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Cultural Competence, Emergency Management, and Disaster Response and Recovery Efforts Among African Americans

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2016

Abstract

Cultural Competence, Emergency Management, and Disaster Response and Recovery

Efforts among African Americans

by

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MPA, Metropolitan College of New York, 2007

BS, Excelsior College, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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Abstract

Natural disasters disrupt African American communities in the United States and can exacerbate the degree of poverty for individuals within these communities, necessitating greater aid from local, state, and federal governments.   The purpose of this study was to investigate the role of cultural competence in disaster response serving African American communities. This research study focused on emergency manager's comprehension and education of cultural competence, what they recognized to be vital elements of a culturally competent emergency manager, and what the obstacles and components are to bring about the changes to the profession. This study used a qualitative case study design and a theoretical framework based on the Campinha-Bacote model for care for cultural competence. Study data from interviews with 15 emergency manager practitioners and African American disaster survivors were inductively coded and thematically analyzed. The study produced data regarding cultural competence, values, ethics, beliefs, and thought processes of the participants. The findings showed that the emergency managers and survivors had diverging or contrasting beliefs of the emergency managers' cultural competency levels; this difference in perception was the major theme of the study.   The study also concluded that implementing the Campinha-Bacote model for Cultural Competence in the Delivery of Healthcare Services, emergency managers dramatically improve disaster response and recovery efforts not only to the African American community but other diverse minority communities as well. This study contributes to positive social change by helping U.S. emergency managers become more culturally competent and better equipped to serve diverse minority communities during a disaster.

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Dedication

I dedicate this achievement to my Lord and savior Jesus Christ; this could not have been achieved without your inspiration of strength and resilience. I dedicate this to my niece Melania Laine and nephews Khrystian Laine, Zachary Laine. I hope this achievement can inspire you to strive for your own academic success. I dedicate this to my parents Andre Laine Sr. (deceased 2002) and Marie Denise Laine. You have always been a great example to me and my brothers; you also remind us the importance of family. I hope I can continue to live up to your standards in my life. I also dedicate this to my brothers Andre Laine Jr., Edwin Laine, and Carl Laine.   I hope it can inspire you to realize that it is never too late for continuing your education.

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Chapter 1: Introduction to the Study

Overview

Natural disasters of all types and degrees have reshaped the world and created

tremendous human needs for disaster response on an enormous scale. Some groups

suffer significantly more than others in the wake of natural disasters that can exacerbate

conditions of poverty in poor or rural communities, necessitating increased aid from

local, state, and federal governments (Wright, 2011). Major U.S. natural disasters in the

21st Century, including Hurricane Katrina, have demonstrated that the emergency

response provided by local, state, and federal organizations to African American

populations has been poor (Bullard & Wright, 2012). African Americans living in

underprivileged communities have difficulties responding to and recovering from

disasters because they have limited resources and access to public and private disaster

response organizations (Mueller, Bell, Chang, & Henneberger, 2011). African American

communities also consistently receive inferior emergency response services in

comparison to their White counterparts (Wright, 2011).

This study investigated why African Americans do not receive the disaster-related

emergency services to which they are entitled. One possible cause of these reduced

resources and recovery efforts is a lack of cultural awareness on the part of local, state

and federal governments (Mueller et al., 2011). Some emergency management teams

that lack cultural awareness will stimulate fear and dislike among residents of African

American communities. Research has demonstrated that cultural competence can be

effective in the health care and public services community such as healthcare and first

responders (Vasiliou et al., 2013). The display of cultural competence on the part of disaster-response teams and organizations is an effective tool in disaster response situations. The influence of cultural competence within emergency management has not been systematically researched as a possible solution.

The purpose of this qualitative case study was to examine the role of cultural competency in disaster preparedness and response within African American communities. This study clarifies the role of cultural competency for service providers and how cultural competency affects the ability of members of impoverished African American communities to obtain disaster-response services.

Background

Emergency management is an interdisciplinary field that implements strategic managerial procedures designed to protect a community's critical assets from hazardous risks of disastrous or catastrophic events (Haddow, Bullock, & Coppola, 2014). During an emergency in the United States, public departments and agencies are required by the Executive Directives and Homeland Security Act (Pub. L. 107-296, 116 Stat. 2135, 2002) to perform emergency support functions and to aid in the recovery efforts such as transportation, firefighting, and mass care (Department of Homeland Security, Federal Emergency Management Agency [DHS/FEMA], 2013). Each public service department, such as the U.S. Department of Energy and the U.S. Department of Agriculture, has a particular role in helping emergency management accomplish its mission of response and recovery. In emergency management, response and recovery support in the United States

are provided at the local level and include both local- and state-level emergency response services (DHS/FEMA, 2013).

The core purpose of emergency management is for departments and agencies to collaborate in their emergency and hazard response and recovery efforts (DHS/FEMA, 2013). In the United States, emergency first responders are usually the distributers of response and recovery services during emergencies (US Department of Homeland Security, 2013). The other significant part of a disaster is the recovery of the community (US Department of Homeland Security, 2013). Each department and agency has its expertise and jurisdiction to handle its respective areas. Emergency management handles only one area of service: the coordination of departments' and agencies' responses during an emergency.

Local community stakeholders have a critical role in strategic planning for the Federal Emergency Management Agency (FEMA), a U.S. federal government agency that comprises a number of emergency responding agencies. FEMA has an adopted a whole-community approach that includes the public and private sectors, interfaith-based institutions, local and state governments, and community-based organizations (DHS/FEMA, 2011).

At the time of this study, the interests of underprivileged communities in the United States were not represented in the planning and response processes of the U.S. emergency management industry. When residents of economically distressed communities are not adequately prepared to address a disaster, the destructive impacts of a natural disaster can have a crippling effect on the lives of residents (Archer &

Boonyabancha, 2011). Predominately white emergency response and recovery service providers, although well intentioned, may not be aware of certain aspects of African American culture that have a significant potential to impact emergency responses, such as religion, spirituality, kinship ties, and communications. This inadequate comprehension of cultural awareness means that vital aid does not reach the African American communities that are most in need (Davidson et al., 2013). Another issue involves the distrust for authorities and public services by some populations within African American communities. The past failures in disaster response within economically distressed communities demonstrate the critical need for multicultural awareness on the part of emergency management professionals (Pitts, Hicklin, Hawes, & Melton, 2010). By becoming more cultural competent, emergency responders can reestablish some of this lost trust.

Inadequate emergency management services exacerbate the challenges already facing many African American communities. African American communities are statistically more likely to contain substandard housing that is underprepared and underinsured for any type of disaster, natural or otherwise (Mueller et al., 2011). The emergency management challenges across African American communities vary; some African American communities have greater response and recovery challenges from a disaster because of factors such as financial and social backgrounds (Wright, 2011). African American communities are more likely to be underserved by public and private disaster relief organizations during response and recovery efforts after hazardous events (Davidson et al., 2013). Not surprisingly, residents of African American communities

have lost faith in local, state, and federal government to fully cooperate with in all phases

of emergency management preparedness, mitigation, response, and recovery (Bullard &

Wright, 2012). This lack of faith by African American communities in local emergency

management organizations creates a need for improved cultural awareness within

emergency management.

In order to be effective, emergency managers must approach disaster situations

with an understanding of the history, culture, systems, and ethics of the affected region

(U.S. Department of Health and Human Services Office of Minority Health, 2008). The

need for cultural competency has increased because the United States has become more

diverse (US Department of Health and Human Services Office of Minority Health, 2015).

Homogeneous perspectives are limited and can be ineffective in an evolving, diverse

world (US Department of Health and Human Services Office of Minority Health, 2015).

If understanding of the social environment that they serve does not exist, the results can

lead to distrust and dislike of the public sector services (Bullard & Wright, 2012).

Cultural competency can help narrow the gap of understanding and help African

American communities respond to, and recover more quickly from, natural disasters than

if there is a lack of understanding. Culturally competent knowledge can play an

instrumental role in emergency management and help emergency managers comprehend

the challenges and redirect the preparedness to meet the needs of the citizens of these

urban communities. Although cultural competency training is just a first step, such

training can help but; diversity within the first responder profession can also improve

services within the African American community (Alexander &Strivers, 2010).

This research study focused on the efficiency of U.S. emergency response and recovery efforts during a disaster within economically distressed communities. Natural disasters, such as Hurricane Katrina in 2005, have demonstrated that the proficiency level of emergency response and recovery providers supporting economically distressed communities has been poor because members of this community receive less information, fewer loans, minimum government relief, and sometimes confront bias in the pursuit of long-term lodging (Bullard & Wright, 2012). A natural disaster can also exacerbate current conditions of poverty, thus necessitating greater aid to reestablish impoverished families at their initial state (Wright, 2011).

Problem Statement

Disaster response and recovery efforts have been challenge to underserved communities especially within the African American community. Some issues such as receiving proper pre-notifications for preparedness efforts or receiving important information regarding key resources has not always been effectively conveyed during disasters to the African American community. During a disaster response, many U.S. first responders do not understand the cultural values and ethics concerns within the communities that they serve. There are many challenges that are not met within these communities because of a lack of understanding (National Consensus Panel on Emergency Preparedness and Cultural Diversity, 2011).

Disaster response and recovery strategies have failed to recognize factors related to culture, language, literacy, and trust which play a major role in achieving their objectives. During some disasters, African American communities suffer additionally

because of poor response and recovery efforts by local government policies and officials

(Bullard & Wright, 2012). African American communities have always been

disproportionately vulnerable to natural or man-made disasters (Toldson et al., 2011;

Davidson et al., 2013).

Purpose of the Study

The purpose of this study was to investigate the role of cultural competence in the

context of disaster response within African American communities. Studies on cultural

competency in the U.S. public sector (e.g., public health and law enforcement) have

demonstrated that recipients receive better care when service providers are culturally

competent (Rice, 2007; Williams, 2011; and Holmes &Goodman, 2010).   This study

provided recommendations that will help emergency managers become more cultural

competent and better serve African American communities during a disaster. The study

findings were intended to emergency management community members in improving

disaster response efforts serving the African American communities.

Nature of the Study

This study used a qualitative case study methodology to investigate the research

questions, as this approach generated multiple ways of analyzing the captured data. The

Campinha-Bacote model for care for cultural competence was used as a theoretical

framework for the analysis. Since this study aimed to capture and analyze first-hand

experiences of people and events, a qualitative case study design was the best choice in

terms of addressing explanatory, descriptive questions, and aim (Yin, 2014). This study

analyzed two types of data: secondary data (archival records and documents) and primary

data (open-ended interviews). The archival materials examined included documents related to guidelines that have brought about a transformation or have been obstacles in the emergency management industry.

This research study focused on emergency manager's comprehension and education of cultural competence, what they recognized to be vital elements of a culturally competent emergency manager, and what are the obstacles and components to bring about the changes to the profession. The study participants in the study were individuals who are emergency managers from Maryland. The participants were drawn from six different Maryland counties that varied in terms of the percentage of the population that is African American: Frederick (9.1%), Anne Arundel (16.1%), Howard (18%), Montgomery (18.1%), Baltimore County (63.6%), and Prince George's (65%). Each of the emergency managers who participated in the study possessed between 5 and 10 years experience in dealing with stakeholders in African American communities. An open-ended interview approach generated answers to questions about how and why actions or circumstances exist in the emergency management discipline during disaster response and recovery.

Research Questions

The primary research question for this study was: How can emergency managers better serve African American communities when conducting emergency management activities? The secondary research questions were:

- How do emergency managers rate their level of cultural competency?

- Do African Americans believe the services they received during a disaster were sensitive to their cultural needs?

- What suggestions do African American community members have for emergency managers that to help them become more culturally competent?

- What elements of cultural competency need to be improved with respect to African American communities?

To address these questions, the focus of the study was on the experiences of past disaster responses in African American communities.

Conceptual Framework

This study used Campinha-Bacote's culturally competent model to guide this study. This model defines cultural competence as the practice of striving to attain the capability to successfully work within the cultural context of a stakeholder (Shen, 2015). The topic was examined through the lens of cultural competence and the Standards for Cultural Competence in Social Work Practice, which is described as the understanding of the values, ethics, and systems of a community. The measurement for cultural competency is focused on 10 standards: ethics and values, self-awareness, cross cultural, knowledge and skills, service delivery, empowerment and advocacy, a diverse workforce, professional education, language diversity, and cross-cultural leadership (National Association of Social Workers, 2001). The culturally and linguistically appropriate services (CLAS) theory relates to disaster management because the understanding of the culture for the affected community can increase the efficiency of the disaster response

and preparedness (U.S. Department of Health and Human Services Office of Minority Health, 2015).

Definition of Terms

Culturally and Linguistically Appropriate Services (CLAS) Standards: A set of mandated recommendations and guidelines from the U.S. Department of Health and Human Services Office of Minority Health. The purpose of CLAS is to inform, guide, and facilitate recommended practices related to culturally and linguistically appropriate health services (US Department of Health and Human Services Office of Minority Health, 2015).

Cultural Competence: A process that consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. Cultural competence is recognized as a vital factor to delivering efficient and culturally amenable services to culturally and ethnically diverse stakeholders (Campinha-Bacote, 2009).

Diversity: The practice of understanding, respecting, and accepting individual differences and uniqueness along the dimensions of gender, age, race, ethnicity, physical abilities, religious beliefs, socioeconomic status, sexual orientation, and nationality (Jonsen, Tatli, Özbilgin, & Bell, 2013).

Mitigation: An emergency management concept that focuses on the reduction of risk to life and property through training, exercises, and law (U.S. Federal Emergency Management Agency [FEMA], 2015)

Preparedness: A phase of emergency management that includes testing, exercising, drilling, and identifying operational capabilities and emergency management personnel to support the public during a disaster response (FEMA, 2015)

Recovery: An emergency management discipline describes recovery as the reconstitution of public- and private-sector services to pre-disaster stage. This would include the mitigation and preparedness efforts for the affected region (FEMA, 2015)

Response: In emergency management terms, during a disaster the immediate engagement by local, state, and federal resources after a disaster. These actions are documented in all hazard plans by the emergency management organization (FEMA, 2015).

Assumptions

This study was based on several assumptions. The first assumption was that emergency managers would recognize the vital components necessary for culturally competency support of African American communities. Another assumption was that emergency managers would recognize the critical elements necessary in a culturally competent response and recovery within the African American communities. It is vital that emergency managers detect and apply culturally competent training to response and recovery organization responders who support and serve the African American communities.

Limitations

This study was limited by being only conducted within African American communities in the state of Maryland. It specifically studied cultural competence among

Maryland emergency services providers, but was designed to generate results of relevance to emergency services providers in other African American communities as well. Most of the extent cultural competency literature focuses on nursing and provision of medical services. This was a challenge because there are few studies focused on disaster response. Another potential challenge was the comprehension of diversity and cultural competence among the emergency managers. This issue existed because the Department of Homeland Security employs 79% white males who may not have been uncultured to be cognizant of the issues (U.S. Committee on Homeland Security, 2008). The DHS must actively look to allow different perspectives in every facet of its business because if this initiative is not taken seriously, it will be counterproductive to the governmental emergency management objectives and a disservice to the American public (U.S. Committee on Homeland Security, 2008).

Without evidence from previous research work, it was difficult to understand if emergency managers who apply a greater use of cultural competency or awareness can perform better during a disaster response. Because most emergency managers are not specifically trained in culturally sensitive practices, there are no standards by which to measure their implementation or success. Individuals from various racial and social backgrounds can provide a different insight on the study subject.

Another concern was my presence and how it can influence the study participants' responses during the discussion. This problem can occur during face-to-face interviews, which can result in the inability for the study participants to communicate their responses during the interview process (Creswell, 2009). I worked to make the participants as

comfortable as possible during the interview process by first establishing report with participants before commencing the interviews.

This research study was limited in scope to African American communities within the United States. The research population was limited in scope to emergency managers who had responded to a disaster because of the respect they command and their level of engagement. All individuals within African American communities were considered.

Significance of the Study

Having a better understanding of the relationship between cultural awareness and inclusivity and quality of services has the potential to improve services provided in the emergency management life cycle phases of mitigation, preparedness, response, and recovery (United States Government Printing Office, 2009). Cultural awareness within organizations supports their sustainability and helps them to stay culturally relevant during disaster response (Dominelli, 2015). Decisions vetted in a diverse work place are likely to be better decisions (Choi & Rainey, 2010). As the emergency management field continues to grow and mature, the foundation of diversity must be set, because it affects everyone.

It is important that everyone is represented in the emergency-management planning process and those values, and ethics from different communities are considered. While there has been improvement in diversity within the U.S. public administration profession, more diverse hiring is needed to have adequate representation of the communities that they serve (Alkadry, Blessett, & Patterson, 2015). Because of the changing demographics in the United States' population, the emergency management

profession will likely encounter several challenges in preparing, responding and assisting in the recovery efforts within the minority communities during an emergency or disaster event. It is important that future emergency managers and responders are aware of and respect all minority communities because this is how they gain trust and become more aware of the needs of their stakeholders. Emergency managers and responders of the 21st century need to be ready to deliver culturally congruent care. If emergency managers/responders behavior during a disaster event are inclusive of the five constructs of cultural competency (cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire), they will be better equipped to serve all communities after a disaster.

Gap in Literature

There is a gap in current emergency management research literature regarding the effects of cultural competency on disaster response and recovery. There is extensive healthcare and public service research that served as a point of reference in this study. As I search for studies that focus on cultural competence and the nurse industry had a great deal research, this is because of the type of care that is involved in the profession. This study used academic research within the nursing industry as a guide to determine if the same conclusion could be made in the emergency management profession.

Summary

Cultural competence plays an important role within the emergency management profession. As economically distressed communities in the United States continue to grow, emergency management organizations that serve them have to develop an

understanding of the minority group's diversity, values, and ethics (Caudle & Broussard, 2011). It is essential that the emergency planning process consider the poverty-stricken communities involvement in order to effectively plan and respond to disaster in these communities (Dominelli, 2015). In the past, disasters such as Hurricanes Katrina, Rita, and Ivan have demonstrated how the lack of diversity among first responders during a disaster can negatively affect the emergency response within the economically distress communities (Teasley, 2007). This study was designed to help address these issued by demonstrating how cultural competency can improve disaster response.

Chapter 2: Literature Review

Introduction

The study focused on the importance and benefits of cultural competence as it relates to training, public administration, and healthcare industries for African American communities. This chapter contains a review, summary, and critical assessment of perceptions of cultural competence in U.S. healthcare and public administration. The theoretical framework for this study was based on the concept of cultural competence. There is a need for culturally competent emergency management in the United States; however, a review of the literature failed to identify relevant studies on cultural competency in relation to the emergency management industry. The study research focused on cultural competency and its effects on minority communities, and on systems that can be implemented to improve diversity within the profession.

This literature review consists of an investigation of books, peer-reviewed journal articles, published dissertations and theses from Walden University's library, EBSCO (Academic Search Premier and Business Search Premier), the International Security and Counter Terrorism Reference Center, Homeland Security Digital, and Google Scholar. The primary search keywords were *nursing education*, *nursing curriculum*, *cultural competence in health care and nursing*, and *health disparities due to lack of cultural knowledge and awareness*. Other key terms were: *cultural competence*, *lack of diversity within the emergency management community*, *cultural competence in healthcare*, *cultural competence and public administration*, *cultural awareness*, *intercultural*

competence, and *health disparities*. Because of the lack of literature from the emergency

management discipline, I analyzed literature from multiple disciplines.

Healthcare and Cultural Competence

Cultural competency has a long history of application with the U.S. nursing

community, but at the time of this study it had not been broadly adopted in the U.S.

emergency management sector. The concept of cultural competence has a long history

dating back to the Civil Rights Era in the 1960s and 1970s (Abrams & Moio, 2009). The

term cultural competence is defined by the Office of Minority Health, U.S. Department of

Health and Human Services (2010) as the understanding of the cultural and linguistic

characteristics within the target community and the subsequent focus on congruent

behaviors, attitudes, and policies. Cultural competency supports professionals in their

ability to effectively work in cross-cultural situations (US Department of Health and

Human Services Office of Minority Health, 2015).

The literature review includes a complete analysis of cultural competence within

public administration, addresses the need for cultural competency in serving diverse

communities, and discusses diversity in the workplace and cultural competency training.

This chapter also includes a comprehensive examination of the five elements of cultural

competence as described by Campinha-Bacote cultural competent model for service

delivery (Campinha-Bacote, 2002).

The National Standards for Culturally and Linguistically Appropriate Services in

Health Care (CLAS) were first presented by the Office of Minority Health (OMH) in

2001, and have inspired an increase interest in cultural competent care (Wiltshire, 2006).

Wiltshire (2006) used CLAS to explore viewpoints on cultural competence among

African American women patients, staff, and the administrator of a dental clinic serving

individuals living with HIV/AIDS. Wiltshire (2006) specifically examined the function

of CLAS in supporting the delivery of culturally competent care in the treatment center,

using a qualitative approach to capture data from focus groups and interviews from a

sample of African American female patients, clinical staff, and a clinic administrator.

Wiltshire created and employed a cultural audit template to evaluate cultural competency;

the results suggested that attitudes and behaviors contribute to providing culturally

competent care that creates empathic communication among patients (Wiltshire, 2006).

Wiltshire (2006) suggested that the clinic under study use thoughtful hiring

practices such as natural aptitude and create a climate that encourages learning through

casual sharing of experiences. Wiltshire stated the staff and director's belief that an

African American dentist would strengthen the facility's ability to provide culturally

competent care. Wiltshire also noted that prior research and national policy advocated

the use of provider-patient racial/ethnic concordance to enhance care, but concluded that

the participating patients were pleased with the care delivered, irrespective of the

ethnicity of the team. This quality care was a result of the strong cultural competence

abilities of the staff, which focused on respect and empathic communication. Wiltshire's

study illustrated that cultural competence can be methodically examined to identify what

institutes appropriate care and the components that support or obstruct it (Wiltshire,

2006). In a continued effort to reduce health care disparities among minority

communities, Wiltshire stated that cultural competency was linked as a possible solution (Wiltshire, 2006).

Durey and Thompson's (2012) study of Australia's indigenous population focused on the health disparities between indigenous and non-Indigenous populations. Durey and Thompson used a case study approach to explore the effects of Anglo-Australian (White) cultural dominance in providing healthcare to the minority indigenous population in Australia. The study suggested the indigenous population success rate in improving disparities is limited. This study used open-ended interviews with non-Indigenous medical practitioners in Western Australia. The interviewees were all individuals who had broad experience in indigenous population's health and were able to articulate their insights into aspects of supporting or impeding quality health care. Durey and Thompson (2012) concluded that racism was a key issue that affects indigenous patients in health services. This study related to this dissertation project because it focused on the effects of not supporting a minority population. This dissertation therefore used a similar format of open-ended interviews to emergency managers that support African American communities; it differed from Durey and Thompson (2015) by investigating misunderstandings in communication, rather than institutional racism.

Cultural Competence within Public Administration

There have historically been conflicts between economically distressed communities in the United States and local, state, and federal governmental and nongovernmental agencies; this has manifested as distrust for law enforcement and justice systems (Moore, 2010). U.S. minority group members are often reluctant to

interact with law enforcement because of a self-perceived lack of respect for their cultural values (Moore, 2010). Many minority communities do not trust the local law enforcement agencies; therefore the relationship of trust is not established. Similar reluctance may be associated with emergency management.

Turner (2012) examined this reluctance in a qualitative case study that focused on the mistrust among law enforcement organization and African American male youths in Louisville, Kentucky in the aftermath of the police shooting of Michael Newby (2004). The study used a constructivist perspective to examine the attitudes and perspectives of the West Louisville African American community (Turner, 2012). Research figures were secured through survey questionnaire from 10 participants and the responses were assessed using content analysis. The study analysis produced five themes that were essential to the understanding of police relations. Turner (2012) concluded that while there have been some improvements between police and African American community relations, there was more to be done, in particular in terms of increasing access to education and more strictly enforcing laws (Turner, 2012).

In most cases, cultural biases play a role in becoming cultural competent. Heide (2011) focused on middle school teachers' awareness of their students' gender and race and how it affected their classroom social hierarchy. The study examined if these perceptions contribute to the achievement gap of the students of minority and non-minority groups. The study also wanted to examine the effect of the teachers' own cultural biases and how it could impact their teaching methods. The studies use a multi-site design to compare four public middle schools in the state of Colorado on cultural

competency perceptions (Heide, 2011). The study examined these perceptions to determine if they have a correlation with the discipline data for each school. The study concluded there significant negative perspectives held by the teachers towards the largest student group. Heide (2011) also demonstrated that the teacher's perspective and perception of race and culture have in the middle school.

Holmes and Goodman (2010) studied racial relationships and minority citizens' contentment with police services within a city in the southern United States. Approximately 300 residents from a medium size southern city participated in a study to illuminate their feelings regarding race. According to the study, individuals who were satisfied with their living conditions within the city were content with police services and had a positive attitude toward the community oriented police services (Holmes & Goodman, 2010). The study suggested that the basis for African Americans' satisfaction with police services is not different than non-African American's; however, the conditions under which many African Americas live are contradictory to such satisfaction attitudes.

Cannon (2013) examined the perception of urban African American high school student's professors and administrators. Cannon uses a critical race theory approached to examine the influence of scholastic experiences on the educational, sociological, and economic development of the African American high school-aged male. The study used a mixed method approach to secure the quantitative data first and then followed qualitative data from 22 African American males who either attended or graduated from a Savannah, GA urban public high school. The study use one-on-one interviews and a

round-table discussion to get qualitative data and the quantitative data were secured by

Likert survey (Cannon, 2013). Cannon (2013) concluded that there were three themes:

1. cultural competence training will never be effective,

2. racism will always exist, and

3. a change of environment that offered suitable resources and support is required to

    meet the student's academic needs.

Another aspect of cultural competence is better engagement between the provider

and receiver of services. Jones et al. (2010) explored the processes and interactions to

engage African American communities in tobacco control efforts by the African

American tobacco control organizations. The grounded theory study was intended to

clarify participant's viewpoints on tobacco control. The study used semi structured

interviews to capture data for the research. Jones et al. (2010) suggested organizations

use specific strategies to secured greater involvement from the African American

communities to reduce tobacco uses. The study revealed organizations working to reduce

tobacco use created community capacity by applying three processes: developing

relationships and partnerships, raising awareness, and creating collective power. The

community capacity approach was used to develop a conceptual approach to understand

the obstacles that inhibit individuals' success. The study concluded groups working to

control tobacco use among African Americans use several strategic points to engage

African American communities and achieve tobacco related health parity (Jones et al.,

2010).

Jones et al. (2010) recommended public health professionals and nurses use this strategy as one of several methods to increase the involvement of African American communities in curbing tobacco use (Jones et al., 2010). Implementing public policy and supporting cultural competence compound each other for greater success. Alegre's 2012 study was focus on the US military leaders challenge to communicate cross-cultural effectively. The study used qualitative, phenomenological approached and the Moustakas modification of the Van Kamm method of analysis to explore this issue. A Military Brigade Combat team was interviewed and the data was analyzed to determine the challenges that were encountered by the soldiers and how those obstacles were overcome (Alegre, 2012). The study presented five (5) themes: challenges of miscommunications unavoidably emerge when they tried to communicate cross culturally; American experiences their own cultural bias during communication; trust wasn't established for success cross cultural communications efforts; when communications failed soldiers often displayed exasperation and bluntness. Alegre argued that if the soldiers employed several techniques and display the right attitude some of these challenges could have been avoided. The study also concluded that if the US Military made better efforts to reach out to the community and embrace other cultures it would go a long way in supporting transformational leadership practices that are effective in intercultural environments (Alegre, 2012). Cultural awareness is essential for any team to thrive and become successful. In the study by Lincoln (2001), it examines how project managers comprehend cultural competence and manage a multi-cultural project team. The research uses the following assumptions; the process of learning is

implied; there is a common outcome of effective management regardless of the manager's background and technique that they used; informal learning base would be the dominant influence. The research collected data from in-depth interviews of twenty project managers from a global project management training and consulting firm and one focus group consist of five (5) project managers from another source (Lincoln, 2011). The guiding framework for this study was Bennett's Developmental Model of Intercultural Sensitivity. Lincoln's study determined that cultural exposure play a major influence to the project managers' comprehension of culture. The study also concluded that strong relationships among the team members would allow the cultural barriers to be overcome and that would be essential for the management of multicultural teams (Lincoln, 2011).

Need for Cultural Competency in Serving Diverse Communities

Heath Industry

There is a need to practice cultural competence within minority communities because it can be beneficial not only to the practitioner but also to the stakeholder. Many cultural competence studies focus on healthcare, which can be an important component of post disaster services. There is evidence of this benefit in a number of healthcare-related studies. Garcha's (2011) study examined the hospital's staff self-rated perceptions of cultural competency. This quantitative study (54 items survey) assesses cultural competency from four areas; cultural awareness and its perceived benefits, their organizational support towards cultural competence and cultural skill. The study found five (5) themes; cultural training was very important; limited cultural awareness

activities; centralized translation services is not being utilized; traditional healing practices are being explore as an option; and low self-rated skills. The research concluded that cultural competency needs to be developing in a clinical and systemic approach and ensure that health information is easily comprehendible to the ethnic and minority populations (Garcha, 2011).

Eloi's 2015 study focuses the direct impact cultural competent can have towards the Tongan community. Eloi's research suggested since that there are health disparities within the minority population in the United States. The study also suggested that there is little information on the perception that culturally competent clients have towards their service providers. Eloi's study explored the issues related to cultural competency to include the Tongan community insights and familiarities of the social and cultural sensitivity of their healthcare service providers. This qualitative study captures data from fourteen (14) Tongans who received healthcare services from service providers in the United States. The data was analyzed by Nvivo software (Eloi, 2015). The study concluded that there was a need to improve cultural competency among the healthcare service practitioners and there also need to more outreach to the Tongan community on the benefits of western medicine (Eloi, 2015).

Thuma-McDermond (2011) examined the need for greater social justice in national and international health care systems. Using ethnographic techniques, Thuma-McDermond identified key themes as self-awareness, understanding of cultural sensitivity, and competence as well as an added theme—cultural humility. Cultural humility constitutes reflectively considering one's own assumptions and beliefs regarding

culture as a concept in the pursuit of cultural competence and social justice (Thuma-McDermond, 2011). This concept is important because it shapes cultural competence in a manner that helps avoid application of stereotypes and over simplification of culture. The research also concluded that helping healthcare workers consider different cultural perspectives can play a significant role in reducing health disparities by creating a healthcare system that provides more inclusive support (Thuma-McDermond, 2011).

Tudor's (2013) research examines the challenges for a Mexican migrant farm workers and the healthcare system. According to Tudor's study there are 10 million Mexican born migrant farm workers that are exposed to dangerous health conditions at their job and they limited access to preventive medical practices. Because of the cultural differences this may cause confusion and further alienate them to reach out for care. The study used Anderson Health Behavior Model as a framework for this data gathering initiative (Tudor, 2013). The research study used ethnographic techniques of coding and groups the finds into themes. The study findings suggested cultural barriers such as language had a huge influence on the behavior of the Mexican migrant when seeking medical attention. The study also concluded that there is a need for appropriate policies in place to ensure proper healthcare delivery to Mexican born migrant farm workers (Tudor, 2013). In another study by Brown-Davis, it was suggested that elderly minorities in Dekalb count in the state of Georgia was face with challenges to access healthcare (Brown-Davis, 2010). The study suggested that this unique population face alienation with healthcare access because no one really focuses on them in the past. The study stated that healthcare access and quality has always been a challenge to the African

American community (Brown-Davis, 2010). Brown-Davis (2010) suggested that minorities have always been more of risk of receiving low or no access to quality healthcare. Brown-Davis used an open-ended question-driven phenomenological approach to explore the phenomena of African American senior's healthcare access (Brown-Davis, 2010). The study captured data from ten (10) participants from two towns within Dekalb County, Georgia. A sample of participants came one town that is affluent and second (2) town is more economically distress. The study concluded that all of the participants encounter the same issues regardless of their social standing and that a change is needed to occur so that an improvement of healthcare delivery can occur (Brown-Davis, 2010).

Diversity issues and lacking cultural competence have historically created challenges in healthcare settings because of failed team work in support of the patients' varied perspectives, values, beliefs, and current behaviors towards their future healthcare (Williams, 2011). Studies suggested that there is a lack of cultural awareness among healthcare practitioners in supporting cohorts and stakeholders who are different from themselves. Williams' qualitative study suggested it is important to capture and examine experiences that are common and exclusive to healthcare practitioners. The study conclusions indicated training can help reduce some cultural competence barriers. Based on documented experiences of healthcare professionals, the study suggested there is a continued need for reducing or eliminating barriers that may prevent practitioners from supporting individuals from diverse backgrounds (Williams, 2011).

Other researchers felt that cultural competency efforts should be incorporated in the response plans for their patrons. Wray and Mortenson (2011) focused their research on how cultural competence stimulates parity in health care results and safeguards occupational therapists' ability to support their clients in culturally applicable day-to-day actions. The research used qualitative methods in the ethnographic tradition to examine five occupational therapists' experiences of dealing with culturally diverse patients (Wray & Mortenson 2011). Four major themes materialized from the study to include the following: learning about culture, applying cultural knowledge, reflecting on culture, and family-centered partnerships. The first three themes occurred as a dynamic learning process within the context of family-centered partnerships. Even though the correspondence findings worked well with existing models; the dialogues lacked serious consideration of power relationships. The study outcomes also implied that by engaging in reflexive practice and taking actions to promote equity in healthcare outcomes occupational therapists could advance cultural competence further (Wray & Mortenson 2011).

Kozub (2013) stated understanding of an individual's own culture, beliefs, and values are considered to be essential to cultural competence. Kozub used transformational learning theory to describe event analysis and an active learning tool that used the nurse's own practice to explore multiple perspectives of experiences. The study showed a transformation of the nurses' approach to diversity from an ethnocentric stance, to one of comprehension and awareness of the patient's needs, values, and beliefs with regard to quality of care (Kozub, 2013). The study also concluded that event

analysis can be a useful tool in achieving cultural competence for nurses because it provides the opportunity for nurses to realize their own perspectives, values, and systems through a lived experience that was relevant to them (Kozub, 2013).

Some of the cultural competency research focused on the healthcare support systems to the minority communities and on the racial and ethnic disparities in healthcare support to ethnic communities. Vaughn's (2015) study suggests that there are major health care inequalities within the United States and he feels that nursing discipline can help reduce the disparities. This qualitative study will explore if the faculty-led international immersion experience was beneficial to the undergraduate nursing students. The study will also examine the influence of cultural competency and how it may have impacted the student's current professional practice. The study used the Campinha-Bacote's Process of Cultural Competence in the Delivery of Health Care Services as the theoretical framework (Vaughn, 2015). The participant of the study gave data based on their experiences in either Uganda or Bangladesh between the years of 2011- 2013. Though that data that was captured was lacking in depth, it did provide some themes that were beneficial to the students who were in the process of professional development and greater desire to improve cultural competency (Vaughn, 2015). Another study focuses on the need for healthcare professionals to be culturally competent to support the needs of this diverse population. The study noted although education can help students of the health industry achieve higher levels of cultural competence, providing this instruction must be dependent on field experiences or client engagement to help them concurrently acquire and utilize culturally awareness skills (Sasnett, Royal, & Ross, 2010; Williams,

2011). Overall, it is noted that the students gained a better grasp of the patient's cultural upbringing and a readiness to integrate cultural matters into the assessment of their health as a result of their cultural exposure. Another key for cultural competency is the ability to communicate to the community that it serves.

Wilson (2010) explored the sensitivities of patients with mental illness in regards to the overall efficiency of psychiatric nursing care in tending to their cultural needs. The qualitative study suggested while the nurse participants felt that their psychiatric care was culturally competent, only a few could describe the strategies that they use to ensure that cultural beliefs and practices are incorporated into their nursing care. The study describes other issues that seem to be a greater concern for the patients to include; encouraging and reassurance; represent the interest for the patients; and prayers as essential to their care (Wilson, 2010). Wilson concluded there are several factors that influence the delivery of culturally competent psychiatric nursing care to African Americans with mental illness. Wilson suggested nurses felt that they were delivering culturally competent care; however, they lacked specific knowledge and skills to do so effectively. The study also concluded that there is a disparity between perceived cultural awareness and the understanding of the African American clients with mental illness (Wilson, 2010).

Public Administration

Cultural competency's role in the public administration field has been necessitated by growth in the minority immigrant population for the past few years (Rice, 2007). Rice (2007) examined diversity challenges to include the lack of awareness to the Hispanic community such language, value and systems and the future role of public

administration and cultural competence programs in the postmodern era of diversity.

Rice concluded workers at publically serving institutions need culture competency in

order for the minority communities to be served. Rice's research can be used in this

study because it focuses on cultural awareness of minority communities and how it plays

a role in lowering the gap between efficient and inefficient support to these populations

(Rice, 2007).

Cultural Competency Training

Over the past several years, cultural competence has received considerable

attention from the medical profession and although some training progress has been

made, additional effort is needed in order to make cultural competency a vital part of the

healthcare industry (Dogra, Betancourt, Park, & Sprague-Martinez, 2009). Other studies

demonstrated that cultural competency should be key component in the training of 21st

Century Public Administrators. Saldivar (2015) argues that public affairs and

administration curricula should include greater cultural competency training for public

administrators practitioners so they can better serve their community. Saldivar argues

that using team-based learning approached can be effective tool for practitioners to

become active learners to implement critical thinking strategies for inclusiveness and

effective community development (Saldivar, 2015). In another study by Gaynor (2014),

she used the fictional television drama "The Wire" to incorporate cultural competent

training for public administrators using the Carrizales' framework. Using the

framework's four components the study was able to effectively applied skills and

knowledge to the culturally competent curricula (Gaynor, 2014). The study concluded

cultural competency is very important to ensuring that public service organizations

develop programs and initiatives that consider all of the community and not just a few

segments of the population. The study also argues that shows like the HBO television

series 'The Wire' can be an effective tool to build cultural competent curricula to support

these initiatives (Gaynor, 2014).

Lie, Lee-rey, Gomez, Bereknyei, and Braddock (2011) focused on effects of

cultural competency training and how it can improve patient outcomes. The study

included a systematic review of patient-centered conclusions and measured impacts on

patients' health care utilization. The research stated that there is a need for future work to

address challenges of limiting quality, to include an algorithm to guide the design and

evaluation curricula, and thoroughly validate the impact on patient effects and health

disparities (Lie, Lee-rey, Gomez, Bereknyei, & Braddock, 2011). Dudas (2012)

examined the concept of cultural competence within the nursing industry. The study

identified cultural competence as a key component in preparing nurses to meet patients'

needs. The research used the Rogers' method of evolutionary concept analysis to identify

three dimensions cultural competence: awareness, attitudes, and behaviors (Dudas, 2012).

Ruiz's (2010) study examines whether cultural competency training for first year

medical students have an impact to towards their attitudes to minority patients. The

research also explored whether there was cultural competency improvement when the

training was given again to 2nd Year medical students (Ruiz, 2010). The quantitative

study uses about two hundred and ninety-one surveys using the Color-Blind Racial

Attitudes Scale (CoBRAS) research framework over a two (2) year period. The study

suggested that there was no real change between the 1st or 2nd year medical students (Ruiz, 2010).

Workforce Diversity

Diversity within the public-serving organizations workforce is best described as a team of professionals with various backgrounds collaborating with different ideas that can result in greater solutions (Choi & Rainey, 2010). Diversity should be recognized not as an equal opportunity principle, but as the social understanding of how public service can be more efficient if pubic organizations staff their teams with members who reflect the community they serve. Hur (2013) focused on ethnic and racial diversity and the theory that diversified workforces perform better and bring more benefits to organizations. The study used a qualitative approach and focused on data from 464 police departments of cities with more than 50,000 residents. The research showed a decrease in crime-control performance. The study suggested managers should consider introducing diversity management practices within their departments to in order to enhance organizational productivity (Hur, 2013).

McCurry (2009) noted when resources are not allocated in a manner that adequately serves all the disaster victims, it can lead to resentment on the part of disaster victims and a feeling of being let down by trusted organizations. It is difficult to implement policy consonant with citizen interests when the emergency management organization workforce lacks diversity (Alexander & Stivers, 2010; McCurry, 2009). Clark (2010) focuses on the process of assessing the level of cultural competence among community mental health agency practices, using a mixed method approach to capture

data from three research participant' groups: administrators, staff members, and racial and ethnic minority group members (REMs). Clark study suggested that REMs' lacking use of available support services is cause by several community factors such as practical issues, beliefs, and attitudes (Clark, 2010). Clark recommended clinicians and clinic administrators should make a better effort to understand and appreciate their clients' values, systems, and ethics to improve use of services. Silver's (2010) study focuses on the lack of minority leadership within the healthcare industry, in particular healthcare executives. The study stated that the US population is increasingly diverse and that this growing minority is using healthcare services. But individuals in the healthcare leadership is ninety-nine 99% is White (Silver, 2013). This study examines the perception of minority executives from their white counterparts and how it effects service delivery to the minority community and if there is a difference in opinion in the healthcare services delivery approach. The qualitative study secured data from healthcare leaders from the State of North Carolina and South Carolina. The study concluded that there is a lack of minority representation in senior level healthcare leadership roles. The study also argues that if racial diversity in senior leadership and an increase in cultural competency can improve that access to care for the minority community (Silver, 2013).

Campinha-Bacote's Culturally Competent Model

According to Campinha-Bacote (2009) cultural competency can be achieved in a process that is broken into five stages. Each stage represents a unique piece that embraces economically distressed communities during patient care. Cultural competence understanding can help public servants to understand and serve the economically

distressed communities better. The inventory tool administered to the nurses in this study to assess the level of cultural competence among nurses was developed by Campinha-Bacote and incorporates the five essential components of cultural competence.

Campinha-Bacote (2009) presents a research model that views acquiring cultural competence as a continuing process. The practice contains the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. Campinha-Bacote's study focused on individuals who want to become culturally competent. Campinha-Bacote used the Process of Cultural Competence in the Delivery of Healthcare Services method as a measurement tool to address the healthcare needs of ethnic minorities and racial parties. The first stage is *cultural desire*, which focuses on the enthusiasm to enroll in the process of growing to be culturally competent within diverse communities (Campinha-Bacote, 2009).

Cultural desire is a foundation to a passage toward cultural competency; acceptance to learn about different cultures is the key. Cultural desire is a behavior that is acquired through comfort with the other four stages and the desire to understand different cultures (Hunter & Krantz, 2010). In disaster management, cultural desire is a key component because of the philosophy that emergency management begins and ends at the local level. This means that there has to be desire to understand the different dynamics of the community. This stage is critical because it will allow healthcare professionals to embrace different cultures and ideas, thus creating trust within the diverse communities (Campinha-Bacote, 2009). Culture desire will be used in this study

as it can play a role in emergency management because it focuses on the passion to understand the values and systems of individuals from diverse communities.

The second stage of cultural competency is cultural awareness, which focuses on individual's own biases and understanding how these biases could affect their perception of the communities they serve (Campinha-Bacote, 2009). Another stage of cultural competency is *cultural knowledge*—this phase is a process of seeking and obtaining a sound educational base about individuals within diverse communities (Campinha-Bacote, 2009). Cultural knowledge focuses on the community's beliefs, practices, values, and systems prevalent among social and economically distress groups. The knowledge of the cultural awareness is very important when working with a different culture, if one does not understand the ethic, values, religious, governmental structures, and processes, relationships forming relationships among various groups can be extremely challenging.

The final and most important component of cultural competence is *cultural encounters*. Cultural encounter are the intentional behavior of face-to face interaction with diverse patients from minority communities (Campinha-Bacote, 2009). The ability of an emergency management professional to engage with economically distressed communities is paramount in cultivating trust between the community members and local emergency management organizations (National Consensus Panel on Emergency Preparedness and Cultural Diversity, 2011). Engagement within the economically distressed communities has tremendous benefits such as increased awareness and knowledge in the planning stages that would support better meeting the needs of the community. By interacting within the economically distressed communities, emergency

management professionals will be able to secure effective modes of communication during a disaster response. Interaction will also provide the skills needed to assess the linguistic appropriateness, and therefore potential effectiveness, of emergency services messages during an emergency (National Consensus Panel on Emergency Preparedness and Cultural Diversity, 2011).

Summary

Chapter 2 is a review of literature relating to the effectiveness of cultural competence and what it means to public administration, nursing, and law enforcement industries and African American communities. In addition, the literature review has identified cultural competence and how it is related to intercultural communication during a disaster response. One of the key themes captured from cultural competence literature within public administration was the trust factor for local authorities within indigent communities (Holmes & Goodman, 2010; Turner, 2012). Another theme captured was that racism could play a role in the disparities of treatment to minority communities (Durey & Thompson, 2012). While other studies concluded that there were no disparities in the treatment or service by providers (Wiltshire, 2006). The literature suggested that there is a lack of cultural awareness among members of the law enforcement community and training is needed to address some of the community concerns (Holmes & Goodman, 2010). Some of the above studies can be relate to the emergency management industry because of the similar roles these agencies fulfill in supporting communities during an emergency response. Some studies suggested because the social demographics of the communities are becoming more diverse, and some of the

workforce is retiring, changing to a more culturally diverse workforce is timely (Saldivar, 2015).

Base on the research, it is minority and economically distressed communities that suffer due to lack of government service providers' lack of cultural awareness (Holmes & Goodman, 2010; Turner, 2012). Another theme in the literature was due to the growth of the minority population, cultural competence can be a useful tool to provide greater support to diverse communities (Rice, 2007; Thuma-McDermond, 2011). Much of the cultural competence research was done in the health care industry and the results suggested incorporating training can better support diverse patients (Wray & Mortenson, 2011). Chapter 3 includes an examination of the research framework of the study. It also includes a description of the data analysis process that will be used.

Chapter 3: Research Method

Introduction

This chapter describes the methodology to be used for this qualitative case study, including participant enlistment, gathering of data, data analysis, and ethical factors. This study utilized a case study design because it provided the most sensible and pertinent technique to gain significant understanding of the research problem. It also allows a complete, comprehensive, related analysis of multiple issues when dealing with the five constructs of Campinha-Bacote (1998) model of care. Case study was most applicable because it provides the opportunity to collect data from document and human sources in order to better understand how cultural competency among emergency services providers can enhance disaster response in economically distressed communities, which largely comprise minority residents.

Research Paradigm

This study utilized a qualitative case study design that included individual, open, semi structured interviews with selected U.S. emergency managers and African American disaster survivors. The Campinha-Bacote model for care for cultural competence was used as a theoretical framework for the analysis. This model was ideal for this study because it contains the critical elements of cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire.

To achieve triangulation, this study was designed to examine related documentation and collect information through open, semi structured interviews. I selected a qualitative inquiry as the research design because it permitted a greater

comprehension of the African American survivor's disaster experiences and the opportunity to collect a thick, rich data set that allowed the voices of the study participants to be heard. This method also allowed for a more thorough description of the study's participants and their environment during a disaster event.

A qualitative design assists in obtaining a grasp of incidents, circumstances, and phenomena in an ordinary setting without predetermined beliefs (Creswell, 2009). The qualitative research method helped create multiple ways of understanding the captured data. The following steps are commonly found in qualitative research: (a) the identification of challenge, (b) evaluation the literature, (c) selection of study partakers and instruments, (d) gathering of valid and dependable data, (e) examination of captured data, and (f) description of data.

Role of the Researcher

My work as the researcher was informed by eight years' experience within the emergency management discipline as a local emergency management planner within the diverse communities of New York City. These experiences provided me with a strong background to understand and appreciate diversity. The study used all available strategies to ensure that my experience in the field does not cause the data collection for this study to be biased, incomplete, or comprised. The interview questions for the study produced data regarding cultural competence, values, ethics, beliefs, and thought processes of the participants. To guard against any biases and protect the integrity of the study, no personal interpretation was brought into the outcome of the interviews and

study results, as suggested by Leedy and Ormrod (2015). The study proceedings were

designed to set aside any predetermined ideas and any personal knowledge that might

have influenced what was captured during the interviews from the study participants. I

worked to remain as objective as possible as I analyze and synthesized the data by using

bracketing throughout the data collection and interpretation to set aside my personal

experiences and beliefs, as suggested by Vivilaki and Johnson (2008).

Research Questions

The primary research question for this study was: How can a cultural competent

emergency manager better serve African American communities during a disaster? The

secondary questions were designed to address specific cultural competency contexts for

considering the ability of local and state emergency managers within the State of

Maryland to support African American communities during a disaster. These sub

research questions were:

- How do emergency managers rate their level of cultural competency?

- Does African American believe the services they received during a disaster were
  sensitive to their cultural needs?

- What suggestions do African American communities have for emergency
  managers that will help them become more culturally competent?

- What elements of cultural competency need to be improved with respect to
  African American communities?

Because the second segment of study participants were individuals in the African

American community who had endured a disaster event, their interview questions were

different in focus. African American disaster survivors were asked the following the following questions.

1. Do you feel that emergency responders understand your community's beliefs, traditions and principles?

2. Have you observed or experienced difficulty when communicating with emergency responders? If so, could you please describe them?

3. In your opinion, can you tell me if emergency responders and emergency organizations (such as FEMA or your local emergency management organization) are making efforts to communicate or support to disaster victims in your community in a culturally sensitive manner?

The research questions framed the examination of cultural competency and helped to identify cultural competence's role in disaster response and recovery within the economically distressed communities.

Procedures for Gaining Access to Participants

I identified potential emergency management practitioner participants through professional and community based organizations and emergency management field working groups' forums. I also approached some emergency managers/service providers who were targeted for this study through the International Association of Emergency Managers (IAEM) in FEMA Region 3, which included the state of Maryland. In general, these individuals were emergency managers from Maryland and served African American communities within the following counties: Montgomery County, Howard

County, Prince George County, Anne Arundel County, Baltimore County, and Frederick County.

Another source for study participants was the Maryland-based membership of BC Management. Email correspondence was forwarded be me to this organization requesting their permission to approach their members requesting participation in this study. Once the permission was granted by these organizations, they posted the invitation on their weekly/monthly bulletin (Appendix A), requesting participation in this study by their members (emergency managers). The letter of invitation included my contact information; potential study candidates were asked to contact me to indicate their interest. I forwarded a questionnaire (Appendix E) to study candidates to determine their eligibility for the study. Participants who met the study eligibility also received a consent form (Appendix C) for review and approval.

I also sought permission from leaders of community-based organizations such as Maryland Voluntary Organizations Active in Disaster (Maryland VOAD) to approach their individuals within their network who are African American disaster survivors. The organizations' leaders were given a letter of request (Appendix A) for participation that outlined the purpose of the study and a brief description of me. Maryland VOAD approved the request and posted the invitation to this study on their weekly or monthly bulletins. I also used the invitation to solicit African American disaster survivors' participation in the study.

Measures for Ethical Protection of Participants

Participants were treated in a manner that was fair and ethical. The research tools used in the study were reviewed and approved by the Walden University Institutional Review Board (IRB). Walden University's IRB approval number for this study is 04-27-15-0160595 and it expires on April 26, 2016. An informed consent process was used to apprise participants of the nature of the research and of their rights. The informed consent form communicated to participants that the research has been reviewed and approved by Walden University IRB and was signed by each participant. The cover letter and consent form outlined the measures that were taken to preserve the participants' confidentiality (Appendices B & C). The prospective study participants were informed in advance of their right to refuse involvement or to terminate sharing data at any time during the data collection process. The participants were briefed on the purpose of the research study and how their contribution to the study will be used in the future.

I took several steps to ensure that study data and participant identities were protected. The names of the participants were replaced with pseudonyms to ensure the confidentiality of each contributor. Interviews were transcribed and the draft copy of each document was forwarded to the respective contributors for their review and approval. All computer files were kept in a password-protected file and maintained on the researcher's password-protected computer. Hard copy documents were maintained in a locked cabinet in the researcher's home. All raw data will be kept for a period of 5 years and then destroyed. At that point in time, I will delete the computer files and shred hard-copy documents.

Setting and Sample Setting

The general setting for this study was African American communities in
Maryland that had experienced a disaster or emergency within the past 5 to 7 years.
These communities in Maryland were chosen because they comprise African Americans
who have specific experience in facing hazards given the prevalence of disaster events.
The study focused on African American communities during a disaster response and
recovery events. The study looked at disaster survivors within the African American
communities who dealt with emergency responding organizations during an event.

Sample

Emergencies and disasters have an effect on all communities; however there are
racial and ethnic disparities on response and recovery support services provided by
emergency managers /responders. Studies have shown that ethnic minorities suffered
greater levels of injuries, death, and property loss after disasters events, this usually
occurs because these individuals are living in disaster prone areas (Rentschler, 2013).
Although other racial and ethnic communities abide to inadequate response and recovery
efforts from emergency management organizations; the difference in treatment and
support to the African American community are the most pronounced compared to other
Caucasian counterparts. Furthermore, disaster impacts are not disseminated impartially
and are disproportionately experienced by racial minorities and individuals who are the
most economically challenged. The focus of the interviews will be on the failures of
emergency response services to the African American communities. The interviews
examined emergency services to the African American communities during disaster

response event. Because the focus of this study will be determining if cultural

competence has a role in disaster response and how it affects the African American

populations, the participants in the study will be survivors within these communities and

emergency management professionals who serve them. The study included participants

of all educational backgrounds, but will focus on provision of services in African

American communities. The identified individuals were head of household because they

are usually the applicants for support services and the point of contact for the affected

family. The research study was a conduit to for captured data from emergency

management providers from the same communities. The practitioner participants

included emergency management personnel and emergency response leaders. Qualitative

data was collected from emergency management personnel and disaster survivors using

an in-depth interview guide. The guide focused on certain issues and questions that

emerged through the literature review and text analysis.

Participants

This study used convenience sampling to recruit emergency management

personnel and identify individuals who are African American disaster survivors within

the state of Maryland due to the researcher's vicinity to the area and completion of the

research study in a timely manner. Study participants, who were chosen to take part in

this research, were comprised of experienced emergency managers who have supported

response efforts within the African American communities in the past. The second

segments of participants were disaster survivors from African American communities

from the following counties: Montgomery County, Howard County, Prince George

County, Anne Arundel County, Baltimore County, and Frederick County within the State of Maryland. The conditions for participant selection was the following: (1) the participant must have been a survivor of a disaster or emergency event within the past 5 to 7 years; (2) the participants will be required to have had an encounter with a local, state, or federal emergency management organization during an disaster or emergency event. An interview request was sent to the community-based organizations that served the African American community within the state of Maryland.

The researcher ensured that all study participants were aware that their participation is completely voluntary, there was no incentives given, and their identity was protected. The study participants' demographic data was tracked using the guide (Appendix D & E), as a frame of reference for the narrative data that was collected.

Data Collection Procedures

The researcher reached out to prospective study participants seeking their permission to collect data from them. The consent form (Appendix B & C) was presented to the study participants to outline the details of the study. The researcher e-mailed a correspondence with a consent form (Appendix B & C) to the emergency managers seeking voluntary participation in the study. E-mails were sent to targeted professionals who fit the criteria of providing services to the African American communities during a disaster response. This study consisted of two interview protocols. The first was the emergency manager's version and the second was the African American survivor's version. The emergency manager's version was focused on their perception of cultural competence to the African American communities during a disaster. The

protocol consisted of 10 questions. The second interview protocols were focused on the African American disaster survivors and their perception on the disaster support services that they had received from emergency managers. The second protocol consisted of six questions.

Determining what was the suitable sample size for the research study was very vital. Very large sample size can be very expensive in terms of money and time. Conversely, if the sample size is too small it may lead to imprecise outcomes. It was stated by Creswell (2009) that to ensure meaningful and crucial data, the diversity and amount of participants should be contemplated in shaping the sample size. For the purposes of this study, the determined sample size was considered suitable when a saturation point was reached. Most research studies that engaged qualitative case study revolving cultural competence use a sample size of 5-15 individuals. The research proposal used sample of 12 participants (six emergency managers and six African American disaster survivors) as a sample wide-ranging enough to ensure redundancy. All interested participants were contacted for the study and an interview was scheduled. Before each interview, participants received, read, and signed the consent form for research records purposes. They also received a copy of the interview protocol. Participants were able to ask questions about the consent form, and interview questions prior to the interview. The participants were given a summary of their interview for their records and to ensure accuracy.

There was a section in the consent form for the participants to include their contact information. When each consent form was signed by the study participant an

identification pseudonyms was assigned. The study participants were interviewed using

the protocol (Appendix F&G), which consists of open-ended questions designed to

promote responses relating to the research questions. The interviews were in a

conversational format to ensure that participants and interviewer felt comfortable

engaging in an honest and frank dialogue. Observation notes were documented after each

interview for data triangulation. Interviews were audio recorded and was subsequently

transcribed verbatim. After transcription and verification of the transcripts with the

participants was complete, recordings were deleted. Transcripts will be maintained on the

researcher's password-protected computer.

Each interview began with a broad question about the need for diversity within

emergency response organizations. As the interview progresses, more specific and open-

ended questions were asked to delve into details. Three standard inquiries were used

during the research interviews:

- Could you explain further?

- How does this matter in disaster response?

- Would you like to add anything else?

After the interview sessions, all of the participants that had any additional

thoughts and comments, they were encouraged to email me. Upon the participants'

review of their individual transcribed reports, they were advised that if there were any

inaccuracies they can provide clarification by email.

Data Analysis Procedures

The data that was captured and analyzed from the AAR and Lessons Learned

documents was separated into categories to help identify key trends in the data (Corbin &

Strauss, 2008). Responses from the participant interviews and concepts from document

analysis of the AARs are considered to be parts of the same trend and were grouped into

the same category (Corbin & Strauss, 2008). The data that is captured from the

interviews used open coded within the five concepts (cultural awareness, cultural

knowledge, cultural encounter, cultural skill, and cultural desire) of Campinha-Bacote

model of cultural competence. Each of the concepts was color coded for clarity and

arranged into similar groups. The interview responses were created and documented

using Microsoft Office Word software. Every interview form was assigned pseudonyms

to identify the respondents; this method is being used to maintain confidentiality, while

allowing me to connect the data to the appropriate participant. NVivo software was used

to capture and track the results that were being analyzed in a qualifiable manner.

Practitioner participants' job titles, years of professional experience, place of

employment, previous job titles, and number of disasters responses was included in the

professional profile questionnaire. The African American disaster survivors' initial

questionnaire focused on the length of time at their residence and how often they

interacted with emergency managers/responders during a disaster. The second phase of

questions included inquiries regarding the comprehension and behaviors of cultural

competence, effect of cultural competence during disaster response, disaster response and

cultural competence relationship, value of cultural competence training, and the future of

cultural competence in future disaster response. The final phase of questions focused on diversity initiatives, the effects of diverse workforce, diverse workforce versus cultural competence training, diverse workforce reception within economically distressed communities, and future need for a diverse workforce.

As the participants were interviewed, the data was inserted into NVivo for analysis and identification of key trends and themes that was captured from the interview responses. The analysis process was repeated for each interview. After the data was analyzed for each interview, all general trends across participants were identified in a process of continuous analysis. At the point data saturation was reached, charts and tables provided a visual representation of the study results and served as the basis for developing a theory regarding the cultural competence in the emergency management field.

I used triangulation of the data sources to ensure validity and reliability of the study, as suggested by Flick (2014). This triangulation was achieved by obtaining data from multiple sources, including document data from AARs and LLRs and interviews. The study was monitored by me for bias and judgment by reserving any form of judgment.

Coding Procedures

I used open coding to code collated themes and categories. Open coding of the interview data is the best analysis coding process for selecting and naming categories (Creswell, 2009). During the initial stage in the interview data compilation, open coding was used to identify overall features of the study data results. As more data was captured

and organized in proper categories the themes that not identified in the beginning of the process was illuminated. Since that was the case, additional codes was generated to address new issues. The captured themes identified was acknowledged, compartmentalized and collated together in an outline form. The next stage of coding that is usually done after the initial open coding is axial coding (Corbin & Strauss, 2008). The study used axial coding because it offered the opportunity to gain a greater understanding of the captured themes and categories that was surfaced during open coding. The data were analyzed by identifying and combining the initial coded data. In axial coding the captured data was collated in new ways. Causal interaction between categories was encapsulated by utilizing a coding paradigm. The goal of the coding paradigm was to make unambiguous connections between categories and subcategories. This analytical process is referred to as the paradigm model; this format uses collation and understanding of associations between categories in order to recognize the trend to which they relate to in the study results (Creswell, 2009).

Treatment of Discrepant Cases

This research examined all minor evidence of discrepant cases that are captured during the data gathering process. The comprehension of diversity and cultural competence by interviewees can be varied by means of understanding. All the cases that appeared to stand out as unusual compared to the data as a whole were identified and noted in the results.

Summary

This chapter examined the methodology of the research. Qualitative research methodology in the form of case study will be used to investigate diversity among emergency response organizations and how it affects the response and recovery efforts during a disaster. Interviews with open-ended questions and Lessons Learned documents from previous disasters will provide sources of data. I collected and analyzed all of the data related to the study. Responses will be categorized and analyzed to formulate emerging themes during the study from the viewpoint of the participant. The collected data addressed the research questions and offered some resolution to the problem statement.

Chapter 4: Results

Introduction

The purpose of the study was to investigate the role of cultural competence in the context of disaster response within African American communities. To address this purpose, as well as the four research questions of the study, I conducted a content analysis of data from interviews with 15 emergency managers and disaster survivors. I used QSR's NVivo 10 software to conduct the content analysis of participants' responses and to identify certain themes. The findings were then organized according to the four research questions.

The first and fourth research questions were addressed through interviews with eight emergency managers. The second and third research questions were addressed through the interviews with seven African American disaster survivors. The rest of the chapter includes: (a) presentation of findings, and (b) a summary of this chapter.

Presentation of Findings

Major Theme 1

The first major theme that emerged was related on the first research question, which focused on how emergency managers rate their level of cultural competency. Four emergency managers (50%) stated that they felt that their organizations had a high level of cultural competency, while another two emergency managers (25%) stated that they were in the process of improving their cultural competency with respect to African Americans. Thus, 75% of the participating emergency managers reported that they were either culturally competent with respect to African Americans or were in the process of

developing such competency. Table 1 presents the breakdown of the major themes and

subthemes derived from interview transcripts that correspond to Research Question 1.

Table 1

How Emergency Managers Rate Their Level of Cultural Competency: Theme and Subthemes

Theme/Subtheme	Number of occurrences (*n*=8)	Percentage of occurrences (*n*=8)
Major Theme 1: High cultural competency	4	50%
Subtheme 1: Evolving cultural competency	2	25%
Subtheme 2: Lack of African American representatives in the field	1	13%
Subtheme 3: Non-existent or very low cultural competency	1	13%
Subtheme 4: Varying cultural competency	1	13%

Note. Subthemes 2 – 4 received one occurrence (13% of the population) each and were included in the table for the sole purpose of showing the comprehensive review of the findings of the study.

Overall, the emergency managers stated that they ad a high level of cultural

competency, meaning that they were committed to providing service to their stakeholders,

regardless of race. For example, Participant 4 claimed to have a high level of cultural

competency regarding their responsiveness to and support of the community:

We are very concerned about making sure that we are a full service organization

that supports the needs of the community, whoever it may be. As you have often

heard, we're an equal opportunity employer. We're an equal opportunity supplier.

Participant 5 similarly reported a particularly high cultural level of competency,

emphasizing that one should look beyond race and have service and support in mind:

>They [emergency managers] should be looking at the community as a whole
>
>despite any particular race, creed, or religion. They do look at specific
>
>communities but I think their overall picture is the community at a whole.

Meanwhile, Participant 6 reported the same self-perception regarding the level of cultural competency; and explained how their organization focuses on the needs of the clients and not the race or nationality:

>With the Red Cross I was fortunate enough to do the local stuff all the way up to
>
>the national stuff. With their mantra, it's all about the need. It doesn't matter who
>
>needs it. It's like what is the need of the community so.

In these responses, the emergency managers (Participants 4-6) explained how their cultural competency is high and, at the same time, indicated that as professionals in the medical field, they have been trained to serve despite differences in culture and religion. The emergency managers who reported a high level of cultural competence emphasized that they would rather look at the larger picture of serving rather than look at who needs it and who will be getting the help or support. The interview responses suggest that the participating emergency managers had a keen self-awareness of the vitality of their profession and try not to favor one person over another or one nationality over another.

Evolving cultural competency. The first subtheme was the perception by the emergency managers that their cultural competency is evolving. Two (25%) of the emergency managers stated that their perception of cultural competency was evolving,

admitting that they were in the process of learning how to provide quality service to minorities (African Americans). For example, Participant 2 specifically defined their level of cultural competence as *evolving*, noting limited prior personal action to understand and recognize the needs of the African Americans:

> I think it's evolving. I think it's getting better. Clearly, there's been a push, as I mentioned before, tribes is a big focus. I think we've made strides with the tribes, but I after that, I don't think we've done a whole lot.

The interviews conducted as part of this study suggested that the participating emergency managers wanted to serve their African Americans constituent with the care that they deserve. Moreover, even though they have seen changes and improvements, managers believe that more can be done.

Major Theme 2

The second major theme emerged from the survivors of disasters and other emergency situations and corresponds with the second research question, which investigated whether African Americans believed the services they received during a disaster were sensitive to their cultural needs. According to the data generated in this study, survivors believed the emergency managers and teams were culturally insensitive to them but not intentionally so. This lack of cultural awareness on the part of emergency services providers was highlighted by four participants (57% of the disaster survivors). Table 2 illustrates the breakdown of the major theme and subthemes addressing the second research question of the study.

Table 2

*Do African Americans Believe the Services They Received During a Disaster Were Sensitive to Their Cultural Needs? (*n=*7)*

Theme/Subtheme	# of occurrences	% of occurrences
Major Theme 2: Not intentionally cultural insensitive	4	57%
Sub-Theme 1: Services were neutral or just enough to address their cultural needs	2	29%
Sub-Theme 2: Lack of understanding on the cultural needs of the African Americans	1	14%

Note: Subtheme 2 received one occurrence (14% of the population) and was included here for the sole purpose of showing the comprehensive review of the findings of the study.

Overall, the survivors stated that emergency managers were not intentionally culturally insensitive; this perception was related to how the survivors were treated by the emergency managers during disasters or unexpected natural calamities. Participants, as survivors, indicated their apprehension concerning the actions and decisions of the emergency managers in urgent situations. For example, Participant 2 stated that the emergency services group paid greater attention to more affluent communities and neighborhoods. The experience of Participant 2 may have not been purposeful but may have been systematic:

> I don't think they [emergency managers] are ever insensitive on purpose. I don't think they sit in the office and say, "We're going to be insensitive to this group of people or that group of people." I think their priorities are always what they consider to be the most important.

Participant 3 admitted to understanding how the emergency team and managers have higher priorities than their own individual or community needs. This insight shared by Participant 3 emphasized how emergency managers also have their own plan of action to follow and how the responses are dependent on the conditions of the each situation:

> I think other people were priority, higher prioritized than we were which I think
>
> the more damage tree line. I've spoken to other white people and other Caucasians
>
> from the hospital and they were turned on faster than mine was.

The second major theme established how the survivors have experienced the lack of cultural sensitivity and competence but personally believed that they were not intentional. Participants in this study understood how the how local emergency managers operate during a disaster and even pointed that there are hierarchical needs to be followed. From their perspective, survivors surveyed for this study believed that the emergency managers give more attention to the community and the needs of their stakeholders rather than the nationality or race of the individual.

Services were neutral or just enough to address their cultural needs. The first subtheme related to the second major theme—whether emergency service providers are sensitive to the cultural needs of African Americans—involves the belief expressed by the survivors that services were neutral or just sufficient enough to address their cultural needs. This belief was shared by two participants (29% of the disaster survivors). The survivors surveyed as part of this study shared how they have had neutral and decent experiences when it comes to emergency managers addressing their cultural needs. Participant 1 believed that the services they received were sufficient enough in relation to

their culture, adding that the team was able to demonstrate cultural awareness: "Okay. I think they have decent cultural awareness. I would say they're pretty much understanding. I don't know how I would say they demonstrate that." Participant 5 shared how the services were culturally sensitive and effective in his point of view:

> My community is not extremely huge. Honestly, I live right across from one of the major hospitals in the area. Response times and that type of thing, it's going to probably be pretty quick. I'm right down the street and around the corner.

> Based on these interviews, survivors indicated that, while they were not disappointed in the level of the service, there was room for improvement. In terms of the cultural competency awareness, for participants 1 and 5 this was not so much of an issue for them. These participants were fine knowing that they are being taken care of and served by the emergency managers, especially when they need it.

Major Themes 3, 4, and 5

The third, fourth, and fifth major themes of the study related to the perceptions and experiences of the survivors. The third research question of the study focused on the suggestions of African American community members for emergency managers to help them become more culturally competent. The survivors believed that the following should be considered for improvement: (a) knowledge awareness and preparedness for African Americans; (b) improved presence and visibility of emergency managers in the communities; and (c) focus should not be generalized and should be more targeted towards the needs of African Americans. This major theme received two occurrences each (29% of the total disaster survivors).

The third major theme was the suggestion that emergency managers have increased knowledge and level of preparedness regarding African Americans. This perception is one of the six most vital findings of the study. The theme calls for the improvement of knowledge and awareness even before disasters and emergencies occur. This would help reduce causalities, as well as prepare African Americans for impending disasters. Participant 1 suggested that emergency managers should bring more awareness to the diverse communities and give tips on how to prepare before disasters even occur or happen:

> Well, we've used the hurricane center for a long time and I think that they could have tried to do more putting in a mailing with helpful hints or readiness tips. They could have put something out that week.

Participants voiced the opinion that it is vital for African Americans to have adequate knowledge and skills concerning how to protect and care for themselves ahead of disasters. Participants in this study even added that organizations and emergency managers should provide African Americans with proper guidelines and pointers on how to take charge when disaster strikes.

The fourth major theme consisted of the suggestion to improve the level of presence and visibility of emergency managers in African American communities. This theme is one of the six most crucial findings of the study. The survivors who were interviewed for this study wanted to see and build relationships with the emergency managers; they suggested that by doing so, issues and gaps would be better addressed.

Participant 1 also added that improved visibility could improve the effectiveness of the emergency managers and their services:

> Seeing as I really didn't see them, I think they need to improve their visibility in the community because they weren't around. I didn't see anyone coming around and checking. They definitely have to improve that, their presence.

Another key suggestion by the survivors who participated in this study is greater visibility of emergency managers in African American communities during times of crisis. For these survivors, the act of being more present indicates that the emergency managers are willing to interact and relate with the local communities and residents. Therefore, increased familiarity with emergency managers can lead African Americans to open up and strengthen communication with the emergency managers.

The fifth major theme was the suggestion that the emergency manager's focus during disaster response and recovery efforts should not be generalized and should be more targeted towards the needs of the African Americans (Table 3). The suggestion of the survivors indicates that African Americans would like for emergency mangers to have a more targeted disaster response and recovery efforts approach so that their needs will be met and that they will not perceive a lack of cultural competency. For example, Participant 2 suggested that the emergency managers general disaster response and recovery focus should be shifted towards the specific of needs of the African American communities:

> I think their entire focus is the general community, the overall picture, and not community. In their mind, the plan that we create is going to have to work for

everybody. It's one size fits all. There's no customizing the size for neighborhood

to neighborhood.

The suggestion stemmed from the perception that the needs of the African Americans

cannot be addressed through the current approach of a "one-size fits all" method.

Table 3

*Suggestions of African American Community Members for Emergency Managers to Help Them Become More Culturally Competent (*n=7*)*

Theme/Subtheme	# of occurrences	% of occurrences
Major Theme 5: Focus should not be generalized and should be more targeted on the needs of the African Americans	2	29%
Subtheme 1: More compassion should be showed and practiced	1	14%
Subtheme 2: Not in the position to answer the question	1	14%

Note: Subthemes received one occurrence (14% of the population) and were included in the table for the sole purpose of showing the comprehensive review of the findings of the study

Major Theme 6

The sixth major theme that emerged from the participant interviews focused on

the perceptions and experiences of the emergency managers; this theme and was based on

the fourth and last research question, which included the idea that cultural competency

needs to be improved with respect to African American communities. In addition,

emergency managers noted that they should have a deeper understanding of the

vulnerability of the African Americans. Major theme 6 appeared a total of four times

during interviews with the emergency managers (50% of the participating emergency

managers). Table 4 contains the breakdown of the results pertaining to the last research question of the study.

Table 4

*The Elements of Cultural Competency Need to Be Improved with Respect to African American Communities (*n=8*)*

Theme	# of occurrences	% of occurrences
Major Theme 6: Understand the awareness of the vulnerability of African Americans deeper	4	50%
Sub-Theme 1: Trust between the emergency managers and the African Sub-Theme 2: American communities	2	25%
Strong connection needed	2	25%

Overall, emergency managers who participated in this study believed they should be able to understand the vulnerability that African Americans feel more deeply. This could be considered one of the most important findings in this study. Emergency managers admitted that they should be more knowledgeable regarding the diverse communities that they served and training should be provide so that they can be more aware of the needs and conditions of African American communities. For example, Participant 1 explained emergency managers' cultural competency can be improved by enhancing their awareness of the vulnerability African Americans may feel because of a lack of knowledge regarding emergency disaster preparedness:

> When you get into those granular items, there are impacts after a disaster, more than likely you're going to see a heavy percentage of the African American communities that are going to be vulnerable communities as well as they currently

do not have the knowledge of how the emergency managements work pre-disaster planning as well as post-disaster activities.

Participant 4 also remarked that emergency managers and African American disaster survivors should work together to understand one another, in a context of mutual respect, in order for the system to work: "They want respect from our community. In order to get respect, you got to give respect. The other thing I was telling you about is fear."

Finally, participants noted that emergency managers are in great need of knowledge empowerment and cultural awareness training when dealing with African American communities. Participant 4 openly admitted that emergency managers and African American disaster survivors also need understanding in order for the relationship to work. This would also lead to more desirable and effectual results.

Trust between the emergency managers and the African American communities. According to the interviews conducted for this study, 25% of the disaster survivors indicated the need for trust to be developed between emergency managers and African Americans. Similarly, emergency managers again touched on the building of relationships with the African Americans they serve where trust can be one of the key building blocks. Participant 2 described how trust between the two parties can greatly help the cultural competency of the emergency managers because African Americans may then be more comfortable sharing their needs and managers can deliver more effectively as a result:

I think that that's the only choice you really have to increase that trust is to do a

better job, again, working with our state and locals, but identifying who are those

partners that we need to engage with to help us to get the word out as well.

Participant 5 also suggested that emergency managers and local officials and public

servants should take the time to better understand the needs of their African American

clients:

Sitting with them once they feel they are whole again and, "What can we do to

help you before the next event hits?" Especially in those areas where, because of

where they are geographically, they are going to get impacted again and again and

again.

Strong connection needed. Based on the interviews, 25% of the total sample

population indicated that a strong connection between emergency managers and African

American disaster survivors is needed. Emergency managers felt the need for a strong

connection between them and African American disaster survivors and suggested that by

building such a connection, both parties could better understand each other better. For

example, Participant 3 shared how there should be a relationship between the emergency

managers and African American disaster survivors:

Capable communities, they're capable communities but they need to know they're

connected and somebody's thinking about them. It has to do with the legacy.

This is a legacy thing, why would the Hispanic community not trust the angle

machine? We don't have to get into that but it's still a legacy so it's a matter of

delivered effort to overcome that.

Triangulation of Findings

In order to triangulate the findings and additional analysis of the findings was performed. The results generated by the author of this study were compared and contrasted with the triangulated results to find the most significant aspects of cultural competency, as well as the most effective ways to improve them. Based on the analysis of data gathered from the two group (emergency managers and disaster survivors), the most significant result was the diverging views of the emergency managers and the disaster survivors on cultural competence. This difference in perception may have stemmed from the fact that the emergency managers are not aware of the issues believed by survivors to be alarming and ultimately categorized as cultural incompetence. However, the emergency managers seemed honest in admitting that they can improve their cultural competency and expressed willingness to undergo training so that they can improve their cultural competency when dealing with African Americans. Meanwhile, the survivors believed that if they have experienced negative cultural interactions with emergency managers, these experiences were not intentionally negative and expressed understanding of the challenging situations the emergency managers must face as part of their jobs. Disaster response and recovery efforts varied when the emergency managers claimed that they always look beyond the culture and race of their patients; in fact, there were survivors who stated that their experiences were just neutral, and one clearly pointed out the lack of understanding and awareness of the emergency manager with whom she observed.

Connection to Theoretical Framework

Both groups suggested that cultivating an understanding of the needs of African American survivors of natural disasters and building strong relationships and connections with them will help emergency managers overcome their current deficits regarding cultural competency. These suggestions dovetail with the categories of the main theoretical framework of the current study, the Campinha-Bacote Model (2007). The model was evident specifically in the suggestions of the emergency managers and participants, which incorporated the five main aspects of the model: "cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire" (Friberg & Creasia, 2013, p. 317).

The perceptions of the emergency managers and the views and experiences of the survivors connect to the elements of the Campinha and Bacote Model. Emergency managers rated their cultural competency as "high" and "evolving," which corresponds to the first aspect (cultural awareness). Emergency managers shared how they strive to understand and consider the needs of the community as professionals with fairness and equality in treating those in need of service and care. The emergency managers were also honest in admitting that their cultural knowledge and skills need to be improved and developed—that as the survivors stated, the emergency managers were "not intentionally cultural insensitive." This implies that the emergency managers were aware of the processes and steps needed in order to obtain their cultural competence goal.

The second and third aspects (cultural knowledge and cultural skill) were also highlighted by both the emergency managers and survivors through the suggestion that

emergency managers could be more culturally competent if they participated in several

knowledge awareness and preparedness courses and training for African Americans. One

strategy involves understanding the vulnerability many African Americans feel in terms

of interacting with government representatives and issues related to disaster preparedness

and response, again, representing an effort of the emergency managers to build a "sound

and educational foundation" of knowledge about the group (Yoder-Wise, 2014, p. 166).

This educational foundation will lead to increased competence regarding cultural

knowledge and skills as well.

Meanwhile, the fourth aspect (cultural encounters) was also endorsed by the

emergency managers and survivors as a method to "validate and authenticate" the formed

cultural knowledge and skills from the Campinha-Bacote model. Survivors suggested

that emergency managers increase their presence and visibility in the communities in

order to develop a more targeted approach involving the needs of African Americans.

Cultural encounters should allow for trust and connection between the emergency

managers and African American disaster survivors to develop. In the end, as hoped for

by the emergency managers and the survivors they are trying to help, a cultural desire

shall emerge. This last aspect (cultural desire) should only be addressed once the cultural

awareness, knowledge, skills, and encounters have been successfully practiced and

implemented. Once the emergency managers have fully immersed themselves within the

Campinha-Bacote's model, they shall then have the "genuine" cultural desire to "care for"

and "engage" in becoming culturally competent managers for African American

communities (Campinha-Bacote, 1999, as cited in Yoder-Wise, 2014, p. 166).

Summary

Chapter 4 discussed the thematic analysis of interviews with the emergency managers and survivors with regard to the role of cultural competence in disaster response within African American communities. Six significant perceptions and experiences were identified from both the emergency managers and survivors. With the help of the computer software NVivo10, major themes and subthemes were then established. Analysis of the interview data revealed that emergency managers believed that they have a high level of cultural competency. Emergency managers also expressed the belief that their level of cultural competency can be improved by developing a deeper understanding of vulnerability African Americans feel when confronted by natural disasters and governmental responders. Disaster survivors believed otherwise, as although the emergency managers were not intentionally culturally insensitive to their needs; still, at some point they experienced some cultural incompetence from the emergency managers when they stated that the emergency managers chose to act based on the need or urgency of the situation. They explained that this perception or experience can be improved in three ways: (a) by increasing disaster knowledge and preparedness for African Americans; (b) by improving the presence and visibility of emergency managers in African American communities; and (c) by not having a general disaster response and recovery effort focus and instead targeting the needs of African Americans.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Chapter 5 presents the findings, conclusions, and recommendations for future scholars and researchers. The chapter also includes a discussion of the results based on the review of scholarly literature. This final chapter also provides a summary of the research.

Summary of Findings

A qualitative analysis of the study data showed that emergency managers describe themselves as having a high level of cultural competency. These participants also stated that their level of cultural competency can be enhanced by developing a heightened awareness of the African American community's vulnerability during and after disasters. These results contrasted with disaster survivors' stated beliefs that emergency managers have low levels of cultural competence. Instead, disaster survivors that emergency managers were unintentionally more focused on their own concerns and priorities during times of need or disaster. The disaster survivors suggested that this unintentional cultural incompetence demonstrated by emergency managers can be improved by three steps:

1. having proper knowledge and awareness on the needs of the African American community during disasters;

2. improving presence and visibility of emergency managers in African American communities; and

3. focusing disaster responses of the specific needs of the African American communities.

This divergent view of cultural competency by disaster survivors and managers is a major finding. These diverging perceptions suggest that emergency managers and disaster survivors are not in alignment in terms of the kinds of care that the providers give and the care that disaster survivors receive. The perceptions of disaster survivors are problematic because they suggest that some emergency managers are not aware that they are providing what is perceived as inadequate care. Can emergency managers address the issue of cultural competence if they are not aware of the problem? Disaster survivors on the other hand, must also take action to address the issue. African American disaster survivors should be more open in communicating their dissatisfaction with the disaster response and recovery efforts received from their local emergency management organization and provide suggestions on how emergency managers can improve their care. Emergency managers should be made aware of the need to develop cultural competency from the viewpoint of African American disaster survivors.

One of the ways cultural competence will improve is by conducting an open forum where the emergency management organization can facilitate an additional after-action briefing for the community. This forum would allow the disaster survivors an opportunity to communicate their concerns to the emergency management organization in a constructive manner. Emergency management organizations should also be more inclusive during the planning process by hosting disaster response and recovery planning meetings with key African American stakeholders to solicit input and recommendations for preparedness. Failure to accomplished this will result in a disconnect between the African American community and their local emergency managers. After the disaster

plans have been jointly developed, plans should be pre-exercised and tested to determine if they are effective.

The expectation that emergency managers focus on the African American community during a disaster is problematic. Emergency managers also have other tasks and responsibilities to perform, aside from fully focusing on one group or the African American community during a disaster. Therefore, while the overall aim of the study is to promote fairness and equality in providing service during emergency situations, the results showed that emergency managers must be aware of and responsive to the needs of all groups while also being especially sensitive to the needs, feelings, and expectations of the minorities they are serving.

Analysis of the deviating viewpoints between the emergency managers and survivors showed that the cultural competence problem appeared in both groups. Emergency managers may become more culturally competent once they consider implementing the model of Campinha-Bacote (2002) in their cultural competence efforts. Emergency managers would also benefit from learning about the ASKED model: "awareness, skills, knowledge, encounters, and desire" (Campinha-Bacote, 2002). The Campinha-Bacote's ASKED model has been used in the delivery of healthcare services to diverse communities (Campinha-Bacote, 2009). Using this model may help emergency managers develop their awareness of disaster survivors' culture. Following this implementation, skills and knowledge should be developed on how to properly care for and attend to the needs of African American disaster survivors, based on their specified needs in the most culturally sensitive way possible. Implementing encounters,

another aspect of the model, would help emergency managers and disaster survivors work together and communicate their needs so that both parties could achieve cultural competence during disaster response and recovery efforts.

Emergency management organizations could also consider partnering with local colleges of nursing to learn about the implementation of the Campinha-Bacote (2002) model. This partnership may be effective as this concept is already part of the curriculum at most nursing academic institutions; emergency managers can take advantage and truly learn from the courses and execute some of the techniques in their own practices.

Discussion

Research Question 1

Research Question 1 asked, "How do emergency managers rate their level of cultural competency?"

The thematic analysis of the interviews with the emergency managers showed a major theme: emergency manager's perception that they have a high level of cultural competence with respect to African American communities. It also showed that some emergency managers believed that they have an evolving knowledge of cultural competence. One participant indicated that the level of cultural competency on the part of emergency managers was lacking, as there was a lack of African American representatives in the field. Similarly, one emergency manager also believed that he and his organization had a nonexistent or very low cultural competency. Finally, another emergency manager participant indicated that he had a varying cultural competency.

The literature review for this study showed that provider-survivor racial/ethnic accordance was beneficial and effective, especially in improving care. Quality care emerges from the ability of a provider and disaster survivors to work together and understand matters in the same viewpoint, in alignment with Harrington's (2015) finding that the provider-survivor relationship can be affected by demographics factors such as race and gender. Parry, Greenhough, Brown, and Dyck (2015) then explained how provider-survivor ethnic and racial concordance can be a positive factor in enhancing the "quality of care" (p. 134) using different methods that allow for the development of cultural competency between the two parties. Harrington (2015) stated that improved concordance should allow better provider-survivor communication that should then overcome one of the most significant barriers in emergency management services relating to African Americans. The statements by Harrington (2015) and Parry et al. (2015) can then be applied to the findings in this study, where emergency managers reported a high level of cultural competency.

This perception of possessing high cultural competency on the part of emergency managers participating in this study arose from their current and incomplete awareness of African American culture. The emergency managers' statements strongly supported the idea that responsiveness to a certain situation or disaster should not be based on any ethnic bias, but should instead be focused on the willingness to help and perform their duties to the best of their abilities. As Participant 4 stated, "We are very concerned about making sure that we are a full service organization that supports the needs of the community, whoever it may be." Participant 5 stated that: "They should be looking at the

community as a whole despite any particular race, creed, or religion." Participant 6 also emphasized that "With their mantra, it's all about the need. It doesn't matter who needs it. It's like what is the need of the community so." Based on these responses, emergency managers view their duty as giving respect and service to citizens without looking at the race or ethnicity of those in need. Emergency mangers understand that they serve a diverse community, comprised of different races and nationalities and strive to overcome such cultural differences by providing the best quality of care "despite any particular race, creed, or religion" (Participant 5).

In conclusion, cultural competency was seen by the healthcare community as a possible solution to lessen healthcare disparities among minority communities. And accordingly, emergency managers agreed with previous reports and the scholarly literature concerning undergoing different practices and communication frameworks that should improve the current care emergency managers provide to the minority populations during disaster response. However, another viewpoint was discovered when the disaster victims discussed the opposite of what the emergency managers shared in their interviews that will be discussed further in the next section.

Research Question 2

Do African Americans believe the services they received during a disaster were sensitive to their cultural needs?

The African American disaster survivors who participated in this study indicated that the emergency managers they had worked with did not behave in ways that were intentionally insensitive to their cultural needs. However, this perception does not

change the reality that these disaster survivors have already experienced actions and treatments considered to be culturally insensitive and that proper care was not provided during crucial times or events. Meanwhile, some disaster survivors who participated in this study found that the services addressed their cultural needs. Finally, there was one survivor who admitted that the emergency managers were ignorant of the cultural needs of African Americans.

The literature review results showed an emerging need to consider social fairness, equity, and awareness on social justice issues. Goodman and Gorski (2015) argued that the younger generation of today should be prompted to process various "multicultural and social justice issues" (p. 152). By doing so, awareness of the issues may emerge and the negative effects of the lack of knowledge may be reduced. The different standards and aspects of cultural sensitivity may have contributed to the different viewpoints. Another cause may be the "call of the situation" where the disaster survivors identified how emergency managers respond to issues, depending on the urgency of disaster survivors' needs. As Participant 2 stated, "I don't think they are ever insensitive on purpose… I think their priorities are always what they consider to be the most important. What's considered to be the most important is very rarely the people."

Given the contrast in the responses of the emergency managers and the survivor survivors, one must remember how Campinha and Bacote (2002) claimed that "cultural competence is a process and not an event" (as cited in Votroubek & Tabacco, 2010, p. 579). Therefore, both parties, especially the emergency managers, need to make an effort to go through that process to strengthen their confidence that they are indeed culturally

competent as well as possessing the capacity to handle difficult situations; this may take some time to achieve but an improved care for the target population should be addressed.

While the majority of the participants (disaster survivors) found that the emergency managers were unintentionally insensitive in terms of African Americans' cultural needs, there were some participants (disaster survivors) who believed that they were receiving decent care and attention. This apparent contradiction in the reported experiences of the disaster survivors who participated in this study can be explained by another aspect of cultural competence: the improved engagement between the provider and receiver of services. The observance of some level of cultural competence may have curtailed from an upright and clear communication from the African American disaster survivors and emergency managers. Finally, an important theme was the admission of one participant (disaster survivor) that the emergency managers were ignorant of their cultural needs. This perception of cultural ignorance resulted from the lack of effort on the part of emergency managers to resolve and help the African Americans recover after the disaster or event has occurred. Similar to what was stated in Chapter 4, as only one participant (disaster survivor) experienced the "ignorance on the cultural needs," the statement is not conclusive and more research may be required to claim the experience as valid.

Research Question 3

What suggestions do African American community members have for emergency managers to help them become more culturally competent?

From the findings related to the third research question, survivors suggested three main developments by: (a) having the proper knowledge and awareness in terms of the needs of African Americans; (b) improving the presence and visibility of emergency managers in African American communities; and (c) focusing on service and care should be more targeted towards the needs of people living in African American communities. In Chapter 2, the three suggestions were also discussed and presented. Firstly, cultural competence means being mindful of cultures that separate from one's own. Therefore, African American survivors of natural disasters will benefit from the services of emergency managers who have the proper knowledge, awareness, and preparedness to meet the needs of African Americans. This is because as representatives of the medical field, they should have had at least some experience with dealing and interacting with individuals from various races and ethnicities. The first suggestion coincided with the stages of cultural competence—cultural awareness and knowledge—which are the phases in which there is recognition of personal views and obtaining a comprehensive educational foundation about diverse communities are cultivated (Campinha-Bacote, 2002, as cited in Rassool, 2014). Rassool (2014) explained that cultural awareness is established by observing one's personal biases, beliefs, and understanding while listening to and valuing the words and perceptions of individuals from other groups or races.

The second suggestion involved increased presence and visibility of emergency managers in African American communities. This focus on presence and visibility pertains to the final and most important component of cultural competence—cultural encounters. Emergency managers should be more involved in African American

communities; examples of these encounters would be getting "buy in" for the response and recovery plans. Another recommendation would be working with community and interfaith organizations that support African American communities. Cultural encounters are the deliberate engagement in face-to face interaction/s with different disaster survivors from minority communities (Campinha-Bacote, 2002, as cited in Webber & Kelley, 2014). As Webber and Kelley (2014) described, constant and repeated interactions and encounters should open doors for the emergency services provider and disaster survivor to connect and openly communicate with one another. Stanhope and Lancaster (2014) discussed the two types of cultural encounters, the "direct and indirect encounters" (p. 77) of the care providers. A direct encounter happens during face-to-face communication where care providers are able to "learn directly" from African American disaster survivors, while the indirect encounters happen when the emergency managers share what they have learned and observed from the disaster survivors to their other colleagues and peers (Stanhope & Lancaster, 2014).

Birslin (2000) suggested four aspects of cultural encounters that may be used for successful interaction. These were:

1. a feeling of success of the care provider about the relationship with the disaster survivor;

2. a feeling of a warm, cordial, respectful, and cooperative environment by the disaster survivor in relation to the provider;

3. producing successful and efficient goals and tasks; and

4. a feeling of no stress from both parties upon the interaction or encounter

(Stanhope & Lancaster, 2014, p. 77).

The four aspects of the successful cultural encounter can then be employed by the

emergency managers and African American disaster survivors to review and examine the

quality of their interactions, to modify their behaviors accordingly, and, thus, to make the

delivery of emergency services more efficient and effectual, benefitting the minorities

concerned—in this case, African Americans.

The third suggestion was that the focus of the emergency managers should be

based on the needs of affected minority groups (African Americans) as opposed to

providing services without consideration of cultural sensitivities. This suggestion

supports the call for the application of skills based on the experiences of the participants

with their encounters and interactions within African American communities. A more

targeted approach for the delivery of emergency services to African American

communities does not mean an unequal provision of care for other communities but a

kind of approach that can be applied in times of disasters that recognizes needs of African

American communities. By doing so, the quality of care may be more individualized and

each African American disaster survivor may benefit from improved care and services.

The last suggestion for improvement can be traced to the first two suggestions, where

emergency managers are asked to examine their knowledge and awareness and to

develop their own methods of cultural competency by getting know residents of minority

communities and interacting with them. The construct of cultural skill emerges as

emergency managers target the specific needs of African American disaster survivors by

combining their cultural knowledge. Through developing cultural awareness and skills,

emergency managers can then effectively respond to the needs of African Americans.

Research Question 4

> *What elements of cultural competency need to be improved with respect to*
>
> *African American communities?*

Regarding the last research question, emergency managers who participated in

this study acknowledged that there is a great need to increase their awareness of the

vulnerability many African Americans feel in terms of receiving emergency services and

communications. As Participant 4 contended, African Americans have high levels of

self-worth; thus, emergency managers need to respect African Americans as human

beings, as equals, in order for emergency managers to earn their respect in turn: "They

want respect from our community. In order to get respect, you got to give respect. The

other thing I was telling you about is fear."

Other suggestions by Participant 4 included building trust and relationships

between the emergency managers and the African American communities they serve by

working with residents as well as increasing emergency managers' visibility within

African American communities; in this way, community residents can recognize

emergency managers' sincere efforts to help them. In addition, survivors can contribute

to enhanced relationships between themselves and emergency managers by listening to

what emergency managers have to say and remaining open to changing their negative

perceptions emergency managers. These suggestions suggest that the propositions of

both the survivors (as presented above) and the emergency managers were similar to one

another. The development of knowledge and awareness through better understanding of the experiences, feelings, and needs of African Americans again correspond to the components of cultural awareness, cultural knowledge, and cultural encounters.

The five constructs developed by Campinha-Bacote Model for Delivery of Healthcare Services need to be fully understood and completed in order to achieve the cultural competency that African American disaster survivors want emergency managers to have. Upon addressing these five constructs, the gap between the views of the two groups (African Americans and emergency managers) should be bridged accordingly. Again, it must be emphasized that cultural competence is "not an event, but a process" (Campinha-Bacote, 2002, p. 181). Votroubek and Tabacco (2010) highlighted that cultural competency is "an on-going effort" that must be performed and strived for by the emergency managers to "meet the healthcare needs" of the population being targeted (p. 579). Therefore, both groups should be patient so that issues can be explored and addressed while working through the process together.

Conclusions

In conclusion, one of the most important findings was that the emergency managers and the survivors who participated in this study expressed varying beliefs regarding their perceptions of cultural competency. Emergency managers identified themselves as possessing a high level of cultural competency, whereas disaster survivors who participated in this study reported interactions with emergency managers that were characterized as culturally insensitive, albeit unintentionally so. Nevertheless, the acknowledgement that culturally insensitive remarks or behaviors are not deliberate

cannot neutralize the reality that issues cultural competence issues are real. Emergency managers should be made aware that their cultural competency needs to be improved.

Survivors can help emergency managers to identify areas that need attention and improvement. By doing so, both parties can reach an agreement and culturally competent care may be achieved. This recommendation is not farfetched since both the emergency managers and disaster survivors believe cultural competence can be developed by developing the proper knowledge and awareness of African Americans' needs and cultural sensitivities; an enhanced presence and visibility of emergency managers in the communities targeting the needs of the African Americans can also help. Based on the interviews conducted as part of this study, both parties appear willing to work together to improve cultural competence in emergency responsiveness, especially with minorities such as the African Americans.

New findings from the study, such as the experiences of the participants, contribute to the body of literature on the subject of cultural competence in the case of emergency responsiveness. At the same time, the suggestions of the emergency managers and survivors on how cultural competency can be better achieved were testaments that the stages of cultural competence development, such as awareness, knowledge, and encounters, were accurate and factual.

Implications to Social Change

As the population of the United States becomes more diverse it is important that emergency managers become more culturally aware of the communities that they serve. The value of cultural competency can have immediate results to the African American

community and the emergency management industry during disaster response and recovery efforts. When implementing the Campinha-Bacote model, emergency managers will be able to dramatically improve disaster response and recovery efforts not only to the African American community but other diverse minority communities as well. Implications of these enhance efforts (cultural competency) will result in better comprehension for the needs of African American communities and reduce the dissatisfaction of the services that they received during and post- disaster. If the emergency management organization becomes more culturally competent they should experience less miscommunication, assess the needs of the community better, and ultimately provide better service to the African American disaster survivors during and after a disaster.

Recommendations

This study produced three recommendations for future studies. The first recommendation is that future scholars should investigate archives and records to determine if there have been cases of cultural issues reported during emergency responses involving minorities, particularly African Americans. In addition, future scholars and researchers could also include not only the negative reports but also positive cases on how emergency managers tried to communicate and build relationships with their clients, notwithstanding the cultural differences. By doing so, both viewpoints are presented and the interviews with emergency managers and survivors should be backed up with stronger and proven documents.

The second recommendation is that future researchers should study other minority populations to determine whether different minority groups have similar or differing perceptions related to the cultural competence exhibited by emergency managers. Future scholars should also analyze the archives and records from the previous recommendations to perform a triangulation of findings using the interviews of the emergency managers, survivors, and the data gathered from the organizations. By doing so, stronger evidence should emerge, as well as more inclusive findings. Future scholars can also provide awareness information data to current emergency managers, demonstrating how they can develop their cultural competence with respect to African American communities.

The third recommendation is that future researchers use a larger participant samples. The researcher can expand the geographical area to attract a greater sample amount. By doing so, it will give future researchers greater power to detect differences within other minority populations.

Additional Recommendations

Emergency managers can work to improve their presence and visibility in African American communities by conducting site and community visits. They can also survey local residents on how they can improve care. These efforts should help locals become familiarized with the faces of the emergency managers.

Summary

This chapter presented and discussed the findings of this study based on the relevant literature. Conclusions and recommendations were also included. Emergency

managers and the survivors who participated in this study reported contrasting beliefs with regard to their perceptions of emergency managers' level of cultural competency. The difference in perception was considered the major finding of the study but was still believed to be workable through the implementation of the Campinha-Bacote Model. Both the emergency managers and disaster survivors had similar beliefs on how cultural competence can be improved by being aware of the stages of cultural awareness, knowledge, and encounters, suggesting that the goal of quality care through cultural competence is attainable.

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Appendix A: Letter of Invitation to Participate

Title: Cultural Competence, Emergency Management, and Disaster Response and Recovery Efforts among African Americans

Researcher: John S. Laine
Committee Chairperson: Bruce Lindsay PhD

Dear _____,

I am a PhD candidate in the Homeland Security and Coordination specialization at Walden University College of Social and Behavior Science and I am in need of your assistance. I am working on my dissertation and I want to conduct interviews with emergency management professionals with experience working with African American disaster survivors. I am also looking to conduct interviews with African American disaster survivors.

The dissertation will address the need to conduct research on the role of cultural competence as it relates to disaster response and recovery. There is an abundance of literature on the themes of cultural competence within the healthcare and public administration industry, there is little research that focuses specifically on the emergency management profession and how it affects minority communities.

This study will provide an insight into the experiences of individuals within the African American community during a disaster response and recovery event. The results of the study will : (a) provide positive changes on how address the needs of the individuals within the African American community during a disaster response and recovery event, (b) to ensure that cultural competency training is incorporated for the professional development of emergency managers or responders who serve diverse communities.

If you are interested in participating in this study, please contact I by phone (XXX -XXX-1706 or you can email me at john.laine@waldenu.edu .

Sincerely,

John S. Laine
College of Social and Behavior Science
Walden University
Email: john.laine@waldenu.edu
Tele: XXX XXX-1706

Appendix B: Consent Form for Nonemergency Responders/Managers Consent Form

Title: **Cultural Competence, Emergency Management, and Disaster Response and Recovery Efforts among African Americans**

You are invited to take part in a research study of the role of cultural competence in emergency management. This study will examine the role and comprehension of cultural competence and what emergency managers perceived to be the critical element of culturally competent emergency responder / manager. The researcher is inviting individuals who are African American survivors of disasters or emergency events within the last five (5) to (7) years to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. This study is being conducted by a John Laine, Doctoral candidate at Walden University.

Background Information: The purpose of this study is to explore the role of cultural competence and how it can affect African Americans disaster survivors within the state of Maryland.   This study will provide recommendations that will help emergency managers become more cultural competent and better serve African American communities during a disaster.

Procedures:
If you agree to be in this study, you will be asked to:
- You will complete the questionnaire
- You will be interview once (on the phone or in person) for about one (1) hour. (The interview will be recorded for data accuracy) You will be asked follow up questions for clarity of captured information.
- You will asked to review and validate the transcribe interview to secure your approval of captured data

Here are some sample questions:
- Does your emergency response organization demonstrate that they have the right perspective, attitudes and awareness of your culture and values?
- Do you receive and comprehend vital information from your local emergency management agency prior to an impending disaster?

Voluntary Nature of the Study:
This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at your supporting organization (XXXX) will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.
Risks and Benefits of Being in the Study: Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress or becoming upset. Being in this study would not pose risk to your safety or wellbeing.

When the emergency management discipline has a better understanding of the relationship between cultural competency and quality of services during a crisis event; this can result in the correlation of the integration of cultural competency throughout emergency management practices and policies to the increase of quality and the accessibility of services to the African American community.

Payment:
Please note that your participation is completely voluntary; there will be no incentive or payment for your involvement to this study.

Privacy:
Any information you provide will be kept in confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept in encrypted files on a computer by the researcher. All computer files will be kept in a password-protected file that will be maintained on the researcher's password-protected computer. Hard copy documents will be maintained in a locked cabinet in the researcher's home. All raw data will be kept for a period of 5 years and then will be destroyed, as required by Walden University. Computer files will be deleted, and hard-copy documents will be shredded.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via mobile XXX-XXX-1706 and/or john.laine@waldenu.edu . If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is **612-312-1210**. Walden University's approval number for this study is **04-27-15-0160595** and it expires on **April 26, 2016**.The researcher will give you a copy of this form to keep. Please keep this consent form for your records.

Statement of Consent:
I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By replying to this email with the words, "I consent" and complete and return the attached questionnaire, I understand that I am agreeing to the terms described above.

Sincerely

John S. Laine, MPA
Walden University, College of Social and Behavior Science

Appendix C: Consent Form for Emergency Responders/Managers Consent Form

Title: **Cultural Competence, Emergency Management, and Disaster Response and Recovery Efforts among African Americans**

You are invited to take part in a research study of the role of cultural competence in emergency management. This study will examine the role and comprehension of cultural competence and what emergency managers perceived to be the critical element of culturally competent emergency responder / manager. The researcher is inviting individuals who are emergency managers who have experience working with African American survivors of disasters or emergency events within the last five (5) to (7) years to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. This study is being conducted by a John Laine, Doctoral candidate at Walden University.

Background Information: The purpose of this study is to explore the role of cultural competence and how it can affect African Americans disaster survivors within the state of Maryland.   This study will provide recommendations that will help emergency managers become more cultural competent and better serve African American communities during a disaster.

Procedures:
If you agree to be in this study, you will be asked to:
- You will complete the questionnaire.
- You will be interview once (on the phone or in person) for one (1) hour.   (The interview will be recorded for data accuracy) You will be asked follow up questions for clarity of captured information.
- You will asked to review and validate the transcribe interview to secure your approval of captured data

Here are some sample questions:
- Do you feel that emergency management organizations are meeting the needs of the African American community? Have they been successful? If so why? / If no why not?
- What is the knowledge of cultural competence that exists within the emergency management industry?

Voluntary Nature of the Study:
This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at your supporting organization (XXXX) will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study: Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress or becoming upset. Being in this study would not pose risk to your safety or wellbeing. When the emergency management discipline has a better understanding of the relationship between cultural competency and quality of services during a crisis event; this can result in the correlation of the integration of cultural competency throughout emergency management practices and policies to the increase of quality and the accessibility of services to the African American community.

Payment:
Please note that your participation is completely voluntary; there will be no incentive or payment for your involvement to this study.

Privacy:
Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept in encrypted files on a computer by the researcher. All computer files will be kept in a password-protected file that will be maintained on the researcher's password-protected computer. Hard copy documents will be maintained in a locked cabinet in the researcher's home. All raw data will be kept for a period of 5 years and then will be destroyed, as required by Walden University. Computer files will be deleted, and hard-copy documents will be shredded.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via mobile XXX-XXX-1706 and/or john.laine@waldenu.edu . If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is **612-312-1210**. Walden University's approval number for this study is **04-27-15-0160595 and it expires on April 26, 2016**. The researcher will give you a copy of this form to keep. Please keep this consent form for your records.

Statement of Consent:
I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By replying to this email with the words, "I consent" and complete and return the attached questionnaire, I understand that I am agreeing to the terms described above.

Sincerely,

John S. Laine, MPA
Walden University, College of Social and Behavior Science

Appendix D: Participant's Demographic Form Nonemergency Responders/Managers

Questionnaire

John Laine, Doctoral Candidate, Walden University

Dissertation Title: **Cultural Competence, Emergency Management, and Disaster Response and Recovery Efforts among African Americans**

This demographic form will be disseminated to the disaster survivors who have chosen to participate in this study?

1. Full Name: _____

2. Age: ___ (18-30) ___(31-41) ____(42-50) ____(51-60) ____(61-70)___(71+)

3. Gender: ____Male   ____Female

4. Do you identify yourself as Black/ African American ☐Yes   ☐ No

5. Have you experience disaster or emergency event within the past 5-7 years?
    Yes ☐   No ☐
    If yes, please describe the event?
    _____
    _____
    _____

6. If yes, did you interact with your local emergency management organization
    during an emergency event? Yes ☐ No ☐
    If yes, please describe the event?
    _____
    _____
    _____

7. Have you ever been involved / participated in any type of emergency
    preparedness events with your local emergency management organization? Yes
    ☐ No ☐
    If yes, please describe the event you have participated in?
    _____

_____

_____

8. Are you interested in participating in this research project? Yes ☐ No ☐

9. Please identify the best way to contact you:

     a. _____ Phone (H)
     b. _____ Phone (W)
     c. _____ Phone (M)
     d. _____ email _____ Other

Please note that confidentially is guaranteed. There will be no compensation for participation of this study. Please return this questionnaire back in the stamped addressed envelope. You can also contact me by phone at any time convenient to you on XXX-XXX-1706. My dissertation Chair, Dr. Bruce Lindsay, can also be contacted at bruce.lindsay@waldenu.edu.

Thank you for your support on my behalf.

John Laine
Doctoral Candidate, Walden University
john.laine@waldenu.edu

Appendix E: Participant's Demographic Form Emergency Responders / Managers

Questionnaire

John Laine, Doctoral Candidate, Walden University

Dissertation Title: **Cultural Competence, Emergency Management, and Disaster Response and Recovery Efforts among African Americans**

This demographic form will be disseminated to the disaster survivors who have chosen to participate in this study?

1. Full Name: _____

2. Age: ___ (18-30) ___(31-41) ___(42-50) ____(51-60) ____(61-70) ____(71 +)

3. Gender: ____Male ____Female

4. Which organization do you worked for?
   Statewide ☐   County Government ☐   City/Town/Village ☐

   Federal/Military ☐   DHS/FEMA ☐

5. Job Classification:
   All Career ☐ All Volunteer ☐   Combination ☐

6. Do you have you experience in supporting African American communities during a disaster or emergency event within the past 5-7 years?   Yes ☐   No ☐

7. Have you ever been involved or participated in any type of emergency preparedness events within the African American community? Yes ☐ No ☐

8. Are you interested in participating in this research project? Yes ☐ No ☐

9. Please identify the best way to contact you:

   a. _____ Phone (H)
   b. _____ Phone (W)

c. _____ Phone (M)
d. _____ email _____ Other

Please note that confidentially is guaranteed. There will be no compensation for participation of this study. Please return this questionnaire back in the stamped addressed envelope. You can also contact me by phone at any time convenient to you on XXX-XXX-1706. My dissertation Chair, Dr. Bruce Lindsay, can also be contacted at bruce.lindsay@waldenu.edu.

Thank you for your support on my behalf.

John Laine
Doctoral Candidate, Walden University
john.laine@waldenu.edu

Appendix F: Individual Interview Protocol for Practitioners

1. Do you feel that you and your organization provide comprehensive information that is vital to the African American communities prior to a disaster? Does that information meet the needs of the African American community during and after a disaster?

2. Do you feel that your emergency management organizations are meeting the needs of the African American community? Have they been successful? If so why? / If no why not?

3. Are there support services that your emergency management organization provides that are helpful to the African American community?

4. Do you feel that there are proper policies in place to support these services? If so, can you give some examples?   How have they helped the African American community? If not, what are some of the policies you would propose to better support the African American communities?

5. Do you feel that your emergency response organization demonstrate that they have the right perspective, attitudes and awareness of the African American community?

6. Can the cultural of the community affect the response and recovery philosophy of your organization?

7. How would you rate the cultural competence of your emergency management organization?

8. To what extent do factors such as common beliefs, shared values, and perceptions affect African American communities during a disaster response?

Appendix G: Individual Interview Protocol for Disaster Survivors

1. Do you receive vital information from your emergency management agency prior to an impending disaster?

2. What type of information do you received during and after the disasters? Was the information that you received useful to you?

3. Would you say that emergency management organizations are aware and meeting your needs? If not, why?

4. When receiving support services from your emergency management organization, are they beneficial to you? If so, how? If not, what are the gaps?

5. Does your emergency management organization demonstrate an awareness of your values and needs?

6. Do you believe your emergency management organization has the proper resources and understanding of your community?

7. Can you tell me about a time when an emergency manager wasn't aware of your needs and was insensitive to you? If so, what would have been a better approach?

8. Has there ever been a time when an emergency manager was not sensitive to you and your family needs during an event?

9. Have you ever received information from your emergency management agency prior to an impending disaster that was not helpful to you? If so, why?