

# *Rural Health and Medical Emergency Preparedness*

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## *Agenda*

- Role of Maryland Department of Health and Mental Hygiene (DHMH)
- Rural threats and targets
- Rural emergency preparedness
- Maryland activities to facilitate rural planning, preparedness and response
- Success stories

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## *DHMH: Office of Preparedness and Response*

### Emergency Services Function 8: Health and Medical (ESF 8)

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## *Terrorism*

- Terrorist Goals
  - ◆ Cause fear
  - ◆ Economic costs and burdens
  - ◆ Political unrest / disruption
  - ◆ Political / ideological agenda
- Targets
  - ◆ Greatest impact
  - ◆ Symbols
  - ◆ “Opportunity”

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## Rural Threats and Targets

- Isolated soft targets of opportunity
  - ◆ Critical infrastructure
    - Transportation
    - Energy/Fuel/Power
      - Nuclear power plants and storage facilities
    - Utilities
      - Water Reservoirs
  - ◆ Agricultural chemical facilities
    - Fertilizer
    - Pesticides

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## Rural Threats and Targets

- Isolated soft targets of opportunity
  - ◆ Governmental buildings
  - ◆ Healthcare facilities
    - Focus of health planning, activities and resources
    - At risk
- Long unguarded borders
- Limited healthcare infrastructure

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## *Rural Threats and Targets*

- Perceived apathy
  - ◆ To the threat
  - ◆ It won't happen here
  - ◆ Independent attitude
- Fragile economic resources
  - ◆ Lack of economic diversity
  - ◆ Agriculture
    - Thin profit margins
    - Multiple threats: pests, weather
  - ◆ Limited tax base

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## *Rural Threats and Targets*

- Greater impact of natural disasters
  - ◆ Floods, fire, snow, slides
- Preparedness planning for animals/live stock
- Agricultural dependence of urban areas
  - ◆ Bread basket

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## *Rural Threats and Targets*

- Destination for affected citizens
  - ◆ Will quickly overwhelm all resources
- Military or sensitive government installations
- Non-integrated planning
- Limited reliable/redundant communications

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*Rural communities may be the most vulnerable and least able to respond*

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## *Issues of Rural Emergency Preparedness*

### Perceptions

- ◆ Rural facilities and planning ignored in favor of urban/suburban regions
  - Funding
  - Expertise

### Planning guidelines and recommendations

- ◆ Focused on urban and suburban regions
- ◆ May not account for variances in rural communities and facilities
  - Cookie cutter approach
  - Held to same standards
  - May not be able to meet the standards or recommendations

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## *Issues of Rural Emergency Preparedness*

### Resources: Personnel

- ◆ Heavy reliance on volunteers
- ◆ Overlapping community roles
  - Healthcare providers may serve on EMS units

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## Issues of Rural Emergency Preparedness

### Resources: Personnel

- ◆ Limited staff / little reserve capacity
  - Assume expanded planning and response activities
  - Greater reliance on contract staff
  - Lack of required specialists/less diversity
    - Emergency planners
    - HAZMAT
    - ALS EMTs
    - Emergency/Disaster/Critical Care medicine trained staff
    - Epidemiologists and other public health staff
    - Behavioral and mental health practitioners

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## Issues of Rural Emergency Preparedness

### Resources: Facilities

- ◆ Healthcare system (PH, Hospitals, Clinics)
  - Financially fragile/ at risk
  - Older/smaller buildings
    - Limited improvements: isolation, decontamination, critical care capacity/capability
  - Regulatory burdens and impact
    - Disproportionately affected
  - Little reserve/ limited stockpiles
  - Practice paradigm
    - ED: Stabilize then transfer out to larger center

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## *Issues of Rural Emergency Preparedness*

### Infrastructure and workforce development

- ◆ Requires more resources
- ◆ Intensive
- ◆ Long term efforts

## *Issues of Rural Emergency Preparedness*

### Resources: Training

- ◆ Limited opportunities
  - Time distance
- ◆ Focused on clinical professionals

# Issues of Rural Emergency Preparedness

## Resources: Financial

- ◆ Preparedness planning
  - Relatively more expensive
- ◆ Limited tax base/financial resources
- ◆ Planning and response
  - Greater dependence on state and federal funding
- ◆ Sustainability of funding
  - Who and what gets cut first?
    - May have greater detrimental effect

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# Issues of Rural Emergency Preparedness

## Geography

- ◆ Long distances
  - Between facilities and supporting organizations
    - EMS, Fire, Hazmat, Healthcare
  - Long supply lines and transport times
    - May require facilities to maintain larger supply and equipment stockpiles
- ◆ Cross border planning
  - Interstate
    - Healthcare facilities
    - Local and county government

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## Rural Emergency Preparedness Activities

- Funding / Financial
- Connectivity / Integration
- Resources
  - ◆ Surveillance
  - ◆ Personnel
  - ◆ Medications and Equipment
- Training / Exercises
- Planning

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## Rural Emergency Preparedness Activities

### Funding/Financial

- CDC Grant
  - ◆ Preparedness on the agenda
    - Transition
  - ◆ Strengthen Public Health Infrastructure
    - Staff and training
- Health Resources Services Administration (HRSA) Bioterrorism Hospital Preparedness Program (BHPP) Grant
  - ◆ Healthcare system
  - ◆ Funding streams
    - Direct Grants
    - Special Projects Grants

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## *Rural Emergency Preparedness Activities*

- Special Projects Grants
  - ◆ Behavioral/Mental Health Training
  - ◆ Spiritual Corps
  - ◆ Carroll County EM Health Collaborative
  - ◆ Harford County Surge
  - ◆ St Mary's Education
  - ◆ Washington County Surge/EMS Capability

## *Rural Emergency Preparedness Activities*

- Connectivity / Integration
- Forensic Epidemiology
    - ◆ White powder incidents
  - Emergency Preparedness Meeting
  - Hospital-Public Health Conference Calls
  - Regional Meetings
    - ◆ Region I / II

## *Rural Emergency Preparedness Activities*

### Resources : Surveillance

- Syndromic
- Toxidromic
- Environmental
- Agricultural

## *Rural Emergency Preparedness Activities*

### Resources : Personnel

- Maryland Professional Volunteer Corps
- Medical Reserve Corps
- Surge Technical Advisory Group

## *Rural Emergency Preparedness Activities*

### Resources : Medications and Equipment

- Strategic National Stockpile
- Chem Pack
  - ◆ First state to deploy nerve agent antidotes statewide

## *Rural Emergency Preparedness Activities*

### Exercises and Training

- Public Health Response Team
- Training, seminars and exercises supported by HRSA
  - ◆ HRSA / JCAHO
- Pandemic Flu / Strategic National Stockpile

## *Rural Emergency Preparedness Activities*

### Planning

- Technical Advisory Groups (TAGs)
  - ◆ Surge
  - ◆ Isolation and Quarantine
  - ◆ Healthcare Facility Evacuation
- Office of Preparedness and Response
  - ◆ Office of Local Health

## *Rural Emergency Preparedness Successes*

- Region I & II Meeting
  - ◆ Tri-state MOU between hospitals
- White Powder Incidents
  - ◆ Connectivity and specialty training
  - ◆ Identified suspect responsible for several mailings
- Improved Hospital Preparedness

## Summary

- Rural areas have heightened vulnerabilities and threats
- Several DHMH OPR programs have supported rural healthcare emergency preparedness activities
- Emergency Preparedness activities for rural areas have resulted in several success stories

## Questions?

## *Contact Information*

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