



DiversityPreparedness.Org E-Newsletter

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Dear Colleagues,

This issue of the DiversityPreparedness.org E-Newsletter contains resources and translated materials pertaining to the Gulf oil spill, information on upcoming events and recent publications, and features Preparing African Immigrant Communities as the Topic of the Month—providing links to a variety of translated materials and planning tools. Additionally, we spoke with Dr. Amy Lippmann to learn about her preparedness work with Somali refugees in Lewiston, Maine.

Topic of the Month: Preparing African Immigrant Communities

Immigrants of African descent are among the fastest growing populations in the United States. As of 2008, African immigrants comprised nearly 4 percent of the foreign born population—up from 2.8 percent in 2000 and 1.8 percent in 1990. While African immigrants generally have higher levels of educational attainment and English proficiency than other immigrant groups, cultural intricacies pose barriers to fully meeting the preparedness, response and recovery needs of this growing population. African immigrants may differ in their preferred modes of communication and are less likely to be naturalized citizens than other foreign born populations. Furthermore, service providers may lack sufficient knowledge about the characteristics of distinct religious and tribal groups within this population. Below is a list of resources to inform preparedness efforts to meet the needs of African immigrant communities in disasters and public health emergencies.



Translated Materials:

- **Prevent Poisoning from Carbon Monoxide:** These printable flyers explain ways to avoid carbon monoxide poisoning in circumstances when electricity is not available. The resource is available in **English, Amharic, Arabic, French, Oromo, Somali, Swahili**, and other languages.

- **Emergency Information/911 Cards:** These emergency information cards provide basic questions on a person's emergency status, as well as common answers to these questions. The resource is available in **English, Kirundi, and Swahili**.
- **Post-Traumatic Stress Disorder (PTSD) - A Real Illness (Handout):** This handout provides information on the symptoms and possible causes of PTSD. The resource is available in **English, Arabic, Kirundi, Somali**, and other languages.
- **No Ordinary Flu:** This resource is a comic intended to communicate pandemic flu preparedness messages to low-literacy, limited and non-English proficient groups. It illustrates the story of a survivor of the 1918 flu pandemic and connects it to the current threat of pandemic flu. The resource is available in **English, Arabic, Amharic, Somali**, and other languages.
- **Home Isolation- Instructions for Patients:** This resource provides information for people with suspected, probable, or confirmed cases of H1N1 influenza. It encourages at-home care and provides information to help prevent spread of H1N1 to close contacts. The resource is available in **English, Amharic, Arabic, French, Haitian Creole, Somali, Swahili**, and other languages.
- **Live, Intranasal Influenza Vaccine (H1N1)- What You Need to Know:** This fact sheet provides information about the live, intranasal influenza vaccine for H1N1. It explains who should be vaccinated and who should receive the live vaccine as opposed to the traditional "flu shot" or inactivated vaccine. The resource is available in **English, Amharic, Arabic, Oromo, Somali**, and other languages.



- **Say No to Pandemic Influenza:** This flyer shows how influenza is spread and how to prevent spreading the virus to others. The resource is available in **English, Zulu, Afrikaans, Arabic, French**, and other languages.

Recovery Assistance:

- **Fact Sheet- Immigrant Eligibility for Disaster Assistance:** This fact sheet provides a concise overview of the services immigrants, with and without documentation, are eligible for in the wake of a disaster.
- **Immigrants and Disaster Assistance:** This Immigration Law Center webpage provides links to a variety of resources on issues surrounding immigration, current legislation, and disasters.

Key Organizations & Data Sources:

- **Refugee Health Information Network:** Refugee Health Information Network is a national collaborative partnership whose objective is to provide quality multilingual, health information resources for health care providers of refugees and asylees. Materials related to refugee health are available in multiple languages. Resources available include, but are not limited, to the topics of communicable disease, chronic diseases, children, women's health, and primary care.
- **The Stanford Health Library - Multilingual Health Information:** The Stanford Health Library provides translated health and wellness information in a wide range of languages. The translated materials are categorized by topics, including emergency preparedness.
- **U.S. Department of Homeland Security- 2009 Yearbook of Immigration Statistics:** This statistical database provides information on immigrant arrivals by county/region of origin, place of resettlement, and other characteristics.
- **U.S. Census Bureau- American Community Survey:** This database provides annual and three year estimates on a wide range of population characteristics at national, state, and local levels.



Publications:

- **Emergency Preparedness for African Immigrants in West Philadelphia:** This report presents the findings of an initiative to develop an emergency preparedness outreach strategy for African immigrant communities in West Philadelphia. Specific recommendations include those for developing and disseminating messages, distributing vaccines, and building public health department/community relationships.
- **Disaster Threats to Vulnerable Populations- Cultural Competency Critical to Disaster Threats:** This report examines the association between culture and emergency preparedness and presents the results of a study of two minority communities in Maine (the Passamaquoddy tribe on Pleasant Point Reservation and the Somali refugee community in the City of Lewiston). The study identified gaps in preparedness between these communities and the general population.
- **African Immigrants in the United States:** This issue brief discusses trends in African immigration to the United States and the sociodemographic characteristics of this population.

Below are links to upcoming events as well as recently published reports and articles.

Upcoming Events & Training:

2010 National Conference on Quality Health Care for Culturally Diverse Populations

October 18-21, 2010
Baltimore, MD

The 2010 National Conference on Quality Health Care for Culturally Diverse Populations provides the opportunity for networking and education through over 60 practice-oriented sessions on a wide range of topics, including: cultural competence training, culturally competent health care organization, culturally appropriate care to reduce disparities, and research/measurement. Presentations/posters on preparedness and diverse populations include:

- **Adapting an Organizational Cultural Competence Self-Assessment Tool for Emergency Preparedness**
- **Evaluating a Cultural Competency Curriculum for Disaster Preparedness and Crisis Response**
- **Strengthening Vulnerable Populations through Preparedness**
- **Introduction to Evaluating a Cultural Competency Curriculum for Disaster Preparedness and Crisis Response**
- **Hospital Emergency Preparedness for Mass Casualty Response for Culturally Diverse Communities**

For general information about the conference [CLICK HERE](#).

2010 APHA Annual Meeting

November 6-10, 2010
Denver, CO

The American Public Health Association Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 attendees. The conference features numerous sessions on preparedness and diverse populations. For more information [CLICK HERE](#).

2011 Public Health Preparedness Summit

February 22-25, 2011

Atlanta, GA

The Summit is one of the largest meetings of public health, emergency management, and other professionals to share their best practice training models, tools, or other resources that advance the field of public health preparedness. For more information [CLICK HERE](#).

Recent Publications:

Enhancing Public Health Emergency Preparedness for Special Needs Populations: A Toolkit for State and Local Planning and Response

The RAND Corporation recently released an interactive toolkit with strategies and resources to help public health departments prepare for and respond to special needs populations, including racial/ethnic minorities and those with LEP, in a public health emergency. A GIS mapping tool was also developed that allows for preparedness-related population characteristics to be mapped at the state, county, and Census tract level. To access the resource [CLICK HERE](#).

Migrant and Seasonal Farm Worker Emergency Preparedness Planning Guide

Based on feedback from an expert panel, this planning guide provides a set of actionable steps to integrate racially and ethnically diverse migrant farm workers into preparedness and response plans. Strategies for working with immigration officials, bi-lingual interpreters, and trusted community leaders are discussed. To view the planning guide [CLICK HERE](#).

Immigration, Ethnicity, and the Pandemic

This *Public Health Reports* article provides a historical perspective on challenges faced by public health officials in reaching diverse communities during the Great Influenza pandemic of 1918 and the integral role community/faith-based organizations and ethnic media outlets. To view the full text article [CLICK HERE](#).

Recent Events and Updates:



Deep Horizon Oil Spill: The oil spill in the Gulf of Mexico is perhaps the largest offshore oil spill and one of the worst environmental disasters in U.S. history. While the parameters of the spill's physical impact remain unknown, the Gulf States of Alabama, Florida, Louisiana, Mississippi, and Texas are already experiencing adverse effects—states with large proportions of racial/ethnic minorities and individuals with limited-English proficiency. As the situation continues to unfold, public health officials are taking steps to address the health threats associated with the spill—such as contaminated air, food, and water—as well as mental health impacts associated with social and economic disruption. Below is a list of translated materials and resources to aid preparedness and response efforts for diverse populations.

- **Assessing the Effects of the Gulf of Mexico Oil Spill on Human Health- A Summary of the June 2010 Workshop:** This Institute of Medicine report presents the findings from a two day workshop on the health effects of the Gulf of Mexico oil spill and strategies for research, response, and recovery activities. Issues relating to culture, language, and diverse populations are discussed throughout the report. To download the document [CLICK HERE](#).
- **Boat People S.O.S. Provides Services for Vietnamese-American Victims of Deep Horizon Oil Spill:** BPSOS, a community-based organization serving Vietnamese-Americans across the country, is providing a range of services to assist the Vietnamese-American victims of the Gulf Coast oil spill. To learn more about their efforts, [CLICK HERE](#).

- CDC- Managing Traumatic Incident Stress for Deepwater Horizon Response and Volunteer Workers: [English](#), [Spanish](#)
- CDC- Reducing Occupational Exposures while Working with Dispersants During the Deepwater Horizon Response: [English](#), [Spanish](#)
- OSHA Deepwater Horizon/Mississippi Canyon 252 Oil Spill Fact Sheet: [English](#), [Spanish](#), [Vietnamese](#)
- NIEHS Oil Spill Cleanup Initiative- Safety Awareness for Oil Spill Cleanup Workers: [English](#), [Spanish](#), [Vietnamese](#)



Hurricane Season: June 1st signaled the official start of Atlantic hurricane season. This year's hurricane season marks the five year anniversary of Hurricane Katrina—the tragic storm which graphically highlighted the urgent need to address racial/ethnic disparities in preparedness and disaster outcomes. While federal, state, and local efforts to address these issues have gained momentum in recent years, disparities continue to persist. [CLICK HERE](#) for a select list of resources to strengthen hurricane preparedness in diverse communities and inform planning across all phases of an emergency.

Voices from the Field: Amy Lippmann¹, A Culturally Competent Approach to Preparing Somali Refugees

Africa is an extremely diverse continent. Over 1,000 different languages are spoken across the 54 countries, in addition to a countless variety of dialects, ethnic groups, and tribes—each with distinct cultures, traditions, and religious beliefs.² And while demographic data indicate that immigrants of African descent are one of the fastest growing foreign born populations in the United States—more than doubling between 1990 and 2007³—this information is of limited value to public health officials and their efforts to reach communities of African immigrants at the local level.

Engaging communities within this diverse population requires culturally tailored and community-based strategies. We spoke with Dr. Amy Lippmann of the University of New England to learn about her experiences working with Somali refugees in Lewiston, Maine. Dr. Lippmann's work highlights the importance community-based partnerships, cultural diversity, and some counter-intuitive strategies for engaging refugee communities in preparedness activities.

Somali immigration to the United States has increased gradually since the late 1990s when severe social, political, and economic turmoil in Somali drove residents to the United States seeking refugee status. Initially, a large proportion of Somali refugees settled in mid-Western cities, such as Minneapolis-St. Paul, but have gradually migrated to other regions en masse. While precise numbers are difficult to ascertain, there are approximately 5,000 Somali immigrants in the City of Lewiston—a population that is disproportionately comprised of women and single mothers.

Dr. Lippmann's interest in preparing Lewiston's Somali community for disasters and public health emergencies stems from her personal background. A resident of Israel, Dr. Lippmann comes from a disaster culture where the prospect of war, drought, and other threats are constant and preparedness is a way of life. Furthermore, Dr. Lippmann's experiences in Israel have made her fully aware of religious diversity and its power in decision making processes. As Dr. Lippmann explained, it is from this perspective that she has approached her work with Somali refugees.

Early on, Dr. Lippmann recognized that she would need to work with a trusted community leader, or “gatekeeper,” in order to successfully engage the Somali community. She found this partnership with Ms. Fatuma Hussein and the Lewiston-based organization [United Somali Women of Maine](#). Working closely with both Ms. Hussein and a translator, Dr. Lippmann provided preparedness education, helped respond to the H1N1 pandemic, and raised awareness around the issue of preparedness.

As Dr. Lippmann quickly found, religion was a powerful force in shaping perceptions of disaster and preparedness in Lewiston’s Somali community, which is largely comprised of devout Muslims. As Dr. Lippmann explained, the phrase “everything is from Allah” was a common response to questions about disasters, preparedness behavior, and risk reception. Members of the community believed that their fate was in the hands of Allah—a belief that contributed to lower levels of personal preparedness in the community.

Religious determinism, however, was not the only factor that contributed to lower levels of preparedness. Minimal English proficiency (approximately 30% of the community did not understand English) and information seeking patterns also presented challenges. Spiritual leaders were the preferred source of information in the Somali community as opposed to television or internet. Limited economic resources was additionally found to be a barrier to personal preparedness behaviors, such as stockpiling materials to prepare for an ice storm. The response, “why would we spend money to buy something that we might not use?” was a common theme expressed to Dr. Lippmann. In sum, Dr. Lippmann’s [research](#) found that the Somali community in Lewiston was 10 times less prepared than the mainstream population.⁴

While limited English proficiency and low levels of discretionary income are barriers to preparedness often shared by other immigrant communities, Dr. Lippmann found that Lewiston’s Somali community was unique in a number of ways. One aspect was in regard to trust in government. A number of studies and anecdotal evidence suggest that, when it comes disaster response, racial/ethnic minorities have lower levels of trust in government than the mainstream population.⁵ While one may assume that refugees from a nation rife with political corruption and violence would distrust government, Dr. Lippmann found the opposite to be true. Her survey research discovered that the Somali community had higher levels of trust in the police and the army than the mainstream population. Furthermore, an overwhelmingly larger proportion of Somalis felt that the government would take care of them compared to the mainstream (96% Vs 52%). Through her interviews, Dr. Lippmann discovered that these favorable perceptions of U.S. government originated from the fact that the U.S. granted them refugee status, provided them with social services upon arrival, and represents a haven from political turmoil.

As political violence, corruption, and economic strife continues to plague nations across the African continent, refugee migration to the United States is likely to continue. While there is significant cultural diversity between groups within this population, public health officials and emergency managers should be aware of this demographic shift and explicitly consider and evaluate their needs when developing preparedness and response plans. Dr. Lippmann’s work reinforces the importance of flexible planning/response frameworks that go beyond the “one size fits all” approach and allows for the power of community-based partnerships to be realized.

1. [Amy Lippmann](#), DLP(c), RN, BS, MPA is an Assistant Professor at New England University.
2. [African Cultural Center USA](#).
3. [Migration Policy Institute. African Immigrants in the United States](#).
4. To access Dr. Lippmann’s research and survey findings [CLICK HERE](#).
5. Eisenman D, et al. (2004). [Will Public Health’s Response to Terrorism Be Fair? Racial/Ethnic Variations in Perceived Fairness during a Bioterrorist Event.](#) *Biosecurity and Bioterrorism*, 2(3): 146-156.

We encourage you to share the **National Resource Center** with your peers and colleagues and welcome you to link to the website. Please also feel free to e-mail your comments and any feedback to our team. We look forward to working with you to making this site a resourceful and useful tool in advancing the preparedness of our nation's diverse communities.

Sincerely,

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