

Public Health Collaborative on Terrorism Preparedness for Clinicians Serving Native American Populations

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This project utilized the collaboration of Indian Health Council medical and administrative professionals, and expertise from academia, local public health, military, and hospitals to create a demonstration project of Nuclear-Biological-Chemical (NBC) preparedness for health care providers serving Native Americans. Emphasis was placed upon educating health care providers on the recognition and reporting of terrorism related diseases/conditions and unusual occurrences, assessing sentinel surveillance procedures, and making recommendations for improved clinical practice. The educational component has an immediate, broader application in that a skilled workforce team could respond more quickly and effectively to bioterrorism events or more naturally occurring disease clusters.

The objective of the educational component was to enable physicians, nurse practitioners, and public health nurses within Indian Health Services to play a successful role in the detection and response to disease occurrence that may include biological, chemical, and/or nuclear agents. To meet this goal, experts from academia, public health, military, and hospitals developed a curriculum that included didactic components and interactive workshops to illustrate potential NBC terrorism events. The educational component was first offered at a pilot workshop for the Indian Health Council clinic personnel at the Rincon Indian Reservation, and then later modified for an additional workshop that included invitations to all Indian Health Services throughout California. The surveillance component of the program assessed technical capabilities for communication and electronic reporting of disease, to prepare this site to function efficiently and appropriately in the recognition and mitigation of terrorist threats. A public health epidemiologist provided an orientation to the San Diego County Health Alert Network (EMAN), and Indian Health Council medical providers were enrolled into this bi-directional communication network. A handbook of essential disease reporting guidelines was distributed to all attendees.

The pilot workshop was successful in highlighting the unique challenges of rural medicine in response to NBC terrorism, educating clinicians on bioterrorism related disease, and provided feedback through pre-/post-tests, and generated media interest. Difficulties encountered during the project included the lack of widely accepted information on rural medicine with respect to Native Americans, accessibility issues involved in monitoring the vast Indian Reservations and the lack of telecommunications, lack of integrated electronic surveillance, and understanding the diplomatic relationships between the nearby towns and the Indian Reservations. However, the lessons learned from both successes and difficulties insured improvements for the second, statewide workshop. Although not "unexpected", IHC staff as well as project members received enjoyment and education during the pilot workshop. Enough interest was expressed by Native Americans to warrant the creation of a website for wider application. The website would provide the ability to post up-to-date educational materials, allow for self-assessment online, as well as increase the scope and audience of the project.

It is anticipated that the educational component of this project would result in the development of curriculum materials which would not only be utilized with Indian Health Council staff, but could also be modified and with additional funding could be utilized statewide. Additionally, the demonstration component of this program would not only provide capacity to the Indian Health Council, but it is anticipated that the procedures and sentinel surveillance established could be translated to other Indian Health Services clinics throughout the State of California. Strengthening both the collaborative capacity between Indian Health Services medical staff with academia and public health practice agencies could have immediate application with potential great dividends in a public health emergency.