



The Need for an MCH Focus in Emergency Plans

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Hurricanes Katrina and Rita, the pandemic flu threat, and increased consciousness of terrorism have made emergency preparedness an important issue in the maternal and child health community. In response, the Association of Maternal and Child Health Programs (AMCHP) is conducting an emergency preparedness project with support from the Maternal and Child Health Bureau. The project will increase state capacity to plan for disasters and ensure emergency response programs meet the needs of all families, women and children, including those with special health care needs.

During the 2006 AMCHP Annual Conference, the association convened a group of federal representatives and state MCH employees to discuss disaster preparedness for MCH programs and the communities they serve. A panel of presenters shared their recent experiences from Hurricanes Katrina and Rita and sparked a group discussion of emergency preparedness. This report shares the challenges, lessons learned and next steps in emergency preparedness identified by session participants.

Challenges to Emergency Preparedness

- Those with responsibility for emergency preparedness plans do not adequately understand or address the unique health issues of women and children, including those with special health care needs.
- Title V programs, specifically MCH and CSHCN directors, are not involved with statewide disaster preparedness response planning teams.
- MCH leaders and staff need an emergency preparedness curriculum and more extensive training.
- Several barriers prevent an effective emergency response by the public health workforce, including work settings, language, communication issues and inter-state credentialing.
- In the event of an emergency, there is no clear chain of command from the federal to local level.

Lessons Learned in Recent Emergencies

- During a disaster, there is an increased need for inter-agency and regional collaboration.
- Preparedness plans need to reflect the specific needs of vulnerable women and children, such as special evacuation needs and access to medications and mental health professionals.
- Despite differences in size, population and administrative organization, states share similar gaps in preparedness.
- In a disaster, it is important to maintain a strong, centralized command post for leadership, coordinating communication and sharing resources.
- The best plans involve many players. The private and non-profit sectors must be included in planning for a public health emergency.

- MCH employees must participate in emergency preparedness exercise drills.
- Public health preparedness plans need to be strengthened, but even imperfect plans are proven to save lives.

Steps to Better Preparation

- The Maternal and Child Health Bureau and the Centers for Disease Control and Prevention should take the lead to help local and regional agencies plan for public health emergencies.
- A high-level, comprehensive commission of local, state and federal officials should be created to examine alternative ways of organizing for public health preparedness with a focus on vulnerable groups.
- State teams must consider the needs of women and children when developing and implementing preparedness plans.
- A clear leadership communication command post should be available at all times.
- Disaster plans should be regional in addition to local, state and federal. They should define the roles of local, state and federal officials and specify coordination plans.
- The government must provide the necessary resources to strengthen public health preparedness plans at the state and local levels; resources should first be appropriated to the local level.
- To ensure preparedness, MCH programs must build and maintain a skilled workforce to ensure institutional capacity and staff capability during emergencies.
- State and local public health agencies should improve epidemiological information systems to help coordinate activities.
- State agencies should enhance working relationships with other agencies and community partners.
- Community-based disaster planning activities would better prepare larger groups of people.
- Increasing pre-disaster public health education would enable people to make use of existing resources.
- A comprehensive volunteer system would more efficiently meet public health needs in a disaster.
- A shared database for emergency management services and transportation providers would improve response time in the event of crisis.

Conclusions

The major challenge MCH programs face when preparing for an emergency is establishing their concerns as a priority in plans created by other officials. During recent disasters, programs that had previously addressed this gap saw successful results. Bringing MCH issues to the forefront of preparedness planning is at the core of many of the next steps our focus group proposed.