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The Southwest Preparedness and Emergency Response Learning Center and the Oklahoma Inter Tribal Emergency Management Coalition: A Unique Partnership

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Abstract

Introduction: Oklahoma is home to 39 Native American tribes, so the issue of tribal sovereignty had to be addressed before tribes, local, and state preparedness officials could work together successfully. We describe the unique partnership that was established when the Southwest Preparedness and Emergency Response Learning Center (SWPERLC)* began working with tribes which led to the development of a tribal emergency management coalition.

Methods/Activity: The SWPERLC established a formal partnership with tribal emergency managers and a 501(c)3 coalition was formed. The SWPERLC sponsors annual summits and attends and/or hosts monthly meetings, offering education and training opportunities year-round.

Lessons Learned/Next Steps: One example of a lesson learned resulted from a pandemic influenza survey administered to Oklahoma tribes. We learned that 40% of those Native Americans surveyed who chose not to be vaccinated were concerned with side effects. Our evidence showed that improved public health conversations regarding the safety of vaccines must be had with the Native American community.

Results/Outcomes: Because of all the activities that were completed we now better understand how state and local preparedness officials can more successfully and beneficially work with tribes. Persistence, patience, and dedication were key factors highlighted during the formation of the coalition. Mutual respect and trust have allowed and will allow this partnership to continue.

Keywords

all-hazards preparedness; tribal partnerships; tribal sovereignty

The state of Oklahoma is home to 39 Native American tribes, each facing a unique set of circumstances when addressing preparedness issues within its respective tribal government. Because of the nature of tribal sovereignty, or the inherent authority of American Indian and

*The PERLC program is designed to address the preparedness and response training and education needs of the public health workforce. Supported by Federal funding (2010 to date), the program includes 14 centers in Council on Education for Public Health accredited Schools of Public Health. For additional information, see www.cdc.gov/phpr/perlc_factsheet.htm.

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Alaska Native tribes to govern themselves, tribes must address unique concerns when working with state and local authorities, and vice versa. In addition, many tribal nations in Oklahoma overlap county boundaries, which means that a single tribe may work with multiple local civil jurisdictions at any given time.

To address these unique circumstances and to provide a forum for Oklahoma tribes and local preparedness personnel to begin discussion of preparedness-related issues, a coalition was established in 2004. By providing a nonthreatening and nurturing environment in which to share ideas and create networking opportunities, over time, the coalition has increased its members' capacity to respond to the needs of Oklahoma citizens during disasters. One example occurred during the May 2013 Oklahoma tornadoes when coalition members did not hesitate to call upon one another for assistance in responding to these devastating and fatal events. The Southwest Preparedness and Emergency Response Learning Center (SWPERLC), located at the University of Oklahoma Health Sciences Center College of Public Health, and the Oklahoma Inter Tribal Emergency Management Coalition (ITEMC) share a unique partnership. It is our intent to share our story in the hopes that others will learn from our example of state and local agencies working with Native American tribes.

Background and Rationale

In 2002, the University of Oklahoma Health Sciences Center was awarded initial funding from the Centers for Disease Control and Prevention (CDC) for the formation of the Southwest Center for Public Health Preparedness (SWCPHP). While personnel worked closely with tribal emergency managers to assess needs and deliver preparedness training, it soon became apparent that a forum should be established so that tribal, state, and local governments could discuss tribal sovereignty in relation to all-hazards preparedness. Tribes expressed interest both in developing and sustaining knowledge, skills, and abilities for future generations to carry on and in enhancing their respective political and economic sovereignty as well as their cultural integrity. In consultation with an emergency manager from a Northeastern Oklahoma tribe, we birthed the idea of forming a coalition and initiated recruiting additional partners. The SWCPHP budgeted funds for the start-up of a coalition and began hosting meetings.

Initial attendance was poor; however, increased knowledge about the coalition, increased perception of the need for the coalition, and perseverance in holding regular meetings contributed to growth in both acceptance and attendance. After 2 years, the Oklahoma ITEMC was founded in December 2004. The first full meeting as a coalition was held in Tulsa, Oklahoma, with 8 Oklahoma tribes in attendance.

Prior to the formation of ITEMC, tribes were largely excluded from all-hazards preparedness efforts at both the state and national levels. As coalition meetings continued, collaborations began to develop between state preparedness officials and tribal preparedness officials. ITEMC now counts among its partners the Oklahoma State Department of Health, the Oklahoma City Area Inter Tribal Health Board, and Indian Health Services. Agencies attending monthly meetings include the Oklahoma Department of Emergency Management,

Oklahoma Homeland Security, US Department of Homeland Security, and US Attorney's Office.

When funding for the SWCPHP wound down in 2010, we were fortunate to receive new funding through the establishment of the CDC's Preparedness and Emergency Response Learning Centers (PERLC). Because of continued support, we have sustained and improved relationships established over the years. Without this support, an enhanced level of training and networking might never have happened.

The mission of ITEMC is to provide a way for all tribes and nations in Oklahoma to share information, resources, training, and promote unity. Currently, representatives from each of Oklahoma's 39 tribes are invited to annual summits, monthly meetings, and preparedness and emergency response trainings. Over the past 9 years, ITEMC has grown and become stronger, and today they are a 501(c)3 organization and have officers, bylaws, and individuals who write grants for their organization.

Methods/Activity

In keeping with ITEMC's mission, the number of tribes attending the first meeting on December 14, 2004 (Cherokee, United Keetoowah, Muscogee-Creek, Modoc, Chickasaw, Choctaw, Kaw, and Alabama Quassarte), quickly expanded to include other tribal, state, and local agencies who received tribal-specific training and education, including a pandemic influenza summit for tribal governments that provided participants the resources necessary to establish plans for such an occurrence. The Oklahoma State Health Department contracted with the Oklahoma City Area Tribal Epidemiology Center (TEC) to host pandemic influenza seminars in various regions of Oklahoma. The focus was on the preparation of individual tribal pandemic influenza plans. Once the tribes had written and submitted their plans, the TEC provided a stipend to the tribe. To our knowledge, this was the first time the state of Oklahoma awarded funds to the tribes for planning. It was this initial activity that opened the door for future collaborations among agencies.

Today, the SWPERLC supports ITEMC by sponsoring annual summits, attending and/or hosting monthly meetings, and offering education and training opportunities year-round, including but not limited to emergency management framework for tribal governments, mitigation for tribal officials, emergency operations for tribal governments, and tribal continuity of operations planning. Relationships developed through ITEMC have led us to partner with, and offer training to, Oklahoma Association of Community Health Representatives, Washington County Oklahoma Emergency Management Association, Northeast Oklahoma Quadrant Emergency Managers, Oklahoma City Area Inter Tribal Health Board, Cheyenne Arapaho Nation, Citizen Potawatomie Nation, and with Cherokee Nation to deliver emergency medical responder training for Oklahoma State certification. Hundreds of individuals, and representatives of all Oklahoma tribes, participate in, and therefore benefit from, ITEMC activities. To reach the broadest of audiences, monthly meetings and trainings are held in varying parts of Oklahoma to afford participants the opportunity to attend without the burden of extensive travel.

The SWPERLC has also been the primary sponsor of ITEMC's annual summit for the past 3 years. Coalition members assemble emergency management leaders from every arena—tribal, state, federal, and the private sector—where each member shares valuable information and real-life experience to further preparedness, response, recovery, and mitigation awareness. Summits provide an opportunity to strengthen partnerships and are an important resource for education, training, and networking among tribal entities, as well as state and local agencies that plan, prepare, and respond together in times of disaster.

In 2011 and 2012, the most recent years for which evaluation data are available, 100% and 95.7% of summit attendees who responded, respectively, said they felt better prepared to provide response and recovery efforts after attending the summit. Among respondents, 3 factors for attending were important; 75% reported topics addressed as an important factor, 72% reported tribal focus their most important factor, and 69% reported networking as a factor in their decision to attend. Reasons that had little impact on decisions to attend the summit included distance traveled, time of year offered, and regional focus.

To evaluate the impact of training on knowledge and confidence, we used a retrospective pretest methodology and asked respondents to recall preintervention status at posttest time. Research has produced strong evidence in support of this approach over the pretestposttest approach to measuring change.¹⁻⁷ Overall, workshop attendees showed a significant improvement in knowledge and confidence.

Lessons Learned/Next Steps

One lesson learned resulted from a pandemic influenza survey administered to Oklahoma tribes with the assistance of ITEMC members. When the H1N1 influenza pandemic hit in the spring of 2009, it was anticipated that 60% to 70% of people intended to be vaccinated.⁸ But by the time the season had passed in 2010, we found only 16.1% of Oklahomans (and 15.8% of Native Americans in Oklahoma) had been vaccinated against the pandemic H1N1 influenza. Given the low vaccination coverage, particularly in contrast to the incongruously high expected vaccination coverage levels, we decided it was critical to quantify reasons for choosing not to be vaccinated against pandemic influenza for preparedness planning purposes. We hypothesized that factors such as concern about side effects and late availability of the vaccine had a negative impact on those who were willing to be vaccinated. In 2012, the SWPERLC developed a standardized questionnaire in collaboration with our fellow PERLC and Preparedness and Emergency Response Research Center (PERRC) in North Carolina (which had conducted the original survey in the summer of 2009) and administered it to our tribal partners through ITEMC, which helped to distribute the questionnaire to members of their communities.

We learned that 40% of those Native Americans surveyed who chose not to be vaccinated were concerned with side effects associated with the vaccine. Other major concerns were an overall distrust of the H1N1 influenza vaccine (45%) and of all vaccines (38%). Seventeen percent indicated that the media affected their choice not to be vaccinated in 2009.

Evidence shows that improved public health conversations regarding the safety of the influenza vaccine need to be held within our communities; otherwise, people will likely wait to see how severe the pandemic is before being vaccinated. By then, it could be too late for the vaccine to save the optimal number of lives.

Results/Outcomes

A scarcity of publications documenting how tribes should work with state and local preparedness officials, and, in turn, how states can better work with tribes, led us to share our success in hopes that others could benefit from our story. The developments described did not occur overnight but were several years in the making. Persistence, patience, and dedication were key factors during the formation of the coalition. Because of mutual respect and trust, individuals felt comfortable engaging in honest and meaningful dialogue in a nurturing and nonthreatening environment provided by the SWPERLC (and the former SWCPHP). For example, we involved ITEMC members in the development of the influenza vaccination survey and solicited their feedback as to the most effective way to distribute the survey and collect information. We also shared the data with them as partners and colleagues rather than as survey participants. This allowed them to take their data back to their communities and use it for their specific pandemic planning purposes. Another way in which we continue to foster collaboration is by attending regular ITEMC meetings even when we as academics do not have a specific item on the agenda but instead participate as members of the community. This often includes driving to distant parts of the state for a given ITEMC meeting.

The federal government recognizes tribal nations as “domestic dependent nations” and has laws that help clarify the relationship between federal, state, and tribal governments. For Americans Indians/Alaska Natives, federal and state recognition depends not on racial or ethnic designation but on the political designation as enrolled members of a community with which state and federal governments have political arrangements including a range of responsibilities and obligations. In Oklahoma, ITEMC has bridged the communication gap between tribes and state and local governments and eliminated barriers that once prevented meaningful progress. Today, tribal emergency managers have multiple avenues in which to seek training and access to federal dollars all because they have developed and maintained close professional relationships and can depend on one another in times of disaster.

We would like to take this opportunity to recognize the work of, and publicly thank, our friend and colleague Gary Robison, whose dream it was that this coalition comes to fruition. In his memory, we are reminded of a favorite quote:

Survival of the world depends on our sharing what we have, and working together.
If we don't, the whole world will die. First the planet, and next the people.

Fools Crow—Ceremonial Chief—Teton Sioux

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