

Tribal Health Governance Transformation: A Resource to Strengthen Sovereignty through Public Health Authority

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This resource is dedicated to the Indigenous public health warriors who dedicate their lives to protect and promote the health and wellbeing of our communities every day.

Authors: Aleena M. Kawe, MPH, Red Star International, Inc., and Myra E. Parker, JD/MPH, PhD, Seven Directions, A Center for Indigenous Health at the University of Washington.

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Table of Contents

Preface	4
Introduction – Redefining Health Governance	5
- About This Resource	
- What’s in the Resource	
- Becoming Butterfly: A Framework for Health System Transformation	
- An Interdisciplinary Team: How to Use the Guide	
- Governance and Public Health Accreditation	
Transform Indigenous Governance to Improve Health	11
- Cultural Sovereignty: Basis for Indigenous Knowledge Systems	
- Political Sovereignty	
- Nation (Re)Building for Health	
Module 1: Explore Governance Structure, Authority and Function	14
- 1st Nation Building Core Principle – Sovereignty	
- Map the Tribe’s Governance Structure, Authorities, and Functions	
- Foster a Shared Understanding of Authorities and Functions	
- Understand the Governing Entity for Public Health Accreditation	
- Governance Functions: A Deeper Dive	
Module 2: Tribal Health Department Authority	21
- 2nd Nation Building Core Principle – Capable Governing Institutions	
- Legal Competency	
- Public Health Authority: The Foundation of Health Governance	
- Why is Public Health Authority Important?	
- 3rd Nation Building Core Principle – Cultural Match	
- A Tribal Public Health Code to Establish Authority	
Module 3: Legal Preparedness for Health	29
- 4th Nation Building Core Principle – Strategic Orientation	
- Effective Legal Authority	
- Competent Workforce	
- Developing and Sharing Best Practices to Support Tribal Public Health	
Module 4: Community-Centered Governance	36
- 5th Nation Building Core Principle – Public Spirited Leadership	
- Public Health: A Community-Centered Approach	
- Financial Resilience: Rethinking Financial Investments in Community Health	
- An Approach to Meaningful Leadership Engagement	
- Becoming Butterfly Revisited: The Work of the Team	
Renewed Commitment – Begin a New Cycle	44
Bibliography	46
Activity Templates	49



Forward

By Lisa Pivec, MS, Senior Director of Public Health
Cherokee Nation Health Services

I have worked with Cherokee Nation for 30 years. When we first looked at compacting our health services, we embraced the opportunity to strengthen our self-determination as a sovereign nation. Our approach at that time was to ensure health services were accessible within 30 miles of all Cherokee Nation citizens living on the reservation. Now, we are seeking to build our public health infrastructure beyond health care delivery, and to create a comprehensive health system using a community-centered, public health approach.

Today, and especially with a global pandemic, we have learned that not all health concerns can be addressed or mitigated by our health care facilities alone. Many of the challenges we see in our community – the health disparities – require a collaborative and coordinated approach that is aligned with our traditional values and ways of life. Starting with the social determinants of health, we need to expand our definition of self-governance and seek ways to strengthen it through a public health lens. We need to engage our elected officials to create a health governance model based on our own vision and to make a difference in the lives of our communities.

Public health transformation is a journey; it takes time. This resource is a helpful guide for tribes seeking to transform their health governance based on their own values and principles. It requires bringing together like-minded people who understand the importance of working collaboratively toward a shared vision, and engaging leadership in the process using nation building principles. There are no limits to what we can achieve when our collective efforts focus on strengthening our authority, capacity, and response with the ultimate goal of protecting, promoting and perpetuating the wellbeing of our communities.



Introduction - Redefining Health Governance

“Political sovereignty and cultural sovereignty are inextricably linked because the ultimate goal of political sovereignty is protecting a way of life.”

– W. Richard West (Cheyenne-Arapaho)¹

Healing and transforming Indigenous health governance systems requires a journey of reclamation and resilience. It is a process by which we construct our collective futures from within our traditional culture by exercising sovereignty based on our own values, norms, and lived experiences, rather than looking to external definitions of sovereignty. Western concepts of political sovereignty, on the other hand, are more instrumental than intrinsic. Such concepts have been used to limit Indigenous rights to self-government, and do not recognize the distinct relationship of Indigenous peoples to their lands and resources.² Today’s challenge is to govern for health by navigating the interface between political and cultural sovereignty. This ensures decisions that protect and promote community health are made in a way that aligns with the customary cultural values, principles, and norms of the tribe.

As sovereign nations, tribes are increasingly involved in public health activities, regulation, and service delivery. In 1975, Public Law 93-638, the Indian Self-Determination and Educational Assistance Act (along with subsequent legislative amendments) confirmed the concept of *tribal self-governance*. As a result, self-governance has come to refer to reassuming responsibility, and associated funding, to carry out programs, functions, services, and activities previously provided by the federal government as part of its *trust responsibility*.³ The effort to construct a concept of cultural sovereignty within our contemporary context includes defining our relationships to each other and the United States within an Indigenous understanding of what those relationships entail.²

Today, tribal health governance is much broader than has been typically defined in recent decades. Our responsibility to protect and promote the health of our communities extends beyond our health care facilities. Emerging threats to the public’s health have highlighted the importance of health governance and how tribes identify, respond, and mitigate public health issues to protect health. In particular, these events show that, regardless of the issue, place matters. Not only in terms of where one lives, but also *how well critical public health activities are coordinated* within and across governments – tribal, state, local, and federal.⁴

About This Resource

This *Tribal Health Governance Transformation Resource* is a practical guide to enhance tribal governance and public health law, build strategic partnerships, and improve community health. This resource draws upon Indigenous models of nation building and healing to promote cultural and political sovereignty, and redefine and strengthen governance for health. The **Nation Building Principles** woven throughout this resource are based on decades of research conducted by the Harvard Project on American Indian Economic Development, and its partner organization, the Native Nations Institute for Leadership, Management and Policy at the University of Arizona, Udall Center for Studies in Public Policy. The second model, ***Becoming Butterfly***, was inspired by the Community Involvement to Renew Commitment, Leadership, and Effectiveness (CIRCLE)⁵ process for capacity development, which proposes a community-centered, public health approach to transform Indigenous health systems.⁶ Elements of both models have been integrated throughout the resource as a way of honoring the importance of direct experience, interconnectedness, and relationship, while accounting for the misalignment of values that often lies at the interface between tribal systems and local, state, and federal health systems.



What’s in the Resource

This Tribal Health Governance Transformation Resource is for tribal leaders, administrators, researchers, public health practitioners, and others who are committed to improving community health through law and policy. It takes an interdisciplinary team, not just lawyers, to develop, implement, monitor, and evaluate health laws. That is why this resource is intended to be a practical tool (not a legal guide) that can be used to facilitate discussion among multiple stakeholders.

We recognize that tribes are as diverse in their governance, protocols, and processes as they are in their cultures, languages, history, and visions for the future. We also recognize that tribes are at varying stages of interest and readiness for transforming health governance. There is no “one size fits all” approach to creating systemic change. There are, however, some commonly held principles that many of us share, recognizing we may differ in how we interpret and apply them. Our goal is to present some foundational principles and concepts, provide key points for consideration and deliberation, and connect public health leaders and practitioners to relevant resources. We encourage you to interpret and adapt the concepts provided herein to the context and values of your community.

The first two sections of this resource provide an introduction to key concepts and describe an approach to transforming Indigenous health governance systems. These introductory sections are followed by four (4) modules that describe the transformation process:

Module 1	Explores the key roles of governance and the importance of fostering a shared understanding of the tribe’s governance structure, authorities, and functions.
Module 2	Introduces public health authority that is culturally aligned as the foundation to legal competency and good health governance.
Module 3	Describes the four key components to legal preparedness and putting public health authority into practice.
Module 4	Recenters governance around community health and provides strategies to rethink financial investments, leadership engagement, and working as a team.

Each module is organized in a similar format, starting with a purpose statement and learning objectives. Modules include a brief introduction, followed by the corresponding phase/stage of the Becoming Butterfly framework, which is described in the next section. The relevant Nation Building Principle is then introduced and described in terms of its relevance to public health governance. Key concepts are introduced throughout, with interactive activities to facilitate discussion, and referrals to relevant resources.

Becoming Butterfly: A Framework for Health System Transformation

Developing, implementing, monitoring, and evaluating health laws is not just the work of lawyers. It takes a team of administrators, researchers, public health practitioners, law enforcement, information technology professionals, and others to work in strategic partnership to improve community health through law and policy. Interdisciplinary teams bring diverse perspectives and capabilities to synthesize approaches to tribal law and policy development that can improve their practical application for the benefit communities.



Cultivating such partnerships promotes:

1. Policy research that is targeted and relevant.
2. Law development based on the best available evidence and health science.
3. Policies that can be practically implemented.
4. Community education and advocacy to build community support and effective policy adherence.
5. Policy implementation that results in improved health outcomes.⁷

The *Becoming Butterfly* framework draws from an Indigenous model of healing, and proposes a community-centered, public health approach to transform Indigenous health systems.⁶ This framework reflects the cyclical, non-linear, iterative process that interdisciplinary teams often experience on their journey to: break down silos by building relationships and skills across sectors; work together to address shared goals; and build commitment to the effort. We consider this a promising practice for sustainable transformation and stronger health governance.

Becoming Butterfly was inspired by the CIRCLE process for capacity development.⁵ CIRCLE honors the concepts found in the Gathering of Native Americans (GONA)⁸ curriculum, a culture-based planning process built upon an Indigenous theoretical framework to address community-identified issues. Using a four-step, strengths-based, participatory process to guide cyclical, iterative capacity development CIRCLE posits that as personal and professional relationships grow, new skills are developed. These skills in turn lead to effective partnerships, and ultimately increase commitment to a community-identified issue to the process and to the group working together to address the issue.⁵

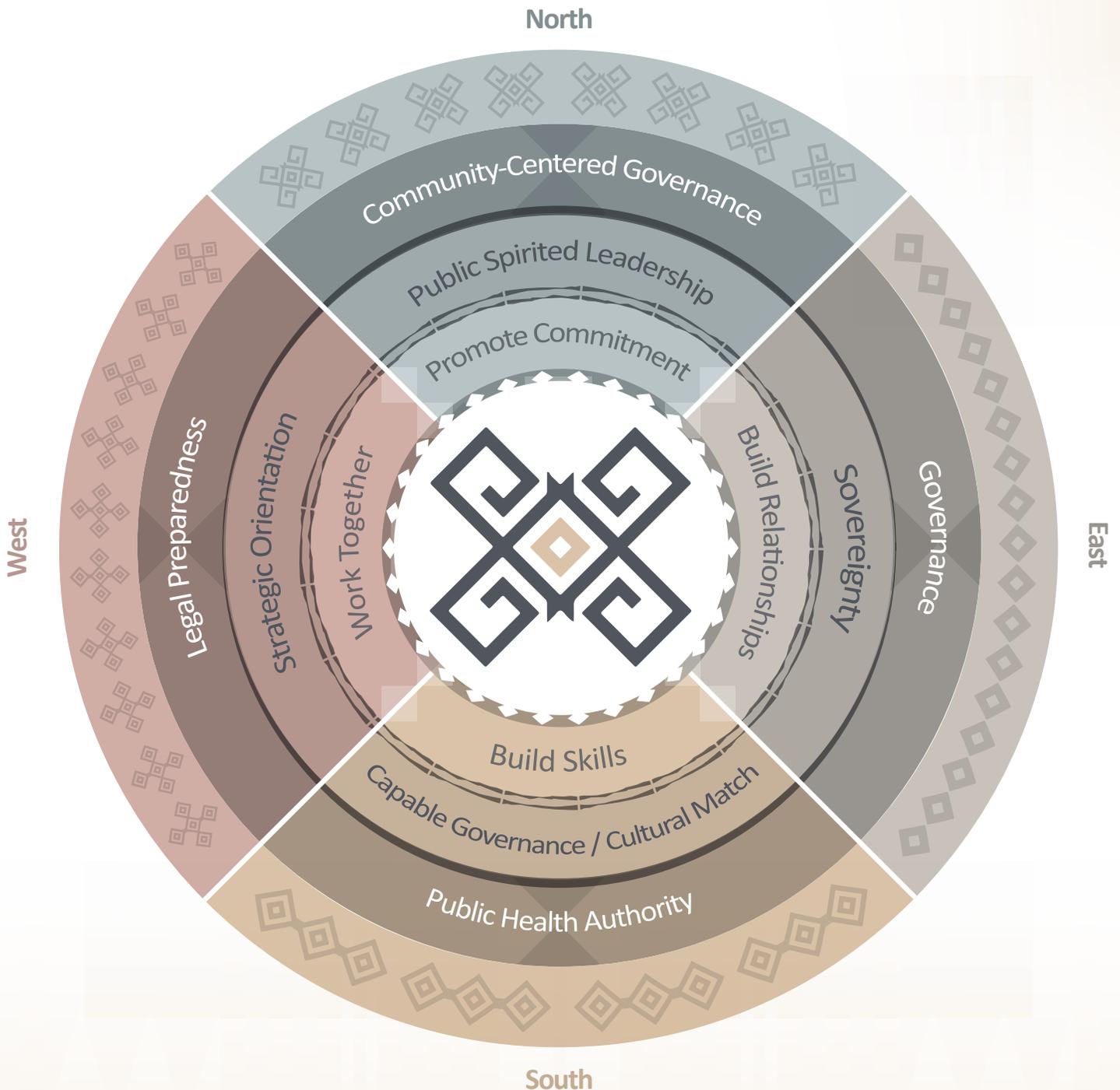
The *Becoming Butterfly* framework relies on the metaphor of the butterfly life cycle and adapts CIRCLE’s four-step cycle and applies it to health governance transformation. The framework provides a set of adapted relational process indicators for each step as teams form to transform its health system through governance. Just as the transformational process from caterpillar to chrysalis to butterfly includes phases that cannot be skipped, teams also go through a process of breaking down silos to build relationships and capabilities across sectors to achieve a common goal.

Table 1. Adapted relational process indicators for CIRCLE steps.

CIRCLE Steps	Adapted Relational Process Indicators
Build Relationships	Bring people together, exchange ideas, gather information, establish common ground, and identify shared values and interests.
Build Skills	Nurture ideas, learn the capabilities of others, explore their contributions, foster group decision making, and craft a plan.
Work Together	Acknowledge interdependence, identify connections, contribute to the effort, identify solutions, and honor contributions.
Promote Commitment	Celebrate successes, reflect on lessons, share what is learned, examine our responsibilities, and teach others.

This framework weaves the four stages of the butterfly life cycle with the CIRCLE four-step process, and the five Nation Building Principles. Together, they represent the progression towards a more community-centered approach to health governance, as illustrated in Figure 1. The inner ring represents the CIRCLE steps listed in the table above. The second ring represents the Nation Building Principle that corresponds with the third ring, which names the major health governance activity that occurs within each phase. The relationships across the rings are described in more detail within each module.

Figure 1. Governance Transformation Model



An Interdisciplinary Team: How to Use the Guide

Forming a team with key individuals to work in strategic partnership is an early step to improve community health through law and policy. The first activity below is designed to get you thinking about who to invite to the table using what is called a “Cross-Sector Map.” This tool can be used for any initiative that involves a team, and can be useful in thinking through who might have the knowledge, skills, and experience needed to achieve a specific goal. You may also find that you use this tool for different purposes, such as forming a topic specific workgroup, an advisory committee, or a stakeholder group. Let’s get started!

Activity 1. Form A Team – Cross-Sector Map

Using a cross-sector map can be helpful in identifying key stakeholders across multiple sectors or departments, both internal and external to the tribe. In the top row, list each of the sectors that you might engage on a specific public health issue (e.g. health, law enforcement, social services). In the left column, list the jurisdictions, starting with the tribe, local and state government, federal government, and then other non-governmental partners. You can add more rows or columns to meet your unique situation. Once you have identified the sectors and jurisdictions, identify the departments, programs, and individuals with whom you will likely interface across each sector. We have provided a sample cross-sector map below using “COVID-19 response” as the public health issue to address. A blank Cross-Sector Map template is available at the end of this resource.

Sector Jurisdiction	Health	Law Enforcement	Surveillance	Social Services
Departments & Programs within the tribe	<ul style="list-style-type: none"> - Public health - Clinic - Epidemiologist 	<ul style="list-style-type: none"> - Police, - Tribal courts - Emergency response 	<ul style="list-style-type: none"> - IT director, - Health information analyst - Contact tracers 	<ul style="list-style-type: none"> - Director of behavioral health - Case managers
Local or State Government	<ul style="list-style-type: none"> - Local/state health depts - Tribal liaison 	<ul style="list-style-type: none"> - County sheriff - Local/state emergency response 	<ul style="list-style-type: none"> - State Epidemiologist - Contact tracers 	<ul style="list-style-type: none"> - Behavioral health authorities
Federal	<ul style="list-style-type: none"> - Public health nurses - IHS - CMS 	<ul style="list-style-type: none"> - BIA - FEMA 	<ul style="list-style-type: none"> - CDC - FEMA 	<ul style="list-style-type: none"> - SAMSHA
Other partners	<ul style="list-style-type: none"> - Tribal Epidemiology Center - University 	<ul style="list-style-type: none"> - Legal clinics 	<ul style="list-style-type: none"> - Philanthropic organizations 	<ul style="list-style-type: none"> - Local non-profits

It is likely that your team may start small, with just two or three people. As you delve deeper into the work, your team will likely identify other expertise, skills, and experience that are needed to advance your work. Revisit the cross-sector map to brainstorm potential partners and determine the best fit to help achieve your team’s objective(s).

Governance and Public Health Accreditation

The Public Health Accreditation Board (PHAB) is a non-profit organization that serves as the accrediting body for governmental public health departments. Its mission is to improve and protect the health of the public by advancing the quality and performance of all governmental public health departments, including tribes. Information regarding the definitions, standards, and requirements for tribal health department (THD) accreditation will be highlighted in a blue text box (just like the one below) throughout this resource.

Governance Standards and Accreditation

PHAB's Standards and Measures Version 1.5 includes a set of tribally specific standards and guidance that are divided across 12 domains. These domains are based on the 10 Essential Public Health Services, plus Governance and Administration. Domains 5, 6 and 12 include standards that address public health laws and governance. These domains include standards and measures that address the tribe's governing entity's authority, structure, role, and responsibilities. They also address the processes used by a THD and the governing entity to review, update, and enforce public health law.

The tribally specific standards and measures were developed using a consultative process, including a workgroup of Tribal public health professionals convened by PHAB, the National Indian Health Board's Tribal Public Health Accreditation Advisory Board, and a national call for tribal input in 2010-2011. PHAB has since developed a supplemental guide specifically for tribes.

Public health accreditation is an opportunity to strengthen tribal self-determination by providing a framework for tribes to improve public health infrastructure and build capacity.⁹ It is a process by which a THD can measure its performance against a set of national standards. It helps identify performance improvement opportunities, bolster management practices, develop leadership, and strengthen multisector relationships.

Public Health Accreditation Resources

- Public Health Accreditation Board [information and resources](#).
- PHAB [Supplemental Process and Documentation Guidance for Tribal Public Health Department Accreditation](#).
- National Indian Health Board [Tribal Public Health Accreditation Resource Center](#).
- Red Star International, Inc. [information](#) and [resources](#).
- Seven Directions: A Center for Indigenous Public Health [Tribal Public Health Accreditation Readiness Guidebook and Roadmap](#) and [Becoming Ka Ma Ma: \(Re\)imagining Tribal Health Systems](#).

What's Next

In Module 1: *Transforming Indigenous Governance to Improve Health*, we introduce the foundational concepts that will be discussed throughout the resource. We recommend that teams read through each module, and familiarize themselves with the concepts, activities, and resources. Discuss the content presented, and adapt it as needed to your tribe's unique context (e.g., governance, structure, organizational norms, culture, and values). Reference the materials in the resource often. Monitor the team's progress, reflect on lessons learned, adjust activities as needed, and celebrate achievements.

Transform Indigenous Governance to Improve Health

Purpose: Redefine health governance as a matter of cultural and political sovereignty.

Objectives:

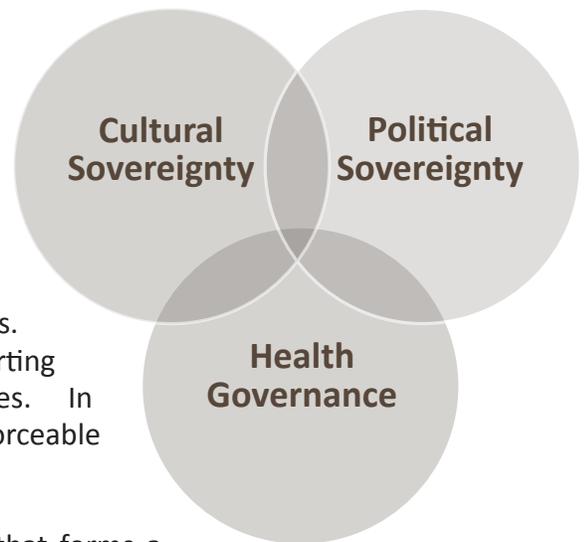
- Introduce cultural sovereignty as the basis for Indigenous governance.
- Introduce political sovereignty and its evolution.
- Describe the principles of nation (re)building as it applies to public health.

Indigenous peoples are the original architects of complex systems – ways of life where individuals, families, and communities work together as an interconnected whole – to keep people healthy. Our survival depended on it. Our traditional practices affirm our cultural identity, community connection, relationship with the natural environment, and support intergenerational sharing. While we may not always conceptualize our elders’ teachings or traditional narratives as providing foundational laws, they do provide a set of well understood guidelines and cultural norms for perpetuating the growth and prosperity of the tribe, which are the key aspects of governance.

Cultural Sovereignty: Basis for Indigenous Knowledge Systems

Tribal nations are inherently sovereign. Our ancestors recognized themselves as distinctive cultural and political groups, and exercised governmental authority to protect our lands, resources, peoples, and cultures.² Creation Stories and other cultural narratives, as shared across the generations, often define our original territories and authorities; familial and clan systems and duties; decision-making processes; and relationships with the human, spirit, and natural worlds. These social norms are deeply embedded in tribal cultures supporting relational accountability, collective action, and sustainability practices. In other words, they provide a governing system of understood, enforceable law.¹⁰

Reclaiming our history, tradition, and cultural identity is a process that forms a dynamic foundation for political sovereignty as we know it today.² Engaging in this process requires reflection on our traditional lifeways and values to address contemporary issues. Colonization and deliberate policies of genocide, forced assimilation, and discrimination systematically dismantled traditional systems of health and healing, and replaced them with a western model of care focused on containing and mitigating disease. To reclaim and holistically transform our health systems, we need to strengthen health governance as a function of both our cultural and political sovereignty.





Activity 2: Traditional Knowledge Systems and Governance

Reflecting on traditional knowledge systems and governance can help culturally ground the conversation about sovereignty and governance. Gathering people together who have traditional knowledge and can speak to its role in guiding cultural norms, behaviors, values, and relationships can bring new insight into your work. The group can be brought together informally as a sharing circle, casual conversation over a meal, or while participating in a traditional craft, such as carving, beading, or weaving. Use the following list as prompts to facilitate discussion amongst the group.

Discuss how our creation stories, cultural narratives, and traditional governance . . .

- Establish our relationship/connection to the landscape (rivers, mountains, springs), animals (birds, insects, reptiles, and other living things), and plant life (food, medicine, clothing, tools).
- Provide guidance on how to be a good relative to people, animals, and the environment.
- Outline our traditional territories (geographic boundaries, hunting and fishing grounds, ceremonial grounds, culturally important landmarks and connection to story).
- Identify leadership at the family, community, and tribal levels.
- Describe our traditional decision-making processes.
- Guide our behavior and interactions, including consequences for ignoring the teachings.
- Guide the roles and relationships among cultural societies, males and females, elders and youth.
- Inform how decisions are made by tribal leaders/tribal council.
- Other _____

Reflecting on traditional knowledge systems and governance helps to bring cultural grounding to transforming governance systems and strengthening political sovereignty. For some tribes, that cultural grounding is ever present. For others, it may be something that requires more time and reflection due to historical events that may have resulted in knowledge loss or assimilation. The primary idea is to take a strengths-based approach to the knowledge that is still available and practiced today, and to identify ways to embody that knowledge in governance.

Political Sovereignty

Tribal sovereignty and governance, both in concept and in practice, have evolved over time. When colonizers arrived in what is now known as the Americas, there were at least 60 million Indigenous people, representing more than 600 different tribes, bands, and groups with thriving social, political, and cultural institutions.¹¹ One study estimates that about 70-88 million people lived in Europe at this time. All Indigenous peoples exercised the power of sovereign nations, and recognized the sovereignty of one another by forming compacts, treaties, trade agreements, and military alliances.¹² Colonial powers, including the United States, also recognized tribal sovereignty by entering into 800 treaties. Tribes have inherent sovereign powers to determine their form of government, define membership, administer justice and enforce laws, tax, regulate domestic relations among its members, and regulate property use.

Today, tribal constitutions are an important function of political sovereignty. Many tribal constitutions are modelled after the U.S. Constitution and divide power among the legislative, executive and judicial branches of government. Some have parliamentary models as provided during the Indian Reorganization Act of 1934. Others may reflect key features of their traditional forms of government.

Regardless of their chosen government model constitutionally, tribes are often governing constitutionally and traditionally in tandem.¹³ Navigating the interface between neo-colonial governance (political sovereignty as guided by written constitutions) and customary governance (pre-colonial cultural sovereignty) is a constant challenge, one that is critical to nation (re)building and transforming health governance.

Nation (Re)Building For Health

Native nation building is the process by which a Native nation strengthens its own capacity for effective and culturally relevant self-government and for self-determined sustainable community development.¹⁴ Nation building principles woven throughout this resource are based on decades of research conducted by the Harvard Project on American Indian Economic Development, and its partner organization, the Native Nations Institute for Leadership, Management and Policy at the University of Arizona, Udall Center for Studies in Public Policy. Together, they systematically researched what tribal self-determination looks like, and what tribes can do to rebuild their governments and governance institutions to improve the socioeconomic conditions of their communities. Five “Nation Building Principles” are associated with tribes that effectively exercise their right to self-determination:

Table 2. Five Nation Building Principles¹⁵

Sovereignty	Practical self-rule exists in the hands of Tribal Nations.
Capable Governing Institutions	Authority is backed with competence.
Cultural Match	Governing institutions match community beliefs about authority.
Strategic Orientation	Decision-making is strategic and focused on long-term priorities.
Public Spirited Leadership	Leadership serves as nation builder and community mobilizer.

We believe these principles also apply to tribal public health. Health and wellness needs and issues also call for tribally-led health governance approaches to address community health needs and to effectively and efficiently coordinate with external partners. Beginning this conversation can be challenging as it calls for specialized knowledge across multiple fields.

Wrap-Up

Transforming health governance relies upon a community-centered approach to governing based on nation building principles at the interface between cultural and political sovereignty. In the following modules, we provide more detail on each nation building principle and discuss its relevance to public health and health governance.

Resources

- [Native Nations Institute](#) at the University of Arizona.
- [Indigenous Governance Database](#).
- National Council of American Indians [Partnerships for Tribal Governance](#).
- [Native Governance Center](#).

Module 1: Explore Governance Structure, Authority and Function



PHASE I: PLACE OF BEGINNINGS – BUILD RELATIONSHIPS

Phase I, as denoted by the butterfly egg, represents the place of beginnings and refers to the idea or inspiration to strengthen health governance. The source of such inspiration often comes from new information, a public health event, or other challenge that raises our awareness of an opportunity to do better. During this phase, we start by bringing people together, exchanging ideas, and gathering information to build relationships. The goal of this phase is to establish a shared understanding of the tribe’s governance structure, authority, and function. Just as plant leaves provide a physical structure to support the eggs, having a solid understanding of the tribe’s governance provides the foundational knowledge upon which administrators can engage the appropriate governing entity, at the appropriate time, with the appropriate information, to take the appropriate action.

Purpose: Map the tribe’s governance structure, authorities, and primary functions.

Objectives:

- Define and describe the who, what, where of “governing institutions.”
- Discuss the value of fostering a shared understanding of authorities and functions.
- Explore seven primary governance functions.

Before we can create real systemic change, we must first understand the system – the people, relationships, and resources – as it is now. Day to day, we often interface with various governing entities, whether it’s sharing information, seeking support to create or amend a health policy, or obtaining a tribal resolution. Having a shared understanding of the various governing bodies and their key functions equips the team with knowledge needed to more effectively employ governance protocols to achieve a desired goal. Following tribal protocols and providing tribal leaders with the appropriate information, data, and evidence at the right time, helps them make practical decisions to protect and promote the community’s health.

1st Core Principle of Nation Building – Sovereignty

Practical decision-making power in the hands of tribal nations

Practical self-rule speaks to decision-making *by* tribes *for* tribes. Sovereignty on its own is not enough. It has to be exercised effectively. The self-determination era in the 1970s ushered in a movement of sovereignty, or self-rule, beyond merely putting laws and policies to actualizing these efforts through specific practices that supported tribal management of their own affairs. Regaining control and self-determining a healthy future, separate from and independent of outside influences, extends beyond 638 contracts and compacts to include public health authority. In order to exercise authority, we need to have a clear understanding of our governance overall.

Map the Tribe’s Governance Structure, Authorities, and Functions.

Effective governing institutions – the structure, scope, location, and source of authority – are those which are understood, accepted, and respected by those it services.¹⁶ Before employing governing powers to protect and promote the community’s health, it is important to answer these questions: Who are the governing bodies/entities? What are their authorities? Where does their authority come from?

Who Are the Governing Bodies/Entities?

Tribal constitutions typically outline the governance structure, identifying each of the governing entities and their authorities. Read your tribe’s constitution, and identify the governing bodies that are named in the document. Examples could include Tribal Executives (e.g. Chairman, Vice Chairman, Secretary, Treasurer), a legislative council, or a tribal council that includes executives and legislators. The constitution may grant governing entities the authority to establish other bodies to support governance, such as a health oversight committee, a health care services governing board, or a secretary of health. Perhaps these governing bodies were established by resolution, ordinance, or other legal action and given specific authorities and functions.

Consider other governing authorities from a cultural sovereignty lens. Tribes may have traditional ceremonial societies, councils of elders, or other forms of traditional governance that have authority over cultural matters within the tribe. Discuss amongst the team the ways they interface, if at all, with the politically elected/appointed governing entities.

Where Does Their Authority Come From (Legal Source)?

Once you’ve identified all of the governing entities, identify and review the legal documents that establish the tribe’s governing entities and their authorities. Reviewing these documents can provide greater insight into the overall governance structure and how it functions (or should legally function according to tribal law). Examples of legal documents include the tribe’s constitution, an ordinance, executive order, tribal code, policy, or other legal documents.



Activity 3: Governing Entities, Authorities and Sources

Mapping the tribe’s governance structure and authorities helps teams foster a shared understanding of the tribal authority that supports their work together. It also helps establish the foundation upon which health governance can be strengthened. Using the Governance Map template at the end of this resource, complete the columns by listing the governing entities within the tribe that are responsible for protecting and promoting the community’s health. List their authorities and the source of those authorities. We have provided examples below that can be used as a guide.

Governing Entity	Authority	Source
Tribal Council	Legislative	Constitution
Chief/Chairman/Governor	Executive	Constitution
Health Oversight Committee	General Oversight	Tribal Resolution
Health Governing Board	Health care Governance	Established by Tribal Resolution; By-laws articulate their authorities.
Cultural Societies/Councils	Cultural Authority	Customary Laws

At times, governing entities exist and their authorities are generally understood by the Tribal Council and administration, but there is no legal document establishing them. As the team conducts its research, it may not find a document (e.g., a tribal constitution, bill of rights, other foundational legal document, etc.) that establishes the governing entity or their authority, and yet the entity exists. If there is no document found, then describing when and how they were established can help map and document the source of tribal authority. If that is the case, it may be worth consulting with the appropriate leadership, and consider formally establishing the governing entity through the tribe’s legal protocols and processes.

Understand the Governing Entity for Public Health Accreditation

Tribal Health Departments (THDs) exploring public health accreditation will need to identify their governing entity for purposes of accreditation. The Public Health Accreditation Board (PHAB) defines the governing entity as: the individual, board, council, commission, or other body with legal authority over the public health functions of a tribal jurisdiction.¹⁷ We recommend tribes pursuing public health accreditation examine this definition carefully and review the PHAB Standards and Measures, Domains 6 and 12, early in the accreditation process.

Together, these domains include standards and measures that address the governing entity’s authority, structure, role, and responsibilities. THDs will want to familiarize themselves with the types of documentation that are required for these domains, as these documents can be time-consuming to create or update, depending on what already exists.

Foster a Shared Understanding of Authorities and Functions

With the governing entities and their authorities identified, the team will now want to identify their primary functions. Tribal constitutions that are modelled after the U.S. Constitution usually divide power among the legislative, executive and judicial branches of government. The legislative branch typically has the authority to create policy and allocate resources to implement it. The executive branch often ensures the health department and other tribal departments act within the scope of legislative authority by implementing the legislation and establishing health regulations to enforce health policies.

Self-Governance Tribes managing their health care may have a governing board that has oversight of the department's performance, quality assurance, and various accreditation requirements. Cultural societies, committees, or councils may also have a role in reviewing and approving research, policies, or other action before going to Tribal Council as part of the approval protocol within the tribe.

When it comes to health governance authorities and functions, there isn't a one-size-fits-all approach, especially in the tribal context. Efforts have been made to identify common governance functions for state and local governance. In 2011, the CDC and the National Association of Local Boards of Health conducted a literature review to identify and establish six functions of public health governance.¹⁸ Given that little is known about tribal health governance, we have adapted these functions, and added a seventh function we have titled "Cultural Protections". Cultural Protections is a function of cultural sovereignty and essential to community protections and promoting health in tribal communities. In Table 3, we have listed the seven functions, as well as examples of how these functions might be carried out day-to-day.

Table 3. Governance Functions and Examples

Governance Function	Examples
<p>Legal Authority Exercise legal authority as applicable by law.</p>	<ul style="list-style-type: none"> • Ensure the governing body acts ethically. • Authorize the provision of core services to the tribe. • Authorize the THD to lead specific public health activities (i.e., surveillance, emergency response). • Engage legal counsel as appropriate.
<p>Policy Development Approve laws and policies that protect/promote public health.</p>	<ul style="list-style-type: none"> • Establish public health law and policy in the jurisdiction (i.e., seat belts, environmental safety laws, tobacco use). • Ensure THD operates consistently within the laws and rules to which it is subject (tribal, federal, and state). • Adopt and ensure enforcement of public health regulations. • Approve internal and external policies. • Evaluate and update existing policies.
<p>Resource Stewardship Assure adequate resources (legal, financial, human, technological, and material) to perform essential public health services are available.</p>	<ul style="list-style-type: none"> • Ensure adequate facilities and legal resources. • Approve a budget to provide core services. • Allocate funding to support the THD’s public health functions and activities. • Enter intergovernmental agreements with state and local governments for cross-jurisdictional service sharing.
<p>Oversight of THD Assume THD performance oversight.</p>	<ul style="list-style-type: none"> • Hire the health director and evaluate their performance. • Guide and advise on public health activities within the THD’s designated authorities.
<p>Partner Engagement Authorize legal partnerships to leverage resources through formal agreements.</p>	<ul style="list-style-type: none"> • Enter agreements with public and private partners. • Build and strengthen community partnerships with relevant stakeholders. • Create linkages between the health department and other tribal departments.
<p>Health Department Performance Routinely set, monitor, and evaluate measurable performance and health improvement outcomes.</p>	<ul style="list-style-type: none"> ▪ Monitor performance to address various accreditation requirements. ▪ Examine the structure, compensation, and core functions of the health department. ▪ Assess workforce competencies and performance.
<p>Cultural Protections Uphold the tribe’s cultural customs, traditions, and protocols.</p>	<ul style="list-style-type: none"> ▪ Ensure respect and adherence to cultural customs, practices, and protocols. ▪ Ensure appropriate community protections are in place. ▪ Advise on public health issues that may have cultural implications. ▪ Protect intellectual property deriving from cultural knowledge.

(Adapted from Carlson, V. et al. Defining the functions of public health governance. Am J Public Health. 2015;105:S159–S166.)

The seven primary functions of governance and examples above do not represent an exhaustive list. What they aim to do is to get teams thinking about which governing entities are responsible for various functions. In many cases, governing entities may have similar governance functions, such as policy development, but their role in developing policy differ. One may have an advisory or recommending role, while another has the authority to approve and adopt policy. As mentioned in the previous phase, understanding the functions and authorities helps ensure that teams engage governing bodies in public health governance in a way that aligns with their authority and function, and according to the formal protocols in place. If protocols do not exist, this may be an opportunity to develop them.

PHAB Standards for Governance Structures, Authorities, Functions and Membership

Domain 12 is about maintaining capacity to engage the public health governing entity. PHAB recognizes that governing entities influence the direction of the health department, both formally and informally. Measure 12.1.2 focuses on the importance of having a clear understanding and documentation of the governing entity's structure, authorities, responsibilities and composition.

Resource

- National Association of Local Boards of Health's [Six Functions of Public Health Governance](#), November 2012.

Governance Functions: A Deeper Dive

Now teams will take a deeper dive into the governance functions and authority. Teams examine current governance practices, protocols, and capabilities to determine how effectively teams are engaging health governance entities to protect and promote health. The team will reflect on multiple health governance functions and identify what is working well and what can be strengthened. Teams will also reflect on their own knowledge, skills, and capabilities, and determine whether to engage in the effort.

Activity 4: Governance Map

The Governance Map activity builds on the work you completed in the previous activity. Using the same Governance Map template, complete the last two columns: function and day-to-day examples. For each of the governing entities you listed in the previous activity, complete the Governance Map and list their functions and provide specific examples of how those functions are exercised. The table below includes an example for a Tribal Council.

Governing Entity	Function	Example
Example: Tribal Council	<ul style="list-style-type: none"> • Legal authority • Law and Policy Development • Resource stewardship • Partnerships • Cultural protections 	<ul style="list-style-type: none"> • Pass laws • Authorize intergovernmental agreements • Approve budgets • Approve health research

After completing the activities in this module, you will have a governance map of the structure, authorities, and functions, including specific examples of how those functions are exercised. We have provided a sample map below that you can use as a guide. Once you have completed your governance map as currently structured, the next step is to discuss the tribe's current governance and whether there are areas that can be strengthened in order to improve efficiency, effectiveness, cultural relevance, processes, or other reasons relating to addressing public health priorities. Use this discussion to identify any next steps and the actions that may be needed to strengthen the tribe's current governance, authority, and function. A blank Governance Map template is available at the end of this resource.

Governing Entity	Source	Example	Function	Example
Example: Tribal Council	Constitution	Legislative	<ul style="list-style-type: none"> • Legal authority • Law and Policy Development • Resource stewardship • Partnerships • Cultural protections 	<ul style="list-style-type: none"> • Pass laws • Authorize intergovernmental agreements • Approve budgets • Approve health research

Wrap Up

In this module we discussed the importance of understanding the tribe's governance structure, authorities, and functions. During this process teams may have discovered that the legal basis for some governing entities has not been clearly articulated. They are a part of the tribe's overall governance; they may have authority to function in various capacities, but it is exercised informally. By informally, we mean that their authority has not been established by the tribe's legal processes. This could be an opportunity to discuss whether legally formalizing the authorities and functions of these governing entities is needed. Legally formalizing governing entities can create stability and consistency in protocols and practices.

In the next module we discuss extending authority to the THD to protect and promote health within the tribe's jurisdiction.

Module 2: Explore Governance Structure, Authority and Function



PHASE II – IDEAS TAKE HOLD – BUILD SKILLS

In Phase I, your team built relationships to establish the foundational knowledge and shared understanding of the tribe’s governance structure, the authorities and functions. During Phase II, the caterpillar consumes the necessary food to sustain it through the next phase of life. Akin to the caterpillar, teams begin to examine the tribe’s legal competency. Examining legal competency includes determining the effectiveness of current governance practices, protocols, and capabilities to effectively protect and promote health. By examining the tribe’s capacity to use its legal authority to protect health, teams explore the process and make decisions together. Teams will discuss the knowledge, skills, and capabilities of various stakeholders and identify others to engage in the discussion. Ideas are nurtured, additional information is gathered, and teams identify a pathway forward.

Purpose: Establish and strengthen public health authority.

Objectives:

- Introduce the concept of capable governing and legal competency.
- Define public health authority as a function of sovereignty.
- Provide a model for establishing authority.

Throughout this resource we have discussed the idea of inherent sovereignty – the right to self-rule – and how political sovereignty continues to evolve over time. However, sovereignty in and of itself is not enough. It has to be exercised competently and consistently, separate from politics, in order to effectively achieve a nation’s vision for a healthy and thriving community.

Stable governing institutions do not change the rules frequently nor easily, and when they do, they change them according to prescribed and reliable procedures.¹⁵ Strategic decisions should remain in the hands of governing entities, while day-to-day administration and program management remain in

the hands of administrators and managers. While this sounds great in theory, putting it into practice can be a challenge. It takes time. It requires a level of legal competency – knowledge of the law and one’s legal role – to ensure the appropriate practices and protocols are in place. Legal competency is an important determinant of a tribe’s capacity to use its authority effectively, and function at its greatest capacity.¹⁹

2nd Core Principle of Nation Building – Capable Governing Institutions

Practical decision-making power in the hands of tribal nations

Capable governing institutions refers to the manner in which tribes exercise self-rule. This occurs when the rules – laws, policies, and protocols – are articulated in constitutions, by-laws, legal codes, and ordinances. These legal documents are an expressions of agreements between the governing bodies and the community about how collective life should be organized.¹⁵ Tribal public health authority that is clearly articulated and confirmed through executive and legislative action strengthens sovereignty during public health emergencies, such as an infectious disease outbreaks or natural disasters, because it specifies the extent of the tribe’s authorities, how those authorities are carried out, and by whom. This allows for tribal leadership to delegate authority to department leads, who can then efficiently carry out the activities necessary to address emergent needs.

"When used intentionally, public health laws can be a tool for promoting healthier environments and behaviors."

Legal Competency

The concept of “law” as used in this resource is less about a set of rules that we follow, and more as a set of cultural beliefs and practices that shape how we see the world and that influence our behavior.²⁰ When applied to tribal public health systems, it also includes the attitudes and practices of those who enforce the law or are subject to its enforcement. When used intentionally, public health laws can be a tool for promoting healthier environments and behaviors. In the case of systems, infrastructural laws are enacted to establish the powers, duties, and practices of THDs. A health department’s capacity to develop and advance legal and policy initiatives is largely dependent on their legal competency and their infrastructural capacity. As with state and local agencies, legal competency and infrastructural capacity are determinants of a tribe’s capacity to use legal authority effectively to protect health.¹⁹ This is especially true with public health response activities and regulatory functions.

Public Health Authority: The Foundation of Health Governance

Over the last two decades, we have witnessed how infectious diseases (COVID-19, SARS, H1N1) and natural disasters (wildfires, flooding, extreme weather conditions) have disproportionately impacted our tribal citizens. When these emergencies occur on tribal lands, it is not always clear who will respond (i.e., Tribe, local, and/or state health department), or how they will respond (e.g., roles, responsibilities, protocols, requirements) unless the “who” and “how” are clearly defined, that is, legally articulating the tribes’ authorities, how those authorities are carried out, and by whom. This often increases stability, coordination, and response, and ultimately, improves health outcomes.

Public Health Authority Defined

Similar to establishing the authorities and functions of the various governing entities within the tribe, it is also important to establish a THD’s public health authority. A tribe’s public health authority is an important function of its sovereignty because it establishes the tribe’s authority within their jurisdictional area, and is the basis for government-to-government relations with other public health authorities -- federal, state, and local governments. The US Department of Health and Human Services defines a public health authority as:

“... an agency or an authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate..... See 45 CFR 164.501.”

While tribes are public health authorities by definition, many have not legally articulated their authority to protect and promote health through a public health code, ordinance, or other legal means. Ideally, a THD’s authority should be formally evidenced, documented, or supported in the Tribal constitution or other legal document (such as a resolution, ordinance, executive order, or other legal means). It should establish that a THD:

- Is a governmental function of one or more federally recognized tribes to provide public health services within its jurisdiction(s).
- Has jurisdictional authority to promote and protect the tribe’s health, wellness and safety, prevent disease, and respond to issues and events of public health importance.
- Has jurisdictional authority as evidenced through legal action by the tribe’s governing authority.

If such documentation does not exist, the tribe can consider developing a legal document according to its own legal structures and codes.

Role of THDs

Lack of clarity in public health authority leads to concerns about emergency preparedness and coordinated surveillance, amplifying the need for a cohesive public health system at the local, regional, and national levels.²¹⁻²³ Tribal Councils will often extend their public health authority to their THDs as an “agency” of the tribal government through a public health code, ordinance, or other legal means. When this occurs, health departments have jurisdictional authority to provide public health services, and respond to issues and events. If the departments are not legally granted public health authority under tribal law, it can create barriers to conducting important public health activities. For example, other public health authorities (state and local governments) may not formally recognize the tribe’s authority, functions, and protocols creating barriers to the government-to-government relationship.

Demonstrating Public Health Authority for Public Health Accreditation

PHAB’s definition of governmental public health department eligibility is based on the definition of public health authority.²⁴ PHAB defines eligible THDs as:

“a federally recognized Tribal government, Tribal organization, or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order, or other legal means, intended to promote and protect the Tribe’s overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership, or formal collaboration.”*

* As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.

Documentation of public health authority is addressed in guidance under Measure 12.1.1. Because it can take time to update an existing legal document (or to create a new one, as the case may be), we highly recommend that THDs determine whether documentation of the department’s authority exists, and if it does, determine whether it addresses the requirements of this measure.

Why is Public Health Authority Important?

Although tribes, by definition, are public health authorities, they are not always fully integrated into existing surveillance systems or other public health response networks.²⁵ In the event of a public health threat, tribal communities may be at increased risk, especially remote or isolated communities and ones with high rates of chronic disease and disability.²⁶ Therefore, strong governance and established public health authority are integral to building a comprehensive tribal health system that positively impacts health.

Many tribes seek opportunities to improve conditions across multiple determinants of health, such as education, economic stability, housing, access to quality health care, and exposure to trauma, all of which affect our ability to be well. Despite these efforts, health governance often focuses on health care delivery and services, which can be delivered independently with limited connection, coordination, or communication across other health-related departments and programs. Governance, law, and policy are social and structural factors that contribute to the creation, and influence the stability, of social conditions that impact health.²⁷ A siloed approach that focuses solely on health care delivery is a missed opportunity.

Tribal nations face three economic tasks to achieve development and nation (re)building:²⁸

- 1) Create conditions in which their citizens can meet their own economic needs and the needs of their families;
- 2) Identify ways to support the shared cultural relationships, values, and ways of life of the tribe, including ceremony, language, kinship ties to land title, environmental protection, and physical health; and
- 3) Develop ways to support genuine self-governance, independent of external decision-makers and funding sources.

A nation-building approach to public health also requires creating conditions where citizens can be healthy and meet their own needs. Applying a “systems approach” to health governance may be an effective way to complete these tasks to address health disparities and improve the health of our communities. A systems approach facilitates opportunities for multiple stakeholders to work in partnership—rather than in isolation—to ensure conditions in which people can be healthy. It also considers connections among the different stakeholders and how those connections can be leveraged to achieve shared goals. It requires that health departments have the appropriate authority, adequate access to legal counsel, and the resources needed to evaluate the impact of legislation, regulation, and policy. When the approach is culturally aligned, practices affirm the collective cultural identity, connect people and the environment, and support intergenerational wellness.

A Tribal Public Health Code to Establish Authority

Tribal governments and their health departments often exercise public health authority informally, regardless of whether said authority has been enacted into tribal law. Tribes can interface more effectively with federal, state, and local governments when they define their authority, functions, and protocols through public health laws, codes, ordinances, and policies. When addressing public health issues, the specific authorities enacted into law make clear the boundaries for where other governments’ authorities end and the tribe’s begins. Establishing a tribal public health code is one means by which a tribe can establish its public health authority, which we will explore in more detail in this section.



Over the past ten years, states have begun to review and revise their public health laws based on the [The Model State Public Health Act: A Tool for Reforming Public Health Laws](#). This draft legal code was developed to ensure that state public health laws are aligned to support public health infrastructure, collaboration across jurisdictions, public health authorities, public health emergencies, public health information, and includes civil and criminal penalties to enforce certain aspects of the law. This is an ongoing effort, which requires review and revision as new public health issues emerge with new diseases (such as the novel coronavirus), new technologies (such as facial recognition software and GIS mapping), and new public health objectives.

For example, the process of creating a tribal public health code includes important considerations, such as the balancing of individual rights with community needs and priorities. These types of considerations have already begun to be mapped out in many tribal communities with respect to tribal research priorities and regulation, and tribal data sovereignty. Tribal communities face similar issues in determining appropriate procedures for COVID-19 testing data, quarantine procedures, and vaccination plans, as well as how individual patient level data may or may not be shared to inform public health decision making. Tribal values play a key role in mapping out the best approach for a given tribal community, including tribal history of previous pandemics and the role of historical trauma in the community. While there are many templates and toolkits now available from other jurisdictions to address these issues, tribal and urban Indian communities also need to consider whether these tools respect tribal sovereignty and reflect tribal and community priorities and values.

Activity 5: Articulating the Tribe’s Public Health Authority

Work with the team to research whether a document exists and determine its legal standing. A good place to start is with the tribe’s attorney general, or equivalent. Perhaps during the previous activities, your team came across a legal document, such as a resolution, ordinance, code, executive order, or other legal document, that establishes the tribe’s health department as a public health authority to protect and promote the community’s health. If a document exists, use the following checklist to facilitate discussion. If a document doesn’t exist, familiarize yourself with the list and go on to the next section.

<p>1. A legal document exists that articulates the department’s authority.</p>	<ul style="list-style-type: none"> • Name of document _____ • Type of document _____ • It is a legal document (e.g., resolution, ordinance, code, executive order, or other legal document) • It was authorized by the appropriate tribal governing entity. • It authorizes the health department to protect and promote the community’s health.
<p>2. The document includes elements that achieve the following:</p>	<ul style="list-style-type: none"> • Establish the health department’s “authority to protect and promote the community’s health” within the tribe’s jurisdiction. • Define the jurisdictional boundaries of its authority. • Establish the department’s mission. • Articulate the department’s primary functions and services. • Delineate the department’s roles and responsibilities for protecting community and individual rights. • Outline the department’s public health powers.

If a document exists, use the checklist above as a guide. Identify elements that are present and elements, if any, that are missing. Talk about the strengths and areas the document can be improved. If such a document does not exist, tribes can research model codes and identify elements that most align with their authority and structure.

Resources for Researching and Developing a Tribal Public Health Code

The following is a list of publicly available resources that tribes may access to public health code development. The Model State Public Health Act provides a model code that has been adapted by various state and local public health agencies. While there may be advantages to developing a code that aligns with state and local governments, each tribe will need to review these tools while keeping their own setting, context, values and priorities in mind.

- [The Model State Public Health Act: A Tool for Reforming Public Health Laws](#). The Turning Point Public Health Statute Modernization Collaborative, 2003.
- The National Congress of American Indians manages a [Tribal Public Health Law Database](#) that includes information on tribal public health codes and policies. Search the database for examples of Tribal Public Health Codes from other tribes by region.
- American Indian Tribal Law, Second Edition by Matthew L.M. Fletcher provides an orientation to legal practice within tribal jurisdictions and is ideal for tribal governments.



3rd Core Principle of Nation Building – Cultural Match

Governing institutions match community beliefs about authority

Governing institutions must be legitimate in the eyes of the community they serve.²⁸ Our greatest challenge is that many tribes rely on governing institutions that were created to model colonial powers that are not necessarily reflective of tribal values, principles, and customary laws. Public health challenges today are forcing tribes to find new pathways and solutions built from different, and often conflicting, knowledge systems. However, at the interface between Tribal and Western knowledge systems, there lies the opportunity to generate new insights by employing aspects of both so that dual benefits can be realized, and Indigenous worldviews can be matched with contemporary realities.²⁹

Laws and Values

How do we go about decolonizing our governing institutions and laws to reflect our worldview, values, and principles, and also to operationalize them? It is important to acknowledge that values are subjective and change over time. There are internal and external influences, current and historical, that create diverse, and sometimes divergent, viewpoints and dimensions to consider when aligning values and laws. Such dimensions include, but are not limited to, cultural, social, economic, environmental, and governmental perspectives that may or may not be commensurate – corresponding in size, extent, or degree – in any given situation. There are practical challenges that have implications for how values can be factored into decision-making. For example, a tribe that closes tribal business during ceremonial times is valuing its respect for cultural practices above the financial loss a tribal business may incur due to the closure. Facilitating a deliberate process to identify the tribe’s values and principles regarding public health can help build consensus and create principles by which public health authority and laws can be based.

The following activity has been adapted from The Valuing Water Initiative 2020,³⁰ a framework for making better decisions impacting water (e.g., policy, diversion, allocation and management practices), given that the world’s current water use is unsustainable. The framework was designed to identify and operationalize a new set of values to transform the existing system and achieve and reinforce sustainable water use practices. We have adapted the framework to be used to identify values related to public health practice.

Activity 6: Value-Driven Decision-Making

Use the matrix below to facilitate discussion regarding the values associated with public health authority across five dimensions of decision-making. The five dimensions are listed in the top row. On the left, we have listed four aspects of public health authority. For example, the first aspect listed in the left column is health. Discuss the tribe’s values as they relate to “health” from a cultural perspective and fill in the cell. Then discuss the tribe’s values as they relate to health from a social and economic perspective. After each discussion fill in the corresponding cell. Continue the discussion across each of the five dimensions, building consensus as you go. Using the same process, move down to the next aspect, “protecting and promoting health” and discuss the values across each dimension, followed by jurisdictional authority and so on. Once completed, each cell within the matrix would be filled in with a list of values by aspect and dimension.

TOPIC: Public Health Authority		DIMENSION				
		Cultural	Social	Economic	Environment	Governance
ASPECT	Health					
	Protecting & Promoting Health					
	Jurisdictional authority					
	Cross-jurisdictional sharing					

As you work your way through the matrix, discuss where values may align and conflict, identify emerging themes and outliers. Create principle statements that will guide the establishment of the tribe’s public health authority. If the tribe has already established its public health authority, discuss whether it aligns with the values discussion. Determine whether it would be of value to amend the law to strengthen the tribe’s cultural sovereignty.

Wrap-Up

In this module we discussed how tribal public health authority, when clearly articulated, strengthens sovereignty because it specifies the extent of the tribe’s authorities, how they are carried out, and by whom. It increases stability, coordination, and response within the tribe, and ultimately, improves health outcomes. Health governance that applies a “systems approach” to improve conditions across multiple determinants of health may be an effective way to address health disparities and improve the health of our communities. In the next module, we talk more about how legal preparedness can strengthen a health department’s infrastructure and capacity to advance law and policy initiatives to protect health.

Module 3: Legal Preparedness for Health



PHASE III INTERDEPENDENCE – WORK TOGETHER

Phase III, as represented by the chrysalis, is a transformative phase in which the interdependence between governance and administration is fortified and strengthened. In Phase III, teams recognize the value of working together towards a shared goal of strengthening governance to build a competent and prepared tribal health system. Governance has a critical role in ensuring that the tribe's authority and role in carrying out critical public health functions, such as surveillance, data sharing, emergency response, and service sharing, are articulated. Knowing, accessing, and building upon the capabilities of key interdisciplinary partners who have a vested interest in good health governance, reveals the interdependence across sectors and fortifies meaningful connections to more effectively protect health. Transformation occurs when diverse perspectives are respected and honored, and the tribe is exercising effective legal authority. The result: tribal laws and policies that have practical application, are culturally aligned, foster coordination and communication, and positively impact communities and families.

Purpose: Integrate a “health in all policies” approach by strengthening tribal legal supports to best ensure tribal public health has the tools necessary to carry out public health authority.

Objectives:

- Understand how legal supports can ensure tribal public health authority is appropriately exercised for the benefit of tribal members and communities.
- Review examples of legal approaches as important tools to address critical public health issues.
- Identify tribal best practices aimed at developing and institutionalizing legal and policy frameworks that support tribal public health objectives.

Laws are an essential tool for building public health capacity and thus improving health outcomes. Establishing effective and efficient approaches require a concerted, coordinated effort to align tribal policies and thereby strengthen public health authority. This module focuses on strategies to strengthen tribal public health legal preparedness, which includes: 1) the presence of effective legal authority to carry out the [essential public health services](#), 2) a competent workforce to apply authority appropriately, 3) coordinating services across departments and jurisdictions (tribal, local, and state), and 4) developing

and sharing information about best practices in public health law.³¹ Together, a coordinated effort to clarify tribal public health authority; build a supportive, trained workforce; and establish an approach to align new public health policies with existing tribal law and policies, ensures a reliable and predictable tribal public health framework.

4th Core Principle of Nation Building – Strategic Orientation

Decision-making is strategic and focused on long-term priorities

Strategic orientation means having a long-term vision of the kind of society a tribe is trying to build.²⁸ With a vision in place of where the tribe would like to be, strategic decision-making can support the development of systems to realize tribal visions and objectives in the short-, medium-, and long-term. This approach closely aligns with many traditional governance approaches that are future oriented, in order to best plan for the impact of today's decisions on future generations. In public health, health governance is strongest when the leadership is knowledgeable about the health department's legal authority, obligations, and responsibilities. It is also essential that tribal public health experts have the authority to effectively implement the necessary approaches to support and protect the health and well-being of communities within the scope of their authority. Therefore, tribal leaders must be given relevant information in order to make decisions about health law, policy, resource allocation, and cross-jurisdictional collaboration.

"Clearly articulated public health authority through the enactment of public health laws reduces ambiguity about how tribes identify, respond, and mitigate public health issues. This includes how activities are coordinated within and across tribal, local, state, and federal systems."

Effective Legal Authority

According to the literature, a lack of clarity in public health authority leads to concerns about preparedness and coordinated surveillance (e.g., data sharing), and it amplifies the need for a cohesive public health system at the federal, state, and local levels.²¹⁻²³ This is also true of tribal governments. The current global pandemic (COVID-19), the destruction caused by the California wildfires in 2020, and Hurricane Harvey in Texas in 2017, among other catastrophic incidents, have exposed the nation's vulnerabilities. Although tribes are public health authorities, they are not always fully integrated into existing surveillance systems or other public health response networks.²⁵ Further, tribal communities are often at an increased risk during a public health threat due to persisting health inequities related to socio-economic factors, rates of chronic disease and disability, access to care issues, and the remoteness of many communities.

Clearly articulated public health authority through the enactment of public health laws reduces ambiguity about how tribes identify, respond, and mitigate public health issues. This includes how activities are coordinated within and across tribal, local, state, and federal systems. Laws are often developed as legal codes and funneled through the tribe's appropriate review and approval channels, which often includes an oversight committee and tribal councils or the appropriate legislative body. The authority to implement and enforce these laws is typically the responsibility of tribal departments and branches of government within the tribe. This is an example of the necessary delegation of tribal authority essential to ensure efficient and responsive public health approaches. In the sections below, we discuss examples of public health activities (surveillance, emergency response, and cross-jurisdictional sharing) and the importance of delineating the tribe's public health authorities to protect and promote the community's health.

PHAB: Review Public Health Laws

Standard 6.1 addresses the importance of reviewing existing laws and working with tribal leadership to ensure laws are updated or amended in keeping with other laws, new science, or other issues that may arise. As the public health expert for the jurisdiction, a THD often has first-hand information about public health laws that are impacting the community. This not only applies to laws the health department enforces, but may include laws that others enforce, such as seat belt laws, school nutrition requirements, sale of tobacco products to minors, texting while driving laws, or animal rabies vaccination laws. Measure 6.1.2 speaks to the importance and responsibility of the health department to review laws and policies, share findings, and make recommendations to tribal leaders to create, amend, and delete public health laws that impact the public's health.

Surveillance

Reports are often made that identify public health threats to the community at large, and sometimes individuals. Protected health information falls under the Health Insurance Portability Act of 1996 (HIPAA), which provides standards to ensure that an individual's health information is properly protected while allowing the flow of information needed to provide quality health care and to protect the public's health and wellbeing.³² HIPAA recognizes the need for public health authorities to have access to protected health information.

For example, HIPAA's provisions allow for information sharing in the case of child abuse or neglect, collecting or reporting on adverse events, persons at risk of contracting or spreading a disease, or medical surveillance. While many tribes are already conducting these activities, that authority may or may not be codified. Codifying authorities for surveillance – the authority to compile data, allowable use and protection of the data, data reporting, reporting requirements, and information sharing – increases the tribe's competency by increasing stability and consistency in public health practice. It is also likely to increase confidence among other public health authorities who may be reluctant to share health information due to the lack of infrastructure.

Codifying or otherwise delegating a tribe's public health authority to the departments or programs builds legal competency to conduct surveillance activities. It also lays the foundation for intergovernmental agreements for data and service sharing, and has the potential to build trust among other governmental public health authorities (e.g. local, state, and federal agencies). Public health surveillance systems provide the data needed to promptly detect health threats, track ongoing threats, and target and monitor programs to improve the public's health.²⁵ The Tribal Epidemiology Subcommittee of the Council of State and Territorial Epidemiologists conducted a multistate assessment of public health surveillance relevant to American Indian and Alaska Native (AI/AN) communities in 2007. The assessment corroborated previous assessments documenting that public health surveillance data tend to be unavailable to tribal agencies that would use the information, and that consequently, tribes, among others, are not fully integrated into surveillance and other public health response networks.

Racial misclassification, omission of AI/AN, and refusal to share public health data are already commonplace and well-documented.³³ Lack of quality data and the failure to include tribes in public health response networks puts tribes at an extreme disadvantage and impacts health outcomes. It is particularly harmful when state and federal governments refuse to provide data to tribes, despite their being public health authorities. While tribes with an established public health infrastructure may be conducting surveillance activities, taking that next step to codify specific authorities, such as surveillance, information systems, and the acquisition, use, disclosure, and storage of identifiable health information, strengthens tribal data sovereignty and communicates the tribe's authorities to external partners.

Emergency Response

Tribal public health systems have an integral role to coordinate, cooperate, and collaborate with cross-sector partners and organizations at all governmental levels when emergencies occur, regardless of the type, scale, or severity.³⁴ Tribal communities rely on the tribal government to be prepared to respond to and recover from public health emergencies. Therefore, emergency response requires timely, decisive, and highly coordinated action based on accurate information and advanced preparedness planning.

Providing a clear definition of the tribe’s legal authority to act in an emergency serves as the basis for response coordination. Best practices suggest that, prior to an occurrence, jurisdictions develop decision trees that map possible outcomes, implement law-based models of coordination, and craft legal agreements, such as intergovernmental agreements and memoranda of understanding, that delineate roles and responsibilities across jurisdictions and sectors.³⁵ In addition to delineating the authorities and functions related to preparedness and surveillance, a public health code can also set forth the guiding principles by which communications with the public and protections of persons and property are conducted, thus balancing the safety of the community with upholding the tribe’s cultural values, norms, and practices.

PHAB: Authority to Act

Domain 2 addresses timely investigations of health problems and environmental public health hazards to protect the community. In addition to documenting the process and procedures by which these activities are carried out, PHAB requires documentation of applicable laws for reporting of notifiable and reportable diseases, as well as the process for exercising legal authority for disease control. A tribe can also assert its sovereignty by choosing to rely on a state’s public health authority to track and report on communicable diseases. Documenting this reliance ensures the tribe’s decision is recognized as an act of its self-determination and clarifies the role of the state.

Cross-Jurisdictional Sharing

Public health concerns and threats are often shared across political and geographical boundaries. As we have seen in recent decades, public health emergencies, such as infectious disease outbreaks or natural disasters, often require multiple governments to respond. However, the complexity and intensely situation-specific nature of federal Indian jurisprudence often leaves considerable question as to which government entity – tribe, state, federal, or local – has jurisdiction on tribal lands. Also, tribal jurisdictional areas may overlap with multiple local and state jurisdictions. The relationship a tribe has with each overlapping jurisdiction may impact the level, quality, and consistency of public health activities conducted in the community. Jurisdictional issues are often weighed down further by historical mistrust, cultural differences, and lack of formal or informal relationships. Unfortunately, these issues often come at the cost of the community’s health.

Public health authority is a function of tribal sovereignty and is the basis for government-to-government relations between tribes and states. Opportunities to strengthen legal competency within the tribe can help facilitate relationship-building with state and local governments. In many cases, it can be imperative because many tribes don't have the infrastructure, capacity, or funding to conduct surveillance or respond to emergencies. Even so, when emergencies occur on tribal lands, it is still important to be clear about who will respond, and how (e.g., roles, responsibilities, protocols, requirements) prior to an event. In this regard, laws can be used to articulate where the tribe's authority and capacity begins and ends. Intergovernmental agreements, memoranda of understanding, and formal, regular tribal-state consultation are potential means for facilitating cross-jurisdictional communication, coordination, and service sharing.

PHAB: Governing Entities Influence Effectiveness of Health Departments

Domain 12 addresses the importance of governing authorities, structures, and functions, but also the key role that tribal leadership has in resource allocation, policy making, legal authority, cross-jurisdictional collaboration, and quality improvement activities. As a result, the governing entity may heavily influence whether health departments are fulfilling their responsibilities and it can be an effective advocate for public health.

Competent Workforce

Growing our own qualified tribal public health workforce means accessing, fostering, and retaining the best available public health expertise in our communities. A shortage of health care providers, especially in remote areas, places strain on health care, and public health services and resources in Native communities. Tribal health and public health departments would be the primary beneficiaries of a tribal public health workforce development plan, but targeted public health training and workgroups could also include tribal attorneys, police departments, case managers working in tribal settings, foster care departments, tribal home visitors, housing departments, businesses, and other tribal counterparts that interface with urban Indian communities to best support the tribe's public health priorities.

Public health services are provided by a diversity of public and private actors in the U.S.³⁶ As we've described, tribal communities, as in other communities nationwide, require a mix of public health law and policy tools. In addition to laws and policies that intervene or provide infrastructure to support public health, tribes and urban Indian public health partners also benefit from "private efforts to support public health efforts, such as professional self-regulation, ethics reviews, accreditation, collaborative and deliberative decision-making, continuous quality improvement, and market incentives."³⁷ Because these efforts require many diverse partners, tribally-specific public health workforce development efforts would benefit a variety of key tribal and urban initiatives.

Growing our own begins with AI/AN youth. Seven Directions' analysis of the Integrated Postsecondary Education Data System data confirms that few AI/AN students successfully matriculate from public health programs nationally. Specifically, between 2013 and 2017, only three AI/AN students graduated with a PhD in Public Health fields annually, on average, and only 150 AI/AN students graduated with an MPH. Promoting careers in health through summer programs, after school programs, and through STEAM curricula development can help prepare AI/AN youth at every level (K-12) to consider and plan for entering a variety of public health and health careers.

In addition to supporting youth exploration of public health and health careers, developing and employing AI/ANs who know and understand the diverse traditions, values, and beliefs about health and healing among Native communities can help ensure services are culturally competent. A skilled AI/AN workforce that is educated and trained in public health will improve our ability to build the public health infrastructure – the competencies, relationships and resources – to more effectively improve health outcomes.

Developing and Sharing Best Practices to Support Tribal Public Health

The establishment of practices aimed at institutionalizing tribal public health legal and policy frameworks represents a critical step to ensuring tribal objectives are met. Established practices that are clear and available for reference and review, ensures the approach to public health, while tailored for the tribal culture, context, and setting, remains standardized, predictable, and reliable. This allows for the establishment of specific processes that may be adhered to within the tribal jurisdiction, and makes it possible to establish regulations that support interdepartmental and cross-jurisdictional collaboration. Each tribe has its own approach, unique context, and needs.

The following steps, therefore, outline a general approach of careful research, review, and reflection in order to tailor a public health legal framework for a given tribe.

- **Research the field on best practices related to the specific public health topic.** Public health technology and tribal needs change over time. To the degree possible, establishing subject matter expertise across essential public health services and the supporting information technology approaches necessary to deliver these services can help support identifying best practices that best meet the tribe’s needs.
- **Research examples (tribal, state, and local) of codes addressing the public health topic.** Examples from other jurisdictions can help frame an approach that best fits a given tribal setting and context.
- **Research and identify any existing procedures, policies, laws, ordinances, etc., within the tribe that address the public health issue.** This is the initial step to identify existing tribal approaches, and important to clarify processes that work well and those that can be modified to better support tribal public health objectives.
- **Use a flowchart to map the new policy to assess whether it aligns with all tribal policies.** New policies may have unintended effects, and misalign with existing approaches within the same department, other departments, or across programs. Developing a flowchart to map the effects of the new policy clarifies potential problems and helps to identify solutions.
- **Meet with your team and seek legal guidance** from the tribe’s attorney general or equivalent to discuss which approaches are most aligned with the tribe’s legal system. Clarifying tribal laws and policies with the help of other team members and experts can help resolve any potential challenges in the implementation of the new policy.
- **Work with the team to craft a code** that ensures a clear delineation of public health authority and assignment of roles and responsibilities to ensure efficient and effective public health program implementation. Transparent and well-thought-out public health authorities support effectiveness, efficiency, and successful public health policy implementation.

"Established practices that are clear and available for reference and review, ensures the approach to public health, while tailored for the tribal culture, context, and setting, remains standardized, predictable, and reliable."



Resources

The following is a list of publicly available resources that tribes may access to support code development, such as critical elements (e.g. quarantine, isolation, individual privacy) of a pandemic response and other public health concerns. Each tribe will need to review these tools while keeping their own setting, context, values and priorities in mind.

- National Congress of American Indians, [Tribal Public Health Law Database](#). Search the database for examples of public health codes from other tribes by region.
- National Indian Law Library. [How to Find Tribal Codes and Constitutions](#). Site provides instruction on how to search their [Tribal Law Gateway](#).
- Tribal Law and Policy Institute, [Tribal Court Clearinghouse](#). Site lists codes by state and then by tribe.
- Centers for Disease Control and Prevention. [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#). Updated January 2019.

Module 4: Community-Centered Governance



PHASE IV: GENEROSITY – PROMOTE COMMITMENT

The butterfly phase represents the culmination of each preceding phase. Likewise, in Phase IV, a transformed tribal health system emerges from a deliberate and challenging process with clear governance, articulated authority, and strong legal competency. This is a time to celebrate successes achieved in Phases I through III. Taking time to reflect on lessons learned and to share that learning with others fosters trust, promotes commitment, and encourages others to do the same. Having transformed governance, the focus now turns to the community. In this phase, greater competency brings greater responsibility. Putting the community's needs at the center requires investments to support public health capacity, a prepared workforce, and ongoing engagement. Managing performance, fostering greater service integration and coordination, and leveraging resources help sustain progress. Establishing the tribe's health governance as a function of its cultural and political sovereignty has the power to transform a tribal health system into one that is more collaborative, coordinated, and culturally aligned. After this phase the cycle begins again, but this time the team, like elders, share their wisdom and experience and bring others along.

Purpose: Discuss governance strategies for building community-centered leadership.

Objectives:

- Refocus health governance beyond clinical care to include community health.
- Explore service integration as a way of leveraging services and resources to improve health.
- Provide strategies for rethinking investments in community health.

Indigenous peoples have long relied on governance systems – accepted values and principles that guide our personal and collective beliefs, behaviors, and relationships – as inherited from our ancestors. These systems of shared rules address accepted norms such as how to be a good relative in relation to the larger community/society. In this sense, strengthening health governance systems requires reflecting on traditional governance practices and systems that promote and protect community health beyond the clinic. That means the governing decision-making process needs to ensure the health department has the structural capacity – the adequate physical, human, financial, organizational, and technological resources – to protect and promote the community's health.

5th Core Principle of Nation Building – Public Spirited Leadership

Leadership serves as nation builder and community mobilizer

Effective leadership often requires putting the needs of the community before the needs of an individual. It also speaks to the ideal that leadership is not just found amongst our elected officials, but also in our administrators, program staff, community coalitions, and families. In this sense, public spirited leadership speaks to the importance of a community-centered approach to evolving existing systems, practices, and investments to support safer, healthier, and more resilient communities. Building effective governing institutions and systems requires leadership at every level to be proactive, adaptive to change, responsive to community needs, and (fiscally) resourceful (doing more with less, return on investment). Such leadership speaks to the importance of policies that facilitate consistent processes for addressing public health issues, which can sometimes lead to shifts in power dynamics, and lead to greater equity in services.

Public Health: A Community-Centered Approach

Family and community are central to Indigenous well-being; they are at the very heart of all we do. Indigenous concepts of health and healing are often holistic, encompassing the physical, mental, emotional, and spiritual well-being of individuals, families, and communities. Despite this holistic view, health services are often provided without the essential integration of multiple services (health care, public health, treatment centers, behavioral health) and across sectors (education, housing, social services). Our ability to create healthy environments that support family and community well-being depends on our ability to govern for health; integrate services that align and honor traditional beliefs, practices, and worldviews; and develop and foster positive relationships with local, state, and federal agencies and other important partners.³⁸

With regard to health governance and public health law, we have focused on the role of interdisciplinary teams and cross-sector partnerships in promoting the community's health. Integrating services is also an effective approach to serving our communities because the systematic coordination of cross-sector services produces the best outcomes and proves to be most effective in addressing multiple health needs.³⁹ Significant health inequity and inequality, coupled with the discord between how health care is often delivered and what Indigenous people need, illustrate the need and value of service integration.

Service integration is not an all-or-nothing endeavor. Rather, it is something that occurs in degrees, ranging from isolation, to mutual awareness, to cooperation and collaboration, to partnership.⁴⁰ It is something that occurs along a continuum across multiple domains. The table on the next page provides sample indicators of service integration across six domains.

"Family and community are central to indigenous well-being; they are at the very heart of all we do. Indigenous concepts of health and healing are often holistic, encompassing the physical, mental, emotional, and spiritual well-being of individuals, families, and communities."

Table 4. Service Integration Domains and Sample Indicators.

Domains	Sample Indicators
<p>GOVERNANCE The governing body is knowledgeable of the health department’s legal authority, obligations, and responsibilities.</p>	<ul style="list-style-type: none"> • THD’s roles, responsibilities, and authorities are defined by law (statute, ordinance). • The governing body has the information it needs to make decisions about health policy, resource allocation, legal authority, and cross-jurisdictional collaboration.
<p>ORGANIZATIONAL STRUCTURE AND LEADERSHIP THD goals and objectives are aligned across the health system.</p>	<ul style="list-style-type: none"> • The organizational structure, leadership, and decision-making are culturally aligned. • Financial and human resource allocation supports the health department’s goals and objectives. • Financial management strategies consider cost containment and return on investments across services.
<p>PERFORMANCE MANAGEMENT Performance indicators and tools are in place and both clinical and public health outcomes are measured.</p>	<ul style="list-style-type: none"> • An integrated performance management system is in place to monitor and evaluate performance and health and wellbeing outcomes across the health system. • Performance management data is tracked and shared with stakeholders (e.g., clinicians, staff, policy makers) across the health system.
<p>INFORMATION TECHNOLOGY Information systems are shared across the health system.</p>	<ul style="list-style-type: none"> • A data governance structure is in place that outlines the standards for data stewardship and quality. • Data infrastructure supports data management, access, and sharing across the health system. • Data is collected and used for service planning and performance improvement.
<p>WORKFORCE Interdisciplinary teams collaborate and leverage resources to deliver services and achieve health outcomes.</p>	<ul style="list-style-type: none"> • Workforce development plans are comprehensive and inclusive of all health department staff. • Workforce competencies are assessed, and training opportunities are provided. • The workforce is leading and engaged in quality improvement initiatives to improve performance and health outcomes.
<p>COMMUNITY-CENTERED SERVICE COORDINATION Services coordinated between and across services within the tribal health system.</p>	<ul style="list-style-type: none"> • Transitions in care (transferring care from one area to another) are coordinated across the continuum of care. • Health services collaborate with support services, such as education, housing, law enforcement, and social services. • Community is satisfied with service coordination. • Interdisciplinary teams identify pathways to care for individuals with co-morbidities.

Within the health care and public health arenas, efforts to strengthen existing health systems are considered an important approach to achieve health equity,⁴¹ offering an important opportunity to tribal nations, for whom tribal sovereignty offers the legal basis to maintain a flexible approach to system and service alignment. A recent study examined the effectiveness of a health systems intervention within tribal health clinics, but found policies and procedures limited providers and prevented fidelity to the model,⁴² suggesting that practice-based evidence serves a crucial role in ensuring intervention uptake.⁴³ Taking into consideration local and cultural issues supports efficient, effective systemic approaches within tribal settings, though most focus on health outcomes⁴⁴ and do not address social service sectors. About 55% of AI/AN rely on the Indian Health Service (IHS) for medical care, yet the Indian Health Care Improvement Act only meets about 60% of health needs. Health services research specifically examining processes, including financial aspects of care provision, within tribal health and public health systems remains a critical gap in our understanding of how to best address the health disparities and inequities currently experienced by tribal nations in the U.S.

"Resources and investments are needed to build tribal public health infrastructure based on Indigenous values, concepts, and approaches to wellness."

Financial Resilience: Rethinking Investments in Community Health

Greater self-determination – increased investments and tribal management of health programs – has led to improvements in tribal public health infrastructure and capacity, thus expanding the role of health governance in recent years. However, systemic issues perpetuate the severe underfunding of Indian health, inequitable investments in tribal public health infrastructure, and challenges in public health funding nationally resulting in an uphill climb when it comes to creating health equity in AI/AN communities.

The IHS is egregiously underfunded, with per capita expenditures far below that of Medicare/Medicaid.⁴⁵ National investments have focused on building effective and collaborative public health systems since the 1990s; however, federal funding for Indian health programs has remained largely disease and program specific, rather than systems focused.³⁸ This has a direct impact on how health services are provided. When funding focusing on tribal public health infrastructure, capacity, and coordination is limited, it perpetuates service fragmentation. It also limits the way tribal programs tap into their individual and collective strengths to improve the health of their communities.

Resources and investments are needed to build tribal public health infrastructure based on Indigenous values, concepts, and approaches to wellness. Such investments are critical to reducing health care costs, improving services that are available, and ultimately improving health. At the same time, these areas include a high degree of complexity, which require investments and support for greater service integration, trained and experienced public health workforce, and improved performance.

Public Health and Health Care Are Financed and Incentivized Differently

Health care and public health are financed and incentivized differently, which is why it can be challenging to get others to see the value in public health investments. Tribal health care facilities are able to seek cost-reimbursements from the government and by third party payors (such as private insurance providers and Centers for Medicare & Medicaid Services), and in some cases, fee-for-service. The majority of public health services, on the other hand, are not eligible for reimbursement, and therefore, services are usually supported by tribal budget allocations and federal and state grants. When grants end, programs and services are often halted without any plans for sustainability. Tribal budget allocations tend to focus on direct services for tribal members, and don't always focus on building the internal capacity and structure of the health department to more systematically protect and promote the community's health as a whole. This includes having a highly skilled workforce, as well as positions with the tribe for epidemiologists, biostatisticians, and health researchers.

Triple Aim

Multiple determinants impact community health, and therefore, improving health requires action from multiple partners. Health care providers cannot do it alone. The Tribal Aim is a business model that has inspired health care organizations (tribal and non-tribal) to work beyond their core mission and address social determinants of health. While the model has evolved over the last decade or so, the primary focus of the model is to motivate health care systems to 1) improve the quality of care, 2) reduce costs, and 3) improve population health. While the first two aims are short-term goals that can be achieved more easily, mobilizing resources to address a broader set of determinants is a long-term goal.⁴⁶ Meaning, the return on investment isn't immediate.

Tribal health systems may have an advantage over mainstream health care and public health systems. Within a tribal government, health care services, public health, and other health related services are often administered under the same "umbrella" of a health department and may be co-located within the same building or office. This presents a unique opportunity for health system transformation by more effectively bridging health and health care within THDs.

Strategies for Finance Integration

Strategic planning and goal attainment is often dependent upon whether or not there is alignment between a tribe's strategic priorities and how financial resources are both allocated and used. Resource allocation best practices include priority-setting methods, such as needs assessments, targeted grant-making, service monitoring, and evaluation.⁴⁷ Financially integrated care often results in improved health status, better care, greater cultural congruency, reduced cost, higher return on investment, and a positive patient/community experience.³⁹ We provide a few strategies for increasing financial integration between clinical care and public health below:

- **Focus investments and grant-making on strategic priorities.** Rather than building budgets around “need,” explore budgeting based on strategic priorities. Tribal reinvestment back into its services, as well as its grant-making to provide programs and services, can help support its ability to respond to public health issues and community needs.
- **Develop budgets to achieve performance targets.** This is an approach where budgets are developed and based to achieve measurable results, using performance information. When used as part of an overall performance management system, it can be an effective tool that program administrators can use to manage more cost efficient and effective budgeting.
- **Diversify resources.** The tendency for many tribes is to pursue funding specifically designated for federally-recognized tribes. Rather than responding to calls for proposals as they arise, let the tribe's strategic priorities drive its grant-making efforts, and seek diverse funding sources that are aligned with tribal priorities.
- **Leverage resources.** When services are coordinated and collaborative, it is easier to leverage resources towards shared objectives. By aligning resources and identifying departmental or programmatic contributions, resources can be leveraged for the benefit of community. When required, it is important that the management and accountability for funding streams remain separate and not duplicative.
- **Invest in capacity and infrastructure.** Such investments may seem far less tangible, yet can have a significant impact on services. Investment in workforce development, hiring qualified public health professionals (such as epidemiologists, biostatisticians), and information technology and centralized data management and surveillance, can help ensure that preventive services are occurring upstream – before people get sick.

A primary objective of this resource is to expand peoples' thinking of self-governance from a 638 compacting or contracting perspective, to thinking more broadly about tribal health governance from a public health perspective.

An Approach to Meaningful Leadership Engagement

Transforming health governance does not always start at the top. Oftentimes, we are prompted to act when new information raises our awareness of an opportunity to do better. Other times, there is a sentinel event – one that requires immediate and decisive action – or other adverse event that requires us to respond in a new way to prevent further risk or harm. In these cases, it is often after the fact that we reflect on our experience and determine what systems need to be in place for the future. A proactive approach to strengthening governance can positively impact health.

A primary objective of this resource is to expand peoples' thinking of self-governance from a 638 compacting or contracting perspective, to thinking more broadly about tribal health governance from a public health perspective. One of the greatest challenges that teams may face is helping others to understand what is public health. This sometimes includes our tribal leaders. It is easy to understand health care because we have all been to the doctor. We have all experienced illness, or have family members who have been ill, and have had to communicate with doctors, nurses, and other frontline staff. We have all had experiences with public health as well; however, those experiences tend to be less obvious. We usually hear about public health when there has been a natural disaster, an infectious outbreak, or other public emergency, that if not dealt with, will impact the *"public's health."*

COVID-19 raised awareness of the importance of public health across the globe, but especially in our tribal communities. A few examples of tribes conducting public health activities in response to the pandemic include exercising authority to monitor who enters and leaves the reservation to prevent the spread of infection; granting authority to the health department to conduct contact tracing; and working with local and state government to implement testing. More tribal leaders have first-hand experience with public health in regards to its importance.

An effective way to expand how tribal leadership thinks about health governance is by providing them with information about public health, how it differs from clinical care, and how together, they can be delivered as part of a comprehensive tribal health system that has the primary function of protecting and promoting health. Actively engaging leadership in the development and/or modification of laws and policies addressing important public health issues is of the utmost importance to ensuring their effectiveness. Such a process can take time – a few months and sometimes years. To help think through what that process might look like, we have outlined a high level approach to engage tribal leaders early in the conversation.

- Collect information and data to **inform** leaders about the issues.
 - Use data to help leaders understand the issues and the impact it is having on the community.
 - Share the research and cite evidence that the proposed strategies have worked in other tribal communities, if available, as well as non-tribal communities.
- Advise** and discuss the potential strategies and how they could be adapted in your community.
 - Discuss the issue with other key stakeholders to identify practical strategies to remedy the issue.
 - Seek input from the governing entity regarding their interpretation of the issues, community impact, and possible solutions.
 - Integrate input and recommendations from the governing body and stakeholders into the strategy development.
- Recommend** an action(s) the governing entity can take to remedy the issue based on leadership and stakeholder input.
- Present a resolution, law, policy, or ordinance for the governing entity to **approve**.

Engaging tribal leadership early in the process to better understand, frame, and address public health issues can increase their willingness and ability to govern in support of the THD's public health authority to protect the community's health.

PHAB: Engage the Governing Entity regarding Public Health

Measure 5.1.2 addresses the importance of providing those with the authority to make and enforce policies with sound, science-based, and current public health information. Domain 5.1.3 addresses the health department's responsibility to inform others of the potential public health impact that policies that may have on communities. Even policies that are not health specific may impact the public's health.

Measures 12.2.1 and 12.3.1 speak to the importance of regular, bi-directional communication with the governing entity to ensure decisions about policies and laws are informed by data, and that there is mutual understanding about the options and implications of those decisions. Consistent communication and information help to ensure that tribal leaders act in the best interests of the community's health.

Wrap-Up

Stronger health governance systems help ensure THDs have the structural capacity – the adequate physical, human, financial, organizational, and technological resources – needed to protect and promote health. A community-centered approach to evolve existing systems, practices, and investments requires leadership to be adaptive, responsive, proactive, and (fiscally) resourceful. Integrating services is an effective approach to address health inequity and inequality, and to align how health services are delivered with what our communities need. Tribal health systems that administer health care, public health and other services under the same "umbrella" may be in a better position to transform their health system through greater service integration.



Renewed Commitment – Begin A New Cycle

Tribal health governance extends beyond our health care facilities to include our responsibility to protect and promote our communities’ health. Emerging threats to the public’s health have highlighted the importance of health governance and how tribes respond to public health issues. In particular, these events show that, regardless of the issue, place matters. Not only in terms of where one lives, but also how well critical public health activities are coordinated within and across governments – tribal, state, local, and federal.

Transforming health governance relies on a community-centered approach to governing based on nation building principles. It is a process by which tribes govern for health by navigating the interface between their political sovereignty (as guided by written constitutions) and cultural sovereignty (customary governance). Figure 2 on the following page illustrates the Becoming Butterfly framework and the process of weaving the four stages of the butterfly life cycle with the CIRCLE four-step capacity building process, and the nation (re)building principles. Together, they represent a community-centered, public health approach to transforming health governance.

The inner ring represents the CIRCLE steps, the second ring represents the corresponding nation building principle, and the third ring lists the major governance transformation activities that occurs within each phase. Transformation is a journey that includes multiple phases that build upon each other. Yet, each phase is separate and distinct. The journey takes time and is very individual depending on a tribe’s readiness to change, and its current infrastructure and capacities.

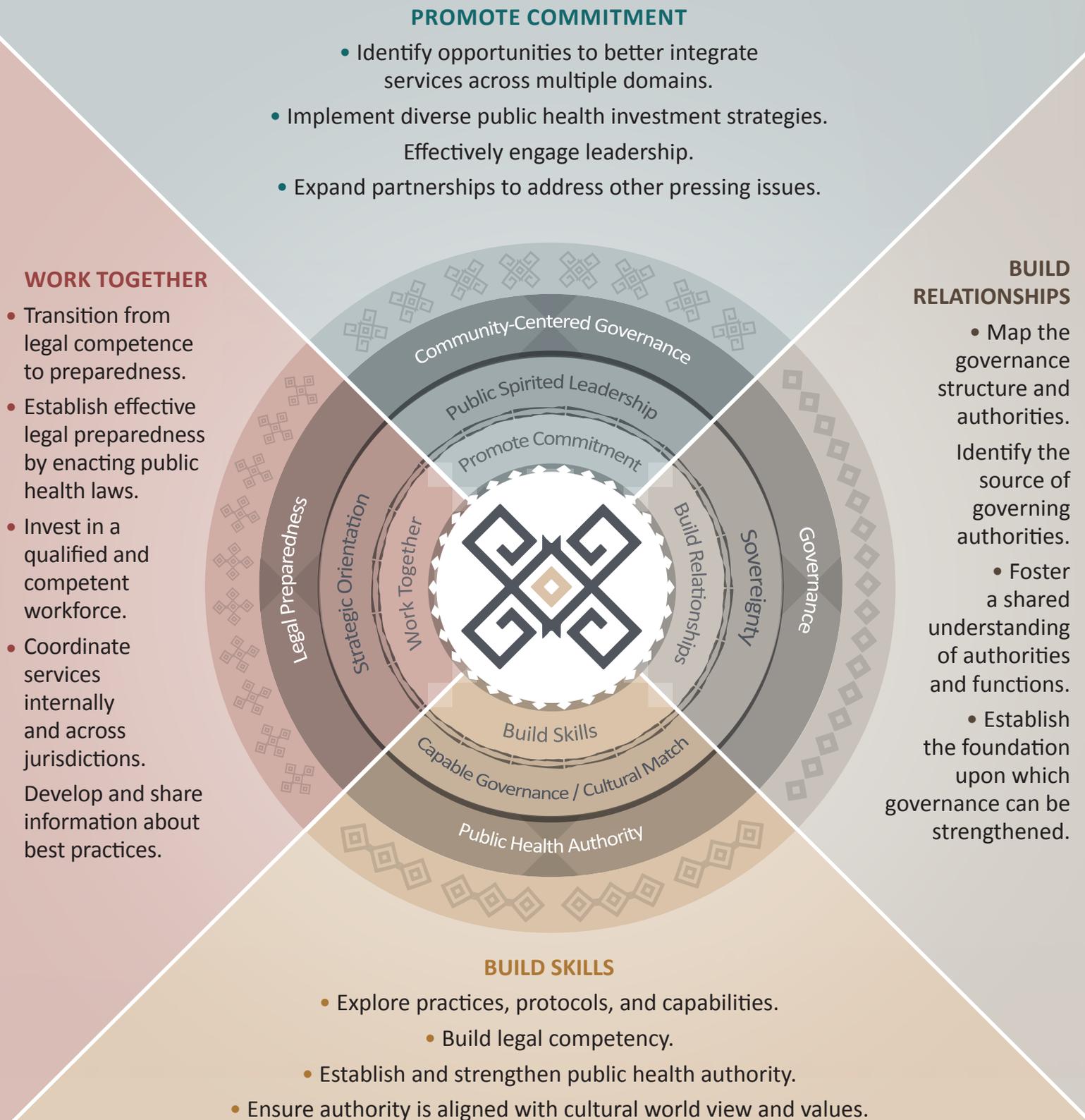
The cycle doesn’t end here. It is a continuous and cyclical process that can be applied as tribes continue to build relationships through shared knowledge; build skills and legal competency; work together to more effectively implement public health laws and policies; and promote commitment through community-centered and spirited leadership for the health of our People.



Becoming Butterfly

Today's challenge is to govern for health by navigating the interface between our political and cultural sovereignty. Our responsibility to protect and promote the health of our communities extends beyond our health care facilities. Transforming how we self-govern to build our collective futures occurs when we align our political sovereignty with our cultural values, norms, and lived experiences. The Becoming Butterfly framework can serve as a practical guide to enhance how we govern for health, exercise public health authority, and build strategic partnerships for the health and well-being of our communities.

Figure 2. Governance Transformation Model



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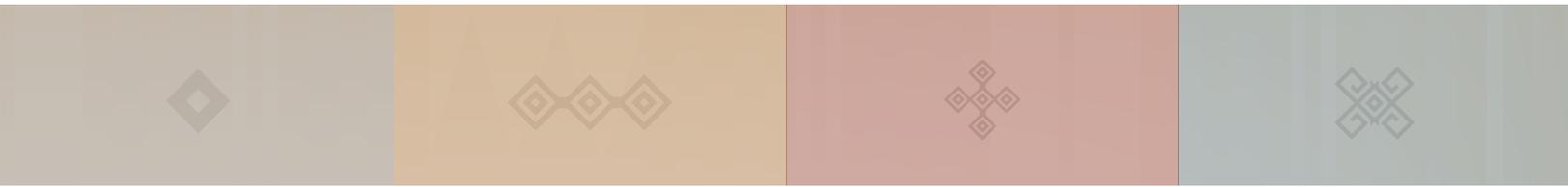
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Activity 1: Form A Team – Cross-Sector Map

Using a cross-sector map can be helpful in identifying who to engage in the development of public health law and policy development. In the top row, list each of the sectors that you might engage on a specific public health issue. Then within each sector identify the departments, programs, and individuals you will likely need to interface with, starting with those within the tribe, in local and state government, federal government, and then other non-governmental partners. You can add more rows or columns to meet your unique situation.

Sector Jurisdiction				
Tribal Departments & Programs				
Local or State Government				
Federal				
Other partners				



Activity 3-4: Governance Map

Governing Entity	Source	Authority	Function	Example

Activity 5: Value-Driven Decision-Making

		DIMENSION				
		Cultural	Social	Economic	Environment	Governance
ASPECT	TOPIC: Public Health Authority					

Tribal Health Governance Transformation: A Resource to Strengthen Sovereignty through Public Health Authority



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