



## Rural Health Preparedness

Rural communities often lack strong public health and health care infrastructures to respond effectively to both natural and manmade disasters. While population mass is often a primary consideration in the allocation of preparedness resources, it is important to recognize that disasters can and do occur in rural areas, and that the impact of these disasters can be felt on all Americans regardless of geography. One need only consider the far reaching impacts of natural disasters, agricultural blight, and infectious diseases to realize the interconnectedness of our rural and urban citizens.

In order to ensure the readiness of the nation's rural health system in times of crisis, an important consideration is that, while the federal and state governments need to be financial partners in this endeavor, implementation occurs at a local level. Each community needs to assess and determine inherent risks and unique response resources and capacities that can be brought to bear in responding to public health threats. In doing so, federal and state level agencies and stakeholders should consider that rural terrain is varied and vast, and that rural transportation resources, population dynamics, and economies vary greatly.

Another challenge that faces rural communities is the extent to which public health and health care infrastructures are already strained from years of chronic underfunding and from the considerable demands placed on the rural safety net. Unlike their urban counterparts, rural residents frequently reside further than 30 miles from a hospital, and not all rural counties have public health departments. For these reasons, flexible, dedicated rural community funding is needed to address rural readiness and to build rural resilience.

The following key areas of preparedness must be addressed for all Americans, taking into account rural specific concerns:

- Public health infrastructure and workforce
- Communication and notification of public health threats
- Appropriately communicating risk to the public
- Disease surveillance, disease reporting and laboratory identification
- Health information infrastructure to support surveillance and reporting activities
- EMS training and equipment
- Hospital capacity and workforce
- Dedicated decontamination facilities
- Medical/surgical and pharmaceutical supplies
- Training in chemical, biological, and radiological assessment and treatment
- Mental health resources

## **Guiding Principles for rural preparedness:**

- Major tenets for preparedness standardized and key resources can be centrally located, but funding and requirements will need to be flexible enough to allow appropriate solutions, according to the local needs.
- The rural public health and health care infrastructures must be strengthened to increase the ability to identify, respond to, and mitigate problems of public health importance.
- Availability of, and accessibility to health care resources, including medications and vaccines, for individuals exposed, infected, or injured in disaster events must be assured.
- Health professionals, volunteers/ first responders, and the public must be educated to better identify, respond to, and prevent the health consequences of disasters and to promote the visibility and availability of health professionals in the communities they serve.
- Mental health needs of populations that are directly or indirectly affected by disasters must be addressed.
- The protection of the environment, the food and water supply, and the health and safety of rescue and recovery workers must be assured.
- Clarification and communication of the roles, relationships and responsibilities among health agencies, law enforcement and first responders must be assured. Simultaneous and coordinated systems planning must occur at the local, regional, tribal and state levels.
- Hospitals must be included as first responders for planning, funding, and training purposes. Hospitals and health systems cannot be expected to absorb the costs of disaster preparedness alone and will need additional resources to fulfill their roles in the emergency response system. Because not all areas are directly served by hospitals, flexibility in funding will also be needed.

In addressing these rural needs, the variability of public health and health care infrastructures, capacity, capabilities, and requirements must be taken into consideration. Furthermore, the most rural – frontier areas – may lack access to even the most basic of public health and health care infrastructure services. A basic level of service must be available in ALL communities to support public health disaster response.

The NRHA is a national nonprofit membership organization that provides leadership on rural health issues. The association's mission is to improve the health of rural Americans and to provide leadership on rural health issues through advocacy, communications, education and research. The NRHA membership is comprised of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health.

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