



Indian Health Program (IHP) Emergency Preparedness Project

Collaborating to Reach American Indian Communities



To improve the health status of American Indians/Alaska Natives living in urban, rural, and reservation or rancheria communities throughout California.

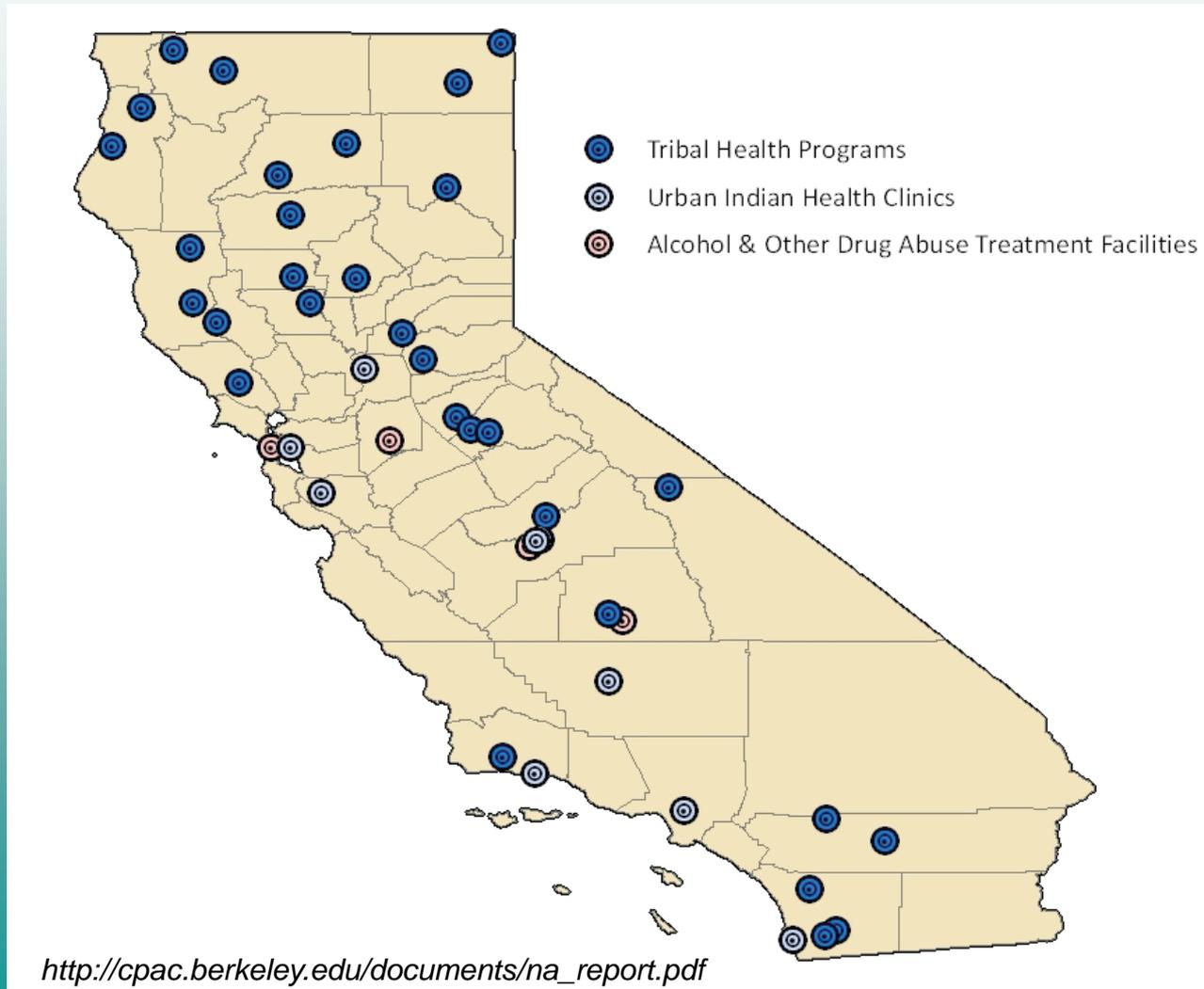
Indian Health Clinic Network

- Healthcare for American Indians is delivered through a network of primary care clinics throughout the State
- Developed to increase access to care in response to the comparatively low health status of American Indians
- Organized to assist American Indians in receiving quality care in a culturally sensitive environment

Indian Health Clinic Profile

- Approximately 38 Indian health primary care clinics
- Funding sources vary and can include: federal Indian Health Service (IHS), DHCS grants, county grants, third party revenue, and private foundation grants
- Located on and off Tribal lands in rural and urban settings
- Meet State licensure standards
- Governed by Tribal Councils or community elected non-profit Boards of Directors

Tribal Health Programs and Urban Indian Health Clinics (2009)



Indian Health Clinic Services

- Indian health clinics in California provide comprehensive primary care services including:
 - Medical
 - Dental
 - Behavioral Health
 - Public Health Nursing
- Care providers include Doctors, Dentists, Public Health Nurses, Mental Health Practitioners, and Community Health Representatives
- Collaborate and coordinate care with hospitals, public health departments, and specialists

Clinic Network Development

- Still an evolving system
- Each clinic is in unique stage of development
 - Some are state-of-the-art facilities while others are works-in-progress
- Changes annually with Tribal Council or Board of Director elections
- Creates need for perpetual assessment

Indian Health Program (IHP)

- Existing California law directs the Department of Health Care Services (DHCS) to address the comparatively low health status of the American Indian population through the maintenance of the IHP.
- Provided initial funds used to establish and develop the clinic network.
- The IHP provides technical and financial assistance, research related to the health and health services to American Indians, and coordination with similar programs of the Federal Government, other states, and voluntary agencies.
- The DHCS supports the activities of the statutorily established American Indian Health Policy Panel.

State Emergency Preparedness Collaborative Efforts



Emergency Preparedness Collaboration

- IHP works with IHS, California Emergency Management Agency (CalEMA), Emergency Preparedness Resources for Native Americans (EPRNA) (formally known as Native American Alliance for Emergency Preparedness) (NAAEP), California Department of Public Health (CDPH) Emergency Preparedness Office (EPO), and Tribal Emergency Management Council (TEMC) to provide training and technical assistance to Indian Health clinics, Tribal leaders, and Indian communities regarding emergency preparedness and response.
- IHP has an interagency agreement with CDPH-EPO to conduct this work

Collaborative Activities

The IHP works in collaboration to:

1. Conduct annual assessments of clinic emergency preparedness
2. Conduct quarterly teleconferences to plan annual emergency preparedness workshops for tribes and clinic staff based on assessments
3. Provide on-site technical assistance and training to tribes and clinic staff
4. Host the EPRNA website, which disseminates emergency preparedness related information including, links to local public health officers, EPO Surge Capacity Guidelines, training announcements, and emergency preparedness resources
5. Provide training to Tribal Leaders via the IHS' Annual Tribal Leaders Meeting
6. Provide annual emergency preparedness workshops which focus on topics such as, development of Emergency Preparedness Plans, Unique Risks and Threats to Indian Communities, Incident Command System, pandemic influenza, surge capacity, promoting collaboration between Tribes and counties.
7. IHP program consultants meet with tribal leaders to conduct emergency preparedness presentations, demonstrate use of family emergency kits, and provide recommendations regarding community level emergency preparation

Collaboration Outcomes

Since the inception of the collaboration:

- Held 11 annual trainings, with 511 of participants, representing approximately 90 tribes
- Conducted 80 onsite technical assistance visits
- Distributed over 200 “Preparing for Coming Seasons” DVDs and facilitation guides to 75 tribal organizations, two national Indian organizations, the federal Centers for Disease Control and Prevention, and the U.S. Department of Health & Human Services Hospital Preparedness Program.
- Presented at over 20 Indian health meetings to tribal leaders, clinic staff, and local public health officers

H1N1 Influenza Activities

In addition to annual collaborative work, the following activities were added to address H1N1 issues:

- Weekly newsletters
- Webinar series
- Website: H1N1 page developed
- Indian Health Clinic-Virtual Emergency Operations Center (vEOC)

Weekly Newsletters

- Purpose: to provide pertinent and timely updates on H1N1 for Indian Health Clinic personnel in one weekly, combined email
- Included material from CDC, CDPH, CAHAN alerts, WHO, and other relevant alerts throughout the week
- Total of 15 newsletters sent to Executive Directors and Clinic Medical Directors
- Available online with accompanying documents

Webinar Series

- Series of webinars for Indian Health Clinic personnel regarding timely H1N1 issues including:
 - CDPH EPO Standards and Guidelines for Healthcare Surge
 - H1N1 & Seasonal Flu Vaccination
 - Continuity of Operations
 - Community Health Resources
 - AI/AN Epidemiology
 - CAHAN
 - Respirator Protection Program
 - Human Resource Issues
- Recordings and materials posted online

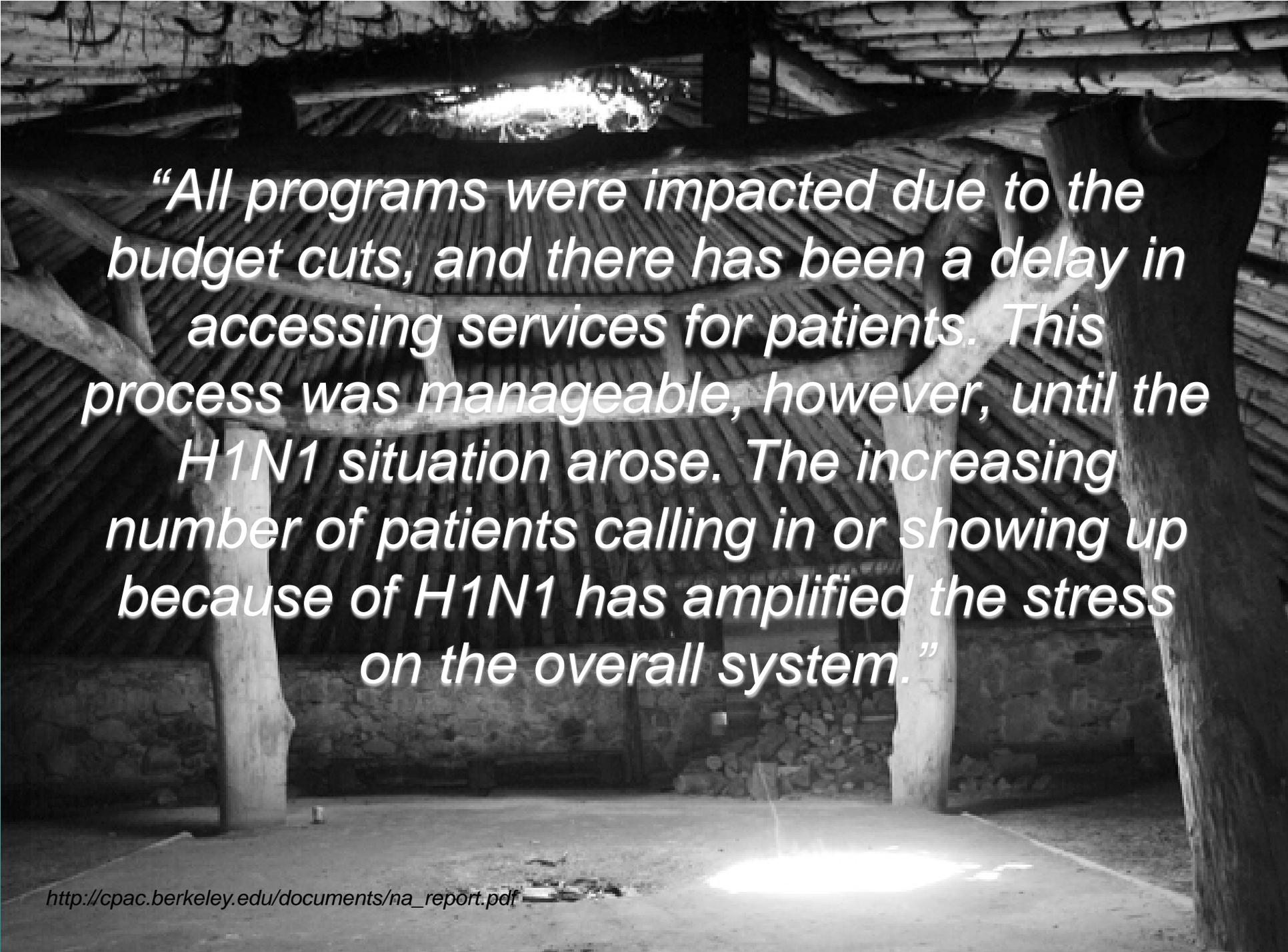
Website

- Created H1N1 flu page on www.EPRNA.org
- New updates posted immediately
- Links to weekly newsletters and webinars
- Links to CDC H1N1 flu facts
- Links to CDPH hotline and CA immunizations department
- Link to CAHAN
- Link to Virtual Emergency Operations Center
- Links to H1N1 flyers for download

Indian Health Clinic vEOC

- Developed specifically for the Indian Health clinic network
- Went active in May 2009 in response to H1N1 cases
- Allows clinics to update with number of suspected and confirmed H1N1 cases
- Allows clinics to update resources and allows agencies to view potential need across clinic network

H1N1 PHER Funded Projects



“All programs were impacted due to the budget cuts, and there has been a delay in accessing services for patients. This process was manageable, however, until the H1N1 situation arose. The increasing number of patients calling in or showing up because of H1N1 has amplified the stress on the overall system.”

H1N1 in American Indian Communities

- American Indians in California are at greater risk for complications and fatalities due to H1N1 due to lower access to medical care and higher rates of underlying chronic conditions
- In order to improve vaccination rates among hard to reach populations within the American Indian community alternative methods were needed

H1N1 Questionnaire

- In an effort to better understand the landscape of H1N1 vaccination efforts among American Indian communities in California a questionnaire was developed
- The questionnaire was sent to 38 Indian Health Clinics to assess past and current H1N1 activities and areas needing additional funding or assistance

H1N1 Questionnaire Results

- The findings of the questionnaire indicated that additional resources were needed to vaccinate the Tribal population in California.
- Resources requested include: personal protective equipment, additional PHN and CHR staffing, transportation, and assistance with outreach campaigns.
- Identified that some misgivings still exist regarding the necessity, safety, and efficacy of the vaccine
- Data used to apply for PHER grant

“When our H1N1 vaccines arrived we had to purchase refrigerators from Craigslist...we just couldn’t have afforded them otherwise.”



American Indian H1N1 Vaccination Project

- IHP released a Request for Application
- There were 19 grantees funded
- Funded activities included:
 - 25 Public Health Nurses available in remote/hard to reach areas
 - 15 afterhours or weekend H1N1 vaccine clinics were conducted
 - 10 H1N1 vaccine events at American Indian gatherings
 - 19 clinics were able to order vital supplies including vaccine cold storage

Project Results

The efforts of the 19 funded clinics resulted in 1139 additional American Indians in California receiving the H1N1 vaccine.



California Rural Indian Health Board, Inc. (CRIHB)

- An integral focus of the H1N1 Vaccine Campaign was to increase knowledge and awareness of the availability, benefits, and critical need for American Indians to protect themselves from the season and H1N1 flu.
- CRIHB developed a collection of educational materials for use in clinics, child care centers, and within the community.
- For information on these materials see CRIHB web page: <http://www.crihb.org/>

Public Service Announcements

- Two 30 second radio PSA's
- Two 30 second video PSA's
- *Indian Health Programs Promoting Flu Vaccines* (for use in clinic waiting rooms)
- *Provider Guidance for Promoting Flu Vaccines* (for use by clinicians)





Thank You

Indian Health Program

1501 Capitol Avenue, Ste. 71.6044

P.O. Box 997413, MS 8502

Sacramento, CA 95899-7413

916.449.5760, Fax: 916.449.5776

[http://www.dhcs.ca.gov/services/rural/
Pages/IndianHealthProgram.aspx](http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx)