Disaster Preparedness: A Template for Saving Lives

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Objectives

* To provide an overview of disaster preparedness for our Nation as it relates to crisis pregnancy centers
* Discuss how a weather related event effects the crisis pregnancy community
* Explain the components of disaster preparedness & how they impact resilience
* Introduce the website, designed for crisis pregnancy centers – which houses the tools necessary for preparedness

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Purpose

* Address **deficiencies** in preparedness within crisis pregnancy centers
* Decrease **vulnerabilities** within the crisis pregnancy agencies across the United States
* **Promote disaster preparedness** among crisis pregnancy centers across the Nation
A complex interaction that exists between a potentially damaging physical event & the vulnerability of a society – its infrastructure, economy, & the environment that are determined by human behavior
Vulnerability is defined as the inner conditions of a society that make it liable to experience harm & damage. Measuring vulnerability is an essential component of risk reduction & promoting a culture of disaster resilience.
Theoretical Framework

Figure 1.1 Key spheres of the concept of vulnerability. Source: Birkmann 2005.
Figure 1.5 Risk as a result of vulnerability, hazard and deficiencies in preparedness.
Disaster Preparedness Goals

* Save lives
* Protect property & the environment
* Meet basic human needs
FEMA & the DHS mandate that every state have a disaster preparedness plan – essential within that mandate is a plan within each state specific to the health of women & infants.

The National Response Framework provides the structure under which all disasters are managed domestically.

* Preparedness determines the degree of service disruption – regardless of whether the disaster is natural or manmade.
* Women & infants by their very nature are classified as high-risk, high-vulnerability by the Federal Government.
By the very nature of what they do, crisis pregnancy centers interface with women in crisis – crisis pregnancy with its social, emotional, & physiologic components.

Addition of a man-made or natural disaster to this situation further marginalizes this already vulnerable population.

Crisis pregnancy organizations may be the only support system a woman may have.
According to the United Nations, the starting place for preparedness lies in the knowledge of hazards & the physical, social, environmental, & economic vulnerabilities to disaster a population faces.
Tornado
Facts from the Past

* The majority of deaths in the April 2011 tornado events occurred at the scene – emphasizing the critical need for preparedness.
* The Center for Disease Control confirmed that women comprised 58% of the fatalities that spanned 5 states during that 3 day period.
* The April 27th Alabama tornadoes demonstrated that women were 40% more likely to suffer a tornado-related-death than males.
* The United Nations International Strategy on Disaster Reduction states that in both developing & developed nations women & children are 14 times more likely to die than men in a disaster event.
Disruption in access to care may be long-term during the recovery phase – possibly creating a new crisis

Public health & medical systems may not adequately meet the needs of vulnerable populations during recovery

Health system are often overwhelmed

Few disaster preparedness plans prepare for the secondary surge in medical care needs during this phase

Vulnerable subgroups have health needs that may be aggravated, created, or overlooked during response & recovery – creating a separate public health emergency
Disaster exacerbates existing social, political, historical, & economic circumstances that marginalize populations (those unaccounted for in disaster preparedness & mitigation efforts)

Disparities in healthcare access during the recovery phase contribute to inequities in health outcomes – leaving vulnerable groups further marginalized

Excess patient demand on the healthcare system promotes lack of continuity & disruptions in access to primary care – leading to alterations in health services delivery for vulnerable subgroups during recovery
Components of Preparedness

* Lack of coordination results in greater loss of life & economic impact regardless of whether the disaster is naturally occurring or man-made. An emergency disaster plan is considered a necessary precondition for appropriate response.
Establishing relationships with the emergency disaster community allows an organization to rehearse emergency protocols more regularly & accurately – increasing success in real-life situations.
External Vulnerabilities

- Severe Weather (storms, tornadoes, flooding)
- Earthquake
- Radiation (nuclear)
- Property crimes (bombings, arson, criminal trespass, destruction of property, robbery, larceny)
- Murder, manslaughter
- Fire/explosion,
- Bioterrorism
- Railroad events
- Interstate events
- Natural gas pipeline events
Internal Vulnerabilities

- Ignorance (both intrinsic & extrinsic)
- Lack of a disaster plan
- Fire Inspection
- EMA inspection
- Physical layout
- Communication
- Redundancy of records
- Insurance
- Contracts (Mutual Aide Agreements)
Disaster Website for the Nation’s Crisis Pregnancy Centers

* www.dpcrisis.com
• It is not the type or magnitude of the event, but its **impact on human populations** that makes an event a disaster

• **Disaster preparedness** promotes stabilization & viability on populations, individuals, & families
Extensive reference list available upon request