



*Bridging Health and Health Care*

# **Cross Jurisdictional Sharing Between Tribes and Counties for Emergency Management**

*Research In Progress Webinar*

*Thursday, April 21, 2016*

*1:00-2:00pm ET/ 10:00-11:00am PT*

*Funded by the Robert Wood Johnson Foundation*

# Agenda

**Welcome: Rick Ingram, DrPH, RWJF [Systems for Action](#)** National Coordinating Center, and Assistant Professor, University of Kentucky College of Public Health

**Cross Jurisdictional Sharing Between Tribes and Counties for Emergency Management**

**Presenter: Maureen A. Wimsatt, PhD, MSW**, Director, California Tribal Epidemiology Center and Manager of Epidemiology, California Rural Indian Health Board [Maureen.Wimsatt@CRIHB.ORG](mailto:Maureen.Wimsatt@CRIHB.ORG)

**Commentary: Michael Mudgett, MPH**, Epidemiologist, California Tribal Epidemiology Center [Michael.Mudgett@CRIHB.ORG](mailto:Michael.Mudgett@CRIHB.ORG) and **Charles Magruder, MD**, Chief Medical Officer, Indian Health Service California Area Office [Charles.Magruder@IHS.GOV](mailto:Charles.Magruder@IHS.GOV)

**Questions and Discussion**

# Presenter



**Maureen A. Wimsatt, PhD, MSW**

Director, California Tribal  
Epidemiology Center

Manager of Epidemiology, California  
Rural Indian Health Board

[Maureen.Wimsatt@CRIHB.ORG](mailto:Maureen.Wimsatt@CRIHB.ORG)

# Research-In-Progress Webinar: Cross-Jurisdictional Sharing Between Tribes and Counties for Emergency Management

Maureen A. Wimsatt, PhD, MSW, Principal Investigator  
Director, California Tribal Epidemiology Center  
California Rural Indian Health Board  
[maureen.wimsatt@crihb.org](mailto:maureen.wimsatt@crihb.org)



*Support for this presentation was provided by the Robert Wood Johnson Foundation through the National Coordinating Center for Public Health Services and Systems Research (Project ID: 72458).*

# Project Overview

- Project aims to study and promote cross-jurisdictional sharing (CJS) of emergency management (i.e., preparedness, mitigation, response, and recovery) services between tribes and counties in California.
- Project provides tribal and county representatives an opportunity to share views about CJS and make recommendations for successful government-to-government CJS arrangements.
- Recommendations will guide content of a CJS toolkit.
- In the long term, project could help tribes and counties establish CJS arrangements so both jurisdictions can access adequate funding before, during, and after emergencies.

# Tribe-County CJS Context

- Each American Indian tribe is unique in governance, legal processes, culture, tradition, economic and social resources, and relationships with local governments.
- Many tribes at unique risk for emergencies due to their location in remote and rural areas.
  - Far from major hospitals and county resources
  - Varied capacity to address natural and non-natural emergencies
- Despite benefits of sharing services for emergency management between tribes and counties, only a tribe as a sovereign governing body can choose to enter into a CJS relationship with a county.
- Due to uniqueness of each tribe, CJS arrangements between tribes and counties are expected to vary.
  - 111 tribes in California



**CALIFORNIA TRIBAL LANDS**

- Tribal Lands
- County Boundary

Sources: U.S. Census Bureau (2011), ESRI (2006), TANA (2006), AIR1100040\_3 16 May 2011



# Originally Proposed Research Questions and Methods

RQ1. Current prevalence and scope of CJS between tribal and county governments?

*Survey, at least 83 tribes and corresponding counties*

RQ2. How valuable are CJS arrangements with county governments and how do tribes determine this value? *Stakeholder interviews, at least 21 tribes and corresponding counties*

RQ3. What factors influence the implementation, effectiveness, and value of CJS agreements? *In-depth survey, at least 21 tribes and corresponding counties*

- Nature/quality of government-to-government relationship, formality of agreement, organizational structure and capacity, politico-legal and historical factors.

RQ4. What CJS characteristics are associated with achieving benchmarks in public health emergency preparedness measures? *In-depth survey, from subset of the 21 tribes (no counties): 1) tribes in high value CJS agreements; 2) tribal governments who have met pre-defined emergency preparedness benchmarks*



# Focus of Today's Presentation

RQ1. Current prevalence and scope of CJS between tribal and county governments? **Survey, at least 83 tribes and corresponding counties**

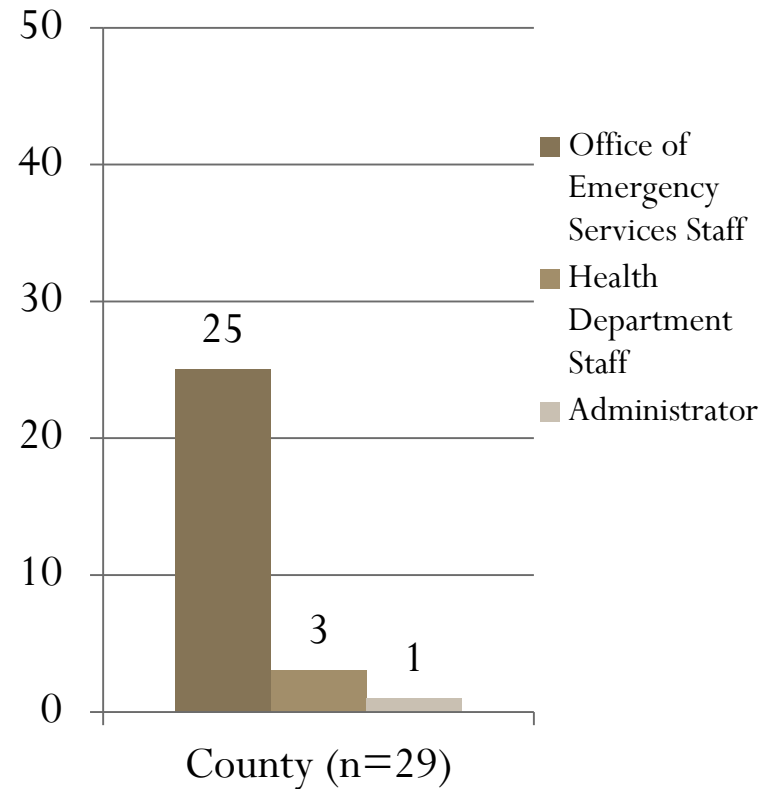
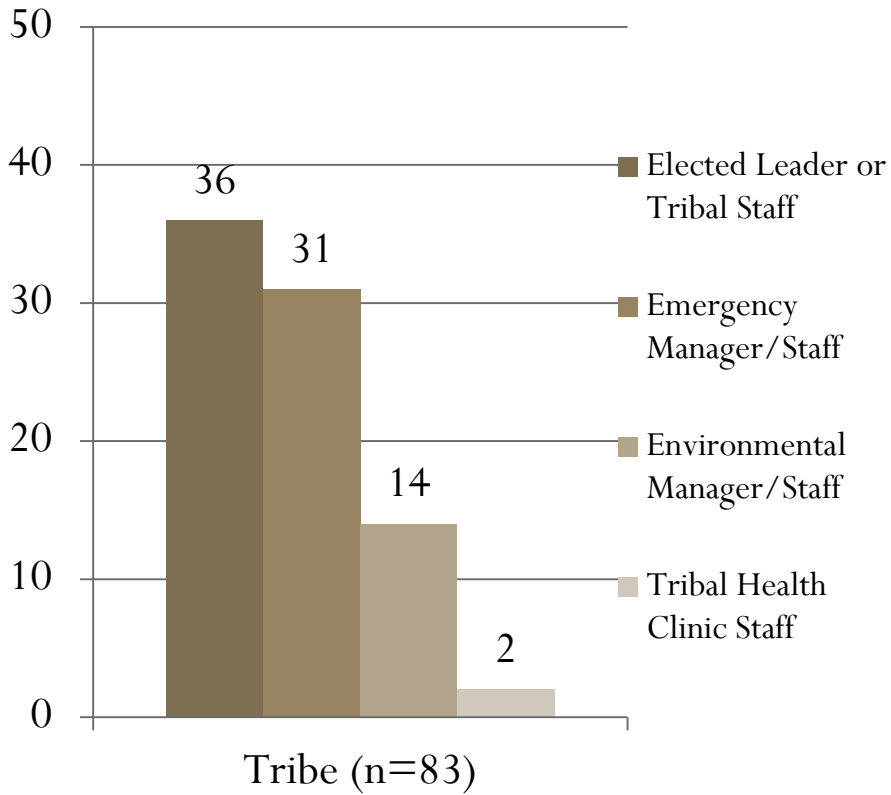
# Study Procedure

- Tribal and county leaders approached and asked to select representative to participate in project.
- Institutional Review Board-approved questionnaire administered to tribal and county representatives.
  - Adapted from Center for Sharing Public Health Services “Existing CJS Arrangement” survey (CSPHS, 2014)
  - Items about jurisdictional information, current CJS arrangements, accreditation
  - Honored tribal requests for verbal and face-to-face participation

# Response and Participation Rates

- Tribe response rate = 87%
  - Formal participation from 83 of 111 tribes (75%)
  - Response indicating reason for declining participation from 14 of 111 tribes (12%)
- Corresponding county response/participation rate = 100%
  - Formal participation from all 29 counties associated with the 83 tribes who participated

# Number of Participants



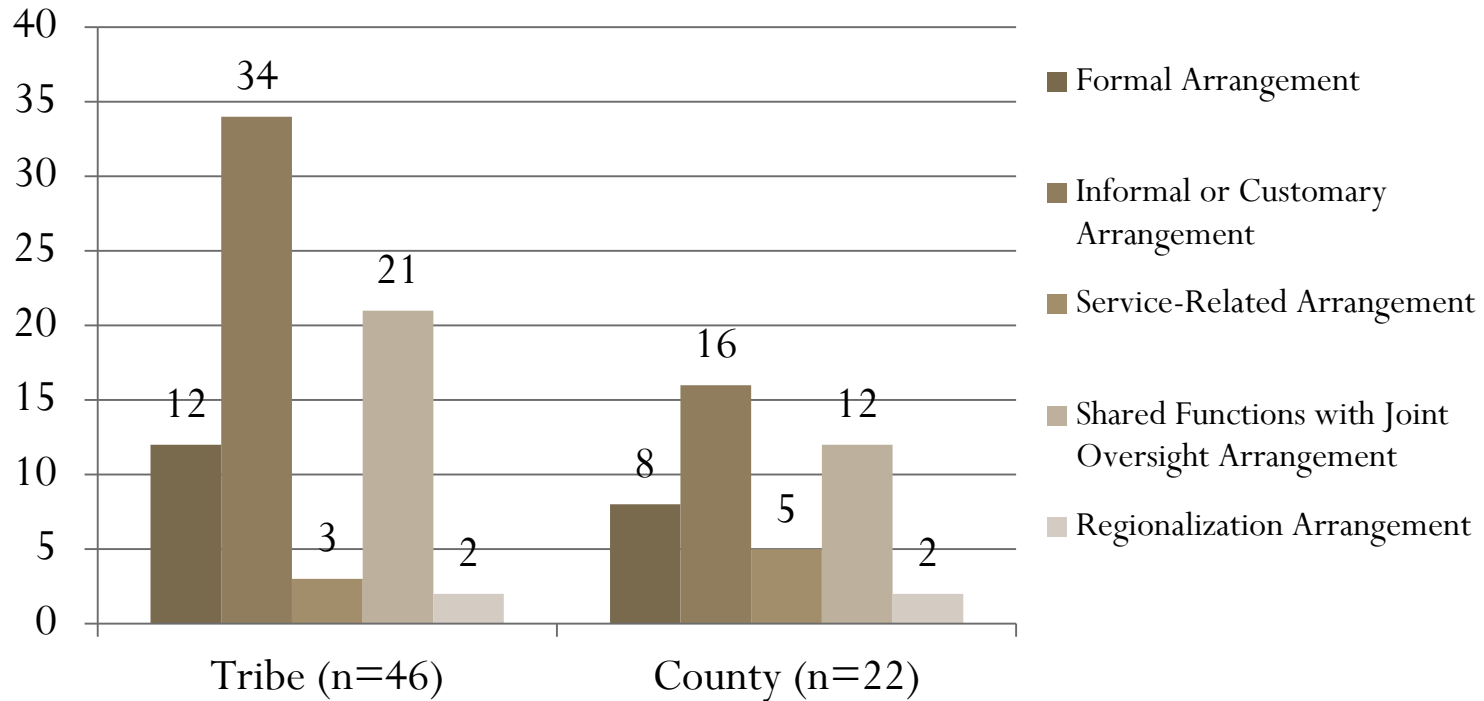
# Jurisdictional Information

- Population size
  - Tribes: 0 to 84,000 people ( $M = 1,651$ )
  - Counties: 9,500 to 3.2 million people ( $M = 468,191$ )
- Geographic size
  - Tribes: 0 to 547 square miles ( $M = 16.77$ )
  - Counties: 612 to 22,000 square miles ( $M = 3,794$ )
- Total Number of Tribes in County (CA Gov. Office of the Tribal Advisor, 2015)
  - 1 to 18 ( $M = 7$  tribes)

# Prevalence and Scope of CJS

- Coded tribe and county questionnaire responses, and supported with open-ended responses; 4 researcher agreement.
- 5 Categories for CJS from Center for Sharing Public Health Services (*1 = yes, 0 = no*)
  - Formal arrangements
  - Informal or customary arrangements (“handshake arrangement,” verbal arrangements)
  - Service-related arrangements (as-needed contracts or consultations before, during, or after emergency)
  - Shared functions with joint oversight arrangements
  - Regionalization arrangements (tribe and county become one department to serve both jurisdictions)

# Prevalence and Scope of CJS (Cont.)



- 37 tribes (45%) and 5 counties (17%) reported *no* CJS arrangements
- Among the 46 tribes and 22 counties with *any* CJS arrangements (see Graph), tribes ranged between having 1-3 arrangements, and counties ranged between having 1-4 arrangements.

# Prevalence and Scope of CJS (Cont.)

Tribe CJS Arrangement Inter-Correlations					
	Formal	Informal	Service-Related	Shared Functions	Regionalization
Formal	1				
Informal	<b>-.342**</b>	1			
Service-Related	<b>.287**</b>	-.030	1		
Shared Functions	<b>.470***</b>	.191	.036	1	
Regionalization	<b>.382***</b>	-.131	-.030	<b>.270*</b>	1

County CJS Arrangements Inter-Correlations					
	Formal	Informal	Service-Related	Shared Functions	Regionalization
Formal	1				
Informal	<b>-.581**</b>	1			
Service-Related	<b>.690***</b>	-.318	1		
Shared Functions	-.087	<b>.400*</b>	.068	1	
Regionalization	.353	-.271	.165	.169	1

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



# Associations Between Measures

- Statistical analyses tested relations between jurisdictional and CJS measures for tribes and counties.

Jurisdictional Measures	CJS Measures
<ul style="list-style-type: none"><li>• Population size</li><li>• Geographic size</li><li>• Total number of tribes in county</li><li>• Proportions: Total number of tribes in county to county population and geographic size</li></ul>	<ul style="list-style-type: none"><li>• Sum of CJS arrangements (0-5)</li><li>• Each type of CJS arrangement (formal, informal or customary, service-related, shared functions with joint oversight, and regionalization)</li></ul>

- 4 significant findings for *tribes*:
  - Negative association between number of CJS arrangements and proportion of total tribes to county population size ( $t = -2.12, p = .04$ ).
    - Tribes with a higher number of CJS arrangements were in counties with fewer tribes to overall county population size.
  - Positive associations between: Formal arrangements and population size ( $r = .24, p = .03$ ); shared functions with joint oversight arrangements and population size ( $r = .25, p = .02$ ); and shared functions with joint oversight arrangements and geographic size ( $r = .24, p = .03$ ).

# Associations Between Measures (Cont.)

- Statistical analyses tested relations between jurisdictional and CJS measures for tribes and counties.

Jurisdictional Measures	CJS Measures
<ul style="list-style-type: none"><li>• Population size</li><li>• Geographic size</li><li>• Total number of tribes in county</li><li>• Proportions: Total number of tribes in county to county population and geographic size</li></ul>	<ul style="list-style-type: none"><li>• Sum of CJS arrangements (0-5)</li><li>• Each type of CJS arrangement (formal, informal or customary, service-related, shared functions with joint oversight, and regionalization)</li></ul>

- 1 significant finding for *counties*:
  - Positive association between informal or customary CJS arrangements and total number of tribes in county ( $r = .43$ ,  $p = .02$ ).

# Tribe-County CJS Agreement

- Determined whether tribes and counties *agreed* about having no (0) or any (1-5) CJS arrangements ( $1 = \text{agree}$ ,  $0 = \text{disagree}$ ).
  - 46 of 83 tribe-county dyads (55%) *agreed* about having no or any CJS arrangements.
    - 11 of 83 agreed about having no CJS arrangements
    - 35 of 83 agreed about having CJS arrangements
  - 37 of 83 of tribe-county dyads (45%) *disagreed* about having no or any CJS arrangements.
    - 26 of 83 county reported CJS but tribe did not
    - 11 of 83 tribe reported CJS but county did not

# Associations Between Measures

- Statistical analyses tested relations between tribe-county CJS agreement and CJS measures.

Tribe-County CJS Agreement Measure	CJS Measures
• Tribe-county dyad in agreement about having no or any CJS	• Each type of CJS arrangement (formal, informal, service-related, shared functions w joint oversight, and regionalization)

- Statistically significant associations between tribe-county CJS agreement and *tribe*-reported formal arrangements ( $\chi^2(1) = 4.42, p = .04$ ), informal or customary arrangements ( $\chi^2(1) = 7.64, p = .01$ ), and shared functions with joint oversight arrangements ( $\chi^2(1) = 7.42, p = .01$ ).
  - Post hoc analyses: Positive associations.
- No significant relations between tribe-county CJS agreement and county-reported CJS arrangements.

# Accreditation

- 3 of 83 tribes and 2 of 29 counties reported that current tribe-county CJS efforts were to meet national accreditation standards in emergency management.
  - Accreditation Association for Ambulatory Health Care, Inc.
  - National Emergency Response Framework

# Summary and Discussion

- Tribal representatives were often elected officials or emergency staff, not health clinic staff.
  - Tribal leaders or designated tribal emergency or environmental staff should be involved in developing and sustaining tribe-county CJS arrangements.
- CJS arrangements, including formal CJS arrangements, were associated with tribe-specific population sizes and how many total tribes were in the county jurisdiction.
  - Consider informal tribe-county arrangements as step toward formal or other CJS arrangements.
  - Reach out to smaller tribes, especially in counties with a greater number of tribal jurisdictions.

# Summary and Discussion (Cont.)

- Tribe-county CJS agreement was associated with tribes' report of CJS arrangements.
  - Important to engage in cross-jurisdictional communication.
- Accreditation-related CJS arrangements were limited.
  - Consider accreditation as an avenue for improving population and community health.

# Next Steps: Dissemination

- Advisory groups
- Other meetings of Tribal Leaders
- National conferences (American Public Health Association, National Indian Health Board)
- Regional roundtables in Northern, Central, and Southern California
- Reports and manuscripts



# Next Steps: Research

- Address additional research questions.
  - Interview at least 21 tribe-county pairs.
    - Agree do not have CJS arrangements (6 pairs)
    - Agree have CJS arrangements (6 pairs)
    - Disagree about having CJS arrangements - county reports CJS but tribe does not (6 pairs)
    - Disagree about having CJS arrangements – tribe reports CJS but county does not (6 pairs)
  - Assess value placed on current CJS arrangements.
  - Assess historical or other factors influencing current CJS arrangements.

# Project Information & Updates

go to: <http://www.publichealthsystems.org/cross-jurisdictional-sharing-arrangements-between-tribes-and-counties-emergency-preparedness>

The screenshot displays the website for Public Health Systems & Systems Research, Practice-Based Research Networks. The page is titled "Cross Jurisdictional Sharing Arrangements Between Tribes and Counties for Emergency Preparedness Readiness".

**Public Health Systems & Systems Research**  
PRACTICE-BASED RESEARCH NETWORKS

HOME RESEARCH DISSEMINATION FOR GRANTEES ABOUT US

Home

Search

**SYSTEMS FOR ACTION**  
Research Agenda  
Funding

**FOCUS**  
Bridging Health and Health Care  
Cost, Quality, and Value  
Health Equity  
Pragmatic Randomized Trials

**PBRNS**  
DIRECTIVE  
DACS  
MPROVE

**INVESTIGATE**  
Datasets  
Training  
Longitudinal Survey Project

**LEARN**  
Issue Briefs

**Cross Jurisdictional Sharing Arrangements Between Tribes and Counties for Emergency Preparedness Readiness**

**Overview**

This study will examine cross-jurisdictional sharing (CJS) between tribal and county governments in emergency preparedness capacity building and response. Investigators from the California Rural Indian Health Board, Inc., and partners from California Conference of Local Health Officers, Inter-Tribal Long Term Recovery Foundation, California Department of Health Care Services, and Indian Health Program of the California Department of Public Health, seek to gain a better understanding of: 1) the current prevalence and scope of CJS between tribal and county governments focused on strengthening emergency preparedness capacity; 2) the perceived spectrum of "value" in CJS arrangements between tribes and their potential county governmental partners; 3) how CJS value is associated with factors such as perception of the nature of tribal to non-tribal government relationships and formality of CJS agreements, as well as by organizational structure and capacity, quality of collaboration, politico-legal, and historical factors; and 4) the tribal and county government CJS characteristics most associated with achieving benchmark public health emergency preparedness measures. This study aims to identify effective practices for CJS implementation that will protect health and shed light on the nature of tribal and county government relationships from historical, cultural, and legal perspectives. Dissemination tools include a CJS toolkit for tribal and non-tribal governments.

**Year:** 2015  
**Funding:** PHSSR PHS4 Award  
**Status:** Underway

**Presentations**

- **Cross Jurisdictional Sharing Between Tribes and Counties for Emergency Management (PHSSR Research in Progress Webinar, April 21, 2016) REGISTER HERE**
- **California tribe-county cross-jurisdictional sharing of emergency management services** (Abstracts submitted for AcademyHealth Public Health Systems Research Interest Group Meeting, June 2016)
- **Emergencies relevant to California tribes and the prevalence of cross-jurisdictional sharing between tribes and counties for emergency management** (Abstract submitted for APHA Annual Meeting, November 2016)

**Tools**

- **National policy matrix: cross-jurisdictional sharing arrangements between tribes and counties** (CRHB, October 2015)
- **Survey on cross-jurisdictional emergency preparedness services policies and agreements between tribes and counties** (CRHB, June 2015)
- **Interview guide on cross-jurisdictional sharing of emergency management services between tribes and counties** (CRHB, February 2015)

# Commentary



## **Michael Mudgett, MPH**

Epidemiologist, California Tribal  
Epidemiology Center

California Rural Indian Health Board

[Michael.Mudgett@CRIHB.ORG](mailto:Michael.Mudgett@CRIHB.ORG)



## **Charles Magruder, MD**

Chief Medical Officer

Indian Health Service California Area Office

[Charles.Magruder@IHS.GOV](mailto:Charles.Magruder@IHS.GOV)

# Questions and Discussion

# Webinar Archives & Upcoming Events

go to: <http://www.publichealthsystems.org/phssr-research-progress-webinars>

## Upcoming Webinars

May 4, 2016 (12-1p ET/ 10-11a MT)

### **HOSPITAL INVESTMENT AND INTERACTION IN PUBLIC HEALTH SYSTEMS**

Danielle Varda, PhD, University of Colorado, and Lisa VanRaemdonck, MPH, MSW, Colorado Association of Local Public Health Officials

May 19, 2016 (1-2p ET/ 10-11a PT)

### **ARE WE MEASURING UP? EXPLORING PUBLIC HEALTH PERFORMANCE AND HEALTH EQUITY IN THE UNITED STATES AND CANADA**

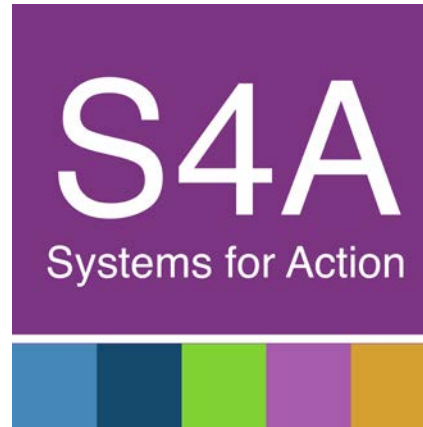
Phuc Dang, MA, University of Victoria, British Columbia and University of Kentucky College of Public Health

June 23, 2016 (12-1p ET/ 11-12a CT)

### **IMPROVING THE EFFICIENCY OF NEWBORN SCREENING FROM COLLECTION TO TEST RESULTS**

Beth Tarini, MD, MS, University of Iowa College of Medicine, formerly at University of Michigan Medical School

Thank you for participating in today's webinar!



For more information about the webinars, contact:  
Ann Kelly, Project Manager [Ann.Kelly@uky.edu](mailto:Ann.Kelly@uky.edu)  
111 Washington Avenue #201, Lexington, KY 40536  
859.218.2317

**[www.systemsforaction.org](http://www.systemsforaction.org)**

# Speaker Bios

**Maureen Wimsatt, PhD, MSW** is Director, California Tribal Epidemiology Center and Manager of Epidemiology at the California Rural Indian Health Board. She has thirteen years of public health research and program evaluation experience, including a research history with the University of Maryland, Washington State University, and University of Michigan, and several independent consulting firms. Dr. Wimsatt completed a PhD in Human Development at the University of Maryland, where she conducted research on health, social relationships, and culture with the Center for Children, Relationships, and Culture. Dr. Wimsatt previously worked for an Indian-owned, small business federal contractor in Washington state, where she helped evaluate health and education programs in American Indian and Alaska Native communities. Dr. Wimsatt earned a Master of Social Work degree with emphasis in rural social work practice and mental health counseling from Eastern Washington University. [Maureen.Wimsatt@CRIHB.ORG](mailto:Maureen.Wimsatt@CRIHB.ORG)

**Michael Mudgett, MPH** is an enrolled member of the Spirit Lake Nation in North Dakota and an Epidemiologist for the California Tribal Epidemiology Center housed within the California Rural Indian Health Board. Mr. Mudgett obtained a Master of Public Health from the University of North Dakota, and previously worked with the National Resource Center on Native American Aging and the Urban Indian Health Institute. [Michael.Mudgett@CRIHB.ORG](mailto:Michael.Mudgett@CRIHB.ORG)

**Charles Magruder, MD** is the Chief Medical Officer for the Indian Health Service California Area Office. Dr. Magruder is a graduate of University of Kansas School of Medicine. He completed residencies in Preventive Medicine, and Psychiatry from Walter Reed Army Institute of Research and a Masters' of Public Health from Harvard University School of Public Health. Dr. Magruder has extensive experience in public health, medical epidemiology, primary care and medical administration. He is a military veteran and has worked as a county health officer and for government agencies such as the U.S. Army, the U.S. Air Force, and the Centers for Disease Control and Prevention. [Charles.Magruder@IHS.GOV](mailto:Charles.Magruder@IHS.GOV)