

## Partnerships to Reach At-Risk Populations

*At-risk populations are those people most at risk of severe consequences from a public health emergency, including societal, economic, and health-related events. This fact sheet series describes populations and partnerships with which state/territorial health agencies work to reach at-risk populations. State/territorial health agencies recognize the value of working with particular populations to ensure effective messaging in reaching as many people in the community as possible. Health agencies also recognize the importance of working through different partnerships to reach myriad populations with messages and countermeasures. These fact sheets focus on the value of these partnerships and reaching diverse populations and include examples of how public health agencies have successfully done so.*

### ■ Population

There are 566 federally-recognized American Indian and Alaska Native (AI/AN) tribes with an estimated population of 3.4 million. The AI/AN people have long experienced lower health status when compared with other Americans. Although life expectancy for AI/AN has increased over time to 72.6 years, it is still 5.2 years fewer than the average U.S. life expectancy of 77.8 years (2003-2005 rates).<sup>1</sup>

The five leading causes of death for AI/AN are malignant neoplasms, heart disease, unintentional injuries, diabetes, and chronic liver disease (2008).<sup>1</sup> American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (500% higher), alcoholism (514% higher), diabetes (177% higher), unintentional injuries (140% higher), homicide (92% higher) and suicide (82% higher).<sup>i,1</sup> One study found a higher prevalence of risk factors for chronic diseases (including cigarette smoking, no leisure-time physical activity, obesity, and diagnosed diabetes) in AI/AN than in whites aged 55 or older.<sup>2</sup>

Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. The 2000 Census data reveal that Native Americans have lower educational levels and higher unemployment rates.<sup>1</sup>

### ■ Partnerships

A unique aspect of working with tribal populations is that tribal governments are sovereign and operate independently of state governments. As recently reported, there has been a shift toward increasing tribal self-determination. This gives tribes more control over their health services. When state governments work with tribal populations, it is important

to take into account “culture, language, issues of identity and place, and the need for tribal people to operate in both traditional and dominant cultures.”<sup>3</sup>

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is the principal federal healthcare provider and health advocate for the Indian population and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2 million persons. The IHS strives for maximum tribal involvement in meeting the needs of its service population, most of who live on or near reservations and in rural communities in the western United States and Alaska. As described in the *Report on Minority Health Activities*, in FY 2010 the IHS carried out a range of vital health programs, services, and activities.<sup>ii</sup> While IHS provides healthcare to Indian populations, public health endeavors to reach these populations are accomplished by CDC in partnership with state and local health departments.

In addition to the services provided through IHS, about half (49%) of the AI/AN population under 65 years have job-based or private insurance coverage, and 17 percent have coverage through Medicaid or other public programs.<sup>5,6</sup> However, large disparities exist in the funding and availability of health services for AI/AN people relative to other Americans.

When working with tribes, it is important that health promotion efforts and communications are appropriate to the region and culture. For example, one study found that attributes correlated with cigarette smoking varied among tribal groups, necessitating different health promotion efforts in different tribal populations.<sup>7</sup>

One initiative to address these disparities is the American Indian/Alaska Native Health Disparities Program, the aim of

which is “to reduce health-related disparities through a systematic cross-tribal investigation to assess the mediators and barriers that affect translation of quality health data into health service programs and policy.”<sup>4</sup> In FY 2012 the program provided funding to strengthen the capacity of Tribal Epidemiology Centers (TECs) and

Urban Indian Health Programs (UIHPs).<sup>8</sup> These programs will help identify community-level data for disease surveillance and control programs and evaluation of the effectiveness of health promotion efforts in settings that provide services in a culturally sensitive manner.

## ■ In Practice: Stories from the Field

*The American Indian Health Commission (AIHC) for Washington State is a tribally-driven nonprofit organization with the aim of impacting the health of AI/AN through a state-level policy focus. They represent 29 federally-recognized tribes in the state of Washington. The ultimate objective in promoting tribal-state collaboration is to improve the health of AI/AN by influencing state and tribal health policy and resource allocation. One of their more recent projects was focused on decreasing vaccine hesitancy among tribal healthcare workers. The state health department helped lead the project with AIHC—WA and also connected them to critical CDC funding. The project report identified the need for more work to be done in this area to further reduce vaccine hesitancy and included a set of key next steps.<sup>9</sup>*

*Alaska Department of Health & Social Services (ADHSS) and other state agencies continue to work with and support the Alaska Native Tribal Health Consortium (ANTHC). One of the partnership activities is in conducting sub-regional clinic and community outreach workshops. These workshops continue to educate rural community, healthcare, and tribal leaders on all-hazards emergency preparedness and offer them an opportunity to start or continue development of local and clinical emergency response plans. Additionally, ANTHC partners with ADHSS on the bi-annual emergency preparedness statewide summits. These summits are centered on the standing State Emergency Response Commission/Local Emergency Planning Committee Association meetings. Multiple tracts are offered to attendees ranging from public health preparedness to emergency management and risk communication training. Invitees include local and tribal government officials, healthcare officials, and first responders.*

*ANTHC is a key state partner in all emergency planning and operations, as they have direct access and logistical avenues for getting needed supplies out to native communities and through the native healthcare system. They participate in all planning teleconferences, emergency response operations, and most healthcare based exercises. ADHSS partners with ANTHC for the coordination of Alaska’s Strategic National Stockpile (SNS) plan and exercises. The ANTHC Receive, Stage, and Store Warehouse is a key component in the state’s SNS plan. ANTHC were critical partners in activating this plan during the 2009 H1N1 influenza pandemic as Alaska operationalized this plan to distribute flu vaccine to all communities and healthcare providers across the state.<sup>10</sup>*

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*The Pine Ridge Reservation, home to over 14,000 Oglala Sioux and other tribal members, encompasses two million acres in southwestern South Dakota. Access to healthcare services is limited due to a shortage of medical professionals and lack of transportation. IHS, Oglala Tribal Health, Rapid City Regional Health, and the South Dakota Departments of Health and Social Services joined forces to obtain a grant from the Centers for Medicaid and Medicare Services (CMS) to develop a mobile medical clinic to provide services to pregnant women and children on the reservation. The mobile unit and staff are part of a two-year, \$1.6 million grant intended to reduce the non-emergent use of the emergency room. Future plans include using third-party payments to support the cost of staff and other operational expenses of the mobile unit.*

*In response to the pandemic, the mobile unit's mission expanded to administer the novel H1N1 influenza vaccine to remote reservation communities. Partners collaborated to ensure that the identified target populations would have access to both the novel H1N1 and seasonal flu vaccines. Vaccine for the mobile unit was obtained from the state health agency's allotment via IHS at Pine Ridge and Rapid City Regional Health offices. Welcoming ceremonies, radio announcements, and local events were used to advertise the service. The mobile unit is able to reach very isolated communities and families with limited access to healthcare and transportation services. The mobile unit has made it possible to deliver novel H1N1 vaccine to a significant number of people among an often underserved population.<sup>11</sup>*

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*The Arizona Department of Health Services (AZDHS) has been working with tribal partners for a decade and is currently working with 22 tribal partners, 17 of which receive direct contracts (the remaining five receive support from the county agencies). Additionally, AZDHS has provided over \$17M in direct funds to tribal partners. The tribes and AZDHS have found contracting with a tribal elder (who then functions as the tribal liaison) to lead the development of a tribal executive committee (similar to the structure of the local health officers) to be a successful approach. In particular, the Fort Mojave tribe has developed a public health emergency preparedness program within the tribal nation including multiple response plans, school closure plans, and mass casualty plans that have been resources for other tribes in developing similar programs. Another major success is the opportunity to engage and provide direct funding to IHS to build robust communications, identify and fund a coordinator, and develop all-hazards plans.<sup>12</sup>*

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*By law, tribal governments are sovereign and operate independently of state governments. During a public health emergency, however, overriding authority resides with the state governor. To build the relationship between tribal and state governments and better understand government roles during emergency preparedness planning and response, Arizona organized an executive committee consisting of eight tribal representatives and one state representative. The executive body, the Arizona Tribal Executive Committee (AzTEC), officially formed in October 2010. The goal of AzTEC is to "[represent] the tribes in negotiations and in providing consultation and recommendations on behalf of tribes to promote and protect the health, education, and general welfare of Arizona's tribal members to facilitate tribal input into the decision-making process by AZDHS." There is no budget for committee members, meeting expenses, or activities. Any necessary funding is provided for within existing Public Health Emergency Preparedness (PHEP) cooperative agreements at the tribal level. Although AzTEC has managed without official funding, this is not sustainable. Meetings (which were convened monthly) are likely to occur less frequently due to pending funding cuts to PHEP programs at the tribal level.<sup>13</sup>*

Due to the mining history in the Tar Creek region of Ottawa County, Oklahoma, environmental activists and health workers have been concerned about the health and well-being of residents since the 1990s. Blood lead levels and anemia in Native American children in the area have been associated with lower IQ scores, short attention spans, and coordination/fine motor skills issues. Tribal Efforts Against Lead (TEAL) emerged as a partnership of Native American tribes, academic researchers, the Ottawa County Department of Health, the Oklahoma Department of Environmental Quality, and community-based environmental organizations all focused on a community-based lay health advisor intervention for the prevention of lead poisoning.

More than 3,600 education and outreach activities were conducted over the two year period, reaching close to 30,000 area residents. TEAL is now credited with helping the Ottawa County Health Department and IHS establish mandatory blood lead screening and parental notification for young children, as well as for persuading policy-makers to restrict the use of mine tailings on roads and in construction without proper containment.<sup>14</sup>

## Sources

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- <sup>10</sup> Alaska Department of Health and Social Services. Chris D. Laborde, Emergency Program Manager II [Christina.Laborde@Alaska.gov](mailto:Christina.Laborde@Alaska.gov).
- <sup>11</sup> ASTHO, CIDRAP. "Mobile Vaccination Clinic for Reaching a South Dakota Reservation." Public Health Practices: Enhancing Emergency Preparedness and Response. Available at <http://www.publichealthpractices.org/practice/mobile-vaccination-clinic-reaching-south-dakota-reservation>. Accessed 3-17-2014.
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- <sup>14</sup> Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies. Available at [http://depts.washington.edu/ccph/pdf\\_files/CBPR\\_final.pdf](http://depts.washington.edu/ccph/pdf_files/CBPR_final.pdf). Accessed 4-2-2014.

## (Endnotes)

- <sup>i</sup> *Rates adjusted for misreporting of Indian race on state death certificates; 2004-2006 rates.*
- <sup>ii</sup> According to the *Report on Minority Health Activities*, in FY 2010 the IHS carried out a range of vital health programs, services, and activities including: tribal self-governance, contract health services, tribal management, and contract support; hospitals, health clinics, and facilities construction and maintenance; diabetes, dental health, mental health, alcohol and substance abuse, injury prevention, immunizations (Alaska), environmental health, sanitation, and health education programs; and recruitment, retention, and service delivery activities through the Indian Health Professions, Public Health Nursing, and Community Health Representatives programs.