Funding problems threaten US disaster preparedness

January 9 2014

The Sept. 11, 2001 attacks in New York City prompted large increases in government funding to help communities respond and recover after man-made and natural disasters. But, this funding has fallen considerably since the economic crisis in 2008. Furthermore, disaster funding distribution is deeply inefficient: huge cash infusions are disbursed right after a disaster, only to fall abruptly after interest wanes. These issues have exposed significant problems with our nation's preparedness for public health emergencies.

In a report published by the Institute of Medicine, authors Jesse Pines, M.D., director of the Office of Clinical Practice Innovation at the George Washington University (GW) School of Medicine and Health Sciences (SMHS); Seth Seabury, Ph.D., associate professor of emergency medicine at the Keck School of Medicine of the University of Southern California (USC); and William Pilkington, DPA, of the Cabarrus Health Alliance, make seven recommendations to provide a road map to enhance the sustainability of preparedness efforts in the United States.

"With more limited government funding in the foreseeable future, the government needs to be smarter about how it spends its money on emergency preparedness in this country," said Seabury, who is also with the Leonard D. Schaeffer Center for Health Policy & Economics at USC. "We need to know which communities are prepared and which aren't, when money is spent, and whether it's really making these communities better off in handling a disaster."

The authors make the following recommendations:

1. The federal government should develop and assess measures of emergency preparedness both at the community-level and across communities in the U.S.

2. Measures developed by the federal government should be used to conduct a nation-wide gap analysis of community preparedness.

3. Alternative ways of distributing funding should be considered to ensure all communities have the ability to build and sustain local coalitions to support sufficient infrastructure.

4. When monies are released for projects, there should be clear metrics of grant effectiveness.

5. There should be better coordination at the federal level, including funding and grant guidance.

6. Local communities should build coalitions or use existing coalitions to build public-private partnerships with local hospitals and other businesses with a stake in preparedness.

7. Communities should be encouraged to engage in ways to finance local preparedness efforts.

"A lot of communities out there have found creative ways to get local businesses to invest in preparedness. The more locals buying into the importance of preparedness, the more resilient a community is," said Pines, who is also a professor of emergency medicine at GW SMHS and professor of health policy at the GW School of Public Health and Health Services. "How Boston responded and recovered so effectively after the marathon bombings is a great example of a prepared community."

More information: The study, titled "Value-Based Models for Sustaining Emergency Preparedness Capacity and Capability in the United States," was published by The Institute of Medicine Preparedness Forum and is available online.

Provided by George Washington University