Training Needs Of Emergency Responders In Tribal Nations: An RDPC Comprehensive Report

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RDPC™
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Prepare For The Worst, Train To Be The Best

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Executive Summary

Established in 2005 by Congress, the Rural Domestic Preparedness Consortium (RDPC) develops and delivers all-hazards preparedness training to rural communities across America. The mission of the RDPC is to coordinate the development and delivery of preparedness training in support of rural homeland security requirements and facilitate relevant information sharing. The RDPC targets specific audiences in its training efforts, such as first responders serving in Tribal governments throughout the United States. In many instances, these Tribal governments serve as the only response capability in rural and isolated areas.

Although the Federal Emergency Management Agency (FEMA) currently offers training to address safety and security issues in Tribal areas, the training needs and gaps of these responders are only known anecdotally. Consequently, in 2009 the RDPC conducted a training needs survey of this responder population as a means to fill the gap of this essential information. The survey was disseminated to eight FEMA-recognized responder disciplines in all 562 federally-recognized American Indian and Alaskan Native Tribes (as of 2009). Contact was made with these Tribal governments through collaboration with FEMA and the National Congress of American Indians (NCAI). A total of 4,594 surveys were mailed for this study (eight disciplines per 562 Tribes) from which 342 completed surveys were returned (7.4% adjusted response rate). Of the 562 Tribes surveyed, 233 individual Tribes responded to the survey, resulting in a 41.5% response rate for individual Tribes.

The survey data provided numerous findings related to first responder training within Tribal Nations. Three significant results are of particular note:

- Respondents indicated they were either not prepared or only somewhat prepared to deal with the events associated with the National Planning Scenarios (NPS).
- Respondents have received little to no training in the areas of (a) key intelligence gathering and analysis techniques (including indicators of terrorism), (b) detecting Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) materials, and (c) protecting their citizens or providing any support to neighboring communities in the event a terrorist event or other hazard occurring.
- Respondents have completed training in the areas of communications and community preparedness principals as evidenced by stated knowledge of the National Incident Management System (NIMS) and tasks related to emergency operations center (EOC) management.

While the research revealed that some training has been provided to Tribal Nations, additional training is needed on events based upon the NPS as well as border security, environmental and food safety, intelligence analysis, and how to identify and respond to events involving CBRNE materials.

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1.0 Introduction

Modern society faces a variety of evolving threats and hazards that compromise the nation's well-being and overall quality of life. In order to safeguard the United States, homeland security capabilities must be developed and maintained at all levels of government. The U.S. Department of Homeland Security's (DHS) integrated approach to homeland security involves multiple partners, whose roles and responsibilities are distributed within a broad-based whole community that shares a common interest in the public safety of the country and its communities (DHS, 2012).

One example of a distinctive and significant homeland security partner can be found in the 566 federally recognized Tribal governments throughout the United States. According to the Bureau of Indian Affairs (BIA, 2013), a federally recognized tribe is:

> An American Indian or Alaska Native Tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs. Furthermore, federally recognized Tribes are recognized as possessing certain inherent rights of self-government (i.e., Tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States.

In many cases, Tribal governments may be the only response force that is available in rural and isolated locations throughout the nation. These areas face the same burdens as other jurisdictions in the United States with both natural and man-made disasters occurring within their service areas. In fact, the National Congress of American Indians (NCAI, 2013) reports that nineteen Tribal Nations in the United States are larger than the state of Rhode Island and twelve have a land base larger than the state of Delaware. Given this immense responsibility, these Tribal first responders must serve as generalists with regards to response capabilities. Each Tribe operates as a sovereign government that has the same responsibilities as their state and local counterparts. Not only are they responsible for daily responder activities, but also have extensive border responsibilities with immigration and smuggling impliciations, which are integral aspects of homeland security (NCAI, 2013).

Historically, a challenge to Tribal governments was the requirement to seek a federal emergency or major assistance declaration through their state governor's office, often causing critical delays in emergency response on Tribal lands. Correcting this challenge is the Sandy Recovery Improvement Act of 2013, which was signed into law on January 29, 2013. The Act includes a provision that amends the Stafford Act to allow federally recognized Tribal governments the option to seek a federal emergency or major disaster declaration directly from the President of the United States (FEMA, 2013b).

Shawnee, Okla., May 28, 2013 -- FEMA Region 6 Recovery Director Greg Eaton speaks to Seminole Nation Emergency Management Director Mickey Douglas at today's PA Applicant Briefing at the Gordon Cooper Technology Center. Applicant Briefings begin the PA application process to receive federal disaster reimbursement for expenses related to the May 19-20 tornadoes. George Armstrong/FEMA

With the paramount importance of response capabilities of Tribal governments outlined above, the ability to accurately describe and assess their response needs and capabilities has been historically challenging. This challenge comes with the fact that Tribal Nations utilize a variance of emergency management and public safety systems. Due to their sovereign nature, the right of self-government provides the responsibility of emergency services provision. While some Tribes have their own public safety agencies (law enforcement, fire, emergency management, etc.), others work with neighboring governments and communities to provide assistance to their Tribes.

DHS recently illustrated its commitment to improve funding for Tribal Nations by increasing the Tribal Homeland Security Grant Program (THSGP) from less than $2 million to $10 million in federal fiscal year 2010 and has continued to fund Tribal Nations at or near those levels through fiscal year 2013. The THSGP provides funding for training intended to strengthen a Tribe's capacity to prepare for and respond to emergency situations. In addition to the THSGP, the Tribal Government Homeland Security Coordination and Integration Act of 2008 established the Office of Tribal Government Homeland Security within DHS. A decade after millions of dollars have been spent to assist the 566 recognized Tribal Nations, the question remains whether Tribal Nations are better prepared to prevent, prepare for, mitigate, respond to, and recover from natural and man-made incidents.

Although homeland security training is currently available for first responders in Tribal Nations, research to validate the training needs of Tribal responders and current demographic information is extremely limited. To fill this gap, the Rural Domestic Preparedness Consortium (RDPC) conducted a training needs survey of Tribal responders across all 562

federally recognized American Indian and Alaskan Native Tribes (as of 2009). The survey results were collected in 2009/2010 in collaboration with representatives from FEMA and the NCAI.

Since this study was conducted in 2009, there have been a number of additional sources developed that provide additional information on the unique needs of Tribal Nations as they continue to work toward making their communities safe and secure. In February 2012, the DHS Office of Intergovernmental Affairs developed a guide to highlight DHS resources available to Tribal Nations, which includes training, publications, guidance, alerts, newsletters, programs, and services available from across DHS to federally recognized Tribal Nations (DHS, 2012). The guide does not address training needs specifically, but does make reference to several training programs that are available, such as Improvised Explosive Device (IED) Recognition and Detection for Railroad Industry Employees Training (compact disc-based); several courses on intelligence and threat assessment; the Federal Law Enforcement Training Center (FLETC); and a number of other courses available. However, there remains no reference to Tribal training needs.

There are additional training programs in place for Tribal communities, such as the following courses offered by FEMA (2013):

- **Emergency Management Institute (EMI) Tribal Curriculum** – designed to build emergency management capability and partnerships to ensure continued survival of Tribal Nations and communities.
- **Continuity of Operations (COOP) for Tribal Governments** – provides Tribal representatives with an understanding of how to develop and implement a Continuity of Operations in Tribal areas.
- **Emergency Management Framework for Tribal Governments** – outlines emergency management principles and the Tribe's role in leading and directing their emergency operations plan.
- **Emergency Management Operations for Tribal Governments** – assists Tribal officials in the development of organizational structures, operations procedures, and resources for effective emergency management operations.
- **Mitigation for Tribal Governments** – focuses on reducing losses from natural or other hazards using risk analysis for mitigation planning.
- **Building Partnerships with Tribal Governments** – provides basic knowledge on how to build effective partnerships with Tribal governments and to work in concert with them to protect native people and their property against all types of hazards.

Again, this is a listing of the types of courses that are available, but no specific information on how those courses were selected based upon Tribal needs is readily available. These courses represent more of the basic information that any first responder or community leadership would need to know to respond to a natural or man-made disaster.

1.1 Literature Review

This research attempts to identify what additional training is needed by the more than 500 registered Tribal Nations in the United States. This literature review is intended to describe other training needs assessments have been conducted to determine training gaps, in addition to the study completed by the RDPC in 2009/2010.

The literature suggests that more research has been conducted on public health related issues for Tribal Nations than training for terrorism or all-hazards. For example, a study was conducted to examine the collaboration, methodology, results, and lessons learned stemming from the experience of a unique university, state, and Tribal collaborative model for public health emergency preparedness assessment activities (Pearson et al., 2005). This collaborative model may be applicable to other public health preparedness efforts, as well as the broader range of general public health or workforce development partnerships between state, local, and Tribal health departments and academic institutions.

An additional study was conducted by the Nevada Division of Public and Behavioral Health (2005) that focused on 12 Tribal Federally Qualified Health Centers (FQHC) throughout the state of Nevada. The survey questions were designed to assess critical capacities and to provide information for gap analyses for responding to public health emergencies within each of the participating clinics. Findings from this study suggest that Nevada's Tribal FQHCs were in need of inclusion in community emergency response planning and drills as well as expanded and updated communication capabilities and staff training.

The study reports that 94% of FQHCs indicated that training is integral to improving their disaster preparedness. One of the primary concerns indicated by respondents of the survey was that the Tribal FQHCs were described as detached from local emergency planning efforts. The survey also indicated that 66% were not aware of their community's emergency response plan and 62% did not participate in local emergency planning. Findings indicate that only about 18% of the FQHCs actually participated in community disaster drills. Moreover, 50% of the FQHCs did not employ staff members with training in the clinical recognition of bioterrorism agents; only 21% reported having one or more staff members having received Incident Command System (ICS) training, and 39% with one or more staff trained in emergency management. When asked about training on Weapons of Mass Destruction (WMD), only 30% of the FQHCs had received awareness training on the subject.

Research conducted by Lippmann (2009) examined the link between culture and emergency preparedness. Lippmann was interested in examining vulnerable populations for

emergencies and the importance of culturally competent protocols for Tribal communities in response to disaster threats. Lippmann suggested that Tribal communities are often not prepared for a disaster in part due to cultural incompetency. Consequently, in spite of the training provided to respond to various natural or man-made disasters, these types of communities continue to be at risk.

While Lippmann's study compared two distinct Tribes, the Passamaquoddy Native Indian Tribe and the predominantly Muslim African Somalia Tribe, this review will focus primarily on the Passamaquoddy Tribe. Located in Perry, Maine, this Tribe has approximately 3,300 members situated on the St. Croix River (previously known as the Passamaquoddy River) straddling the U.S. and Canadian borders. The findings from this research indicate that only 22% of the Passamaquoddy Tribe reported receiving any information from the government regarding disaster preparedness.

Interestingly, nearly 80% of the Passamaquoddy Tribe indicated that they would not go to where the government proposed to send them in the event of an emergency. For example, when seeking information in a crisis, the majority of the Passamaquoddy Tribe contact friends, family, and neighbors, while the mainstream population tend to go to the Internet and media. Lippmann suggests that based upon the data collected from the Passamaquoddy Tribe, there is a need to establish culturally specific disaster management plans for these populations. This needs to be done from the community outward (as opposed to from the government downward) to investigate the needs of these cultural/ethnic groups and prove the need for culturally specific consideration when preparing these communities for disasters.

Lippmann's study is unique in that it attempts to take into consideration the cultural aspects associated with a Tribal community and how even among different Tribal communities they may or may not respond to an event in the same way due to their different customs and traditions. The result of this is that it makes the development and delivery of training and educational programs much more difficult.

While the assessment of Tribal all-hazards training needs is limited, there is some useful information to be gleaned based upon feedback from existing training programs. For example, the following feedback was provided by the Tribal participants in a public health preparedness training program delivered by the University of Arizona and the Arizona Department of Health Services (Peate and Mullins, 2008). Tribal participants indicated that there is a need for all personnel to understand ICS, but also that the provided training should incorporate cultural and other public health competencies into emergency preparedness plans. Respondents also suggested that the training could have been improved had the trainers developed a better understanding of Tribal infrastructure. For example, practical information about how Tribal community public health preparedness response is organized and who to call upon assistance would have been helpful. The Tribal members also stressed that public health should be included more in emergency planning and response.

Pauma, Calif., November 9, 2007 -- La Jolla Indian Reservation, Bureau of Indian Affairs (BIA) Firefighters work with the Burned Area Emergency Response (BAER) team to clear branches and brush from culverts in an effort to reduce flood risk and control erosion following the Southern California Fires. The fires burned 92% of the La Jolla Reservation land. Susie Shapira/ FEMA

According to DHS (2010), the local hazard mitigation planning process for Tribal Nations along with other state and local agencies has improved in accordance with the requirements set forth in the Disaster Mitigation Act of 2000, which established requirements for state and local hazard mitigation plans. As of March 2009, 50 states, 6 territories, 33 Tribal governments, and 18,000 local jurisdictions had approved local mitigation plans, covering approximately 77% of the Nation's population. Those specific 33 Tribes represent only 6% of the Tribal Nations on record in the United States. This would suggest that additional training and preparedness efforts are needed to support Tribal Nations.

2.0 Methodology

2.1 Sample

In 2009, a list of 562 federally recognized American Indian and Alaskan Native Tribes was obtained from the BIA and all 562 Tribal Leaders were contacted to inform them of the forthcoming survey. They were also informed the RDPC was working in conjunction with FEMA and the NCAI on the project as well as the benefits of the project to the Tribal Nations.

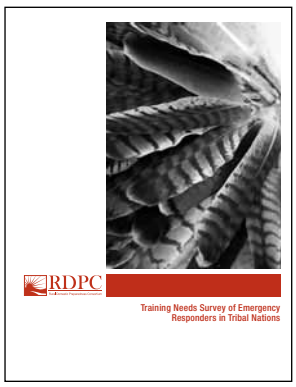
2.2 Mailings

Several waves of mailings were used to collect data for the study. Most of the materials were mailed via bulk mail between September and October 2009. However, prior to the initial mailing of the survey, an informative letter detailing the survey and its purpose was mailed on August 24, 2009. The next wave consisted of the initial mailing of the surveys, which were accompanied by a standardized cover letter to again explain the purpose of the survey as well as provide informed consent and glossary of the Target Capabilities, now

defined as the Core Capabilities (see Appendix A). The mailing date for this first wave was September 14, 2009. Approximately two weeks later on October 1, 2009, as a courtesy reminder of the RDPC's invitation to participate in the survey, postcards were mailed to all subjects who did not respond to the initial mailing. In a second attempt to solicit a response, approximately three-and-a-half weeks following the postcard mailing, a second mailing of the surveys were mailed on October 28, 2009 to all subjects who had not responded to the two previous attempts. In June of 2010, in an effort to achieve a higher response rate, a second reminder postcard was mailed out with a link to the online survey, encouraging those who had not yet responded to take the survey online. A month later, in July 2010, an RDPC staff member personally telephoned each tribe who had not yet taken the survey and encouraged them to participate. The staff member then mailed, faxed or emailed a hardcopy or link to the survey to the Tribal representative as requested.

A total of 4,655 surveys were mailed for this study. A total of 61 surveys were returned either incomplete or due to an undeliverable mailing address. Therefore, the adjusted sample size was 4,594. A total of 342 completed surveys were received, resulting in an adjusted response rate of 7.4%. Of the 562 Tribes surveyed, 233 individual Tribes responded to the survey, resulting in a 41.5% response rate for individual Tribes.

2.3 Survey Instrument



There were two survey formats used to collect data for this study. The first format was a pen or pencil self-administered, self-report survey in which respondents returned via postal mail. The other format was an online self-administered, self-report survey in which RDPC research staff members were able to download the data from the software website. The software used to create the instrument and collect the data was the Statistical Package for the Social Sciences (SPSS®) Dimensions' mrInterview™ program. Respondents were provided the online link to the survey in the cover letter that accompanied each mailing. In both formats, the survey instrument included multiple-choice, ranking, and open-ended questions. The survey questions can be categorized into three major areas: (1) identification of training delivery experiences and preferences, (2) identification of training needs and gaps and (3) basic demographic and background information. A copy of the survey instrument is provided in Appendix B.

The survey included numerous multiple-choice and ranking questions designed to explore seven different areas related to training delivery experiences and preferences: (1) required or expected annual trainings, (2) types of training certification or credit, (3) sources and factors used to select trainings, (4) training methods received and locations attended,

Fairbanks, Alaska, July 9, 2013 -- Dave Anderson, State Disaster Recovery Officer, Bryan Fisher, State Coordinating Officer, and Dolph Diemont, Federal Coordinating Officer, talk with local officials at the tribal meeting. Local meetings are useful for confronting disaster issues. Photo by Ed Edahl/ FEMA

(5) preferred training methods and locations, (6) technologies possessed to facilitate distance learning, and (7) barriers to training attendance.

The second area of the survey included questions designed to gather information related to a variety of homeland security related issues and initiatives in an effort to assess unmet training needs. Using a Likert Scale ranging from 1 (not at all knowledgeable) to 5 (extremely knowledgeable), respondents were first asked to indicate their level of knowledge about the following DHS initiatives: National Strategy for Homeland Security, National Incident Management System (NIMS), National Response Framework (NRF), National Infrastructure Protection Plan (NIPP), Target Capabilities List (TCL), Universal Task List (UTL), and National Preparedness Scenarios (NPS). This question was designed to reveal the initiatives in which respondents may need to receive more training. Another question asked respondents to indicate their agency's level of preparedness for each of the 15 major events outlined in the NPS. A Likert Scale ranging from 1 (not at all prepared) to 5 (extremely well prepared) was also used in this question. This question was designed to reveal the deficiencies in preparedness of each agency, which may be indicative of a need for training.

In a final attempt to assess the unmet training needs, respondents were asked a question based on the TCL. For each of the 37 target capabilities, respondents were asked: (1) whether they had received training in the last 24 months related to the capability, (2) whether it was important for them to possess knowledge and skills that related to the capability for their job, and (3) whether they were confident in their ability to perform tasks that relate to the capability. Respondents were asked to mark "yes" or "no" to each question. The inclusion of this unique frame of questioning allowed for a

more thorough understanding of unmet training needs. For example, if a significant percentage of respondents indicated that they were not confident in their ability to perform a certain task but considered it important to their job, the resulting conclusion is that this task is an unmet training need. This question can also be used to identify training areas where needs are being met. For example, if a significant percentage of respondents indicated that they were confident in performing tasks related to a capability and indicated that possessing knowledge and skills related to the capability is important to their job, it may suggest an area where further training may not be needed.

Demographic and background information was gathered to gain a better understanding of the roles and responsibilities of the respondents. Such questions were also included in order to develop a profile of the Tribal Nation responder. In addition, this information can be used by the RDPC to explore the specific training needs of Tribal first responders. These questions asked respondents to provide their job duty preformed for the tribe, if they served on any special response teams, the number of people involved with their responder discipline within their tribe, estimated number of residents, age, highest completed level of education, employment status (e.g., fulltime paid, part-time volunteer, etc.), and primary level of responsibility.

3.0 Results

The data from each of the 342 surveys were coded, entered, and analyzed using the Statistical Package for the Social Sciences (SPSS®) 16.0. Various statistical analyses were conducted, including frequencies, percentages, cross-tabulations, and measures of central tendency. It was determined that these methods of univariate and bivariate analysis were the most appropriate given the research objectives. Results are presented in order of the questions presented in the survey instrument.

3.1 Training Experiences and Preferences

In an effort to capture the training experiences of respondents, the survey included questions pertaining to training barriers, preferences of the types of training, and technologies available to respondents and their tribe.
As indicated in Table 3-1, 72.6% of respondents indicated that they are required to complete annual training for their current position.

Table 3-1: Required to Complete Annual Training for Current Position

Variable	N	%
Yes	247	72.6
No	93	27.4

Of the 247 respondents who indicated that they are required to complete annual training, 188 (74.3%) stated that these required trainings were related to homeland security and/or emergency preparedness. This is illustrated in Table 3-2.

Table 3-2: Annual Training Related to Homeland Security/Emergency Preparedness

Variable	N	%
Yes	188	74.3
No	93	27.4

As Table 3-3 displays, 39.7% of respondents are required to obtain Continuing Education Units (CEUS). In-service hours (31.1%) and college credits (3.8) were the other required certifications and credits. Interestingly, nearly one-third of the entire sample (32.1%) reported that they are not required to obtain any type of credit or certification.

Table 3-3: Required Certification or Credits

Variable	N	%
Continuing Education Units	135	39.7
Not Required	109	32.1
In-Service Hours	106	31.1
Other	82	24.1
College Credit	13	3.8

In addition to the types of certification or credit that respondents are required to obtain, respondents were asked the level of importance it is for a training course to offer certification or credit. Overall, respondents placed a great deal of importance on this matter. Three-fourths of the sample (75%) reported that the offering of certification or credit is either important or very important. Results are listed in Table 3-4.

Table 3-4: Importance of Training Course to Offer Certification or Credit

Variable	N	%
Very important	148	43.5
Important	107	31.5
Somewhat important	63	18.5
Not At All important	21	6.2

Respondents were asked how far in advance their Tribal leadership generally makes decisions regarding whether personnel will attend a specific training. Respondents in the entire sample overwhelmingly reported that their Tribal leadership generally makes such decisions one to three months prior to when the training will be held (62.5%), as demonstrated in Table 3-5.

Table 3-5: Tribal Council Decision-Making Times Regarding Training Attendance

Variable	N	%
1-3 Months prior to training	211	62.8
< 1 Month prior to training	78	23.2
4-6 Months prior to training	29	8.6

Table 3-5: Tribal Council Decision-Making Times Regarding Training Attendance (cont.)		
Variable	**N**	**%**
7-12 Months prior to training	10	3.0
> A Year in advance	5	1.5

Furthermore, respondents were asked, on average, how many times a year they receive training. As demonstrated in Table 3-6, the majority of respondents reported receiving training multiple times a year.

Table 3-6: Number of Trainings Received a Year		
Variable	**N**	**%**
2-3 Times a year	150	44.0
More than 5 times a year	59	17.3
Once a year	38	11.1
4-5 times a year	37	19.6
Less than once a year	25	7.3

Respondents were asked about the length of training they most preferred. As indicated in Table 3-7, over two-thirds of respondents (68.9%) indicated they preferred their length of training to be at least a day or longer. Shorter trainings, such as those lasting less than 4 hours, were less popular with only 7.6% preferring them.

Table 3-7: Length of Training Most Preferred		
Variable	**N**	**%**
More than one day	122	36.9
One day (8 hour)	106	32.0
More than 4 hours but less than 8 Hours	45	13.6
Other	33	10.0
Less than 4 hours	25	7.6

As indicated in Table 3-8, when asked which training providers the respondents had used within the last 24 months, more than half utilized federal government training providers (57.3%) and the state government training providers (50.0%). Tribal training providers (48.2%) and private training providers (42.1%) also accounted for a large number of trainings provided.

Table 3-8: Training Providers Within Last 24 Months		
Variable	**N**	**%**
U.S. Federal government training provider	196	57.3
U.S. State government training provider	171	50.0
Tribal training provider	165	48.2
Private training provider	144	42.1
U.S. Local government training provider	118	34.5
Other	36	10.5

The type of travel required for the trainings that respondents have attended in the last 24 months and prefer to attend was also a question. As Table 3-9 displays, the majority of respondents reported attending training outside of their jurisdiction (79.8%) as well as training that required travel (74.6%) and training within their jurisdiction (64.9%). Interestingly, less than half of respondents in the sample indicated a preferences to attend these trainings as displayed in Table 3-10.

Table 3-9: Type of Travel Required for Training (Have Attended)		
Variable	**N**	**%**
Outside jurisdiction, but within state	272	79.8
No travel	255	74.6
Within jurisdiction	222	64.9

Table 3-10: Type of Travel Required for Training (Prefer to Attend)		
Variable	**N**	**%**
Outside jurisdiction, but within state	138	40.4
No travel	131	38.3
Within jurisdiction	120	35.1

Respondents were asked to indicate the sources that they currently use and prefer to use to identify available training courses. The sources that respondents indicate they use the most were other federal agencies (64.3%), conferences or expositions (69.3%), and state agencies (61.6%). Of the sources that respondents preferred to use, the highest was again other federal agencies (34.2%). Respondents also indicated a preference to using DHS as a source for identifying available training at 32.2%. This data can be found in both Tables 3-11 and 3-12.

Table 3-11: Sources Currently Used to Identify Available Training Courses		
Variable	**N**	**%**
Other federal agencies	220	64.3
Conferences or expositions	237	69.3
State agencies	209	61.1
Professional/trade associations	165	48.2
Word of mouth/social networking	164	48.0
Local agencies	160	46.8
U.S. DHS	158	46.2
Tribal council/training coordinator	142	41.5
Local colleges or universities	133	38.9
Other	21	6.1

Table 3-12: Preferred Sources to Identify Available Training		
Variable	N	%
Other federal agencies	117	34.2
U.S. DHS	110	32.2
Conference or expositions	107	31.3
Local colleges or universities	100	29.2
State agencies	93	27.2
Professional/trade associations	88	25.8
Local agencies	78	22.8
Agency head/training coordinator	64	18.7
Word of mouth/social networking	58	17.0
Other	13	3.8

The next two questions assessed respondents' training experiences and preferences pertaining to training delivery formats. Respondents were asked to indicate the delivery formats of the training they had received (in the last 24 months) and the formats in which they prefer to receive training. In regards to the former, most respondents reported receiving training in the following formats: classroom-based training (81.8%), group or team training (78.8%), and hands-on training (70.1%). Respondents expressed the most preference for these training formats as well, though not in the same order: hands-on training (52.6%), classroom-based training (48.5%), and group or team training (42.1%). Tables 3-13 and 3-14 display the findings.

Table 3-13: Types of Training Delivery Formats Received		
Variable	N	%
Classroom-based training	279	81.8
Group or team training	269	78.7
Hands-on training	239	70.1
Online	199	58.2
Table-top exercises	189	55.4
CD-ROM or DVD	140	40.9
Videocnferencing	74	21.7
Correspondence course	42	12.3

Table 3-14: Types of Training Delivery Formats Preferred to Receive		
Variable	N	%
Hands-on training	180	52.6
Classroom-based training	166	48.5
Group or team training	144	42.1
Table-top exercises	106	31.0
Online	77	22.5
CD-ROM or DVD	42	12.3
Videoconferencing	37	10.8
Correspondence course	35	10.2
Other	0	0

Respondents were then asked about the factors that influence their decision to select a training, training barriers that they have experienced, and the types of technologies that their agency has available to them. As Tables 3-15, 3-16 and 3-17 indicate, the majority of respondents reported the following factors as being influential in their decision-making process: topic of interest (79.8%), the fact that the training is required (73.6%), dates and times of training (71%), location of the training (70.7%), and cost (70.7%). Further, nearly three-fourths of respondents reported that the cost of travel (72.7%) and the cost of the training (68.0) were barriers to attending the training, while over half of the respondents indicated the location of the training (52.8%) as a barrier. On the low end of barriers preventing training attendance is lack of access to technology and other equipment (8.8%). The reason for this may be due to the fact that close to one hundred percent of respondents (98.5%) reported that their agency possessed a computer as well as high-speed internet access (89.7%) to facilitate distance learning.

Table 3-15: Factors Influencing Training Selection		
Variable	N	%
Topic of interest	272	79.8
The training is required	251	73.6
Dates and times of the training	242	71.0
Location of the training	241	70.7
Cost	241	70.7
Desire to satisfy personal learning needs and goals	163	47.8
Availability of certification or credit	151	44.3
Reputation of the training provider or facility	125	36.7
Professional incentive	88	25.8
Other	12	3.5

Table 3-16: Barriers Preventing Training Attendance		
Variable	N	%
Cost of travel	248	72.7
Cost of training	232	68.0
Location of training	180	52.8
Work obligations	175	51.3
Dates and times of the course	170	49.9
Relevance of training content	147	43.1
Personal/family obligations	100	29.3
Reluctance to travel	42	12.3
Lack of backfill in jurisdiction	32	9.4
Training format	32	9.4
Lack of access to technology	30	8.8
Cost of backfill in jurisdiction	26	7.6
Required to use leave	21	6.2
Lack of professional incentive	19	5.6
None of these barriers exist	6	1.8

Table 3-17: Technologies Possessed to Facilitate Distance Learning		
Variable	**N**	**%**
Computer	336	98.5
High-speed internet access	306	89.7
DVD player	277	81.2
Videoconferencing	97	28.4
Personal digital assistants	41	12.0
Dial-up Internet access	36	10.6
Satellite downlink capabilities	32	9.4
Interactive television	11	3.2
Other	4	1.2
None	0	0

3.2 Training Needs and Gaps

The training needs of the respondents were assessed by employing several indicators. In one effort, respondents were asked to indicate their level of knowledge about several DHS initiatives. Their level of knowledge was measured by a Likert scale from 1 (not at all knowledgeable) to 5 (extremely knowledgeable). The mean/average score for each initiative is reported in Table 3-18. Respondents across all disciplines seemed to be the most knowledgeable about NIMS. For the other six initiatives that were provided to respondents, respondents reported not being any more than somewhat knowledgeable about them. The initiatives that had the lowest mean scores were (in order) the UTL, NIPP, TCL, and NPS. For each of these initiatives, respondents indicate their level of knowledge was between not all knowledgeable and somewhat knowledgeable.

Table 3-18: Level of Knowledge Regarding DHS Initiatives	
Variable	**$\bar{x}$**
National Incident Management System	3.4
National Strategy for Homeland Security	2.2
National Response Framework	2.2
National Preparedness Scenarios	1.9
National Infrastructure Protection Plan	1.8
Target Capabilities List	1.8
Universal Task List	1.6

In a similar effort to assess potential training needs of the respondents in the sample, respondents were asked to indicate their agency's level of preparedness for several major events based on the NPS, which were developed for use in national, federal, state, and local homeland security preparedness activities. These scenarios illustrate the potential scope, magnitude, and complexity of a range of threats or hazards of national significance with high consequence. Respondents' agency's level of preparedness was also measured by a Likert scale from 1 (not at all prepared) to 5 (extremely well prepared). Overall, respondents did not indicate that their agency was prepared for any of the scenarios. In fact, the largest mean score for the entire sample was in regards to a pandemic influenza outbreak, which indicated that respondents' agencies were somewhat prepared for this event. Findings are displayed in Table 3-19.

Table 3-19: Level of Preparedness Regarding Major Events	
Variable	**$\bar{x}$**
Pandemic influenza outbreak	2.3
Chlorine tank explosion	2.3
Toxic industrial chemical release	2.2
Major hurricane	2.2
Food contamination	2.2
Major earthquake	2.0
Improvised explosive device detonation	1.9
Foreign animal disease outbreak	1.8
Plague outbreak	1.8
Nerve agent release	1.7
Aerosol anthrax release	1.7
Cyber attack	1.8
Radiological dispersal device detonation	1.6
Blister agent release	1.6
Improvised nuclear device detonation	1.5

Finally, respondents were asked how important it is for them to possess knowledge and skills that relate to each capability for their job and if they are confident in their ability to perform tasks that relate to each of these capabilities. If a respondent indicated that a target capability was important to their job, but that they were not confident in their ability to perform the task associated with the capability, the resulting conclusion was that the capability represents an area where training is needed. Overall, the top five training needs are Economic and Community Recovery (41.8%), Mass Care: Sheltering, Feeding and Related Services (40.9%), Restoration of Lifelines (40.4%), Structural Damage Assessment (38.9%), and Critical Infrastructure Protection (38.6%).

Table 3-20: TCL Identified Training Needs[1]		
Variable	**N**	**%**
Common Target Capabilities		
Planning	74	21.6
Communications	71	20.8
Community preparedness and participation	86	25.1
Risk managment	111	32.5
Intelligence and information sharing and dissemination	116	33.9
Prevent Mission Area		
Information gathering and recognition of indicators and warnings	127	37.1
Intelligence analysis and production	123	36.0
Counter-terror investigation and law enforcement	94	27.5
CBRNE detection	104	30.4
Protect Mission Area		
Critical infrastructure protection	132	38.6
Food and agriculture safety and defense	124	36.3
Epidemiological surveillance and investigation	117	34.2
Laboratory testing	83	34.3
Respond Mission Area		
On-site management	78	22.8
Emergency operations center management	92	26.9
Critical resource logistics and distribution	118	34.5
Volunteer management and donations	103	30.1
Responder safety and health	96	28.1
Emergency public safety and security	86	25.1
Animal disease emergency support	110	32.2
Environmental Health	131	38.3
Explosive device response operation	106	31.0
Fire incident response support	83	24.3
WMD and hazardous materials response and decontamination	117	34.2
Citizen evacuation and shelter in-place	111	32.5
Isolation and quarantine	127	37.1
Search and rescue (Land-based)	96	28.1
Emergency public information and warning	117	34.2
Emergency triage and pre-hospital treatment	92	26.9
Medical surge	107	31.3
Medical supplies management and distribution	104	30.4
Mass prophylaxis	105	30.7
Mass care (sheltering, feeding, and related service)	140	40.9
Fatality management	128	37.4
Recovery Mission Area		
Structural damage assessment	133	38.9
Restoration of lifelines	138	40.4
Economic and community recovery	143	41.8

[1]The capabilities listed above were outlined in the former *Target Capabilities List* (Version 2.0), which was released in September 2007. These capabilities were remapped as Core Capabilities in the first edition of the *National Preparedness Goal,* which was released in September 2011.

3.3 Demographic and Background Information

Next, respondents were asked what job duty they perform for their tribe. As Table 3-21 displays, results were fairly spread out across the board, with the majority of respondents working in law enforcement (21.1%) and emergency management (17%). Twelve percent reported being Tribal leadership.

Table 3-21: Job Duties Performed by Tribe

Variable	N	%
Law enforcement	72	21.1
Emergency management	58	17.0
Healthcare	51	14.9
Tribal leadership	41	12.0
Fire service	41	12.0
Emergency medical	24	7.0
Public works	24	7.0
Administrative	16	4.7
Environmental planning	15	4.4
Social services	4	1.2
Public safety communications	1	0.3

Respondents were then asked if they served on any special response teams. Answers were nearly split on this question with 51% stating they did serve on a team, while 49% indicated they did not. Table 3-22 displays the results.

Table 3-22: Service on Special Response Teams

Variable	N	%
Yes	173	51
No	166	49

When asked how many people were involved with the respondents responder discipline within their Tribe, the majority indicated small responder disciplines with 33.6% containing between 1 – 10 responders and 20.2% containing between 11 – 20 responders. Full findings are displayed in table 3-23.

Table 3-23: Involved with Responder Discipline

Variable	N	%
Don't know	5	1.5
Zero	20	5.8
1-10	115	33.6
11-20	69	20.2
21-30	22	6.4
31-40	7	2.0
41-50	10	2.9

Table 3-23: Involved with Responder Discipline

Variable	N	%
51-60	7	2.0
61-70	0	0
71-80	8	2.3
81-90	3	0.9
91-100	1	0.3
100-150	7	2.0
151-200	2	0.6
200+	4	1.2

As Table 3-24 indicates, results were fairly stable across the board when respondents were asked the estimated number of residents living in their tribe. 24.9% reported 500 or less residents, 17.3% reported 501-1,000 residents, 22.5% reported 1,001 – 3,000 residents, 16.4% reported 3,001 – 5,000 residents, and 17.8% reported more than 5,000 residents living in their Tribe.

Table 3-24: Estimated Number of Residents in Tribe

Variable	N	%
500 or Less	85	24.9
501-1,000	59	17.3
1,001-3,000	77	22.5
3,001-5,000	56	16.4
More than 5,000	61	17.8

As indicated in Table 3-25, the most common ages of respondents were 36 – 45 (29.8%) and 46 – 55 (29.5%). There were no respondents under the age of 18 and very few between the ages of 18 and 25 (1.5%).

Table 3-25: Age

Variable	N	%
Under 18	0	0
18-25	5	1.5
26-35	41	12.0
36-45	102	29.8
46-55	101	29.5
56+	88	25.7

As displayed in Table 3-26, the majority of respondents had attended at least some type of higher learning institution with 23.1% attending some college and many more obtaining degrees, such as an Associate's degree (14.9%), a Bachelor's degree (24.3%), and/or a Master's degree (13.5%).

Table 3-26: Highest Level of Education Completed		
Variable	**N**	**%**
Some high school	2	0.6
High school/GED	25	7.3
Some college	79	23.1
Associate's degree	51	14.9
Bachelor's degree	83	24.3
Master's degree	46	13.5
Doctorate's degree (PhD or EdD)	5	1.5
Professional degree (MD or JD)	13	3.8
Other	6	1.8

The vast majority of respondents were currently employed as a full-time, paid employee in their tribe (91.2%). Results are reported in Table 3-27.

Table 3-27: Current Employment Status		
Variable	**N**	**%**
Full-time paid employee	312	91.2
Part-time paid employee	17	5.0
Full-time volunteer	2	0.6
Part-time volunteer	3	0.9
Other	6	1.8

When asked about their primary level of responsibility in their tribe, the majority of respondents considered themselves to be senior management (47.4%), with 31.9% reporting as middle management, 10.8% self-describing as lower management, and only 8.5% indicating they were a line staff member with no supervisory responsibilities. Results can be found in Table 3-28.

Table 3-28: Primary Level of Responsibility		
Variable	**N**	**%**
Line staff	29	8.5
Lower management	37	10.8
Middle management	109	31.9
Senior managment	162	47.4

4.0 Discussion

In determining the needs of Tribal jurisdictions as identified in this report, it is important to understand the basic demographics of the individuals who completed the initial survey. With regards to job duties, there were a variety of respondents, which points to the generalist responsibilities of many Tribal responders. Law enforcement, emergency management, and public health duties were most common for these individuals, while several other disciplines were also represented.

As suspected from other reviewed literature, the majority of surveyed agencies in these Tribal jurisdictions were small with the majority (61%) reporting less than 20 individuals in their agencies, and half of those (41%) with less than ten individuals. Interestingly, there was a wide variance of the estimated number of residents in each tribe. Responses ranged from 25% estimating 500 or less residents and 34% estimating more than 3,000 residents. However, these numbers are very characteristic of rural and remote areas found in other parts of the continental United States.

With regards to the individual who completed the survey, most of them were over the age of 35 (86%) and most (62%) had at least some college or a degree. Further, almost all of the respondents were fulltime, paid employees of the Tribal government (91%) and held either senior or middle management positions (79%). Therefore, the study suggests that the individuals who completed the survey on behalf of their Tribal government were leaders in their respective agencies.

Next, the existing training experiences and preferences of these Tribal Nations were examined. The results suggest that training is very important to these Tribal Nations and the respondents understand its importance to their jurisdictions' safety and well-being. For example, training is overwhelmingly required for the respondents' current positions (73%) with 74% of that training being related to homeland security and emergency preparedness. Further, 68% of these respondents are required to obtain certification or credits through CEUs, in-service hours, or some other type of system. As such, 75% of the respondents noted that it was very important for training providers to accompany the training courses with some type of certification or credit.

In addition to obtaining information about training in general, the survey also revealed information regarding specific training decisions and provisions. For example, the majority of training decisions (which classes to take) are made between one to three months ahead of time (63%). Generally, the respondents are able to take training two to three times a year (44%) due to their responsibilities to the Tribe and the modality and location of the training. When asked about the duration of the training, most noted that one day or more is most beneficial (69%). Further, a wide variety of training providers are utilized to include the federal government, state government, Tribal training providers, and private sector trainings. Additionally, with regards to travel required for training, most report either traveling within the state or that the training is provided within their Tribal jurisdiction. This is also similar to their preferences with regards to traveling for training opportunities. Much like training providers, the sources used to identify available courses are greatly varied. Among the top responses were conferences, federal agencies, and state agencies.

With advanced technologies in the 21st century, the modalities in which Tribal responders receive training is of interest. However, the majority of training received is still very traditional in a classroom-based setting (82%), while 58% reported completing online training. Additionally, when

asked their preferences on training modalities, the respondents favored hands-on (53%) or class-room based training (49%) the most. Also of great interest for training providers and developers is the determination of what factors influence what training will be attended for these Tribal respondents. The topic of the training is first and foremost (80%) for these respondents when deciding on what training to take. The reality of whether the training is required (74%) and dates, times, and location of the training (71%) are also among the top factors. As is readily viewable in today's current events, funding is generally an impediment for many government agencies. The Tribal first responders are no different and note that the cost of travel and the cost of training are both the top barriers that prevent them from attending desired training opportunities. However, it should be noted that technology is not an issue for these jurisdictions as 99% of the respondents reporting having access to a computer and 90% having access to high-speed Internet access. While it is obvious that these respondents would prefer face-to-face training, economic times coupled with existing access to technology should encourage training developers to continue increasing the interaction and realism of technology-based training delivery mechanisms.

An essential component of the research was to determine the training needs and gaps that currently existed for those serving in Tribal jurisdictions. Researchers first inquired about the respondents' knowledge of current DHS initiatives that are foundations to the preparedness, response, recovery, and mitigation strategies and plans in the United States.

Shawnee, Okla., May 27, 2013 -- At the Brendal Corners Absentee Shawnee donation and distribution center, Tribal Police Captain Anthony Johnson(R) and Officer Shawn Crowley speak with Donation Coordinator Beverly Felton. Food, clothing, and other supplies are being provided to May 19-20 tornado survivors. George Armstrong/FEMA

The respondents indicated a general knowledge of NIMS, but other initiatives such as the NPS, NIPP, and the former TCL and UTL were largely unknown. This information points to the need for outreach in Tribal jurisdictions regarding federal programs and plans.

On a similar scale, respondents were asked about their perceived level of preparedness regarding major events. The events in which the respondents had the highest perceived preparedness for were pandemic influenza outbreaks or chlorine tank explosions (average of 2.3 on a five point Likert scale). Incidents involving CBRNE were at the lowest perceived levels of preparedness. Thus, the research suggests that training in various critical areas is necessary in order to raise the preparedness levels within these Tribal jurisdictions.

Lastly, the respondents were presented with the TCL and asked how important it was for them to possess knowledge and skills related to each capability for their job and if they are confident in their ability to perform tasks that relate to each of these capabilities. As noted in the results, if a respondent noted that the capability was important, but they were not confident, it was listed as a training need.

The most substantial training need reported was in the category of economic and community recovery, which is in the recovery mission area. These respondents believe that they need training on how to implement short- and long-term recovery and mitigation processes after an incident. This capability supports both the critical tasks of developing resumption, restoration, and recovery plans and as well as the coordination of recovery and mitigation planning. The respondents also stated the need for mass care in the areas of sheltering, feeding, and related services, which is in the response mission area. This capability allows jurisdiction to provide immediate shelter, feeding centers, basic first aid, and bulk distribution of needed items and related services to persons affected by a large-scale incident. The third and fourth most needed training area for the respondents was in the restoration of lifelines and structural damage assessment. The restoration of lifelines is the capability to initiate and sustain restoration activities such as repair/replacement of infrastructure, whereas structural damage assessment is the capability to conduct damage and safety assessments of civil, commercial, and residential infrastructure and to perform structure inspections and mitigation activities.

In short, it is interesting that out of 37 target capabilities in five areas (Common, Prevent, Protect, Response, and Recover), three of the top four perceived needs were in the recover mission area. Further, these are the only three capabilities in the recovery area of the TCL. This research suggests that Tribal jurisdictions in this sample are concerned about their preparedness levels and a related lack of training in order to effectively operate after a disaster or critical incident has occurred within their jurisdiction. Training providers and developers should examine their course offerings and future developments to determine how they may fill this perceived void in these important jurisdictions.

5.0 Conclusion

What makes Tribal Nations unique and often difficult to support is that they have many different types of emergency management and public safety systems in various stages or conditions of operation. Due to their sovereign right of self-government, they are responsible for providing these emergency services. Some Tribes have their own emergency management agencies and fire departments, while others work with neighboring governments and communities to provide assistance to their Tribes. Because of their sovereign status they have the same responsibilities for the safety and security of their communities as do state and local governments. It is important to understand that Tribal Nations have broad emergency and first responder responsibilities, as well as extensive border responsibilities with immigration and smuggling implications—all integral aspects of homeland security

Tribal governments are often the only governmental presence in what has been described as frontier territories, which represent some of the most sparsely populated rural areas that are isolated from population centers and services. These Tribal Nations serve as the first, and often times only, first responder for the hundreds of Native and Non-Native communities in the United States. Given that it is a concern when asked to indicate their level of preparedness for a number of disasters or major events, Tribal responders felt as if they were not prepared to handle these types of events based upon the NPS. These scenarios are used to illustrate the potential scope, magnitude, and complexity of a range of threats or hazards that would have national significance with high consequence. For example, in each of the 15 scenarios listed, the majority of responding agencies indicated they were either not prepared or only somewhat prepared to deal with any of these different threats. The only exception to this was in the area of handling Pandemic Flu outbreaks.

Due to the location of many of the Tribes, another area of importance is border security. Nearly 40 Tribes are located directly on or near U.S. international borders with Mexico and Canada. Tribal governments have extensive border-security responsibilities, including immigration, anti-terrorism, and anti-smuggling. These Tribal Nations also have considerable critical infrastructure including oil and gas pipelines, nuclear facilities, missile sites, and dams.

This survey suggests that Tribal Nations have received little to no training in a number of key intelligence gathering and analysis techniques including indicators of terrorism, which would be crucial for identifying these types of elements entering our borders.

Regarding human and environmental safety, the survey would suggest that training is needed to better prepare Tribal Nations to identify the early signs of threats, such as food and environmental contamination and environmental hazards and threats from illegal drug production sites on native American lands. Because many of these Tribes are situated on U.S. international borders, they are part of the first line of defense.

Mentmore, N.M., March 14, 2013 -- A confident FEMA Region IX Administrator Nancy Ward and Navajo Nation President Ben Shelly (seated from left to right) shake hands heartily after signing a precedent setting formal agreement to implement federal disaster assistance directly with the Sovereign Navajo Nation to assist with their recovery from severe freeze that occurred December 15, 2012 to January 21, 2013. This historic event marks the first FEMA-Tribal agreement implemented west of the Mississippi since the amendment of the Stafford Act that provides federally recognized tribal governments to make a request directly to the President for a major disaster declaration without going through a state government. Photo by Kelly Hudson/FEMA

Another area that Tribal Nations indicated they had received little to no training in was recognizing or detecting CBRNE materials. This type of training is essential in areas that are often rural or remote and serve as clandestine routes for individuals seeking to evade law enforcement or go undetected as they enter the country illegally. Moreover, the data suggest that Tribal Nations have received little to no training in protecting their citizens or providing any support to neighboring communities in the event a terrorist event or other hazard occurs.

On a more positive note, 58% of responding Tribal Nations indicated that they are familiar with and knowledgeable regarding the National Strategy for Homeland Security. This also holds true for NIMS in which 48% indicating they were knowledgeable or very knowledgeable of these DHS documents. As mentioned earlier on the subject of Pandemic Influenza Outbreak, 48% of Tribal responders indicate they were prepared to extremely well prepared to address this public health issue in their communities. A majority of Tribal responders also said they completed training in the area of communications and community preparedness principals. Finally, consistent with their knowledge of NIMS, 57% indicate they are confident in their ability to perform tasks that relate to emergency operations center (EOC) management.

These findings suggest that progress has in fact been made on providing training to Tribal Nations especially in the areas of doctrine and policy, pandemic flu, and the procedures associated with managing an emergency operations center. Areas that DHS may want to consider developing and or providing training are events are based upon the NPS as well as border security, environmental and food safety, intelligence analysis, and how to identify and respond to events involving CBRNE materials.

6.0 References

Bureau of Indian Affairs. (2013). *Frequently asked questions*. Retrieved from http://www.bia.gov/FAQs/

Federal Emergency Management Agency. (2013a). *FY 2013 Tribal homeland security grant program (THSGP)*. Retrieved from http://www.fema.gov/tribal-homeland-security-grant-program

Federal Emergency Management Agency. (2013b). *Tribal.* Retrieved from http://www.fema.gov/tribal

Lippmann, A. (2009). *Disaster threats to vulnerable populations: Cultural competency critical to disaster threats.* Retrieved from http://www.diversitypreparedness.org/SiteData/docs/Disaster_T/202000c5b4328ccc/Disaster_Threats_to_Vulnerable_Populations_edited__2_.pdf

National Congress of American Indians. (2013). *Tribal governance: Emergency management.* Retrieved from http://www.ncai.org/policy-issues/tribal-governance/emergency-management

National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities (2012). *Topic of the month: Preparing American Indians and Alaskan Natives*. Retrieved from http://www.diversitypreparedness.org/Topic-of-the-Month/Archives/Article/144/pageindex--60/tomid--20030/

Nevada Division of Public and Behavioral Health. (2004). *Community and Tribal health clinic emergency response preparedness training in Nevada: 2004 report*. Retrieved from http://health.nv.gov/PDFs/PHP/HealthClinicAssessment.pdf

Peate, W. & Mullins, J. (2008). Disaster preparedness training for Tribal leaders. *Journal of Occupational Medicine and Toxicology, 3*(2). Retrieved from http://www.occup-med.com/content/3/1/2

Pearson, D., Thompson, J., Finkbonner, J., Williams, C., & D'Ambrosia, L. (2005). Assessment of public health workforce bioterrorism and emergency preparedness readiness among Tribes in Washington State. *Journal Public Health Management and Practice, 11*(6), S113-S118.

U.S. Department of Homeland Security (2007) *Target capabilities list (version 2.0).* Retrieved from http://www.fema.gov/pdf/government/training/tel.pdf

U.S. Department of Homeland Security (2010). *FEMA's preparedness for the next catastrophic disaster – An update*. Retrieved from http://www.oig.dhs.gov/assets/Mgmt/OIG_10-123_Sep10.pdf

U.S. Department of Homeland Security (2011). *National preparedness goal* (first edition). Retrieved from http://www.fema.gov/pdf/prepared/npg.pdf

U.S. Department of Homeland Security. (2012). *Tribal resource guide*. Retrieved from http://www.dhs.gov/xlibrary/assets/iga/dhs-tribal-resource-guide.pdf

7.0 Appendix A: Target Capabilities List Glossary

2009 RDPC National Training Needs Survey

Target Capabilities List – Supplemental Glossary

This glossary provides a concise definition of each of the 37 target capabilities as identified by the U.S. Department of Homeland Security. It is intended to assist you with the final question on the survey. You can learn more about the Target Capabilities List by accessing the full report at the following link: http://www.fema.gov/pdf/government/training/tcl.pdf.

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a. Planning: The mechanism through which entities develop, validate, and maintain plans, policies, and procedures describing how they will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from Catastrophic events.

b. Communications: The fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Once an agency is operable, meaning they must have sufficient wireless communications to meet their everyday internal and emergency communications requirements, they can work toward interoperability, which is the ability to talk within and across agencies and jurisdictions via a communications system.

c. Risk Management: The capacity to identify and measure risk prior to an event, based on credible threats/hazards, vulnerabilities, and consequences, and to manage the exposure to that risk through the prioritization and implementation of risk-reduction strategies.

d. Community Preparedness and Participation: This capability provides that everyone in the community is fully aware, trained, and practiced on how to prevent, protect/mitigate, prepare for, and respond to all threats and hazards; further, this requires a role for citizens in personal preparedness, exercises, ongoing volunteer programs, and surge capacity response.

e. Intelligence and Information Sharing and Dissemination: The multi-jurisdictional, multidisciplinary exchange and dissemination of relevant, actionable, timely, and preferably declassified or unclassified information and/or intelligence that is updated frequently.

f. Information Gathering and Recognition of Indicators and Warnings: Entails the gathering, consolidation, and retention of raw data and information from human sources, observation, technical sources and open (unclassified) materials. Recognition of indicators and warnings is the ability to see in this gathered data the potential trends, indications, and/or warnings of criminal and/or terrorist activities (including planning and surveillance) against U.S. citizens, government entities, critical infrastructure, and/or our allies.

g. Intelligence Analysis and Production: The merging of data and information for the purpose of analyzing, linking, and disseminating timely and actionable intelligence with an emphasis on the larger public safety and homeland security threat picture.

h. Counter-Terror Investigation and Law Enforcement: The broad range of activities undertaken by law enforcement and related entities to detect, examine, probe, investigate, and conduct operations related to potential terrorist activities.

i. Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) Detection: The ability to detect CBRNE materials at points of manufacture, transportation, and use.

j. Critical Infrastructure Protection: Enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue, and mitigate intentional efforts to destroy, incapacitate, or exploit the Nation's critical infrastructure and key resources.

k. Food and Agriculture Safety and Defense: The capability to prevent, protect against, respond to, and recover from chemical, biological, and radiological contaminants, and other hazards that affect the safety of food and agricultural products.

l. **Epidemiological Surveillance and Investigation:** The capacity to rapidly conduct epidemiological investigations. It includes exposure and disease (both intentional release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendation for the implementation of control measures.

m. **Laboratory Testing**: The ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure, or exposure, to all-hazards which include chemical, radiological, and biological agents in all matrices including clinical specimens, food and environmental samples.

n. **On-Site Incident Management**: The capability to effectively direct and control incident activities by using the Incident Command System consistent with the National Incident Management System.

o. **Emergency Operations Center (EOC) Management**: The ability to provide multi-agency coordination for incident management by activating and operating an EOC for a pre-planned or no-notice event.

p. **Critical Resource Logistics and Distribution**: The capability to identify, inventory, dispatch, mobilize, transport, recover, and demobilize and to accurately track and record available human and material critical resources throughout all incident management phases.

q. **Volunteer Management and Donations**: The capability to effectively coordinate the use of volunteers and donations in support of domestic incident management.

r. **Responder Safety and Health**: Ensures adequate trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of on-scene first responders, hospital/medical facility personnel (first receivers), and skilled support personnel through the creation and maintenance of an effective safety and health program.

s. **Emergency Public Safety and Security Response**: The capability to reduce the impact and consequences of an incident or major event by securing the affected area, including crime/incident scene preservation issues as appropriate, safely diverting the public from hazards, providing security support to other response operations and properties, and sustaining operations from response through recovery.

t. **Animal Disease Emergency Support**: The capability to protect, prevent, detect, respond to, and recover from threats and incidents that would result in the disruption of industries related to U.S. livestock, other domestic animals (including companion animals) and wildlife and/or endanger the food supply, public health, and domestic and international trade.

u. **Environmental Health**: The capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency on the public (e.g., contaminated food, air, water, solid waste/debris, hazardous waste, vegetation, sediments, and vectors).

v. **Explosive Device Response Operations**: The capability to coordinate, direct, and conduct improvised explosive device (IED) response after initial alert and notification.

w. **Fire Incident Response Support**: Provides coordination and implementation of fire suppression operations, which include the following tasks: assessing the scene, assigning resources, establishing an incident command system consistent with the National Incident Management System, communicating the status of the situation, requesting additional resources, establishing a safe perimeter, evacuating persons in danger, rescuing trapped victims, conducting fire suppression, determining the cause of the fire(s), and ensuring the area is left in a safe condition.

x. **Weapons of Mass Destruction (WMD) and Hazardous Materials Response and Decontamination**: The capability to assess and manage the consequences of a hazardous materials release, either accidental or as part of a terrorist attack.

y. **Citizen Evacuation and Shelter-in-Place**: The capability to prepare for, ensure communication of, and immediately execute the safe and effective sheltering-in-place of an at-risk population (and companion animals), and/or the organized and managed evacuation of the at-risk population (and companion animals) to areas of safe refuge in response to a potentially or actually dangerous environment. This capability also involves the safe reentry of the population where feasible.

z. **Isolation and Quarantine**: The capability to protect the health of the population through the use of isolation and/or quarantine measures in order to contain the spread of disease.

aa. **Search and Rescue (Land-Based)**: The capability to coordinate and conduct search and rescue (SAR) response efforts for all hazards, including searching affected areas for victims (human and, to the extent no humans remain endangered, animal) and locating, accessing, medically stabilizing, and extricating victims from the damaged area.

bb. **Emergency Public Information and Warning**: Includes public information, alert/warning and notification and involves developing, coordinating, and disseminating information to the public, coordinating officials, and incident management and responders across all jurisdictions and disciplines effectively under all hazard conditions.

cc. **Emergency Triage and Pre-Hospital Treatment**: The capability to appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

dd. **Medical Surge**: The capability to rapidly expand of the capacity of the existing healthcare system (long-term facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care in response to an event that results in an increased need for personnel, support functions, physical space, and logistical support.

ee. **Medical Supplies Management and Distribution**: The capability to procure and maintain pharmaceuticals and medical materials prior to an incident and to transport, distribute, and track these materials during an incident.

ff. **Mass Prophylaxis**: The capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats.

gg. **Mass Care**: The capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items, and related services to persons affected by a large-scale incident.

hh. **Fatality Management**: The ability to effectively deal with all matters that pertain to the dead. This includes collection and recovery of the dead, scene documentation, collection and recovery of the victim's personal effects, decontamination of remains, forensic and physical evidence collection, determination and certification of the cause of death, and processing and returning the remains.

ii. **Structural Damage Assessment**: The capability to conduct damage and safety assessments of civil, commercial, and residential infrastructure and to perform structural inspections and mitigation activities.

jj. **Restoration of Lifeline**: The capability to initiate and sustain restoration activities which includes facilitating the repair/replacement of infrastructure for oil, gas, electric, telecommunications, drinking water, wastewater, and transportation services.

kk. **Economic and Community Recovery**: The capability to implement short- and long-term recovery and mitigation processes after an incident, which includes identifying the extent of damage caused by an incident, conducting thorough post-event assessments and determining and providing the support needed for recovery and restoration activities to minimize future loss from a similar event.

8.0 Appendix B: Survey Instrument

Rural Domestic Preparedness Consortium

2009 Training Needs Survey of Emergency Responders in Tribal Nations

Instructions: If you prefer to complete the survey online, you may access the survey at the following link: http://surveys.jsc.eku.edu/2009tribalsurvey.html. Before you can begin the survey, you will be required to enter a survey code. The survey code is the four-digit number printed at the top-right of the cover page. If you have chosen to complete the paper version of the survey, please proceed with the questions provided below. For the questions that prompt you to mark your answer, place an "X" in the appropriate box or boxes. Thank you in advance for your participation.

First, we would like to ask you about your training preferences and experiences while in your current role for your tribe.

1. Are you required or expected to complete annual training for your current position?
   - ☐ Yes
   - ☐ No ***(If no, please skip to question #3)***

2. If yes, is any of the annual training that you are required or expected to complete related to homeland security and/or emergency preparedness?
   - ☐ Yes
   - ☐ No

3. What type(s) of certification or credit are you required to obtain? ***(Please mark all that apply)***
   - ☐ Continuing Education Units (CEU)
   - ☐ College credit
   - ☐ In-service hours
   - ☐ Other (please specify): _____
   - ☐ I am not required to obtain certification or credit

4. How important is it to you for a type of training to offer certification or credit? ***(Please mark only one answer)***
   - ☐ Not at all important
   - ☐ Somewhat important
   - ☐ Important
   - ☐ Very important

5. How far in advance do you or your Tribal council generally make decisions regarding whether you will attend a specific training? ***(Please mark only one answer)***
   - ☐ Less than 1 month prior to the training
   - ☐ 1-3 months prior to the training
   - ☐ 4-6 months prior to the training
   - ☐ 7-12 months prior to the training
   - ☐ More than a year in advance

6. On average, how many times a year do you receive training? ***(Please mark only one answer)***
   - ☐ Less than once a year
   - ☐ Once a year
   - ☐ Two to three times a year
   - ☐ Four to five times a year
   - ☐ More than five times a year

7. What length of training do you most prefer? ***(Please mark only one answer)***
   - ☐ Less than 4 hours
   - ☐ More than 4 hours but less than 8 hours
   - ☐ One day (8 hours)
   - ☐ More than one day
   - ☐ Other (please specify): _____

8. Please identify which of the following have provided the type(s) of training you have received within the last 24 months. ***(Please mark all that apply)***
   - ☐ Tribal training provider
   - ☐ U.S. local government training provider
   - ☐ U.S. state government training provider
   - ☐ U.S. federal government training provider
   - ☐ Private training provider
   - ☐ Other (please specify):_____

9. Please indicate the travel, if any, required for the type(s) of training you <u>have attended</u> in the last 24 months and the travel, if any, required by the type(s) of training you <u>prefer to attend</u>. ***(Please mark all that apply)***

Training Travel Requirement	**Have Attended**	**Prefer to Attend**
Training that requires no travel	☐	☐
Training that requires travel within the jurisdiction of my Tribal nation	☐	☐
Training that requires travel outside of the jurisdiction of my Tribal nation	☐	☐

10. Please indicate the sources that you currently use and the sources you prefer to use to identify available types of training. **(*Please mark all that apply*)**

Source	Currently Use	Prefer to Use
Professional/trade associations	☐	☐
Conferences or expositions	☐	☐
Word of mouth/social networking	☐	☐
U.S. Department of Homeland Security	☐	☐
Other U.S. federal government agencies	☐	☐
U.S. state government agencies	☐	☐
U.S. local government agencies	☐	☐
Local colleges or universities	☐	☐
Tribal council and/or training coordinator	☐	☐
Other (please specify): _____	☐	☐

11. Please indicate the type(s) of training delivery format(s) you have received during the last 24 months and the type(s) of training delivery format(s) in which you prefer to receive? ***(Please mark all that apply)***

Training Format	Have Received	Prefer to Receive
Group or team training	☐	☐
CD-ROM or DVD	☐	☐
Online (e.g., Web stream, Webcast, Webinar)	☐	☐
Hands-on training	☐	☐
Table-top exercises	☐	☐
Classroom-based training (e.g., lecture, seminar, workshop)	☐	☐
Correspondence course	☐	☐
Videoconferencing	☐	☐
Other (please specify): _____	☐	☐

12. What factors influence your decision to select a type of training? ***(Please mark all that apply)***

☐ The training is required
☐ Dates and times of the training
☐ Topic of interest
☐ Location of the training
☐ Desire to satisfy personal learning needs and goals
☐ Reputation of the training provider or
☐ Cost
☐ Availability of certification or credit
☐ Professional incentive
☐ Other (please specify):_____

13. What, if any, of the following barriers prevent you from attending a type of training? ***(Please mark all that apply)***

- ☐ Reluctance to travel
- ☐ Cost of travel
- ☐ Cost of training
- ☐ Location of training
- ☐ Personal/family obligations
- ☐ Work obligations
- ☐ Required to use leave (e.g., compensatory, sick, or vacation)
- ☐ Relevance of training content
- ☐ Training format
- ☐ Dates and times of the course
- ☐ Lack of access to technology/other
- ☐ Lack of professional incentive
- ☐ Cost of backfill in jurisdiction
- ☐ Lack of backfill in jurisdiction
- ☐ None of these barriers exist

14. Which technologies do you have at your access to facilitate distance learning? ***(Please mark all that apply)***

- ☐ Computer
- ☐ High speed Internet access
- ☐ Dial-up Internet access
- ☐ DVD player
- ☐ Videoconferencing
- ☐ Satellite downlink capabilities
- ☐ Interactive television (ITV)
- ☐ Personal Digital Assistants (PDAs)
- ☐ Other (please
- ☐ None of these technologies

Next, we would like to ask you a series of questions about your level of knowledge and preparedness in regards to a variety of federal initiatives and major events, as well as your unmet training needs as they relate to the Target Capabilities List (TCL).

15. Using the scale provided below, please indicate your level of knowledge about the following U.S. Department of Homeland Security (DHS) initiatives. ***(Please assign a score to each initiative that represents your level of knowledge)***

1 = Not at all knowledgeable
2 = Somewhat knowledgeable
3 = Knowledgeable
4 = Very knowledgeable
5 = Extremely knowledgeable

a. _____ National Strategy for Homeland Security
b. _____ National Incident Management System (NIMS)
c. _____ National Response Framework (NRF)
d. _____ National Infrastructure Protection Plan (NIPP)
e. _____ Target Capabilities List (TCL)
f. _____ Universal Task List (UTL)
g. _____ National Preparedness Scenarios (NPS)

16. Using the scale provided below, please indicate your agency's level of preparedness for each of the following major events. These events are based on DHS's National Planning Scenarios which were developed for use in national, Federal, State, and local homeland security preparedness activities. These scenarios illustrate the potential scope, magnitude, and complexity of a range of threats or hazards of national significance with high consequence. ***(Please assign a score to each event that represents your agency's level of preparedness)***

    1 = Not at all prepared
    2 = Somewhat prepared
    3 = Prepared
    4 = Well prepared
    5 = Extremely well prepared

a. _____ Improvised Nuclear Device Detonation
b. _____ Radiological Dispersal Device Detonation
c. _____ Improvised Explosive Device Detonation
d. _____ Foreign Animal Disease Outbreak
e. _____ Blister Agent Release
f. _____ Toxic Industrial Chemical Release
g. _____ Nerve Agent Release
h. _____ Chlorine Tank Explosion
i. _____ Major Earthquake
j. _____ Major Hurricane
k. _____ Aerosol Anthrax Release
l. _____ Plague Outbreak
m. _____ Pandemic Influenza Outbreak
n. _____ Food Contamination
o. _____ Cyber Attack

The TCL has been developed by DHS to identify and define capabilities that the Nation may need to achieve and sustain, depending on relevant risks and threats, in order to prevent, protect against, respond to, and recover from major events. For more information about each capability, please refer to the attached glossary.

17. For each of the 37 target capabilities listed below, we would like to know:
    1. **Have you received training in the last 24 months related to this capability?**
    2. **Is it <u>important</u> for you to possess knowledge and skills that relate to this capability for your job?**
    3. **Are you <u>confident</u> in your ability to perform tasks that relate to this capability?**

    (***For each target capability, please place an "X" in the box that best represents your answer for each of the questions)***

Target Capability	Have you received training in the last 24 months related to this capability?	Is it important for you to possess knowledge and skills that relate to this capability for your job?	Are you confident in your ability to perform tasks that relate to this capability?
Common Target Capabilities			
a. Planning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b. Communications	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c. Community Preparedness and Participation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d. Risk Management	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e. Intelligence and Information Sharing and Dissemination	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Prevent Mission Area			
f. Information Gathering and Recognition of Indicators and Warning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g. Intelligence Analysis and Production	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h. Counter-Terror Investigation and Law Enforcement	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
i. CBRNE Detection	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Protect Mission Area			
j. Critical Infrastructure Protection	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
k. Food and Agriculture Safety and Defense	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
l. Epidemiological Surveillance and Investigation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
m. Laboratory Testing	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Respond Mission Area			
n. On-Site Incident Management	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
o. Emergency Operations Center Management	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Target Capability	Have you received training in the last 24 months related to this capability?	Is it <u>important</u> for you to possess knowledge and skills that relate to this capability for your job?	Are you <u>confident</u> in your ability to perform tasks that relate to this capability?
p. Critical Resource Logistics and Distribution	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
q. Volunteer Management and Donations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
r. Responder Safety and Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
s. Emergency Public Safety and Security	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
t. Animal Disease Emergency Support	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
u. Environmental Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
v. Explosive Device Response Operations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
w. Fire Incident Response Support	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
x. WMD and Hazardous Materials Response and Decontamination	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
y. Citizen Evacuation and Shelter In-Place	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
z. Isolation and Quarantine	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
aa. Search and Rescue (Land-Based)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
bb. Emergency Public Information and Warning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
cc. Emergency Triage and Pre-Hospital Treatment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
dd. Medical Surge	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ee. Medical Supplies Management and Distribution	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ff. Mass Prophylaxis	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
gg. Mass Care (Sheltering, Feeding, and Related Service)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Target Capability	Have you received training in the last 24 months related to this capability?	Is it <u>important</u> for you to possess knowledge and skills that relate to this capability for your job?	Are you <u>confident</u> in your ability to perform tasks that relate to this capability?
hh. Fatality Management	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Recover Mission Area			
ii. Structural Damage Assessment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
jj. Restoration of Lifelines	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
kk. Economic and Community Recovery	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Lastly, we would like to ask you some background questions about you and your tribe.

1. What job duty do you perform for your tribe? _____

2. Do you serve on any special response teams?
   ☐ Yes (please specify): _____
   ☐ No

3. How many people are involved with **your responder discipline** within your tribe? _____

4. What is the estimated number of residents (population) in your tribe? ***(Please mark only one answer)***
   ☐ 500 or Less
   ☐ 501 – 1,000
   ☐ 1,001 – 3,000
   ☐ 3,001 – 5,000
   ☐ More than 5,000

5. What is your age?
   ☐ Under 18
   ☐ 18-25
   ☐ 26-35
   ☐ 36-45
   ☐ 46-55
   ☐ 56+

6. What is the highest level of education you have completed? ***(Please mark only one answer)***
   ☐ Some high school
   ☐ High school/GED
   ☐ Some college
   ☐ Associate's degree
   ☐ Bachelor's degree
   ☐ Master's degree
   ☐ Doctorate's degree (e.g., PhD or EdD)
   ☐ Professional degree (e.g., MD or JD)
   ☐ Other (please specify):_____

7. Which of the following best describes your current employment status? ***(Please mark only one answer)***
   ☐ Full-time paid employee
   ☐ Part-time paid employee
   ☐ Full-time volunteer
   ☐ Part-time volunteer
   ☐ Other (please specify):_____

8. Which of the following best reflects your primary level of responsibility? ***(Please mark only one answer)***
   ☐ Line staff (no supervisory responsibilities)
   ☐ Lower management
   ☐ Middle management
   ☐ Senior management

Prepare For The Worst, Train To Be The Best

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