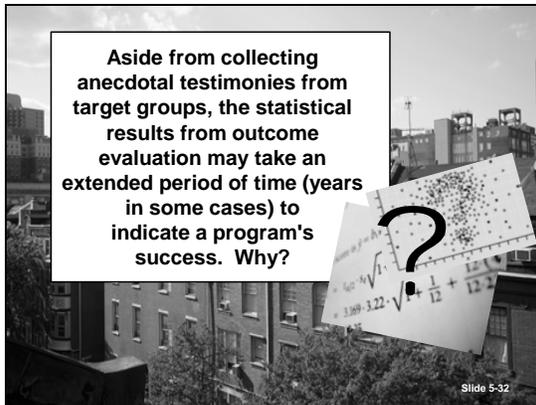
- Valid anecdotal proof (such as personal testimonials) that verify outcomes.
- Outcome can be demonstrated by an improvement in the target population's health and quality of life.
- Cultural change can be a measurement of outcome.



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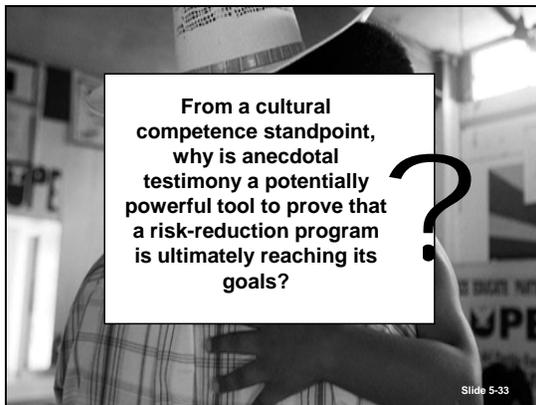
Aside from collecting anecdotal testimonies from target groups, the statistical results from outcome evaluation may take an extended period of time (years in some cases) to indicate a program's success. Why?



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From a cultural competence standpoint, why is anecdotal testimony a potentially powerful tool to prove that a risk-reduction program is ultimately reaching its goals?



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QUANTITATIVE VERSUS QUALITATIVE DATA

- Quantitative data are measurements by statistical analysis such as attendance rates at programs, test scores, numerical results from surveys, and rise/fall of incident occurrence.
- Quantitative data analyzes numbers.



QUANTITATIVE

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QUANTITATIVE VERSUS QUALITATIVE DATA (cont'd)

- Qualitative data are measurements displayed through analysis of words, statements, and anecdotal testimony.
- More valuable in situations requiring people understand the cultural meaning of the issues.
- May require translation and interpretation.



QUALITATIVE

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REPORTING EVALUATION RESULTS

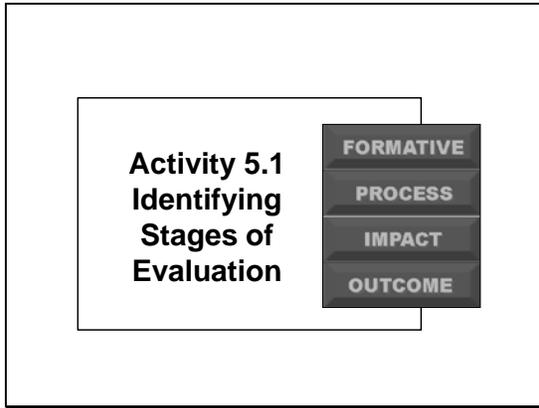
- A means of reporting evaluation results should be established.
- In terms of cultural competency, must be acceptable to the target audience.
- Whether positive or negative, evaluation results must be reported to all involved.



REPORTING

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Activity 5.1

Identifying Stages of Evaluation

Purpose

To explain how the stages of evaluation were applied to a community risk-reduction program.

Directions

1. Read the article entitled "Evaluating Injury Prevention Programs: The Oklahoma City Smoke Alarm Project." Each group will be assigned a specific stage of evaluation on which to report.
2. In your table groups, discuss the article from the standpoint of the stages of evaluation and answer the questions on the following worksheet.
3. Each group should be prepared to share their answers in a large group discussion.

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Activity 5.1 (cont'd)

Identifying Stages of Evaluation Worksheet

1. What was the program's goal?

2. How was process evaluation conducted?

3. How did they conduct impact evaluation?

4. How did they conduct outcome evaluation?

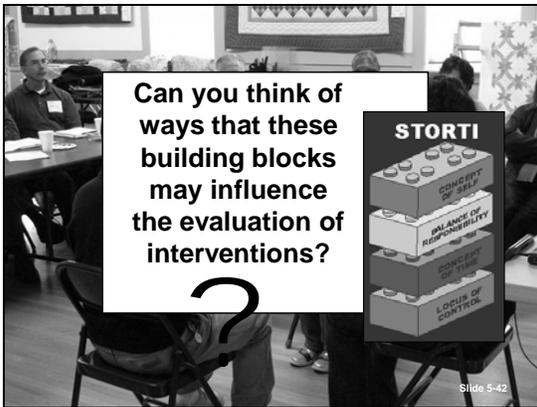
5. How was the overall effectiveness measured?

6. What challenges or barriers would be encountered if these same methods were applied to the risk-reduction activities in Greenfield County?

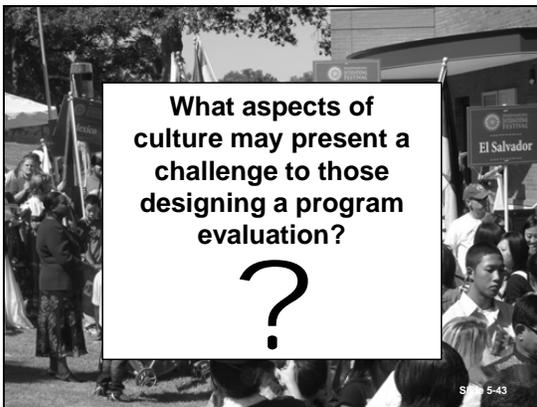
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NEED FOR CULTURAL AND LINGUISTIC APPROPRIATENESS IN EVALUATION (cont'd)

Evaluations can be restricted by:

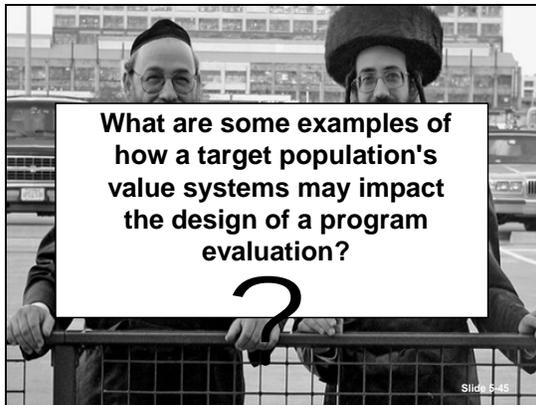
- Language barriers.
- Nonverbal and communication style barriers.
- Differing assumptions and values.



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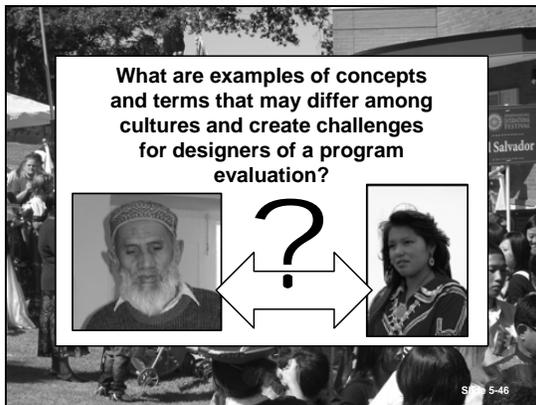
What are some examples of how a target population's value systems may impact the design of a program evaluation?



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What are examples of concepts and terms that may differ among cultures and create challenges for designers of a program evaluation?



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Activity 5.2
Exploring the Role
of Assumptions in
Evaluation Practice

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Activity 5.2

Exploring the Role of Assumptions in Evaluation Practice

Purpose

To provide an opportunity to think about the assumptions we make about other people (based on how they look or act) and how it might influence the ways in which we design and implement evaluations.

Directions

1. Your small group will be given an easel pad sheet with one of the following statements written on the top:
 - a. A target audience is asked to respond to questions about an intervention's effectiveness on a scale from 1 through 10. Everyone answers every question with a 10.
 - b. One hundred satisfaction surveys were mailed to business owners who had inspections during the year. Only two were returned to the evaluator.
 - c. At the end of a workshop, the majority of participants depart without completing their written evaluations.
 - d. When a fire chief completes an onsite demonstration of smoke alarms, the participants are asked if the training was good. They all smile and say, "Yes."
 - e. To verify the quality of service, an organization invites community members to one-on-one interviews, but people insist on bringing family members.
 - f. In a posttest conducted to verify learning, participants are looking on one another's tests and assisting each other with answers.
 - g. Seniors who participated in fall-prevention home modification assistance share unrelated stories instead of answering an evaluator's questions about their experience with the program.
2. This activity is about understanding how assumptions may influence the accuracy of evaluation. The instructor will work through an example statement with the class.

3. Next, the small groups will complete the same process with the statements at their tables. Use the following questions as a guide:
 - a. What do we assume the statement means?
 - b. What other meaning could the statement have?
 - c. What might influence a person's response to the statement?
 - d. What are some potential adaptations to make the evaluation tool more culturally and linguistically appropriate?*
4. Groups should post their easel pad papers on the wall and share answers with the larger group.

*The crafting and implementation of appropriate evaluation tools and methods must consider the cultural norms of the target audience. There is no "perfect" method for all populations. As with the other stages, it is important to be aware of what is not known.

NOTE-TAKING GUIDE (cont'd)

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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION

There are several aspects to consider:

- The evaluator.
- The evaluation method.
- The evaluation instrument.
- The evaluation environment.



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What traits should the evaluator display in making the evaluation process culturally and linguistically appropriate or acceptable?



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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

The evaluator:

- Provides an important role in promoting cultural and linguistic appropriateness.
- Has the responsibility of educating others about the use of an evaluation.
- Must consider a group's cultural heritage and their history of experience with the risk issue being addressed.

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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

The evaluator:

- Must keep current on the context in which the evaluation is operating.
- Should create a dissemination strategy for the evaluation's findings.
- Reach out to the target population with bridge builders or cultural translators.



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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

The evaluator:

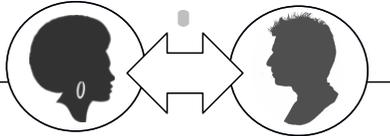
- Needs to promote the value of both quantitative and qualitative data.
- When seeking a culturally competent evaluator to administer the evaluation and review the results, there are special knowledge, skills, and abilities that the individual should possess.



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What knowledge, skills, and attitudes do you think a culturally competent evaluator will possess/display?



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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

Knowledge, skills, and attitudes:

- Is the evaluator a member of the target population?
- Does she/he understand the population?
- Does the evaluator know the group history with risk?
- Can the evaluator adapt evaluation methods?
- Can the evaluator communicate with the group?
- Can the evaluator show respect for the group?
- Is the evaluator aware of his/her assumptions, stereotypes, and bias?

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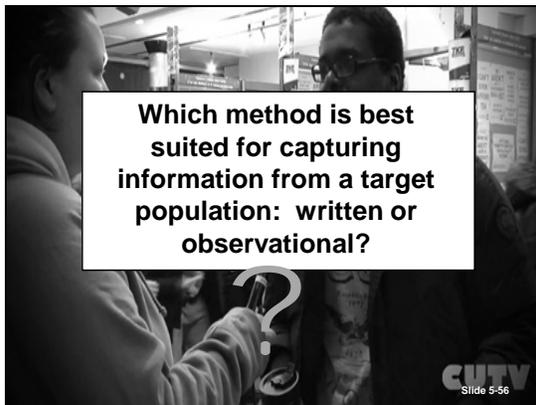
CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

The evaluation method:

- Must be culturally acceptable to the audience.
- Some may feel challenged or intimidated.
- Others may feel that direct observations are intrusive of their personal privacy
- Using a medium that is not accepted by a target group could cause distrust.

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Which method is best suited for capturing information from a target population: written or observational?

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How can you design an evaluation method that displays cultural and linguistic appropriateness?

?

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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

Evaluators may use several instruments to collect data for an evaluation including:

- Written formats
- Audio recording
- Video recording

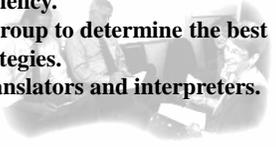


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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

- Instrument must be compatible to the group.
- The instrument must exhibit linguistic and conceptual equivalency.
- Convene a focus group to determine the best mediums and strategies.
- Consult expert translators and interpreters.



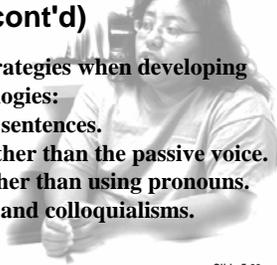
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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

Use the following strategies when developing evaluation methodologies:

- Use simple, short sentences.
- Employ active rather than the passive voice.
- Repeat nouns rather than using pronouns.
- Avoid metaphors and colloquialisms.



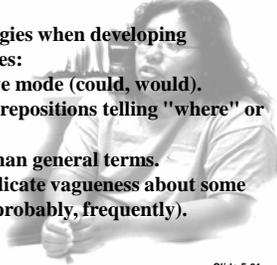
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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

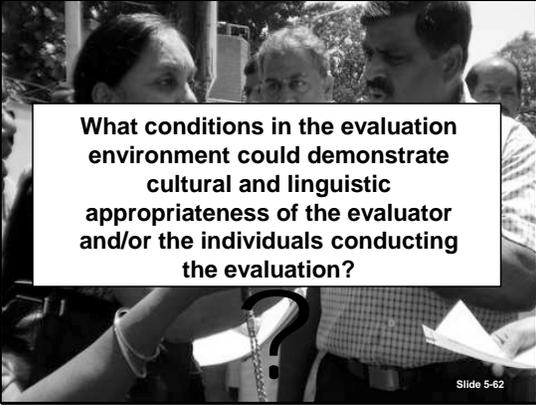
Use the following strategies when developing evaluation methodologies:

- Avoid the subjunctive mode (could, would).
- Avoid adverbs and prepositions telling "where" or "when."
- Use specific rather than general terms.
- Avoid words that indicate vagueness about some event or thing (e.g., probably, frequently).



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What conditions in the evaluation environment could demonstrate cultural and linguistic appropriateness of the evaluator and/or the individuals conducting the evaluation?

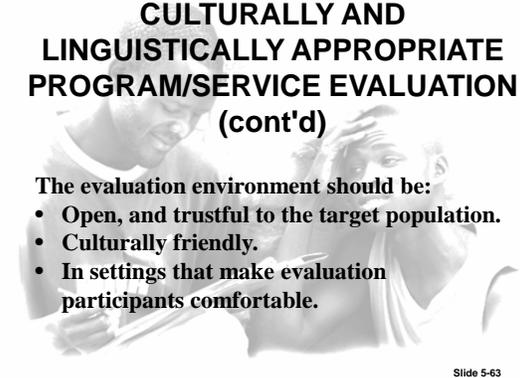
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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

The evaluation environment should be:

- Open, and trustful to the target population.
- Culturally friendly.
- In settings that make evaluation participants comfortable.



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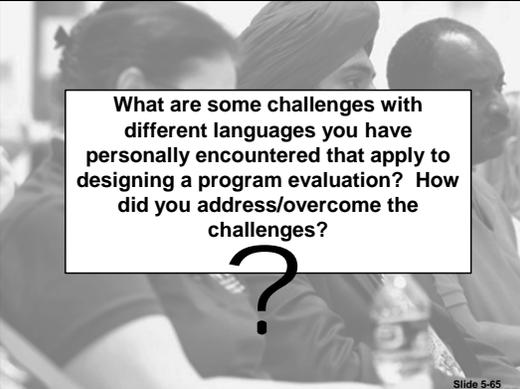


Think about the cultural groups in your community. What changes would be required in your existing evaluation process to accommodate the factors discussed in this section?

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What are some challenges with different languages you have personally encountered that apply to designing a program evaluation? How did you address/overcome the challenges?

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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

Conceptual equivalence

- Making instruments culturally appropriate may involve adaptations.
- Cultural insensitivity occurs when experts do not consider adaptations needed.

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Has anyone encountered a communication challenge with a specific target population due to inappropriately applied adaptations?

?

How did you address/overcome the challenges?

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CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM/SERVICE EVALUATION (cont'd)

- Measurement/Reliability
- Timeframe for data collection.
- Intervention focus.
- Intervention outcome.
- Delivery of evaluation results.

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CHALLENGES IN CONDUCTING APPROPRIATE EVALUATIONS

Timeframe for data collection

- Evaluation method must suit the before-during-after timeframe of data collection.
- Does the cultural group show improvement from one time period to the next?
- Requires thorough understanding of a culture's view of the problem and possible solutions.

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CHALLENGES IN CONDUCTING APPROPRIATE EVALUATIONS (cont'd)

Intervention focus

- Assess culture's view of problem.
- Explore if intervention will bring change.
- Explore if population has an understanding of the problem and potential from harm.

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CHALLENGES IN CONDUCTING APPROPRIATE EVALUATIONS (cont'd)

Intervention outcome

- Measurable change based on the problem definition that is determined jointly by both the client and the prevention specialist.
- If procedures are agreed upon by the target population, the group's participation will be enhanced.

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CHALLENGES IN CONDUCTING APPROPRIATE EVALUATIONS (cont'd)

Delivery of evaluation results

- Learn how different cultures may view evaluation results in different ways.
- Are results delivered in a format and manner that is acceptable to the target audience?
- Are the results based upon the target population's understanding of the problem and the importance of the proper interventions?

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**Activity 5.3
Cultural Sensitivity in Evaluation**

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Activity 5.3¹

Cultural Sensitivity in Evaluation

Purpose

To consider how various aspects of culture may affect an evaluation's design and implementation.

Directions

1. This is a large group activity. You will work within your table groups.
2. Please read "Cultural Influences."
3. As a small group, discuss your responses to the questions on the worksheet.
4. Be prepared to share the highlights of your discussions and to write key themes on your easel pad. If possible, sort responses into thematic categories.
5. Next, please read "Strategies for Making Evaluation More Culturally Sensitive."
6. Discuss each strategy among your table group. You are encouraged to add other strategies to the list you developed as part of "Cultural Influences."
7. As a debriefing to this activity, you will be asked the following questions:
 - a. What have you learned from this exercise that will influence future evaluations on which you work?
 - b. How can you integrate these strategies into the evaluation process in your community?

¹ This activity was adapted from *Activity 12: Cultural Sensitivity in Evaluation* in "Building Evaluation Capacity: 72 Activities for Teaching and Training" by Preskill and Russ-Eft, Thousand Oaks CA: Sage Publications, 2005.

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Activity 5.3 (cont'd)

Cultural Influences Worksheet

1. How might each of the following influence or affect an evaluation's design and implementation?

a. The language of the participants (how and what language is used in an evaluation study).

b. The role of food and eating.

c. How evaluators dress when interacting with a culture(s).

d. The concept of time.

e. Communication styles.

f. Importance of relationships, family, friends.

g. Values and norms regarding individualism, independence, and conflict.

h. Work habits and practices (e.g., task emphasis on relationships).

i. Mental processes and learning styles (e.g., linear, logical, sequential versus lateral, holistic, simultaneous).

2. How might you ensure that the following data collection activities are culturally sensitive and appropriate?

a. Observations.

b. Interviews.

c. Mailed surveys.

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Activity 5.3 (cont'd)

Strategies for Making Evaluation More Culturally Sensitive

- Assess your own attitudes, beliefs, and values; be aware of personal biases.
- During the initial stages of the evaluation, explore any cultural issues that could affect the evaluation's design and implementation.
- Learn all you can about the cultural group(s) involved in the evaluation.
- Incorporate culturally diverse groups and perspectives throughout the evaluation process (e.g., obtain feedback on the evaluation's design, methods, and draft reports).
- Recognize that the evaluation may take more time to conduct if you are negotiating access and building trust in working with community groups and organizations.
- Use as little jargon as possible.
- Demystify evaluation for program staff and clients. Build buy-in.
- Include representatives of culturally diverse groups on evaluation advisory committees.
- Be flexible in your choices of methods and activities.
- Use multiple data collection sources and methods.

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NOTE-TAKING GUIDE (cont'd)

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GUIDELINES TO SUPPORT CULTURAL COMPETENCY IN EVALUATIONS

Colorado Trust research:

- Define the population precisely.
- Develop collaborations with the target population.
- Encourage buy-in.
- Provide timely feedback and results.
- Abandon stereotypes and models that measure diverse groups against a mono-cultural standard.

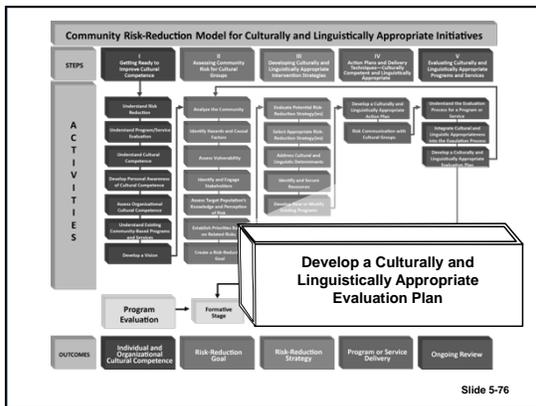
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**Activity 5.4
Preparing a Culturally and Linguistically Appropriate Evaluation**

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Activity 5.4

Preparing a Culturally and Linguistically Appropriate Evaluation

Purpose

To prepare a culturally and linguistically appropriate evaluation strategy for the risk-reduction program being developed for use in Greenfield County.

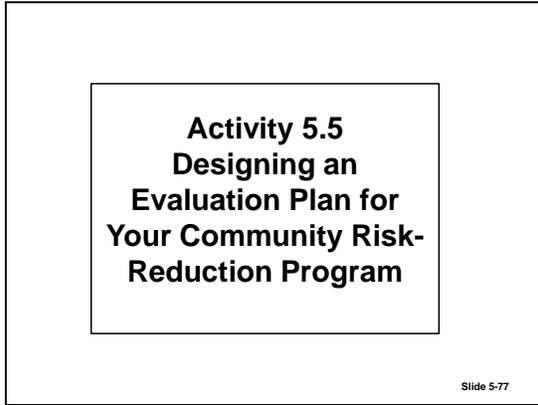
Directions

1. Please reconvene in your Greenfield County group.
2. Each group should create an outline for an evaluation strategy for one of the risk-reduction interventions you developed for use in Greenfield County.
3. The evaluation strategy should include methodologies that would be used during all four stages of evaluation (formative, process, impact, and outcome).
4. Consideration of the needs of your specific target populations should be evident throughout the strategy.
5. Please consider the evaluator, the evaluation method, the evaluation instrument(s), and the evaluation environment in developing the strategy.
6. Use the easel pads to document your findings. Be prepared to explain and justify them to the class.
7. Each group will share a 5-minute summary of their evaluation strategy with the class.
8. As a debriefing of this activity, you will be asked the following questions:
 - a. What have you learned from this exercise that will influence future evaluations on which you work?
 - b. What else do you need to know in order to build cultural sensitivity in your evaluation work?

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NOTE-TAKING GUIDE (cont'd)

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Activity 5.5

Designing an Evaluation Plan for Your Community Risk Reduction Program

Purpose

To prepare a culturally and linguistically appropriate evaluation strategy for the risk-reduction intervention being developed (or presently used) in your home community.

Directions

1. This activity applies to your home community risk issue.
2. Based on what was learned as part of Activity 5.3, please apply the same strategy for your home community risk issue.
3. Examine one of your recommended interventions since time will not allow you to work with all of them.
4. Include all four levels of evaluation (formative, process, impact, and outcome) when developing your checklist or evaluation plan.
5. Thirty minutes are allotted for individual work and small group collaboration.

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NOTE-TAKING GUIDE (cont'd)

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SUMMARY

In this unit, we have:

- Examined the evaluation process for risk-reduction programs and measures that can be taken to ensure that evaluations are culturally competent.
- Reviewed the four stages of program evaluation: formative, process, impact, and outcome.
- Reviewed the basic concepts of a program evaluation.

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SUMMARY (cont'd)

- Explored the role of assumptions in evaluation practices and looked at the parts of the evaluation process in terms of cultural and linguistic appropriateness.
- Discussed the challenges of culturally competent evaluations and notable factors when producing culturally competent evaluations.

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INTRODUCTION

As was briefly discussed in Unit 1, a program evaluation is an important part of the risk-reduction model. Evaluation occurs at all stages of the risk-reduction model. Effective evaluation at all stages of program or service development and implementation provides the opportunity to make any needed adjustments.

In addition to evaluating the effectiveness of the program or service, the cultural competence of a program or service must be evaluated as well. If evaluation shows that a program or service is not as effective as planned, it may be due to a lack of cultural competence.

PURPOSE OF EVALUATION

Program evaluation should occur throughout the lifecycle of a risk-reduction program. The purpose of an evaluation is to assess the effectiveness of the planning, implementation, and effects of the stages of a prevention program.

The lifecycle of a program includes three distinct stages:

1. Planning.

This includes the planning and implementation of a community risk assessment, identification of the target population, and an assessment of the target population's understanding and interpretation of the risk.

2. Implementation.

This part of the lifecycle provides for design of the interventions, selection of resources, pilot testing, modification, and implementation of the program or service.

3. Effect/Impact.

This helps determine whether the program is reaching its intended audience, if the interventions are effective, if the audience is making changes, and if those changes are affecting the risk in the community.

Evaluation should begin the moment an idea for a prevention program is conceived. It should not be an afterthought.

A good evaluation will reveal several things about a program:

- The positive and negative that you already know.
- The positive and negative that you may not know.

Evaluation should not only measure the effectiveness of your program in changing behaviors but also measure its cultural and linguistic appropriateness and acceptability by target populations.

FOUR STAGES OF EVALUATION

There are four stages of evaluation that should be performed during the lifecycle of a risk-reduction program.

Formative Evaluation

- Used during the development of a new program.
- When an existing program is being modified.
- When a program has developed problems with no obvious solutions.
- When a program is being used in a new setting, with a new population, or to target a new problem or behavior.
- Its main purpose is to strengthen or improve the development/delivery of a program.
- With respect to a new program, formative evaluation is useful in that it allows developers to make revisions before the full effort begins, thereby maximizing the likelihood that the program will succeed.

Components of formative evaluation include:

- Community risk assessment.
- Prioritization of risks.
- Identification of target groups.
- Recruiting a planning team.
- Developing an action plan.
- Conducting focus group meetings.
- Resource allocation for program.
- Developing program materials.
- Pilot-testing strategies.

Process Evaluation

This stage is often referred to as: "program and/or service monitoring." Process evaluation begins as soon as the program is put into action. It continues throughout the life of the program. It examines how well the program is reaching its intended target populations.

Process evaluation explores how well a program is being delivered. It identifies when and where programs occur, who delivered services, and how well they did.

This stage of evaluation involves use of forms, surveys, databases, etc.

The components used as part of process evaluation are designed during the formative stage of a program's development.

Impact Evaluation

Impact evaluation reveals the degree to which a program is meeting its intermediate goals. It begins following the delivery of the prevention interactions and measures two important levels of performance: learning and action.

Components measuring learning explore: Did the program influence any of the following among the target population?

- Awareness.
- Knowledge levels.
- Attitudes and/or beliefs.
- Skill levels.

Components of measuring action explore: Did the program change any of the following?

- Target population behavior or lifestyle change.
- Change within a targeted physical environment.
- Public policy/legislation/adoption/enforcement.
- Hazard reduction.
- Change in practices.
- Decisionmaking processes.

The methods of conducting impact evaluation include:

- Pre/posttesting.
- Written and observational surveys.
- Personal interviews.
- Inspections.
- Examination of written documents.

Outcome Evaluation

Demonstrates the degree to which the program has met its ultimate goals. Outcome evaluation is strategic in nature and measures change over an extended period of time within the community.

Outcome evaluation seeks to provide:

- Statistical proof that the risk-reduction program is reducing risk in the specified areas.
- Program success is proven by a reduction of deaths, injuries, and property and medical costs in the target area.
- Valid anecdotal proof (such as personal testimonials) that verify outcomes. Anecdotal proof is used frequently to measure the outcome of social-oriented risk-reduction initiatives.
- In some circumstances, the outcome can be demonstrated by improvements in the target population's health and quality of life.
- Cultural change can be a measurement of outcome because it often leads to sustained levels of behavioral change.

Quantitative Versus Qualitative Evaluation Data

There are two forms of data that can be used in all levels of the evaluation process. These are quantitative and qualitative.

Quantitative data are measurements by statistical analysis such as attendance rates at programs, test scores, numerical results from surveys, and rise/fall of incident occurrence.

Qualitative data are measurements displayed through analysis of words, statements, and anecdotal testimony.

The value of qualitative data are especially important when the situation requires people to first understand the cultural meaning of the issues. This may require a plan for translation, interpretation, and other language challenges.

Reporting Evaluation Results

A means of reporting evaluation results should be established. This includes reporting results to stakeholders, decisionmakers, your organization, and your community. In terms of cultural competency, the means or method of reporting evaluation results must be acceptable to the target audience. A written report may not always be the best way to communicate information. The method of dissemination must be within the cultural norms for the population being served. Whether positive or negative, evaluation results must be reported to all involved in the program planning and implementation.

NEED FOR CULTURAL AND LINGUISTIC APPROPRIATENESS IN EVALUATION

Evaluations must be designed so they avoid cultural biases and stereotypes. Engaging members of a target population in the design phase of an evaluation helps ensure shared views among those participating in the process. Cultural competence in evaluations fosters trust and understanding among the various groups involved.

Evaluations can be restricted by:

1. Language barriers.

Even for those whose native language is English, making instruments culturally appropriate may involve adaptations.

2. Differing values.

Evaluation designers must explore the potential differences in values that may exist among cultural groups.

3. Differences in meaning.

A particular concept or term may not mean the same thing for everyone.

4. Assumptions of the evaluator and/or design of the evaluation.

CULTURALLY AND LINGUISTICALLY APPROPRIATE PROGRAM OR SERVICE EVALUATION

When examining the evaluation process for cultural competence, there are several aspects to consider. These include:

- The evaluator.
- The evaluation method.
- The evaluation instrument.
- The evaluation environment.

The Evaluator

Evaluators provide an important role in promoting cultural and linguistic appropriateness in the evaluation process. Evaluators have the responsibility of educating others about the use of evaluation to promote cultural competence and equity. They must consider a group's cultural heritage and their history of experience with the risk issue being addressed. While history can't be changed, it can be better understood to explain the outcomes experienced today by the people affected by the evaluation. Evaluators must keep current on the context in which evaluation is operating. This may require the evaluator to gather information about target groups through listservs and social networks.

Evaluators should consult with experts or leaders who advocate for the equity of the people involved. Evaluators should create a dissemination strategy for the evaluation's findings. How the target population will be receiving information should be discussed early by the planning team.

In general, avoid speaking freely to media representatives unless you are clear about the messages. Consider asking professional colleagues who share similar demographical characteristics in their community (and those who do not) to review the evaluation's findings.

Reach out to the target population with bridge builders or cultural translators. These people have credibility with the cultural groups. They can translate terms and behaviors which can be critical when working with communities that have been harmed by research.

Evaluators need to promote the value of both quantitative and qualitative data. Quantitative data are measurements by statistical analysis such as attendance rates at programs, test scores, numerical results from surveys, and rise/fall of incident occurrence. Qualitative data are measurements displayed through analysis of words, statements, and anecdotal testimony. The value of qualitative data are especially important when the situation requires people to first understand the cultural meaning of the issues. This may require a plan for translation, interpretation, and other language challenges.

Questions to ask about the knowledge level of the evaluator include:

- Is the evaluator a member of the target population?
- Does the evaluator understand the target population?
- Does the evaluator possess knowledge of groups' cultural history and experience with the risk issue(s) being targeted?

As to the evaluator's skills:

- Is the evaluator able to adapt evaluation methods to reflect an understanding of the target population, their value systems, and cultural norms?
- Does the evaluator communicate with people in the community who have different education backgrounds, language, and comprehension?

The evaluator must be capable of showing respect and be open to listening to issues. He/She must be willing to relinquish his/her stance as an expert and assume the role of the learner, if needed. An able evaluator must be free of assumptions, stereotypes, and biases that can influence the outcome of the evaluation process.

The Evaluation Method

When choosing the method for evaluation, it must be culturally acceptable to the audience. Some individuals may feel challenged or intimidated by having to put responses in writing. Others may feel that direct observations are intrusive of their personal privacy. Using a medium that is not accepted by a target group could cause distrust and lead to a lack of needed data to make the evaluation accurate.

The Evaluation Instrument

Evaluators may use several instruments to collect data for an evaluation to include:

- Written formats.
- Audio recording.
- Video recording.

The instrument(s) selected to collect data from a target population must be compatible to the group. The instrument(s) must exhibit linguistic and conceptual equivalency. Don't assume that a particular concept or term means the same thing for everyone. Convene a focus group of members from the cultural group to determine the best mediums and strategies for collecting information. Consult expert translators and interpreters.

Use the following strategies when developing evaluation methodologies:

- Use simple, short sentences.
- Employ the active rather than the passive voice.
- Repeat nouns rather than using pronouns.
- Avoid metaphors and colloquialisms.
- Avoid the subjunctive mode (could, would).
- Avoid adverbs and prepositions telling "where" or "when."
- Use specific rather than general terms.
- Avoid words that indicate vagueness about some event or thing (e.g., probably, frequently).
- Pilot test questions and instruments.

The Evaluation Environment

The environment must be open and trustful to all cultural groups, and it must be culturally friendly. Focus groups and interviews should be conducted in settings that make evaluation participants comfortable.

A culturally competent evaluator asks respondents their preferences for where the event should occur, in what language, and whether the event can be recorded. Any notes should be taken in plain sight of the participants to reduce any mystique about the process.

CHALLENGES IN CONDUCTING CULTURALLY AND LINGUISTICALLY APPROPRIATE EVALUATIONS

Language

Assure that evaluation instruments are equivalent across all cultural groups that will be evaluated. Thoughtful and deliberate use of language can reduce bias. Linguistic equivalence is only the first step. When evaluation activities are conducted in a participant's own primary or preferred language, it promotes full participation and information is more accurately reported.

Conceptual Equivalence

Even with people whose native language is English, making instruments culturally appropriate may involve adaptations.

Example: Motivation in some cultures may be based on the individual, while in others, they are family- or community-based.

Cultural insensitivity occurs when experts transfer concepts across cultures and develop translations that are conformed exactly to the original standardized versions **without** considering adaptations that may be needed.

Measurement/Reliability

Inadequate translation and adaptation can result in a lower reliability of the translated instrument as compared to the reliability of the same instrument in its original language.

To attain cultural equivalence, methods must be used to create/adapt instruments that address both linguistic and content equivalence. Evaluators must recognize the diversity among cultural groups and remember that cultural categories are fluid. What works for one may not work for another.

Time Orientation

The choice of an evaluation method must suit the before-during-after timeframe of data collection. Does the cultural group show improvement from one time period to the next? This requires a thorough understanding of the culture's view of the problem and its possible solutions.

Intervention Focus

An assessment of the culture's view of the problem is linked to the intervention focus related to the client's cultural background and expectations. The evaluation should explore if the intervention brings about change that is culturally acceptable and reinforced.

It should also explore if the population has an adequate understanding of the problem and the potential for harm. This can affect their degree of behavioral change.

Intervention Outcome

Measurable change based on the problem, which was defined jointly by both the client and the fire prevention specialist. If evaluation procedures are presented clearly to and agreed upon by representatives of the target population, the culture's participation in the intervention process will be enhanced.

Delivery of Evaluation Results

The evaluator's role is not only to implement service or interventions but also to help the culture and the fire prevention specialist learn how different cultures may view the same evaluative results in different ways.

Questions to consider include:

- Are results delivered in a format and manner that is acceptable to the target audience?
- Are the results based upon the target population's understanding of the problem and the importance of the proper interventions?

GUIDELINES TO SUPPORT CULTURAL COMPETENCY IN EVALUATIONS (THE COLORADO TRUST, SEPTEMBER 2002)

Research was conducted by the Colorado Trust to introduce the idea of cultural competency to its evaluators and into the evaluation process.

The following are recommendations that resulted from that research:

1. Define the population precisely.
 - a. Country of origin, immigration history, level of education, rules, and norms.
 - b. If this is not possible, a community advisory group or focus group should be used.
 - c. Seek input from someone locally familiar with the cultures represented among your participants when planning your evaluation.
2. Develop collaborations with the target population.
 - a. Community members need to be involved in program planning and implementation.
 - b. Evaluation questions should be defined at the outset of the program.
 - c. Ask reflective questions about any potential cultural biases associated with your evaluation methods.
3. Encourage buy-in.
 - a. Know the community well and understand the pressures and constraints operating among them.

- b. State the goals of the evaluation process.
 - c. Describe how the data will be used.
 - d. Conduct evaluation at a location that is comfortable to the group and is without bias.
 - e. Gather information from multiple perspectives to get the most accurate picture of your program's implementation and impact.
4. Provide timely feedback and results.
 - a. Results should be in clear and useful formats.
 - b. They should be conveyed in culturally appropriate methods.
 - c. Ask how best to disseminate the information.
 5. Abandon stereotypes and models that measure diverse groups against a monocultural standard.

SUMMARY

In this unit, we have:

- Examined the evaluation process for risk-reduction programs and measures that can be taken to ensure that evaluations are culturally and linguistically appropriate.
- Reviewed the four stages of program evaluation: formative, process, impact, and outcome.
- Covered the basic concepts of program evaluation from engaging of stakeholders, describing the program, establishing evaluation criteria, gathering credible data, analyzing results, and dissemination.
- Explored the role of assumptions in evaluation practices and looked at the parts of the evaluation process in terms of cultural and linguistic appropriateness.
- Discussed challenges of culturally and linguistically appropriate evaluations and presented notable factors in producing culturally and linguistically appropriate evaluations.
- Understood how to obtain credible and accurate results, by conducting culturally and linguistically appropriate evaluations when working with various culturally high-risk audiences in our communities.

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GLOSSARY

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GLOSSARY

Action Plan	Step by step outline of work that needs to be done in order to meet the stated objectives.
Behavior	Individuals' visible actions; behavior is often characteristic within cultural groups because it is motivated by shared invisible cultural norms.
Collectivist	Cultures whose identity comes largely from membership in a group; the primary group, usually the family, is the smallest unit of survival. (See Individualist .)
Conscious Competence	Deliberate sensitivity, the third stage of cultural competence, characterized by awareness of cultural differences and the intentional modification of behaviors and interpretation to accommodate these differences; effective intercultural interaction and—communication is still not intuitive.
Conscious Incompetence	Troubling ignorance; the second stage of cultural competence characterized by awareness of cultural differences without the skills to be able to effectively negotiate those differences.
Culture	A group's shared assumptions, values and beliefs which result in characteristic behavior.
Cultural Competence	A congruent set of behaviors, attitudes and policies that allow people to interact and work effectively in intercultural settings.
Culturally Appropriate	Compatible with the cultural norms of a target audience. Often combined with the term "linguistically appropriate."
Cultural Orientation	The process of becoming familiar with the cultural norms of a specific culture.
Direct Communication	The style of communication in which a message is made in explicit terms, with little to no regard for feelings of others.
English Language Learners (ELLs)	Lacking the ability to speak, read, write, or understand fluently in English.
Emerging Populations	Groups that are new to a community.
External Locus of Control	Characterized by fatalistic thinking and the belief that things in life are predetermined. There are limits that must be accepted and cannot be changed.

Formative Evaluation	Research conducted (usually while the program is being developed) on a program's proposed materials, procedures, and methods.
Frequency of Event	Refers to how likely an event is to happen or how often it is happening.
Hidden Populations	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.
High Context	Communication style where much of what is meant is not said but implied and inferred. (See Low Context .)
Immigrant	A person who has left one country to live in another country for any reason.
Impact Evaluation	Stage of evaluation that reveals the degree to which a program is meeting its intermediate goals of changes in knowledge, attitudes, and beliefs of the target audience.
Indirect Communication	What is meant may or may not be said explicitly; points are communicated in ways that maintain harmony. (See Direct Communication .)
Individualist	Individuals or cultures who identify primarily with self; the smallest unit of survival is the individual. (See Collectivist .)
Internal Locus of Control	Belief that an individual is responsible for what happens to him or her. Things do not have to be accepted as they are, and can be changed.
Interpretation	The spoken rendering of a message from one language to another language.
Interpreter	An individual who uses spoken language to communicate a message between a speaker of one language and the speaker of another language.
Intervention	The method, device, or process used to prevent an undesirable outcome. Simply, something that comes between two things or something that changes the course of an event so as to modify the outcome.
Intervention Strategy	Action plan that describes how a risk-reduction initiative will be implemented and evaluated.

Limited English Proficiency (LEP)	Lacking the ability to speak, read, write, or understand fluently in English.
Linguistically Appropriate	Accommodating of the language norms of a target audience. Includes consideration of language of choice, literacy levels, and communication style. Often combined with the term "culturally appropriate."
Low Context	Communication form where meaning is explicitly communicated; words are the primary carriers of meaning. (See High Context Communication .)
Monochronic	Individuals or groups whose lifestyles see time as quantifiable and limited. "Live by the clock." (See Polychronic .)
Outcome Evaluation	Stage of evaluation that determines how well programs succeeded in achieving their ultimate objective of reducing risk among the target populations.
Nonverbal Communication	Means of conveying messages without the use of written or spoken language; includes gestures, body language, and tone. Ninety-three percent of a message's meaning comes from nonverbal cues.
Particularist	Decisions and/or behavior is based upon the circumstances. What is right in one situation may not be right in another.
Polychronic	Individuals or groups whose lifestyles see time as limitless and not quantifiable. Schedules and deadlines change to accommodate circumstances. (See Monochronic .)
Previously Inaccessible	Populations that were recently discovered to exist or with whom opportunities for engagement have recently become possible.
Primary Prevention	Interventions designed to prevent an event from happening (safe cooking practices, safe heating, etc.).
Process Evaluation	Stage of evaluation that examines how well a program is operating. It includes assessments how and when programs occur, who delivers the services, who received the services, and how well they did. Documents program activities.
Qualitative Data	Measurement by analysis of words, statements and anecdotal testimony to determine changes in knowledge, attitudes, and behaviors of the target audience.
Quantitative Data	Measurement by numerical data on the risk reduction initiative.

Readability	The level of reading skill required to be able to understand written materials.
Refugee	An individual who has been granted legal immigration status for humanitarian reasons. Refugees have fled their home countries because of their experience—or well-founded fear of experiencing—of persecution on account of their race, political belief, gender, or religion by the country's government or government actors.
Risk Sequencing	Process of listing each event that occurs during a fire or injury incident in order to better determine the root causes of the event and/or injury.
Secondary Prevention	Interventions that seek to change or modify an event and/or behaviors to reduce the severity of an event (smoke alarm activation, home fire drills, etc.).
Severity of Event	The magnitude of harm that the community or population will incur when the event occurs.
Translation	The written rendering of a message in one language into another language.
Tertiary Prevention	Interventions that seek to reduce a negative impact of an event over a long-term span of time (long-term disaster services, prompt medical care).
Unconscious Competence	Spontaneous sensitivity; the final stage of cultural competence where appropriate and effective intercultural interaction and communication occurs naturally and intuitively.
Unconscious Incompetence	Blissful ignorance, the first stage of cultural competence where individuals are unaware cultural differences exist, and therefore, are likely to unknowingly make mistakes and misinterpret messages in intercultural settings.
Underserved Populations	Groups that are receiving less than standard quantity or quality of service offered by an organization.
Universalist	Those who believe that what is right is always right. The same rules apply to everyone.
Verbal Communication	Means of conveying messages through the use of written or spoken language.