Tribal Public Health Departments: Exploring Roles, Perspectives, and Partnerships

AcademyHealth Annual Research Meeting



Project team





Alana Knudson, PhD, PI Michael Meit, MA, MPH Jessica Kronstadt, MPP Angel Dotomain, MBA Aleena Hernandez, MPH, Co-PI



Advisory Committee

- Cathy Abramson, Treasurer, Board Member, Sault Ste. Marie Tribe of Chippewa Indians
- Leslie Beitsch, MD, JD, Associate Dean for Health Affairs, University of Florida, College of Medicine
- Kaye Bender, RN, PhD, FAAN, President and Chief Executive Officer, Public Health Accreditation Board
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- Joe Finkbonner, RPh, MHA, NIHB Board Member, Executive Director, Northwest Portland Area Indian Health Board
- H. Sally Smith, Chairman of the Board, Bristol Bay Area Health Corporation



Background

- 565 Federally-recognized Tribes in 35 States
- Tribes are Sovereign Nations and exercise a governmentto-government relationship with the U.S. Government
- Tribal Health Departments provide a broad range of public health and healthcare services
- Services are often provided alone or in partnership with various stakeholders, including
 - Tribe
 - Indian Health Service
 - Tribal Epidemiology Centers
 - State and local health departments
 - Other 3rd parties



Overview

- NIHB released the 2010 Tribal Public Health Profile describing Tribal public health systems.
- While data on local and state health departments are gathered routinely, the NIHB Tribal Profile is the first
- Identifying opportunities to strengthen Tribal public health departments is particularly timely given the permanent reauthorization of the Indian Health Care Improvement Act and public health accreditation



Research Questions

- What public health services are Tribal public health departments providing?
- What proportion of Tribal public health departments has conducted a community health assessment (CHA) in the past three years?
- How can future efforts be improved to collect comparable
 Tribal public health department data?
- What types of technical assistance would be helpful to Tribal public health departments preparing for accreditation?



Research Plan

- Analyze data from the NIHB Tribal Public Health Profile, and ASTHO and NACCHO profiles
- Gather additional qualitative information
 - Focus groups and discussions with Tribal health leaders who did and did not respond to the Capacity Assessment
 - Consultation with Advisory Committee
- Develop recommendations to strengthen future Tribal public health department data collection



Preliminary Qualitative Findings

- Accreditation Pre-Requisites
 - Significant interest in process; inclusion of formal and informal assessment data, community engagement
 - All prerequisites are valuable; elements need to be clearly defined
- Areas of significant interest
 - Epidemiology and surveillance
 - Access to data; data sharing
 - Access to care
- Technical assistance needs models, templates, and training
- Other: Over surveyed; centralize data collection with NIHB



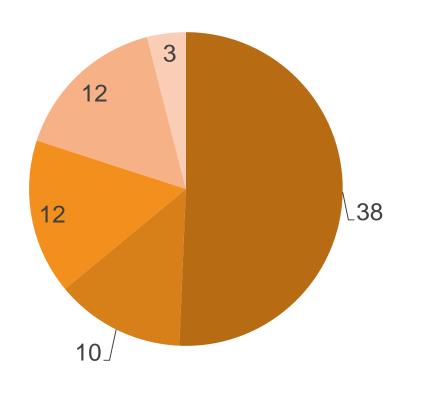
Preliminary Quantitative Findings

- 79 Tribal public health department respondents
 - Relationship with IHS
 - 23 compact all IHS services
 - 34 contract one or more IHS service
 - 12 contract or compact IHS services through another tribe
 - 5 are direct service Tribes
 - 3 were unsure
 - Three-quarters of respondents serve populations of 10,000 or fewer
 - About half of respondents have 36 or fewer staff members



Preliminary Quantitative Findings (cont.)

 Have you conducted a community health assessment within the last 3 years?



- No, it has been more than 3 years
- No, we have never conducted a community health assessment
- Yes, developed and facilitated by an outside party
- Yes, developed and led primarily by the THD/O
- Yes, developed by a coalition (group of partners) with our THD/O as the lead



Next Steps

- Conduct second set of focus groups with Tribal public health department directors
 - Identify what activities and services fall under the purview of Tribal public health departments
 - Determine technical assistance needs to prepare for accreditation
- Complete quantitative analysis
- Harmonize the ASTHO and NACCHO profile findings with the NIHB profile findings
- Develop practice briefs and final report
- Disseminate findings to Tribal and public health stakeholders



Contact Information

Alana Knudson, PhD knudson-alana@norc.org (301) 634-9326

Angel Dotomain, MBA edotomain@nihb.org
(202) 507-4070

Aleena Hernandez, MPH aleenamh@redstar1.org (520) 407-6307

