The Mid America Alliance – Four Years Later

All states recognize the importance of mutual aid, as evidenced by their participation in the Emergency Management Assistance Compact (EMAC) which allows them to share resources during governor-declared emergencies. Infectious diseases such as mumps and pertussis, natural disasters such as tornadoes, and intentional acts of terrorism are among the many incidents that can stress the capacity of state health agencies. Mutual aid allows states in need to request personnel and other assets to supplement their activities and provide relief to overextended staff.

The need for staff augmentation during emergencies is perhaps no greater than in the ten states in Regions VII and VIII. These states comprise nearly a quarter of the nation's land area, yet they contain less than eight percent of the U.S. population. Mounting an effective response with limited resources, often over vast distances, is difficult for any state health agency to do on its own. Adding to this difficulty, EMAC can only be used in governor-declared emergencies; very few public health crises ever rise to that level, no matter how much a state health agency's capacity is stressed. The Mid America Alliance (MAA) was created to address just these challenges.

Spearheaded by Nebraska Health and Human Services, all ten state health officials in Regions VII and VIII agreed in 2003 on the need to develop a regional mutual aid mechanism for non-governor-declared public health emergencies and to form an alliance to coordinate this effort. An advisory committee composed of the ten state health officials began working with other state health agency staff and with support from the University of Nebraska to further develop the concept, and formed workgroups on priority substantive areas, including legal issues, epidemiology, laboratories, and a shared resource database. These efforts enabled the fledgling group to begin to understand what specific resources were available in the MAA states and how the state health agencies could work together.

Mid America Alliance Participants

Colorado
Iowa
Kansas
Missouri
Montana
Nebraska
North Dakota
South Dakota
Utah
Wyoming

Other state-based organizations demonstrated early support for the MAA concept and its potential as a regional model. ASTHO sponsored an initial meeting for MAA participants in March 2005, followed by a meeting of the legal subcommittee in May of that year. A September 2005 policy forum sponsored by the National Governors Association further solidified the direction of the MAA and demonstrated support from the highest level of state government of the promise of MAA as a model for other regions.

In order to move the effort forward, full-time staffing was needed. The first Executive Director of the MAA was hired in August 2005 and a CDC Fellow soon followed. On a

shoestring budget, MAA staff coordinated calls with the advisory group; solidified workgroups focused on the four previously identified topics plus public health training; developed Principles of Operation and a governance structure; coordinated a strategic planning meeting; raised awareness of the organization regionally and nationally; and vigorously sought additional funding to support the MAA's efforts.

Four years after the idea first took hold, the MAA has made substantial progress. Initially funded through seed money provided by the Nebraska Health and Human Services' federal public health preparedness funds and the University of Nebraska, in 2006 all ten MAA states proposed dedicating 0.05 percent of their National Bioterrorism Hospital Preparedness Program funds to MAA activities. Nine of the states have provided at least that level of funding. This has enabled the MAA to continue work on the substantive issues identified through their strategic planning process.

The number one identified issue is continuing work on the legal issues associated with providing mutual aid across state lines during non-governor-declared emergencies. MAA work to clarify these issues and develop a full understanding of the laws in the ten states will create a foundation for the work being undertaken by the other workgroups.

Continuing work related to laboratories is also a priority. Several of the MAA states have already experienced incidents during which it would have been helpful to turn to other states for laboratory testing and reporting support. Establishing a mechanism to request and provide such assistance in the future given privacy and information sharing concerns would be a major step forward for the MAA states.

A third priority is the development of a shared resources database. Given the varying organizational structures of state public health systems, it is often difficult to determine exactly what resources are available in a single state. The MAA has begun inventorying what could be shared among the states, an effort that will help prevent duplication of specialized capacities with scarce public health agency funds.

Epidemiology and public health training continue to be priorities, but will be given less intensive attention in order to focus on the other substantive issues as well as further organizational development. The MAA made a strategic decision early on to simultaneously focus on both organizational development and substantive issues related to creating a regional mutual aid framework. As former MAA Executive Director Kathleen Hastings explained, "You cannot move forward in a coalition unless you address both up front". The most recent milestone in the MAA's development will greatly support that decision.

In April 2007, the MAA was awarded a planning grant for core organizational development from the National Network of Public Health Institutes (NNPHI). This two-year, $100,000

matching grant will allow the MAA to devote significant attention to organizational issues, while reserving other funding to focus on the substantive issue areas. The grant, part of NNPHI's Fostering Emerging Institutes Project, will formalize the MAA into a ten state public health institute focused on preparedness.

Funding will enable the MAA to revisit its strategic plan to further focus its organizational priorities and develop a clear timeline for addressing those priorities. As one of five Emerging Institutes, the MAA will receive personalized technical assistance based on the best practices learned from the experiences of existing public health institutes. Mentoring, expanded partnerships, and exposure to other public health institutes will improve the work of the MAA and help it develop into a more mature, sophisticated organization.

The MAA has already benefited from this new opportunity, coordinating the annual meeting of the MAA Governance Board on May 18 and participating in NNPHI's Annual Conference May 21-23. The MAA is well on its way to establishing a solid organizational structure while simultaneously addressing the substantive issues that challenge the provision of interstate mutual aid during non-governor-declared public health emergencies.

As the MAA matures and proves its sustainability, it is finding even more opportunities to strengthen its partnership with the ten state health agencies in Regions VII and VIII. The MAA's first CDC Fellow will soon be placed in one of the state's public health preparedness offices, beginning to build an infrastructure to support the seamless folding of states' public health resources already working together into an escalating declared event. The MAA is also working toward a greater emphasis on collaborative and crisis leadership training for the MAA states. Promoting advanced leadership training for MAA stakeholders and fostering collaboration among MAA Governance Board members and workgroup chairs through leadership training will support the MAA's mission of building an infrastructure for providing public health mutual aid through partnerships between state health agencies and other local, state and private sector stakeholders.

Throughout the country, other states are engaged in various stages of planning and focus to meet the public health preparedness challenges in their regions. The MAA's model of regional, all hazards preparedness and response may not work in all areas of the country. However, as the only independently staffed regional coalition, the MAA offers many important lessons that will help inform the continued development of an effective nationwide public health preparedness system.

For more information about the Mid America Alliance, please visit: www.midamericaalliance.org

This article is the first in a series highlighting regional public health preparedness efforts. ASTHO gratefully acknowledges the assistance of Veronica Stephens, MAA Executive Director, and Kathleen Hastings, former MAA Executive Director, in writing this article.