

Clinicians' Corner

Disaster Response: Is the Kansas Primary Care Safety Net Ready?

By Denice Curtis, DDS, MPH, Director of Clinical Services

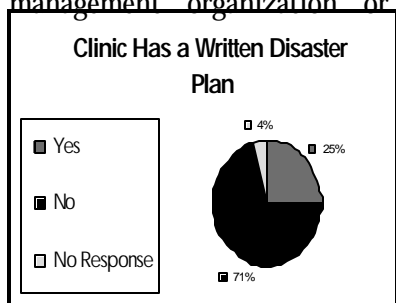
According to a survey conducted by the National Association of Community Health Centers (NACHC) in 2001, 40% of all health centers in the nation did not have a disaster readiness plan in place; 90% of health centers were not adequately linked to a public health information network and many health centers lacked financial resources for drugs and supplies, appropriate training for their staff, and appropriate information systems to respond to an emergency of any kind.¹

In 2004, the Kansas Association for the Medically Underserved (KAMU) in partnership with the Kansas Department of Health and Environment (KDHE) conducted a survey among 24 primary care safety net clinics to assess their level of preparedness to manage emergency situations including natural and man-made disasters, such as a bioterrorism threat. The results of this survey were the same as the findings shared by NACHC. Here are some of the highlights from the Kansas survey:

GENERAL EMERGENCY PREPAREDNESS

- The level of emergency preparedness varies among the clinics. Six clinics have a disaster response plan in place (only 3 plans have been incorporated into a community plan e.g. hospital disaster plan).
- There is lack of community-based coordination. Only 5 clinics have worked with their county emergency management organization or their local health

departments to coordinate planning and response activities.



POLICIES AND PROCEDURES

- The majority of the clinics lack written policies and procedures. Only 2 clinics have written procedures for handling patients exposed to biological or chemical events or for isolating segments of the

facility in case of exposure. Six clinics have written procedures for triage of patients and 4 clinics have written procedures for handling laboratory specimens. Eight clinics have procedures regarding how and when to report suspicious symptoms to their local county health department.

FACILITIES, EQUIPMENT AND SUPPLIES

- The majority of the health centers did not have protective personal equipment (PPE), or medical and pharmaceutical supplies to respond to a significant disaster.
- Eleven clinics have a clinic equipment inventory. Only 3 clinics have a generator for back up power and 12 clinics have emergency lighting.

TRAINING AND PERSONNEL DEVELOPMENT

- Almost 30% of the clinics had participated in training sessions offered by the Red Cross and Kansas Emergency Management. Four clinics participated in disaster awareness and preparedness.
- There is a lack of training in all areas of emergency preparedness and readiness for staff, patients, and other members of the community.

COMMUNICATION

- During an emergency there is an informal way of communication with staff after hours.
- The majority of the clinics have high speed internet access
- Nine clinics reported they have a communication system in place to receive alerts from the local health department about disease outbreaks. Other clinics reported having procedures in place for establishing emergency communication between the clinics, hospitals and other partners.
- Only two clinics reported being members of PHIX (the Kansas Alert Network) at the time of the survey.

The results of this survey have helped KAMU to obtain additional funds to help the clinics develop and implement disaster response plans. Despite limited resources, the third phase of this project aims to purchase minimal personal protective gear and communications equipment and provide training to clinical staff to ensure they are prepared to respond to future disasters.

1. The National Association of Community Health Centers. Community Health Forum, May/June, 2004

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Kansas Clinicians Network

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KANSAS ASSOCIATION
FOR THE
MEDICALLY UNDERSERVED

Kansas Community Health Corps Celebrates Mid-Year Successes

By April Davies, AmeriCorps Director

Fifteen Kansas Community Health Corps members are currently serving in safety net clinics throughout Kansas. The members are part of KAMU's AmeriCorps program and are involved in a variety of projects, from indigent medicine programs to creating culturally competent care to HealthWave outreach and health education.

In February 2005 nine corps members and the program director, April Davies, traveled to the annual NACHC Community Health Corps conference in San Diego, CA where they attended sessions with 500 other Health Corps members and staff. In San Diego the Kansas team presented a training session to their peers about stereotypes in the health setting and how they can be hurtful and/or helpful. February was also the mid-point of the AmeriCorps service year. This year



has been very successful for the Kansas Community Health Corps members. The members have:

- Provided 5,096 prescriptions to underinsured Kansans
- Provided 1,458 interpretation encounters in Spanish, Cambodian and Laotian
- Given HealthWave information to 552 people
- Recruited 98 new volunteers to safety net clinics

Health Corps members are collaborating on a variety of Projects, but all focus on increasing access and quality of health care for the medically underserved. Examples of their great work include: a Hispanic coalition with a mission to link all services for Spanish-speakers, planning a city-wide health fair, conducting focus groups to learn about barriers to

HealthWave enrollment, dental care outreach and education to children in the 5-19 age group.

If interested in hosting a Health Corps member, contact April Davies at adavies@kspca.org or (785)233-8483.

Reaching A Dream Through AmeriCorps

By Beverley Ballard, AmeriCorps Member



For almost two years now, I have participated in the Kansas Community Health Corps, AmeriCorps Program. The experience has allowed me to gain knowledge and personal growth far beyond my expectations. I have been able to

identify short and long term goals, both professionally and personally. One of my goals is to be able to work with underserved populations. I am devastated every time I think about how many people lack the basic medications to pursue a healthier life. When you work outside the environment of poverty and scarcity, you cannot imagine how people suffer and neglect their health care due to the fact that they do not have the means to afford medical attention, or even less, purchase medications needed.

During my first year as an AmeriCorps member I learned how to help patients of the Guadalupe Clinic apply for medications through the pharmaceutical companies. During my second year, I learned how to process the applications on the computer by using a drug prescription program. My services helped the

clinic to offer medications at no cost to its patients. Furthermore, now I've gained the knowledge to find generic substitutes for medications that are not sponsored by the pharmaceutical companies, by using other sources, including the Internet.

I am proud to say that I have been instrumental in creating patients awareness about the need to be in compliance with their doctors appointments, as well as with the pharmaceutical companies application requirements for financial documentation to support the application submitted. This has been a challenging but rewarding process. Patients now are more concerned about their own well being and are taking better care of their physical and mental health.

My experience through the Kansas Health Corps program has been memorable. I will proudly share this experience with my children and grandchildren. I wish more young people could have the same experience I have had through the program. I am very thankful for the opportunity that Guadalupe Clinic and the AmeriCorps program have given me to work for the medically underserved.