

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING
August 2nd & 3rd, 2006
EXECUTIVE SUMMARY

Members in attendance:	Tribe Represented	Region Represented
Mr. Peter Masten, Jr.	Hoopa Valley Tribe	Northern
Mr. John Green	Elk Valley Rancheria,	Northern
Mr. Joseph Saulque,	Benton Paiute Reservation	East Central
Mr. Richard Yee, Jr.,	Middletown Rancheria	West Central
Ms. Dominica Valencia,	Santa Ynez Reservation	Southern (ALT)
Ms. Diane Chihuahua,	Torres Martinez Res.,	Southern
Mr. Dave Rambeau	Urban Program Representative	
Ms. Rosemary Nelson,	Unaffiliated Representative	

IHS staff in attendance:

Ms. Margo Kerrigan,	Area Director
Mr. J. Paul Redeagle,	Deputy Area Director
Dr. Sophie Two Hawk,	MD, Chief Medical Officer (CMO)
Dr. David Sprenger,	MD, Behavioral Health Specialist
Mr. Dennis Heffington,	ISDA Program Manager

The California Area Tribal Advisory Committee (CATAC) meeting began on Wednesday, August 2nd, 2006 at the California Area Indian Health Service conference room. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, Indian Health Service (IHS) staff, and guests.

Ms. Margo Kerrigan, California Area IHS Director, welcomed everyone and reviewed the planned agenda.

Pandemic Flu - Dr. Sophie Two Hawk, CMO, provided two handouts, a power point presentation, the ***Avian Influenza***, and a draft of ***The Pandemic Influenza Workbook***. Her presentation included a description of the phases involved in a pandemic, impact, planning necessary to deal with this potential catastrophic event, including isolation of infected populations, distribution contacts for anti viral medication and vaccines, and how best to utilize clinic and hospital facilities.

The workbook, a planning guide based on materials developed by the DHHS, CDC, and the Public Health Agency of Canada, identifies important, specific activities that can be completed to prepare local and community levels. This workbook will

ensure a standard level of preparedness and appropriate response for each community. Her advice, **wash your hands and make sure you know what to do if an outbreak occurs.**

Emergency Preparedness - Dr. David Sprenger, talked about California Area Indian Health Service Disaster Preparedness Activities. Disasters are frequently unavoidable, but suffering and damage can be lessened by preparation. Preparation includes a range of activities including interagency and intergovernmental policy development, planning and advocacy.

The CAO is engaged in joint disaster management planning with California State Indian Health Program and Native American Alliance for Emergency Preparedness (NAAEP).

The CAO Continuity of Operations Plan (COOP) includes an "In-house" disaster plan to insure continuing operations for the CAO in vital areas in the event of a disaster, for a period of 30 days.

In March 2006 an extensive disaster preparedness needs survey was sent out to health programs. A follow-up is expected around August 2006. The results of the survey showed the following:

- Majority of clinics have disaster plan (91%)
- Most clinics have reviewed plan in the last year (71%)
- Most clinics provide disaster training for staff (79%)
- However, only some are incorporated in hospital emergency plan (36%) and local Public Health plan (56%)
- Only half have specific sections on bio/chem/rad terrorism (56%)

In a follow-up to the March survey, in analyzing potential vulnerabilities a few clinics have:

- Hazard vulnerability analysis (29%),
- Mass prophylaxis plan (12%)
- Personal protective equipment (50%)
- Back-up generators (50%)

Overall, clinics are better prepared for disasters than in 2003, but still need more preparation.

A disaster plan template has been standardized, using best practices and based on the state disaster plan. This template is modifiable and was sent to every program in California Area

The CAO IHS, CA Indian Health Program, Governor's Office of Emergency Services, NAAEP are available to provide technical assistance.

The programs in need of most assistance have been identified and technical assistance has been targeted to them.

In order to better prepare Tribal and Urban Indian beneficiaries for disaster, the CAO is engaging in advocacy, "In-house" planning, assessment of preparedness needs, and through partnerships, training and education of those who will potentially play a role in disaster response in Indian country will be provided.

For more information on Disaster Preparedness:

<http://www.ihs.gov/FacilitiesServices/AreaOffices/California/Universal/PageMain.cfm?p=66>

<http://www.naaep.com>

http://www.redcross.org/services/disaster/0,1082,0_319_,00.html

RPMS & Electronic Health Records(EHR) - Dr. Sophie Two Hawk and Mr. Steven Lopez, Area Medical Record Consultant, described efforts to implement electronic health records. EHR will be the standard within the next 5 years. One EHR advantage is patient safety, and the CAO will coordinate necessary training. Other advantages is that EHR retains the existing RPMS database, the system can be customized to each local level program needs, there is full integration of RPMS applications, no licensing fees, room for future growth and development, and it will be easier to obtain GPRA data to support budget requirements.

For data requirements and other needs, such as billing, the Pharmacy package is imperative, there quality updates, and back-up personnel.

There is a push to complete the electronic health records system by 2008 well in advance of a Presidential mandate that all records will be EHR by 2014.

Youth Regional Treatment Center - Mr. Gary Ball, Health Facilities Architect, provided handouts and provided a status report on YRTC efforts in the California Area. Details were provided describing efforts regarding the Ya Ka Ama property in Sonoma, the DQ University, in Davis, the Weimar Institute, a property near Fresno, miscellaneous Anza properties, and a very promising fully developed and self sufficient property called Trinity Children and Family Services, located in Anza, California. All properties with the exception of the Trinity Anza property have many issues that may prevent their use for a California YRTC, however all sites have not been eliminated from consideration.

In the near future all California Area IHS tribes and health programs will be notified of the details of a planned meeting at the Trinity Anza site to evaluate whether or not this property may meet the needs for the southern California YRTC. The date for this site visit has been tentatively proposed for October 17th.

IHS Director's Health Initiatives Integration - Ms. Beverly Calderon, Health Promotion/Disease Prevention Coordinator, Dr. David Sprenger, MD, and Ms. Dawn Phillips, Diabetes Coordinator provided an overview of the IHS Director's three major health initiatives - Behavioral Health, Chronic Disease Management and Health Promotion/Disease Prevention. The major focus is on Methamphetamine reduction, suicide prevention, behavioral health management information system development, and tele-mental health project. They also shared what CAO is doing related to the initiatives and discussed requests for input, to help CAO better integrate these initiatives. All three initiatives aim to address the significant health disparities in Indian Country and the reality that that they cannot be addressed solely through the provision of health care services. The following questions were posed to help consider what the CAO programs can do to better integrate these three initiatives.

1. How can we work together using the initiatives to promote good health and healthy environments as related to preventing disease and improving the health of CA AI/AN peoples?
2. How can we better work together to bring Tribal Leaders, Tribal organizations, federal agencies, academic institutions, private foundations and businesses to have an impact on health disparities?

3. How can we work to increase the implementation of Chronic Disease Management ("Chronic Care Model") into clinical services with community based prevention efforts?
4. How can we work together to foster and bridge community based efforts with Tribal/Urban healthcare program prevention efforts?

Following is a link to the Director's Initiatives web site:

<http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm>

Diabetes Grant Program - Ms. Dawn Phillips, Area Diabetes Coordinator, led a discussion on effects of diabetes, youth, and provided a quiz:

Type 2 diabetes in children will exceed type 1 diabetes within 10 years? (true).

If you are diagnosed with type 2 diabetes before age 20, you are 5 times more likely to develop end stage renal disease between 25-54 years of age? (true).

If you were born in 2000 or after, what is the likelihood for developing type 2 diabetes? One in 5, two in 5, one in 3, none? (one in 3)

She reminded everyone that a large problem in our program's diabetes programs is staff turnover.

Government Performance and Results Act (GPRA) Reporting - Ms. Elaine Brinn, GPRA Coordinator, and Ms. Janae Price, Epidemiologist, provide a review of what GPRA is and how it affects us and an overview on GPRA in the California Area and nationally. GPRA is a federal law, it shows Congress how the IHS is performing based on a set of specific measures, reports to Congress are backed up by data supported audit trail that can be verified and validated, an annual GPRA is required, IHS (federal) facilities are required to report for GPRA, tribal and urban programs though not required but are highly encouraged to report on GPRA measures, GPRA data is used to support the Program Assessment Rating Tool (PART) and the IHS strategic plan, and **GPRA is directly linked to the annual budget request for the IHS.**

GPRA is important to our communities because GPRA results could affect funding decisions, the IHS clinical GPRA measures monitor important health issues, the results reflect quality of care, it reflects the health of the community and provides a guide for dialogue.

A Providers' Best Practices & GPRA Measures Conference is planned on November 1st and 2nd in Sacramento, California. The focus of this conference will be on improving patient care through best practices and GPRA tracking. Specific presentations planned include *Clinical strategies for dealing with childhood weight control, Diabetes management, Medical/medication error reporting, CRS lab, EHR lab, telemedicine demonstrations, cardiovascular disease and the new CVD measure*. This conference is open to providers and health program staff.

Reports were provided on the *Re-authorization of the Indian Health Care Improvement Act* efforts from **Ms. Rachel Joseph**, and on the *Tribal Leader's Diabetes Committee* meeting, held in Reno, Nevada, from **Ms. Rosemary Nelson**.

Notice was received from the IHS Headquarter's Office of Environmental Health and Engineering of the appointment of **Mr. Peter Masten** as the California Area representative to the Facilities Appropriation Advisory Board (FAAB) of the IHS effective through December 31, 2008. A similar notice was also received from **Mr. Reno Franklin** as the alternate California Area representative.

NEXT CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING -- The next **CATAC** meeting **has not been scheduled**. Setting up a visit to the Trinity Anza site was discussed and details will be provide to all tribes, health programs, and CATAC members as they become available. Members will be notified when the next meeting of the CATAC will be held.

AGENDA
California Area Tribal Advisory Committee
August 2nd-3rd, 2006

Wednesday, August 2nd, 2006

09:00 AM	Welcome	Margo Kerrigan
09:15 AM	Pandemic Flu	Sophie Two Hawk, MD, CMO
10:00 AM	Emergency Preparedness	David Sprenger, MD
11:30 AM	Lunch	
01:00 PM	Electronic Health Records	Paul Redeagle LaMerle Fridley
02:00 PM	YRTC Status	Gary Ball

Thursday, August 3rd, 2006

09:00 AM	IHS Director's Health Initiatives Integration	Dave Sprenger, MD Beverly Calderon Dawn Phillips
10:00 AM	Diabetes Grant Program	Dawn Phillips
10:30 AM	HPDP Program	Beverly Calderon
11:00 AM	GPRA Reporting	Elaine Brinn Janae Price
11:30 AM	Emerging Issues	