



Emergency Preparedness Needs of Primary Care Providers

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Background

Recent events over the past decade have highlighted the need for communities to prepare for natural and man-made disasters. Whether in the form of ice storms, hurricanes, flash floods, tornados or bridge collapses, Americans are increasingly recognizing the need to be better prepared for disasters. While events have highlighted the need for a culture of preparedness, one area of concern is how the medical needs of communities are addressed in the aftermath of a disaster. Two programs at Morehouse School of Medicine (MSM), the Regional Coordinating Center for Hurricane Response (RCC) and the Emergency Preparedness Needs of Primary Care Providers Project (sponsored by the Johns Hopkins University's Office of Critical Event Preparedness and Response (PACER)) of the Center for Community Health and Service Learning (CHSL), have partnered with the goal of preparing an emergency preparedness toolkit for use in the primary care practice.

Objective

The primary objective was to conduct formative research on current resources and experiences as well as informational, resource and training needs of primary care and other safety net providers and their patients as related to emergency preparedness.

Methods

Both qualitative and quantitative data was collected in the form of:

- Surveys of PCPs (N=305) to collect data on emergency preparedness informational, resource and training needs of PCPs.
- Key Informant Interviews (N=15) to collect data regarding the experience, barriers and facilitators to having primary care providers involved in emergency preparedness planning and response from the perspectives of state and local emergency preparedness coordinators.
- Provider focus groups (N=2) to collect data regarding the experience, barriers and facilitators to having primary care providers involved in emergency preparedness planning and response from the perspectives of PCPs.
- Patient focus groups (N=3) to collect data regarding the experience, barriers and facilitators to having primary care providers involved in emergency preparedness planning and response from the perspectives of community members.

Results

Surveys

PCP surveys indicate that community health center (CHC) providers more frequently reported having a disaster/emergency response plan compared to all other PCPs. Among those PCPs who reported that their practice had an emergency preparedness plan, private group practice providers more frequently reported that their practice provides information for emergency preparedness to patients and other communities. Private solo practice providers more frequently agreed that their practice is adequately prepared for a natural disaster compared to all other PCPs.

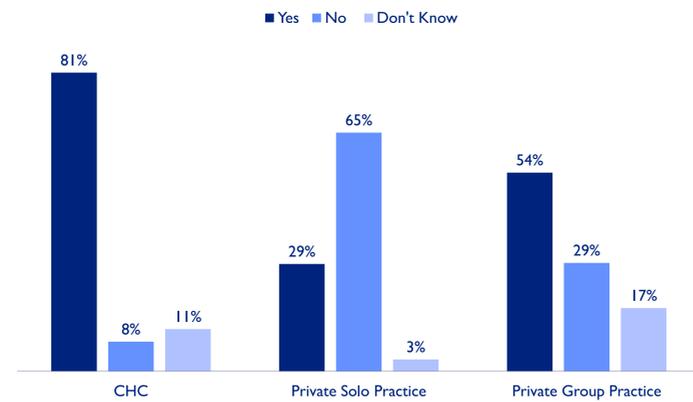


Figure 1. My practice has a disaster/emergency response plan.

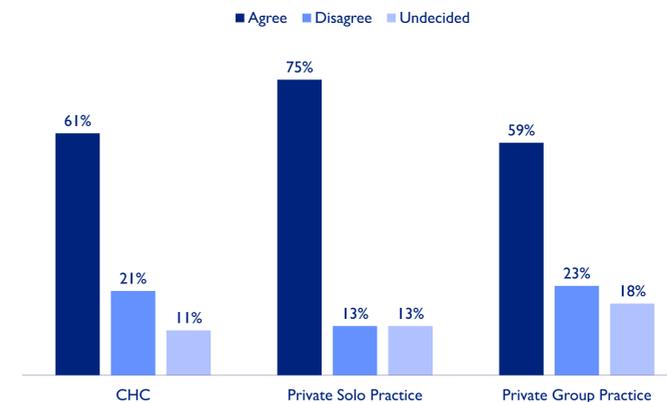


Figure 4. My practice DOES have an emergency preparedness plan AND is adequately prepared for a natural disaster.

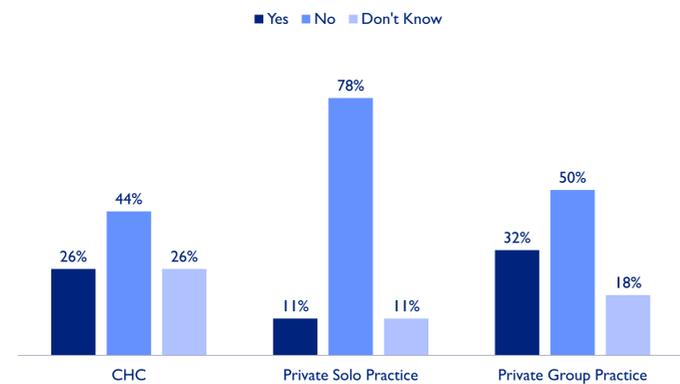


Figure 2. My practice has a disaster/emergency response plan AND provides information for emergency preparedness to patients and other community members.

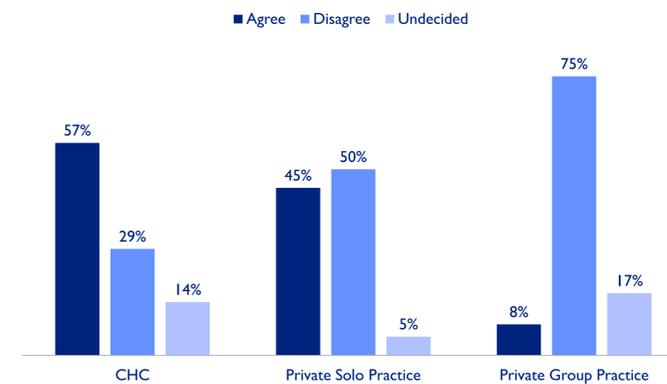


Figure 5. My practice DOES NOT have an emergency AND is adequately prepared for a natural disaster.

Key Informant Interviews and Focus Groups

In key informant interviews and focus groups, respondents felt that emergency response plans would have benefited significantly by having a PCPs in the development/execution. When respondents in key informant interviews and focus groups were asked what benefits they believed would result from having PCPs involved in emergency preparedness, they suggested two primary areas. First, they stated there would be greater likelihood of patients preparing for emergency situations because of the trust level they have with their providers, and secondly, they stated PCPs would have the ability to identify vulnerable individuals who would need assistance in case of evacuation.

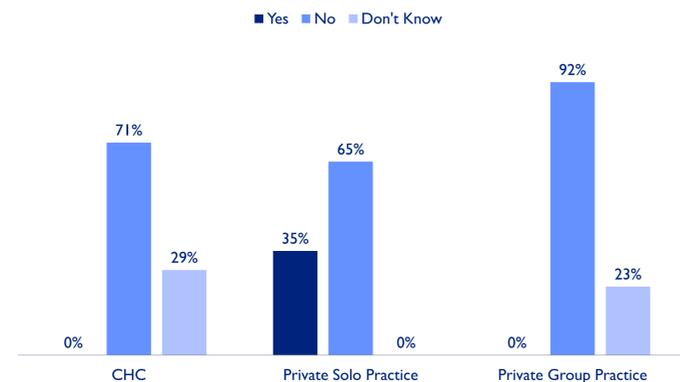


Figure 3. My practice DOES NOT have an emergency preparedness plan AND provides information for emergency preparedness to patients and other community members.

Table 1. Benefits and barriers for primary care provider participation in the development/execution of emergency plans.

Benefits	Barriers
Plans would address medical concerns and provide for how to address care in recovery period	Lack of time during standard medical appointments to address any additional concerns
Higher level of patient/community trust	Shortage of resources to provide information
More informed and prepared patients	Low level of knowledge among PCPs
Ability to identify vulnerable patients for preplanning	No desire or buy-in from PCPs/management

Discussion

According to Manpower Development Corporation, Incorporated (2009), given the socio-economic profile of CHC patients, they are more likely to live in areas prone to natural disasters and less likely to have the resources to prepare/recover from disasters. For this reason, CHCs and their providers have a unique opportunity to better serve the needs of their patients by providing information regarding emergency preparedness to their patients (Mack, Spotts, Hayes, & Warner, 2006).

While CHC providers report being better prepared than other providers, they have the need for improvement in preparing their centers to respond. As one example, many have not created the partnerships with outside organizations that are needed during emergency or disaster situations that will allow their facilities to recover and serve their patients in the most efficient manners. The providers and management at CHC need to form partnerships and participate in trainings with other organizations as well as increase their trainings for employees.

The data gathered highlights the need for CHCs and other safety-net providers to think critically about the culture of emergency preparedness within their organization and community. The toolkit contents will reflect the needs as expressed by providers, other experts and the literature. It will be a resource for PCPs as they prepare for an emergency in the medical home of their patients and respond to communities in preparation for, during, and after a disaster. The toolkit will be shared with PCPs via websites and trainings at professional meetings. If you are interested in receiving more information, please contact the project team at eptoolkit@msm.edu.

References

Manpower Development Corporation, Inc. (2009). When Disaster Strikes: Promising Practices. Low-Income Families and Communities. Chapel Hill, NC: Author. Retrieved from www.mdcinc.org/docs/low_income_families.pdf.

Mack, S.E., Spotts, D., Hayes, A., and Warner, J.R. (2006). Teaching Emergency Preparedness to Restricted-Budget Families. *Public Health Nursing*, 23 (4), 354 – 360.

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