

# THE HEALTH CARE SAFETY NET'S EMERGENCY RESPONSE CAPABILITIES

Department of Health and Human Services  
Health Resources and Services Administration  
Office of Regional Operations, Dallas Regional  
Office



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# Background

- Kirk Barnes, Public Health Analyst
- Currently working on Doctoral dissertation on emergency preparedness and the health care safety-net system
- Participated in emergency response and recovery efforts as a liaison for HRSA grantees
- Emergency planning for local health departments
- Assisted HRSA grantees with emergency preparedness planning

# Imagine the Possibilities

- Capacity
  - 18 million patients with 63 million encounters (2007)
  - Over 100,000 FTEs
- Distribution
  - Over 1200 grantees with 7000 service sites in every state and U.S. territory
  - Over half of the patients are in rural areas, many areas without other health care resources
- Expertise
  - Health centers specialize in serving patients in need
  - Provide comprehensive services including dental and mental health
  - Nearly all patients are low income, with 71% of health center patients having family incomes at or below poverty
- Value
  - Health centers are cost effective and public investment could provide ongoing benefits rather than just during emergencies

# State Partnership Session

- The focus of the session was emergency preparedness of the health care safety-net system
- Session objectives included:
  - Enhancement of emergency preparedness
  - Identification of emergency preparedness best practices
  - Expanding emergency preparedness partnerships
  - Providing feedback and lessons learned to assist states, communities and grantees during and after emergencies.

# State Partnership Session

- HRSA Office of Regional Operations – Dallas Region hosted the session
- The session was held Baton Rouge – Oct. 21-22, 2009
- Participants were HRSA funded, state level, Louisiana safety-net providers

# Session Participants

- State HIV/AIDS Program (HAP Part B);
- Louisiana Primary Care Association (LPCA);
- Louisiana Rural Health Association (LRHA);
- Louisiana Bureau of Primary Care and Rural Health (LBPHC);
- City of New Orleans HIV/AIDS Program (NO Part A);
- City of Baton Rouge HIV/AIDS Programs (BR Part TGA);
- Delta Regional AIDS Education and Training Center (DAETC); and
- Louisiana Maternal and Child Health – Title V (LMCH).

# Session Topic Areas

- Participants' post-Katrina experience with emergency planning and disaster response
- Best practices for health care safety net providers
- Emergency preparedness partnerships and collaborations

# Key Areas of Discussion

- **Infrastructure**
  - Pharmacy. Improved access to evacuees' pharmaceutical records.
  - Evacuation shelters. Greater role in providing medical services at evacuation shelters.
  - Personal Emergency Plans. Emphasis on creating evacuation plans with clients prior to emergency events.
  - Local governments. Importance of emergency planning with local governments.

# Key Areas of Discussion

- Collaboration
  - Safety-net system collaboration. Emergency response and preparedness would improve with greater collaboration between safety net providers.
  - Linkages. Patient health information is critical, improved medical records could improve emergency response.
  - Support of emergency functions. State staff were reassigned to provide programmatic services after Hurricanes.

# Key Areas of Discussion

- **Communication**
  - Integration. Integration of services is difficult because of different geographic locations and scopes of services.
  - Communication with clients. Clients may not be able to comprehend some emergency preparedness material.
  - Communications with federal partners. Difficulties communication with federal partners during and after emergency events.
  - Communication with staff. All participants had COOP plans in place.

# Key Areas of Discussion

- Training
  - National Incident management System (NIMS) training. Basic NIMS training is essential for safety net providers to facilitate communication during emergencies.
  - Simulations. Safety net providers participating in multiple dry runs, emergency simulations, and table top exercises.

# Key Areas of Discussion

- **Planning**
  - Personal emergency plan. Crucial for medically vulnerable populations.
  - Community level planning. Greater emphasis should be placed on integration of safety net providers into local emergency management efforts.
  - Grantee level planning. Grantee plans should reflect community emergency plans.

# Key Areas of Discussion

- **Coordination**
  - Emergency workers. Additional providers are needed to maintain continuity of care
  - Public health teams. There is a need to develop interdisciplinary regional public health teams to coordinate and provide service.

# Participant Recommendations

- Foster partnerships between safety net programs.
- Strengthen emergency contacts between state and federal partners.
- Continue to strengthen individual, local, and individual grantee emergency preparedness.

# Participant Recommendations

- Provide greater flexibility to respond to emergencies.
- Define the responsibilities of the American Red Cross in terms of medical care in shelters.
- Enhance and expand emergency preparedness training.
- Improve emergency preparedness at the local level.

# Conclusion of the Session

- It is beneficial to take time to listen.
- Perspectives will vary depending upon level of involvement with emergency preparedness.
- Integration of health care systems can improve emergency preparedness.
- Greater need for integration of safety net providers on the local level.

# Thank You

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