The Center for Disaster Resilient Communities

Using Research to Support Tribal Disaster Resilience

Evan Mix, University of Washington Anna Reed, University of Washington

Discussion Panel

Clinton Davis, Confederated Tribes of the Chehalis Reservation Rachelle Escatel, Klamath Tribes
Buck Jones, Columbia River Inter-Tribal Fish Commission
John Wheaton, Nez Perce Tribe

Agenda

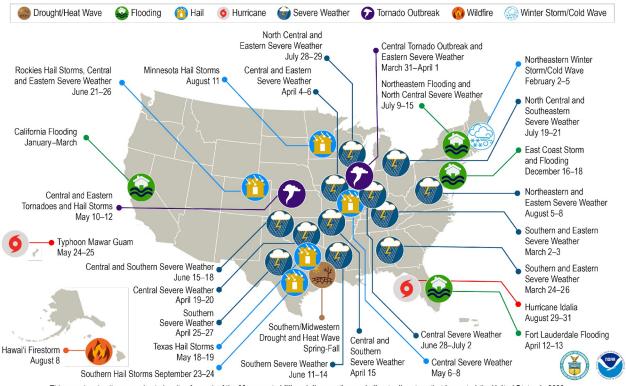
- > Introduce the Center for Disaster Resilient Communities
- > **Example Project:** CDC Region 10 PHEPR Center Work Plan Project
- > Tribal Coordinating Body Member Panel Discussion
- > Q & A



The Center for Disaster Resilient Communities (CDRC)

The Real-World Problem

U.S. 2023 Billion-Dollar Weather and Climate Disasters





Fast Facts

- → **Depth of expertise:** 100+ faculty researchers; additional research staff
- → **Breadth of expertise:** Disciplines include public health, public policy, planning, healthcare, engineering, hazard processes, and more
- → Connections to existing research initiatives: Natural Hazard and Disaster Reconnaissance Facility, Pacific Northwest Seismic Network, Cascadia Coastlines and Peoples Hazard Research Hub, etc.

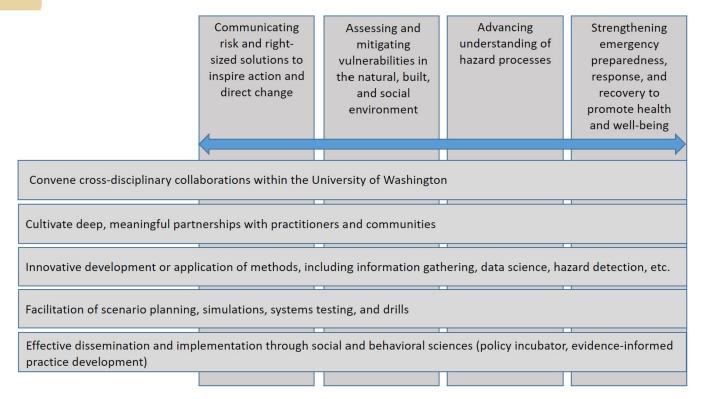


Vision and Mission

- → **Vision:** All communities have the knowledge, capacity, and partnerships to anticipate, mitigate, prepare for, respond to, and recover from disasters.
- → Mission: The Center for Disaster Resilient Communities brings together the University of Washington, 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.



Research Agenda





"All Communities" Includes Tribes

- → CDRC's vision encompasses all communities, including Tribes
- → Already working with Tribes, members, and Tribal organizations on a variety of initiatives
- → We are actively looking for new opportunities to collaborate!



Tribal Partnership Steering Committee

→ **Membership:** Northwest Tribal Emergency Management Council board of directors



- → Advises CDRC in efforts to
 - ◆ **Learn from Tribes** in the Northwest about existing resilience work and information needs
 - ◆ Identify areas of joint interest related to research and training
 - Promote Tribal emergency preparedness through scenario-based exercise
 - Ensure sustainable engagement practices to build lasting relationships



CDC Region 10 PHEPR Center Work Plan Project

Project Background

A 2020 National Academies of Science, Engineering, and Medicine (NASEM) study concluded:

"The science underlying the nation's response to public health emergencies is seriously deficient, which hampers the nation's ability to effectively respond to emergencies, save lives, and preserve well-being."



Project Background

→ CDC's Office of Applied Research (OAR) awarded contracts to support creation of seven regional public health emergency preparedness and response (PHEPR) work plans for future regional PHEPR centers

- → CDRC was awarded the Region 10 contract to <u>facilitate</u> the development of <u>two</u> work plans:
 - ◆ Five-year regional work plan
 - ◆ Five-year tribal-specific work plan



Project Goals

→ Establish work plans for a regional center focused on improving the uptake of practice-informed, evidence-based strategies and interventions in public health emergency preparedness and response

→ Ensure content and focus of the work plans are determined by subject matter experts



Key Project Activities

Convene Regional Coordinating Body (RCB) & Tribal Coordinating Body (TCB) to:

◆ Identify **focus areas and objectives** for a future Region 10 PHEPR Center to prioritize and implement

◆ Develop a five-year work plan (RCB) & Tribal-specific work plan (TCB) for future Region 10 PHEPR Center



Tribal Coordinating Body

- CDC contract required specific coordinating body composition
- Soal of 16 to 18 coordinating body members

Academic institution with PHEPR experience representatives (2)

K-12 public education system representative Tribal rep from AK, ID, OR, & WA state health departments

"The coordinating body may include members representing other geographical, social, cultural or age-related needs, public health information officer, health equity officer, emergency management personnel and all members shall have some relevant knowledge in public health emergency preparedness and response, and /or emergency management."

Tribal health department representatives (2)

Healthcare facility or coalition representatives (2)



Coordinating Body Recruitment

- 1) Broad recruitment email
- 2) Targeted outreach through professional networks
- 3) Organized interest by state, sector, and area of expertise
- 4) Preliminary selection to identify remaining gaps
- 5) Presented information to PHEP Directors for feedback and input on additional outreach strategies and potential members
- 6) Consulted with CDC prior to final appointments



Tribal Coordinating Body Membership

Affiliation	Location	Area of Expertise	
Alaska Native Tribal Health Consortium	Alaska	Tribal PHEP	
Copper River Native Association	Alaska	Climate Change	
Department of Family and Community Services	Alaska	Tribal Health and Human Services	
Idaho Department of Health and Welfare	Idaho	Tribal Public Health	
Nez Perce Tribe	Idaho	Tribal Emergency Management	
Chemawa Indian School	Oregon	Education	
Oregon Health Authority	Oregon	Tribal Public Health	
Oregon State University	Oregon	Climate Change/Academics	
Yellowhawk Tribal Health Center on the Umatilla Indian Reservation	Oregon	Tribal PHEP	



Tribal Coordinating Body Membership Cont.

Affiliation	Location	Area of Expertise
Klamath Tribes	Oregon	Tribal Emergency Management
Lower Elwha Klallam Tribe	Oregon	Tribal Public Health
Columbia Inter-Tribal Fish Commission	Region 10	Traditional Foods
Suquamish Tribe	Washington	Tribal Public Health
Washington State Department of Health	Washington	Tribal Health Policy
Chehalis Tribe	Washington	Tribal Emergency Management
Pacific Islander Health Board of Washington State	Washington	Tribal Public Health
Pierce College	Washington	Tribal Emergency Management



Project Workflow

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February 2024

March 2024

April 2024

Summer 2024

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Phase 1 Meeting

December 2023

Phase 2 Meeting

Phase 3 **Meeting***

Phase 4 Meeting

Work Plan Development

- Purpose
- Introductions
- Team building
- Review project purpose & goals
- Discuss RCB and TCB group agreements

- Review regional disaster risk summaries
- Review PHEPRrelated frameworks

IN-PERSON WORKSHOP

- Evidence definition exercise
- Discuss Center activities & focus areas

 Prioritize Center focus areas

Develop fiveyear work plan describing TCB's identified focus areas and action plans

Listening Sessions

*Coordinating Bodies met separately

Phase 3 Meeting

→ In-person convening at wəłəb?altxw – Intellectual House on University of Washington's Seattle campus in March

→ Activities:

- ◆ Icebreaker
- ◆ Recap of Project Activities
- ◆ Evidence Definition Exercise
- ◆ Focus Areas Brainstorm Exercise



Brainstorm Exercise (from the Meeting)

- → Grounded in the definition of evidence described this morning, what would you like the Center to prioritize (i.e., what are your needs)?
 - What would you like the center to do to address those needs (e.g., center activities)?
- → Keep in mind, you are developing a work plan for a regional center focused on improving the uptake of evidence-based strategies and interventions in public health emergency preparedness and response (PHEPR) practice



Work Plan

Objective 3: Adapt, tailor and/or co-create evidence-informed strategies and interventions (EISIs) or evidence-based strategies and interventions (EBSIs) to align with community and/or cultural contexts, preferences, and/or needs.

"The Tribal Coordinating Body has considered that evidence is often generated in specific, high resource settings. They also discussed how Western definitions of evidence may not be inclusive of Tribal oral histories and lived experiences, which are forms of evidence.

Moreover, they noted that due to historical appropriation of knowledge, Tribal knowledge, and evidence – both from Western and Indigenous perspectives of such – are often closely held by Tribal or trusted partners, and not available in the academic, peer-reviewed literature. As such, the Tribal Coordinating Body recognizes that EBSIs and EISIs may need to be adapted or created specifically for Tribal contexts and/or Indigenous peoples and that Tribal partners should guide this process. The Tribal work group proposed in Objective 3 will serve as co-creators in the adaptation and/or creation process to ensure that the EBSIs and EISIs are culturally-relevant and respond to community needs and conditions."



Tribal Coordinating Body Member Panel

Panelists

Clint Davis	Rachelle Escatele	Buck Jones	John Wheaton
	Enrolled Member of the Klamath Tribes	Enrolled Cayuse Member, One of the Bands of Confederated Tribes of the Umatilla Indian Reservation	Enrolled Member of the Nez Perce Tribe
Emergency Manager, Chehalis Tribe	Emergency Manager, Klamath Tribes	Columbia River Inter- Tribal Fish Commission	Emergency Planning Coordinator, Nez Perce Tribe

What motivated you to participate on the Tribal Coordinating Body?



What has your experience been like collaborating with regional and UW partners?



What have you learned (for better or worse) related to working with UW on a federal contract?



Do you believe the TCB achieved what it set out to achieve? How could the work plan development process have been improved?



Questions from the audience?

Please visit our table to learn more!

Evan Mix (emix@uw.edu)
Anna Reed (areed5@uw.edu)

cdrc.uw.edu

