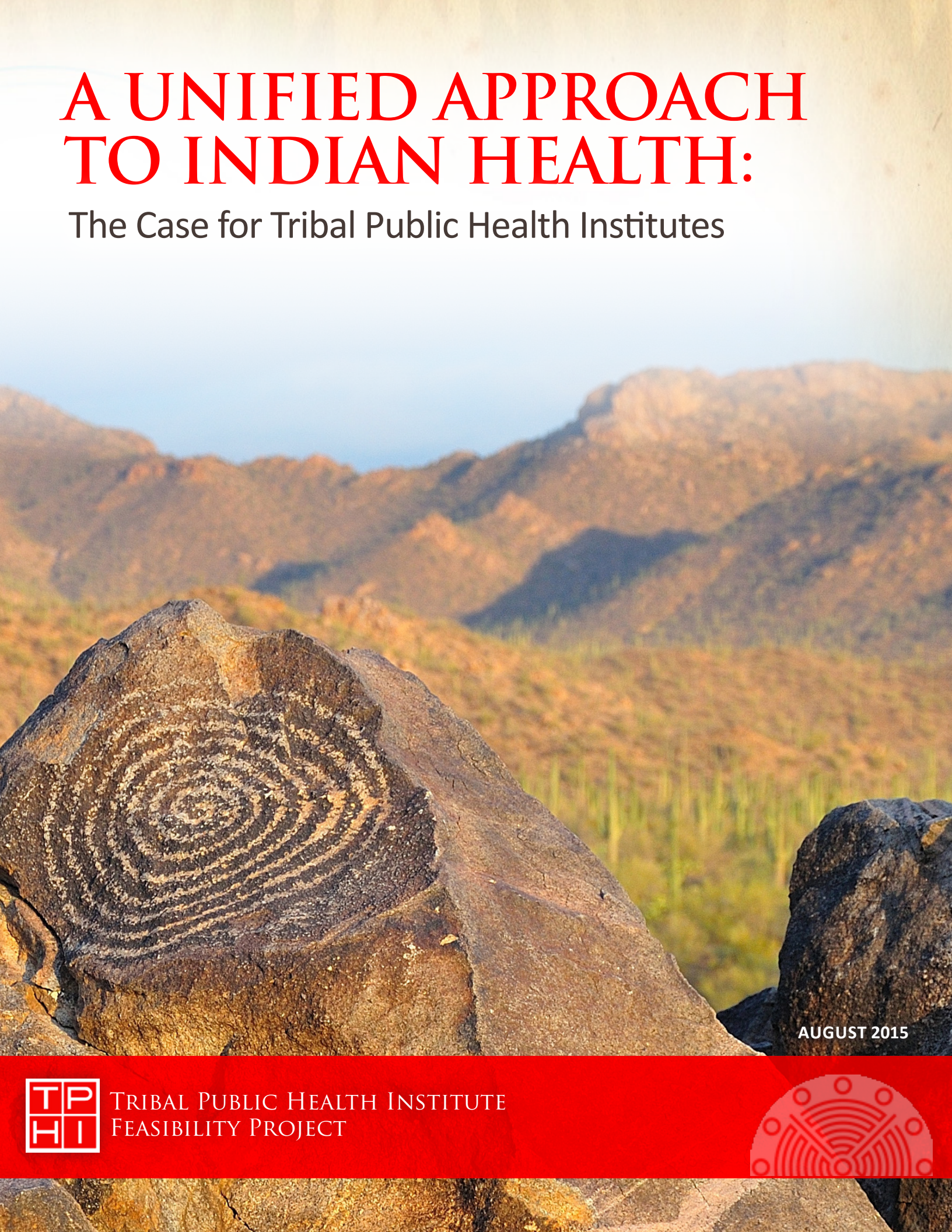
A UNIFIED APPROACH TO INDIAN HEALTH:

The Case for Tribal Public Health Institutes



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TPHI

TRIBAL PUBLIC HEALTH INSTITUTE
FEASIBILITY PROJECT

INTRODUCTION

Every nation, including Tribal Nations, is challenged with protecting its citizens from the preventable causes of death, injury, illness and disability. Public health threats, such as chronic disease, infectious disease outbreaks, and natural disasters, have reinforced the need for a strong public health infrastructure. Since the 1990s, there has been a growing realization that a coordinated approach is more effective than working in isolation. This realization has led to national investments and initiatives, aimed at building effective and collaborative public health systems.

The Emergence of Public Health Institutes (PHIs)

Public health has transformed to include more collaborative and coordinated approaches between governmental and non-governmental entities. Part of that transformation has included the emergence of PHIs. PHIs are professional organizations that connect public health partners to foster innovation, leverage resources and be a source of technical public health expertise. They provide a stable and centralized source of expertise, continuity of experience, scientific knowledge, and the resources (human, technical, and financial) needed for success. Their overall aim is to improve community health outcomes.

Today, there are 78 national PHIs across the globe and 44 regional PHIs in 32 states across the U.S. PHIs can be instrumental in addressing the gaps between what communities need to be healthy and the services provided by public health systems.

> *National, system-wide coordination has never been as important for Native communities as it is now. An integrated and coordinated systems approach, one that is better aligned with indigenous concepts of health and healing, is a good cultural match for improving health outcomes.*

Why Tribal Public Health Institutes (TPHI)

Interest in PHIs continues to increase across the U.S. and abroad, whether in response to national crises or to address specific public health needs. In 2011, Red Star Innovations launched a project to examine the role a Tribal PHI might play in improving health among American Indian and Alaska Native (AI/AN) communities.

This project was borne from the recognition that Tribal and urban Indian communities could benefit from a centralized source of technical expertise, knowledge and resources in public health. Chronic diseases – which are largely preventable—have supplanted infectious diseases as the leading causes of death and disability. The current needs are so great that the existing western medical model can no longer be solely relied upon to address these health concerns. An indigenous approach that includes greater coordination, increased capacity across regions, and improved information sharing is needed to strengthen the Tribal and Urban Indian public health infrastructure.

How TPHIs Can Benefit Our Existing Tribal Health System

Significant advancements have been made within our Tribal and Urban Indian public health infrastructure over the last few decades. With the advent of self-determination legislation, increased Tribal management of health programs has led to improvements in Tribal infrastructure and public health capacity. Tribal Nations are exercising their public health authority through government-to-government relationships with state and local health departments, so they can better respond to emergencies, share data, and coordinate services. Urban Indian programs have increased their public health disease prevention and health promotion efforts to address the needs of growing AI/AN populations living in metropolitan areas. And more recently, Tribal Epidemiology Centers have been designated as public health authorities in the Patient Protection and Affordable Care Act. But despite these advancements, significant health disparities continue to persist.

The TPHI Feasibility Project included a systems comparison of national investments and initiatives and Tribal public health. While national public health initiatives have invested resources into building effective and collaborative local and state public health systems across the U.S., Tribes have not always been included.

The timeline below shows a side-by-side comparison of public health initiatives over the past several decades. Funding for AI/AN health remains largely disease and program specific, rather than systems focused. The lack of systems-focused funding and coordination perpetuates service fragmentation and limits the way stakeholders tap into their individual and collective strengths to improve the health of Native communities.

Tribal Public Health Milestones

1960s
Tribal Public Health: Area Health Boards and Inter Tribal Councils start forming.

1975
Tribal Public Health: Public Law 93-638, Indian Self-Determination and Educational Assistance Act are passed.

1988
National Public Health: Institute of Medicine releases "The Future of Public Health" calling for a stronger public health system.

1994
National Public Health: Centers for Disease Control and Prevention (CDC) releases the 10 Essential Public Health Services.

1996
Tribal Public Health: Tribal Epidemiology Centers start being created.

1997
National Public Health: Robert Wood Johnson Foundation partners with the W.K. Kellogg Foundation to initiate the Turning Point Project to "transform and strengthen the public health system...to make [it] more effective, more community-based and more collaborative.'

2000
Tribal Public Health: Executive Order 13175: Consultation and Coordination with Indian Tribal Governments.

Tribal Public Health: NARCH initiative to support partnerships between Tribes or Tribal Organizations and research institutions to develop opportunities for conducting research, research training and faculty development.

2001
National Public Health: 19 PHIs band together to form the National Network of Public Health Institutes (NNPHI).

2002
National Public Health: International Association of Public Health Institutes (IANPHI) is formed by 39 existing NPHIs.

2007
National Public Health: NNPHI supports the development of emerging PHIs through support from the RWJF.

2010
Tribal Public Health: Patient Protection and Affordable Health Care Act. Indian Health Care Improvement Act.

National Public Health: Patient Protection and Affordable Health Care Act.

National Public Health Milestones

*Public Law 93-638, the Indian Self-Determination and Educational Assistance Act

POTENTIAL ROLES OF A TPHI

The TPHI Feasibility Project reaffirmed the strengths of the existing Tribal and Urban Indian public health system. It also helped pinpoint opportunities to create a more unified, integrated and coordinated approach to advancing the health and wellness of Native communities. Here are examples of how a regional or national TPHI can facilitate a unified approach and why it matters. Case examples are provided from public health institutes in the U.S. and abroad to highlight their importance.

Address cross-cutting determinants of health.

- **Why It Matters:** Determinants of health are factors that either make it more likely, or less likely, that a person or community will experience a health condition. Chronic illness, growing health inequities, rising health costs, and many environmental health issues are complex factors and often related. PHIs make it possible to develop strategies that address cross-cutting determinants of health through a program, policy and systems approach, which is more effective than tackling each factor in isolation.

- **Case Example:** *Health in All Policies* is a collaborative approach to improving the health of all people; this approach incorporates health considerations into decision-making across sectors (e.g. health, education, housing) and policy areas. The Public Health Institute in California developed a guide to *Health in All Policies* that local and state governments can use to implement strategies. Staff at the PHI in California provide training, consultation and in-depth support to communities who want to use this approach.

- **Activities for a TPHI:** A TPHI could monitor and respond to changing patterns and determinants of health and disease; identify or develop promising practices and resource guides for Native communities; and facilitate health improvement planning with other key partners (e.g. education, social services, elder care).

Support current infrastructure investments and build public health capacity.

- **Why It Matters:** A strong public health infrastructure and workforce is central to being able to deliver quality public health services to AI/ANs. Public health accreditation is a new national initiative designed to advance the quality and performance of Tribal, local, state and territorial health departments. Tribal health departments interested in improving their public health infrastructure and capacity will need a workforce that is competent, skilled and engaged.

- **Case Example:** The Michigan Public Health Institute developed a resource called Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook, which public health organizations can use when conducting quality improvement. The Public Health Management Corporation, a Philadelphia-based PHI, focuses on leadership and workforce development by partnering with Drexel University School of Health to train staff in new skills and competencies.

- **Activities for a TPHI:** A TPHI could be a dedicated source of Tribally specific training and resources to establish a highly competent public health workforce and to help Tribes prepare for public health accreditation (or other performance improvement efforts). Such activities could include forums that focus on public health performance, in-depth training and technical assistance, quality improvement training and technical assistance, as well as multi-media accreditation-readiness resources, samples and guidance. A TPHI could also develop training resources for Tribal and Urban Indian Organizations, as well as other AI/AN serving organizations, to use.

Act as a neutral convener to build partnerships across sectors.

- **Why It Matters:** Indian public health and health care are severely underfunded. Collaborative relationships often reduce competition for resources, duplication of service and gaps in services. A coordinated approach draws on the strengths of each partner in order to leverage resources more effectively when addressing important public health issues.

- **Case Example:** The Louisiana Public Health Institute (LPHI) was created as a neutral entity to facilitate cross-sector partnerships. In the aftermath of Hurricane Katrina, in 2005, the LPHI provided timely, quality public health support and services to inform an appropriate public health emergency response. Without their expertise and leadership, delayed access to services could have increased morbidity and mortality in New Orleans.

- **Activities for a TPHI:** Tribal public health services are highly regionalized through various services provided by Area Health Boards, Inter Tribal Councils, Urban Indian Health Organizations, and Tribal Epidemiology Centers. A TPHI could serve as a neutral convener to facilitate national strategic planning and priority setting; implement indigenous methodologies to develop science-based programs, policies, and laws; and serve as a grant administrator to address national public health priorities.

Respond to urgent national and global public health threats.

- **Why It Matters:** Public health threats and concerns are often shared across political and geographical boundaries. Weaknesses exist in the public health system for addressing emerging and urgent health threats, particularly in AI/AN communities and Tribal Nations. The 2009 H1N1 pandemic particularly impacted AI/AN communities, who experienced higher rates of death and hospitalization than the U.S general population. Although several determinants of health were examined as possible factors, a disconnected public health response to vaccine dissemination played a role.

- **Case Example:** The Public Health Agency in Canada (PHAC) was formed, in only one year, after the 2002 – 2003 severe acute respiratory syndrome (SARS) outbreak. At this time, public and private outcry over the in adequate response served to underscore a well-documented need for public health infrastructure development, i.e. an additional public health entity. The PHAC now provides surveillance, monitoring, and epidemiological investigations; in addition it maintains a quality laboratory facilities..

- **Activities for a TPHI:** A TPHI could research and communicate information on emerging topics in a timely manner; identify existing models and develop new ones for Tribal, local and state jurisdictional partnerships; and develop strategies to improve coordinated public health actions in AI/AN communities.

Be an information hub.

- **Why It Matters:** Many federal and private grants require the use of evidence-based practices for public health funding; however, few of these practices are relevant or applicable in AI/AN communities. Tribal public health professionals often must adapt the strategies and curricula to fit the needs of the communities they serve.

- **Case Example:** The Instituto Nacional de Salud Publica (INSP) in Mexico translates scientific knowledge into information that decision makers can use to make policy. The INSP provides high-level training to state staff to ensure the government provides science-based and relevant public health services.

- **Activities for a TPHI:** As a central source of practices, research, and policy on Tribally identified topics, a TPHI could develop a comprehensive portfolio of culturally and contextually relevant resources ion priority topics. Examples of resources include tribally-specific data, research, and informational reports; health-impact assessments; disseminated research findings; and national level data and information that Tribal Leaders can use to strengthen policy advocacy efforts.

EXAMPLES OF PHIs IN THE U.S. AND ABROAD

The number of PHIs is growing throughout the U.S. and the world. To better understand this trend, consider the following case examples, which explain why each PHI was developed, how it has evolved, and what it is recognized for in its state or nation.

Louisiana

In the late 1990's, the Louisiana public health system was fragmented; the government was responsible for the majority of public health functions, and limited resources created competition (rather than collaboration) among sectors. In the aftermath of the 2005 Hurricane Katrina, Louisiana Public Health Institute (LPHI) provided timely, quality public health support and services to help re-establish the primary care and health-related systems in New Orleans. The LPHI represents a PHI that emerged to address a regional need that required a national response. Its success and growth is based on its ability to engage in collaborative partnerships and its proven track record of providing quality public health support and services. It is governed by a multi-agency board of directors, funded by multiple sources (e.g. private, state and federal) and engaged in a wide range of public health functions.

Recognized for:

- Leveraging partnerships and alliances to conduct community health assessments.
- Providing technical assistance to local clinicians adopting electronic health records within the 2009 Health Information and Technology for Economic and Clinical Health Act (HITECH).
- Funding groundbreaking projects to integrate primary care, behavioral health, and referrals to social services.

The LPHI has national recognition and influence. In 2000 LPHI became home of the Network of National Public Health Institutes (NNPHI), one of 38 members.

Mexico

During the rapid economic and social changes of the 1980's, the Mexican government initiated a massive health reform to achieve a more equitable, effective, and efficient health system. Established in 1987, The Instituto Nacional de Salud Publica (INSP) was formed to address this need and emerged from a consolidation of three public health entities: Center for Public Health Research, School of Public Health of Mexico, and Center for Research on Infectious Disease. Although INSP is housed in the government, it is an autonomous entity with multiple funding sources, including the federal government and private funders. INSP's primary functions are twofold: 1) provide high-level training and research to advance the nation's health, and 2) streamline the process of translating scientific knowledge into policy decision making that best serves the public's health.

Recognized for:

- Researching and evaluating programs such as malaria intervention, tuberculosis surveillance, and treatment programs.
- Providing scientific basis for programs and policies through state and national level data collection on health and nutrition, access and utilization of health services, and social intervention programs.
- Workforce development through its graduate school program, distance learning programs and summer institutes for all levels of public health practitioners.

INSP is an excellent example for other developing countries faced with triple burdens associated with social determinants, non-communicable and communicable diseases, and globalization.

Michigan

The Michigan Public Health Institute (MPHI) was founded after 20 years of research on emerging PHIs, public health system coordination, and the potential benefit of a PHI in Michigan. In 1990, the Michigan state legislature amended their public health code to give the Michigan Public Health Department authority to develop the MPHI and began partnering with state universities. Today, MPHI's role is to engage in new, community-based research and practice for Michigan's population and community health. MPHI has a horizontal (non-hierarchical) structure, a non-corporate culture with programs that function semi-autonomously. They are funded by multiple sources: federal, state, local and tribal governments, as well as non-profit organizations, foundations and universities. It continues to provide inventive community-based programs and services through collaboration with an emphasis on research, workforce development, and practice.

Recognized for:

- Improving health care through their Michigan Pathways to *Better Health and Michigan Effective IT Adoption*.
- Serving as a health information resource for families of children with disabilities through their Michigan Family to Family Health Information Center.
- Providing training in needed areas for public health system change, such as Health Equity and Social Justice workshops, in recognition of racism as a root cause of health disparities.
- Providing continuing education through accredited entities for public health workers in the state of Michigan. Focused on nursing, registered dietitians, and lactation consultants.

The MPHI emerged through deliberation and recognition of the need for transformation in the public health system.

Canada

Canada's PHI, the Public Health Agency of Canada (PHAC), was created in 2004 in immediate response to a public health crisis (2002 – 2003 severe acute respiratory syndrome (SARS) outbreak) and the perceived inadequacy of the Canadian health care system's response. The SARS outbreak revealed a lack of surge capacity within the clinical and public health systems and public health officials were concerned about future outbreaks. Today, the PHAC's primary function is research and response to non-communicable and communicable diseases. Although the PHAC is funded and housed in the Ministry of Health, it operates autonomously and serves two important functions: providing an independent voice on national public health issues and influencing broad governmental policies.

Recognized for:

- Maintaining credibility and trust among the public, legislators, public officials, and funders.
- Integrating surveillance, epidemiological investigations, and quality lab facilities to address infectious diseases outbreaks.
- Serving as an information center for chronic disease prevention, travel health, immunization and safety, and health promotion.
- Providing emergency response through food safety plans, laboratory safety and security, public health security regulations, and pandemic preparedness.

As the Canadian government continues to consolidate public health functions, the PHAC is well positioned to support coordinated cross-sector support and services in response to current and potential public health crises.

THE CASE FOR TRIBAL PHIs

It is time for action. It is time to reclaim the health of Tribal communities and explore alternative strategies. The field of public health has identified PHIs as an effective and complementary means of building local and state governmental infrastructure and capacity to improve health outcomes. TPHIs could support the Tribal public health system in much the same manner, but in a way that embodies indigenous knowledge, methodologies and concepts regarding effectiveness. TPHIs are an opportunity to build upon the best of what currently exists to develop a stronger Tribal and Urban Indian public health system, a system that more effectively addresses the needs and gaps that persist within our current framework. A stronger Tribal public health system may lead to improvements in health outcomes for our grandchildren's children.

> *"Man did not weave the web of life, he is merely a strand in it. Whatever he does to the web, he does to himself." Chief Seattle*

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