

# Tribal Health Perspectives: Navigating Political Environments in Emergency Preparedness and Infectious Disease Response Webinar Transcript

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**0:00:10.7 Storee Harris-Stubblefield:** Welcome to Prepared Set Go, a podcast of Public Health Prepared. Public Health Prepared is a workforce development branch of the Michigan center for Infectious Disease Threats and Pandemic Preparedness, or MCIDT Initiative, which is housed at and funded by the University of Michigan. We hope this podcast will better equip the public health workforce to handle ongoing and future health crises. Thank you for tuning into our episode. Today we'll be talking about tribal health perspectives, navigating political environments in emergency preparedness, and infectious disease response. I'm your host Storee Harris Stubblefield. Today we have Indi Prairie Chicken. She is an enrolled member of the White Earth Band Ojibwe and has over 10 years of experience as a registered nurse working in nonprofits, tribal health facilities and Indian Health Service units.

**0:01:02.5 SH:** She holds a Bachelor of Science in Nursing, a Master of Arts in Health Administration, and a Public Health Nursing certification. During the pandemic, Andy served as an infection control Nurse Implementing COVID-19 testing, screening and safety protocols while also managing the prevention and control of other infectious diseases. Her work includes educating on disease management and updating guidelines based on evolving public health recommendations. Currently she is a Nursing Supervisor at Indian Health Board Minneapolis, where she continues to support the health and safety of her community by preparing for future public health challenges. Welcome to the podcast. I'm excited to speak with you today.

**0:01:46.1 Indi Prairie Chicken:** Hello everybody.

**0:01:48.8 SH:** Indi, can you tell our listeners about your work that you do at your organization and a little bit of information about your prior experience in infectious disease response?

**0:02:00.3 IC:** Yeah, so currently I am the nursing supervisor at the Indian Health Board of Minneapolis and part of my role includes balancing clinical and administrative responsibilities and so some of that involves managing the day to day clinic operations, compliance. I do a little bit of staff development and trainings, just to name a few things. Previously I was an infection control nurse during the COVID-19 pandemic. Previously I was an infection control nurse during the COVID-19 pandemic and this role involved implementing infection prevention protocols,

adapting quickly to emerging guidelines, as well as providing direct patient care to manage and prevent the spread of COVID-19. In my current role as nursing supervisor, I continue to apply infection control concepts by implementing protocols and services to ensure the highest standards for infection prevention in a clinical setting. And so part of this includes reducing barriers for care and having the most up to date immunizations. Last year we began offering RSV immunizations for adults and monoclonal antibodies for our pediatric population. And then this year we looked at adjusting our internal protocols for immunizing patients who are seeking fluid COVID vaccines.

**0:03:28.1 SH:** Thank you for Giving us that overview, Indi, that just helps situate our conversation a little bit better. Speaking with you earlier, you mentioned the importance of contextualizing this conversation in terms of cultural, historical and systematic dynamics. Please can you elaborate a little bit more on what you meant by that?

**0:03:49.6 IC:** Certainly navigating emergency and disaster preparedness or infectious disease response within a tribal health system requires understanding of how cultural, historical and systemic dynamics influence decision making, trust and effectiveness. And it's important to understand the context of which this is nested in. You almost can't discuss Native health care without reviewing how the federal government treated Native people. And so, you know, federal policies were aimed at forced assimilation through boarding schools, relocation act, and past health crisis where Native communities were poorly treated or neglected. And so you look at the, the devastating effects of European settlers introducing diseases. There were estimates as high as 95% of the indigenous population were killed by infectious diseases during the years following European colonization. And so we fast forward to today. A lot of those things are still irrelevant in terms of infectious diseases in the Native population. And we're seeing higher rates of incidence and prevalence of infectious diseases. For example, COVID-19 disproportionately affected Native American population. And Natives are also experiencing higher rates of sexually transmitted diseases. And so, there's an accumulation of events that have led towards mistrust of the federal government and healthcare authorities.

**0:05:26.7 IC:** And this mistrust can impact tribal communities responses to public health recommendations. And so, and now we're kind of looking at the systems. Tribal health systems are often underfunded compared to non tribal health systems. For example, we look at, in the year 2022, health care spending in the United States per person was a little bit over \$13,000 per person, where, the Indian Health Service, their per capita personal healthcare expenditure in 2023 was a little over 4,000. And so these limited resources can impact things like staffing facilities and supplies. And this can create barriers to establishing effective emergency response teams or maintaining readiness for disease outbreak. And so now you kind of look at the cultural considerations for healthcare that operates within these layered systems. And traditionally, Natives are more communal. There's a respect for elders, there's a sense of like, consensus is important, whereas Western approach is a little bit more top down.

**0:06:44.9 SH:** Indi, thank you so much for providing those historical and cultural and systemic dynamics in this conversation. I think that will help guide our conversation going forward. With that said, what is the area that you are serving like, what does it look like? Can you paint a picture for our listeners about the social political landscape of the area that you serve.

**0:07:07.3 IC:** And first I kind of wanted to touch upon the tribal political system and then kind of discuss the area that I'm serving. And so tribal politics, tribes are sovereign nations with authority to govern themselves and set its own health policies, which often include considerations that reflect the culture and community values. And tribal political system also has overlapping jurisdictions. There's tribal state and federal governments overlapping there, which can create confusion in an emergency response situation. For instance, tribes have their own health policies, but state and federal guidelines often influence their operations, sometimes creating conflict.

**0:07:58.1 IC:** And now, if we're examining American politics, health policies and infectious disease responses are usually managed through federal, state and local systems. It's often this top down approach with federal or state guidelines setting standards for communities. I currently serve an urban Indian community, and in fact, a large portion of Natives live in urban communities. I think it's around 85%. And so it's important to note that in cities, tribal sovereignty has no jurisdictional

influence and federal funding for urban Indian health is often more limited. And so there are urban Indian health programs, and those exist to provide health care for American Indians in the cities and for urban American Indians. For urban American Indians, the political landscape can involve navigating mainstream healthcare. And so, there are urban Indian health programs, but they're not in all cities. And so Natives may choose to seek care in a mainstream healthcare system. And so in cities, urban American Indians may be left out of both tribal and non tribal health initiatives. This can result in delayed communication or lack of culturally informed resources in emergencies. It's important to bridge these gaps, which involves collaborating between tribal entities, the urban Indian health programs, and public health systems to ensure urban American Indians receive adequate resources and representation.

**0:09:44.1 SH:** Thank you for explaining the difference between the American and tribal sociopolitical landscape in your area and thinking about those differences. How does that impact infectious disease response in your experience?

**0:10:00.3 IC:** In my experience. So I live in Minneapolis, and Minneapolis has a pretty sizable urban Indian population. And collaborations between local government, tribal organizations and urban Indian health programs like the Indian Health Board of Minneapolis are essential in bridging gaps between tribal health priorities and state or federal response frameworks. And for example, if we look at COVID-19 during the pandemic, Minneapolis's urban American Indian organizations coordinated with local and state health departments to set up culturally specific testing and vaccination clinics there. And there was a focus on having culturally tailored healthcare services which involved navigating the political considerations around funding, healthcare accessibility and trust building in communities who have been historically affected by disparities.

**0:10:57.5 SH:** So I wanted to talk a little bit more about balancing science and politics. So how do you balance scientific evidence with political pressures during an outbreak? What are some common challenges that you have faced?

**0:11:12.8 IC:** In order to balance scientific evidence with political pressures during an outbreak? It's important to have trust with the communities that we're serving. And so that includes being mindful of, like, the historical context and reasons why

mistrust may exist. And so to kind of help manage that. It's important that messages are delivered in a way that the intended population can understand. And so, for example, if we're looking at Native communities speaking the language of the communities they serve or using phrases that are important to the community, it's also essential to honor and encourage community voice and partner input. During an outbreak such as COVID-19, the information and guidelines were changing so quickly that sometimes it was hard to keep up, even for us as healthcare professionals. And so part of that is being transparent with our patients about what we didn't know and what we did know, but also staying up to date with the information as it was emerging. And I think it's also important to be familiar with the community you serve, or if you're not, then it's, you know, essential to build that familiarity and having, communities also want to know that people aren't going to kind of come in and out for emergency situations only. And so it's important to have, like, a sustained commitment to the community beyond the outbreak.

**0:12:47.1 SH:** You touched on a little bit on messaging in terms of using language that's familiar to the audience. Are there any other specific strategies that you employ to get messaging to tribal communities?

**0:13:01.2 IC:** When we're providing messaging to communities, we ensure that we're having culturally appropriate messaging. You know, we're using social media to make sure that we're communicating information along the way. Culturally appropriate messaging can look like incorporating tribal imagery. For example, I'm Ojibwe, and a lot of, you know, my tribe is represented. You see our beadwork and stuff, and there's a lot of florals in there. And that comes from, you know, us looking at the landscape around us and kind of recreating this imagery. And so kind of incorporating culturally relevant imaging into messages can help. And so also, I'm just kind of thinking about what we did in terms of COVID 19 and I feel like we kind of walked the talk. And so when patients were receiving their immunizations at our vaccination clinics, we offered smudging to patients and Smudging is a common practice among many tribes, and it involves burning plants, which we consider to be traditional medicines.

**0:14:10.5 IC:** And this is a cleansing. And so sometimes this is us cleansing our space, Sometimes this is us cleansing our minds, our bodies and our spirits. And so

I think it's really important that when we're serving Native people that they see that we're offering things that are important to us and they can share that with their family members. We were providing opportunities for patients to ask questions and really kind of help them answer any information that they needed to make sure that they can make an informed decision. And again, I think this is really important because if we're making them feel comfortable, they can share that information with their family and their relatives and their friends. This is a good place to come because they are going to feel respected.

**0:15:00.4 SH:** I think you highlighted some very important points on the cultural aspects and implementing those when trying to do public health outreach. I think that could be a commonly overlooked aspect that also keeps people from engaging in a meaningful way into programming that we want people to engage in. So thank you so much for highlighting that. And it kind of goes into the next question that we have. How does diversity, equity, inclusion, and justice principles guide your navigation on political topics?

**0:15:34.7 IC:** If we're speaking about inclusion and how that guides the work that we're doing, I think it's important for me to understand historically, how Natives have been discriminated against in the health systems. And so, and it's not that. That's, you know, unfortunately, that still exists today. And so for me, it's just about creating a space where people feel welcomed, they feel heard, and they feel seen and valued. And ultimately, we want patients to keep coming back to the clinic and receiving care so they can live healthier lives.

**0:16:13.8 SH:** Definitely. Thank you for speaking to those inclusion principles. So, as we wrap today, what is one thing about your job that keeps you coming back day after day? Whether or not it's related to today's topic.

**0:16:26.1 IC:** I am committed to making a positive impact on the health and wellness of the American Indian community.

**0:16:34.4 SH:** Andi, thank you so much for talking about this topic today. I think it's poignantly relevant and necessary and definitely appreciate your input and perspective. Thank you so much for joining us to share your experience and providing insight on this topic for our listeners. We hope that you were able to learn

about tribal health perspectives. We encourage you to check out the transcript and resources in the podcast notes. With that, we'll end here. For today, stay safe and stay prepared.