Public Health Crisis Communication and a Spotlight on the Utah Department of Health’s Tribal Model

HOST
NATIONAL INDIAN HEALTH BOARD (NIHB)
ANGELICA COLAGRECO, MPH
PUBLIC HEALTH PROJECT COORDINATOR
Mission Statement

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.
• Zika series, state-Tribal collaborations
• Recorded and posted online
• Questions
  ◦ Dedicated times
  ◦ Use the chat box
• Please mute your phone lines
• Survey
Crisis Communications: Tribal Mosquito Abatements

Dallin Peterson, MPH
Zoonotic/Vectorborne Epidemiologist
Utah Department of Health
Today’s Discussion

• Zika virus in Utah– Summer 2016
• Utah Mosquito Abatement Districts (MADs)
• Communication Strategy
• Zika Funding
• Statewide Mosquito Surveillance
• Questions
Zika virus in Utah – Summer 2016

The Guardian
Zika transmission to Utah man's caregiver sparks medical mystery

The Washington Post
Elderly Zika patient in Utah may have infected a family contact

The New York Times
Zika Virus Case in Utah Baffles Health Officials
Invasive *Aedes* Range

Utah Mosquito Abatement Districts

Source: https://heritage.utah.gov/utah-indian-affairs
Zika Funding

Epidemiology and Laboratory Capacity (ELC)

• Purpose
  – Increase state mosquito surveillance with emphasis on Zika virus

• Measures for selected Tribes
  – Personnel availability
  – Location
  – Previously established MAD programs
MAD Communication Strategy

- Training
- Surveillance
- Laboratory Confirmation
- Coordination
- Notification
Training

- Utah Mosquito Abatement Association (UMAA) Conference
- Spring UMAA training
- Collaboration with local mosquito abatement managers

Image source: images.google.com
Surveillance

Funding provided traps, supplies, gas, shipping costs for testing and a small amount for personnel to conduct mosquito abatement activities.
Coordination

• Public Health and Animal Health
  – Bi-weekly coordination calls during mosquito season

• Medical Providers
  – Listserv messages
  – Education
Laboratory Confirmation

Utah Public Health Laboratory

Polymerase Chain Reaction (PCR) testing

Mosquito Abatement Labs

Nucleic Acid Testing and limited PCR testing
Notification

- Public Health
- General Public
- Mosquito Abatement Districts
  - Home surveillance
  - Communication with public
Lessons Learned

✓ Important to create good working relationships with partners
✓ Mosquito surveillance for West Nile virus
✓ Travel costs for distance rural areas
✓ Constant communication with state tribal liaison due to constantly changing staff
Questions

Dallin Peterson, MPH

ddpetersen@utah.gov

801-538-6333
National Indian Health Board
Crisis Communication Webinar
Utah Department of Health Model

Melissa Zito, MS, RN
UDOH AI/AN Health Liaison
LeAnna VanKeuren, MBA, Navajo
Health Administrator,
Urban Indian Center of Salt Lake,
UIHAB Chairperson
Outline

• Introductions
• Overview of Tribes in Utah
• Consultation: UDOH’s Model
• Successes & Partnerships
  – PHEP Grant
  – ELC Grant
  – UTERC
• Discussions & Questions
Tribes located in Utah

- Confederated Tribes of the Goshute Reservation
- Navajo Nation
- Northwestern Band of Shoshone Nation
- Paiute Indian Tribe of Utah
- San Juan Southern Paiute
- Skull Valley Band of Goshute
- Ute Indian Tribe
- Ute Mountain Ute Tribe
Indian Health System (I/T/U) in UT

• Indian Health Services (IHS)  
  *Uintah & Ouray Service Unit*

• Tribal and Tribal Organizations

• Urban Indian Organizations
Indian Health In Utah

- IHS facility – 1

- Tribal facilities:
  - CFTGR - 2
  - UNHS, Inc. - 4
  - PITU – 4

- UIO – SLC - 1
Regional Area Offices

Tribes in UT share boarders with other states; AZ, CO, ID, & NV

The state is located in several different federal Regions

- HHS Regions 6, 8, 9 & 10
- IHS Area Offices; Albuquerque, Navajo, Phoenix, & Portland
Demographics

• ~49,000 AI/AN live in Utah (AI/AN race alone),

• Salt Lake County has the largest number of AI/AN residing in the state (~13,000),

• San Juan County is the second largest (~7,000),

• 29% of Utah AI/AN live at or below the poverty level (highest rate in UT) Approximately 14,200 people,

• 35% of UT’s AI/AN children live in poverty (highest rate in UT) Approximately 3,600 children,

• Over ¾ of the AI/AN population is 44 yrs old & younger

GOPB 2013, UDOH 2015
Consultation

Federal, Tribal & State

Tribal Health, Tribal Epi, Tribal Organizations

Health & Human Services

Utah Department of Health
• **Utah Indian Health Advisory Board**
  – Tribally appointed health representatives
  – Advise UDOH on policy & program impacts to Utah’s AI/AN population
  – Goals to improve health care and access

• **UDOH & Tribal Consultation Policy**
  – Outlines a process of communication between the State agency (s) responsible for health and the Tribal governments in Utah.

• **Office of AI/AN Health Affairs**
  – Working with state, Tribal and federal agencies on health policy reforms related to Indian Health
  – Facilitating working relationships between the UDOH, Tribal health programs, local health departments, other state agencies and private provider sectors
Utah Indian Health Advisory Board
BYLAWS
Utah Indian Health Advisory Board

Article I:  NAME
This organization will be known as the Utah Indian Health Advisory Board, hereafter referred to as “UIHAB.”

Article II:  VISION STATEMENT
UIHAB will advise and make recommendations for the improvement, availability and accessibility of quality health care services, policy, and policy development issues to the Utah Department of Health (UDOH) and the Executive Director, Utah Native Legislative Liaison Committee, Governor’s office, and any other organization, group or individual as directed on behalf of American Indians/Alaska Natives (AI/AN) residing on and off reservations in Utah.

MISSION STATEMENT
UIHAB’s mission is to facilitate a positive, working relationship between health programs, organizations, and Federal and State agencies to improve the health status of Utah’s AI/AN population.

Article III:  PURPOSE
UIHAB will reaffirm the unique legal status of tribal governments as having government to government relationships with the State of Utah and the Federal government. UIHAB will provide the leadership to develop collaborative efforts between or among tribes, tribal organizations, Urban Indian Organization (UIO), IHS, UDOH, and other public or private agencies. UIHAB will provide direction and recommendations to the UDOH, Utah Native Legislative Liaison Committee, Governor’s office, and any other organization, in addressing policy, programs and specific issues of concern identified by the American Indian community, on or off reservations. The UIHAB will be the first step in the UDOH consultation and conformation process understanding that in no way does the UIHAB supercede any consultation and authorities generally conferred to elected tribal officials and UIO.

UIHAB will promote understanding and respect between the UDOH, tribal governments and American Indian organizations. UIHAB will work to improve cultural understanding between UDOH and/or the local health care provider community and AI/AN’s residing in the State of Utah.

UIHAB will advise and make recommendations for improved physical, mental, emotional, and spiritual health of AI/AN people in Utah in addition to issues addressing cultural competency training and education.

Article IV:  MEMBERSHIP
1. UIHAB will consist of one representative and one alternate appointed from the respective tribes and UIO:
   a. Confederated Tribes of the Goshute Reservation
   b. Navajo Nation through Utah Navajo Health Systems, Inc.
   c. Northwestern Band of Shoshone
   d. Paiute Indian Tribe of Utah
   e. San Juan Southern Paiute Tribe
   f. Skull Valley Band of Goshute
   g. Urban Indian Center of Salt Lake
   h. Ute Indian Tribe
   i. Ute Mountain Ute Tribe

2. Appointment will be made by the Tribe or UIO and recognized by the Executive Director, Utah Department of Health.

Article XII:  AMENDMENTS
UIHAB Bylaws may be amended or repealed by the affirmative vote of not less than two-thirds of the UIHAB appointed representatives. In the proposing of such amendments, written notice will be given to the UIHAB membership thirty (30) days prior to the proposed meeting date for said Bylaws by fax, electronic or U. S. mail.

Article XIII:  CERTIFICATION
The amended Bylaws were presented and reviewed at a duly called meeting of the UIHAB, a quorum being present, and were adopted by a vote of 5 in favor, 0 opposed, and 4 voting members absent, 0 abstained on the 10th day of February 2017.

We the undersigned hereby certify that we are the presently elected Chairperson and Vice Chairperson of the UIHAB, and the Executive Director of the UDOH, and that the foregoing bylaws, including these pages, are the bylaws of the UIHAB as adopted at the above stated meeting.

LeAnna VanKeuren, Chairperson  date
Urban Indian Center of Salt Lake
Confederated Tribes of the Goshute Reservation

Hope Jackson, Vice Chairperson  date
Confederated Tribes of the Goshute Reservation

Joseph K. Miner, MD  date
Executive Director, UDOH
Utah Indian Health Advisory Board (UIHAB) Meeting
09/15/2017
9 AM – 1:00 PM
Utah Department of Health
Cannon Health Building
288 North 1460 West
Room 128
Salt Lake City, UT 84114
(801) 538-6771 or (801) 712-9346

Meeting called by: UIHAB
Type of meeting: Monthly
Facilitator: Melissa Zito
Note taker: Ginny Henderscheid Call In 1-877-820-7831 passcode 476589#
Please Review: Board minutes (August), Medicaid Rules & SPA document(s), additional materials via presenters.

**Agenda topic**

**9:00 AM**
Welcome & Introductions
Approval of Minutes
LeAnna VanKeuren, Chair

**9:15 AM**
Committee Updates & Discussion
- Medicaid & CHIP State Plan Amendments (SPA) & Rules
  - Craig Devashrayee
- DWS Medicaid Eligibility Operations
  - Jacoy Richins
- UT Medicaid Eligibility Policy
  - Jeff Nelson
- CHIP SPA
- Federal and State Health Policy Impacting I/T/U
  - Melissa Zito
- Sen. Sanders Single Payer Legislation
- MCAC (next mtg. 9/21/17)
  - Donna Singer
- CHIP Advisory Committee (quarterly; 10/19/17)
  - LeAnna VanKeuren

**10:00 AM**
I/T/U & UDOH Updates

**11:00 AM**
BREAK

**11:05 AM**
UIHAB Priorities 2016/2017
- Community Health Assessments & Data Sharing
  - Data Report Update/Layout
  - Melissa Zito
- Strengthening Families
  - Tobacco Program
  - FAST Coalition Activities
- Diabetes & Gestational Diabetes
- Medicaid & Policy
  - CMS "4 Walls" Policy Discussion
  - Melissa Zito & Board
- Other
  - PHEP Grant Concurrence Letter
  - Kevin McCully

**1:00 PM**
Adjourn

**DATE:**

**State Agency Updates & Discussions:**
Medicaid State Plan Amendments (SPA) & Rules (see Matrices)
DWS Medicaid Eligibility
MCAC
CHIP Advisory Committee
Policy & Legislative Updates

**Agenda Item Updates:**
I/T/U Program Updates

**UIHAB Priorities**

Guest Speakers/In-service/Activities

Tribal leadership Feedback
Tribal Consultation/ UIO Conferment
VI. Sovereignty and Disclaimers
Each of the parties respect the sovereignty of each other. In executing this Agreement, no party waives any rights, including treaty rights, immunities, including sovereign immunities, or jurisdiction. Nor does this Agreement diminish any rights of protections afforded other Indian persons or entities under state or federal law. Through this Agreement parties strengthen their collective ability to successfully resolve issues of mutual concern.

While the relationship described by this Agreement provides increased ability to solve problems, it likely will not result in a resolution of all issues. This Agreement will not preclude any tribe or UIO to operate independently outside of this Agreement, to address issues directly to the Governor or the Department’s Executive Director.

[Signatures and dates]

Executive Director, Utah Department of Health
Confederated Tribes of the Goshute Reservation, Chairman
Date: 02/16/2017
Navajo Nation, President
Northwestern Band of Shoshone Nation, Chairman
Paiute Indian Tribe of Utah, Chairwoman
San Juan Southern Paiute, President
Skull Valley Band of Goshute, Chairwoman
Ute Indian Tribe, Chairman
Ute Mountain Ute Tribe, Chairman
Board of Directors, Chairman, Utah Navajo Health System, Inc.
Board of Directors, Chairman, Urban Indian Center of Salt Lake
Successes & Partnerships

- Public Health Emergency Preparedness (PHEP) Grant
  - UDOH Emergency Medical Services and Preparedness annual grant for Tribal and UIO programs to develop preparedness plans, support a preparedness coordinator or staff, attend/host training(s) and exercises,
  - Medical Countermeasure Dispensing (MCD) plans updated annually,
  - Participation in state table top exercises,
  - Ongoing since 2006

- ELC Grant
  - UDOH Division of Disease Control and Prevention Epi
  - 2nd year abatement grant to include Tribes
  - Developing a network of contacts directly with the Tribes who are participating,
  - Provides training

- Utah Tribal Emergency Response Committee (UTERC)
  - UDOH and Utah Department of Public Safety are collaborating in 2018 to support Tribal and UIO,
  - Tribal ‘Be Ready’ program coordination & Development,
  - Focus on development & completion of Tribal & UIO Infectious Disease Emergency Response (IDER) planning for 2018
# Medical Countermeasure Dispensing Tool

## Utah Tribal Medical Countermeasure Dispensing (MCD) 2017-2018

**Tribe:**

<table>
<thead>
<tr>
<th>Main Point of Contact</th>
<th>Security Point of Contact</th>
<th>Dispensing Point of Contact</th>
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<tbody>
<tr>
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**Tribe Population**

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<thead>
<tr>
<th>Total Population:</th>
<th>Emergency Operation Plan:</th>
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<tbody>
<tr>
<td>Children (0-2)</td>
<td>SNS Plan:</td>
</tr>
<tr>
<td>Adolescent (12-18)</td>
<td>Pandemic Plan:</td>
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<tr>
<td>Adult (19-54)</td>
<td>ICS Chart:</td>
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</table>

**Does the Tribe Have:**

Mark "Yes" or "No" or "In Progress"

*Pop. information for dispensing of medication/vaccinations, etc.*
Protect the Circle of Life!
Mosquito Prevention Starts with You.

- Wear long-sleeved shirts and pants and treat clothing with permethrin.
  www.epa.gov/insect-repellents/repellent-treated-clothing
- Repair and seal your septic tank system
- Use screens on the exterior of your home to keep mosquitoes outside
- Use an EPA-registered insect repellent
  www.epa.gov/insect-repellents
- Eliminate standing water inside and outside your home.
- Work together to eliminate standing water and reduce mosquito populations
- Protect yourself, your family and your community, which will protect her pregnancy.

For more information:
Contact your tribal health department, local health department or Utah Department of Health at www.health.utah.gov/zika or 801-538-6191
What's safe during pregnancy or breastfeeding?

YOU have questions. WE have answers.

I have questions about: Zika virus, medications, vaccines, smoking, alcohol, diseases, beauty products, household cleaning products, herbal supplements and more.

866-626-6847
www.MotherToBaby.org

PREVENT TO PROTECT
PROTECT THE CIRCLE OF LIFE!

1. Mosquito prevention starts with you.
2. Use and repair screens on the outside of your home.
3. If sleeping outside, sleep under a mosquito bed net.
4. Eliminate standing water inside and outside your home.
5. Wear long sleeved shirts and pants, and treat clothing with Permethrin.
7. Prevent sexual transmission of Zika by using condoms or not having sex.
8. If you think you have or have been exposed to Zika, contact your healthcare provider.

WHAT ARE THE FACTS?
ZIKA VIRUS INFECTION

HOW IS ZIKA TRANSMITTED? Zika is transmitted primarily by the bite of an infected mosquito. Zika is also spread through sexual transmission.

HOW CAN THE SPREAD OF ZIKA BE PREVENTED? Sex partners who may have been exposed to Zika should use condoms or not have sex for 6 months. Everyone should protect against mosquito bites by using an EPA-Registered insect repellent for all outdoor activities.

WHAT ARE THE SYMPTOMS OF ZIKA? Fever, headache, red eyes, rash, joint and muscle pain. You may not know you have Zika but you can still spread it to others during sex. Zika can cause serious birth defects.
Discussion & Questions
Thank You!

• Dallin Peterson, MPH
  – Utah Department of Health
  – ddpeterson@utah.gov

• Melissa Zito, MS, RN
  – Utah Department of Health
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• LeAnna VanKeuren, MBA
  – Urban Indian Center of Salt Lake
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