TRIBAL STATE RELATIONS IN PUBLIC HEALTH

A Practice Brief Exploring Public Health Authority and the Value of Cross-Jurisdictional Service Sharing

December 2014

Effective cross-jurisdictional service sharing requires governmental public health departments to clearly define and understand their public health authority. To explore this further, representatives of tribal, state and local health departments, Tribal Epidemiology Centers and other public health entities, gathered for regional Tribal-State Relations Roundtables held in California, Arizona and Wisconsin. This practice brief describes the recommendations and strategies that emerged from the roundtables, including opportunities to increase communication, strengthen relationships, and improve service coordination among tribal, state and local health departments. Key themes include:

- Tribal public health authority is an extension of tribal sovereignty; it is the basis for exercising government-to-government relations between tribes and states for the purpose of protecting and promoting health.
- Public health authority must be defined and understood in order to plan and define how tribal and state health departments will work together before public health events occur.
- Data and information sharing between health departments needs to be improved; sharing data can improve service coordination and inform policy for all entities.
- Effective relationships take time and can by achieved through regular interactions, formal consultation, ongoing communication, and agreements.

Although the nature and stages of tribal-state relationships were distinctly different for each region, the regional roundtables revealed several factors that facilitate successful working relationships between tribal and state health departments. These factors include: 1) A shared purpose; 2) Mutual understanding and respect; 3) The right people involved at the right time; 4) Frequent communication; and 5) A partner convener to facilitate discussion. When all governmental health departments — tribal, state and local — have clearly-defined relationships and roles, they are better able to put the systems in place for effective communication, data sharing and service coordination. Regional tribal-state roundtables may be a model for convening tribal, state and local health departments to increase their communication, strengthen collaboration and improve overall public health performance.

BACKGROUND

Emerging threats to the public's health — chronic disease, infectious disease outbreaks, natural disasters and other significant concerns — have led to greater inquiry about the role of law in public health performance and health outcomes. Increased prevalence of diabetes nationally, the spread of H1N1 (swine flu) in 2009, and the destruction caused by Hurricane Katrina in 2005 have exposed the nation's vulnerabilities. In particular, these events show that, regardless of the public health issue, place matters. Not only in terms of where one lives and the social determinants of health in that region (the social, environmental and economic characteristics of communities), but also in terms of *how well critical public health activities are coordinated* among governments. When *all* governmental health departments — tribal, state, local and federal — have clearly-defined relationships and roles, agencies are better able to put the systems in place that allow them to deliver critical public health activities, communicate effectively, share data and coordinate services.

However, to define relationships and roles between governmental health departments, the appropriate authority must be in place. In 2011, the Institute of Medicine (IOM) released a report suggesting that the nation's public health laws were outdated. In the report, IOM recommended a review and update of state and local laws to ensure appropriate authority for public health agencies; it further recommended that states enact legislation to ensure that all state and local health departments have the capacity, financing, and staffing to

effectively deliver the *Ten Essential Public Health Services.*[i] a framework for public health department performance and the basis for public health accreditation.[ii,iii] Reviewing, evaluating and enforcing laws to protect the health and ensure the safety of the public is one of the *Ten Essential Public Health Services*. While the field of public health, including services and systems research, continues to explore the interdependent relationship between public health law and performance for state and local health departments, these efforts do not always include tribes.

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.[iv,v,vi] Public health authority is defined by United States (U.S.) Department of Health and Human Services (DHHS) as, "an agency or authority of the U.S., a State, a territory, a political subdivision of a State or territory, or an Indian tribe…that is responsible for public health matters as part of its official mandate." Although Tribes and Tribal Epidemiology Centers are public health authorities, they are not always integrated fully into existing surveillance systems or other public health response networks.[vii] 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.[viii]

For example, during the 2009 H1N1 (swine) flu pandemic, American Indian/Alaska Native (AI/AN) populations in 12 states had a mortality rate four times higher than all other racial and ethnic populations combined.[ix] While the exact reasons for the disparity may be unknown, high rates of chronic disease, access to care and service coordination issues might have contributed. DHHS distributed funding for H1N1 response planning directly to states. Tribal health departments and the Indian Health Service were ineligible for direct funding, adding an additional layer of coordination between tribes and the state. Establishing mutual aid agreements and coordinating tribal access to the strategic national stockpile are opportunities to increase cross-jurisdictional service sharing and coordination, thus extending the benefit and protection to AI/AN communities.

A *regionalized* approach to planning for public health preparedness and data sharing across agencies, one that involves cross-jurisdictional relationships, can provide the scale of operations needed to mobilize resources effectively and efficiently.[x,xi] Examples of regionalizing efforts include, but are not limited to, sharing costs, leveraging resources and expertise, and coordinating services across jurisdictions. In an environmental scan of cross-jurisdictional relationships in local public health[xii], conditions for successful cross-jurisdictional sharing and regionalization included 1) clarity of purpose; 2) incentive to work together; 3) willingness by the jurisdictions involved; 4) attention to history, culture and context; and 5) an actual governance role for each jurisdiction.[xiii] The same conditions could be true for cross-jurisdictional relationships that include tribes.

Healthy People 2020, a list of nationwide goals set by DHHS, and public health accreditation both include objectives and standards aimed at improving the tribal, state, and local health department performance. These initiatives provide a framework for performance improvement and can be used to identify opportunities to strengthen multi-jurisdictional coordination among tribal, state, local and public health departments. If the field of public health is truly to take a systems approach to building a cohesive and responsive public health authority nationally, all governmental agencies – *federal, tribal, state and local* – must seize the opportunity to work together to protect the health of all the nation's citizens.

INTRODUCTION

In 2013, Red Star Innovations, the California Tribal Epidemiology Center, the Inter Tribal Council of Arizona, Inc., and the Institute for Wisconsin's Health, Inc. formed a partnership to implement the Tribal Accreditation Readiness through Guidance, Education and Technical assistance (TARGET) Project. Supported by a grant from the Robert Wood Johnson Foundation, the TARGET Project aims to develop an accreditation readiness model that is based on targeting capacity-building activities in order to help tribal health departments prepare for public health accreditation.

A primary goal of the project is to increase communication and strengthen cooperation among tribal and state health departments by conducting Tribal-State Relations Roundtables. This practice brief summarizes the results of the regional Tribal-State Relations Roundtables that TARGET partners convened in California, Arizona and Wisconsin. Partners invited tribal leaders, tribal, local and state health department leadership (including those leading public health accreditation efforts), representatives from regional Indian health boards or inter tribal councils, the Indian Health Service, Tribal Epidemiology Centers, academia (including universities and colleges of public health), and others. Red Star and partner organization staff facilitated the roundtables. All roundtables had a similar structure, including 1) an informational component on public health authority as it relates to public health accreditation; 2) facilitated discussion based on key questions about opportunities and strategies for strengthening Tribal-State relations; and 3) time for open comment.

TARGET PROJECT GOALS

1) Build the capacity of Tribal Organizations to train and support public health accreditation readiness among Tribal Health Departments (THDs).
2) Provide tribal-specific technical assistance, training and information to prepare THDs for accreditation.
3) Identify and explore topics that strengthen cooperation of tribal and state health departments and increase communication about accreditation.
4) Develop tribal-specific technical assistance resources that guide Tribal Health Departments in preparing for accreditation.

ABOUT THE ROUNDTABLES

The host organizations are described below, including information about the tribes and AI/AN populations in each state. Although the roundtables were convened in a similar manner, differences in attendance and the level of engagement occurred in each state. To give context to these differences, brief descriptions are provided of past and current events or activities among the host organizations, tribes in the state, and the state health department.

California Roundtable

In California, there are 40 tribal health departments (also referred to as Tribal/Indian Health Programs) representing 109 federally-recognized tribes. Tribal health departments in California are either governed by a single tribe or by a consortium of tribes. Health services are compacted from the Indian Health Service, meaning the tribes have assumed full funding and control over all programs, services, functions or activities. California has the largest number of tribes of any U.S. state, and the largest AI/AN population according to the 2010 U.S. Census.[xiv]

The California Tribal Epidemiology Center (CTEC) was established in 2005 to improve AI/AN health in California to the highest level possible. CTEC addresses this goal by engaging tribal health departments and American Indian communities in the processes of collecting and interpreting health information, monitoring health status, and developing effective public health services that respect cultural values and community traditions. CTEC is housed within the California Rural Indian Heath Board, Inc. (CRIHB), a non-profit organization formed to advocate for and provide health care to its member tribes and to develop and deliver policies, plans, programs and services that elevate the health status and social conditions of tribes.

CTEC hosted its Tribal-State Relations Roundtable in October 2013. At the time of the roundtable, limited interaction had occurred among the tribal health departments, the California Department of Public Health, CTEC and CRIHB in the area of public health. The State of California does not have a Tribal Consultation Policy, so for many attendees, the roundtable was their first opportunity to discuss matters related to public health accreditation and multi-jurisdictional communication and coordination of public health activities.

Arizona Roundtable

With 22 federally-recognized tribes, Arizona has the largest base of Indian trust land of any state, making up nearly 28 percent of the state's land. According to the U.S. Census (2010), Arizona has the third largest AI/AN population (total), surpassed only by California and Oklahoma. There were nearly 355,000 AI/AN individuals residing in Arizona, which represents nearly 7 percent of the AI/AN population in the U.S.[xv]

The Inter Tribal Council of Arizona, Inc. (ITCA) was established in 1975 to promote tribal sovereignty, to strengthen tribal governments, and to provide member tribes with the means for action on matters that affect them collectively and individually. ITCA also houses a Tribal Epidemiology Center (TEC). ITCA TEC exists to build tribally-driven public health and epidemiologic capacity among tribes in the Phoenix and Tucson Indian Health Service Areas; it builds this capacity by assisting tribes with health surveillance, research, prevention, and program evaluation for planning and policy decision making in order to improve community health and wellness.

The ITCA TEC hosted its Tribal-State Relations roundtable in June 2014. Previous to this roundtable, the ITCA TEC convened two tribal-state relations roundtables on other public health accreditation related topics. These roundtables have continued to provide a forum for discussing topics of mutual interest. The State of Arizona also has a Tribal Consultation Policy requiring consultation among all branches within the Arizona government, including the Arizona Department of Health Services (ADHS). ITCA maintains an established relationship with the ADHS, including an inter-governmental agreement for emergency services and health data sharing. Under the inter-governmental agreement, ITCA serves as an intermediary for service sharing on behalf of several tribes and the state.

Wisconsin Roundtable

There are 11 tribes in Wisconsin. According to the 2010 U.S. Census, the American Indian population in Wisconsin was 86,228, which represented a 24.3 percent increase from 2000. Nearly 54 percent of American Indians in the state live on a reservation or trust lands.[xvii]

The Institute for Wisconsin's Health, Inc. (Institute) is an independent 501c(3) tax-exempt Wisconsin corporation and is not affiliated with any university, government agency or advocacy group. The Institute exists to strengthen Wisconsin's public health system through capacity building and innovation; it is a member of the National Network of Public Health Institutes.

In November 2013, the Institute convened the Wisconsin regional roundtable in conjunction with a series of Tribal Accreditation Forums, regularly scheduled meetings co-led by tribal health departments, the Institute, and the Wisconsin Division of Public Health. These forums, which began in 2010, have provided ongoing opportunities for tribal health department leaders to explore issues around quality and public health accreditation.

The State of Wisconsin maintains a Tribal Consultation Policy for all branches, including the Wisconsin Department of Health Services. Relationships among several of the tribes and local and state agencies are well established. The Institute serves as an additional partner and as a neutral convener for these stakeholders.

TARGET PARTNERS

Red Star Innovations
- http://redstar1.org/

California Rural Indian Health Board
California Tribal Epidemiology Center
- http://www.crihb.org/ctec/

Inter Tribal Council of Arizona, Inc.
- http://itcaonline.com/epi

Institute for Wisconsin's Health, Inc.
- http://www.instituteforwihealth.org/

ROUNDTABLE HIGHLIGHTS: EMERGING THEMES

The roundtables provided an opportunity to bring together multiple stakeholders, so they could discuss the importance and utility of public health authority, explore opportunities for strengthening relationships, and identify strategies to increase communication and strengthen coordination. The opening presentation at each roundtable was provided by Dan Stier, JD, an attorney and administrator with decades of experience in law offices and programs at state and federal levels. Mr. Stier's presentation included an overview of public health authority and the role of public health law in protecting and promoting health. He discussed public health accreditation and explained where public health law and policy are addressed in the standards and measures. He also talked about the legal foundations of "shared services" and gave specific examples of tribal, state and local health department collaboration and coordination.

After Mr. Stier's presentation, roundtable participants were asked to respond in writing to the following key questions:

1. *Why is public health authority important to Tribal-State relations? How do Tribal-State relations impact your work?*
2. *What opportunities exist to strengthen Tribal-State relations when addressing or responding to multi-jurisdictional issues involving public health authority?*
3. *What strategies can be implemented to address these opportunities?*

After participants had time to reflect and write down their responses, Red Star and the host organization's staff facilitated small group discussions to identify themes and share them with the large group. Once the small- and large-group discussions were complete, all roundtable participants were given time to offer open comments.

The following summarizes major themes that emerged from the roundtables:

Public Health Authority is a Function of Tribal Sovereignty

Participants largely saw tribal public health authority as an extension of tribal sovereignty and the basis for government-to-government relations between tribes and states in the area of health. Respect for tribal and state public health authority is foundational. Many states have codes or ordinances that define their public health authority. Tribes may decide to define their public health authority, and the role of their health department, through similar legal actions. Regardless, there are opportunities for a tribe to exercise its public health authority by forming relationships with state and local health departments in order to achieve mutual goals and address issues of public health concern.

Tribal-State Relations Require that Roles and Responsibilities be Defined

Public health emergencies, such as an infectious disease outbreak or natural disaster, often require multiple governments to respond. 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. Memoranda of Understanding (MOUs) were identified as the most widely used and recommended format for defining roles and responsibilities. MOUs formalize a tribal-state relationship, because the process of creating a MOU helps to identify shared goals and define each party's roles and responsibilities in achieving them.

Infrastructure Considerations are Critical

Tribal participants recognized that questions need to be answered internally about the authority, roles and responsibilities of tribal council, tribal health committees, tribal attorneys, tribal law enforcement, the tribal health department and other tribal programs when deciding to work in partnership with a state health department.

Like many local health departments, not all tribes have the administrative capacity or data infrastructure to conduct surveillance or respond to a public health emergency. Tribes may elect for the state, municipality, county or the Indian Health Service to manage communicable disease investigation, surveillance activities or emergency response. Roundtable participants recognized the value of discussing service sharing before a public health crisis occurs to ensure that activities are carried out in a way that aligns with tribal and state laws, policies and values.

Data and Information Sharing Needs to be Improved

Public health authority was largely accepted as a legal mechanism for all governments to share data for public health surveillance and monitoring of specific conditions. Although the current extent to which data are shared varied across regions, roundtable participants called for improved data and information sharing between state and tribal health departments. The participants agreed that everyone could benefit from data sharing. State, local and tribal health departments alike are invested in monitoring the health of their community members. Improved data and information sharing among health departments and Tribal Epidemiology Centers can 1) facilitate efforts to improve data quality (e.g., accuracy, completeness) ; 2) improve service coordination and provision, and 3) generate data that can be used to inform policy.

Relationships Are Built Over Time

Building relationships takes time and is achieved through regular interactions over time. Stronger relationships are needed in order to develop a shared understanding of what needs to occur, or to identify common goals, such as protecting the health of all residents. The following were identified as strategies to build tribal-state relationships:

- Engage in regular Tribal-State Consultation (e.g., government-to-government consultation) to discuss important public health initiatives, actions, and topics of mutual interest.
- Leverage existing relationships through mechanisms such as standing committees, coalitions, partnerships, and Tribal Health Directors meetings.
- Establish MOUs, inter-governmental agreements, contracts and other documented agreements to formalize partnerships and collaboration.
- Continue to convene tribal-state forums, such as the roundtable, to support continued dialogue and strategic action.

Participants recognized that relationships should expand beyond epidemiology, surveillance and emergency preparedness. Since the Ten Essential Public Health Services are the foundation of public health accreditation standards, it follows that a comprehensive examination of all service areas should be a part of relationship-building efforts.

This examination includes an assessment of how the tribal, state and local health departments provide services independently and in partnership. Establishing and building relationships before challenges arise should be a priority among all parties, whether it is done through formal consultation, establishing policies and agreements, fostering communications, or convening meetings.

Local Health Departments Need to be Included in Service-Sharing Conversations

Participants acknowledged that tribal health departments often partner with local health departments in their area. In many cases, tribal lands overlap multiple counties and the relationship with each county can vary greatly. It was noted that in some areas, the local health department provides specific public health services to the tribe, and in other areas the tribe provides services to the county. Local health departments were not represented at all of the Tribal-State Relations Roundtables; however, regions should consider broadening the conversation to include representatives from tribal, state and local health departments.

BUILDING BLOCKS OF SUCCESS FOR TRIBAL-STATE RELATIONS

Overall, the regional Tribal-State Relations Roundtables achieved their goals to increase communication and strengthen cooperation among tribal and state health departments. Distinct differences existed across each region in terms of the stage and nature of tribal-state relationships, which influenced the focus and context of conversations. The stages of relationships ranged from new to well established, and their natures ranged from cautious-yet-interested to engaged-and-formal, as demonstrated by inter-governmental agreements. Despite the variation in relationships across regions, common aspects emerged as facilitators of successful tribal-state relationships. These facilitators are described below:

Shared Purpose

Participants noted that focusing on shared purpose is critical for both initiating and maintaining relationships. For example, all public health entities work toward healthier communities and safer environments. Identifying a common goal, a shared purpose or a mutually- beneficial reason to partner can bring people together, so they can find ways to align and share services, activities and resources.

Mutual Understanding and Respect

Tribal, state and local governments vary in governance and administrative structure and in leadership, capacity and infrastructure, and services. There is not a “one-size-fits-all” approach for fostering effective government-to-government relations. Tribal, state and local health departments must take the time to learn about each governmental partner in order to support mutual understanding and respect.

One participant succinctly expressed, "If you coordinate with one tribe, you coordinate with one tribe [only] and not all tribes in the state or region." Given the diversity of tribal governance, structure and capacity, relationships have to be built with the leadership of each tribe individually. When both partners take time to learn about each other, it helps them to understand the appropriate communication channels to use, navigate the development and approval process of formal agreements, and maintain a positive relationship over the long term.

The Right People are Involved At the Right Time
Mutual understanding and respect — including knowledge of each partner's governance and administrative structures and protocols — will help ensure that the appropriate decision makers and staff are involved at the appropriate time. If state officials are aware of tribal protocols and engage tribally-elected officials and tribal administrative leadership at the right time, it can foster trust, respect and communication. Once relationships are established between tribal and state leadership, ongoing communication and day-to-day exchanges, might then be maintained at the administrative or staff levels. Either way, understanding each other's organizational culture and protocols can help ensure the right people are engaged at the right time.

Frequent Communication
Although partnerships or collaborations can be established through MOUs, inter-governmental agreements, contracts and other documented agreements, the relationship must be developed and operationalized by individuals. Good relationships are characterized by building rapport over time. This rapport can be achieved by making person-to-person contact and having regular interactions with staff from other departments, advisory boards, committees and coalitions. Documents set the groundwork, but person-to-person contact can keep partnerships strong and sustained.

A Neutral Convener
Entities like Area Indian Health Boards, Inter Tribal Councils, Tribal Epidemiology Centers or public health institutes can serve as a convener of tribal and state public health leadership, administration and staff. Convening organizations that already had stronger relationships with the tribes, state health agencies, and local health departments, experienced a higher level of participation at the round table. A good convener can create a 'safe space' for all parties to initiate discussions and keep dialogue moving in the right direction. Also, a convener with a vested interest in facilitating communications between individuals and governmental health departments can serve as a conduit by keeping the group focused on a shared vision.

Understandably, many of the facilitators of success identified throughout the roundtables correspond with what the literature cites as conditions for successful cross-jurisdictional sharing among local and state health departments. [xviii, xix, xx]

CONCLUSION

Regional tribal-state roundtables may be a potential model for effectively increasing communication and strengthening collaboration among tribal and state health departments. The roundtables demonstrated that coming together around topics of mutual interest — especially those focused on improving capacity to protect and promote the health of all residents — is worthwhile. Participants agreed that clear public health authority, an understanding of that authority, and exercising it through cross-jurisdictional sharing are all valuable and greatly needed to improve public health services.

Although it requires initial effort to build relationships and determine mutual interests or goals, relationship-building among tribal, state and local jurisdictions is a cornerstone of public health practice. Now more than ever, tribal, state and local governments must focus on the current and future state of public health by establishing mutually-beneficial partnerships and acting in concert to improve the population's health.

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