National Indian Health Board

Updated: September 12, 2017

THE STATE OF PUBLIC HEALTH IN IN INDIAN COUNTRY

BACKGROUND:

The federal promise to provide Indian health services was made long ago. The United States made this promise in a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. Since that time, all branches of the federal government have acknowledged the nation's obligations to the Tribes and the special trust relationship between the United States and American Indians and Alaska Natives.

To facilitate upholding its trust responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to American Indians and Alaska Natives. However, IHS services are largely limited to direct patient care, leaving little, if any, funding available for public health initiatives such as disease prevention, education, research for disease, injury prevention, and promotion of healthy lifestyles. This means that Indian Country continues to lag far behind other communities in basic resources and public health services. Our communities are therefore more vulnerable to increased health risks and sickness.[1]

As independent, sovereign nations, Tribal governments do not operate within the state regulatory structure, and often must compete with their own state governments for resources. Tribes are regularly left out of both statewide public health plans and federal funding decisions for public health programs. Without a local tax base and little (if any) outside funding, Tribal communities are often the most in need of public health dollars. Tribes were ignored during the formulation of the US public health system, and it is now time to redress this wrong.

SOURCES OF FUNDING:

Tribal communities must cobble together public health funding from a variety of federal, state, local, and private funding sources. State governments receive base operational and programmatic funding through the large flagship federal grants and the Preventive Health and Health Services (PHHS) block grant program, but Tribes are either not eligible to compete for the funding or are woefully underrepresented in the grantee pool (only two Tribes receive PHHS block grant funding directly). The lack of funding opportunities for Tribal public health perpetuates the health inequities experienced by Indian Country as compared with non-Tribal communities within the United States.

When Tribes are eligible to apply for federal grants that address public health issues, many of these programs have little penetration into Indian Country because Tribes have difficulty meeting the service population requirements, the funding match requirements, or are under resourced to even apply for the grants. Unlike state health departments which employ thousands of people to write grant applications, few Tribes have enough staff to conduct basic programming, let alone work on competitive grant applications.

WHAT DOES PUBLIC HEALTH IN INDIAN COUNTRY LOOK LIKE?

Tribal public health systems vary widely in terms of effectiveness and funding. While some Tribal communities possess large public health departments, the reality is that many are not able to support robust public health

[1] See: https://www.ihs.gov/newsroom/factsheets/disparities/

services with current resources. Because Tribes or villages are often located hours from population centers, access to public health services is nonexistent or inaccessible for many American Indians and Alaska Natives. With significant health challenges in Indian Country such as high rates of Type 2 diabetes, increasingly high rates of youth suicide, widespread alcoholism and drug abuse on many reservations, and high rates of unintentional injuries, more must be done to support public health in Indian Country. Often, communities who need public health funding the most are left out of funding decisions because of difficulties applying and/or competing for federal grants.

POLICY RECOMMENDATIONS:

Congress should prioritize direct public health funding to Indian Country. This should be done by creating specific Tribal funding set-asides for block grants such as Preventive Health and Health Services Block Grant; Community Mental Health Services Block Grant; Community Service Block Grant; and the Social Services Block Grant. Federal agencies should also create funding streams that parallel the state flagship grant system. These large flagship grants provide funds to organizations and efforts within the state, but also provide the funding to sustain the infrastructure within state health departments. Denying this stable source of funding to Tribes, denies them a significant opportunity to create the infrastructure required to address their own public health priorities.

Congress should extend Tribal Self-Governance authority to agencies at the Department of Health and Human Services beyond the IHS. This would allow Tribes to proficiently run their own public health programs, just as they have done for IHS programs. In almost every case where the Tribe has taken over direct control of a federal program, services are delivered more effectively and at a lower cost. Self-Governance represents efficiency, accountability and best practices in managing and operating Tribal programs and administering Federal funds at the local level. Expanding Self-Governance translates to greater flexibility for Tribes to provide critical social services within agencies such as the Administration on Aging, Administration on Children and Families, Substance Abuse and Mental Health Administration, and Health Resources and Services Administration.

The CDC should provide targeted funding for disease surveillance and prevention in Indian Country. The CDC has done little to invest in a surveillance system that honors Tribal sovereignty, successfully navigates jurisdictional competition, and supports respectful and reliable data collection methods. As data is the foundation for effective program planning and funding allocation, both the Tribes and the CDC, have a vested interest in establishing a more effective surveillance system for Indian Country.

Congress should support, through statute, traditional and cultural healing practices to advance public health. Often, federal grants require the use of "evidence-based practices" which have not been tested or proven successful in Tribal communities. Yet, many Tribes find that traditional healing, especially when addressing issues like behavioral health and obesity, are effective in their communities. It is critical that both Congress and federal funders recognize the importance of traditional healing and support research that focuses on empirically-driven traditional healing practices in Tribal communities.

For more information please visit www.nihb.org or contact NIHB Director of Congressional Relations Caitrin McCarron Shuy at (202) 507-4085 or cshuy@nihb.org.