

# Spirit of Community Health

## *Exploring Tribal Public Health Systems & Services and Navigating Future Directions*

National Indian Health Board  
Tribal Public Health Summit  
Atlanta, Georgia  
Wednesday, April 13, 2016  
10:00 – 11:30 AM ET

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# Acknowledgements

## Study Team

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- \* Jennifer Torres, PhD
- \* Jeanette Ball, MS
- \* Loan Nguyen, MPH
- \* Kaitlyn Sievert, MPH

## Partners

- \* Sault Ste. Marie Tribe
- \* Inter-Tribal Council of Michigan
- \* Tribal Advisory Group

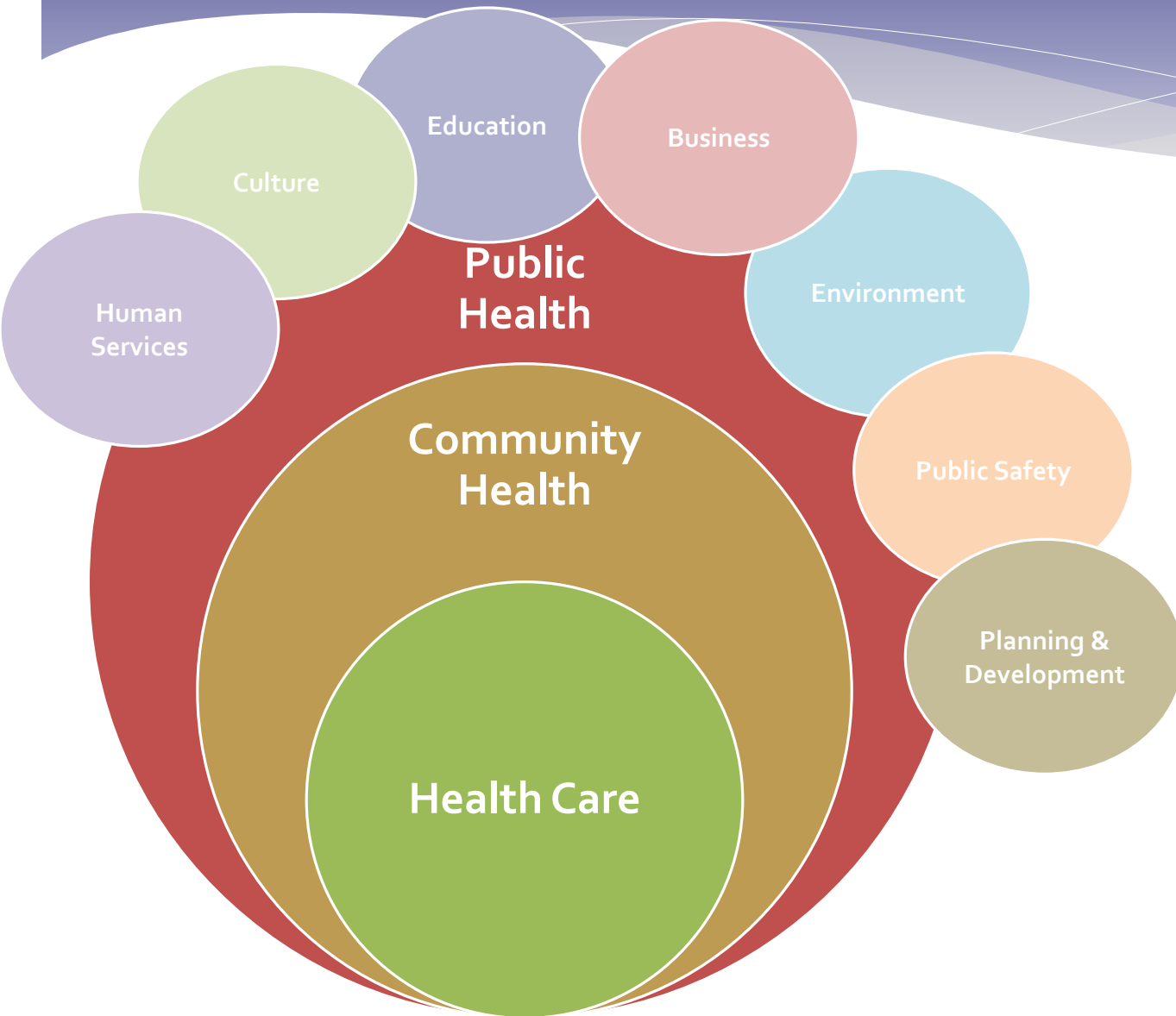
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# Learning Objectives

- \* 1) Participants will identify the 10 Essential Services of Public Health.
- \* 2) Participants will be able to describe how public health services in tribal communities may align or not align with the 10 Essential Services of Public Health.
- \* 3) Participants will be aware of tools for assessing their tribal public health system.

# Session Description

As tribal health agencies work to strengthen their public health systems, those striving for PHAB accreditation may encounter challenges due to the unique context in which they operate. Little published research exists on promising practices for tribes in this pursuit. This community-based participatory case study was an in-depth exploration of the infrastructure, partnerships, performance, and outcomes of one tribal public health system. This session will provide an overview of the results regarding the alignment of the 10 Essential Public Health Services (EPHS) and PHAB's Domains with the services in this community, highlighting areas where the tribal system addressed community health needs and promoted health equity in ways that honor culture. Participants will discuss potential implications and share tips for tribal health departments navigating accreditation. Tools for tribal agencies seeking to explore their own system and make meaningful improvements will be provided.

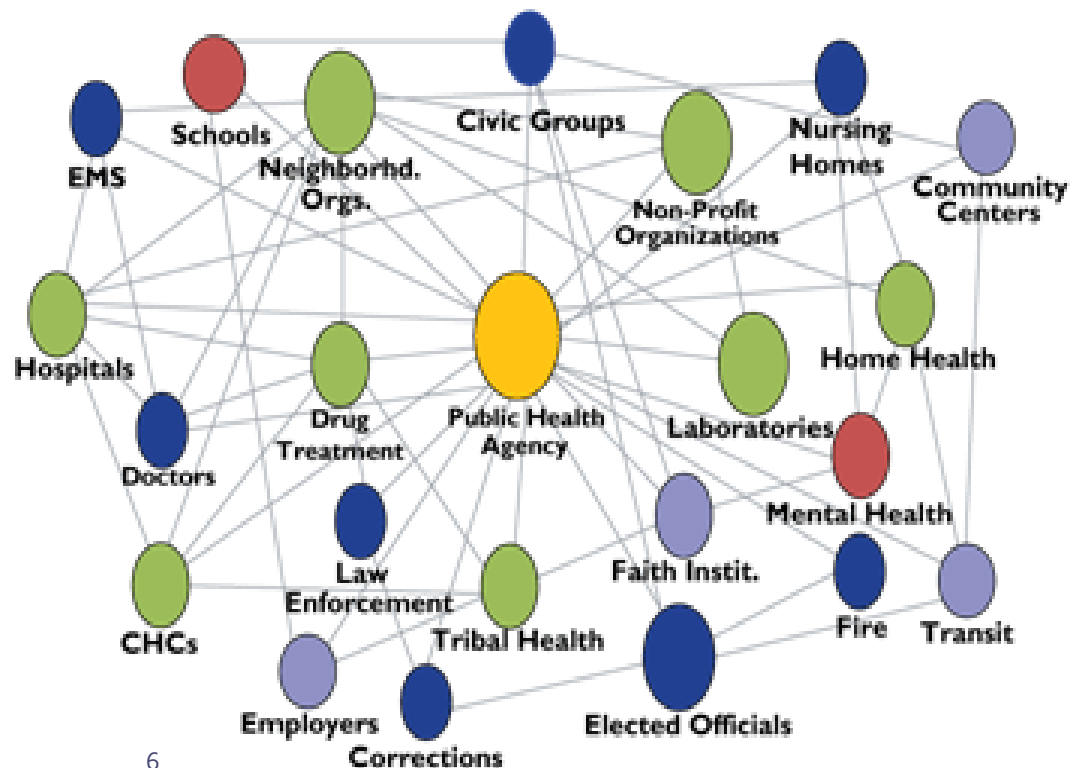


**Health care and community health are components of public health.**

**Public health services intersect many other areas of the community.**

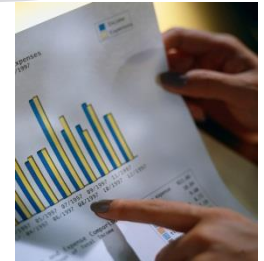
# Public Health Systems

- \* Public health systems include all entities that work together to deliver **essential public health services** within a jurisdiction



# Public Health has 3 Core Functions

## Assessment & Monitoring



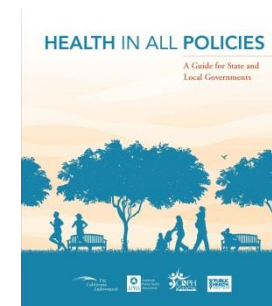
## Assurance



A Handbook for Using Patient-Centered Personal Health Records  
To Promote Prevention



## Policy



# 10 Essential Services of Public Health



- \* Organizations and groups **work together** to carry out activities to protect and promote the health of the community.
- \* One agency cannot fulfill all of these services alone.



# Public Health Standards



- \* National standards “set the bar” for judging the overall **quality, strength, and performance of public health systems.**

- \* National PH standards are **based on the 10 Essential Services**
- \* The Public Health Accreditation Board (PHAB) grants accredited status to public health agencies that meet these standards.

# Public Health Accreditation



# We believed...

- \* Public health in tribal communities looks and acts somewhat differently than in other communities
  - \* Health care and public health services often share a home – the systems are more integrated than divided
  - \* Federal funds for public health services are very inadequate and there is competition for them
  - \* Complex partnerships are required to protect and promote health

# We realized...

- \* Current ideas about and standards for assessing strength and quality of public health agencies:
  - \* Communicate the value of public health in the era of health care reform
  - \* Reflect a system for delivering public health and health care services that is usually not integrated
  - \* May not be organized in a way that “fits” tribal communities; this could be misleading, or cause difficulty in communicating value, assessing strength and performance, and understanding how to improve

# Questions to Explore

- \* How do tribes create conditions in which people can be healthy?
- \* What do public health systems look like in tribal communities?
- \* What role do partnerships play in tribal communities' efforts to protect and promote health?
- \* To what extent does the model of the 10 essential services make sense for tribes?

# Study Design

- \* Case Study Design
  - \* The Tribal Advisory Group selected one case study site (Tribe) through a Call for Community Research Partner
- \* Case Study Site
  - \* Bemidji Area
  - \* Federally recognized in 1975
  - \* ~14,000 members
  - \* 7 county service area (180,000 sq. mi.); mostly rural or very rural
  - \* 638 Compact Tribe
  - \* 12 member elected Board of Directors, Tribal Chairperson
  - \* Health Division – 4 clinics, 4 community health centers; comprehensive set of programs, services, activities and functions

# Methods

- \* Primary data

- \* In-depth interviews (N=50)
- \* Eco-maps (social network analysis) (N=38)
- \* Focus groups (7 groups, N=54)

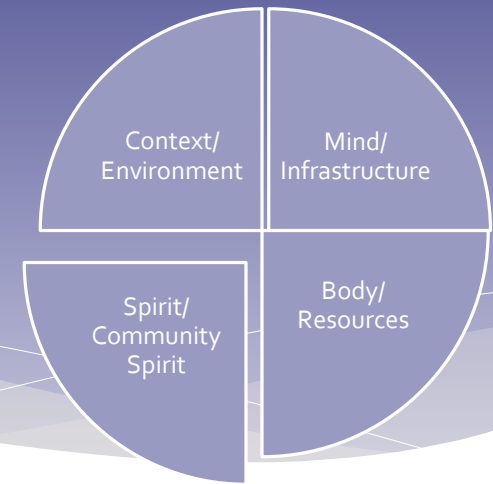
- \* Secondary data

- \* Tribal Public Health Capacity Assessment Questionnaire
- \* Population-based health survey
- \* Census data
- \* Documents
  - \* Tribal Codes
  - \* Tribal Constitution
  - \* Tribal Resolutions
  - \* IHS Multi-Year Funding Agreement
  - \* Strategic Plan

# Key Findings

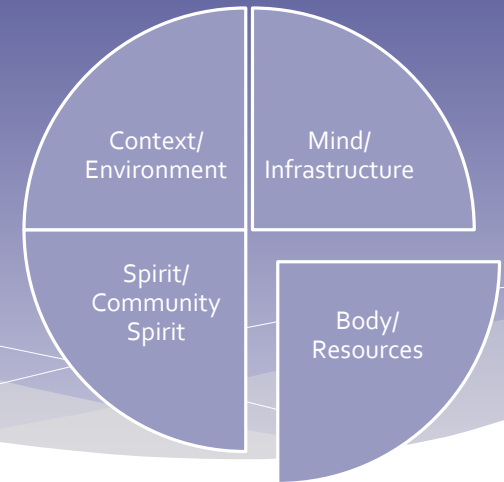


# Community Spirit



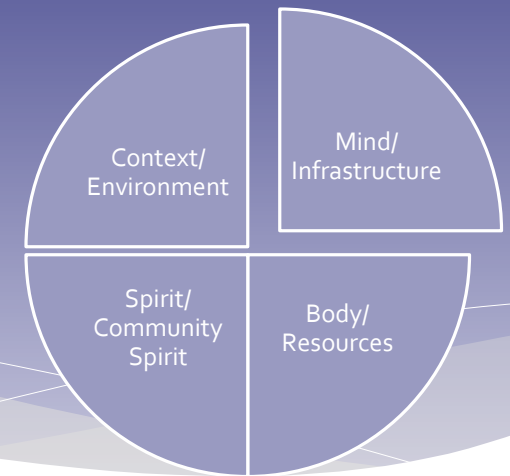
- \* Cultural beliefs and practices influenced community needs and how services were delivered
- \* Incorporating culture and tailoring services was a priority of Tribal service providers
- \* Many non-tribal public health system partners indicated that they were not very knowledgeable about the Tribe's culture

# Body/Resources



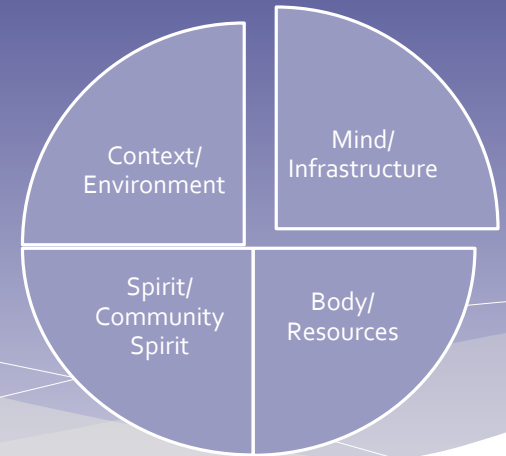
- \* Leadership: Key actors included the Tribal Board, the Tribal Community Health Program, Local Health Departments, & “The Tribe”
- \* Human Resources: Partners experienced staffing shortages and turnover which had a significant impact
  - \* Limiting availability of services, loss of organizational relationships, workload burden, inhibited ability to collaborate, discontinuity in patient care
- \* Community Knowledge: Participants discussed the importance of valuing community knowledge as a source of understanding ‘what works’ to improve health

# Mind/Infrastructure



- \* Jurisdiction: The tribal public health system operated in a complex jurisdictional environment, and jurisdictional issues were often resolved in reaction to specific events
- \* Self-governance: Public health activities were both supported and challenged through exercising self-determination
  - \* Elected tribal leaders were directly involved in public health system activities

# Mind/Infrastructure

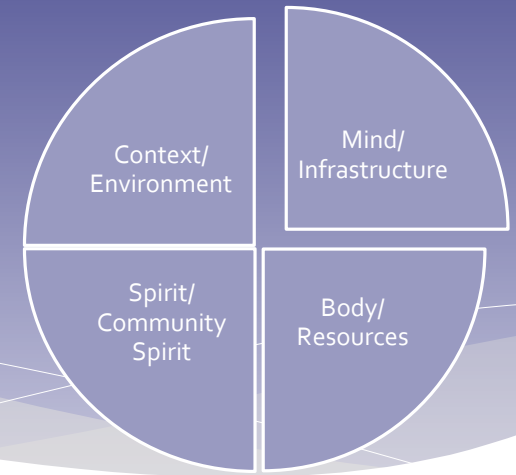


- \* Funding: Funding levels were not sufficient for meeting community needs, and grants were a key source of funding for public health services

*"That whole component of prevention services has to be **made up somewhere else** with the limited funding we have because we don't receive a lot of Indian Health Service funding. You would **receive a little bit for prevention.**"*

*"It seems like **with every grant there's a new focus.** Or not always new, you know, but maybe it's the same but it's done in a different way... And then when that grant's finished it's kind of like **everything just stops and the focus is lost** and it seems like to me, you know, a lot of times you feel like **you're leaving people in the dust.**"*

# Mind/Infrastructure



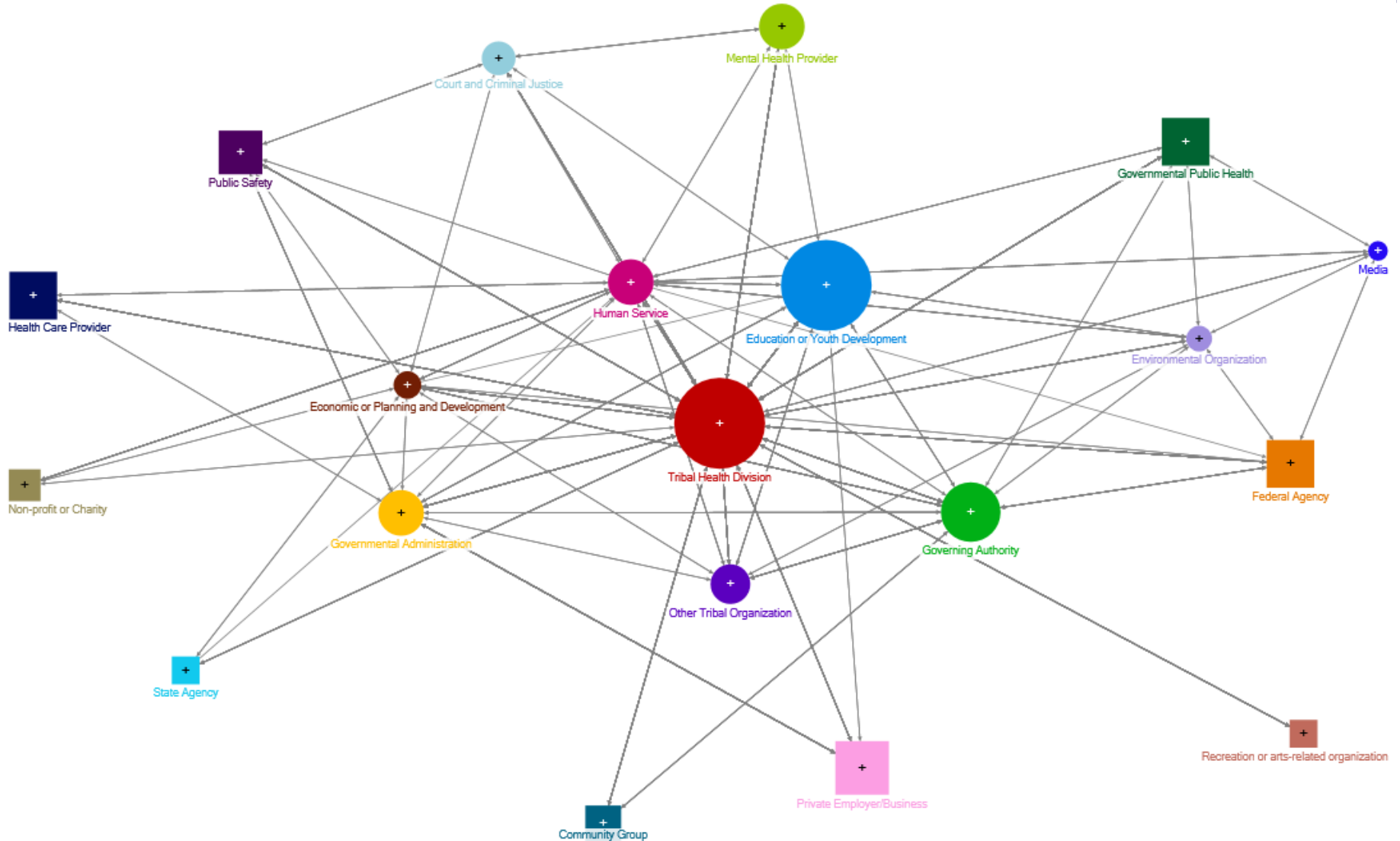
- \* Partnerships: Partnerships played a key role in fulfilling the three core functions and in delivery of public health services
  - \* Formal relationships between tribal and non-tribal agencies were complicated, and personal relationships were paramount to success
  - \* Numerous examples of success and accomplishments through collaboration
  - \* High degree of integration between tribal health care and public health services, and many examples of coordination and referral to services for clients among tribal departments

# Mind/Infrastructure: Partnerships

- \* PH system was comprised of tribal and non-tribal orgs from 20 different sectors as defined by 319 individuals
  - \* ~57% from tribal orgs, 43% from non-tribal orgs
- \* On average, any person in network could reach any other person by going through 3 people (avg. geodesic distance 3.35)
- \* Higher degree of density within the network with only tribal orgs vs the whole network
- \* Tribal Health Division had the highest degree centrality (most connections) and betweenness (bridging) of all orgs in the network

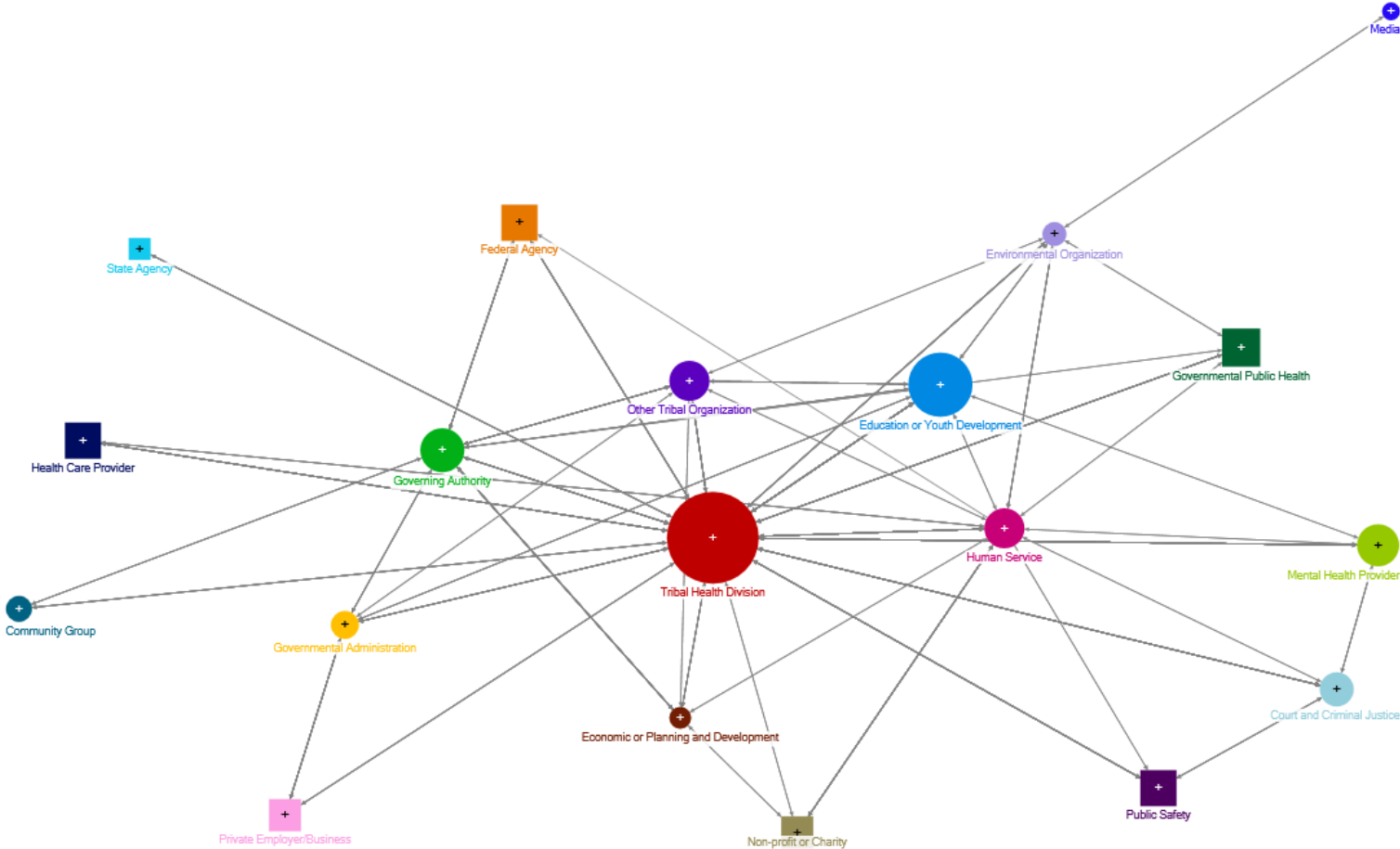
# Public Health System

Complete Network - Groups



# Assessment

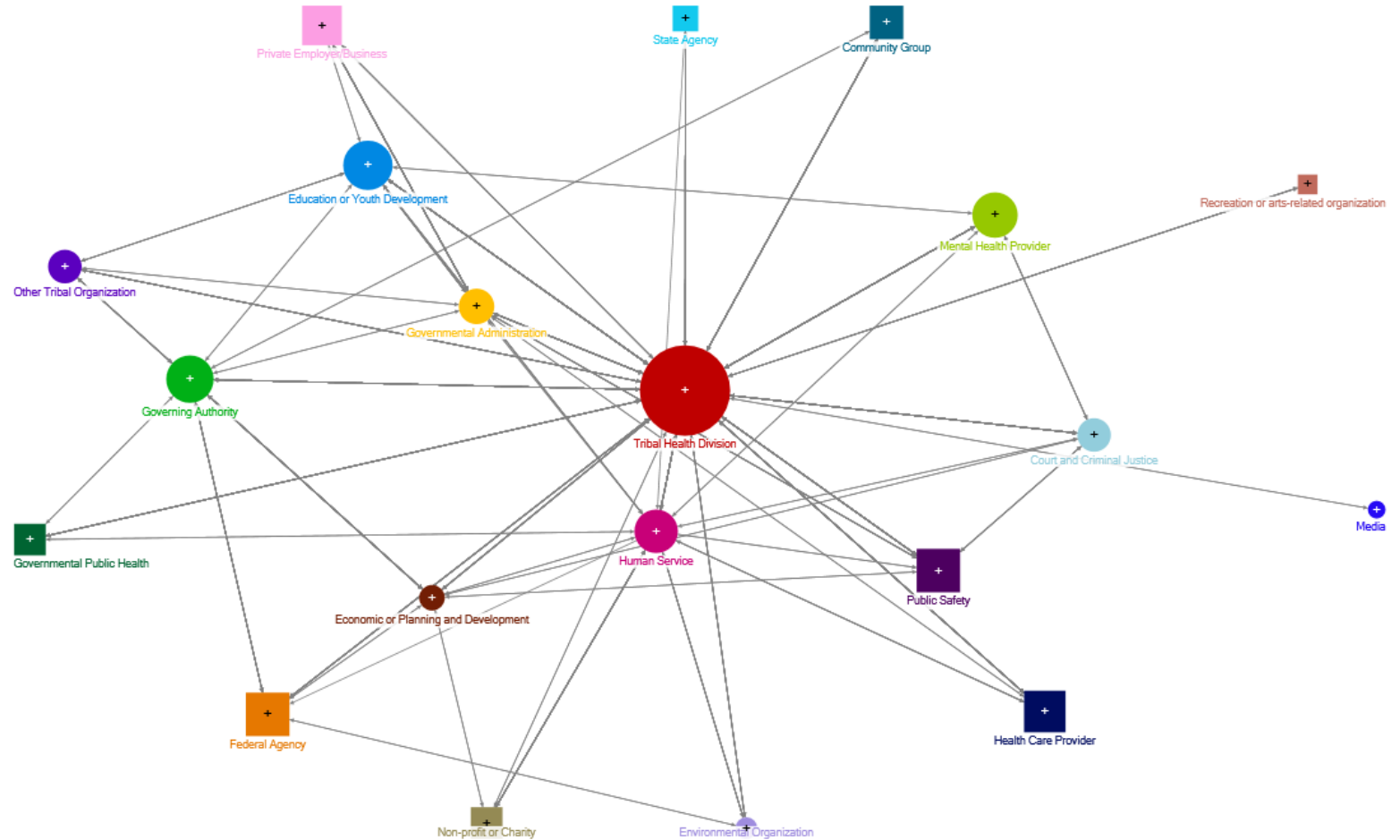
Assessment Network - Groups





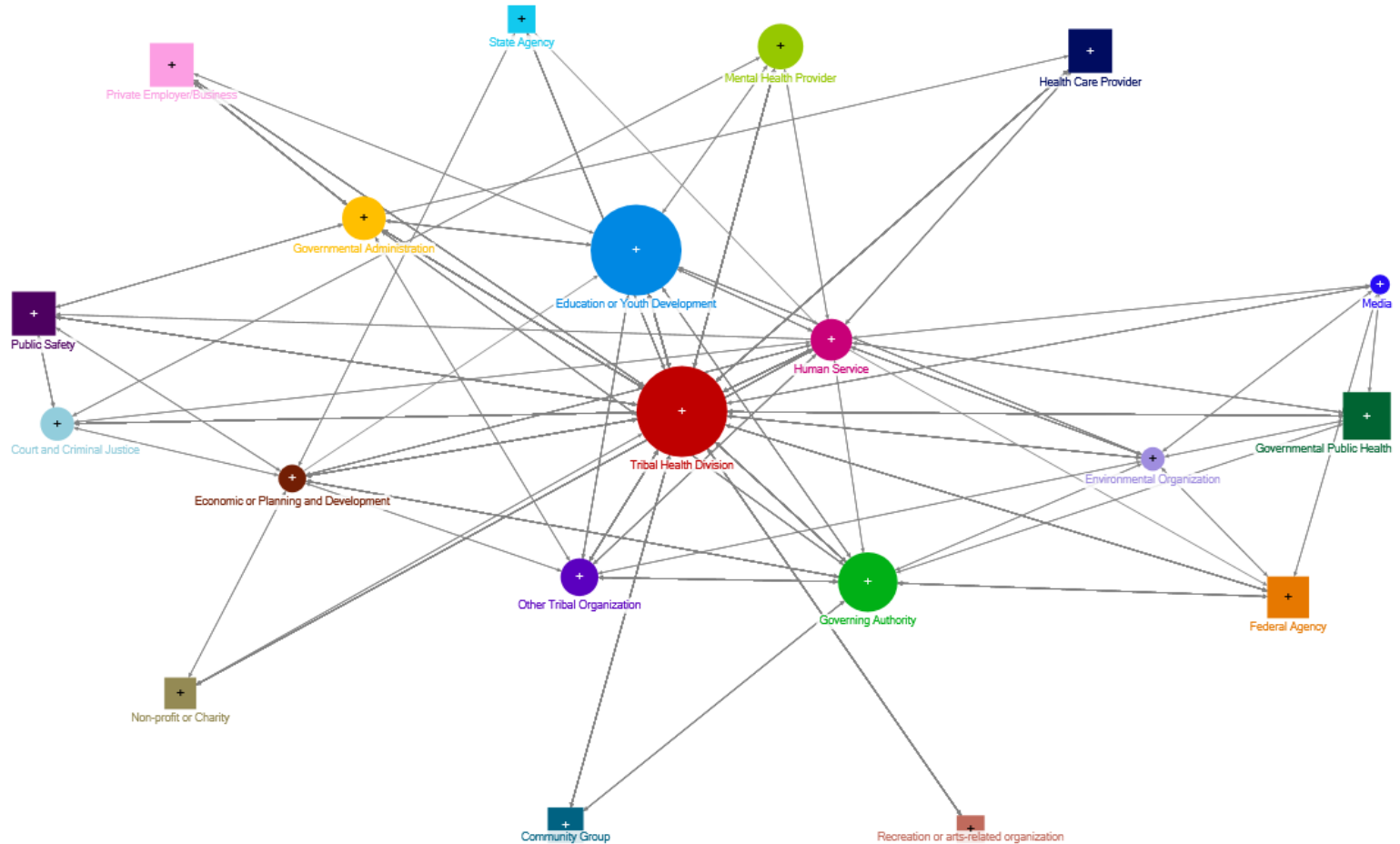
# Assurance

Assurance Network Tribal - Groups



# Policy Development

Policy Network - Groups



# Mind/Infrastructure: Partnerships Tribal & Non-Tribal

- \* View from non-tribal orgs:
  - \* Don't want to "step on toes" or "take over"
  - \* Tribal orgs are in best position to serve tribal members
  - \* Services are underutilized by tribal members
- \* View from tribal orgs
  - \* Working with other tribal orgs is sometimes easier because we can focus on needs of tribal members and they (non-tribal) have to focus on whole community
- \* Many powerful examples of successful tribal/non-tribal partnerships

*"I would go with the Tribe, just because they are very visible and they're very proactive and they're very up-to-date and they keep me on track. The people that I work with in the Tribe, I think they're very forward... I think **without them, I don't know how many initiatives would actually be occurring** at the rate they are occurring."*

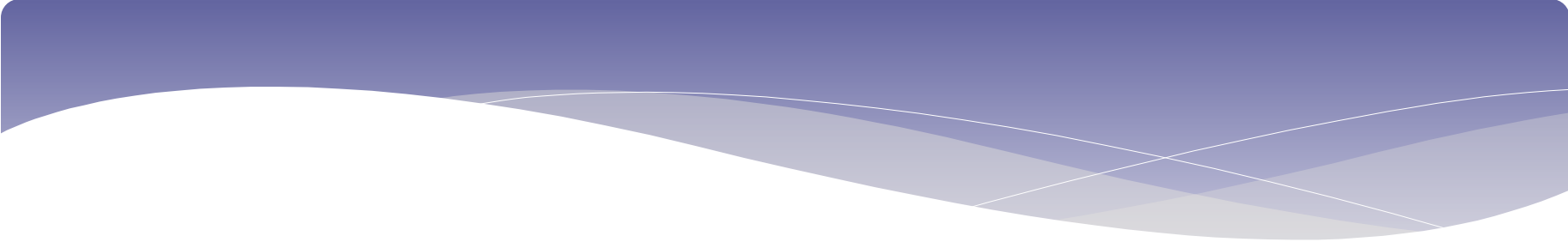
# Services

## Similarities b/t Tribe's Services and 10 EPHS Framework

- \* Educate
- \* Diagnose & investigate
- \* Mobilize community partnerships
- \* Engage with policy making process
- \* Use research

## Differences b/t Tribe's Services and 10 EPHS Framework

- \* Enforce laws and regulations
- \* Assure a competent PH workforce
- \* Assess & plan
- \* Evaluate & improve
- \* Link & assure access to personal health services
- \* Honor culture & tradition



*"[Culture, value, and traditions] are honored in that we are trying to bring them back, bring back that which was lost. For various reasons why they were lost a lot of times people were not allowed to speak the language from what were taught from our elders to have sweat lodges. There has been a lot of problems in history that have set us all off course so to speak and I think **we are trying our best to give back our ways, our teachings in a good way, keeping in mind that it may not be the exact same that it used to be**, but everyone is trying their best to honor our past, honor our traditions and honor those teachings. We work for peace and we work for our tribe. We give back some of the culture that is lacking in a lot of things and I know it is not the tribe's fault, in fact, this I look at as a way to try to fix that."*

# Public Health Services

1. Assure personal health services are person-centered, holistic, culturally tailored, integrated, and available to all community members.
2. Design and administer culturally tailored community health programs to improve population health
3. Offer education and information to community members to engage them in health improvement; shift knowledge, beliefs, behaviors, and norms; and honor traditions and values.
4. Build networks and engage with partners across systems to impact priority health issues.
5. Monitor threats to health, and plan for and respond to emergencies on tribal lands and across jurisdictional boundaries throughout the service area
6. Advocate for policy, funding, programs, and services that would improve the community's health
7. Assess health status around specific issues & develop plans to address community health concerns
8. Use data and best practices to improve services, both for the tribe and through sharing lessons learned

# Essential Services

**While there was substantial overlap between the services delivered by the Tribe and the 10 EPHS, there were also key differences.**

- \* The 10 EPHS and PHAB's standards and measures align well with how the tribal public health system educates people about health issues; diagnoses and investigates health problems; mobilizes community partnerships; engages with the policy making process; and uses research for new insights and innovative solutions.
- \* There were notable differences in how the Tribe approached public health around enforcing laws and regulations that protect health and ensure safety; and assuring a competent public health workforce.

# Essential Services

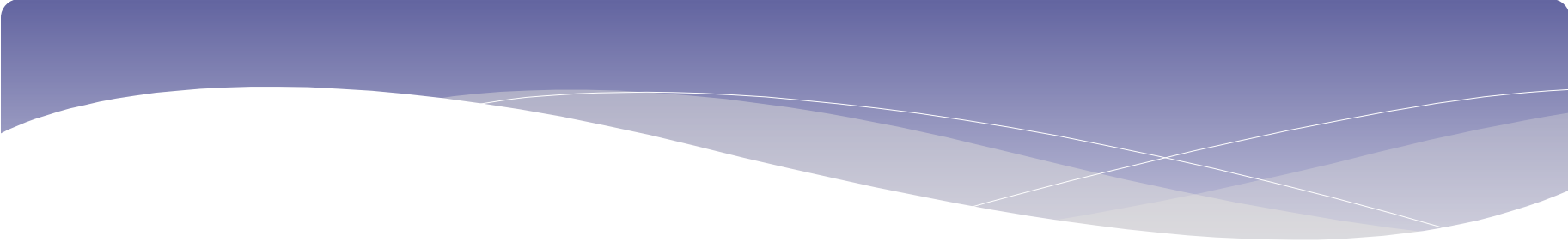
## Continued...

- \* The Tribe's approach to assessment and planning is dynamic and impactful, but not routinized.
- \* The Tribe's approach to evaluation and quality improvement emphasizes the needs of the "customer" and community wisdom.
- \* The Tribe's provision of community and clinical services provides a model for what integration looks like in practice.
- \* The services provided by the Tribe are designed to fit the Tribe's sociocultural context.



# Gaps in Services

- \* Shortages in staff and funding and the need for people to serve in multiple roles limited their confidence in the community's ability to *monitor, investigate, and respond to health threats*
- \* *Community health services* were linked to grants: restrict what they can do, degree to which they can adapt to meet the needs of the community, instability over time
- \* Gaps in data useful for *assessment and planning* were highlighted
- \* Their ability to *improve services* is limited by the lack of evidence-based practices that were validated with a Native American population



***"The health centers are very visible and looked to for leadership. These health centers are much more than clinics. They do so much more traditional foods, traditional medicines, and public health promotion, tobacco free awareness and active and promoting walking and they do contests where you get online and post the number of miles or number of steps for a period of weeks and does your workplace outdo another workplace. They do a lot of that and the health fairs where you can have your blood pressure checked and your oxygen content and your blood checked and read out your lung capacity and all of those things and be aware of what your personal health status is beyond your annual trip to the doctor to pee in a cup. They do a lot here it is a great source for the community, great pride for the community too because it is way more than a hospital or clinic or a doctor's office."***

# Using PHAB for Improvements



What do you think?

How can we learn more?

# Thank you!

\* For more information, please contact:

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