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**New Consensus Statement Offers Nation's First Blueprint for Disaster Preparedness
in Minority Communities**

Leading Public Health and Health Care Agencies and Organizations Join in First-of-Its-Kind Declaration

Washington, DC—June 11, 2008—With the legacy of Hurricane Katrina and the prospect of a pandemic flu or terrorist event driving their conclusions, a broad-based panel representing virtually every affected constituency – including the U.S. government – today released the nation's first detailed blueprint for public health disaster preparedness in minority communities across the country.

The proposed consensus statement and accompanying guiding principles – a year in the making and endorsed by America's leading groups representing emergency responders, hospitals, minority organizations and public health leadership (see below) – cite the historic inattention and neglect around the needs of minority communities and propose a blueprint girded in the direct involvement of affected minority communities in planning for future disasters.

“Our nation has made strides since Katrina in preparing for public health emergencies,” said Joxel Garcia, M.D., M.B.A. Assistant Secretary for Health, U.S. Department of Health and Human Services and the HHS Secretary's primary advisor on matters involving the nation's public health and science. “But, sadly, we know from experience that minority Americans, particularly those who are lower income, bear a disproportionate toll of injury, disease and death from emergencies. This consensus is a rally cry for us to prepare for emergencies in a way that protects all of us.”

Today's consensus statement was released by the Drexel University School of Public Health's Center for Health Equality, along with 26 other public and private organizations including HHS through the Office of Minority Health. The statement is an historic moment in the life of the nation's emergency preparedness efforts. In commenting on its release, Dr. Garth Graham, deputy assistant secretary for minority health, noted that the consensus statement also complements the cultural competence curriculum that is being developed for disaster personnel as part of work of OMH's Center for Emergency Preparedness in Underserved Communities.

Referring to possible future emergencies, Georges C. Benjamin, MD, FACP, FACEP (E), executive director of the American Public Health Association, praised the panel's work, while issuing a challenge in advance of the next disaster. "The fact that the government and those of us on the front lines could come together over this issue can not be overstated. Never before has such a varied and well-respected group of agencies and organizations spoken with a single unified voice on the needs of racial/ethnic minorities in preparedness plans and actions. This is a tremendous achievement. But, the proof will be in our actions – whether we are true to our words and do right by minority communities, recognizing that all individuals, not just some, are entitled to basic safety and protection when the unimaginable strikes."

The consensus statement provides broad guidance, identifying priorities for integrating culturally diverse communities into public health preparedness planning and implementation. It stresses that coordination in working with these communities is key to success, and concludes that their active involvement and engagement is essential to their understanding, participation in and adherence to public health preparedness and response actions. Core to success in the long term is commitment and support at all levels for developing sustainable programs and services that build in mutual accountability. The consensus statement is available online at www.diversitypreparedness.org.

Accompanying the consensus statement are eight guiding principles developed by the Drexel University School of Public Health's Center for Health Equality. These principles provide a general roadmap of actions for incorporating diverse communities in preparedness. Examples of these principles include: developing and testing drills and exercises that include minority communities; creating sustainable public health and community partnerships; building public health systems capacity to respond to minority community needs; and working to ensure funds are available to develop and sustain effective services, programs and policies.

Coinciding with the release of the consensus statement is the launch of the National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities. The Center, an initiative of the HHS Office of Minority Health and the Drexel University School of Public Health's Center for Health Equality, is the nation's first online clearinghouse and information exchange site designed to help eliminate disparities for culturally diverse communities across all stages of an emergency. Go to www.diversitypreparedness.org.

Dennis Andrulis, who directed the development of the consensus statement, reinforced the importance of the Panel's work. "We hope that the statement and the Resource Center open opportunities for bridging a divide with minority residents who historically have been left behind since in the end closing that gap in preparing for disasters is vital for all our communities."

The Center for Health Equality (CHE) is a collaboration between the Drexel University School of Public Health and the College of Nursing and Health Professions. Founded in 2003, its mission is to partner with community and government to improve the health and

well-being of communities through the elimination of health disparities. The Center provides an innovative and exciting program of research and evaluation, networking and collaboration, education and practice built around a commitment to social justice and human rights. For further information, please visit our website:

<http://publichealth.drexel.edu/che>

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NATIONAL CONSENSUS STATEMENT SIGNATORIES

American Hospital Association (AHA)
 American Medical Association (AMA)
 American Public Health Association (APHA)
 American Red Cross National Headquarters
 Arab Community Center for Economic and Social Services (ACCESS)
 Asian/Pacific Islander American Health Forum
 Association of State and Territorial Health Officials (ASTHO)
 Collaborating Agencies Responding to Disasters (CARD)
 Columbia University's National Center for Disaster Preparedness
 Chicago Department of Public Health
 Drexel University's School of Public Health
 Emergency and Community Health Outreach (ECHO)
 Intercultural Cancer Council (ICC)
 The Joint Commission
 National Association of Community Health Centers (NACHC)
 National Association of County and City Health Officials (NACCHO)
 National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund
 National Association of Public Hospitals and Health Systems (NAPH)
 National Committee for Quality Assurance (NCQA)
 National Council of La Raza
 National Indian Health Board
 Pennsylvania Department of Health
 Summit Health Institute for Research and Education (SHIRE)
 The California Endowment
 Trust for America's Health (TFAH)
 W. Montague Cobb /National Medical Association Health Policy Institute
 U.S. Department of Health and Human Services, Office of Minority Health