

**Interstate Public Health Mutual Aid:
Development of the
*Mid America Alliance (MAA)***



Mutual assistance for public health emergency preparedness

**Why develop systems
for mutual aid
between neighboring states?**

*"We always thought that if something
really bad ever happened, someone
would immediately come to help us."*

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HHS Secretary Mike Leavitt

"A pandemic would likely be happening in 5000 communities at the same time.

*Any community that fails to prepare for a pandemic with the expectation that the federal government somehow will come to their rescue will be tragically disappointed."*⁴

How prepared are we for the *public health* effects of ...

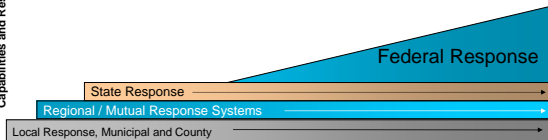
- Terrorism (nuclear, chemical, biological, radiological)
- Human-caused disasters (accidental or purposeful)
- Natural disasters
- Pandemic Flu



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Layered Response Strategy

Capabilities and Resources ↑



Categories of Escalating Contingency Threats

MINIMAL	LOW	MEDIUM	HIGH	CATASTROPHIC
Tornado	Ice Storm	Flood	CAT 3 - 4 Hurricane	LA Earthquake / New Orleans CAT 5 Hurricane
Influenza, food borne illnesses, endemic plague	Anthrax, plague with 1-2 cases	Pandemic Influenza	Smallpox	Bio-Engineered Agent
Traffic Accident	HAZMAT Spill	Aircraft Crash	Dam Break	Nuclear Plant Significant Incident

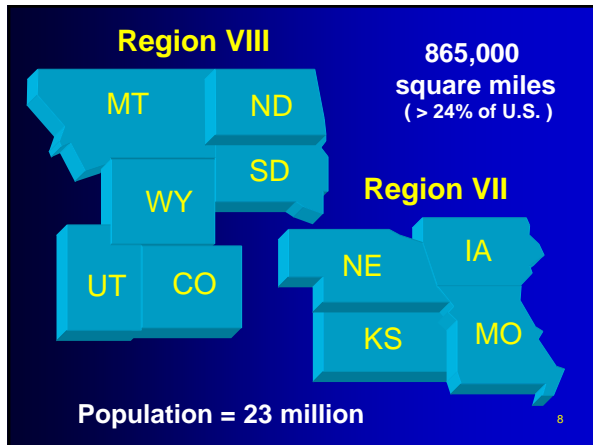


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DHS National Preparedness Goal

- 3 Overarching Priorities
 - # 2 = Expanded Regional Collaboration
- 4 Capability-Specific Priorities
 - Information Sharing, Collaboration capabilities
 - Interoperable Communications capabilities
 - CBRNE Detection, Response and Decon capabilities
 - Medical Surge and Mass Prophylaxis capabilities
- Target Capabilities List
 - At least 10 involve PH and medical issues

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What is the Mid America Alliance:

Purpose

- Develop a framework for providing mutual assistance between states during a **public health crisis** that does not initiate a governor declaration of emergency
- Augment EMAC regionally

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EMAC
*Emergency Management
Assistance Compact*

...provides for mutual assistance between states in "managing any emergency or disaster that is *duly declared by the governor* of the affected state(s), whether arising from natural disaster, technological hazard, manmade disaster, civil emergency aspects of resources shortages, community disorders, insurgency or enemy attack."

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**Most public health crises
do not rise to the level of a
Governor-declared state emergency**

Therefore, the legal and financial protections of EMAC are not available to state and local health departments that provide assistance to each other.

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The work of the MAA:
**PLANNING for regional PH
assistance & response.**

Identify and plan for sharing of public health "resources" that can be offered by one or more states for the benefit of their neighbors.

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Public Health “Resources”

- Personnel
 - Licensed
 - Non-licensed
 - Volunteers
- Equipment & supplies
- Unique assets
- Capacities & capabilities

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What is a “framework for providing mutual assistance” ?

Is it ... a written, signed, legally endorsed (binding or non-binding) agreement ?

- Is that the first step or the end result?

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Actually, ... it's the process:

- “Getting to know you,
... getting to know all about you”
- Communication / information exchange
- Getting buy-in within and outside PH
- Developing new collaborations, partnerships
- Participating in interstate training and exercises

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the Process (cont.)

- Creating regional policies and procedures
- Securing funding for collaborative interstate activities
- Seeking legislative changes (licensure, liability, data, etc)
- Advocacy for special regional PH issues and needs
- Building an organizational foundation (full time staff, administrative, IT and technical support)
- Establishing an organizational forum (affiliation with a university, CPHP, professional organization, or creating a stand alone non-profit organization)

- **Enhancing regional PH capabilities and capacities** 16

Examples of need for assistance from neighboring states

- Laboratory
 - Anthrax in regional US mail
 - West Nile virus in adjacent states 2003
 - Pertussis in North Dakota 2005
- Epidemiology
 - North Dakota - Anhydrous ammonia spill 2003
 - Nebraska - Outbreak of vaccine preventable disease in rural area 1999
 - Hepatitis A in Pennsylvania 2004
- Cross border events (metropolitan areas)

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Examples of potential shared resources

- Missouri and Colorado: Medical Assistance team
- South Dakota: Mobile lab
- Nebraska: Hospital biocontainment unit
- Utah: Mobile autopsy unit
- Utah: Translation services
- North Dakota: Mobile communication system
- Montana and Missouri: Mobile command center
- Kansas: Public health readiness indicators
- Iowa: Mobile showers and kitchen

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MAA conceptual framework and process for implementation

- Approval by all state health officers
- Involvement of key leaders from Focus Areas:
 - state attorneys, PH lab directors, epidemiologists, planners, trainers
- Flexibility by states for participation in all or selected components
- Governance/Advisory Committee
- Administrative and legal support

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MAA Advisory/Governance Committee

Chair = a state health officer

Voting members:

- State health officers or their designees

Ex-officio members:

- Federal representatives of Regions VII and VIII
- Representation from each program focus area (legal, epidemiology, PH labs, shared resource database, PH/BT training)
- Other partners (business, academia, etc.)

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MAA Policy Forum meeting Denver, CO - Sept. 26 & 27, 2005

- NGA funded (CDC Cooperative Agreement)
- 3 policy level representatives from each state
 - health department director
 - homeland security/EMA director
 - Governors' offices
- regional federal colleagues (HHS & DHS)
- other regional alliances with similar goals

- Objective = disseminate information, get feedback, expand support and resource base, develop partnerships

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**Strategic Planning meeting
Denver, CO – Jan. 17 & 18, 2006**

- Purpose = set overall goals for the next 3 years:
 - legally viable organization, sustained funding, commitment/support from senior leaders, inventory and share state resources, regional collaboration
- Specific actions for the next 12 months:
 - 1) organizational development
 - 2) promote collaborative partnerships
 - 3) build a functional, productive organization

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Initial 4 projects:

- Assess state laws for authorities and medical licensure endorsement requirements
- Identify and list regional PH assets and resources
- Develop laboratory connectivity and surge capacity
- Epidemiology workforce surge capacity planning, and list of regional common reportable diseases



Newest (5th) project:

- Public Health / BT Training Coordinators from all 10 states
 - share state training priorities
 - share best practices, models
 - plan cross-borders training & exercises
 - share/discuss pandemic flu plans



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Long Term Goal:

Define a regional all-hazards PH response system with escalating capability

- Document staffing needs
- Evaluate options for a prototype
- Identify obstacles and solutions
- Conduct an analysis of capability
- Test public health readiness indicators

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Building Sound Public Health Infrastructure IS Good Domestic Preparedness



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Mid America Alliance (MAA)

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