

Indian Health Program – Emergency Preparedness Public Private Partnership California

The partnership between Indian Health Programs, Tribes, and local, state, and federal emergency preparedness and response entities maximizes the efficient use of resources in training and response. Academic partners provide research on preparedness of tribal programs. Also, the program receives assistance from private/nonprofit sectors that contribute additional resources (e.g. readiness packs, educational materials, etc.).

Emergency preparedness in California is unique in that over 170 indigenous tribes (representing about 20% of the 500 tribal groups in the United States) are represented by the 627,562 American Indians throughout the state. The American Indian community faces unique challenges in emergency preparedness due to the higher rates and morbidities associated with infectious disease, greater contact with rural landscapes and animals, vast geographic spread oftentimes at a distance from major hospitals, and greater risk of wildfires due to the greater prevalence of dry brush and arid climates on tribal lands. Therefore, emergency preparedness among tribal communities differs from that for the general population.

The California Area Office of the Indian Health Service (IHS), the California Indian Health Program (IHP), and the California Emergency Preparedness Office, in collaboration with the Native American Alliance for Emergency Preparedness (NAAEP) is creating capacity among its health care providers across California's Indian Country, to respond appropriately to natural and man-made threats and health emergencies.

The top three to five goals of this public-private partnership include:

- To expand the number of clinical, emergency response, and support staff that is trained to respond to natural or manmade disasters or emergencies using Incident Command System models
- To improve skill level in responding to Public Health emergencies and collaborating with key health, safety, and law enforcement agencies through actual, tabletop, and virtual exercises
- To develop a protocol Emergency Operations Plan (EOP) for each Tribal Health Program in California for use during a disaster or public health crisis
- To assist and foster collaborations and partnerships between Tribal Health Programs and local, state, and federal emergency preparedness and response entities, including the development of memoranda of understanding/agreements (MOU/MOA)
- To develop and maintain online educational materials and resources on the project website including presentations from past curricula, didactic tutorials, case-based animated tutorials, disaster plan templates, and virtual training tools

Starting in 2001 following the anthrax attacks, this project originally started as a collaboration between federal (Indian Health Service - California Area Office), local (a San Diego County Indian Health Program), county (San Diego County Public Health), and academic (San Diego State University) entities.

The main focus of the initial years was on terrorism-preparedness training and exercises. In the subsequent years, the Indian Health Service (IHS) developed a collaborative with the State Indian Health Program (IHP), the State Emergency Preparedness Office, and the State Office of Homeland Security, Emergency Services (now the California Emergency Management Agency - or Cal-EMA), and local tribal entities including the California Tribal Nations - Emergency Management Council to provide increased awareness to Tribal clinics throughout California. In 2005, this partnership transitioned the focus from terrorism-preparedness to an all-hazards approach for emergency preparedness due to the great prevalence of wild-fires, earthquakes, and mudslides in California relative to the rarity of terrorist events statewide. Annual training workshops and adaptable templates were created for the clinics based on an Emergency Operations Plan (EOP) and the curriculum incorporated training on Incident Command System (ICS) using State Emergency Management System (SEMS) and National Incident Management System (NIMS) models. Pandemic influenza preparedness templates and training were also added. A project website (<http://www.naaep.org>) was developed and updated to include information regarding all-hazards, "natural" event preparedness templates and training documents as well as the original, "man-made" events caused by biological /chemical/radiological terrorism.

Today, the collaboration includes the IHS, IHP, EPO, CTN-EMC, Cal-EMA, and CA-wide Indian Health Programs as well as the Inter-Tribal Council of California, the CA Department of Food and Agriculture, Hoopa Emergency Services, Native American Environmental Protection Council, and researchers from the University of California, Davis and Loma Linda University. This collaboration provides the basis to optimize sharing of training and response resources, and to reduce redundancies throughout the state with regards to emergency preparedness and response among tribes and tribal health programs. The inclusion of academia allows for the annual needs assessment survey and analysis of changes in preparedness over time. The collaboration has also partnered with nonprofit and private entities, including Direct Relief International, Council of Community Clinics, and Science Media.

Partnerships between interagency collaborations and business sector, both non-profit and for profit, increase the capacity for this emergency preparedness project in training, resource development, and innovation. The Council of Community Clinics (CCC) is a 501c3 organization and works primarily in Southern California with community-based and Native American clinics. Based on their previous efforts with local community clinics, consultants from the CCC developed an Emergency Operations Plan specifically for Indian Health Clinics for this project. One Southern California Indian Health Clinic was chosen to act as a model for the plan and focus testing with the clinic staff revealed new ways to adapt the plan specifically for tribal clinics, including provisions for obtaining prior approval from tribal elders for emergency plans and response. The interagency collaboration also partnered with Science Media, a private, for-profit corporation that focuses on cutting edge innovation in technology to optimize training and education in the sciences and public health sector. Science Media consultants modified the project's existing training tools in terrorism preparedness and created self-guided tutorials using existing Power Point presentations with interjected question and answer exams throughout. The interactive tutorials, based on tabletop exercises, were also developed for each of the following scenarios: communicable and non-communicable disease outbreak, chemical spill, and radiological event. Finally, a non-profit organization, Direct Relief International, provided ReadyPacs to attendees of the annual training workshop and to Indian Health Programs for training purposes.

The project has created multiple tools and resources aimed to assist Indian Health Clinics in their preparedness efforts. These tools and resources include onsite technical assistance, an annual needs assessment questionnaire, an online Emergency Operations Center, a community-based website, virtual emergency preparedness training, and a public service announcement on pandemic influenza preparedness for the tribal community.

IHP emergency preparedness technical assistance services are available to all tribal health programs and Indian Health Clinics whether or not they are tribally affiliated. Technical assistance services are provided by consultants with experience working with tribal entities and with expertise in emergency preparedness for health programs and facilities. There is no cost to the programs. All consultant costs, including their travel, are covered by their contract with IHP.

The mission is to assist tribal health programs, Tribes, and health centers, and non-tribal health centers to prepare for emergencies that impact their facilities and communities and meet the emergency preparedness requirements of licensing, accreditation, and funding agencies.

The approach includes:

- On-site technical assistance, training, coaching and support for health center staff.
- Promoting community and family preparedness through tribal and community events.
- Strengthening relationships among tribal programs and between Indian health programs and county and state government health agencies.

Specific services include:

- Working with Native communities to promote community, home, and family preparedness
- Working with health center boards and executives to encourage clinic preparedness
- Assisting tribal entities to develop emergency plans and procedures
- Facilitating improved communication and cooperation between tribal entities and county disaster medical and public health organizations
- Developing Emergency Operations Plans and emergency policies and procedures for Indian health clinics
- Consulting on pandemic influenza preparedness and continuity of operations planning for clinics
- Providing training to clinic staff and boards and arranging for specialized trainers (e.g., NIMS/ICS/SEMS)
- Assisting clinics to plan exercises and participate as observers/evaluators
- Assist Indian health programs to take a strategic approach to preparedness

A needs assessment questionnaire was developed and implemented in summer and winter of 2006, and then annually since 2007 to capture any changes in clinic preparedness. This questionnaire has also allowed governmental agencies and tribal emergency preparedness organizations to identify specific needs of the clinics such as emergency communications devices or emergency back-up generators. The questionnaire is housed online at the website and allows anyone in the clinic with the unique password to complete the questionnaire; all responses are seamlessly collected in a database that is analyzed by project

staffers who only report responses in the aggregate (e.g. 20% of all clinics have isolation/quarantine facilities, etc.).

A virtual Emergency Operations Center was developed in 2007 to provide the Indian Health Clinics and the governmental and tribal emergency preparedness organizations the ability to coordinate and communicate during an event. The online tool can be accessed via any web-browser, from any computer that has an internet connection. Passwords are required and are unique to each clinic and/or organization. The online tool allows for mapping capabilities to identify the loci of the event as well as which clinics are affected, how they are affected, and real-time updates on resources (e.g. Indian Health Clinic has relocated to the Indian Casino and has 100 N95 masks, but is requesting 500 additional masks). The tool also allows for communications between clinics and organizations with a message board.

Given the costs of training exercises, the project also developed virtual training exercises using “Second Life” technology and allowed the attendees of the annual training workshops to participate in a large-scale exercise from their conference rooms. It is hoped this type of technology will streamline and facilitate more affordable and less time-consuming exercises for clinics and organizations.

A public service announcement was also developed to aid in the pandemic influenza preparedness efforts among tribal communities. The PSA was created using video interviews of tribal members, and contained clear, simple instructions regarding influenza preparedness including good hand-hygiene, obtaining annual flu shots, and staying home when ill.

Finally, since the website is primarily focused on health care workers and staff/administrators of Indian Health Clinics and other governmental organizations working in emergency preparedness, an additional website to address the concerns of community members is currently under production. The focus and content of this website will be driven by the needs and requests of the tribal community members and special emphasis will be placed on cultural sensitivity and appropriateness of the materials that promote preparedness.

Resources

List any resources your partnership makes available to the private sector. Mark an “X” next to all that apply:

The NAAEP works with the CA IHS and IHP to develop a virtual Emergency Operations Centers, online tools and resources to help prepare for, respond to, and recover from disasters.

Web resources:

- The Native American Alliance for Emergency Preparedness (NAAEP) main website where all of these documents and presentations and links are located:

<http://www.naaep.org>

- Power Point Presentations: <http://www.naaep.org/WkPresent.html>
- Needs Assessment Questionnaire: <http://www.naaep.org/OnlineQuestionnaire.html>
- Virtual Emergency Operations Center: <http://www.naaep.org/vEOC.html>

- Emergency Operations Plan and Resources: <http://www.naaep.org/DisasterPrep.html>

Training and Exercises

In 2001, following the events of September 11th and the anthrax attacks, the federal Indian Health Service contracted with one of their tribal health programs to begin an emergency preparedness project specifically focusing on the tribal community. Initially, education and training initiatives focused on terrorism preparedness for health care workers in the Indian Health Clinic setting. The curriculum covered biological, chemical, and radiological terrorism preparedness, and epidemiological response, as well as mental health response to a mass casualty event. Training workshops and tabletop presentations were provided to educate health care workers and staff members for any and all of the 38 Indian Health Clinics throughout California. Additionally, a website was created and housed the Power Point presentations, self-guided tutorials with audio feed, and an interactive, self-guided tabletop exercise, all focusing on biological /chemical/radiological terrorism-preparedness training. Following the transition to an all-hazards approach, training was also created and implemented for all California wide Indian Health Programs in Incident Command Systems and the development and execution of an Emergency Operations Plan. Annual trainings were held throughout different regions in the state from 2005 - 2008. Additionally, annual trainings have been provided on special topics such as "Developing Partnerships and Collaborations in Emergency Preparedness and Response" (2009) and "Continuity of Operations and Risk Communications" (2010). Trainings continue annually, focusing on timely and relevant subject matters.

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