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Public Health Preparedness for Diverse Populations and Communities

Dear Editor,

Dr. Hsu et al. highlighted the status of public health preparedness of health providers in diverse rural communities in the December 2006 *Journal of the National Medical Association*.¹ The natural disasters of 2005 along the Gulf Coast of the United States struck the large metropolitan area of New Orleans, LA (Hurricane Katrina) and Beaumont, TX–Lake Charles, LA (Hurricane Rita).² What has been overlooked is the impact of these and other natural disasters in 2005 on rural communities across the Gulf Coast.

As Hsu et al. highlighted, diverse populations with different cultural and language needs and a lack of the public health infrastructure confront these rural communities.¹ In the rural communities affected by 2005 hurricanes in Louisiana and Mississippi, in the immediate aftermath of the storms, public health workers were lacking or were responsible for a large geographic area. This lack of public health workers potentially delayed recovery from the disaster, exposed the population to potential public health dangers and poses a continued threat to the nation's public health infrastructure. Those public health workers available were willing to provide services but were often not prepared initially to the emerging threats posed by the hurricanes.

Due to the business and industry of the Gulf Coast region, the threats to the rural communities affected by hurricanes in 2005 included chemical, biological, radiological and explosive agents. Most physi-

cians practicing in rural areas of Gulf Coast Texas, Louisiana and Mississippi had little formal training in evaluation and management of patients during an emergency response due to natural disasters. Public health response teams from the Centers for Disease Control and Prevention (CDC) provided rapid assessment, surveillance and treatment guidelines to physicians and other healthcare providers during the public health emergencies associated with the 2005 Atlantic hurricane season.^{3,4}

The practical implication of the study from Hsu et al., when applied to the ongoing threat of natural disasters, included identification of diverse populations, many from ethnic minorities with a wide array of non-English languages residing in rural communities.¹ Communication strategies to reach these populations during public health emergencies need to be part of the public health response plan for future planning to prevent death and disability from the disaster. Since many minority physicians practice in these rural communities, these physicians should be included in emergency preparedness and response efforts. Healthcare providers, including physicians in rural communities, are willing to respond in the event of public health emergencies, although they are not confident in their ability to diagnose and manage public health emergencies.⁵ During declared emergencies, information should be provided by the CDC on the evaluation and management of the current public health emergency to assist providers in managing these conditions arising during the emergency.

During Hurricane Katrina, Geographic Information Systems (GIS) software was used to identify infectious outbreaks and mobilize public health resources. This technology is a relatively new technology to aid the deployment of public health resources during emergencies.¹ Due

to the geographic and population isolation of many rural communities, implementation of this technology would prevent delays in response to natural disasters, such as the delays that occurred with Hurricane Katrina in 2005.

The authors identified many areas for future research.¹ The inclusion of underrepresented minorities should be recognized as a required component of any emergency response plan to assure that these populations access and receive appropriate medical services. There are many health policy implications that were not addressed in the paper but should be addressed by future research, many of which were also identified during the disasters of 2005.

Hurricane Katrina represented a call to action for physicians, especially those serving minority and underserved communities.^{6,7} Many suggestions regarding rebuilding the healthcare infrastructure post-Katrina in New Orleans have been published in the *Journal of the National Medical Association*, including the public health infrastructure.^{6,7} Katrina demonstrated many vulnerabilities of the public health system.^{6,7} Despite many working groups assisting in recovery in the Gulf Coast region, it remains evident that the public health infrastructure needs attention and rebuilding on many fronts. Although there were several limitations of the study listed, this research is part of the work needed to rebuild the nation's public health infrastructure.¹ As the new congressional session begins in 2007, efforts should be made once again to focus attention and resources on those issues that continue to contribute to health disparities in minorities, immigrants and rural populations.

Sincerely,

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Will you stop loving her if you know she's a lesbian?

It's hard to think that parents would ever stop loving their child. Unfortunately when teens come out of the closet, thousands are rejected by their parents and families. Nearly 40% of homeless youth in the US are gay, lesbian, bisexual or transgender.

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