

Joint Meeting – Emergency Preparedness in MCHB Interdisciplinary Leadership Training Programs  
March 5, 2006  
NOTES  
(Meeting Agenda)

Meeting moderator: **Laura Kavanagh, MPP, Training Branch Chief, DRTE, MCHB, HRSA.**  
Attendees from all participating programs were welcomed: LEAH, LEND, PPC, SPH and MCHB.  
The efforts of the planning committee were recognized:

Candace Drier	WI PPC
Al Hergenroeder	TX LEAH
Rita Hohlstein	WI LEND
George Jesien	AUCD
Laura Kavanagh	MCHB
Audrey Koertvelyessy	MCHB
Rich Kreipe	NY LEAH
Mary Marcus	WI PPC
Jeff McLaughlin	WA LEND
Crystal Pariseau	AUCD
Nanette Pepper	MCHB
Madhavi Reddy	MCHB
Denise Sofka	MCHB
Steve Sulkes	NY-Strong Ctr. LEND
Myrtis Sullivan	IL SPH

Laura outlined the goals for the meeting:

1. For the audience to understand the current priorities of the MCHB Training Branch;
2. For the audience to understand the basic principles of emergency preparedness for maternal child health populations & vulnerable populations;
3. For the audience to understand strategies for incorporating these principles into their training programs.

and emphasized the expectations for the day, which are not for the participating training programs to become emergency management training programs, but to begin thinking about including emergency preparedness in those training programs. Laura noted that trainees from these LEND, LEAH, PPC and SPH will be the ones called upon to lead the way in a disaster as leaders and experts for people with disabilities, adolescents and special needs populations.

**Keynote Speaker: Elizabeth Davis, JD, EdM, Director, EAD Associates**

Elizabeth spoke about the structure of emergency response and management in the United States, including the Department of Homeland Security and FEMA and described how their definitions of “special needs populations” can include most of the people in any given area. She discussed the broad application of emergency preparedness and the importance of including natural disasters such as Hurricane Katrina and man-made disasters such as September 11. One of Elizabeth’s recommendations was that any person, family or organization should not have to begin creating an emergency plan from scratch but should find a similar plan such as a Y2K plan. Then re-work it to create an “All Hazards Plan”. Elizabeth went on to describe the National Incident Management System (NIMS), a framework for command and control, and how this is relevant to curriculum development. The presentation concluded with a call to action: 1) make an all-hazards plan for you, your family, your office, your organization; 2) get involved in emergency planning today by contacting your local officials. Elizabeth encouraged attendees to bring their expertise on the needs of vulnerable populations to the table for community preparedness and noted that FEMA has available a set of free online certificate programs in various aspects of emergency management.

**Panelist: Jeanette Magnus, PhD, Tulane University and MCHB-SPH**

Jeanette's presentation described the preparations undertaken by her family, staff and program preceding Hurricane Katrina and the post-Katrina reality, emphasizing the point that emergency preparedness is more than a theoretical issue, it's a practical issue. Because of good preparation and quick thinking, the Tulane Leadership Education in Maternal and Child Public Health Program (MCHB), Tulane MCH Epidemiology Doctoral Training Program (MCHB), Tulane National Center of Excellence in Women's Health (DHHS) and Tulane K-12 BIRCWH (NIH) were all active as virtual programs before September 15, 2005. With students and faculty scattered around the country and local technology down, the program was able to utilize technology such as Yahoo, Inc. not hosted in the area for communications: conference calls, email addresses, web pages, 'groups' and shared folders. Additional issues that arose included the storage of vital information: having student rosters on a portable hard drive, having information on staff and students include out-of-state relatives, the need to pay staff salaries by credit card. Jeanette's presentation concluded with a set of public health messages learned from experience with Hurricane Katrina:

- A hurricane can destroy your health even after the storm is gone.
- Surviving a hurricane means staying healthy when you return.
- Hurricanes pass quickly, the feelings of depression they bring don't.
- Becoming ill after a hurricane doesn't just come from seeing the destruction.

**Panelist: Fouad Berrahou, PhD, State Title V Director, Texas**

Fouad's presentation described the lessons learned in Texas from the 2005 Hurricanes Katrina and Rita. When Texas began providing shelter and services to hurricane evacuees, it became evident that the term "special needs population" during an emergency could easily be used to describe over 50% of the people needing assistance. This rendered the term nearly meaningless for serving people typically described as having special needs in a non-emergency situation. In the aftermath of the hurricanes the need to involve the disability community in all prevention, preparedness, response, recovery and mitigation activities was clear. People with disabilities should not be only consumers in the planning and process serving them. Fouad stated that the challenges experienced during this 2005 hurricane season are very similar to those experienced during the 1999 hurricane season and other disasters, yet the issues remain. He also noted areas for training opportunities from his perspective in maternal child health in Texas:

1. Link people with special health needs to a statewide database registry
2. Lead development and implementation of guidelines and protocols for the registration process
3. Train and involve the medical and other health discipline student body
4. Educate local officials and shelter managers on vulnerability of children and adolescents in shelters and post-shelters (stress, trauma, etc)

The meeting continued with a Q&A for the three speakers. Questions asked covered:

1. The creation of a National registry of information (contact, identification, needs, meds etc). Existing registries should be compatible across county and state lines.
2. The need to put out the message to the public – remind them to look after people they know who may have special needs.
3. Financial burden of personal emergency preparedness for people with low resources and special needs.
4. The helpers: people arriving to help, but not being licensed in the state – the public may be unable to take advantage of the resources offered.
5. Mental Health needs – not only psychotropic medications, but post-event trauma and stress needs must be addressed too, as well as the needs of the helpers.

Meeting attendees were next broken out into groups according to their training program and asked to discuss the following questions:

1. Given the discussions of this morning thus far, what might you do within your current programs to provide information, promote skill development and increase understanding of needs of children with special needs, people with disabilities and vulnerable

- populations in disasters? What activities, experiences and speakers might you integrate into your training program?
2. Given that you already have busy training schedules with little additional time or resources what low-cost modifications could be made in your current training program to incorporate issues related to disaster preparedness and the needs of vulnerable populations?
  3. What ideas do you have for materials that should be developed that you could use in your training programs?

After lunch, the Joint Meeting continued with presentations from Laura Kavanagh of MCHB and HSR, Inc, a Washington, DC based policy research and consulting firm that was awarded the contract to operate the national MCH Training Resource Center.