

Letter from the President

Are we there yet? Progress continues in meeting children's needs in disasters



Dr. Burton

Disasters around the globe are causing untold human suffering and chronic pain, while governments, organizations and individuals rally to save lives, prevent injury and illness, and procure basic necessities. Lessons learned with each catastrophe can improve responsiveness for future events. Children, however, remain vulnerable and suffer disproportionately.

Some of the immediate damage may be unavoidable due to the unexpected onset of natural and human-influenced disasters. Yet, preparedness that encompasses anticipation, early response and support for recovery can improve the ability of children to emerge from these experiences with the capacity to grow, develop and succeed.

Recent pronouncements highlight how children lag behind adults in the prioritization of emergency preparedness. The National Commission on Children and Disasters' October 2010 report, for example, identified continuing deficiencies in disaster preparedness for children (www.childrenanddisasters.acf.hhs.gov/). Partnering with key stakeholder organizations like the Academy, the commission has made progress in pediatric readiness. Unfortunately, the commission was terminated by law on April 4, despite the advocacy of the Academy and its allies.

In addition, a report from the Centers for Disease Control and Prevention revealed that hospital disaster plans for children were the most deficient area of response (www.cdc.gov/nchs/data/nhst/nhst037.pdf).

Pandemic disease, bioterrorism and other events also disproportionately affect the young. These revelations, coupled with dwindling public health resources, confirm that protecting children will be challenging. This should serve as a siren call for pediatricians to engage in disaster preparedness and response efforts in their communities, advocate for governments and society to prioritize children, ensure anticipatory guidance for patients/families, and review personal and clinical practice response strategies.

Importantly:

- AAP members should monitor calls to action from the Federal Advocacy Action Network, www.aap.org/sections/ypn/t/advocacy/dept_federal_affairs.html. This includes advocating funding for public health preparedness and strengthening federal laws addressing the needs of children, such as the Pandemic and All-Hazards Preparedness Act.

- It is crucial that AAP chapters reinforce efforts to ensure resources address children's issues, particularly for emergency and disaster planning and response. Ideally, each chapter would identify a "key contact" to champion the effort and work with pediatric medical and surgical sub-

specialists to offer the full scope of expertise in advising emergency and disaster planners, and public officials.

- The Academy should engage pediatricians who work in public health in disaster preparedness and response efforts. Children living in poverty or communities with limited resources or high percentages of disadvantaged minorities require strategic attention and assistance. Public health frequently connects with these populations and can help improve the inequities in national disaster planning and support efforts.

- Helping hospitals improve pediatric preparedness is a key priority.

- The family-centered medical home is the anchoring entity that will help ensure children receive protection, clinical services and support. It is essential to ensuring that communities have resiliency to deflect much of a disaster's impact and rapidly provide medical and mental health support, especially for those with chronic health conditions.

- Pediatricians must be prepared to advise parents and others on how they can help children understand and cope with circumstances beyond the usual scope of human experience. Even children not directly affected by a disaster may

develop symptoms if they witness disaster scenes in person or via the news. It is important that parents and caretakers not minimize children's thoughts and feelings, but initiate age-appropriate conversations about what they have seen or heard.

RESOURCES

Since 1993, the Academy has led efforts to help families, pediatric practices, hospitals, governments, communities and others focus on children's needs in disaster planning, response and recovery. Following are some AAP resources:

- AAP Children and Disasters Web site, www.aap.org/disasters/index.cfm*
- AAP Joint Policy — Guidelines for Care of Children in the Emergency Department, <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1807v1> and checklist, www.aap.org/visit/EDChecklistAug2010.pdf.
- Disaster Preparedness for Pediatric Practices: An Online Tool, <http://practice.aap.org/disasterpreptool.aspx>*
- National Center for Medical Home Implementation — Disaster Preparedness in the Medical Home, www.medicalhomeinfo.org/national/child_health.aspx#disaster

* Supported in part by the AAP Tomorrow's Children Endowment.

The AAP Disaster Preparedness Advisory Council and other AAP groups have made remarkable strides in working with government, organizations and industry to prioritize children's needs in times of crisis. There also is increasing recognition that disaster response and recovery is weakened if 25% of Americans (our young) are not adequately considered.

Each of us needs to remain committed to ensure our practices, patients,

families and communities are prepared, and to advocate that government and policy-makers keep the needs of children front and center.

Are we there yet? No! But we are making progress.

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