Emergency Preparedness Is Equally Important as Response in Optimizing the Health and Well-being of the Nation's Children

We commend the policy statement by Kuo et al[1] in which they highlight the critical need for collaboration between pediatric and public health sectors in safeguarding the health of our nation's children,[1] and in particular, we commend the authors' emphasis on emergency management and response efforts surrounding the 2016 Flint water contamination crisis, 2015 Zika virus emergency, and 2015 Disneyland measles outbreak. In addition, we agree that synergy between public health and pediatricians on emergency preparedness is a key opportunity for primary prevention and health promotion. In this letter, we highlight the crucial partnership between the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) and discuss ongoing preparedness activities used to address the call to action put forth by Kuo et al.[1]

Children are often disproportionately impacted in public health emergencies, as evidenced by the 3 responses described by Kuo et al,[1] yet they remain underrepresented in preparedness planning and activities.[2] To support and improve synergy between public health and the pediatric community, the CDC and AAP have collaborated on several critical preparedness-building activities. In 2016 and 2017, the CDC and AAP collaborated to develop and facilitate a multistate in-person tabletop exercise (2016) and virtual tabletop exercise (2017). These exercises were designed to pilot strategies intended to enhance preparedness capacity and collaboration between pediatric and public health professionals at the local level. Both exercises required participation by health department and AAP chapter staff, thus providing opportunities for AAP chapters to begin developing working relationships with state and local health departments. Systematic evaluations suggest the exercises were effective in being used to determine approaches to improve pediatric emergency preparedness and enhanced participants' knowledge and confidence surrounding pediatric emergency preparedness.[3] In 2017, the CDC and AAP collaborated on a 2017 large-scale, multiagency exercise simulating a nuclear explosion incident, which helped to prioritize gaps in pediatric radiation medical countermeasures and consider key issues in the management of children during disaster response.[4] By improving pediatric preparedness approaches with the use of emergency preparedness exercises and ongoing collaboration, both agencies are better prepared to respond efficiently and effectively to the needs of children in an actual crisis.

Kuo et al[1] discuss a lack of cross-sector collaborative investment in public health systems and services as an impediment to sufficient pediatric emergency preparedness. Relatedly, a recent study of the CDC's Public Health Emergency Preparedness Program awardees revealed declines in collaboration across health care systems and public health departments for emergency response, despite an increase in including vulnerable populations into state preparedness plans.[5] Thus, we underscore the assessment by Kuo et al[1] and support efforts to stimulate collaboration across pediatric and public health sectors that could raise awareness of this gap and ultimately foster improved local preparedness that considers children's vulnerabilities.

Natural and man-made disasters will continue to affect communities, and children will often bear a greater burden than other populations.[2] The CDC and AAP have a continuing joint commitment to support the integration of the public health and pediatric communities and to prioritize preparation for children's needs in emergency preparedness to enable our nation's children to thrive.

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Authors' Response

We thank Dr Peacock and colleagues for raising an important issue at hand with respect to pediatric emergency preparedness. The study by Murthy et al[1] cited in the comment revealed

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a concerning trend of decreased congressional funding for public health emergency preparedness over time. Funding decreased from $4.41 per capita in 2003 to $1.75 per capita in 2016. Given this funding climate, we cannot overstate the importance of creating collaborative networks, as suggested by Dr Peacock.

Coalitions among public health, local emergency response agencies (eg, fire departments), health care agencies, and community partners could result in better use of available resources and reduce unnecessary redundancies at the local level. These collaborative networks should be encouraged to engage in data use and/or data sharing agreements to create better surveillance systems and evaluation systems. Multiple stakeholders can further leverage collaborative data while pursuing various funding opportunities. Establishing a hub-and-spoke model[2] within these coalitions may prove to be most beneficial for disaster preparedness, particularly for the pediatric population, given unequitable resource allocation for children within health care and public health systems. A central hub (eg, a children's hospital) would take on higher acuity cases, whereas the spokes (eg, community centers, hospitals with pediatric beds) would care for lower acuity cases and be equipped to transport children to the hub when necessary.

An excellent example of a successful coalition is the New York City (NYC) Pediatric Disaster Coalition.[3] The coalition was founded in 2008 under the NYC Department of Health and Mental Hygiene and has several partners who are experts in emergency preparedness, pediatric critical care, surgery, and emergency medicine and has several partners with representatives from the health department, emergency management, and fire department. They have successfully administered joint tabletop exercises, conducted pediatric critical care surge planning and virtual communications exercises, and developed related toolkits. The NYC Pediatric Disaster Coalition may seem a far reach for most communities in the country. However, the joint commitment of the CDC and AAP serves as an important launching board in improving collaborations toward better pediatric emergency preparedness despite a restrictive funding climate.

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