

OPERATION Foothold 2011

Background:

The United States Public Health Service (USPHS) has four ready response teams whose missions support the fundamental PHS mission; to protect, promote and advance the health and safety of the Nation. These four teams are:

- Rapid Deployment Force (RDF)- provides primary care and preventative medicine;
- Mental Health Team (MHT)- provides behavioral health support;
- Services Access Team (SAT)- specializes in ensuring access to follow-up care;
- Applied Public Health Team (APHT)- provides public health assistance such as epidemiology, engineering, veterinary medicine, and environmental health.

Working with American Indian and Alaska Native (AI/AN) tribes presents an opportunity to significantly further the public health mission and exchange knowledge with local communities. Pine Ridge was identified by IHS Headquarters as a tribal community with great public health and medical infrastructure needs. USPHS presented the concept of the community health and service oriented missions program to the Oglala Sioux Tribe's Health Council and President John Yellow Bird Steele. At their invitation, a joint venture was initiated to identify health activities that would assist their community and reinforce cultural fluency of the USPHS teams. By working through the Indian Health Service (IHS) and in partnership with local tribal health boards, the PHS has gained a more thorough understanding of one of our country's medically underserved and vulnerable populations. This report demonstrates the value of the mission objectives implemented at Pine Ridge.

Officers in the USPHS Commissioned Corps partnered with the Oglala Sioux Tribe (OST), Remote Area Medical (RAM), Aberdeen Area, Pine Ridge Service Unit, and IHS headquarters to conduct a joint community health and service oriented mission August 21st-28th, 2011. Additional partners included the Oglala Sioux Water and Sewer Company, EPA Region 8 Tribal Drinking Water Program, and CDC's National Center for Environmental Health. This joint venture provided a surge in public health and medical services as well as facilitated subject matter exchanges. Together, the partners addressed many challenges. Through service oriented missions, the group protected and promoted public welfare, while advancing local public health infrastructure in a manner that strengthened the local tribal and IHS community. The service oriented missions program provided a comprehensive model;

- mitigating threats of rapid increases in disease associated with capital improvement needs of water and sewer infrastructure;
- improving community profiling skills in epidemiology in order to identify novel or resurgent health concerns and prioritize resources to address those concerns; and
- providing crises intervention support to the community through the OST Sweet Grass Suicide Prevention program and through direct medical, dental and vision services.

All officers received a minimum of five hours of cultural competency training by OST with additional cultural events available in the evenings. These events were coordinated by the tribal and IHS planning committee members and included a historical tour of Wounded Knee at the museum, Oglala Lakota College's Black Elk Speaks play, Inipi purification ceremony (prayer lodge), and a traditional meal the night of the Reflection Ceremony. These interactions aided

USPHS efforts to provide more culturally-competent solutions to local and regional health challenges.

Summary:

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Personnel Count:

- Applied Public Health Team APHT (22)
- Mental Health Team MHT (8)
- Rapid Deployment Force RDF (39)
- Services Access Team SAT (6)
- Office of Force Readiness and Deployment OFRD (3)

Cost: Approximately \$163,000

Total value of services delivered: \$290,420 (\$146,863.00 FTE hrs + \$143, 557.00 Medicaid reimbursement equivalents)

Team leadership consulted daily with CDR Emily Williams and/or CDR Cuny (AAIHS Chief Medical Officer both from the Aberdeen Area IHS Office) as well as LCDR Giorux (IHS medical epidemiologist). In addition, LCDR Giorux facilitated the development of the Tribal and local IHS planning committee and served as a liaison to its committee members during the service mission assuring Tribal support and leadership for all activities.

Through an integrated effort, the following was accomplished:

RDF4

- **Provided optometry, dental and general medical services to 730 patients who received 1198 services in three and a half days**
- **Leader(s) of Mission:** CAPT Richard Turner, RDF Team Leader, supported by CDR Sue Larkin, SAT Leader and her team
- **Section Leaders:** CAPT Melanie Sipe, Administration; LCDR Jennifer Bebo, Deputy Admin Chief; CDR Brandon Taylor, Operations; LCDR Kelly Battese, Logistics; LCDR Julie Black, Planning; LCDR Dawn Dineyazhe, Deputy Planning Chief
- **Local Points of Contact:** CDR Emily Williams, CDR Rodney Cuny, Lisa Dillon, Terry Friend CNM, Community Health Services, Pine Ridge IHS
- OST Health Administration staff associated with the South Dakota Department of Social Services, Medical Benefits for Children and Families, was on site to enroll children in the State Medicaid program. At least 74 enrollment forms were completed on site.
- OST Oyate Bli Helya program provided diabetes education the first day of clinical event with brochures available on all remaining days. Additionally RAM provided glucose screening and diabetes management education to all patients receiving dental screening. Several people were identified with blood sugars over 400.

Worked with Pine Ridge Tribal Emergency Manager to update and develop the Tribal Emergency Operations plan so that it is consistent with FEMA guidance documents.

- **Leader(s) of Mission:** CAPT Richard Turner, CDR Danny Walters, Ben Swig
- **Local Point of Contact:** Arlene Catches the Enemy

- Met key POC during PDSS and briefly discussed objectives. During Operation Foothold met to clarify roles and outcomes for the future.
- Provided detailed list of items to be shared upon return from mission. Will provide to Tribal POC and discuss future activities to fulfill mission requirements. Long term project that will require substantial cooperation and involvement of tribal emergency operations personnel and RDF4 team members.
- Delegating responsibilities and duties to effectively complete this task is crucial.

APHT4

Water Asset Management

- **Leader(s) of Mission:** CAPT Alan Parham, Team Leader
- **Section Leaders:**
- **Local Points of Contact:** Joe Amiotte, Supervisory Sanitarian for Pine Ridge IHS Office of Environmental Health and Engineering.

- Met with IHS District Engineer to better understand Tribal wastewater systems and prioritize future projects at Pine Ridge.
- Evaluated the wastewater lagoon at the Sunrise Housing Area in Martin, SD.
- Met with the US EPA to discuss the course of action for repairing the temporary pump and getting the lift station back online in order to prevent the backup of sewage into the creek at Pine Ridge.
- Trained Tribal water and sewage department employees on a new computer software (CUPSS) that helps to identify and keep track of routine tasks needed in order to maintain current wastewater systems.

Water Needs Assessment

- **Leader(s) of Mission:** CAPT Alan Parham, Team Leader
- **Section Leaders:** CAPT Steven Bosiljevac and CDR David Harvey
- **Local Points of Contact:** Joe Amiotte, Supervisory Sanitarian for Pine Ridge IHSS Office of Environmental Health and Engineering.

- Met with system manager at the Oglala Rural Water Department of Conservation and Maintenance; and assessed condition and operation of one (1) booster pump, water tower, two (2) closed pumps houses and community service lines that make up the Wanblee Public Water System (Public Water System Id: 084690471).

- Reconciled field notes with documents provided by local water jurisdiction. Began to input data into “Needs Assessment” tool for submission to EPA Region VIII.
- Surveyed and assessed four (4) water tanks, eight (8) pump houses, ten (10) wells and one (1) booster pump in the community of Pine Ridge that make up the Pine Ridge Public Water System (Public Water System Id: 84690475).

Tribal Household Survey

- **Leader(s) of Mission:** CAPT Alan Parham, Team Leader
- **Section Leaders:** CAPT Steven Bosiljevac, CDR David Harvey and CDR David Shoffner, CDR Ramsey Hawasly
- Reviewed and analyzed data received from the tribal fire and police station in Porcupine, SD. It appears from the data analysis that the GIS tribal home data are similar to the Land Office data with a few new records. In addition, team members discussed various methods and approaches to develop a national implementation plan to collect and verify homes data.
- Traveled to Porcupine to field inspect and verify additional data points found in the data set provided. In preparation of importing data to the IHS system, the team began comparing IHS and tribal data sets using mapping tools to remove occasional duplicate home records. There are some data locations where the tribe and the IHS have identical home GPS positions.

CASPER/Community Health Profile

- **Leader(s) of Mission:** CAPT Alan Parham, Team Leader
- **Section Leaders:** CAPT Mehran Massoudi
- **Local Points of Contact:** Lisa Dillon
- Completed the Community Assessment for Public Health in Emergency Response (CASPER) training for local Health Administration officials. After the training, the team met with OST Health Administration officials for 4-5 hours to discuss priorities, objectives, and potential health indicators for a future Pine Ridge Reservation Community Health Profile, currently in the planning stages by the OST Health Administration. The team also discussed the viability of CASPER as a tool for estimating community health concerns not captured by existing surveillance.

MHT4

Developed, recorded, and broadcast Public Health Service announcements related to Behavioral Health issues

- **Leader(s) of Mission:** CAPT Phil McRae

- **Local Point of Contact:** Eileen Janice and Richard Iron Cloud- OST Sweet Grass Suicide Prevention Program Derrick @ KILI 90.1 FM Radio P.O. Box 150 Porcupine, SD 57772 (605) 867-5002,
- MHT-4 wrote, recorded, and broadcast seven Public Health Service Announcements on KILI 90.1 FM Radio about behavioral health issues such as suicide prevention, healthy decision-making, stress reduction, parenting, communication skills, anger management, and compassion fatigue.

[At-Risk youth clinical consultation and training with Sweet Grass Suicide Project on Suicide Prevention](#)

- **Leader(s) of Mission:** CAPT Phil McRae
- **Local Point of Contact:** Eileen Janis and Richard Iron Cloud
- Conducted a needs assessment of OST Sweet Grass Suicide Project and cross trained staff and volunteers on behavioral health topics related to suicide. In response to identified needs with partners, MHT 4 wrote seven operational training briefings on the topics of Bullying; Depression, Low Self-Esteem, and Positive Self-Talk; Acute and Post-Traumatic Stress Disorders; Psychological Preparedness for First Responders; Domestic Violence; Anxiety and Native Children, Compassion Fatigue. In addition, in consultation with tribal partners, MHT 4 prepared the following handouts: Abusive Relationships, Healthy Relationships, SODAS (a method used with students for problem solving where students describe the situation, list options for solving the problem, list disadvantages and advantages of each option and then select the best option), Sleep Hygiene, Progressive Relaxation, The Jeweled Watch Story of Self-Esteem, Self-Talk Change Worksheet, Psychological Preparedness for First Responders. Team members edited all content for appropriate reading level and non-clinical volunteers. MHT 4 delivered all briefings in an all day training workshop to Sweet Grass staff and volunteers.

SAT 4

[Support Social Services](#)

- **Leader(s) of Mission:** CDR Sue Larkin (TL), LCDR David Bruno (DTL)
- **Local Point of Contact:** Norma “Nan” Savoy IHS Pine Ridge Hospital Social Services
- At the request of Pine Ridge IHS Social Services the following projects were completed:
 - o Converted 20-page resource directory to Microsoft word for efficient accessibility and updating. Updated the resource directory: patient education resources, professional resources, daily forms and correspondences.

- Revised Social Service Psychosocial Assessment forms for intake. Brainstorming session to generate ideas to increase efficiency in using multiple correspondences for community programs.
- Revised New Employee Orientation Checklist.
- Created a spreadsheet to track patient care and follow-up as well as a mechanism to allow for future data collection.
- Discussed patient tracking system as well a potential encounter/ billing opportunities. Inquired if the Electronic Health Record (EHR) captured this information. Social Services is not clear on what types of reports can be generated through the EHR. It was recommended by SAT-4 that reports for Social Services management should be directly accessible to the Department for ongoing and effective program performance improvement.

Facilitated Referral process and Forms

- Transcribed RAM forms which contain medical referrals onto IHS forms to allow for processing at Pine Ridge IHS Hospital.
- **Leader(s) of Mission:** CDR Sue Larkin (TL), LCDR David Bruno (DTL)
- **Local Point of Contact:** Local Point of Contact: Ron Brewer (RAM), Terry Friend (HIS), CDR Emily Williams (IHS Aberdeen)

- SAT provided referrals to Contract Health Department at IHS Pine Ridge Hospital.
- Total Referrals Generated = 69
- Breakdown of Referrals:
 - Optometry = 25
 - Dental = 14
 - Radiology = 11
 - Diabetes = 5
 - GI = 2
 - EENT = 2
 - Ortho = 2
 - Cardiology = 2
 - Podiatry = 2
 - General Surgery = 1
 - Gynecology = 1
 - Dermatology = 1
 - Internal Medicine = 1

Public Relations

On August 22nd LCDR Giroux and the RDF public information officer began the rapid dissemination of press-release information. Several interview spots on the local KILI radio station were secured for August 22 and 23rd. Press releases were sent to all Tribal Schools, Head-Starts, Oglala Lakota College Campuses and were posted in numerous key convenient stores throughout the reservation (e.g., Sharp's corner, Kyle, Oglala, Pine Ridge). Information

was also shared with public and private schools on the reservation. Several newspapers including Native Sun News, Rapid City Journal and Lakota Country Times were contacted and provided information to the community. Media coverage effectively ensured dental, eye and medical clinics were filled to maximum capacity.

Impacts and long term benefits:

Medical:

- 730 patients received 1198 services in three and a half days
- 44.3% of patients seen were children. At events like these hosted by non-reservation counties, USPHS has historically seen that 3% of patients are children
 - o Medical exams: 567
 - o Dental: 374 total services: 130 cleanings, 124 fillings, 102 extractions, 37 exams
 - o Vision exams: total of 359 people for whom 329 pairs of glasses were made

Public Health:

- Data gathered and shared with water authorities will help the local utility maintain current systems and better maintain systems in the event of a future crisis.
- Drinking water needs assessed on public water systems that serve 12,000 residents of the Pine Ridge Indian Reservation. The assessment will impact/support funding allocations for the EPA Drinking Water Infrastructure Grant Tribal Set Aside program nationally.
- Training on and CUPSS software provided to Tribal water and sewage department employees will provide a system (including automated reminders) to identify and keep track of routine tasks needed in order to maintain current wastewater systems. This will impact over 10,000 residents of the Pine Ridge reservation.
- A public health threat of sewage backup in the Pine Ridge Creek was identified by team members. Discussions with tribal officials resulted in a response effort by the U.S. EPA. An EPA Region VIII emergency response on-scene coordinator arrived on site with a backup pump and equipment to begin removal of the sewage material in the creek. The EPA team operations will continue until the lift station is in working order. This will prevent sewage backups in the future and will prevent exposure to families living downstream of the sewage spill, including children who were observed playing downstream.
- The Community Health Profile will estimate rates of several key health indicators and aid in planning and resource distribution for health and wellness services for over 30,000 residents of the reservation.
- A computer filing system was created at Pine Ridge Hospital for social workers. This system provides consolidated resource for patient education resources, clinic forms, and community resources. In addition, Social Services are generating hundreds of letters for

non-profit organizations. The development of form letters will allow Social Services to utilize their time more efficiently in areas of high priority.

- Increased enrollment in the South Dakota Medicaid program will improve access to care as well as utilization of resources.
- Diabetic education information was provided to attendees at the clinical event and will improve community awareness regarding the signs, symptoms and impact of diabetes.
- Public Health Service announcements on local radio provided information regarding behavioral health issues, such as suicide prevention, healthy decision-making, stress reduction, parenting, communication skills, anger management, and compassion fatigue. These can be played over time, supporting the residents of Pine Ridge through repeated messaging, identification of local programs available to them and suicide hotline numbers. Each of these announcements incorporates the Tribes historic principles and values.

Follow up activities:

Referrals generated at the clinical event were forwarded to the Pine Ridge Hospital. Additionally, the Pine Ridge IHS CEO has requested continuing support from OFRD, including:

- 2 optometrists
- 2 pediatric dentists (of the dental referrals, more than half were children)1 emergency department CNP or PA
- 1 physical therapist
- 2 midwives
- 2 OR RN's
- 2 social workers
- 2 behavioral health workers
- 10 clinic RN's

OFRD will review post-operational needs with IHS Aberdeen and IHS Headquarters to address the follow-up needs generated by Operation Foothold (dental and optometry) as well as the ongoing staffing needs.

Conclusion:

The collective efforts of the USPHS teams, OST, RAM, and IHS decreased deficiencies and ensured sustainability of the water/wastewater treatment facilities, in addition to enhancing environmental public health for the population of the Pine Ridge Reservation. Additionally, training increased the local public health workforce capacity through long-term planning for an upcoming Community Health Profile (CHP) and training on epidemiologic tools. The medical,

dental and vision services and preventive care that were provided decreased the acute demand on IHS

Finally, OFRD wishes to recognize the help and support it received from its partners, especially the Oglala Sioux Tribe and deployed officers. The 88 Officers that voluntarily came to work with the community had an outstanding experiential learning opportunity through subject matter exchanges and multiple cultural activities.