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The California Tribal Epidemiology Center (CTEC) was established in 2005 to assist in collecting and interpreting health information for American Indians/ Alaska Natives (AIAN) in California. CTEC receives core funding from the Indian Health Services and operates on other grants and contracts to provide a full complement of staff. Our mission is to improve American Indian health in California to the highest level by engaging American Indian communities in collecting and interpreting health information to establish health priorities, monitor health status, and develop effective public health services that respect cultural values and traditions of the communities.



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CTEC NEWS

The California Tribal Epidemiology Center Quarterly Newsletter

Spring/Summer 2016

Director's Message

This issue of the CTEC newsletter focuses on emergency management (preparedness, mitigation, response, and recovery) for community health and wellness.

In the past year, CTEC has had the honor of speaking with tribal and county leaders in California about their experiences with cross-jurisdictional sharing (CJS) for emergency management. We extend a special thank you to our emergency management Advisory Group [pictured at right] for their assistance with this important project.

In this issue, we highlight findings from some of those conversations, including emergencies that tribes in California say are relevant to them and the number of tribes and counties that reported having CJS arrangements for emergency management.

This newsletter also provides instructions for constructing a personal emergency preparedness kit and highlights the outstanding emergency management efforts of the Greenville Rancheria and the Greenville Rancheria Tribal Health Program.

Finally, this newsletter provides a brief update about CTEC's work to conduct a version of the Centers for Disease Control and Prevention Community Assessment for Public Health Emergency Response (CASPER).

We appreciate your continued reading of the CTEC newsletter and look forward to seeing you at the many CRIHB and CTEC events being held this fall.

Sincerely,

Maureen Wimsatt



(Emergency Management Advisory Group, March 2016)



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BONUS EDITION:

Summer Research Assistant Program

Emergencies Relevant to Tribes in California

By Maureen Wimsatt and Michael Mudgett

What is an emergency?

An emergency is a serious, unexpected, and often dangerous situation requiring immediate action. Emergencies can happen without warning and can force people to evacuate their homes or communities. Emergencies can also lead to loss of life.¹

How are American Indian tribes in California affected by emergencies?

Emergencies can affect American Indian tribes in many ways. For example, due to varied climate and terrain, tribes in California are often at unique risk for natural emergencies, such as wild fires, floods, and earthquakes. Additionally, many tribal lands in California are located in remote and rural locations, far from major hospitals.² Emergencies can also impact or damage tribes' cultural and natural resources, including sacred and historic sites, which are ancestral connections to the land.

What emergencies are relevant to tribes in California?

Representatives from 83 tribes in California provided information about the types of emergencies relevant to them. Representatives reported being concerned about both natural and non-natural emergencies, ranging from fires and floods to violence and road blockages. See Table 1 for Natural Emergencies and Table 2 for Non-Natural Emergencies.

Acknowledgements

Support for this summary was provided by the Robert Wood Johnson Foundation (72458). The views expressed here do not necessarily reflect the views of the Foundation.

Sources:

¹Preparing for Emergencies (2015). Fact Sheet J. Injury and Illness Prevention Programs. Retrieved from: https://www.dir.ca.gov/chswc/WOSHTEP/iipp/Materials/Factsheet_J_Preparing_for_Emergencies-1030.pdf

²Indian health program-emergency preparedness public private partnership California. (n.d.) Retrieved from: https://www.fema.gov/pdf/privatesector/ca_ps_tribal.pdf

Table 1

Natural Emergencies	
Wild fires, grass fires, and house fires	Blue-green algae
Floods, winter floods, flash floods, and dam breaks	Algae bloom
Earthquakes	Tree mortality
Tsunamis	Poor air quality from fires
Landslides	Lacking or reduced water rights
Mudslides	Low water levels
Tornadoes	Winds and windstorms
Volcanic eruptions	Snow
Drought	El Nino
General environmental concerns	H1N1 Virus
Thunderstorms and lightning	Salmonella
Inclement weather	Pandemics
Heat stress	Snake bites
Cold stress	Bacteria from dead animals
	Harm to cultural and/or natural resources

Table 2

Non-Natural Emergencies	
Physical violence, domestic violence, and gun violence	Search and rescue operations
Weapons	Electrical failures
Bomb threats	Power outages
Terrorism and bioterrorism	Chemical spills
Drug and alcohol abuse	Road blockages and road closures
Unintentional accidents and injuries	Single access roads and outdated roads
Fatal accidents	Shortage of medication and/or medical supplies
Death by suicide	Economic jeopardy
Evacuations	Harm to cultural and/or natural resources
Relocation of displaced people	

MEET THE CTEC STAFF



Maureen Wimsatt, PhD, MSW, Program Director

Maureen comes to CTEC from Michigan, by way of Washington state and Maryland. She has worked in community-based research for 14 years and has a particular interest in working with rural communities. Maureen loves adventure and in her free time, she likes to visit new places and go hiking.



Liz Benton, MA, Research Associate

Liz is a native Californian, born and raised in Sacramento. She has conducted social science research during graduate school. She is excited to learn more about AIAN culture and contribute to the CTEC team. Outside the office, Liz loves being outdoors and traveling.



Andrew Crawford, PhD, Epidemiologist

With over 15 years of experience in health research and program evaluation Andrew is a tremendous asset to the CTEC team. When he is not working, Andrew enjoys playing the cello and other musical instruments, bicycling, walking, inline skating, watching sports and visiting friends.



Cassie Call, MS, Outreach Coordinator

Cassie joins CTEC from Texas, by way of Arkansas. Cassie has an interest in community health promotion. When she is not at work, you can usually find Cassie camping, rock climbing, or traveling around California.



Zoilyn Gomez, MPH, Epidemiologist

Zoilyn comes to CTEC from Miami, Florida. Zoilyn is particularly interested in studying health inequities and disparities. In her free time, Zoilyn loves to try new types of food, go to concerts, and play games (video, card, and board).



Kathy Greer, Administrative Assistant

Kathy is a native Californian from the Central Coast. With a background in law she brings a unique and valuable skill set to CTEC. In her free time, Kathy enjoys gardening, reading and exploring beautiful Northern California with her husband.



Michael Mudgett, MPH, Epidemiologist

Michael moved from Seattle to join the CTEC team. He is from the Spirit Lake Dakota Nation in North Dakota. His experience and background fuels his passion for working with Native peoples. Michael likes to take road trips and watch sports and movies.

INFORMATION ABOUT CTEC

CTEC Membership

CTEC member tribes and health programs can request data-related technical assistance once a data sharing agreement is in place between CTEC and the tribe or tribal health program. Data sharing agreements allow CTEC to access health information, which can be used to monitor local or regional AIAN health status and to evaluate the needs of member tribes and tribal health programs.

Find CTEC data sharing agreement forms online at www.crihb.org/services-2/ If you have questions about CTEC data sharing agreements or want to submit a signed agreement, please contact us by email at: epicenter@crihb.org.

Technical Assistance → CTEC is available to provide technical assistance to CTEC member tribes and tribal health programs. Technical assistance can include requests for data or sources of data, survey design, data analysis, interpretation of results, and data literacy trainings. Visit the CTEC website to submit a request for assistance: www.crihb.org/ctec Please allow CTEC staff 4-6 weeks to complete your technical support request.

CTEC PROJECT UPDATES

Community Health Profiles: CTEC staff developed Community Health Profiles for 28 Tribal Health Programs in California, which included updated statistics about a variety of California AIAN health behaviors and disease rates. The Community Health Profiles can be located here: <https://crihb.org/ctec-reports/>

Good Health and Wellness in Indian Country (GHWIC) Evaluation: CTEC staff attended the online monthly GHWIC evaluation meetings, created an informational document about community-clinical linkages, co-hosted a webinar presentation on how to interpret and cite Community Health Profile data in reports and funding applications, gave feedback on survey and annual report drafts, and provided technical assistance to GHWIC grantees about data analysis, graphs, and tables. CTEC staff are currently developing a qualitative study which will involve interviews of sub-awardees that use GHWIC funds for community gardens.

Methamphetamine and Suicide Prevention Initiative (MSPI) and Domestic Violence Prevention Initiative (DVPI) Technical Assistance: CTEC staff conducted phone conferences and site visits with California MSPI/DVPI grantees and will continue to provide technical assistance to seven MSPI/DVPI grantees.

Robert Wood Johnson Foundation Emergency Management Project: CTEC staff continued a research study with tribes and counties in California about cross-jurisdictional sharing for emergency management services. CTEC staff held Advisory Group meeting in March 2016 and August 2016; completed 24 tribe and corresponding county data collection interviews; submitted an abstract to the American Public Health Association; and hosted a webinar about the progress of the project for the Robert Wood Johnson Foundation.

Diabetes Data Quality Improvement (SDPI): CTEC staff provided a two-part webinar series for the SDPI Data Quality Improvement project in February and March. Based on the results of a web-based quality improvement needs assessment to SDPI grantees, staff coordinated dates, locations, and speakers for three regional trainings in Summer 2016. Trainings focused on RPMS and NextGen exports into the National Data Warehouse, the SDPI Web Audit, and workflow mapping.

Staff Training and Presentations: CTEC staff were trained in Community Assessment for Public Health Emergency Response (CASPER) methodology and grant writing. CTEC staff gave two presentations to Tribal Health Programs about CTEC history, projects, and how to request technical assistance.



Cross-Jurisdictional Sharing Between Tribes and Counties for Emergency Management

By Maureen Wimsatt and Cassie Call

What is Cross-Jurisdictional Sharing in Emergency Management?

Cross-jurisdictional sharing (CJS) in emergency management (preparedness, mitigation, response, and recovery) is when two entities “share services across jurisdictional lines” before, during, or after an emergency.²

Robert Wood Johnson Foundation Project Overview

In 2015, CTEC was awarded a Robert Wood Johnson Foundation grant to study CJS arrangements between tribes and counties for emergency management. Through two in-depth interviews, tribal and county representatives across California shared their views about CJS and made recommendations for successful government-to-government CJS arrangements.

Out of the 111 federally recognized tribes in California, 83 tribes formally participated in the project (75% participation rate). There was formal participation from all 29 counties associated with the 83 tribes who participated (100% participation rate).

Preliminary Findings

Through one interview, participants were asked about the current prevalence and scope of CJS arrangements between tribes and counties. These CJS arrangements could be in the form of: *Formal arrangements* (Memorandum of Understanding, Joint Power Agreement, etc.), *informal or customary arrangements* (“handshake agreement,” verbal agreements, etc.), *service-related arrangements* (as-needed contracts or consultations before, during, or after emergency), *shared functions with joint oversight arrangements*, and/or *regionalization arrangements* (tribe and county become one department to serve both jurisdictions).

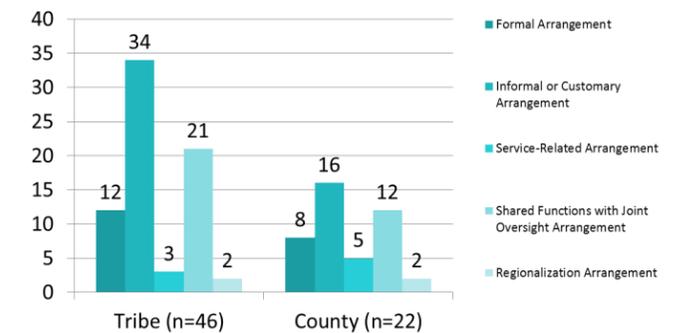
After reviewing the interviews from each tribe and their respective counties, CTEC staff learned that:

- 45% of tribal representatives and 17% of county representatives reported having *no* CJS arrangements for emergency management;
- The most frequently reported CJS arrangement for both tribes and counties was *informal or customary*

arrangements (41% of tribes; 55% of counties) (See Graph); and

- 15% of tribes and 28% of counties reported having *formal arrangements* for emergency management services.

Graph: Tribes and Counties in California that Reported CJS Arrangements



Additional analysis were conducted to determine if tribes and their corresponding counties (tribe-county dyads) agreed about having no CJS arrangements or any CJS arrangements.

- 55% of tribe-county dyads were in *agreement* about sharing any or no CJS arrangements
 - ⇒ 42% agreed that they had CJS arrangements
 - ⇒ 13% agreed that they did not have CJS arrangements
- 45% of tribe-county dyads were in *disagreement* about sharing any or no CJS arrangements
 - ⇒ 32%: County reported CJS arrangements but the tribe did not
 - ⇒ 13%: Tribe reported CJS arrangements but the county did not

Next Steps

CTEC staff collected supplementary interviews from 24 tribes and their corresponding counties and will analyze those responses next. CTEC staff are currently creating a toolkit of best practices for CJS for tribes and counties based on feedback provided from tribes and counties.

Support for this summary was provided by the Robert Wood Johnson Foundation (72458). The views expressed here do not necessarily reflect the views of the Foundation.

Sources:

1 Federal Emergency Management Agency. *Theory, Principles and Fundamentals of Hazards, Disasters, and U.S. Emergency Management* (n.d.) Retrieved from: <https://training.fema.gov/hiedu/docs/hazdem/session%2010--the%20scope%20of%20emergency%20management.doc>

American Red Cross Personal Emergency Preparedness Kit

According to the American Red Cross, having a well-stocked personal emergency preparedness kit can be lifesaving in the event of a natural disaster or emergency. The article below reviews what items should be in your personal emergency preparedness kit for your home. Once your kit is put together, be sure to keep it in an accessible location with easy-access in case of an emergency.

At minimum, you should have the basic supplies below:

- Water: one gallon per person, per day (3 day supply if you must vacate your home, 2 week supply if not required to vacate your home)
- Food: non-perishable and easy to prepare items (3 day supply if you must vacate your home, 2 week supply if not required to vacate your home)
- Flashlight or Battery powered lantern, with extra batteries
- Battery powered or hand crank radio, with extra batteries
- First aid kit (fully stocked and up to date)
- Medications (7 day supply)
- Medical items (hearing aids with extra batteries, glasses, contact lenses, etc.)
- Multi-purpose tool
- Toiletries such as: toothbrush, toothpaste, shampoo, deodorant, comb, etc.
- Sanitation items such as: hand sanitizer, bar soap, household liquid bleach etc.
- Maps of the area
- Manual can opener
- Copies of personal documents (medications list, proof of address, passports, birth certificates, insurance policies, etc.)
- Cell phone with portable charger
- Family and emergency contact information
- Extra cash
- Emergency blankets and/or sleeping bags

Consider the needs of every family member and add supplies to your kit as needed:

- Baby supplies (bottles, formula, baby food, diapers)
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Extra set of car and house keys



Additional supplies to keep at home or in your survival kit based on the types of disasters common to your area:

- Whistle
- Surgical masks
- Matches stored in waterproof container
- Rain gear
- Towels
- Work gloves
- Tools/Supplies for securing your home (sheets of plywood, saw, nails, etc.)
- Extra clothing for each family member
- Hats and sturdy shoes (tennis shoes, work boots, etc.)
- Plastic sheeting
- Duct tape
- Scissors

Source: American Red Cross. Retrieved from: <http://www.redcross.org/get-help/prepare-for-emergencies/beread-cross-ready/get-a-kit>

DID YOU KNOW?

In Fall 2016, CTEC will work with 3-4 tribes to conduct a tribally modified version of the Centers for Disease Control and Prevention Community Assessment for Public Health Emergency Response (CASPER). The Tribal CASPER will provide data about general community emergency preparedness and, for a few tribes, the impact of the drought on tribal members. Tribes can use this information in future grants or advocacy efforts.

Greenville Rancheria Tribal Health Program

By: Lucretia Fletcher and Anthony Ruiz

Greenville Rancheria operates Tribal Health Centers with locations in Red Bluff and Greenville, California. Our goal is to provide comprehensive health care and promote healthy living and fitness to Native Americans and our patients and members of our surrounding communities. The services provided include primary care, pediatrics, Ear, Nose and Throat (ENT), cardiology, psychiatry, psychology group sessions, tele-psychiatry, internal medicine, pulmonology, orthopedics, physical therapy, women's health and pain management. Also included are drug, alcohol and family counseling; certified exercise trainer and gym; family social services; and, a registered dietitian and nutritionist.

Greenville Rancheria maintains a comprehensive Emergency Operation Plan which includes Policies and Procedures that are updated as necessary to stay current with the needs of Greenville Rancheria and the served communities. The policies reflect preparedness to respond to internal and external emergencies including natural or manmade disasters.

We are active participants with both Red Bluff and Greenville communities in assisting with the Federal Emergency Management Agency (FEMA) response to local incidents and emergencies. We are prepared to provide emergency medical services to affected members in the communities as well as engage our FEMA certified staff members to be implemented as necessary with the FEMA response team. Selected members of our staff have extensive FEMA training ranging from entry level to Incident Command instruction. Our Greenville location employs and maintains a wildfire suppression crew and is frequently requested to assist the Plumas National Forest, Lassen National Forest and the Bureau of Indian Affairs (BIA) as well as neighboring communities in managing and maintaining a fire safe environment, including fuel reduction and response to fire emergencies.

Every staff member of Greenville Rancheria is CPR certified and many have additional training in the use and application of Automated Electronic Defibrillator (AED). Our certification instructors are in-house and

PROGRAM
SPOTLIGHT

Recertification, as well as initial training, in these areas are closely monitored.

Greenville Rancheria is a member of the Red Bluff Red Cross and participates with the Tehama and Plumas counties' coalition for emergency preparedness.

Supervisors and Tribal Council are certified through the Center for Domestic Preparedness (CDP)/FEMA: Hospital emergency response training for mass casualty incidents, Framework for Healthcare Emergency Management, Healthcare Leadership for Mass Casualty, and National Incident Management System 300. Greenville Rancheria staff are also certified in Health Resources and Services Administration (HRSA) 330 with the community based goal to become accredited with the Accreditation Association for Ambulatory Health Care, Inc. (AAAHHC).

Greenville Rancheria has been and remains committed to the continued good health and safety of our Tribal Members, Native and community patients as well as that of our surrounding communities.



CTEC NEWSLETTER—SUMMER BONUS EDITION

CTEC Summer Research Assistant Program

By Colleen Hogan and Omara Farooq

The California Tribal Epidemiology Center (CTEC) is excited to highlight the 2016 Summer Research Assistant Program under the direction of Dr. Maureen Wimsatt, CTEC Program Director. The Summer Research Assistants (SRAs) worked on important Tribal and Urban Indian Health Program research projects around California, at Toiyabe Indian Health Project, United Indian Health Services, Sacramento Native American Health Center, and United American Indian Involvement. Between June and August 2016, the SRAs spent time engaged in research planning, implementation, monitoring, and evaluation of programs at their respective health clinic. SRAs were supported by the core CTEC staff members at the California Rural Indian Health Board office in Sacramento. The following is a summary of the SRA projects by Tribal and Urban Indian Health Program.

The Toiyabe Indian Health Project (TIHP) serves 7 federally recognized tribes and 2 Indian communities. The SRA Ciera Miller networked with the Public Health Institute Center for Wellness and Nutrition and the Methamphetamine and Suicide Prevention Initiative to further establish the development of culturally appropriate, evidenced- and practice-based prevention models to methamphetamine abuse and suicide prevention.

The Sacramento Native American Health Center (SNAHC), an Urban Indian Health Program is located in Midtown Sacramento and serves approximately 4,000 California American Indians and Alaska Natives. Colleen Hogan and Omara Farooq, the SNAHC SRAs, worked on projects including patient satisfaction, wait time for specialty care, and Veggie Rx. Colleen was the lead on the patient satisfaction project, and developed culturally relevant surveys for the behavioral health and wellness departments. Omara was the lead on the Veggie Rx program and the wait time for specialty care project.

United American Indian Involvement (UAI) is located in Los Angeles and serves over 10,000 American Indians in the Los Angeles County area per year. Dr. Andrea Garcia, the SRA for UAI, conducted a research project in partnership with the United American Indian Involvement, the Southern California Indian Center, and

the Los Angeles County Department of Public Health. Specifically, Dr. Garcia implemented a survey to assess access to health care, preferences for American Indian clinics, mood, and cultural practices.

The United Indian Health Services (UIHS) Potawat Health Village conducted a needs assessment to gather Information for their strategic plan. Gregory Rodriguez and Kimen Trochalakis are SRAs who coordinated community events and focus groups to gather vital information on the community's needs and barriers to health care services.

CTEC staff would like to thank the SRAs for all of their hard work this summer. Each SRA completed beneficial projects for their communities and CTEC staff greatly enjoyed working alongside each SRA. Thank you!

MEET THE SUMMER RESEARCH ASSISTANTS!



Omara Farooq, BA

Omara is a current Masters of Public Health student at the University of California at Davis. She is interested in reducing health disparities in high risk populations. Omara was a SRA at the Sacramento Native American Health Center (SNAHC).



Andrea Garcia, MD, MS (Mandan/Hidatsa/Arikara)

Dr. Garcia will soon be completing her General and Preventive Medicine Residency with the California Department of Public Health. She is transitioning into the National Clinician Scholars Program, a unique two year clinical and community-based research fellowship. Her goals include a career in public health and health policy that addresses the needs of underserved populations, and increasing the number of underserved minority physicians. She enjoys spending her free time cooking, running, and spending time with family. Dr. Garcia was a SRA at the United American Indian Involvement (UAI).



Colleen Hogan, MPH

Colleen is a recent graduate from the University of California at Davis, with her Masters of Public Health degree. She is interested in working with hard to reach populations, reducing health disparities, and food insecurity. She enjoys spending her free time cooking, hiking, and playing with her dogs. Colleen was a SRA at the Sacramento Native American Health Center (SNAHC).



Ciera Miller (Utu Utu Gwaitu)

Ciera is a student at Cerro Coso Community College in Bishop, studying kinesiology. Ciera is very passionate with everything she does. She spends most of her free time with her daughter and family, and adventuring outdoors. Ciera was a SRA at Toiyabe Indian Health Project (TIHP).



Gregory Rodriguez

Gregory is a senior at Humboldt State University majoring in Native American Studies (Law & Government), and minoring in Environmental Policy. Greg was born and raised in Chicago, IL and is of Puerto Rican descent. He enjoys discussing politics and exploring historical revisionism. After graduating, he would like to live on the island of Puerto Rico and become more connected with his culture. Gregory was a SRA at the United Indian Health Services (UIHS).



Kimen Trochalakis, MA

Kimen is a native Texan who has lived on the West Coast for 25 years. She holds Masters of Experimental Psychology and Education degrees. She loves research, data analysis, and statistics. Outside of work, she enjoys spending time with her son, hanging out with her dog, rock climbing, surfing, reading, and cooking. Kimen was a SRA at the United Indian Health Services (UIHS).