NOTES: Tribal Health Roundtable Discussion

I. Introductions

Rebecca Cogswell, Saginaw Chippewa
Joy Parish, Bay Mills
Gina White, Bay Mills
Jaime Traver, Sault Ste. Marie Tribe
Valerie Turner, Pokagon Band
Nicole Edson, Huron Notawaseppi
Kris Blahnik, Hannahville Indian Community
Jolanda Murphy, Grand Traverse Band
Susan Gasco, Little Traverse Band
Mindy Lance, Keweenaw Bay
Christine Daugherty, Gun Lake
Tim Goergen, Huron Notawaseppi

II. What experience do you have in Emergency Preparedness before being assigned to this role?

a. Center for Disaster Preparedness Course Work. Free training offered
b. Recommend to other tribes that they (CDP) have an Indian Week; tribal applicants are priority; usually third week of March.
c. SNS course being offered in August.

III. Review of Statement of Work/Requirements

a. Community Preparedness
    i. Define Emergency Preparedness
        1. NIMS compliance for all staff.
        2. Look at continual training such as MICIMS quarterly radio tests. Important to keep hands on pieces, bring training forward to them, share resources knowing who this is among the tribes and across emergency preparedness.
        3. Coordination with emergency management.
        4. POD site within the health department. Important for medical director working with new chief of police or security to bring together tribal community during emergencies. Have had a few real incidents this year, reaction within the tribe was not good, need more support and buy in from outside of the health center. Why community wide response plan is needed.
        5. Safety committee communicates with tribal chair as much as possible to get support for programs and activities to protect the tribal population.
        6. Positive influence of preparedness program for health services. For example, using the health services intercoms in building during an active shooter drill. Other department staff heard this, and all department have been implementing this to a wider enterprise system site wide.

EM group, have new tribal emergency manager, retired came back and now implementing changes.

7. In Hannahville leadership is more reactive when things happen rather than response and planning ahead of time. Tribe relies on outside support. Would like to have activities that are supported by the tribe. Gun Lake-With local health departments some are involved in meetings, required interaction is important, Gun Lake has a safety committee, meets consistent on monthly basis, governing document that can bridge with casinos safety programs as well.
8. Region 7 Planning board involvement. Tribe participates location of tribal sites, HCC PIO workshops, CMS regulations, Katie Hurt EMI training is a good contact.

ii. What are the top 5 hazards that you face in your role in Michigan?
  1. Communicable Diseases, winter weather, opioids, water systems, power outages.

iii. Does your tribe have plans for these hazards in place?
  1. What are some of those plans?
     a. Narcan policy; Emergency response plan for weather, trainings active shooter, gaming side communications Nixel messaging. All Hazard Plans, exercises mass casualty May 1st, bus accident, once done, transport to medicine lodge as a triage site.

b. Emergency Operations Coordination

i. Do you communicate with your County Emergency Management Programs?
  1. Grand traverse tribe has own Local Emergency Planning Committee (LEPC), also participates on county team every other month. R7 Homeland Security Protection Board (HSPB), 17 District Coordinators and 3 tribes, local health coordinates training on both sides. Collaboration between Benzie, Leelanau and Manistee is very good.
  2. LTBB-Work with coast guard and emergency management to coordinate damage from anchor drop on line 5 in the straits of Mackinac. Worried about leaching of materials into the water.
  3. Environmental response specialist planning group and command group. Informed chairman, water testing and fish that come out of that area, good coordination in place.
  4. Tribal leadership attends meetings, LHD tabletops and provide information on what they have to offer the LHD. Allegan county very supportive. Good collaborative relationship with EM and LHD in Chippewa county.
  5. Tribal staff do not always feel like they have a lot to offer EPCs, so relationships are difficult to build. Need to be able to see natural connection points.

ii. NIMS Compliance-Reporting

c. Emergency Public Information and Warning

i. How do you get messages out when there is a public health emergency?

1. Example: Hepatitis A Outbreak- Local Radio Station put out messaging, email for all government employees, social media, needle exchange, parks, beaches. Presentations at Elders luncheons, how to deal with sharps, prescription drugs, car safety defensive driving, publish monthly magazine.
2. Food Emergencies: sanitarian with intertribal counsel, with food safety, really struggle, lots of turnover, inspections, standard protocol and certifications, food safety managers with serve safe, delineations of responsibility;, access control be able to verify who goes in security and training is important, decentralized; LHD works with casino; Intertribal council (ITC), Indian Health Service (IHS) environmental health, ITC used also, food inspections, food questions, TTX we are going to use state forms as a questionnaire, call ITC and LHD.

d. Medical Countermeasure Dispensing
   i. What plans do you have in place in coordination with the LHD to dispense to your tribal members or customers?
      1. Jolanda Murphy has many exercises with LHD planned, several years ago the requirement to have an MOU with LHD was established. They continue to utilize that tool with Benzie Leelanau and Grand Traverse, MOUs have been developed specifically for disease outbreaks between Grand Traverse Bay and LHD.
      2. Nicole Edson working on closed POD legal involvement, anything that leads to soverenty. Open POD practiced with Casino, so much turnover, if it would be easier to go to a closed POD, one new responsibility Risk Management, since comes to mind, may want to consider notifying insurance carriers, dispensing medications, are tribes covered under emergency use authorizations (follow up with tribal liaison from CDC). Closed POD except for last year, medical director issue, training for this issue with Documentation, immunizations for back to school, MCIR leave health record, back to school ASK Immunizations on how to address this, done in MCIR not patients. How to document this information. Need help with marketing what Emergency Preparedness Does. We are liable for anything that happens, Fire response, grant money, who is mitigation officer, it is a necessary position, if something happens, tribal government, Tribal No uniformed standard for protections, program money can be used.

e. Responder Safety and Health
   i. What activities have you done in relation to Responder Safety and Health
      1. Staff Training such as Active Shooter, Bloodborne Pathogens and others closest EMS is more than 30 minutes away, nearest level 1 trauma center is 40 minutes away; how to get medical support during pow wows or large gathering to treat issues such as chest pain.
      2. Region 5 when staff with PA and NP, only one physician EM junkie, legal barriers for volunteers is a concern.

IV. Challenges and Barriers
  a. Exercising
  b. Regional coalition participation
  c. Little interaction with nursing staff
  d. Not having clinical experience to better understand certain issues (i.e. vaccine)
  e. Buy in from tribal leadership
  f. Mitigation funding opportunities
V. Group Discussion/Sharing
  a. How to access free training from FEMA for tribal entities
  b. How to enhance relationships with LHD or how to engage LHD in activities

Follow up questions for DEPR

Ask CDC for input from tribal liaison

EUA for Sovereign Nations and how would this apply

Discuss EMS Support for Tribal events