Systems for Action National Coordinating Center Systems and Services Research to Build a Culture of Health



Cross-Jurisdictional Sharing Arrangements Between Tribes and Counties for Emergency Readiness

Research In Progress Webinar
Wednesday, June 14, 2017 1:00-2:00pm ET/ 10:00-11:00am PT



Agenda

Welcome: CB Mamaril, PhD, Research Assistant Professor, University of Kentucky College of Public Health

Cross-Jurisdictional Sharing Arrangements Between Tribes and Counties for Emergency Readiness

Presenter: Maureen Wimsatt, PhD, MSW, Director, California Tribal Epidemiology Center, California Rural Indian Health Board mwimsatt@CRIHB.ORG

Commentary: Michael Mudgett, MPH, Epidemiologist, California Tribal Epidemiology Center, California Rural Indian Health Board. <u>mmudgett@CRIHB.ORG</u>

Ana-Marie Jones, Chief Resiliency Officer, Interpro, and member of the National Advisory Committee, National Health Security Preparedness Index <u>ana-marie.jones@interpro-mail.com</u>

Questions and Discussion

Presenter



Maureen Wimsatt, PhD, MSW

Director

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Research-In-Progress Webinar Final Project Overview: Cross-Jurisdictional Sharing Between Tribes and Counties for Emergency Management

Maureen A. Wimsatt, PhD, MSW, Principal Investigator Director, California Tribal Epidemiology Center California Rural Indian Health Board, Inc. mwimsatt@crihb.org



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Project Overview

- Aimed to study and promote cross-jurisdictional sharing (CJS) of emergency management (i.e., preparedness, mitigation, response, and recovery) services between tribes and counties in California.
- Provided tribal and county representatives an opportunity to share views about CJS and make recommendations for successful government-to-government CJS arrangements.
- Recommendations guided content of a CJS toolkit.
- In the long term, project could help tribes and counties establish CJS arrangements so both jurisdictions can access adequate funding before, during, and after emergencies.

Tribe-County CJS Context

- Each American Indian tribe is unique in governance, legal processes, culture, tradition, economic and social resources, and relationships with local governments.
- Many tribes at unique risk for emergencies due to their location in remote and rural areas. Tribes also have varied capacity to address natural and non-natural emergencies.
- CJS is one collaborative mechanism for sharing resources to address emergency management and population health.
 - Important in fiscally limited areas of the country and because emergencies do not have boundaries.

Tribe-County CJS Context

- Despite benefits of sharing services for emergency management between tribes and counties, only a tribe as a sovereign governing body can choose to enter into a CJS relationship with a county.
- Due to uniqueness of each tribe, CJS arrangements between tribes and counties were expected to vary.

Research Questions

- RQ1. What is the prevalence and scope of Tribe-county CJS arrangements in California?
 - How many and what types of CJS arrangements?
- RQ2. Are jurisdictional measures associated with Tribe-county CJS arrangements?
- RQ3. Do Tribes and counties agree about having no or any CJS arrangements?
- RQ4. What are views of the Tribe-county CJS relationship?
- RQ5. What are historical and cultural barriers to CJS?

Study Procedure

- Tribal and county leaders approached and asked to select representative to participate in project.
- Initial Institutional Review Board (IRB)-approved survey administered to Tribal and county representatives.
 - Adapted from Center for Sharing Public Health Services "Existing CJS Arrangement" survey (CSPHS, 2014)
 - Items about jurisdictional information and current CJS arrangements
 - Honored Tribal requests for verbal and face-to-face interviews
- Follow-up IRB-approved survey administered to subset of original sample.
 - Items about views of the CJS relationship and historical and cultural barriers to CJS
 - Completed over the telephone

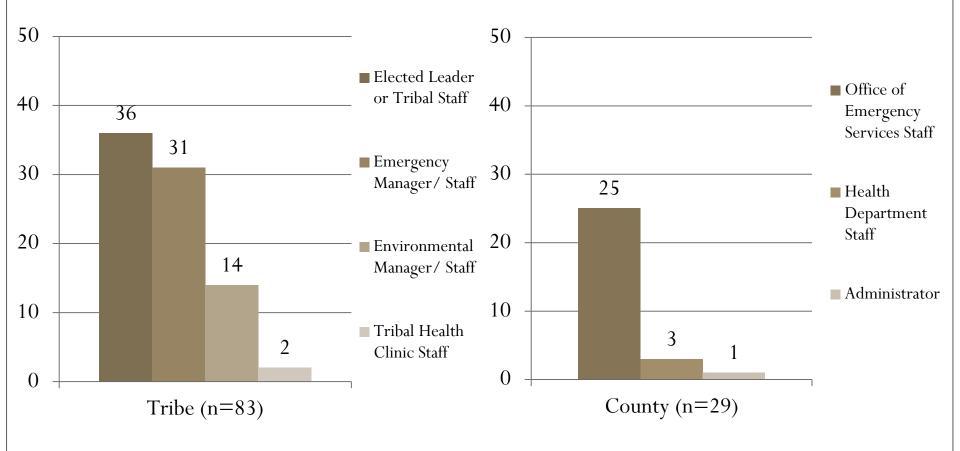
Response and Participation Rates

- Tribe response rate = 87%
 - Formal participation from 83 of 111 Tribes (75%)
 - Response indicating reason for declining participation from 14 of 111 Tribes (12%)
- Corresponding county response rate = 100%
 - Formal participation from all 29 counties associated with the 83 Tribes who participated
- Follow-up response rate = 100%
 - Formal participation from all 24 Tribes and 13 corresponding counties selected for follow-up survey

Initial Survey Participating Areas



Number of Participants



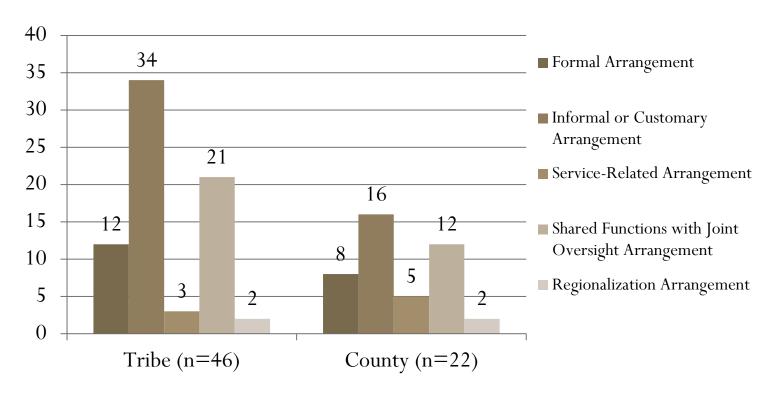
Jurisdictional Information

- Population size
 - Tribes: 0 to 84,000 people (M = 1,651)
 - Counties: 9,500 to 3.2 million people (M = 468,191)
- Geographic size
 - Tribes: 0 to 547 square miles (M = 16.77)
 - Counties: 612 to 22,000 square miles (M = 3,794)
- Total Number of Tribes in County (CA Gov. Office of the Tribal Advisor, 2015)
 - 1 to 18 (M = 7 tribes)

Prevalence and Scope of CJS

- Coded tribe and county questionnaire responses, and supported with open-ended responses; 4 researcher agreement.
- 5 Categories for CJS from Center for Sharing Public Health Services (1 = yes, 0 = no)
 - Formal arrangements
 - Informal or customary arrangements ("handshake arrangement," verbal arrangements)
 - Service-related arrangements (as-needed contracts or consultations before, during, or after emergency)
 - Shared functions with joint oversight arrangements
 - Regionalization arrangements (tribe and county become one department to serve both jurisdictions)

Prevalence and Scope of CJS (Cont.)



- 37 tribes (45%) and 5 counties (17%) reported *no* CJS arrangements
- Among the 46 tribes and 22 counties with *any* CJS arrangements (see Graph), tribes ranged between having 1-3 arrangements, and counties ranged between having 1-4 arrangements.

Prevalence and Scope of CJS (Cont.)

Tribe CJS Arrangement Inter-Correlations					
	Formal	Informal	Service- Related	Shared Functions	Regionalization
Formal	1				
Informal	342**	1			
Service-Related	.287**	030	1		
Shared Functions	.470***	.191	.036	1	
Regionalization	.382***	131	030	.270*	1

County CJS Arrangements Inter-Correlations					
	Formal	Informal	Service- Related	Shared Functions	Regionalization
Formal	1				
Informal	581**	1			
Service-Related	.690***	318	1		
Shared Functions	087	.400*	.068	1	
Regionalization	.353	271	.165	.169	1

^{*}p <.05, **p <.01, ***p <.001

Associations Between Measures

• Statistical analyses tested relations between jurisdictional and CJS measures for tribes and counties.

Jurisdictional Measures	CJS Measures
• Population size	• Sum of CJS arrangements (0-5)
Geographic size	• Each type of CJS arrangement (formal,
• Total number of tribes in county	informal or customary, service-related, shared
• Proportions: Total number of tribes in county	functions with joint oversight, and
to county population and geographic size	regionalization)

- 4 significant findings for *tribes*:
 - Negative association between number of CJS arrangements and proportion of total tribes to county population size (t = -2.12, p = .04).
 - Tribes with a higher number of CJS arrangements were in counties with fewer tribes to overall county population size.
 - Positive associations between: Population size and formal arrangements (r = .24, p = .03); population size and shared functions with joint oversight arrangements (r = .24, p = .03); geographic size and shared functions with joint oversight arrangements (r = .24, p = .03); (r = .24, p = .03).

Associations Between Measures (Cont.)

• Statistical analyses tested relations between jurisdictional and CJS measures for tribes and counties.

CJS Measures
• Sum of CJS arrangements (0-5)
• Each type of CJS arrangement (formal,
informal or customary, service-related, shared
functions with joint oversight, and
regionalization)

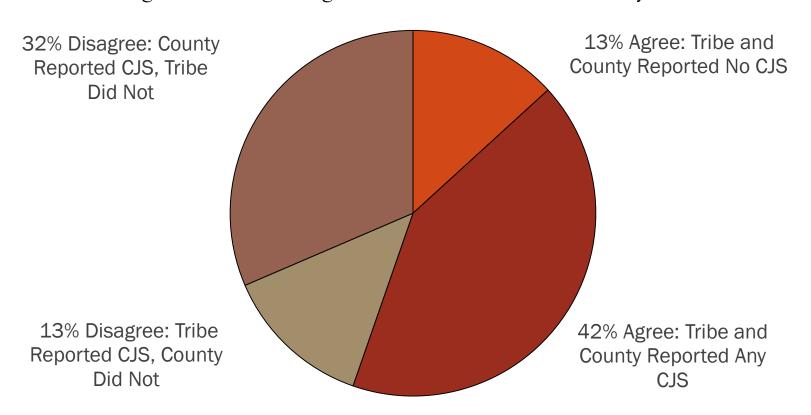
- 1 significant finding for *counties*:
 - Positive association between informal or customary CJS arrangements and total number of tribes in county (r = .43, p = .02).

Tribe-County CJS Agreement

- Determined whether tribes and counties *agreed* about having no (0) or any (1-5) CJS arrangements (1 = agree, 0 = disagree).
 - 46 of 83 tribe-county pairs (55%) *agreed* about having no or any CJS arrangements.
 - 13% agreed about having no CJS arrangements
 - 42% agreed about having any CJS arrangements
 - 37 of 83 of tribe-county pairs (45%) disagreed about having no or any CJS arrangements.
 - 13% tribe reported CJS but county did not
 - 32% county reported CJS but tribe did not

Tribe-County CJS Agreement (Cont.)

Agreement and Disagreement Across 83 Tribe-County Pairs



Associations Between Measures

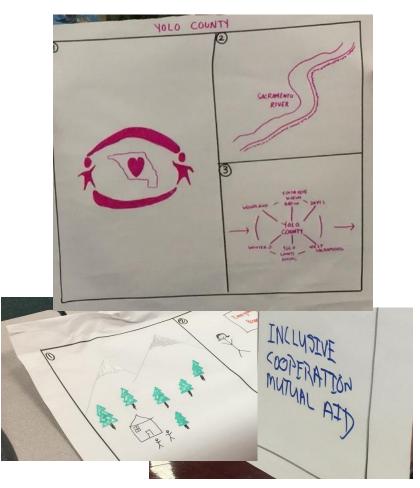
Statistical analyses tested relations between tribe-county CJS agreement and CJS measures.

Tribe-County CJS Agreement Measure	CJS Measures
• Tribe-county pair in agreement about having no or any CJS	 Sum of CJS arrangements (0-5) Each type of CJS arrangement (formal, informal, service-related, shared functions w joint oversight, and regionalization)

- Statistically significant associations between tribe-county CJS agreement and *tribe*-reported sum of CJS arrangements (β = .79, t = 4.32, p < .001), formal arrangements ($\chi^2(1)$ = 4.42, p = .04), informal or customary arrangements ($\chi^2(1)$ = 7.64, p = .01), and shared functions with joint oversight arrangements ($\chi^2(1)$ = 7.42, p = .01).
 - Post hoc analyses: Positive associations.
- No significant relations between tribe-county CJS agreement and county-reported CJS arrangements.

Views and Barriers of Tribe-County CJS Relationship

- 24 Tribal and 13 corresponding county representatives provided follow-up information about views of the Tribe-county CJS relationship and barriers to CJS.
- Qualitative analyses were used to identify themes across responses.



Views of CJS Relationship

Neutral

- 8 Tribes, 11 counties
- There is an agreement for emergency services on Tribal lands [called the] Economic Development Enterprise, a.k.a. Gaming Compact, but if there is a level of conversation at the county level about emergency services, the Tribe is not at the table or made aware of the meetings. Tribal Council hasn't made it a priority to ask the county about these meetings. [Tribe]

Negative

- 7 Tribes, 0 counties
- The Tribe feels the county is trying to meet a requirement. If there were a natural disaster, the Tribe would feel uncomfortable and would be skeptical about whether or not state or county services would be provided to the Tribe. [Tribe]

Positive

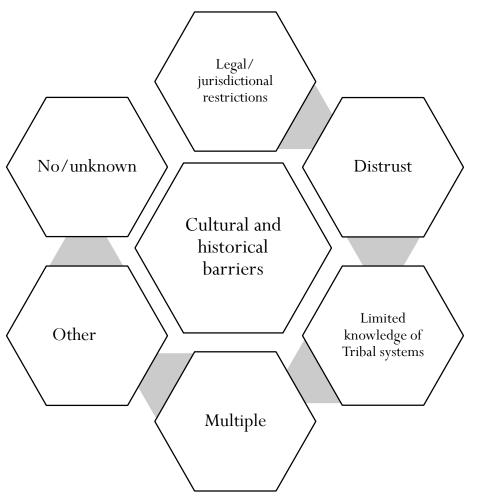
- 6 Tribes, 7 counties
- The overall relationship with the Tribe is great and open. There is a current Memorandum of Understanding in place with the Tribe and [nearby] hospitals. [County]

Non-existent

- 3 Tribes, 6 counties
- There is no ongoing relationship between the Tribe and county. [Tribe]

Views of CJS Relationship

- Because only Tribes reported having a negative view of the CJS relationship, Tribal and county views were sometimes disparate
 - The relationship is non-existent. The county as a whole hasn't really heard from the Tribe since the flood [omitted] when the Tribe lost property. [County]
 - The Tribe had experienced high waters and nobody from the county came to check on our well-being or alert Tribal members. [Tribe]



- Legal/jurisdictional (4 tribes, 2 counties)
 - The relationship that California and its
 Tribes have in emergency management with
 Public Law 280 status is a barrier. Tribes
 wish to interact, but city and county groups
 do not based on Public Law 280, [and]
 Tribes are left out of emergency
 management planning. Public Law 280
 affects Tribal law enforcement greatly on the
 California side as Tribes have no authority
 on Tribal land and have to work jointly
 with the county even while on Tribal lands.
 [Tribe]



- Distrust (0 tribes, 5 counties)
 - The major historical barrier with the Tribe is the major distrust of white people due to the massacres [which took place from 1851 to 1856]. The massacres have never been forgotten or forgiven. [County]



- Limited knowledge of Tribal systems (3 tribes, 2 counties)
 - During the fall fires, work was being done before the acknowledgement that cultural resources were destroyed and damaged by the fires and cleanup. There was no communication or funding for cultural monitors. The county also did not understand the importance of watershed monitoring. [Tribe]



- Multiple (8 tribes, 1 county)
 - There is a deep-rooted ongoing distrust on behalf of the Tribe. The county is trying to establish a Mutual Aid Arrangement (MAA) with the Tribe. The Tribe is concerned with how the MAA will impact other arrangements in place and the Tribe's sovereignty. The Tribe won't discuss changing the language or other options for the MAA. Instead of working with the county, the Tribe tends to shut down. I have observed an overly strong knee-jerk guarding reaction from the Tribe, but I believe the reaction is warranted due to past historical treatment. [County, distrust and limited knowledge of Tribal systems]



- Other (3 tribes, 3 counties)
 - The concerns come down to funding. Bigger
 Tribes like [omitted] have a Memorandum of
 Understanding with the county as well as the
 Tribal infrastructure, including Tribal fire
 departments, but the Tribes still pay the
 county for services. Since the smaller Tribes
 either don't have casinos or don't have
 successful ones, the county seems to be less
 interested because the Memorandum of
 Understanding will not provide funding for
 the county. The county has a mentality that
 Tribes should pay a fair share [...]. [Tribe]

Summary and Discussion

- This study provided a preliminary understanding about Tribe-county CJS for emergency management.
 - Nearly 20% of federally recognized Tribes are located in California.
- It is important to involve Tribal leaders or designated Tribal emergency or environmental staff in developing and sustaining Tribe-county CJS arrangements.
 - Designated Tribal representatives in this study were often elected officials or emergency staff, not health clinic staff.

Summary and Discussion (Cont.)

- Less integrated, informal or customary CJS arrangements may work better for some Tribes than formal arrangements.
 - Formal arrangements were most frequently reported by larger Tribes. Smaller Tribes and Tribes with differing capacity for emergency management may benefit from informal or customary arrangements.
- It is important to engage in cross-jurisdictional communication and collaboration.
 - Tribe-county CJS agreement was only significantly associated with Tribes' report of CJS arrangements.
 - Tribes and counties had different views of CJS relationship.
 - Barriers include distrust and limited county knowledge of Tribal systems.

Project Lessons Learned

- Consider emergencies within a societal, public health context.
- Reach out to governmental and health-oriented representatives.
 - National Policy Matrix found limited knowledge about Tribe-county CJS from health-only officials.
- Use Tribally responsive protocols to study Tribe-county CJS.
 - Project Advisory Group
 - Culturally and methodologically adapted instrument from Center for Sharing Public Health Services
 - Theoretically guided, responsive research
 - Tribal Epidemiology Center staff gather data and stories
 - Mixed methodology for data analysis
 - Findings shared with participants at end of the project

Future Directions

- Research: Expand exploration of Tribe-county CJS to the national level.
- Intervention: Fund positions and programs that build Tribal capacity in emergency management and promote ongoing relationship-building between Tribes and counties as a precursor to formal arrangements.
 - Technical assistance experts staffed within Tribes or Tribal organizations.

Additional Meetings and Products

- Advisory Group
- Research-in-progress webinar: https://youtu.be/bGxFhB1aH48
- National conference presentations
- National Policy Matrix: https://crihb.org/wp-content/uploads/2015/04/CJSNationalPolicyMatrix.pdf
- Health Policy Brief:

 http://www.publichealthsystems.org/sites/default/files/PHS4/72458GPreport_06.pdf
- CJS Toolkit: https://crihb.org/wp-content/uploads/2017/02/CJSToolkit_Final.pdf
- Regional roundtables in Northern, Central, and Southern California
- Reports and manuscript

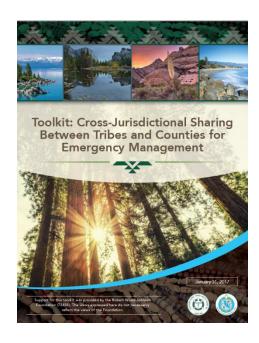
Advisory Group

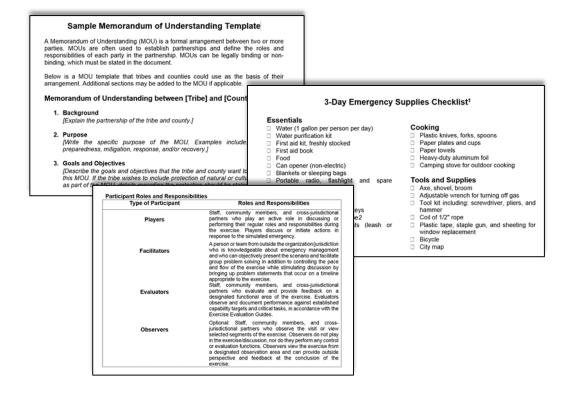


Core Members: Dore Bietz, Tuolumne Band of Me-Wuk Indians; Brenda Bowie, Bear River Band of the Rohnerville Rancheria; Don Butz, Viejas Band of Kumeyaay Indians; Tim Campbell, Federated Indians of Graton Rancheria; Dr. Theresa Gregor, Inter Tribal Long Term Recovery Foundation; Marc Peren, San Bernardino County Office of Emergency Services; Cruz Ponce, Inter Tribal Long Term Recovery Foundation

CJS Toolkit

• Developed with content requested by Tribal and county representatives and input from Advisory Group.





Regional Roundtable Meetings



Thank you!

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Project Updates

Go to: http://www.publichealthsystems.org/cross-jurisdictional-sharing-arrangements-between-tribes-and-counties-emergency-preparedness



Commentary



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Questions and Discussion

Webinar Archives

http://systemsforaction.org/research-progress-webinars

Upcoming Webinars

Wednesday, June 21, 12-1pm ET/ 9-10am PT

ACCOUNTABLE COMMUNITY OF HEALTH STRUCTURES AND CROSS-SECTOR COORDINATION

Eli Kern, MPH, Public Health - Seattle and King County

Wednesday, July 19, 12-1pm ET/ 9-10am PT

IMPROVING THE EFFICIENCY OF NEWBORN SCREENING FROM COLLECTION TO TEST RESULTS

Beth Tarini, MD, MS, University of Iowa College of Medicine

Thursday, July 27, 1-2pm ET/ 10-11am PT

CLINICAL-COMMUNITY PARTNERSHIPS & 2-1-1 TECHNOLOGY TO IMPROVE EARLY CHILDHOOD DEVELOPMENT

Bergen Nelson, MD, MSHS, Virginia Commonwealth University School of Medicine

Thank you for participating in today's webinar!



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For more information about the webinars, contact:
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Acknowledgements

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Speaker Bios

Maureen Wimsatt, PhD, MSW, is Director, California Tribal Epidemiology Center and Manager of Epidemiology at the California Rural Indian Health Board. She has fifteen years of public health research and program evaluation experience with universities in Maryland, Washington and Michigan and independent consulting firms. Dr. Wimsatt completed a PhD in Human Development at the University of Maryland, where she conducted research about health, social relationships, and culture with the Laboratory for the Study of Child and Family Relationships in the Center for Children, Relationships, and Culture. Dr. Wimsatt previously worked for an Indian-owned, small business federal contractor in Washington state, where she helped evaluate health and education programs in American Indian and Alaska Native communities. She also has experience teaching Master's-level courses on community-based research and evaluation. Dr. Wimsatt earned a Master of Social Work degree with emphasis in rural social work practice and mental health counseling from Eastern Washington University.

Michael Mudgett, MPH, is an enrolled member of the Spirit Lake Nation in North Dakota and an Epidemiologist for the California Tribal Epidemiology Center housed within the California Rural Indian Health Board. Mr. Mudgett obtained a Master of Public Health and Bachelor of Arts degree in Psychology from the University of North Dakota. Mr. Mudgett has previously worked with the National Resource Center on Native American Aging and the Urban Indian Health Institute.

Ana-Marie Jones is the Chief Resiliency Officer for Interpro, and she is a member of the National Advisory Committee for the National Health Security Preparedness Index. For sixteen years, Ana-Marie was the executive director of CARD - Collaborating Agencies Responding to Disasters - where she was responsible for helping nonprofits, faith agencies, service providers, and their distinct constituencies to embrace emergency preparedness, disaster response, and community continuity in culturally appropriate, sustainable ways. CARD served as an intermediary agency to help build effective relationships with traditional emergency management entities and the diverse communities they serve. Inducted into the International Women in Emergency Management and Homeland Security Hall of Fame in 2012 for her innovations, Ana-Marie is currently pursuing a master's degree in marketing. She is writing her first book about readiness and resilience in America.