

A Mixed Methods Study of Disaster Case Managers on Issues Related to Diversity in Practice with Hurricane Katrina Victims

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Abstract

Increasingly, disasters are affecting large geographical areas that contain diverse populations who experience their aftermath in different ways. Social work case managers can play a critical role in assisting communities to plan and organize around issues of diversity in disaster relief and recovery. Using mixed methods, this study examines disaster recovery case managers working in the state of Mississippi after Hurricane Katrina. The authors asked the research question “What issues, if any, did disaster recovery case managers encounter when working with people from different cultural backgrounds after Hurricane Katrina?” Participants ($N=11$) reported experiencing shortcomings in agency preparation, a lack of understanding of ethnic intragroup differences, and challenges when working with elderly and disabled clients. Findings indicate that social work disaster case managers need to develop methods for gaining awareness of diverse populations within their service areas. Implications for future training and preparation are discussed.

Since the 1950s, the number of disasters in the United States has increased dramatically. A review of data from the Federal Emergency Management Agency (FEMA) reveals that the number of declared federal disasters has increased from 13 to nearly 54 disasters annually. This steady increase in the annual number of disasters nationally engenders greater risk for negative outcomes. The challenge of reducing risk for poor disaster outcomes is further exasperated by the increasing diversity in the United States, with its globalized workforce, highly transient populace, and constant in-and-out migration. Transient populations participating as part of a global cheap labor force have little to no disaster mitigation planning in place. As a result of these and other factors, large regions of the nation containing diverse populations with high levels of disaster vulnerability are increasingly placed at risk from large-scale disasters.

Such was the case during the aftermath of Hurricane Katrina, as a multicultural population from the Gulf Coast disbursed through the nation with a host of social welfare and personal needs towards short- and long-term disaster recovery.

In order to effectively serve highly vulnerable populations during the disaster recovery process, social work managers need a host of skills for practice in multicultural settings. One reason is that they need to be aware of how diverse groups of people experience disasters and the unique problems faced by particular cultural groups in the recovery process. Working with diverse populations during the aftermath of a disaster does not only include planning for intervention with individuals and groups from different race ethnic backgrounds; there is also growing need to understand and plan for a diverse array of needs found among elderly and disabled populations in the wake of a disaster occurrence. Research investigation that focuses on the unique experiences encountered by case managers within multicultural settings can provide important information that informs the future of disaster recovery case management practice. While there is some past research on diversity and case management (Mathbor, 2007a, 2007b; Puig & Glynn, 2003), our growing national diversification and increase in the number of disaster occurrences calls for continued research in this area. Moreover, unique issues that case managers and social workers face during the disaster relief and recovery process need to be evaluated so that they can be objectively assessed for the development of best practices.

In this investigation, we attempted to explore the question “What issues, if any, did disaster relief case managers encounter when working with people from different cultural backgrounds after Hurricane Katrina?”

LITERATURE REVIEW

SOCIAL WORK IN DISASTER RELIEF

Disaster case management is defined as the planning of services to secure, monitor, coordinate, help determine edibility, make referrals, and “advocate for unified goals and services with organizations and personnel in cooperation with individuals and families” (Council on Accreditation, 2008, p. 1). Disaster case management encompasses the delivery of services under difficult environmental conditions that may result from the disruption of operations, loss of infrastructure, and challenges to communication, service coordination, record keeping, and efficiency (Council on Accreditation, 2008). The challenge of disaster relief and recovery with multiethnic populations is uniquely suited for social work professionals. Social work case managers can play a critical role in assisting communities to plan and organize in order to reduce vulnerability and risk factors for poor disaster outcomes (Mathbor, 2007a, 2007b;

Puig & Glynn, 2003; Zakour, 1996). In addition, social work case managers placed within community agencies may be situated to coordinate interagency responses to disasters; when necessary, they serve a pivotal function in the facilitation of client transition into the long-term disaster recovery process (Haffey, 2007; Pyles, 2007).

SOCIAL WORK AND MULTICULTURALISM IN DISASTER RELIEF

Multicultural disaster relief social work is a relatively new and unexplored area of practice as evidenced by the small body of available literature on the topic. Existing literature does indicate that there is a growing and urgent need for cultural competence training among disaster response social workers (Rock & Corbin, 2007). In general, the field of disaster relief and recovery research reveals that greater risk for poor outcomes exists among some minority populations, people with disabilities, elderly citizens, and other marginalized groups (Andrulis, Siddiqui, & Gantner, 2007; Bolin, 1986; Bolin & Klenow, 1988; Bond, 2007; Fothergill, Maestas, & Darlington, 1999; Phillips, 1993; Rock & Corbin, 2007; Zakour, 2007; Zakour & Harrell, 2003). To this end, disaster researchers have noted that the response to Hurricane Katrina, which affected many different cultural groups, was immensely affected by the lack of a culturally competent response (Rock & Corbin, 2007).

Using mixed methods strategy, this study attempts to facilitate our understanding of disaster recovery case managers' perceived experiences and preparation for intervention with diverse populations. In this investigation, the researchers explored how prepared case managers were for working with diverse populations as well as agency preparation for practice with diverse clientele. Additionally, the researchers inquired about common strengths, shortcomings, and barriers to successful disaster recovery case management. In order to accurately explore these concepts, a mixed methods approach with both qualitative and quantitative procedures was employed in the design and assessment of findings.

METHODS

SAMPLE

The research team for this project consisted of two individuals. We drew from a convenience sample of disaster relief and recovery case managers within the state of Mississippi. The participating long-term disaster recovery agency was identified by the research team through a third party for the purpose of requesting access to the case management team for participation in this research project. The research team contacted the case manager supervisor to request a structured interview with members of the long-term recovery team. The nature of the project was explained along with the normal protocol in accordance with Institutional Review Board (IRB)

regulations for data collection. The supervisor agreed to ask members of the case management team to participate in the project. The sample for this survey included 11 disaster relief case managers in Mississippi and their supervisor.

MIXED METHODS

A mixed methods approach was used where the researchers base knowledge claims on pragmatic grounds. “It employs strategies or inquiry that involve collecting data either simultaneously or sequentially to best understand research problems” (Creswell, 2003). In this study, we used a simultaneous or a “concurrent” approach to data collection. In order to form a picture of the phenomena being studied from multiple dimensions, the research team utilized both quantitative and qualitative data collection including a focus group. In this situation, the pragmatic approach (a “what works” strategy) consisted of building knowledge based on existing research. This method allowed the researchers to utilize both emerging (focus group and qualitative findings) and predetermined (quantitative) approaches to gain insight into the practices of disaster case managers with diverse populations. In order to place equal importance on each method, we conducted both quantitative and qualitative methods concurrently. Creswell (2003) contends that the concurrent data collection approach helps to place equal importance on both approaches. When using a concurrent approach to mixed methods data collection, Creswell (2003) posits that there is, however, convergence in the reporting/interpretation of quantitative and qualitative data.

By making use of qualitative and quantitative questionnaires, as well as a focus group, the intent was to triangulate the responses in order to improve the reliability and validity of the data gathered for the study. Triangulation is used with a mixed methods approach to help converge quantitative and qualitative data findings. It helps the researcher understand findings that are unclear in their interpretation from either method (Creswell, 2003; Miles & Huberman, 1994). We conducted the focus group in the conference room of the agency located in Jackson, Mississippi. Eleven people were invited to attend the group, all of whom agreed to participate and were present. Participants were briefed on the approval process that the researchers obtained through the University’s IRB and then asked to sign a consent form acknowledging their understanding of the purpose of the study and their individual consent for participation in the project. The participants were then asked to fill out the qualitative and quantitative questionnaires with the inclusion of some demographic information. Once these items were complete and returned, the two researchers facilitated a focus group. Predetermined questions for the focus group consisted of gaining information on (a) the different populations that the participants have worked with, (b) individual as well as agency preparation for cross-cultural

disaster case management, (c) information on individual experiences when working with diverse groups, and (d) lessons learned from their experiences as they pertain to cross-cultural case management practices. It should be noted here that one positive effect of using both a focus group and a qualitative questionnaire was that people who were less likely to speak-up or participate in the focus group were still captured in the qualitative surveys, thereby allowing for the development of a fuller picture of respondents' perspectives.

INSTRUMENTS AND SURVEY METHOD

In the development of measures for this study, we build on an earlier pilot test of this procedure that was conducted by one of the investigators for this study in Orlando, Florida in 2007 with 15 disaster recovery case managers; these results have not been published to date. The case management agency in Orlando is an affiliate of the agency for the current investigation, and both are subsidiaries of a larger nonprofit 501C-3 organization. The initial data from Orlando was derived from the distribution and collection of a qualitative questionnaire that was developed based on a review of research literature and response from a focus group with the 15 case managers and their supervisor. The results from this qualitative information were used to modify the questionnaire to create a quantitative Likert questionnaire that reflected perceptions of case managers' experiences from Orlando towards specific issues. Thus, data collected in Orlando in 2007 helped to inform and build on instrument development for the current investigation by incorporating lessons learned from the initial data collection. As stated by Creswell (2003), this approach is central to the development of valid instruments for qualitative data collection. For the current investigation in Jackson, Mississippi, the first round of data collection took place in October 2007, and the follow-up data collection period took place in March 2008. The first round of data collection produced both qualitative and quantitative findings, and the follow-up data collection period produced quantitative findings only.

ANALYSIS

Data from the focus group and the qualitative surveys were entered into ATLAS.ti software for analysis. This software allows the researcher to input qualitative data and examine the data for common themes. It does so by sorting through data, creating a conceptual web, and highlighting conceptual patterns, including larger meanings, and the identification of their constitutive characteristics (Miles & Huberman, 1994). Researchers can then more readily identify codes and code families within the data and organize them in an easily interpretable manner. An open-coding approach was taken with the data in order to allow the data to guide the researchers to themes and ideas that were shared by participants. Once an initial set of codes was identified,

they were used throughout the surveys while also allowing for the emergence of new codes. The final product of this process is the development of categories that represent a broader meaning for chunks of data. Individually, each of the two raters went through this process and then met to compare findings. During the review, each category needed to have at least two items in order to be maintained. There was agreement to compromise on the labels for similarly identified categories. For example, the category labeled by one reviewer as a “problem with interagency collaboration” was redesignated as “poor interagency coordination.”

Inter-rater agreement was then computed in order to understand the reliability of the process. We use the kappa formula (number of agreements divided by the number of agreements *plus* disagreements x 100) as provided by Bloom, Fisher, and Orme (2006). Final agreement on categories and their kappa scores are listed as intercultural difference (98%), cultural barriers (83%), poor client follow-through (94%), low elderly and disability services (95%), issues of trust (87.5%), case manager stress (88%), lack of cultural competence (75%), problem with training (100%), poor interagency coordination (96%), and differences in service expectations (86%).

RESULTS

All participants worked for the same agency in different areas of the state. Of this group, nine of the participants were female and two were male. Additionally, nine were African-American and two were Caucasian. The case managers ranged in age from 23 to 53 years, while the supervisor was 35. Only three of the participants indicated that they were licensed by the state (two social workers and one mental health counselor).

Six others indicated a bachelor’s degree in a social science; among them were three with a bachelor’s degree in social work, with two others indicating some college education.

In working with their local communities, the experiences of the participants varied. Participants worked in their service areas for an average of 5.2 years ($SD=5.26$). However, the average length of employment with their current agency was 1.14 years ($SD=0.7$). There were varied lengths of case management experience among participants ($M=6.13$ years, $SD=4.75$). Collectively, the case managers reported working with over 1,000 clients from the states of Mississippi and Louisiana during the first year after Hurricane Katrina while employed with the agency.

FIRST-ROUND RESULTS

Qualitative Results: Each of the participants responded to a set of thirteen qualitative questions (see Appendix for questions). Almost all of the respondents reported that they worked primarily with African-American clients. Seven of the respondents reported issues with intercultural differences or cultural barriers when working with

their respective groups. Another common issue identified by five participants was a lack of follow-through amongst clients when attempting to complete the recovery plan. When working with people with disabilities or the elderly, six participants reported that the most common challenges were lack of information about services for the clients and a lack of resources both on the part of the clients and the state.

When discussing their own preparedness to work with these populations, respondents presented a varied picture. Five respondents indicated that their previous experience and training prepared them for many of the challenges that they faced, while six others felt that they had not been prepared and had to learn as they progressed. Eight respondents felt that the organization was prepared to handle the situation. These individuals cited such assets as interagency partnerships, policies, and resources that were in place for the agency to do its job. Three of the respondents, however, felt that the agency was not prepared and, despite its access to resources, did not have the policies or procedures to provide adequate assistance.

Four respondents indicated that clients were willing to accept services, while three respondents indicated that services were accepted if the clients wanted them and if they did not have to work hard for them. However, four respondents expressed that many elderly clients, particularly those from rural settings, were reluctant to accept services due to a misconception that such services would have to be paid for in the future. This lack of trust and information was a common theme when participants were describing the limitations faced when working with clients. Other common limitations included a lack of client follow-through as noted above and an inability to access resources. However, there was the indication that many of the clients serviced worked collaboratively with the case managers in the recovery process. One respondent summed up this area by stating that many of the younger adult clients, particularly those from New Orleans, more readily accepted assistance while many of the elderly clients, particularly those from rural Mississippi, hesitated more in providing information and accepting available services.

Six respondents indicated that there were few gaps in their training prior to the event. Those gaps that did exist were focused primarily on the day-to-day operations of the agency, including the use of forms and identification of resources available for clients. Five of the respondents indicated that more training in these areas would have been beneficial. Only one respondent indicated that training regarding working with specific racial or ethnic groups would have been helpful.

Seven respondents indicated that their primary sources of stress arose from the regular exposure to people who were suffering or experiencing loss. Respondents dealt with stressors in a variety of manners, including seeking support amongst their fellow case managers, separating their work and home lives, and prayer. Only three of the respondents answered the final question on the qualitative survey regarding any further

issues they may have had. One maintained that cultural differences (nonspecific) made disaster case management more difficult, whereas the other two reiterated the difficulty they experienced when working with clients from New Orleans.

The focus group witnessed high participation by some respondents, with low to no participation by four respondents. The most active participants generally expressed favorable opinions about the agency's preparedness. They expressed a common theme that the agency provided sufficient cultural competence training prior to their participation in disaster case management. Yet, in the qualitative surveys six respondents, including the four that did not comment on agency cultural competence training during the focus group discussion, indicated that the agency did not provide them with sufficient training in several aspects of disaster relief, including cultural competence, use of program forms, and what to expect in regards to common difficulties faced by both the clients and the case managers. Five of the participants indicated that further training would have helped them to better serve clients.

Another critique of the agency was the lack of interagency networking and coordination. Five of the respondents indicated that they were consistently frustrated by the lack of cooperation between agencies as well as the lack of information available about exactly what services each agency provided. One respondent commented on the qualitative survey that "we were sending our clients to places that stated they were providing case management services, but it was not case management services that the clients received." In general, findings from the focus group and the qualitative survey both indicated marked differences for case managers when expressing (or not expressing) their perceptions of dealing with clients from different cultural groups. Nine of the participants indicated that they worked primarily with African-American and Caucasian clients. Their African-American clients were divided between those native to Mississippi and those from Louisiana. As one respondent pointed out:

You have to work for everything in Mississippi. Nothing is just handed to you. Most of my clients (NOLA [New Orleans] clients) were resistant to change and did not want to work and blamed [the agency] for not helping. If you look at the files most of these people have maxed out of the program, meaning they received more help than others.

The case managers consistently described this difference in expectations of service exhibited by these two groups. As part of this difference, three of the participants indicated that their clients from New Orleans were disinclined to follow through with finding jobs or obtaining resources on their own. As described by the case managers, many of the clients from New Orleans that were recipients of social welfare services prior to Katrina were accustomed to the State of Louisiana providing benefits.

According to the case managers, these clients indicated that they experienced less enforcement of personal obligations for self-help through employment search requirements for receiving social welfare services in New Orleans. Outwardly puzzled by her recollection of events, one self-identified African-American participant asked, "What kind of black people were these people?"

Another common theme identified by respondents during the focus group and as indicated on the qualitative questionnaire was the lack of information available to elderly and disabled clients concerning the availability of services and resources. Five respondents indicated that they personally had a lack of knowledge about specific services available to serve the disabled and elderly populations in Mississippi. This was especially true in rural locations in which services and resources were scarce before the hurricane.

Quantitative Results: Participants were asked to complete a 34-item quantitative questionnaire that contained questions regarding their opinion on the importance of items on agency functioning and preparedness during disaster relief operations. Responses were measured using a 5-point Likert scale with 1 being "Not important" and 5 being "Extremely important." Aggregate mean scores are reported in Table 1. In 28 out of the 34 items, a majority of the participants rated them to be extremely important. These items included issues of training, adjusting agency policy to better meet the needs of diverse populations, and interagency cooperation. The scores for the remaining six questions were more varied, but the respondents, with only a few exceptions, displayed a tendency to still rate the importance of these items with a three, four, or five. These items included flexible service hours for staff, use of translators, staff's ability to manage the needs of their own families before coming to work, inclusion of clients as part of the service team, training in how to work with illegal immigrants, and staff awareness of the need to understand multiple agency responsibilities for those agencies that participate in a consortium of disaster relief services.

FOLLOW-UP RESULTS

Given response patterns for many of the items on the first use of the quantitative survey, we wanted to gain further insight into understanding the importance of individual items on the questionnaire. Creswell (2003) maintains that this method can help in checking the accuracy of the initial research findings. As such, six months after the initial data-gathering period, a follow-up survey was conducted. Participants were asked to complete a survey with the same 34 Likert-scale questions used initially. However, in addition to reporting their opinions about the importance of each item, participants were asked to rate the amount of improvement each item should be given (see Table 1). This procedure was coordinated through that agency's administrative assistance.

TABLE 1. LIKERT SURVEY RESULTS

| Importance: <i>How important are the following items in the facilitation of successful client outcomes in your present employment as a case manager?</i> | Initial Survey (N=11) | | Follow-up Survey (N=7) | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|---------------------------|-----------|-------------|-----------|
| | Importance | | Importance | | Improvement | |
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Improvement: <i>To what extent can this item be improved at your agency?</i> | | | | | | |
| Training for staff to deal with long term disaster recovery issues | 4.64 | 0.809 | 5.00 | 0.000 | 3.43 | 1.397 |
| Adjustment of agency services to match clients' specific needs | 4.45 | 0.820 | 4.86 | 0.378 | 3.57 | 1.134 |
| Flexible service hours to meet staff needs | 3.82 | 1.168 | 4.00 | 1.000 | 2.43 | 1.397 |
| Staff development towards understanding other agencies' logistics for gaining services/supplies | 4.64 | 0.674 | 4.57 | 0.535 | 3.00 | 1.291 |
| Clinical training of staff in order to provide service | 4.45 | 0.820 | 4.43 | 0.787 | 2.86 | 1.069 |
| Training on how to collaborate with other agencies | 4.64 | 0.505 | 4.71 | 0.488 | 2.83 | 1.169 |
| Trained leaders and managers | 4.73 | 0.467 | 4.71 | 0.756 | 2.29 | 1.496 |
| Development and implementation of comprehensive cultural sensitivity training for staff | 4.20 | 1.135 | 4.57 | 0.787 | 2.71 | 1.254 |
| Supply stock with prepackaged goods to be distributed | 4.00 | 1.414 | 4.57 | 0.787 | 3.43 | 1.272 |
| Coordination of points of distribution | 4.00 | 1.414 | 4.50 | 0.548 | 2.83 | 0.408 |
| Utilization of faith-based services and agencies | 4.55 | 0.820 | 4.86 | 0.378 | 3.14 | 1.464 |
| Funding for all services such as housing, food, and clothing | 4.82 | 0.603 | 4.86 | 0.378 | 2.86 | 1.215 |
| Regular staff debriefings to deal with frustrations of the work | 4.55 | 0.688 | 4.86 | 0.378 | 3.14 | 1.574 |
| Prep work involving the community in disaster preparation efforts | 4.73 | 0.647 | 4.71 | 0.756 | 3.43 | 1.272 |
| Training in how to use key members of the community | 4.73 | 0.647 | 4.67 | 0.787 | 3.00 | 1.155 |
| Staff training in crisis management | 4.73 | 0.647 | 4.71 | 0.756 | 3.00 | 1.291 |
| Mental health services for volunteers who have traumatic experiences in the helping process | 4.64 | 0.809 | 4.86 | 0.378 | 3.00 | 0.816 |

| Importance: <i>How important are the following items in the facilitation of successful client outcomes in your present employment as a case manager?</i> | Initial Survey (N=11) | | Follow-up Survey (N=7) | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|---------------------------|-----------|-------------|-----------|
| | Importance | | Importance | | Improvement | |
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Improvement: <i>To what extent can this item be improved at your agency?</i> | | | | | | |
| Agency or organization plans that involve the business sector and community leaders | 4.64 | 0.674 | 4.00 | 1.265 | 3.29 | 0.756 |
| Training volunteers to deal with federal and insurance agencies | 4.55 | 0.688 | 3.50 | 1.643 | 2.71 | 0.756 |
| Training volunteers during pre-disaster season | 4.45 | 0.934 | 4.43 | 0.787 | 3.14 | 1.069 |
| Screening of staff and volunteer | 4.36 | 1.027 | 4.86 | 0.378 | 2.86 | 1.773 |
| Overall staff knowledge and awareness of responsibilities of all agencies collaborating in the relief process | 4.55 | 0.820 | 4.67 | 0.816 | 2.86 | 1.345 |
| Specialized staff training in helping illegal immigrants accept services | 4.00 | 1.183 | 4.50 | 0.837 | 3.14 | 1.864 |
| Training on the special dietary needs of different ethnic groups | 4.00 | 1.183 | 3.29 | 1.254 | 2.43 | 1.134 |
| Specialized staff training in working with the elderly and persons with disabilities | 4.55 | 0.820 | 4.71 | 0.756 | 3.29 | 1.380 |
| Training of staff to help clients negotiate the “system” after a disaster | 4.73 | 0.647 | 4.57 | 0.787 | 2.86 | 1.574 |
| Access and preparedness towards helping coastal migrant workers | 4.00 | 1.265 | 3.57 | 1.397 | 3.00 | 1.528 |
| Inclusion/training of clients to be part of the service team when possible | 3.60 | 1.174 | 4.00 | 1.291 | 3.29 | 1.254 |
| Service centers within the communities with the greatest need | 4.45 | 0.934 | 4.57 | 0.787 | 3.29 | 1.113 |
| Agency or organizational cultural competence training in long term recovery efforts | 4.45 | 0.934 | 4.43 | 0.787 | 3.29 | 1.113 |
| Training in the empowerment of clients to take responsibility for their service needs | 4.73 | 0.647 | 5.00 | 0.000 | 3.57 | 1.272 |
| Staff able to deal with their own families and homes before coming to work | 3.82 | 1.250 | 5.00 | 0.000 | 2.71 | 1.380 |
| Use of translators and individuals who speak different language | 3.91 | 1.221 | 4.57 | 0.787 | 2.86 | 1.676 |
| Training on accessing and negotiating with local contractors, builders, etc | 4.45 | 0.934 | 5.00 | 0.000 | 4.14 | 1.215 |

Results from the second round of data collection indicate that six items were rated lower by a majority of respondents; however, a majority of respondents indicated that 28 of the items were extremely important. These items included helping coastal migrant workers, training on special dietary needs of diverse groups, training volunteers to deal with federal agencies and insurance agencies, involving the business sector, coordination of points of distribution, and flexible service hours for staff.

The scores for the amount of improvement for each item were generally lower but showed greater variation among respondents. For these scores, another five-point Likert scale was used with 1 being “Not at all” and 5 being “Completely.” The majority rated only one item to be in need of complete improvement: training on working with contractors and builders. Otherwise, participants did not express a large amount of consensus in regards to the amount of improvement that each item needed. In fact, thirteen items from this scale produced mean scores lower than 3.00, while this was not the case for any of the items from the twice-administered Likert scale on the importance of items presented.

DISCUSSION

The difference between information provided from focus group participation and the qualitative survey responses indicated a mixed opinion about the effectiveness of the training provided by the agency. Many of the case managers, who stated in the surveys that they felt that the training was sufficient, also stated that they had past experiences working with diverse groups or diversity training that prepared them for culturally sensitive practice. Many of the younger and newly employed disaster case managers were those who expressed dissatisfaction with diversity training provided by the agency. This poses the question of whether case management experience (as older case managers indicated greater levels of experience) is a central factor in the development of cultural competence or whether more training would have reduced the dissatisfaction among younger respondents.

The result of this research indicates that cross-cultural diversity was an issue of interest for a group of long-term disaster recovery case managers who reported on their experiences with clients in the wake of Hurricane Katrina. Not only were they faced with the cultural diversity that was pre-existing in Mississippi, but they also had to deal with cultures from Louisiana. Despite the racial and ethnic similarities between disaster case managers and the majority of their clients from both states, within-group differences and state differences in social welfare philosophy and practices created a context in which there was a sort of clash among unsuspecting case managers and clients of differing socioeconomic cultures. To this end, geographic differences and local dwellings (urban, suburban, and rural) appear to affect disaster case management practices.

Residents of Mississippi were perceived as placing a greater emphasis on self-help prior to any consideration of state or government assistance. Meanwhile, the residents of Louisiana were viewed as more accustomed to the state providing services rather than having to find resources on their own. These different expectations placed stress on the case managers as they attempted to work with clients from both states and were in some cases accused of not wanting to assist New Orleans clients, when they were simply providing services in accordance with regulations within the state of Mississippi.

The case managers were also placed under stress when working with elderly and disabled clients as these populations tended to either not know about services or not understand how those services worked. Some rural and elderly respondents were suspicious of services. These groups were under financial constraints as they were on fixed incomes provided by the government. As such, many of these clients were afraid of losing their government-supplied income if they accepted any financial assistance from the agency. Because of this mistrust, the case managers were pressed to spend more time communicating with many elderly clients and to find resources for them in their rural communities instead of outside the community; this often hindered the referral process.

The shift in the item responses between the two quantitative surveys cannot be explained at this time; there is no information as to why respondents rated each item the way they did. However, when examined in conjunction with their qualitative responses, the categories that were rated lower at both points in time were themes that did not appear in the qualitative responses. On the other hand, the shift in response categories could be related to the fact that four of the original eleven participants did not respond to the follow-up survey.

LIMITATIONS

There are several limitations that will need to be overcome in future replications of similar investigations. First, it is noted that findings from this study are only attributable to the participants engaging in the study. Second, we contend that among the reasons why some case managers had little or nothing to say during the focus group section may be related to the fact that the case managers' supervisor participated in the focus group. This factor may have influenced some participants to be hesitant about voicing problems or concerns in front of their supervisor. Third, due to budgetary constraints, we were unable to travel back to the agency for the follow-up survey. We depended on the agency's administrative assistant to administer the instrument to the participants during the second administration. This, again, may have influenced their responses as well as inhibited some of the case managers from participating. Additionally, a dropout rate of approximately 36 percent

(4 participants) occurred when the follow-up survey was administered to case managers. The reason for the loss of these participants was not specified, as we were informed that all prior respondents would participate in completion of the second questionnaire. Finally, the instruments that we used to collect the data were not validated. As such, we cannot make any conclusions about the reliability or validity of the measures other than what can be triangulated through the qualitative surveys and use of focus group findings.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In this era of growing class and population diversity, the need for culturally competent disaster case managers that understand the dynamics of intracultural or within-group differences is paramount to practice. Therefore, social workers practicing as disaster case managers should be aware of within-group differences for populations that they service. This is particularly important during the cross-fertilization of social welfare with groups from varied geographic localities that have differences in social welfare policies and service provisions. During the assessment process, the examination of individuals from African-American communities from a *within ethnic group perspective* can help avoid oversimplifications and the usual sweeping generalizations concerning the dynamics of African-American families (Dillion, 1994). "Within-group diversity has rarely been considered in program development, policy-making, and implementation in the African American community" (Dillion, 1994, p. 130). The tendency of viewing Black families as homogenous in their value orientation is highly problematic. Such entities as social class, differences in cultural assimilation, and cultural values are all factors that should be taken into consideration along with individual and group racial and ethnic backgrounds.

This point here highlights the need for disaster relief and recovery agencies to educate their personnel not only to develop awareness of intragroup dynamics, but to anticipate the varied dynamics of groups proximal and distal to their primary and secondary service areas; this is key to culturally competent disaster case management. By learning the demographic make-up of the communities within their agency's service area, agency management can focus on staff training towards the identification of those groups and their unique issues and special needs, such as the disabled and the elderly. Teasley and Moore (2008) demonstrate a perspective on this by proposing the use of concentric zone theory and GIS mapping. Concentric zone theory places geographic areas within one of three zones (primary, secondary, and tertiary), allowing agencies to prepare for the unique attributes of practice within each zone. GIS mapping is the latest in digital imaging technology that has the capacity to allow social service agencies real-time visual viewing of a disaster area and its impact

on a given geographic area. This method can help disaster relief agencies prepare for and identify populations most at risk in a large-scale disaster and prepare themselves for intervention with such populations.

In addition to learning about the populations within their service area, the agency should spend time educating and training its staff on the roles and functions of other agencies within their service area that will be active in disaster relief and recovery. Social work case managers should be cognizant of such needs and initiate appropriate training and professional development within disaster relief agencies. Even when not employed by disaster relief organizations, social workers engaging in the professional development process can develop an understanding of the constituents within communities they may service during a disaster occurrence. Having this information will allow the staff to make more effective referrals for clients during the recovery process. It would also provide the staff with the knowledge of what services are available for each client, regardless of their specific need. This will help to ameliorate the lack of ability to assist elderly or disabled clients as well as the frustrations experienced by clients who were referred to an agency for a service only to discover that the agency does not provide that service.

CONCLUSION

Agency preparation prior to a disaster is the key to effective and efficient disaster relief. Case managers cannot properly serve clients when they have not been provided the resources to work with clients from different backgrounds or to identify resources in their service community. Based on our research findings and in full consideration of expressed limitations, this research points to the increasing likelihood that issues surrounding cross-cultural practice, such as within-group difference, geographic differences, and the challenge of working with elderly and disabled populations, will become a more prominent component of disaster relief and recovery case management practice. However, we acknowledge that pre-disaster training is a somewhat problematic notion given that the majority of disaster case managers are only employed by emergency management organizations and agencies after a disaster occurrence. To this end, we contend that, in the future, social work education programs, some of which are already doing so, will need to place significant emphasis on culturally competent disaster relief and recovery case management. It points to the importance of making agency staff familiar with the policies and practices of other localities in which they may interact with and the importance of training staff in the coordination of services, including the roles and responsibilities of all the disaster relief and recovery agencies that partner together to help a given community after a disaster.

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Appendix

Qualitative Survey Questions

1. What unique issues did you encounter with Hispanic, African American, Native American, or Asian Americans as part of your case management responsibilities?
2. What unique issues or challenges did you encounter with the elderly and disabled as part of your case management responsibilities?
3. How well prepared were you for these issues or challenges?
4. How well prepared was your organization for these issues or challenges?
5. How willing were these groups (race or ethnic minorities, the elderly and disabled) to accept your services?
6. What were their (race or ethnic minorities, the elderly and disabled) greatest limitations in terms of their ability to accept and utilize the services you provided?
7. What were the greatest strengths in terms of their ability to accept and utilize the services you provided?
8. What are some of the gaps in the intended goals of the services you provided to specific groups (race or ethnic minorities, the elderly and disabled) and the actual results of those services? Basically, what could you have done better?
9. What were the gaps in your training (or training of others) in terms of your (or your agency's ability to be aware of the specific needs of the (Hispanic, African American, elderly, etc.) people that you worked with during the hurricane relief efforts?

10. What stressors did you face last year while working with (Hispanic, African American, elderly, etc.) people that you worked with during the hurricane relief efforts, in terms of your ability to effectively deal with the specific needs of people in these cultural groups?
11. How do you deal with your stress? What actions did you take, if any, to reduce your stress?
12. What areas of training and what specific information do you think will be helpful upfront, in terms of instructing future workers on how to deal with these specific stressors you mentioned?
13. Please feel free to discuss any other important issue(s) that we have not asked about here.