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Practice Summary & Implementation Guidance

Increasing Inclusivity and Representation of MCH Populations in Emergency Preparedness and Response

This practice strengthens statewide emergency preparedness by embedding maternal and child health (MCH) populations into planning, response, and recovery through dedicated staffing, population-representative annexes and guidance documents, and exercise-based training.

Location	Topic Area	Setting
Tennessee	Emergency Preparedness	Community

Population Focus	Date Added
Women & Maternal, Children	November 2025

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Section 1: Practice Summary

PRACTICE DESCRIPTION

This practice originated through a partnership between the Tennessee Department of Health's Emergency Preparedness program and the Family Health and Wellness division. Recognizing persistent gaps in planning for maternal and child health (MCH) populations, a dedicated Title V–funded effort was launched to increase representation of these populations in emergency preparedness and response activities at the state and local levels.

The need became clear through lessons learned from previous emergencies in Tennessee and nationwide. While MCH populations technically fall within Access and Functional Needs (AFN), their needs are often overlooked or not addressed in a meaningful, actionable way. This results in challenges related to continuity of care, safe feeding practices, accessible communication, sheltering, and coordination for children with medical complexities. Updated Title V Block Grant guidance further emphasized the importance of preparedness, reinforcing the urgency of this work.

To address these gaps, Tennessee developed and operationalized MCH-specific annexes and guidance documents that embed actionable steps for responders. Examples include the Shelter Infant Feeding Guide, created to support safe feeding practices for infants entering shelters, and the Maternal and Child Health Annex integrated into the State Emergency Operations Plan and regional plans. These tools ensure that responders can identify needs quickly and access resources consistently.

This practice builds on Tennessee's long history of preparedness. Initial statewide work focused on disability-related preparedness through the Functional and Access Needs (FAN) Workgroup. Over time, the scope expanded to include the full MCH spectrum, grounded in values of accessibility and family-centered planning. The overarching goal is to ensure that MCH populations are incorporated into emergency preparedness and response as a fundamental, sustained element of Tennessee's public health system.

CORE COMPONENTS & PRACTICE ACTIVITES

The practice is guided by three main components:

- Development of annexes and guidance
- Tabletop exercise toolkit
- School-based outbreak exercises

Core Components & Practice Activities

Core Component	Activities	Operational Details
Development of Annexes and Guidance	Creation of MCH-specific annexes and guidance documents,	Developed through collaboration with the Emergency Preparedness Program, the

	including the Shelter Infant Feeding Guide and the statewide MCH Annex.	Statewide FAN Workgroup, WIC nutrition experts, Title V CYSHCN specialists, and individuals with experience.
Tabletop Exercise Toolkit	Designed a toolkit to integrate MCH considerations into existing tabletop exercises, including sample objectives, injects, and discussion questions	Developed with the Emergency Preparedness Program, TEMA, Coordinated School Health, disability partners, and family and community advisors.
School-Based Outbreak Exercises	Developing a tabletop exercise focused on vaccine-preventable disease outbreaks in schools.	Evolving from Child Health domain efforts to support vaccination initiatives, with a pilot planned for early 2026.

COMMUNITY WELLNESS

Before this practice, MCH populations were rarely represented in statewide emergency plans or exercises. Establishing a dedicated capacity to focus on preparedness that accounts for everyone has filled a long-standing gap. MCH populations are now more intentionally and thoughtfully included in these plans. The Shelter Infant Feeding Guide was used successfully during Hurricane Helene shelter operations, and collaboration with disability partners improved accessible communication and trauma-informed care.

EVIDENCE OF EFFECTIVENESS

Effectiveness is demonstrated through:

- Adoption of the MCH Annex in the State Emergency Operations Plan
- Standardization across regional plans
- Use of the Shelter Infant Feeding Guide during Hurricane Helene
- Integration of MCH considerations into statewide exercises
- Involvement of CYSHCN families in functional exercises

In addition to what has already been documented, Tennessee has observed measurable increases in awareness and requests for preparedness resources among emergency response partners. Regional emergency managers have independently requested the Shelter Infant Feeding Guide to support local planning efforts, demonstrating clear relevance and utility. CYSHCN program staff have also reported increased conversations with families and providers regarding emergency preparedness. While formal quantitative evaluation is forthcoming, these indicators suggest meaningful progress in integrating maternal and child health considerations into preparedness planning and response across the state

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

These partners were selected because they represent essential expertise and the communities impacted by emergency preparedness activities. The Emergency Preparedness Program and Tennessee Emergency Management Agency (TEMA) ensure operational feasibility and statewide integration of practices that are applicable to all populations. Their guidance remains central to decision-making for all resources developed.

The Section on CYSHCN brings critical understanding of clinical and practical considerations for children with medical complexities. The WIC Program provides expert guidance on safe infant feeding practices, particularly for families with limited resources during emergencies.

The Statewide Independent Living Council and the Council on Developmental and Intellectual Disabilities were included because they represent disability communities and include individuals directly impacted by emergency planning decisions. The Functional and Access Needs (FAN) Workgroup brings together these collaborators and additional stakeholders to review resources, recommend improvements, and ensure ongoing alignment with community needs.

These partners not only inform the development of the practice but actively contribute to decision-making and continuous improvement. Their involvement ensures resources remain actionable and accountable to the families they are meant to support.

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this collaborator have lived experience/come from a community impacted by the practice?**
Tennessee Emergency Management Agency	They decide what they want to incorporate in local and state level plan	Work collaboratively to see what they need and what they would find helpful	Yes, they respond directly to the needs of the community
CYSHCN	They help us review and provide final say on materials/ideas are incorporated into plans	They are part of the FANS resiliency group and workgroup	Yes

Statewide Independent Living Council	Executive director is part of various groups that are part of decision making, including FANS workgroups	Worked with them on state plan and also help to plan for the FANS resiliency group and workgroup	Yes
Council on Developmental and Intellectual Disabilities	Serve on the FANS resiliency group and FANS workgroup	Help in the creation of accessible communications for group project; involved in full scale exercises	Yes
WIC Program	Involved in emergency feeding, serve as SMEs	Serve as SMEs in helping us create the plan and materials	Yes, serve the community impacted by the practice
Statewide FAN (Functional Access Needs) workgroup	Have final say in the accuracy of materials and if anything needs to be adjusted	Convened as a group and provide feedback while also making any necessary changes to materials	Yes

REPLICATION

This practice has not yet been replicated in another jurisdiction as far as we are aware. However, several states have expressed interest in Tennessee's resources and approach. These early inquiries demonstrate strong potential for replication as evaluation structures and resource templates continue to advance.

INTERNAL CAPACITY

This practice does not require creating a new MCH preparedness position. An existing staff member can take on the MCH lead role. Likewise, the emergency preparedness (EP) partner does not need to be a dedicated FTE. The essential capacity is shared foundational knowledge across MCH and emergency preparedness/emergency management (EM) programs.

Both programs must understand:

- Emergency preparedness basics and incident command structure
- MCH population considerations including CYSHCN and infant feeding
- AFN frameworks
- Roles in planning, response, and recovery

Personnel Needed:

- MCH lead (existing role)
- EP/EM partner
- SMEs (CYSHCN, WIC, disability and lived experience)

- Admin support

They will also need leadership support, as this commitment ensures institutionalization and sustainability.

PRACTICE TIMELINE

The planning and pre-implementation phase involved identifying who would serve as the maternal and child health lead and which emergency preparedness partners would support the work. That process took roughly two months. A comprehensive review of statewide and regional emergency plans took an additional one to two months to determine where MCH populations needed to be better represented. Early engagement of subject matter experts and family and community partners began within the first month and continues throughout implementation.

Implementation activities included development of the Shelter Infant Feeding Guide, which took approximately three to four months, and integration of the Maternal and Child Health Annex into Tennessee's State Emergency Operations Plan, which took approximately six months. Development of the school-based outbreak exercise has required four to six months of collaboration, drafting, and partner review so far. The tabletop toolkit room around a year to complete.

Sustainability efforts now consist of annual updates to annexes and resources, ongoing exercises and trainings throughout the year, and continuous improvements based on real-world activations and feedback from families and response partners.

For more information about practice timeline, please reach out directly to Sydney L. Clark at sydney.l.clark@tn.gov.

PRACTICE COST

Costs primarily involve staff time. Additional costs may include stipend/compensation, printing, travel, and exercise tools. Please contact Sydney Clark for additional information at sydney.l.clark@tn.gov.

LESSONS LEARNED

Throughout this process, we learned that early engagement with families yields better products. Many responders do not initially recognize MCH as AFN. Evaluation should be built early, and shared literacy dramatically increases sustainability.

NEXT STEPS

We plan to continue developing MCH preparedness tools and collaborating with the traumatic brain injury program. Part of our focus is to also develop a formal evaluation process to see how well the program is working

for the key community. We are also planning a pilot school-based outbreak tabletop exercise in 2026 and continuing engaging persons that have experience with the matter.

RESOURCES PROVIDED

If any plans or tools referenced in this handout sound useful or interesting, please contact Sydney Clark at sydney.l.clark@tn.gov. Additional materials can be shared upon request.