



# Issue Brief: Tribal Public Health Governance, Structure, and Scope

## Summary

Tribes are sovereign nations with both the right and responsibility to protect their citizens' health. In Indian Country, Tribal Health Organizations are the main providers of public health services. However, while Tribes have always engaged in the promotion of health and wellbeing, the formal development of separate, Tribally-operated public health systems is in its infancy. Healthcare, and public health governance, structures, and scope vary among Tribes. All Tribes have the inherent right to govern their health systems using the methods that are most relevant for their communities. Instead of promoting standardization, Tribal self-determination should be supported by partners and funders, and resources should be provided to strengthen and build Tribal public health systems.

## Background

Community health has been a foundation of Tribal health systems since a time prior to Western contact. Despite the devastating impact of colonization, Tribal Nations have maintained many of the practices and values of their traditional systems of health and wellness, which often focused on spiritual, mental, emotional, and physical health. Today, many of these practices can be found in Tribal public health systems.

Tribal public health systems have developed differently from their state and local counterparts. The first public health services offered to Tribes were initiatives by the federal government in response to infectious diseases. Today, the federal trust responsibility is the legal obligation of the federal government to carry out certain provisions and protections, including healthcare and public health services, to Tribal Nations. Due to this history, Tribal public health and healthcare services are often integrated and were historically provided through the Indian Health Service (IHS).

The 1975 Indian Self-Determination and Education Assistance Act I (P.L.93-638) and the 1988 Title III amendment (P.L. 100-472, 25 U.S.C Sec. 450f.) affirmed that as sovereign Nations, Native Tribes and Villages (through consortiums and corporations) have the legal authority to choose to use federal funds to provide health services directly to their communities. Today, many Tribes choose to exercise that right through self-governance by creating separate public health systems. Tribes are also legally designated "Public Health Authorities," meaning they are responsible for the public health matters of their people, including regulation, delivery, and authority over personal health information for public health purposes.

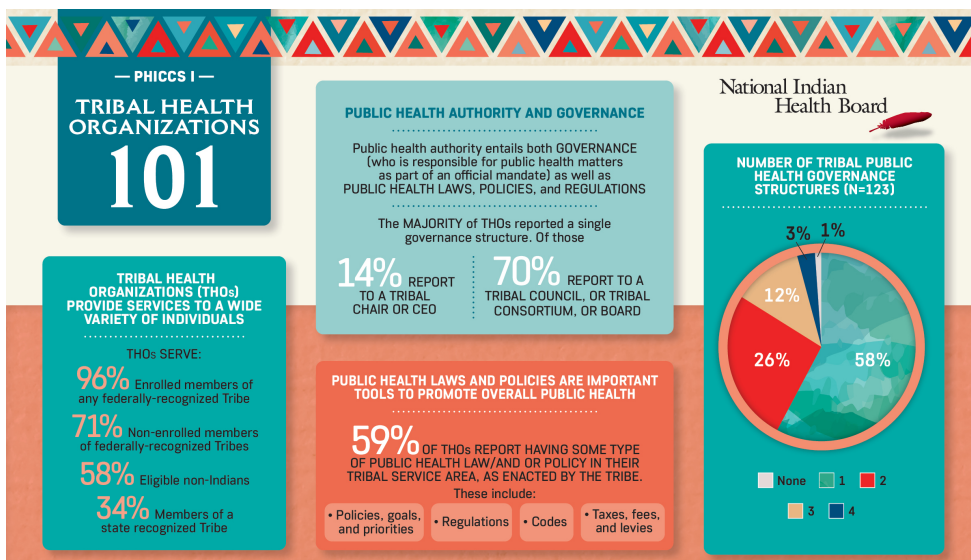
As sovereign nations, Tribes may choose a governance structure and legal system that reflects their own unique history, culture, and customs. Based in Federal Indian Law, state laws cannot infringe on Tribal sovereignty, as Tribes have the right to make their own laws and be governed by them. This allows Tribes to be more responsive to the needs of their communities and is a strength of Tribal health systems. However, it is important for those working with Tribes to understand how these health systems function, understand this inherent authority, and appropriately partner with and provide funding to Tribal public health providers.

## Key Recommendations

- Promote Tribal ownership of healthcare and public health infrastructure development in the spirit of self-determination.
- Adequately fund the hiring of full-time employees in Tribal public health, behavioral health, and other health infrastructure components.
- Expand public health training and continuing education among Tribes.
- Increase opportunities for technical assistance to Tribes developing public health capacity.
- Establish non-competitive Tribal set-aside funding for public health infrastructure and capacity building.
- Increase voluntary accreditation among Tribal public health departments.

## Characterizing Tribal Public Health Governance through PHICCS

The National Indian Health Board (NIHB) and Centers for Disease Control and Prevention published the 2019 Public Health in Indian Country Capacity Scan (PHICCS), which identified trends in Tribal public health governance, workforce, contributions to national public health, and more. PHICCS assessed the public health capacity of 134 Tribal Health Organizations (THOs) from 2018-2019. THOs were the main provider of public health services (screening, education, prevention) among respondents. IHS, local and state health departments, and private and/or nonprofit service organizations were other key actors. The PHICCS results indicated that most respondents are governed by a single-governance structure (58 percent).



Within this category, 24 percent are governed by a Tribal governance organization (such as a consortium), and 17 percent are governed by a board of directors. Not all Tribes exercise their status as public health authorities- only 59 percent of the respondents reported that their governing structure enacts public health laws or policies within the service area. Most of these laws, rules or regulations are related to policies, goals, and priorities for public health in their community (84 percent), health regulations (58 percent), or health codes (54 percent).

## What is PHICCS?

The Public Health in Indian Country Scan (PHICCS) is a national scan, to be conducted every three years by the National Indian Health Board, funded by the Centers for Disease Control and Prevention (CDC). The purpose of PHICCS is to assess the capacity of Tribal health and Tribal public health organizations for delivering public health services. This important tool helps Tribes, Tribal organizations, partners and policymakers better understand Tribal public health infrastructure and plan for future improvements.

## Policy Implications

Tribes are key providers of public health services; however, these services are still emerging as THOs develop their public health systems, and there is not an established roadmap for infrastructure development in Indian Country. Furthermore, Tribes have endured a history of underfunding in healthcare and public health and neglect by the federal government. Capacity building will require collaboration among Tribal, state, federal, and local partners to ensure quality services are available for all in need.

One challenge arises from the heterogeneity of Tribal nations, their communities' needs, variance in governance and structures, and varying scopes. However, this heterogeneity is also a strength and allows for programs to respond to each community's unique needs.

## Looking Ahead

As Tribes continue to develop their independent public health systems, support from partners must come from an understanding and respect for Tribal sovereignty. This includes acknowledging Tribes' inherent public health authority and providing resources directly to THOs, including training, funding, and access to data. There must also be direct funding to Tribes through non-competitive set-asides since states and local organizations have no jurisdictional authority over Tribes and should not be relied on to access funding. Tribes should also be encouraged to pursue voluntary public health accreditation to increase recognition of their status as public health providers for their communities. Finally, the Indian Health system, which includes IHS, Tribal, and urban Indian health agencies, must also be fully funded. The federal government has a trust responsibility to the Tribes that cannot be fulfilled if this system is underfunded.