TRIBAL PUBLIC HEALTH INSTITUTE
FEASIBILITY PROJECT

SEVEN DIRECTIONS:

A Blueprint for Advancing the Health and Wellness of Our Native Communities

JUNE 2015

PREPARED BY:
REDSTAR INNOVATIONS
WWW.REDSTAR1.ORG

Support for this project was provided by a grant from the Robert Wood Johnson Foundation.

ADVISORY BOARD

A national Advisory Board was established in October 2011 to guide a feasibility study examining the role a Tribal public health institute (TPHI). The purpose of the TPHI Advisory Board is to provide strategic and expert advice on a full range of activities undertaken to achieve the TPHI feasibility project goals. Members act as liaisons between the project and stakeholders, facilitate communication and share information with Tribal Leaders and administrators, organizations, communities and other important partners. Without Advisory Board's insight, energy, and perseverance, this project would not have been possible.

(listed alphabetically by last name)

Tom Anderson, MPH (Cherokee)
Tribal Epidemiology Center Director
Oklahoma City Area Inter-Tribal Health Board

Jay Butler, MD (Phase I)
(Former) Senior Director for Community Health Services
Alaska Native Tribal Health Consortium

Delia Carlyle (Ak-Chin Indian Community)
(Phase II)
Vice-Chairwoman
Ak-Chin Indian Community

Joseph Finkbonner, RPh, MHA (Lummi)
Executive Director
Northwest Portland Area Indian Health Board

Kristin Hill, BSN, MSHSA
Director, Great Lakes Inter-Tribal Epidemiology Center
Great Lakes Inter Tribal Council

Jackie Kaslow, MPH (Miwok, Maidu)
At-Large Member, California

Byron Larson, MHA (Northern Cheyenne)
Associate Director
Urban Indian Health Institute/Seattle Indian Health Board

Myra Parker, JD, MPH, PhD (Mandan/Hidatsa)
Assistant Professor
Center for the Study of Health and Risk Behaviors
University of Washington

Kristine Rhodes, MPH (Anishinaabe, Bad River/ Fond Du Lac)
Executive Director
American Indian Cancer Foundation

COMMUNITY

We are grateful to the many Tribal leaders, health directors, administrators, program managers and public health professionals who provided their thoughtful insight throughout the project and at the National Tribal Leaders Forum, which was held at the Gila River Indian Community, Wild Horse Pass Hotel and Casino.

PROJECT PARTNERS

Red Star is grateful for the technical assistance provided to the project by:

- The **National Network of Public Health Institutes**, through the work of **Sarah Gillen, MPH**, former Vice President and **Erin Marziale, MPH**, Director, Network Engagement.
- **The International Association of National Public Health Institutes**, through the work **Sue Binder, MD**, Senior Advisor for Public Health Practice and support from the **Bill and Melinda Gates Foundation**.
- **The National Indian Health Board** for their participation at Advisory Board meetings throughout the project.

FUNDER

Gratitude is extended to the **Robert Wood Johnson Foundation** and program officers, **Katie Wehr, MPH** and **Jasmine Hall-Ratliff, MHA**, for their support and guidance throughout the project.

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Disclaimer: Views presented in this report do not necessarily represent the official position or endorsement by the Robert Wood Johnson Foundation, Advisory Board members (or their employers), our project partners or forum participants.

PREFACE

Seven Directions: A Blueprint for Advancing the Health and Wellness of Our Native Communities is a report that marks the culmination of a four-year project examining the potential roles for a Tribal Public Health Institute (TPHI) in improving health among American Indian and Alaska Native communities.

Phase I of the TPHI Feasibility Project began in July 2011 and included a series of Tribal Leader roundtables and a comprehensive "Needs and Assets" assessment aimed at identifying ways a TPHI could increase capacity, complement existing activities, and employ best practices in Tribal public health. Findings from Phase I indicate that a TPHI could support the existing Tribal and Urban Indian public health system by serving as a neutral convener, fostering innovation, and identifying what works to improve health. The process and findings of Phase I are summarized in the Tribal Public Health Institute Feasibility Project: Exploring New Pathways to Support Tribal Health Report (2013). http://www.redstar1.org/tphifeasibilityproject/lib/docs/tphi_findings_report.pdf

Upon completion of Phase I, the national TPHI Advisory Board recommended that a national forum be held to give voice to the diverse Tribal and Urban Indian health needs across Indian Country and to strategize ways to improve health outcomes. To this end, Phase II of the project was launched and the National Tribal Leaders Forum was held in Phoenix, Arizona on March 11-12, 2015. The National Forum provided a venue for developing a set of priorities and strategies for advancing the health of American Indian and Alaska Native communities—which we refer to here as a national public health agenda. It also provided a venue for involving participants in a strategic dialogue about the role, structure, and governance of a TPHI. The forum marked an inaugural step towards creating a shared vision and identifying strategic directions for the future of Tribal and Urban Indian public health.

The spirit that has guided this work has been one of exploring new pathways to further support Native health, recognizing that the work we accomplish today is for our future generations. This report represents a synthesis of findings from Phase I and II of the TPHI Feasibility Project. It serves as a "blueprint" for advancing the health and wellness of our Native communities.

INTRODUCTION

Indigenous concepts of health and healing are often holistic in nature, encompassing the physical, mental, emotional, and spiritual well-being of individuals, families, and communities. Traditional practices affirm cultural identity, connect people and the environment, and support intergenerational sharing. Despite this holistic view, health care and health-related services are often delivered independently, with limited connection, coordination, or communication among service providers and administrators.

Public health practice that includes a "systems approach" may be an effective way to address health disparities and improve the health of Native communities. A systems approach to public health is one where multiple stakeholders work in partnership—rather than in isolation—to ensure conditions in which people can be healthy. Such conditions often include, but are not limited to, social, economic, educational, and environmental factors that impact individual and community wellness. A systems approach also considers connections among the different stakeholders and how those connections can be leveraged to achieve shared goals. It requires developing relationships across disciplines and interacting more effectively to address complex challenges and create positive health outcomes.

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

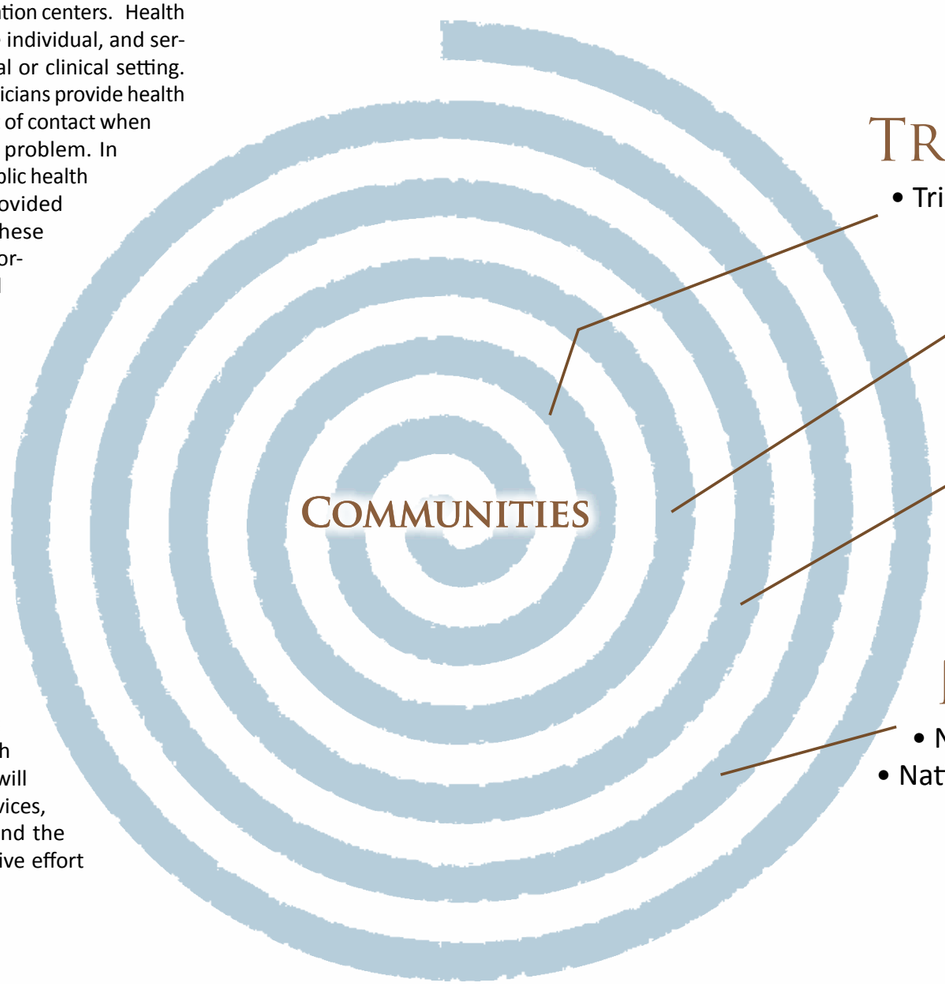
Tribal and Urban Indian Public Health and Health Care Systems

Tribal and Urban Indian public health and health care systems are complex and encompass a broad array of partners, disciplines and approaches. Public health refers to activities and functions that focus on the health of a community rather than the individual. It includes a broad array of disciplines, such as education, social services, transportation, epidemiology, law, policy, and research. Also, professionals with diverse educational backgrounds deliver public health services in a variety of settings, including, but not limited to, community functions, schools, restaurants and recreation centers. Health care, on the other hand, focuses on the individual, and services are typically provided in a hospital or clinical setting. Physicians, nurses, dentists and other clinicians provide health care services and are often the first point of contact when an individual has a health concern or problem. In Tribal and Urban Indian communities, public health and health care services are often provided within the same building; however, these services are not always connected or coordinated even though they are provided side-by-side.

Diagram 1 is an illustration of the Tribal and Urban Indian public health system partners at the Tribal, urban, regional and national levels. At each level, the listed stakeholders partner with many government and non-governmental partners to provide public health activities. Such partners include, but are not limited to, the Indian Health Service, local, state and other federal government agencies, colleges and universities, and community-based organizations. Each partner has a variety of roles, functions and funding sources that differ at each level. Throughout this document we will use 'systems', to mean the partners, services, and resources at the various levels, and the singular 'system' to refer to the collective effort at all levels to address AI/AN health.

While national public health initiatives have invested resources into building effective and collaborative local and state public health systems across the U.S., Tribes have not always been included. Funding for AI/AN health remains largely disease and program specific, rather than systems focused. The lack of systems-focused funding and coordination perpetuates service fragmentation and limits the way stakeholders tap into their individual and collective strengths to improve the health of Native communities. National, system-wide coordination has never been as important for Native communities as it is now. An integrated and coordinated systems approach, one that is better aligned with indigenous concepts of health and healing, is a good cultural match for improving health outcomes.

DIAGRAM 1. Tribal and Urban Public Health System Partners.



"Tribal and Urban Indian public health systems include Tribes, Tribally-Led Organizations, Urban Indian Health Organizations and all entities whose primary mission is to protect and promote health of Native communities."

TPHI FEASIBILITY PROJECT

In July 2011, Red Star Innovations (Red Star) began Phase I of a Tribally-driven 18-month exploration into the desirability and feasibility of a Tribal public health institute (TPHI), including the institute's role in improving health among American Indian and Alaska Native communities. The TPHI Feasibility Project approach was informed by feasibility models typically used by non-profit organizations and businesses and was adapted to address the uniqueness of the Tribal context. The approach included four major components:

Tribal Engagement
Engagement activities involved: convening a national advisory board; facilitating Tribal roundtables with Tribal-elected Leaders and representatives of the regional and national organizations listed in diagram 1; and providing presentations to public health professionals who represented AI/AN serving organizations.

Market Analysis
We conducted two primary assessments to describe the scope and reach of Tribal public health systems within a national context:

- The *Needs and Assets Assessment* included a national survey of public health activities and technical support available within the Tribal public health system, including services provided by regional and national partners listed in diagram 1.
- The *Environmental Scan* aimed to identify and describe public health activities and technical assistance available nationally, including a review of trends and initiatives. This component included a comparative analysis between the Tribal and national public health systems.

Organizational Analysis
We reviewed organizational structures to determine which structure would be most appropriate for a TPHI, considering its role and programmatic function.

Financial Analysis
We conducted an initial financial analysis to identify potential funding sources and strategies to determine the start-up and sustainability of a TPHI. To avoid competing with existing system partners, we explored new and diverse financial resources and potential investments into Tribal public health.

PROJECT FINDINGS

Project findings from Phase I indicated that a Tribally-specific PHI is desirable among many Tribal public health system stakeholders. (See Tribal Public Health Institute Feasibility Project: Exploring New Pathways to Support Tribal Health Report). Given that leadership and guidance from Tribal and Urban Indian stakeholders are essential to a TPHI's creation and sustainability, the Advisory Board recommended a forum be held to discuss the feasibility study findings and determine next steps.

National Tribal Leaders Forum – March 2015
The National Tribal Leaders Forum held on March 11-12, 2015, in Phoenix, Arizona, marks the culmination of Phase II of the TPHI Feasibility Project. The purpose of forum was to create a shared vision and develop a national public health agenda for advancing the health and wellness of Native communities. Participants represented the national Tribal and Urban Indian public health system, including leaders from Tribal Councils, Tribal Health Departments, Tribally-Led Organizations (TLOs) (e.g. Indian Health Boards and Inter Tribal Councils), Urban Indian Health Organizations (UIHOs), Tribal Epidemiology Centers (TECs), universities, and other AI/AN serving organizations. Through facilitated sessions and strategic dialogue, participants examined the TPHI concept and explored ways it could strengthen and build the capacity of our Tribal and Urban Indian public health systems to protect and promote better health for AI/AN peoples. The goals of the forum were to:

- Create a shared vision for AI/AN health and wellness.
- Discuss ways our public health system already supports this vision and identify opportunities for improvement.
- Explore the role a TPHI would play in helping overcome barriers to achieving our vision.
- Discuss how a TPHI might be structured and governed to serve effectively in a supporting role.

Participants reaffirmed the strengths of the existing Tribal and Urban Indian public health systems, while identifying opportunities to create a more unified, integrated, and coordinated approach to advancing the health and wellness of Native communities. This blueprint summarizes the findings from the forum, which serves as a public health agenda developed by forum participants. The agenda is intended to provide a foundation upon which to build and can serve as a guide for strengthening the system.

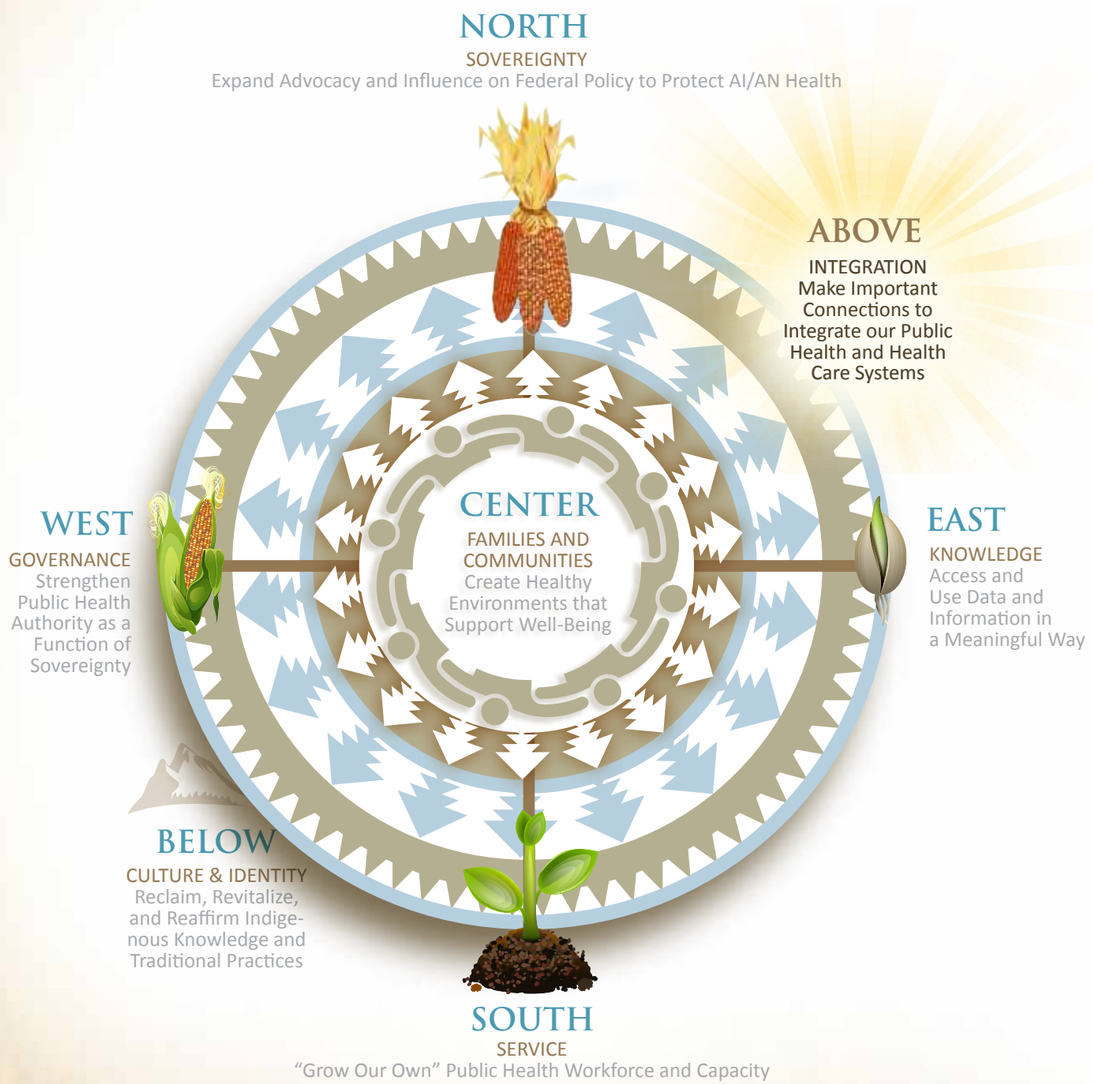
What is Meant by Blueprint?
A blueprint is a design or plan for creating something. This blueprint report presents a public health agenda and describes how a TPHI could support that agenda. For purposes this report, the spiral is used as a cultural symbol for the blueprint. For many, the spiral symbolizes the cycle of life, the journey each person takes in his or her life, and the weaving of time. In this sense, the spiral represents a blueprint for innovation, growth, and the continuous evolution of Tribal and Urban Indian public health. We are building on the work of many before us, and we have a responsibility to continue that expansive motion forward for the next generation.

"A primary focus of a Tribal public health institute would be to provide responsive coordination at the national level to help address existing gaps, while respecting the roles of system partners and complementing the programs and activities they currently provide. The efforts of a TPHI would result in innovative, dynamic, sustainable, and culturally competent practices that improve performance, increase effectiveness, and achieve results."

SEVEN STRATEGIC DIRECTIONS

The national public health agenda presented here is based on seven strategic directions, as identified by forum participants. The strategic directions emerged through a visioning process that focused on achieving excellence in Tribal and Urban Indian health. The priorities and strategies of the agenda aim to guide the efforts of Tribal and Urban Indian public health stakeholders for the next five to 10 years.

The seven sacred directions serve as an indigenous framework for presenting the strategic directions for the public health agenda. This framework honors the cyclical nature of life from seed to harvest, and the birth of new and innovative ideas for taking Tribal public health to a new level of service. These seven strategic directions encompass the areas for growth and the relationships needed to move towards a more integrated public health system that is grounded in Native cultures and centered on family and community.



CROSS-CUTTING THEMES

During the two-day forum, participants spent time in groups discussing each of the strategic directions. For each direction, participants identified: 1) the strengths, challenges and opportunities for improvement within the existing system; 2) priorities that must be addressed within the next five to 10 years; 3) strategies to advance the priorities; and 4) the potential role a TPHI would play in supporting the public health agenda. In the following sections, each direction is described along with its challenges opportunities priorities and strategies for achieving those priorities.

Listed below, are themes that emerged when participants identified the strengths, challenges and opportunities for each of the seven strategic directions.

Strengths

- Tribal Sovereignty
- Culture and Traditions
- Holistic Approaches to Health and Healing
- Existing Tribal and Urban Indian Public Health Organizations and Programs
- Intergenerational Connections- Value Elders and Youth
- Strong Communities

Challenges

- No Centralized Place to Know What Others Are Doing
- Limited Capacity to Address Significant Need - Data and Infrastructure Needs
- Negative Impact of Federal Legislation
- Impact of Colonization (i.e. language loss, trauma)
- Public Health Services Driven by Grant Requirements
- Leadership Turnover

Opportunities

- Indigenize Public Health Framework - Transform
- Build Tribal and Urban Program Capacity
- Interdisciplinary Approaches to Health (Integration)
- Use Data to Inform Action
- Harness Power of Community-Based Solutions
- Develop Family and Community Centered Approaches

At the forum, participants identified the following themes that cut across all seven of the strategic directions: the value of a holistic approach to health and wellness, traditional knowledge and culture, data, community engagement, informed and engaged leadership, financial resources, and sustainability. Each of these cross-cutting themes are woven throughout this report. In some cases, priorities and strategies are listed within a different strategic direction than was recorded at the forum to ensure continuity and clarity of the report.

EAST – KNOWLEDGE

ACCESS AND USE DATA AND INFORMATION IN A MEANINGFUL WAY.

Indigenous peoples have collected and used data to make decisions since time immemorial. Having access to credible, quality, and useful data is key to forming a knowledge base about the health and wellness of Native communities. Whether collected quantitatively (using numbers) or qualitatively (through observations and narratives), data must be gathered and used in a way that honors indigenous values and methods. Data collection must be planned and implemented from Indigenous perspectives to truly address community needs, reflect AI/AN community values, and ensure the ethical principles of AI/AN communities are met. Data becomes valuable knowledge when it is used in a meaningful way to tell a story about health, develop programs, inform policy, measure impact, and evaluate services.

Challenges and Opportunities

Tribes and UIHOs need to own and be in possession of their own data. In order to improve availability and access to quality data, we need a strong data infrastructure at every level of the Tribal and Urban Indian public health system. Funding is needed to address infrastructure capacity disparities that exist across the nation. These disparities limit the ability to store, manage, and protect data and information at the local, regional, and national levels. There is limited availability of and access to quality data that are standardized and representative of AI/AN peoples. Data are often collected in silos, which makes data sharing imperative if we want to tell a complete story. Data sharing does not always occur due to misconceptions about the legal authority to acquire data, as well as concerns about data usage, privacy, and confidentiality.

TECs provide valuable information systems management and surveillance for Tribes and UIHOs at a regional level. A coordinated effort among the TECs and other system stakeholders to build an integrated data infrastructure at a national level can improve quality, increase access, reduce redundancy, and build local capacity. With quality information, we can better understand community health, advocate for policy and systems change, and take measurable action toward improving Native health.

PRIORITIES AND STRATEGIES

Build public health data infrastructure and capacity

- Include data infrastructure and management as component of nation building and governance.
- Convene a national multi-representative (e.g. Tribes, TECs, public health lawyers, academia) data quality task force to address infrastructure improvement and policy development.
- Identify and define models to develop strong public health data infrastructure for Tribes and UIHOs to use as a guide in building their own data management systems.
- Provide technical assistance on how to implement and adapt models to meet diverse needs.

Improve methods for collecting quality data fit for decision making and planning

- Examine and re-define existing definitions of Tribal and Urban Indian data elements and terms.
- Redefine the criteria for evidence-based to include indigenous methods of gathering, analyzing and reporting data (e.g. practice-based evidence).
- Provide data sharing models for improved surveillance and access to quality data.

Apply findings to inform decisions for public health policy and action

- Develop and use consistent communication messages for advocacy and education.
- Identify and adopt effective methods and strategies for interpreting and reporting on AI/AN data for use in policy and code development.
- Increase the collection and use of data to measure program effectiveness.

"As Tribal Representatives, we have the expertise to conduct our own research, and to collect and analyze our data to make decisions."
- Maria Dadgar, Keynote Speaker

SOUTH - SERVICE

"GROW OUR OWN" PUBLIC HEALTH WORKFORCE AND CAPACITY.

Growing our own qualified 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. We need to start with the youth and promote careers in health. 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.

Challenges and Opportunities

Several excellent academic models exist for building the AI/AN workforce in the field of medicine, nursing, and health research. Tribal Colleges and other higher education institutions have gained ground in recruiting and graduating AI/AN students in public health and related fields. However, there is still a significant need for a skilled workforce at our Tribal Health Departments, TLOs, UIHOs, and other community-based organizations. We need to identify opportunities to support students transitioning into the field through internships, mentoring, and practicums. We also need ongoing professional development, training, and peer networking to build the existing workforce, both Native and non-Native, and increase collaboration across disciplines.

Investing resources in growing our own could lead to an integrated public health infrastructure that is more responsive to community needs. Workforce investment efforts need to leverage existing educational resources (e.g. Tribal Colleges, universities) and develop new professional development opportunities for the field. Financial commitments are also needed to recruit, retain, and promote qualified professionals currently working in Tribal and Urban Indian public health.

PRIORITIES AND STRATEGIES

Create a national roadmap for Tribal and Urban Indian public health workforce development

- Conduct an inventory of Tribal public health entities that provide workforce and capacity development, defining the roles, scope, and reach of each entity.
- Assess public health training and management needs of Tribal and Urban Indian public health systems.
- Advocate for investments using workforce needs assessment and capacity data.
- Establish and convene regional and national working groups to implement the roadmap in coordination with state, local, federal, and academic partners.

Equip current and future public health professionals with knowledge, skills, and tools

- Establish an AI/AN professional organization for public health and related fields.
- Partner with local, state, and academic partners to teach public health workers to effectively deliver public health in Native communities.
- Leverage new and existing relationships with local, regional, national, and international public health entities to offer and coordinate workforce development opportunities.
- Develop programs for children and youth to promote careers in health.
- Connect AI/AN students with public health internships, mentors and jobs.
- Expand opportunities to transition graduates from higher education to work in all areas of public health (e.g. administration, law, epidemiology, community development).

WEST – GOVERNANCE

STRENGTHEN PUBLIC HEALTH AUTHORITY AS A FUNCTION OF SOVEREIGNTY.

Public health authority is a function of Tribal sovereignty and is one of the elements for government-to-government relations between Tribes, the federal government and states. Tribes and states define and exercise that authority through public health laws, codes, ordinances, and policies. Public health laws and policies support safe environments, for example motor vehicle safety, emergency preparedness, commercial tobacco control, and environmental quality.

Challenges and Opportunities

Challenges arise when federal and state governments do not fully recognize the sovereign status and public health authority of Tribes. These challenges are exacerbated when the federal government transfers its responsibilities to the states in the form of block grants. While state block grant formulas include AI/AN populations, funds are not always disseminated equitably to the Tribes or UIHOs. Tribal consultation becomes a critical and effective mechanism for maintaining government-to-government relations between Tribes and federal and state agencies. However, unlike federal agencies, which are required by Executive Order 13175 to engage in regular Tribal consultation, only a few states have adopted Tribal consultation policies.

Public health emergencies, such as infectious disease outbreaks or natural disasters, 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, law enforcement), how they will respond (e.g., roles, responsibilities, protocols, requirements), or how it will be funded. The "who" and "how" need to be clearly defined prior to the event. Not all Tribes have the infrastructure, capacity or funding to conduct surveillance or respond to emergencies. There are opportunities to strengthen Tribal public health authority and engage in cross-jurisdictional coordination at the Tribal, state, and local levels.

PRIORITIES AND STRATEGIES

Strengthen Tribal public health authority

- Provide training, models, and resources on Tribal and state public health codes, ordinances, and laws and how to develop them.
- Advocate for federal block grants to be distributed directly to Tribes.
- Advance Tribal rights through Tribal constitutional reform and other legal means.
- Systematically and continually review and update Tribal laws, ordinances, and policies.
- Engage and educate Tribal leadership and citizenry in public health law and policy development.

Improve Tribal-State relations through meaningful consultation

- Educate local and state governments on the unique status and diversity of Tribes.
- Develop state-level Tribal Consultation policies using a collaborative process.
- Partner with states to establish appropriate standards for consultation, and systematically review and update Tribal Consultation policies accordingly.
- Identify existing models and develop new ones for cross-jurisdictional service sharing and coordination between Tribes and states, and Tribes and county and city governments.
- Form Tribal and local government partnerships to leverage resources, expertise, and services.
- Establish mutual aid agreements and coordinate Tribal access to the Strategic National Stockpile for surveillance and emergency response.

"Tribes are sovereign. That is where we are rooted….
Tribes have the ability to legislate.
It's within our own right and authority."
- Forum Participant

NORTH – SOVEREIGNTY

EXPAND ADVOCACY AND INFLUENCE ON FEDERAL POLICY TO PROTECT AI/AN HEALTH.

Tribal Nations are inherently sovereign and maintain a unique government-to-government relationship with the federal government, as established historically and legally by the U.S. Constitution, Supreme Court decisions, treaties, and legislation. Treaties signed by Tribes and the federal government established the trust responsibility in which Tribes ceded land and natural resources in exchange for health care, education, and other services.

Challenges and Opportunities

Federal policies have a direct impact on Native communities. For example, the Patient Protection and Affordable Care Act impacts Native communities through its provisions, such as the permanent reauthorization of the Indian Health Care Improvement Act, Medicaid expansion, designation of TECs as public health authorities and expanded grant opportunities, among others. Even though these provisions have expanded resource opportunities for Tribes, many policy-related issues remain unaddressed by the federal government. Regional TLOs and national organizations, such as the National Indian Health Board, National Council of Urban Indian Health and the National Congress of American Indians, have a critical role in advocating for Tribes with regard to federal policy, facilitating national Tribal Consultation, and translating the impact of federal policy on Tribes and UIHOs. There are opportunities to expand current efforts to support advocacy by gathering timely, representative data; researching the health impact of federal policies at the local level; and proposing policy recommendations and solutions.

PRIORITIES AND STRATEGIES

Expand influence on federal policy and legislation that impacts Native communities

- Convene an inter-tribal working group on legal best practices.
- Develop legal briefs that address threats to AI/AN health, including determinants of health, water rights, and economic development.
- Increase support for national organizations that advocate on behalf of Tribes on federal policy.
- Provide education, training and other resources to help Congress and federal agencies better understand the impact of federal policy on AI/AN communities.
- Provide executive leadership training on the legislative process at the federal and state levels.
- Advocate for cabinet-level positions and state-level liaisons to advance Tribal relations.

Increase the use of data to strengthen law and policy advocacy efforts

- Support and facilitate data linkages between Tribal public health law, policy analysts, and TECs so that data is more commonly used to inform policy and for policy advocacy.
- Increase access to and inclusion of AI/AN health data in national data information systems and surveillance to inform policy development.

ABOVE – INTEGRATION

MAKE IMPORTANT CONNECTIONS TO INTEGRATE OUR PUBLIC HEALTH AND HEALTH CARE SYSTEMS.

Concepts of health and healing in Native communities are often holistic, encompassing not just physical and mental health, but the 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 (e.g. health care, treatment centers, behavioral health and public health). Integrated services are ones where departments and organizations coordinate services, share data, leverage resources, and collaboratively assess performance and evaluate impact on health outcomes.

Challenges and Opportunities
Although national public health investments have been aimed at building effective and collaborative public health systems since the 1990s, Tribal and Urban Indian health funding has remained focused on delivering a program or service, producing a product, or addressing a specific disease or risk behavior. This has a direct impact on how health services are provided. An indigenized approach to integrating services is needed to ensure services are aligned with indigenous concepts of health and healing. Elements of Western medicine and public health practice can continue to be utilized in a way that is beneficial and complementary. Resources and investments that support indigenous models are needed to build infrastructure and advance Tribal and Urban Indian public health based on Native values, concepts and approaches to wellness.

PRIORITIES AND STRATEGIES

Increase the integration of health services at the local, regional and national levels
- Develop models, templates, and guides for integrating traditional practices into services that can be adapted at the community level.
- Provide training and technical assistance on how to coordinate multiple services and evaluate outcomes.
- Identify culturally and contextually appropriate models for creating interdisciplinary teams to leverage resources, share data, and coordinate services between programs.

Integrate Indigenous cultural beliefs and practices into public health and health care delivery systems
- Identify and utilize strengths- and assets-based approaches to research and evaluation.
- Gather, analyze and present information and data from within an Indigenous framework.
- Develop an open access repository for inter-Tribal exchange of best and evidence-based practices and culturally-based re sources, materials, protocols, and policies.
- Appropriately document practice-based evidence of traditional teachings and indigenous frameworks.
- Provide training and workshops on how to evaluate program effectiveness.

Provide professional development opportunities for the workforce to learn how to implement service integration models
- Provide in-service trainings at the Tribal, urban, regional, and national levels.
- Identify public health professional development opportunities on service integration through Tribal Colleges, Colleges of Public Health, TLOs, and other organizations.
- Provide training on the determinants of health, including the impact of historical trauma, cultural resilience, and behavior change models.

Identify flexible, relevant, and sustainable resources that create bridges across services
- Advocate for equitable public and private funding that supports a systems approach to addressing health disparities in Native communities.
- Identify and secure diverse funding sources.

"We need to integrate Tribal cultures and practices into health care and wellness.
- Forum Participant"

BELOW – CULTURE AND IDENTITY

RECLAIM, REVITALIZE, AND REAFFIRM INDIGENOUS KNOWLEDGE AND TRADITIONAL PRACTICES.

Indigenous knowledge and traditional practices vary by Tribe and are often holistic in nature. Such practices often include norms and customs around health and healing, religion and ceremony, governance and economics, family relationships, societal roles and responsibilities, teaching and learning, and the arts. Use of these practices affirms cultural identity, connects people and the environment, and supports intergenerational sharing, all of which are attributed to supporting good health and well-being. Such practices honor who we are as indigenous peoples and are integral to maintaining a responsive and effective public health and health care delivery system.

Challenges and Opportunities
Indigenous peoples have long maintained a way of life that embodies an integrated framework of traditional practices that support and protect physical, mental, emotional, and spiritual health. While many of these practices still thrive today, others have been lost due to a legacy of colonization, deliberate policies of genocide, forced assimilation, and discrimination, and contemporary social, political, and economic issues that contribute to long standing health inequities. Health care delivery, research, evaluation, and funding mechanisms rely on Western models of health, though more AI/AN communities are looking to their traditional knowledge base to better tailor these aspects of public health and health care delivery to their community. There is an opportunity to more effectively prioritize and document traditional practices into programs and services to promote health at multiple levels – the community, the family, and the individual.

PRIORITIES AND STRATEGIES

Prioritize indigenous knowledge, language, and cultural practices to improve community health
- Develop indigenous research models and asset-based approaches to research and evaluation.
- Use holistic models of wellness that incorporate the interconnection between mental, emotional, physical, and spiritual health and well-being.
- Promote community healing from trauma and contemporary negative conditions through programs and activities that focus on healing and rebuilding families and communities.
- Promote food sovereignty by growing traditional foods, using seed repositories, participating in traditional hunting and food gathering, and developing policies that increase access to healthy foods.

Create opportunities for intergenerational connections for knowledge transmission
- Identify and use methods for promoting intergenerational exchange in programs and services (e.g. volunteerism, service learning, and storytelling).
- Lead activities that facilitate connections among families, including elders, parents and children (e.g. traditional gardening, beading, weaving).
- Develop models for coordinating multiple programs and services that use traditional practices to mobilize communities for positive behavior change (e.g. promoting physical activity, commercial tobacco use, prevention and cessation).
- Organize youth leadership groups to address important health issues and advocate for policy change.

Access and mobilize the power of community advocacy and action
- Engage community through coalitions, action boards, advisory committees and other means to promote and support healthy lifestyles.
- Inform and educate communities about important health issues and their contributing causes.
- Engage communities to identify positive solutions for environmental, services and policy change.
- Create strategic alliances to support AI/AN nonprofits and foundations that focus on health.
- Adapt and use approaches, such as "Health in All Policies" to address social determinants of health.

CENTER – FAMILIES AND COMMUNITIES

SUPPORT NATIVE FAMILY AND COMMUNITY WELL-BEING BY CREATING HEALTHY ENVIRONMENTS.

Family and community are central to indigenous well-being; they are at the very heart of all we do. It is the place where all seven strategic directions come together. 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.

Challenges and Opportunities

Funding often drives public health and other health service delivery among Tribes, TLOs and UIHOs, TECs and other entities. Federal funding for Tribal and Urban Indian health is usually disseminated by different agencies, each with their own mission, focus, and objectives. This dissemination practice often results in programs and services being delivered in "silos" rather than as an integrated approach to health services. A recent movement, referred to as "Health in All Policies," recognizes the value of working across sectors to address general socioeconomic, cultural, and environmental factors that contribute to health at the individual and community levels. This approach aligns with indigenous approaches to health. While there have been national movements to integrate and coordinate services in recent decades, these initiatives have not always included Tribes and Urban Indian communities.

PRIORITIES AND STRATEGIES

Identify strengths-based approaches and interventions that are culturally grounded and support collaboration

- Develop models and guides for coordinating services that can be adapted by a Tribe or organization to fit their unique structure, governance, administration, and services.
- Create a forum for Tribes and organizations to share success stories and exchange promising practices.
- Develop internal capacity and infrastructure of all systems to function more effectively and efficiently, independent of federal agencies.
- Raise awareness and garner leadership support for cross-sector policy development within structural environments (e.g. education, social services, health).
- Conduct health impact assessments to better understand issues at the community level.

Diversify funding and resources that support AI/AN health

- Provide training and education on fund development, including grant writing, identifying and acquiring diverse funding sources, building relationships with funders, and leveraging resources with others.
- Create internal administrative processes to more easily seek outside funding, apply for grants, complete grant deliverables, and submit reports.
- Provide a forum to address relationships and understanding between Tribes and funders to facilitate grantmaking and giving.
- Advocate for equitable funding that supports a local level systems approach to addressing health disparities in Native communities.

ACKNOWLEDGING OUR STRENGTHS

The TPHI Feasibility Project reaffirmed the strengths of the existing Tribal and Urban Indian public health system. It also helped pinpoint opportunities to create a more unified, integrated and coordinated approach to advancing the health and wellness of Native communities. Here is list of just some of the strengths identified through the feasibility process and at the forum:

- Tribes are continuously seeking to strengthen their public health infrastructure in rapid response to the changing health needs of their communities. Tribes are drawing on traditional practices and cultural elements to create their own program models that address health.
- Urban Indian Health Organizations provide valuable health care services to a growing population of AI/AN people living in urban areas. Public health services include health promotion and disease prevention programs, cultural gatherings, and other activities.
- Indian Health Boards and Inter Tribal Councils provide member Tribes with a unified voice for collective action to address shared service needs. These TLOs serve as an important mechanism for government-to-government consultation (with both federal and state agencies), including regional and national policy advocacy. They continue to maintain a critical role in responding to the health and human service needs of Tribes in their Service Areas.
- Tribal Epidemiology Centers (TECs) manage public health surveillance and information systems and support health promotion and disease prevention programs for Tribes in their Service Area. The Patien Protection and Affordable Care Act has established TECs as public health authorities, has formalized their surveillance function, and has further established their role as a key provider of technical assistance.
- National organizations serving AI/AN communities are an excellent resource for curricula, toolkits, information and best practices.
- Community-based, non-profit and grassroots organizations are addressing health at the local level. These organizations and leaders bring community-driven solutions and mobilize others for action on the ground.
- Tribal Colleges and Universities, as well as other academic institutions, have a critical role in building the AI/AN public health workforce. They serve as partners with Tribes to conduct health research and evaluation, and provide technical assistance. Higher education institutions continue to prepare graduates for careers in public health, health care, and other health related fields.
- Some states have designated Tribal Liaisons, personnel who are able to facilitate and build relationships between the state health agencies and Tribal and Urban Indian partners locally and statewide. These Tribal Liaisons serve as an advocate and resource on issues that have a direct and indirect impact on AI/AN communities.

Many more strengths exist across the Tribal and Urban Indian public health system than are listed here. And while many of the partners perform elements of the work listed above, the opportunity to expand and advance our capacity as a whole remains. Strategies call for an indigenous approach that includes greater coordination, increased capacity across regions, improved information sharing, and stronger public health infrastructure. This blueprint is about building upon the best of what currently exists to develop a stronger Tribal and Urban Indian public health system, a system that more effectively addresses the needs and gaps that persist within our current framework.

WORKING TOGETHER FOR THE FUTURE: THE ROLE OF A TPHI

The agenda that emerged from the National Tribal Leaders Forum confirmed what was learned during Phase I of the TPHI Feasibility Project. A synthesis of findings indicate that a TPHI could benefit the Tribal and Urban Indian public health systems by providing national system-wide coordination and addressing critical gaps in the current AI/AN framework. The following list describes potential roles for a TPHI, as well as activities it could implement, to support the agenda and build upon the existing strengths of our public health system:

Address cross-cutting determinants of health.
- Monitor and respond to changing patterns and determinants of health and disease on a national level, in partnership with TECs and others conducting surveillance.
- Serve as a clearinghouse of promising practices and resource guides for Native communities.
- Facilitate health improvement planning and service coordination with other key partners (e.g. education, social services, elder care, and housing).
- Identify and develop models for service integration.

Support current infrastructure investments and build public health capacity.
- Be a dedicated source of contextually-specific training and resources to establish a highly competent public health workforce in AI/AN health.
- Serve as a technical resource to enhance and improve capacities of existing systems.
- Convene forums that focus on public health performance, quality improvement, and accreditation.
- Provide training on how to implement models, promising practices, and other public health processes at the community level.
- Provide national building and leadership training in public health and systems change.
- Conduct research by and for AI/AN communities, using indigenous frameworks and theoretical models to better address the unique health needs common across tribes, communities, regions, and the nation.

Act as a neutral convener to build partnerships across sectors.
- Convene and facilitate Tribally-driven, national-level working groups and task forces to address topics identified by Tribes, such as data, law, and policy practices.
- Serve as a neutral convener to facilitate strategic planning and priority setting.
- Implement indigenous methodologies to develop science-based programs, policies, and laws.
- Serve as a grant administrator to address national public health priorities.

Respond to urgent national, regional, and local public health threats.
- Research and communicate information on emerging topics in a timely manner.
- Identify existing models and develop new ones for Tribal, local, and state jurisdictional partnerships.
- Develop strategies to improve coordinated public health actions in AI/AN communities.

Be an information hub.
- Serve as a central source of practices, research, and policy on Tribally-identified topics.
- Develop a comprehensive portfolio of culturally and contextually relevant resources on priority topics such as health impact statements, policy research, and informational reports; health-impact assessments; and national level data and information.
- Develop briefs that translate data and research into best practices that can be used at the community level.

ATTRIBUTES

A TPHI would have to and embody certain values and characteristics in order to truly support the existing Tribal and Urban Indian public health systems. Such values include:

Respectful	Honor the diversity of culture and traditions among Tribes.
Collaborative	Work with stakeholders on shared priorities, objectives and needs; be politically astute and navigate important relationships.
Responsive	React quickly and positively to the needs of the Tribal and Urban Indian public health systems and stakeholders.
Dynamic	Be a force that stimulates positive change, innovation, and progress within and across Tribal and Urban Indian public health systems or processes.
Accountable	Be transparent, communicating clearly about the purpose, roles, and partners; serve as a source of reliable, science-based, and culturally-relevant expertise and information.
Neutral	Exist to serve the "system" as a whole, including all primary beneficiaries (and not one beneficiary over another).
Sustainable	Achieve identified goals while planning and maintaining long-term viability and stakeholder value for future generations.

NEUTRALITY

The concept of neutrality was discussed at length throughout the Feasibility Project. While neutrality is an important concept, an operational definition is needed to ensure responsiveness to the diversity that exists within Tribal public health systems. Below are considerations and potential principles to guide a TPHI in its efforts to remain neutral in serving the system as a whole.

- Maintain a governance structure and leadership that is representative of those it serves.
- Respect the role of TLOs, TECs, UIHOs and other partners within the system when addressing needs at the national, regional, and local levels.
- Balance advocacy efforts by serving primarily as a broad-based source of information; support others in their advocacy efforts.
- Respect diversity across the system by focusing on common objectives, needs and purposes; recognize that some Tribes and TLOs might have greater capacity needs than others.

TPHI STRUCTURE AND GOVERNANCE

The structure and governance of a TPHI will create the foundation for the organization, directly influencing key decisions around its leadership, operations, relationships, funding, and future direction. Throughout the Feasibility Project and at the National Forum, the potential structure, governance, and attributes of a TPHI were explored in order to successfully fulfill a complementary role to the existing systems.

STRUCTURE

Based on the feasibility findings and input from Tribal Leaders and others throughout the project, the TPHI Advisory Board decided that a stand-alone, 501(c)(3) non-profit association is the most appropriate organizational structure for a TPHI. The association could be a membership organization that could be made up of Tribal Governments, Tribal Organizations (as defined by 25 U.S.C. 450b), Native American-controlled organizations serving AI/AN people, and other such entities. Examples of association organizations include:

- National Association of County and City Health Officials
- Association of State and Territorial Health Officials
- Council of State and Territorial Epidemiologists
- National Network of Public Health Institutes
- International Association of National Public Health Institutes

Tribally Led Organizations, such Indian Health Boards and Inter Tribal Councils, are governed by the highest *elected* official of member Tribes. Unlike TLOs, the proposed structure would bring administrators together, for example it could serve as an association of Tribal Health Directors, TLO administrators and others. Membership will need to be defined. A TPHI that is structured as an association of Tribal and TLO administrators fulfill a different role by respecting and supporting organizations governed by elected officials and tackling some of the broader capacity needs of Tribal and Urban Indian public health systems that are not currently being addressed.

To ensure its work is complementary and not duplicative of other national efforts, a national TPHI will need to forge relationships and partnerships with many Tribal and Urban Indian health organizations, but particularly the National Indian Health Board, the National Council of Urban Indian Health, and the National Congress of American Indians. These organizations have an important role in representing Tribes and UIHOs; facilitating the government-to-government relationship between Tribes, UIHOs and the federal government; facilitating Tribal Consultation; and federal policy advocacy. A TPHI would need to look to these organizations for their leadership, guidance and input to determine how it might support the needs and priorities as identified by Tribally elected leaders.

GOVERNANCE

A number of key recommendations emerged from Tribal engagement activities in Phase I and were reiterated at the National Forum. Firstly, TPHI governance needs to respect Tribal sovereignty and honor the diversity of Tribal cultures and traditions. Secondly, the original spirit and intent of being "tribally led and driven" must be reflected in the governing board by-laws. Third, a TPHI should serve as a "neutral council" that brings forth innovative ideas and enhances Tribe-to-Tribe communication.

The governing board of an association should be representative of its membership, which will need to be determined and defined by the organization's by-laws. The TPHI may be a hybrid of other member organizations with Tribal and TLO directors and administrators, recognizing that TLOs and TECs are institute like in service to Tribes. Greater exploration will be needed with UIHOs and the National Council of Urban Indian Health to determine the best way to ensure Urban Indian health representation and support. Such an approach might allow for a governing board that can offer broad representation across the Tribal public health system. Once membership is defined, the governing board seats can be allocated to equitably represent its diverse membership. For example, there may be a specified number of seats for Tribal Health Departments, TLOs, UIHOs, or at-large members.

WHAT'S IN A NAME?

Words have meaning and power. Therefore, the name given to the Tribal Public Health Institute will need to change based on several recommendations. The first is that the term "Tribal" is not inclusive of urban populations and partners. Second, the term "institute" does not have positive connotations in Native communities. Third, given the association structure, the organization will serve a different role than that typically held by public health institutes across the United States and abroad. Lastly, we heard from participants that the name of the TPHI should reflect its role as a neutral council that brings about innovative ideas and facilitates Tribe-to-Tribe communication and coordination.

FUTURE STEPS

This blueprint provides guidance into the next phase of the TPHI Feasibility Project, which is developing a TPHI. Plans for developing the TPHI cover a four-year period and include three stages: 1) planning and development, 2) start-up and 3) sustainability. The primary activities for each stage are described below:

Planning and Development: Year 1

We will ask the national TPHI Advisory Board to continue on throughout the planning and development stage of the TPHI. We will invite new members to join the board to broaden representation across the different partners within the Tribal and Urban Indian public health systems. The Advisory Board will be charged with: 1) developing by-laws, which define governance and membership, 2) filing for non-profit status and incorporation, 3) voting on the governing board, 4) developing job descriptions for an executive director and staff, 5) participating in the strategic planning efforts for start-up and sustainability, and 6) fund development. Red Star will continue to facilitate planning and development, as well as seek financial support for the 4-year strategic plan.

Start-Up: Years 2-3

The governing board will need to hire an executive director, who will be tasked with hiring staff. Once the executive director is on board, Red Star's role will change from facilitator to resource, meaning that Red Star will be available if needed. The executive director and staff will launch initial programs and services; as an association, the TPHI will rely on memberships, so member recruitment will need to be a primary focus. The governing board and the executive director will be responsible for future fund development.

Sustainability: Years 3-4

The executive director will continue with program start-up and expansion, membership recruitment and fund development. He or she will need to begin making financial projections for future programs, services and sustainability. The governing board and the executive director will need to conduct an assessment of how the organization is doing. They will need to determine whether they have achieved their programmatic objectives, financial targets and membership goals. During year 4, they will need to conduct another round of strategic planning to take the organization into a solid state of sustainability.

Since the launch of the TPHI Feasibility project, many foundations and philanthropic organizations have expressed an interest in the idea of a Tribal Public Health Institute. Several attended the national forum and were just as interested in learning how to better fund American Indian and Alaska Native health as participants were eager to learn ways to improve funder-community relationships. When we initially began the conversation about creating a TPHI, there was concern about competition for resources. Based on conversations with various funders, it appears that opportunities do exist for generating new resources that address AI/AN health.

NEXT SEVEN GENERATIONS

The spirit that has guided this work has been one of exploring new pathways to support Native health, recognizing that the path we forge today is the path our future generations will walk upon. A great deal of energy, excitement, and forward motion was generated at the National Forum. We worked together to create this blueprint, which describes an indigenous public health agenda and the formation of a TPHI, which would support the national Tribal and Urban Indian public health systems in achieving this agenda. We must commit to keeping the momentum going.

This "blueprint" report will continue to guide our work for the next 5-10 years. While we all work concurrently to build a more integrated system, we are committed to continue this Tribally-driven process to develop a TPHI. Steps will be taken over the next year to establish a non-profit association, identify a governing board, secure funding for start-up, and develop a plan for sustainability. Once the association is created, the governing board will need to hire an executive director to take the association through its next steps of growth.

We want to acknowledge everyone who contributed to the project throughout the four years. We hope that everyone will continue to be engaged in developing a TPHI and in the work to build a stronger public health system for American Indian and Alaska Native communities. It is important that we continue to work collaboratively to create a healthy environment through quality services that are integrated, grounded in our culture, centered on family and community for the next seven generations.

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

RED STAR TEAM

Aleena M. Hernandez, MPH
Project Director

Keisha Robinson, MPH
Tribal Public Health Analyst/Program Manager

Christina E. Oré, MPH
Consultant

Donald Warne, MD, MPH
Consultant

Judy Beaudette
and Allison Matsumoto
Editors

ABOUT RED STAR INNOVATIONS

Our mission is to advance community wellness by strengthening public health infrastructure and performance of indigenous governments, organizations, and communities through purposeful planning, action, and leadership.

PO BOX 86645
TUCSON, AZ 85754
(520) 407-6307
WWW.REDSTAR1.ORG

For more information about the TPHI Feasibility Project, visit our website at www.redstar1.org/tphifeasibilityproject/.

Tribal Public Health Institute
Blueprint Report

REDSTAR INNOVATIONS
PO Box 57271 • Tucson, AZ 85732 • (520) 777-9208 • www.redstar1.org
Click Magnet Internet Marketing - Design

Support for this project was provided by a grant from the Robert Wood Johnson Foundation.