

Collaboration and integration in tribal public health systems

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Collaboration across multiple sectors is increasingly identified as instrumental to the ability of public health systems to adequately protect and promote the population's health. In particular, there has been growing attention to the importance of integration of public health and medical care. Despite this emphasis on the value of collaboration and integration, there is a need for more research on what these concepts look like in practice, and the process by which public health system partners build collaboration and integration.

American Indian tribes provide an excellent context for examining public health collaboration and integration, because the structure of public health in tribes has been shaped by the role of the Indian Health Service, which has historically supported the provision of both medical care and public health services. Furthermore, relationships are central in tribal culture, which provides a valuable lens on the importance of building trusting, interpersonal relationships across sectors to facilitate flow of information, resource sharing, and coordination of services between organizations.

Using data from an in-depth case study of a tribal public health system, this article presents findings on the current structure and function of cross-sector collaborations and integration of public health and medical care, as well as the driving forces of those partnerships. Findings are based upon a capacity assessment questionnaire, secondary data sources, in-depth interviews with 50 key informants from the Tribe and the Tribe's partners, and social network eco-maps that visually displayed the collaborative relationships of 38 of the interview participants.

The tribal public health system was comprised of tribal and non-tribal organizations from 20 sectors, and the Tribal Health Division had the highest degree centrality and betweenness centrality in the network. Collaboration between organizations was highly important to the provision of public health services. Within the Tribe, public health and health care worked so closely together that it was difficult to differentiate them. Further, integration within the Tribe went beyond collaboration of public health and medical care, as there were many relationships between departments and programs from across the Tribe that facilitated the provision of comprehensive services for tribal community members.

There were several factors that impacted how and why the Tribe partnered around public health, which were organized into the following four categories: Funding (e.g., IHS provides majority of funding, grants that emphasize cross-sector collaboration), Facilities (e.g. co-location), Leadership (e.g., commitment to partnering), and Cultural Values (e.g., importance of interpersonal relationships, commitment to traditional medicine). Altogether, the findings illustrate that tribes provide a model for what integration looks like in practice, including the integration of public health and medical care, as well as collaboration across multiple sectors. The findings also provide insight into the use of collaboration and integration to provide culturally relevant, person-centered, and holistic services.

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