

2024 Tribal Public Health Emergency Preparedness Conference

Monday, June 10, 2024

	Event Center	
1:00 – 1:15 15	<i>Opening Ceremony</i> Welcome <i>Victoria Warren-Mears</i>	
1:15 – 2:45 90	Keynote Speaker <i>Chance Rush</i>	
2:45 – 3:00 15	Break – Pre-function Area	
	Molalla	Kalapuya
Session 1 3:00 – 3:40 40	Introduction to the Oregon Poison Center: How Can We Better Serve You? <i>Charisse Pizarro-Osilla, Anne Duncan, Oregon Poison Center</i>	The Power of Partnerships: Improving Air Quality with the Puyallup Tribe of Indians <i>Cindy Haverkamp, Katherine Flug, Tacoma-Pierce County Health Dept.</i>
Session 2 3:45 – 4:25 40	Technical Assistance in Preparing, Responding, or Recovering from Environmental Emergencies <i>Rhonda Kaetzel, US HHS Agency for Toxic Substances and Disease Registry</i>	Tribal Opioid Response Resources <i>Jessica McKee, Faith Turk, AIHC</i>
Session 3 4:30 – 6:00 90	<i>Event Center</i> How Can a Cross-Sector Collaboration Bring Greater Safety to our Climate-Impacted, Smoke-Intensive Futures? <i>Tribal Healthy Homes Network</i> <i>Gillian Mittelstaedt, Director, Air Matters/Tribal Healthy Homes Network</i> <i>Denise Frakes, Chair, Puget Sound Asthma Coalition</i> <i>Light refreshments will be provided</i>	

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OTuesday, June 11, 2024

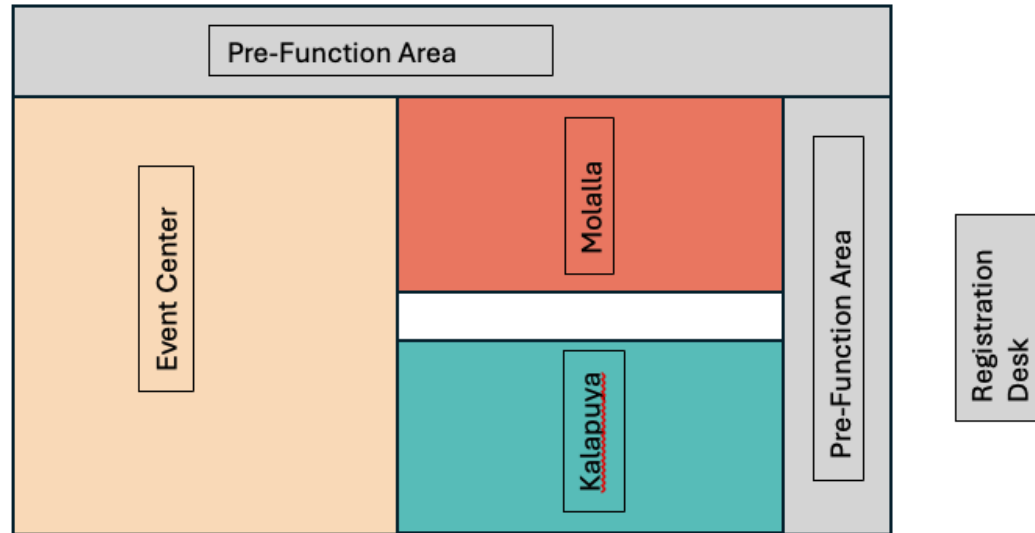
8:00 -9:00	Breakfast – Event Center		
	Event Center		
Session 4 9:00 – 10:30 90	Idaho Tribes and Public Health Learning & Action Network: A Journey of Learning and Partnership <i>Palina Louangketh, DSL MHS; Fred Martin, Daly Hull, Stephanie Kurko, Idaho Dept of Health & Welfare;</i> <i>Jennifer Dickison, Kootenai; John Wheaton, Nez Perce</i> <i>Moderated by Ashley Rundle, Idaho Dept of Health & Welfare</i>		
10:30-10:40 ₁₀	Break – Pre-Function Area		
Session 5 10:40 – 11:20 ₄₀	FEMA Reforms Help People Recover from Disasters <i>Leah Lubin, FEMA Region 10</i>		
Session 6 11:20 – 11:40 ₂₀	Enhancing Community Resilience: Collaborative Efforts in Preparing for Wildfire Season through Portable Air Cleaner Distribution <i>Dean Vailencour and Jessica Wilkinson, Washington State Department of Health</i>		
Session 7 11:45 – 1:15 90	Molalla	Kalapuya	
	Nerve Agent Attack or Agriculture Accident? A Guide to Activating the Regional and State Chempack Assets. <i>Timothy Hall, OHA-HSPR & Carey Palm, OHA</i>	Conceptualizing a Tribal Jurisdictional Risk Assessment Tool <i>Evan Mix, Kathleen Moloney, Center for Disaster Resilient Communities at University of Washington</i> <i>Claire Grant, Washington Department of Health Executive Office of Resiliency and Health Security</i>	
1:15 – 2:15	Lunch – Event Center		
Session 8 2:15 – 3:45 90	Molalla	Kalapuya	Event Center
	The Center for Disaster Resilient Communities: Using Research to Support Tribal Disaster Resilience <i>Evan Mix, Anna Reed, Center for Disaster Resilient Communities at U of WA; Buck Jones, CRITFC; Rachel Escatel, Klamath Tribes; Clinton Davis, Chehalis; John Wheaton, Nez Perce</i>	WRAP-EM Wildfire Response to the Children of Maui: Integrating Equity-Based Community Centered Response <i>Dr Merritt Schreiber, Ph.D, WRAP-EM;</i> <i>Mailia D’Alio, Pacific Islander Health Board of Washington State</i>	Childhood Lead Poisoning Prevention Program in Washington State: Building Partnerships to Prevent and Reduce Exposure <i>Kristina Somday, Mary Dussol, Theresa Sanders, Washington Department of Health</i>
3:45 – 3:55	Break – Pre-Function Area		
Session 9 3:55 – 4:20 25 4:20 – 5:30 70	Molalla	Kalapuya	Event Center
	Idaho Tribal Caucus ~ Tribal members & staff only Idaho State /Tribe Breakout <i>Fred Martin, Tribal Relations Manager; Daly Hull, Med Project Filter Health Equity Outreach Coord; Stephanie Kurko, ESF8 Readiness & Response Planner; Ashley Rundle, Idaho DHW</i>	Oregon Tribal Caucus ~ Tribal members & staff only Oregon State / Tribe Breakout <i>Sejal Hathi, MD, MBA, Director, Oregon Health Authority;</i> <i>Carey Palm, ESF8 Tribal Liaison, OHA;</i> <i>Julie Johnson, Tribal Affairs Director, OHA</i>	Washington Tribal Caucus ~ Tribal members & staff only Washington State / Tribe Breakout <i>Umair A. Shah, MD, MPH, WA Secretary of Health</i> <i>Nathan Weed, Washington Department of Health</i>

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Wednesday, June 12, 2024

8:00-9:00	Breakfast – Event Center	
Session 10 9:00 – 10:10 ⁷⁰	An Open Conversation with Washington DOH Office of Medical Logistics <i>Katie Scott, Jessica Wilkinson, Brien Aguilar, Victor Talbott, Dean Vailencour; Washington State Department of Health</i>	
Session 11 10:10 – 10:40 ³⁰	Strengthening Emergency Response: The Role of the Washington State Emergency Medical Reserve Corps <i>Victor Talbott; WA DOH</i>	
10:40 – 10:55 ¹⁵	Break – Pre-Function Area	
Session 12 10:55 – 12:25 ⁹⁰	<i>Molalla</i>	<i>Kalapuya</i>
	PHEP Program Overview & Tribal Engagement Criteria Requirements <i>Christopher Reinold, Branch Chief, ORR/DSLRC/CDC</i> <i>Greg Smith, CDC Tribal SME</i>	The Good, the Bad and the Ugly – A Dive into Effective Documentation and Disposition Strategies <i>Jessica Wilkinson, Patrick Plumb, WA DOH</i>
12:25 - 1:30 ⁶⁵	Lunch – Event Center	
Session 13 1:30 – 2:10 ⁴⁰	Molalla	Kalapuya
	Fulfilling the Promise: Enhancing Tribal/Urban Indian Organization Access to the Strategic National Stockpile During Large-Scale Public Health Responses <i>Glenroy Christie, Claudia Miron, ASPR/Strategic National Stockpile;</i> <i>Greg Smith, CDC Tribal SME</i>	Climate Adaptation and Tribal Resiliency <i>Suzanne Settle, Burns Paiute Tribe</i>
Session 14 2:15 – 2:55 ⁴⁰	Home Burial Process <i>Kathy Ellis, Megan Welter, Oregon Health Authority</i>	The Impact of Climate Change and the Mental Health Effects on our Depleting Traditional Foods <i>Daniel Martinez, Warm Springs Tribe</i>
2:55 – 3:10 ¹⁵	Break – Pre-Function Area	
Session 15 3:10 – 3:50 ⁴⁰	Good Process Leads to Good Preparedness: How the Washington State Department of Health’s IPPW Process Lays a Strong Foundation for Achieving Good Preparedness Through Effective Integration and Alignment with Tribal and Local Public Health Preparedness Partners.	
Session 16 3:55 – 4:40 ⁴⁵	<i>Stephanie Schreiber, Deena Khoury, Junesca Brown, WA DOH</i>	Environmental Health Training in Food Safety During an Emergency Response <i>Shawn Blackshear, NPAIHB</i>
4:45 – 5:15 ³⁰	Closing Session <i>Victoria Warren-Mears, NPAIHB</i>	
	Safe travels!	

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Meals provided:

- Monday – Afternoon Snack, light refreshments during last session
- Tuesday – Hot Breakfast, morning snack, hot lunch, afternoon snack
- Wednesday – Hot Breakfast, morning snack, hot lunch, afternoon snack

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Conference funded by

Idaho Department of Health and Welfare

Northwest Portland Area Indian Health Board

Oregon Health Authority Public Health Division

Washington State Department of Health

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Oregon Health Insurance Marketplace




CRDC University of Washington



Communicable Disease Epidemiology WA DOH

Firland Foundation





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Session Descriptions

Session 1.1

Introduction to the Oregon Poison Center: How Can We Better Serve You?

Charisse Pizarro-Osilla, Anne Duncan, Oregon Poison Center

Inform the audience of the operation and functions of the Oregon Poison Center and request ideas on how the center can better serve the tribal community.

Session 1.2

The Power of Partnerships: Improving Air Quality with the Puyallup Tribe of Indians

Cindy Haverkamp, Katherine Flug, Tacoma-Pierce County Health Dept.


Wildfire and wildfire smoke impacts are increasing in Western Washington as a result of climate change. Wildfires are burning hotter and spreading faster. According to new research led by Alex Dye from the Oregon State University College of Forestry, "If the world continues to emit greenhouse gases at its current pace, the North Cascades, Olympic Mountains, Puget Sound lowlands, and Western Oregon Cascades could see at least twice as much fire activity in the 30 years following 2035." Wildfire and wildfire smoke disproportionately impact frontline communities, including our tribal neighbors. Health impacts such as asthma, cardiovascular disease, low birth weight, and mental health impacts are exacerbated by increased wildfires and the smoke they create. The Tacoma Pierce County Health Department has been working with the Puyallup Tribe of Indians to improve air quality on Puyallup homelands. Working with the Tribe's Sustainability Manager, the Health Department's Climate Justice Coordinator has identified opportunities to share resources with the Tribe to mitigate the impacts of wildfire smoke. From box fan and filter distributions at health fairs to the installation of air quality sensors at Chief Leschi High School, we are working in partnership to improve health outcomes for tribal families. In this interactive breakout session, come learn about how our partnership developed, our plans for the coming year, and where we hope to move together in the future. In turn, share your ideas for partnerships and projects around wildfire and wildfire smoke in your communities.

Session 2.1

Technical Assistance in Preparing, Responding, or Recovering from Environmental Emergencies

Rhonda Kaetzel, US HHS Agency for Toxic Substances and Disease Registry

The Agency for Toxic Substances and Disease Registry and CDC's National Center of Environmental Health have subject matter experts that cover public health aspects of emergencies around environmental events – whether natural disasters or chemical releases to the environment. CDC/ATSDR hosts the CDC Emergency Operations Center activation for environmental emergencies. Staff are trained epidemiologists, toxicologists, sanitarians, engineers, scientists, data analysts, and communicators who can assist tribes in preparing for the health response during these types of emergencies. We use different tools and preparedness forums to characterize emergencies, identify target populations of concern, assess risk, coordinate



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response, and communicate actions to protect health depending on the level of concern. ATSDR/CDC has tools to prepare, respond, or recover from environmental emergencies. Lessons learned from responding to these emergencies can help tribal nations better prepare for future ones.

Session 2.2

Tribal Opioid Response Resources

Jessica McKee, Faith Turk AIHC;

The Commission will provide an introduction to and overview of their opioid emergency response resources, including their Opioid Tribal Emergency Taskforce Checklist, Template-Tribal-Reso Opioid Emergency Declaration, Naloxone Standing Orders, and Model Tribal Opioid Overdose Response Code (which includes Good Samaritan language).

Session 3

How Can a Cross-Sector Collaboration Bring Greater Safety to our Climate-Impacted, Smoke-Intensive Futures?

Tribal Healthy Homes Network

Gillian Mittelstaedt, Director, Air Matters/Tribal Healthy Homes Network;

Denise Frakes, Chair, Puget Sound Asthma Coalition

Light refreshments will be provided.

A hotter and more smoke-intensive future will only increase health risks to children, elders, and those with asthma or heart disease. These risks can be more than double for those without adequate ventilation, filtration, or cooling.


The Tribal Healthy Homes Network invites you to join us for refreshments and conversation around the role of collaboration in building preventive, data-driven, life-saving interventions. Whether air cleaner distribution for pregnant women, education for recently discharged heart patients, or creating cooling centers where Elders will be comfortable, we would like to hear your ideas and visions.

Questions we'll explore include:

- 1) Which Tribal (and possibly non-Tribal) programs should be at the table when planning, designing, and conducting interventions?
- 2) Is there value in building or joining a coalition to exchange information, network, and share best practices, funding ideas, and strategies?
- 3) If air cleaners were free or subsidized, which programs could come together to reach priority patients or households?

Session 4

Idaho Tribes and Public Health Learning & Action Network: A Journey of Learning and Partnership



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Palina Louangketh, DSL MHS, Fred Martin, Daly Hull, Stephanie Kurko, Idaho Dept of Health & Welfare;

Jennifer Dickison, Kootenai; John Wheaton, Nez Perce;

Moderated by Ashley Rundle, Idaho Dept of Health & Welfare

The Idaho Tribes and Public Health, Learning & Action Network, provide a platform for tribal and public health partners in Idaho to share updates and activities, engage in cross-cultural training and learning opportunities, and forecast anticipated topics based on emerging priorities of both the tribes and public health. This panel session is unique in that co-presenters representing the Idaho Department of Health and Welfare (IDHW) and IDHW Division of Public Health will kick off the presentation by providing foundational information about the department's journey of learning and partnership with the tribes in Idaho that resulted in the birth of the Idaho Tribes and Public Health Learning & Action Network ("PHLAN"). The co-presenters will remark on the implications of traditional partnership models of practice compared to a peer-to-peer learning model of practice approach – i.e., a 'learning and action network' model – in which the partners in Idaho have engaged in the PHLAN structure for collaboration. Following this history overview presentation by IDHW speakers, a moderator will invite panel speakers from the PHLAN who represent tribes in Idaho and the IDHW Division of Public Health to share perspectives and their journey of connecting, learning, and collaborating in the context of partnership from the cultural awareness lens. Conference participants will experience immersive learning from this panel of PHLAN speakers about the intricacies of their solid partnership. The panelists will meander through the past and current activities between the partners and highlight the creative approach to streamline the accessibility of resources and opportunities through the work of the PHLAN. The learning and action network model of the PHLAN creates and/or invites collaborative projects, peer-to-peer education to facilitate shared commitment, and cross-cultural training to enhance knowledge that allows participants to learn from each other.

Session 5

FEMA Reforms Help People Recover from Disasters

Leah Lubin, FEMA Region 10

On March 22, 2024, the Federal Emergency Management Agency (FEMA) made sweeping changes to its Individual Assistance program. These changes are the most significant step that FEMA has taken in 20 years toward improving the disaster survivor experience. After a Presidential disaster declaration, survivors will have quicker access to needed funds, greater property and home repairs eligibility, and a more straightforward application process to jumpstart their recovery from disasters. This session will discuss FEMA's Individual Assistance reforms and how they support individual and community disaster recovery. "The limitations on federal assistance have frustrated survivors and delayed recovery for far too long. FEMA was determined to remedy this situation and help reach more people" – FEMA Administrator Deanne Criswell

Session 6

Enhancing Community Resilience: Collaborative Efforts in Preparing for Wildfire Season Through Portable Air Cleaner Distribution

Dean Vailencour and Jessica Wilkinson, Washington State Department of Health

This presentation delves into the collaborative efforts of the Washington State Department of Health's Executive Office of Resiliency and Health Security (ORHS), Office of Emergency Medical Logistics, and the Division of Environmental Public Health (EPH) leading up to the 2023 Wildfire Season. Focused on the distribution of Portable Air Cleaners, the project aimed to



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support cleaner air in communities and provide solutions for individuals within their homes. Key aspects of the project include the selection process for portable air cleaners, ensuring equitable distribution across affected areas of the state, and the vital logistical support provided by the Office of Emergency Medical Logistics. The project ensured effectiveness and inclusivity through a careful selection process, including the involvement of small and diverse businesses. The presentation discusses the significance of prepositioning items to streamline response efforts and mitigate supply chain disruptions during crisis events. Highlighting the benefits of administrative preparedness and planning for supply shortages and delays, emphasizing the importance of proactive measures in disaster readiness. This project focused on bolstering community resilience and preparedness in the face of environmental challenges, showcasing the effectiveness of strategic partnerships and proactive planning.

Session 7.1

Nerve Agent Attack or Agriculture Accident? A Guide to Activating the Regional and State Chempack Assets.

Timothy Hall, OHA-HSPR & Carey Palm, OHA

The administrative level of a nerve agent and the difference between WMD and pesticides are commonly available. The presentation examines the process for requesting Chempack support, receiving and using the asset, and recovering from a post-incident. It also includes information for first responders and medical staff, as well as signs and symptoms and treatment for nerve agent poisoning.

Session 7.2


Conceptualizing a Tribal Jurisdictional Risk Assessment Tool

*Evan Mix, Kathleen Moloney, Center for Disaster Resilient Communities at University of Washington;
Claire Grant, Washington Department of Health Executive Office of Resiliency and Health Security*

The Washington Department of Health and the University of Washington are currently developing a web-based tool that will produce multi-hazard jurisdictional risk assessments for local health jurisdictions in the State of Washington. Local health jurisdictions are mostly defined at the county level. This tool will use the best data available to model the vulnerabilities and preparedness of local jurisdictions so that public health officials can allocate emergency preparedness resources strategically for maximum benefit. Other states and localities have developed similar tools in recent years, and more are considering doing so. As far as we are aware, there is no such tool that is specifically intended to support public health emergency preparedness planning by Tribal governments. DOH and UW propose to hold a workshop to explore the prospect of creating such a tool. After a presentation summarizing the nature, purpose, and intended uses of the county-level tool, participants will be invited to discuss topics such as the following: Would a data-driven Tribal risk assessment tool be useful? If so, how and for what purpose(s) would Tribes use such a tool? What unique challenges and opportunities would be involved in the development and use of such a tool? What features and functionality should be considered necessary, preferred, and/or nice to have as compared to the tool currently under development? Are there features the tool in development is missing that would be important? Conversely, are there features that would not be needed?

Session 8.1

The Center for Disaster Resilient Communities: Using Research to Support Tribal Disaster Resilience



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Evan Mix, Anna Reed, Center for Disaster Resilient Communities at U of WA; Buck Jones, CRITFC; Rachel Escatel, Klamath Tribes; Clinton Davis, Chehalis; John Wheaton, Nez Perce

The Center for Disaster Resilient Communities (CDRC) is an interdisciplinary research center at the University of Washington working toward a future where all communities have the knowledge, capacity, and partnerships to anticipate, mitigate, prepare for, respond to, and recover from disasters. We bring together researchers, government, and community partners to create and implement transformational hazard and disaster science, build workforce capacity, inform equitable disaster risk reduction policy and practice, and contribute to more resilient communities. In pursuit of this mission, CDRC is looking for opportunities to work on research projects defined and prioritized by Tribal partners. This session will introduce CDRC as an organization, briefly summarize pertinent areas of research, and provide examples of ongoing projects relevant to Tribal disaster resilience. In particular, we will discuss CDRC's contract with the CDC's Office of Readiness and Response to develop a tribal-specific work plan for a future Region 10 Public Health Emergency Preparedness and Response (PHEPR) Center. The PHEPR Center's goal is to improve the uptake of evidence-based strategies and interventions in PHEPR practice that are aligned with tribal priorities. To lead the development of the work plan, CDRC convened tribal partners with PHEPR expertise from across the region to participate in a tribal coordinating body. Through a series of phased meetings facilitated by the CDRC, the tribal coordinating body has identified focus areas and action plans for a future Center to prioritize and implement. The session will describe the work plan development process from the perspective of the CDRC and tribal coordinating body members. The balance of the session will consist of interactive discussions during which participants will articulate the interests and priorities of Tribes in relation to disaster resilience and consider how CDRC can advance those priorities through its research.

Session 8.2


WRAP-EM Wildfire Response to the Children of Maui: Integrating Equity-Based Community-Centered Response

Dr Merritt Schreiber, Ph.D, WRAP-EM; Mailia D'Alio, Pacific Islander Health Board of Washington State

Communities are always the first to mobilize and respond to disasters impacting their people. The 2023 Maui wildfires evinced pronounced systemic barriers and inequities within the current disaster response framework that limit the ability for long-term, holistic recovery for Indigenous populations after disasters. This presentation will describe the WRAP-EM Mental Health Response Team's work with the Hawaii Department of Health/Behavioral Health Administration to engage and support the mental health response for the children impacted by the Maui Wildfires of 2023. The support ranged from initial virtual routine consultations through on-site deployment and follow-up. Efforts to inform response with data using the WRAP-EM PsySTART system will be shared. The session will also cover information on challenges in partner engagement, adaptation of Western behavioral health approaches to include Native Hawaiian cultural and healing practices, post-response recommendations, current recovery operations, and lessons to guide future mental health "recovery action planning (RAP)" for disasters in Hawai'i. Lessons we are learning from Maui underpin the critical importance for outside agencies deploying into communities during times of crisis to engage in cultural sensitivity training and utilize health equity and social determinants of health framework to engage more compassionately and effectively with communities, particularly when it comes to Native and Indigenous populations. In place of the current limited framework, it is imperative that disaster response efforts prioritize dynamic solutions and collaboration with Indigenous peoples that center Indigenous agency and sovereignty, ensure cultural sensitivity, and demonstrate a commitment to mitigate unintended negative impacts on Indigenous communities.

Session 8.3

Childhood Lead Poisoning Prevention Program in Washington State: Building Partnerships to Prevent and Reduce Exposure



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Kristina Somday, Mary Dussol, Theresa Sanders, Washington Department of Health

While lead exposure has become less common over the last 30 years, lead still exists in the environment. Lead is a naturally occurring neurotoxin, and any exposure can be harmful, especially to young children whose bodies and brains are rapidly developing. Even low levels of lead in the blood can affect learning, the ability to pay attention, and academic achievement. Common sources of lead exposure include lead-based paint and lead dust in older homes, contaminated soil, drinking water, traditional remedies and cosmetics, aluminum cookware, workplace exposures, and hobby hazards. Children with elevated blood lead levels do not always have signs or symptoms, so a blood test is the best way to determine if a child has been exposed to lead. There are many ways to prevent lead exposure and reduce harm when exposure occurs. The Washington Department of Health (WADOH) Childhood Lead Poisoning Prevention Program (CLPPP) supports lead exposure prevention and response by working to increase blood lead testing and reporting, identifying and preventing environmental exposure, enhancing surveillance and data quality to identify better populations impacted by lead exposure, and ensuring effective follow-up and linkages to recommended services for children with elevated blood lead levels. The CLPPP program also works to address sources of environmental exposure through the implementation of routine testing of drinking water for lead at schools and childcare facilities. With our state's overall low lead rate, there is much more to do to protect all children from lead exposure. Rebuilding after the pandemic years includes the program focusing on building partnerships across communities, especially those disproportionately impacted by lead exposure. This session will discuss general lead information, state-wide data, and current program efforts. Additionally, we look forward to learning about areas WADOH can support and/or coordinate with tribes and tribal organizations around lead exposure prevention.

Session 9.1

Idaho State /Tribe Breakout

Fred Martin, Tribal Relations Manager;
Daly Hull, Med Project Filter Health Equity Outreach Coord;
Stephanie Kurko, ESF8 Readiness & Response Planner;
Ashley Rundle, Idaho DHW


The first portion of the session is for tribal leaders and staff only if they wish, with the state counterparts added later.

Session 9.2

Oregon State / Tribe Breakout

Carey Palm, ESF8 Tribal Liaison;
Sejal Hath, Director, OHA;
Julie Johnson, OHA

The first portion of the session is for tribal leaders and staff only if they wish, with the state counterparts added later.



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Session 9.3

Washington State / Tribe Breakout

State personnel TBD

The first portion of the session is for tribal leaders and staff only if they wish, with the state counterparts added later.

Session 10

An Open Conversation with Washington DOH Office of Medical Logistics

Katie Scott, Jessica Wilkinson, Brien Aguilar, Victor Talbott, Dean Vailencour, Washington State Department of Health

This session will be a panel discussion featuring program leads from the Washington State Department of Health Office of Medical Logistics. The program leads will share valuable information about their respective programs, including their capabilities, requestable resources, requesting process, and responses they've supported. Once they've shared about their programs, an open discussion will take place to discuss medical logistics capabilities, resources, and opportunities for collaboration between the DOH Office of Medical Logistics and Tribal Entities.

Session 11

Strengthening Emergency Response: The Role of the Washington State Emergency Medical Reserve Corps

Victor Talbott, WA DOH


This presentation delves into the crucial role of the Washington State Emergency Medical Reserve Corps (SEMRC) in bolstering emergency response capabilities. Attendees will gain comprehensive insights into the structure, functions, and significance of the SEMRC, alongside practical strategies for effective participation. By the conclusion of the session, participants will be equipped to Understand the purpose and objectives of the Washington State Emergency Medical Reserve Corps in disaster preparedness and response.

- Comprehend the key roles and responsibilities of SEMRC volunteers during emergency situations, including deployment protocols and ethical considerations.
- Demonstrate an understanding of the importance of ongoing training, collaboration, and community engagement in strengthening the effectiveness of the WEMRC and overall emergency response efforts in Washington State.
- This presentation will emphasize the unique contributions of the Washington State Emergency Medical Reserve Corps and underscore the importance of individual and collective readiness in mitigating the impact of emergencies.

Session 12.1

PHEP Program Overview & Tribal Engagement Criteria Requirements

Christopher Reinold, Branch Chief, ORR/DSLRC/CDC;



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Greg Smith, CDC Tribal SME

The presentation will focus on the Public Health Emergency Preparedness Program. This guides how the nation responds to all hazards, including infectious disease outbreaks, natural disasters, and biological, chemical, and radiological incidents. The Core Elements of Emergency Preparedness include the following:

1. Risk Assessment and Emergency Planning.
2. Hazards likely in geographic areas.
3. Care-related emergencies.
4. Communication Planning.
5. Policies and Procedures.
6. Training and Testing.

The DSLR Tribal SME, Greg Smith, will present the Tribal Engagement Requirements NOFO criteria in a breakout session and will provide additional knowledge and resources at the conference to support these three states and tribal PHEP programs in those sessions. Greg Smith will also present, in conjunction with the ASPR/SNS: Milestone Committee, the tribal acquisition and state reimbursement criteria, which are focused on how states will be reimbursed by the tribes and/or ASPR/SNS in the event of a PHEP event on tribal reservations and adjacent lands.

Session 12.2

The Good, the Bad and the Ugly – A Dive into Effective Documentation and Disposition Strategies


Jessica Wilkinson, Heidi Kuykendall, WA DOH

Maximizing reimbursement eligibility is a critical aspect of emergency response management, as it directly impacts the financial sustainability of response efforts. This presentation gives a quick overview of how adherence to best practices in documentation and disposition can significantly enhance reimbursement eligibility for emergency response activities. At the end of this session, attendees will be able to:

- Recognize the importance of adherence to documentation standards and regulatory compliance in maximizing reimbursement eligibility.
 - Understand the use of collaborative frameworks to facilitate accurate documentation and validation of reimbursable expenses among response teams and reimbursement entities.
 - Evaluate and implement diverse disposition strategies, including leveraging community resources and building partnerships, to optimize reimbursement eligibility and financial recovery during and after disasters.

Key topics:

- **Documentation Standards and Compliance:** Delving into the importance of adhering to documentation standards and regulatory compliance requirements to ensure that all reimbursable activities are accurately documented and accounted for.
- **Collaboration and Communication Frameworks:** Emphasizing the necessity of robust communication channels and collaborative frameworks among response teams, agencies, and reimbursement entities to facilitate the accurate documentation and validation of reimbursable expenses.



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- **Implementing Diverse Disposition Strategies:** Examining best practices for implementing diverse disposition strategies, such as leveraging community resources and building successful partnerships for operations to maximize reimbursement eligibility and financial recovery.
- **Training and Capacity Building:** Addressing the importance of ongoing training and capacity building initiatives to ensure that responders are equipped with the knowledge and skills necessary to effectively document and validate reimbursable expenses. By implementing these best practices, emergency response organizations can enhance their ability to accurately document eligible expenses, optimize reimbursement claims, and secure the financial resources needed to sustain and enhance their response capabilities.

Session 13.1

Fulfilling the Promise: Enhancing Tribal/Urban Indian Organization Access to the Strategic National Stockpile During Large-Scale Public Health Responses

*Glenroy Christie, Claudia Miron, ASPR/Strategic National Stockpile;
Greg Smith, CDC Tribal SME*

Executive Order 14001, “A Sustainable Public Health Supply Chain,” directs an array of actions to secure supplies necessary to respond to the COVID-19 pandemic and future large-scale public health emergencies.

Section 5, “Access to Strategic National Stockpile,” directs the Department of Health and Human Services to “consult with Tribal authorities and take [appropriate] steps to facilitate access to the Strategic National Stockpile for federally recognized Tribal governments, Indian Health Service healthcare providers, Tribal health authorities, and Urban Indian Organizations.”


A multi-agency working group, led by SNS in the HHS Administration for Strategic Preparedness and Response with collaboration from IHS, Centers for Disease Control and Prevention, Federal Emergency Management Agency, and others, recommended pathways that HHS ASPR approved to expand and refine processes through which IHS, Tribal, and UIO providers could request federal assistance to locate medical supplies and personal protective equipment. Here, HHS ASPR, collaborating with federal partners, will communicate to federally recognized Tribal governments and UIOs the multiple available pathways to access federal public health emergency response resources and provide guidance and technical assistance to state public health authorities to assist them in supporting Tribal nations and UIOs located within their borders.

Session 13.2

Climate Adaptation and Tribal Resiliency

Suzanne Settle, Burns Paiute Tribe

Climate change is evident, and the planet is living and breathing normally. While humans contribute to the speed at which it changes, we must keep up with our ability to adapt and be resilient. The Cretaceous “hot greenhouse era” 92 million years ago and the Paleocene-Eocene era “thermal maximum” 56 million years ago were hotter than we “expect” to get and were followed by extreme cold periods in Earth’s history. Carbon dioxide levels during the Cambrian period were 20 times higher than our current levels, and the Earth was 10 degrees



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Celsius warmer. From 1303 to 1850, we were in the middle of a “little ice age.” Causes potentially include a grand solar minimum, a reversal of the atmospheric circulation, and volcanic activity. Evidence shows big climate shifts in the past between relatively stable modes in the space of a thousand years or so. While this isn't the planet's first rodeo, this is our first rodeo, and if we can adapt, we can remain resilient.

Session 14.1

Home Burial Process

Kathy Ellis, Megan Welter, Oregon Health Authority

The presentation discusses the home burial process, from defining a home burial to who, when, and how to request a home burial packet. It will also cover what is in the home burial packet and how to complete the report of death (death certificate). The next steps after the death report has been completed are also discussed.

Session 14.2

The Impact of Climate Change and the Mental Health Effects on our Depleting Traditional Foods

Daniel Martinez, Warm Springs Tribe

Educating our People on Climate change, we need to act on reconnecting and rebuilding respect for our Mother Earth; feeling connected to other Humans and the greater World is central to good mental Health we are all face with "No One knows how exactly to solve climate changes", everyone holds a vital role in Healing and protecting our traditional foods from heat to adverse weather conditions we are all face with changes to our mental health as we become more aware of climate changes.

Session 15.1

Good Process Leads to Good Preparedness: How the Washington State Department of Health's IPPW Process Lays a Strong Foundation for Achieving Good Preparedness Through Effective Integration and Alignment with Tribal and Local Public Health Preparedness Partners.

Stephanie Schreiber, Deena Khoury, Junesca Brown, WA DOH

The Washington State Department of Health's (DOH) Executive Office of Resiliency and Health Security's (ORHS) Training, Planning, and Exercise (TPE) team will be presenting on the department's dedication to and reliance on good processes which leads to good preparedness. A good process requires a strong foundation, exemplified by the state's recent approach to the agency's Comprehensive Integrated Preparedness Plan Workshop. After a walkthrough of this innovative IPPW approach, the recently published 2024 Integrated Preparedness Plan and subsequent preparedness priorities derived from the 2024 WA DOH ORHS Comprehensive IPP Workshop will be discussed. This will be followed by an open forum discussion to share opportunities and brainstorm ideas for integrating and aligning preparedness processes.



2024 Tribal Public Health Emergency Preparedness Conference

Session 15.2

Environmental Health Training in Food Safety During an Emergency Response

Shawn Blackshear, NPAIHB

This session will explain the role of environmental health in food safety, describe food safety preparedness considerations, and discuss operational considerations for mass feeding. It will cover methods that may be used for assessing food safety and describe the considerations for reopening food establishments after a disaster. It will further discuss actions that environmental health professionals can take to promote food defense.

Session 16

Oregon Energy Security Plan: Risk Assessment and Mitigation

Deanna Henry, Oregon Dept of Energy

Update from Oregon Dept of Energy on fuel resiliency and discussion about risk and existing plans.