Gender-Aware Disaster Care: Simple Interventions That Can Reduce Impact, Suffering, and Post-Disaster Emergency Healthcare Costs

Roxanne Richter
World Missions Possible

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Gender-Aware Disaster Care:
Simple Interventions That Can Reduce Impact, Suffering and Post-Disaster Emergency Healthcare Costs

Roxane Richter, E.M.T., MA,
Doctoral Candidate, University of the Witwatersrand, Johannesburg, South Africa
& President of World Missions Possible

Disaster Resistant University, University of New Orleans UNO-CHART
March 21, 2013
Through the Gender Lens...
Research shows Gender Differentiation in all areas of the disaster process: preparedness, response, impact, risk perception & exposure, recovery & reconstruction.

Disaster planners and providers take many special populations’ needs into account - infants, elderly, disabled, etc. - but critical distinctions in gender-specific care (based not only on women’s physiological makeup, but within her psychosocial framework) are often overlooked.
Voices of Women in Disasters...

- “I felt like they didn’t want to hear me. If I had been a man I could command someone to hear me...As a woman, I had difficulty in getting people to listen to me.” 47-year-old African-American woman who needed (but did not have access to) a gynecological exam.

- “There were no separate... safe places for women to shower or sleep.” ~ 37-year-old woman said she not only feared for her children’s safety, but her own.

- “You feel helpless as a woman.” single 31-year-old mother of 7.

- “Women were treated like we were nothing.” 19-year-old African-American woman with 3 minor children.

As a woman, were your gender-specific healthcare needs met?

- Yes: 53%
- No: 47%

Post-Hurricane Katrina
Out of 105 surveyed women: “The majority of women surveyed reported that their post-disaster health needs were not met and that they were cognizant of an inequitable access to resources, especially in post-disaster supplies and services.”

(Richter 2007)
Healthcare Utilized by Women in Evacuation & Shelter

105 surveyed Post-Hurricane Katrina Women

- ER
- Meds
- OB/GYN
- Psych
- Asthma
- Eye
- Diabetes
- High BP
- Dental
- Allergy
- Cardiac
- Surgical

Richter, 2013
“Studying sex differences, like other biological variations, can yield greater insight into understanding biological disease mechanisms, leading, in turn, to improved treatments and outcomes.”

On Gender-Based Biology
~ Institute of Medicine, 2001
Gender-Based Biology

- **PTSD**: 2’xs the rate of post-traumatic stress disorder as men. If woman is pregnant - higher risk for disaster-related psychopathology (pregnancy & post-partum period have higher baseline risk for depression & anxiety).

- **PTSD Presentation**: Men = irritable & impulsive with higher comorbid (*secondary/tertiary illness in addition to a primary illness*) substance abuse issues; women = numbing, avoidance & higher comorbid mood & anxiety disorders.

- **Pain**: fluctuations in hormones (menstrual cycle, pregnancy & menopause) affect pain perception; women suffer more chronic (30 day +) pain states than men.

- **Disease**: women more susceptible to autoimmune diseases (Lupus, Rheumatoid Arthritis, Crohn’s Disease, etc.)

- **Drugs**: absorption, distribution & metabolism of pharmacological & environmental agents = gut transit times (44.8 hours men/91.7 hours women), body water (42 liters men/29 liters women), body fat (21% men/32% women) = woman have 40% less body water; men have a higher basal metabolic rate.
20 “Gender-Aware” Care Interventions:  
(Richter, 2012)

1. Create high gender visibility & input throughout all stages of planning, preparedness, communication, management, response, recovery & reconstruction efforts;

2. Provision of private & enclosed OB/GYN Assessment & Treatment area;

3. Establish a Women’s “Principal Point of Contact” Resource Area near/next to OB/GYN assessment & treatment area = for networking with other women; distribution of information & services, supplies and support that are available (childcare, lactation assistance, sexual & domestic abuse, rape intake, etc.);

4. Ensure daily prenatal nutritional advocacy (“Check-In’s”) for all pregnant & lactating women. In order to successfully reduce infant and maternal death and disease = nutritional advocacy for mother/fetus and infant. Local EM ensure compliance of daily check-ups by EMS personnel or outsource compliance to local NGO (Red Cross) staff;

5. Start a pregnancy registry (at triage) to track & collect data on any pregnancy complications, miscarriages & birth outcomes. Local EMs should ensure compliance of pregnancy registry by EMS personnel;

6. Train non-obstetrical healthcare & EMS providers to effectively triage & care for pregnant & lactating women. Training could be provided through FEMA, local EMS corps, or NGO (American Red Cross Disaster Health Services);

7. Provide an enclosed & “stress-free” breastfeeding area for lactating women;
20 Interventions

8. Provision of prenatal vitamins (folic acid & ferrous sulfate supplements);

9. Make provisions for rape intake = **Rape kits and Personnel**, as well as on-site (or readily accessible) sexual and domestic violence counselors. Local emergency managers should be responsible for the distribution of information concerning the availability of counseling for these services. Information could be distributed verbally or via written materials at PPC;

10. Provision of pregnancy testing supplies, ultrasound and OB/GYN services;

11. Breastfeeding supplies (pumps, pads, etc.) and on-site (or readily available) lactation consultants, as well as ready-to-feed infant formulas;

12. Distribution of “**Fact Sheet**” = **potential effects/risks of vaccines, environmental toxins & exposures on pregnancies and outcomes**;

13. Distribution of “**Fact Sheet**” = **post-disaster onset, symptoms and treatment of potential vaginal infections, genital rashes, environmental contamination and toxic shock syndrome**. Information and these “fact sheets” could be distributed verbally or via written materials at PPC women’s area. EMs can further promote dialogue through small group Q&A sessions.
14. Provide a variety of contraception/rape Rx = ("morning after" pills, condoms and oral contraception choices) & information on local family planning & resources at PPC;

15. Provide "feminine hygiene kits" = cleansing wipes, panti-liners, sanitary pads and/or tampons & re-closeable/airtight bags for discrete storage & disposal. Kits distributed at PPC (developing nations can produce kits from locally resourced & environmentally disposable materials);

16. Ensure that female gynecologists and physicians are available in areas where religious/patriarchal/social traditions limit or prohibit non-female physical and/or pelvic exams for women;

17. Have OTC & prescription antifungal yeast infection & genital rash products available;

18. Offer a wide variety (of all sizes) in clean female undergarments;

19. Retain several sterile delivery kits and/or emergency delivery supplies (infant ambulance, blankets, sterile cord clamps and scissors, etc.);

20. Provision of STD & HIV testing, information & treatment available, especially in cases of rape or blood contact. Distribution of information at PPC.
Gender-Aware Triage & Care

PRINCIPAL POINT OF CONTACT
RESOURCE AREA = Pregnant & Lactating Women Registry at Triage & Information Distribution & Networking

SUPPLIES:
- Hygiene Kits & “Fact Sheets” & Prenatal Vitamins & “Stress-Free” Breastfeeding areas

SERVICES:
- Nutrition & Lactation Support & Daily EMS “Check-In’s” & OB/GYN Services & Advocacy
How Gender-Aware Interventions Can Reduce Impact, Acuity & Costs

- Gender-Aware Supplies
- Gender-Aware Services
- Low(er)-Acuity Patients; Fewer Patients

Shorter Hospital Stays & Fewer E.R. Visits =
Less Impact & Faster Recovery &
Lower Costs $
Summary:

Disaster Emergency Healthcare: Through the Gender Lens

Gender-Based Biology

20 Interventions

Gender-Aware Triage & Care

How these interventions can help reduce impact, acuity & long-term costs

For More Information:

1. Langley, R. Sex & Gender Differences in Health & Disease (2003)
World Missions Possible
16516 El Camino Real #126
Houston, Texas 77062
www.worldmissionspossible.org
Phone: 800-579-7470

Email:
roxanerichter@yahoo.com