PHSSR Research-In-Progress Series:

Public Health Cost, Quality and Value

Wednesday, September 2, 2015, 12-1 pm ET

Investigating Characteristics of Tribal Public Health System Organization and Performance

To download today's presentation & speaker bios, see the 'Resources' box in the top right corner of the screen.

Agenda

Welcome: Rick Ingram, DrPH, National Coordinating Center for PHSSR, and Assistant Professor, U. of Kentucky College of Public Health

"Investigating Characteristics of Tribal Public Health System Organization and Performance"

Presenter:

Julia Heany, PhD, Center for Healthy Communities Program Director, Michigan Public Health Institute , ***jheany@mphi.org***

Commentary: Alana Knudson, PhD, Co-Director, Walsh Center for Rural Health Analysis, NORC at the University of Chicago ***knudson-alana@norc.org***

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Questions and Discussion

Presenter

Julia Heany, PhD
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Michigan Public Health Institute
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Co-author of "*Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook*"

The Spirit of Community Health

Investigating Characteristics of Tribal Public Health System Organization and Performance

PHSSR Research-in-Progress Webinar
Wed. Sept. 2, 2015
12:00 – 1:00 p.m. ET

Julia Heany, PhD
Director, Center for Healthy Communities
Michigan Public Health Institute

MPHI

Sault Ste. Marie Tribe of Chippewa Indians

INTER-TRIBAL COUNCIL OF MICHIGAN, INC.

Acknowledgements

Study Team

* Shannon Laing, MSW
* 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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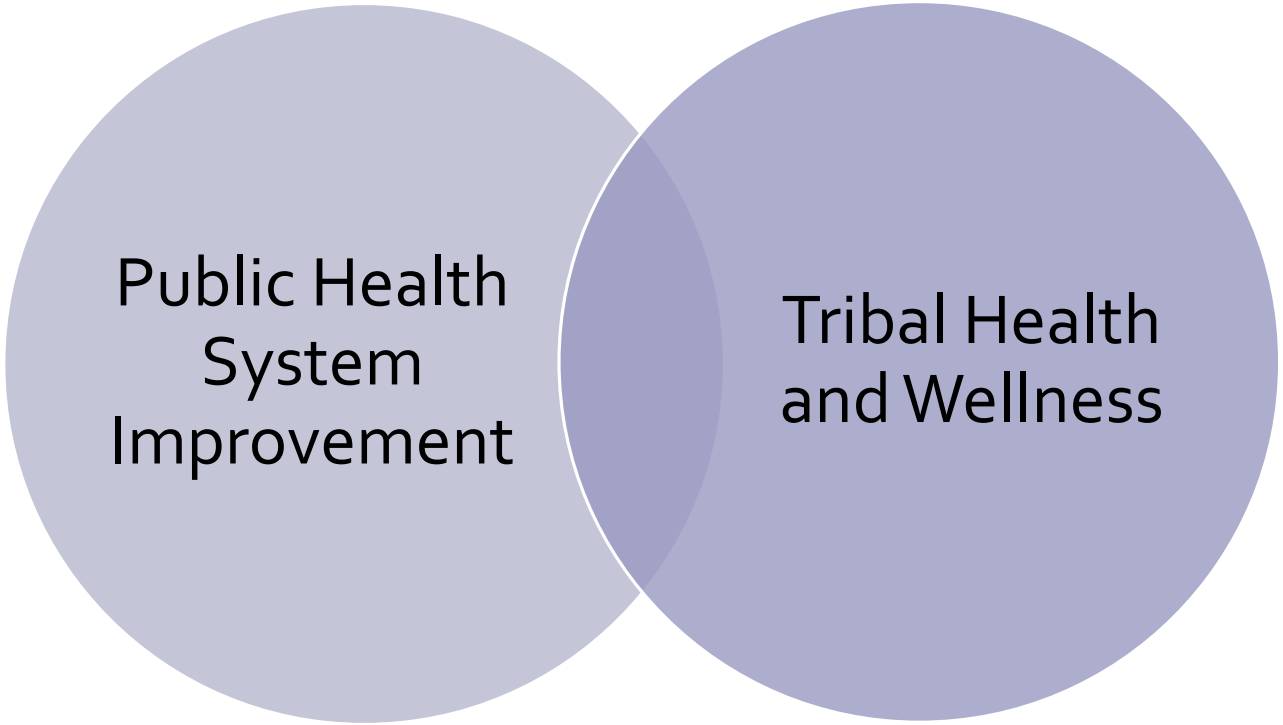
Topics

* Background
* Study design & methods
* Key findings
* Future directions

Tribal Public Health: Background

* 567 federally recognized Tribes in the US
  * Sovereign nations with a government-to-government relationship with the US
* Trust responsibility – through treaties, Tribes ceded land and natural resources and were promised education, healthcare and other services
  * Indian Health Service within Health and Human Services is responsible for delivery of health programs, functions, services, and activities – health care & public health
  * Responsibility can be shared with Tribes through contract or assumed by tribes through compact (or some combination)
* Tribal public health systems are diverse but share this legacy

MPHI's Center for Healthy Communities



Questions

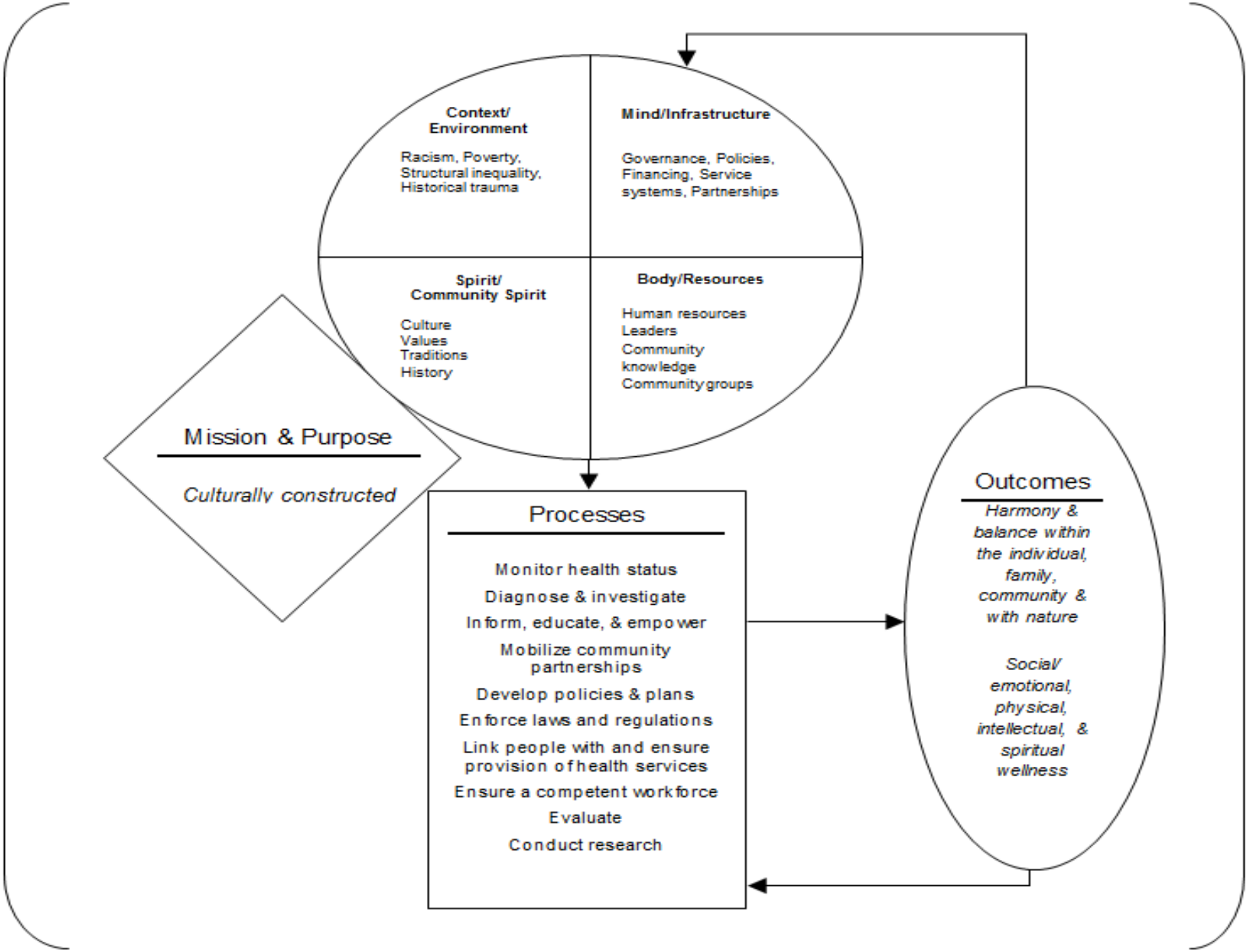
* How do tribes create conditions in which people can be healthy?
* What do public health systems look like in tribal communities?
* What role do partnerships play in tribal communities' efforts to protect and promote health?
* To what extent does the model of the 10 Essential Services make sense for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

Purpose

* To help develop and document evidence that describes how tribes may organize and partner to protect and promote health of their communities.

This study aims to…

* Explore the partnerships within a tribal public health system that protect and promote health.
* Examine how and through what relationships a tribal public health system delivers the 10 Essential Public Health Services.
* Assess the key characteristics of a tribal public health system that address health disparities.


Context/
Environment
Racism, Poverty,
Structural inequality,
Historical trauma
Mind/Infrastructure
Governance, Policies,
Financing, Service
systems, Partnerships
Spirit/
Community Spirit
Culture
Values
Traditions
History
Body/Resources
Human resources
Leaders
Community
knowledge
Community groups
Mission & Purpose
Culturally constructed
Processes
Monitor health status
Diagnose & investigate
Inform, educate, & empower
Mobilize community
partnerships
Develop policies & plans
Enforce laws and regulations
Link people with and ensure
provision of health services
Ensure a competent workforce
Evaluate
Conduct research
Outcomes
Harmony &
balance within
the individual,
family,
community &
with nature
Social/
emotional,
physical,
intellectual, &
spiritual
wellness

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

Mission & Purpose

* Public health system partners defined the purpose of PH as prevention, educating and informing, providing safety net care, working together, and community health and wellness

* Partners had a shared mission and goals
  * Healthy choice the easy choice
  * Integrated, community-based services
  * Preservation of culture and traditions (tribal partners)

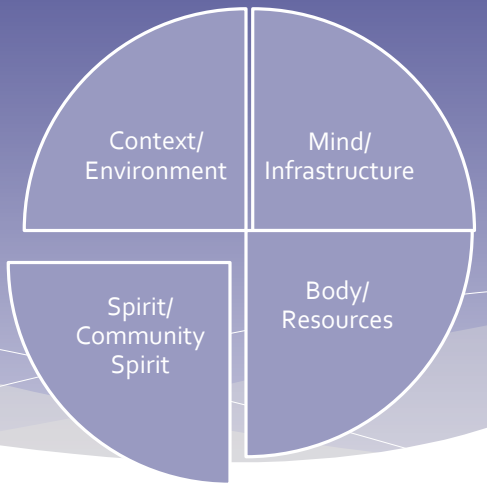
Mission & Purpose

* The Tribe's responsibility for health was formally established through:
  * IHS Compact and Codes: Comprehensive set of Programs, Services, Functions & Activities (PSFAs) that include public health interventions
  * Tribal Code: 11 chapters were PH related; 15 additional that included impact on health
* Partners believed the Tribe was responsible for protecting and promoting health, assuring equitable access, ensuring cultural and traditional practices, making health a top priority, and health education
* Community members believed the Tribe's responsibility was to listen to the elders, improve current programs, engage young people, and support individual and collective wellbeing

Context/Environment

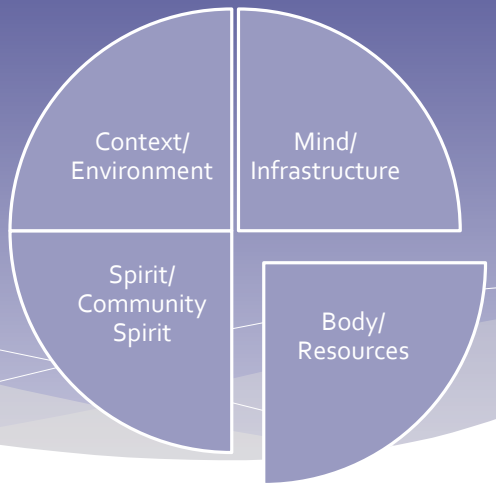
* History: Legacy of Indian Health Service (IHS) had lasting impact on public health infrastructure and services
* Geography & Climate: Physical geography and climate created barriers to providing and receiving public health services
* Social Norms: Community members identified social norms that had a pervasive influence on unhealthy behaviors
* Economy: The regional economy and the economic status of the population impacted programs, services, & health status

Community Spirit



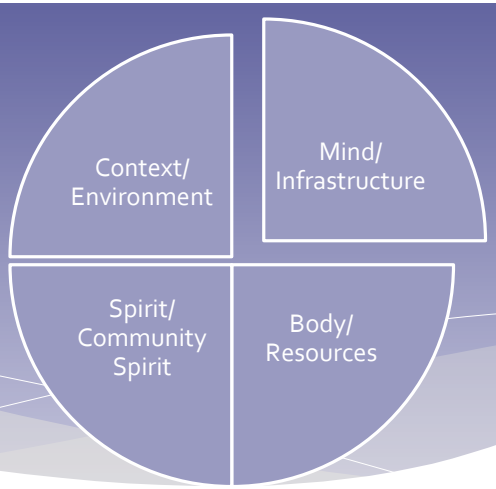
* Cultural beliefs and practices influenced community needs and how services were delivered
* Incorporating culture and tailoring services was a priority of Tribal service providers
* Many non-tribal public health system partners indicated that they were not very knowledgeable about the Tribe's culture

Body/Resources



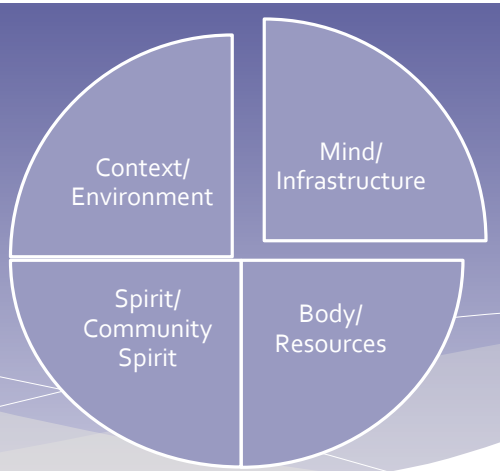
* Leadership: Key actors included the Tribal Board, the Tribal Community Health Program, Local Health Departments, & "The Tribe"
* Human Resources: Partners experienced staffing shortages and turnover which had a significant impact
  * Limiting availability of services, loss of organizational relationships, 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

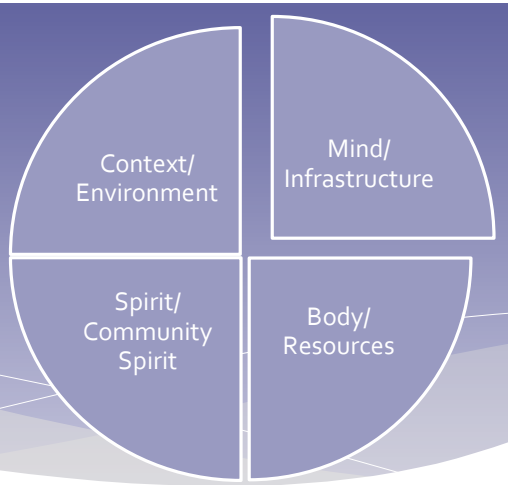


* Funding: Funding levels were not sufficient for meeting community needs, and grants were a key source of funding for public health services

*"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



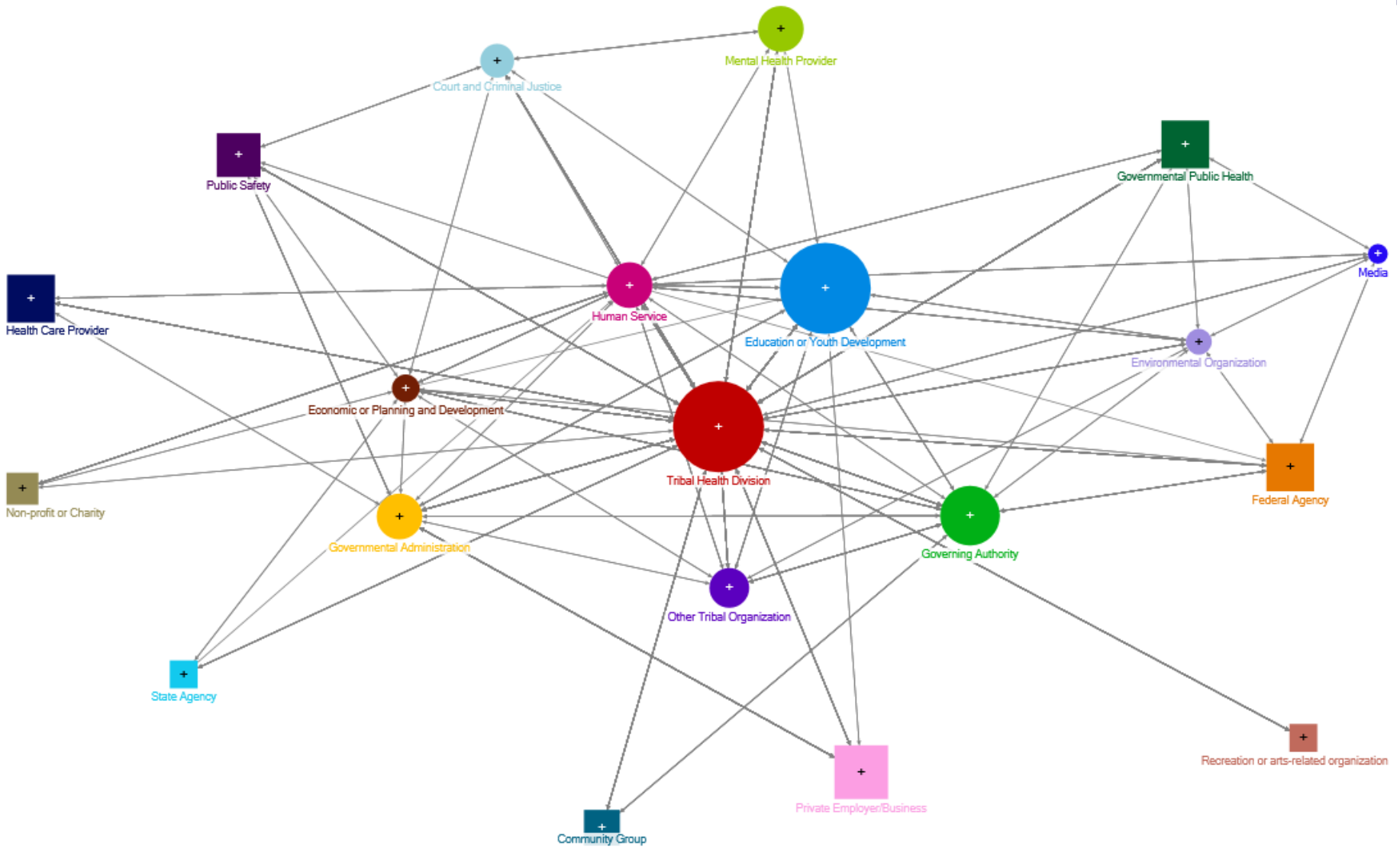
* Partnerships: Partnerships played a key role in fulfilling the three core functions and in delivery of public health services
  * Formal relationships between tribal and non-tribal agencies were complicated, and personal relationships were paramount to success
  * Numerous examples of success and accomplishments 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



Created with NodeXL (http://nodexl.codeplex.com)

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

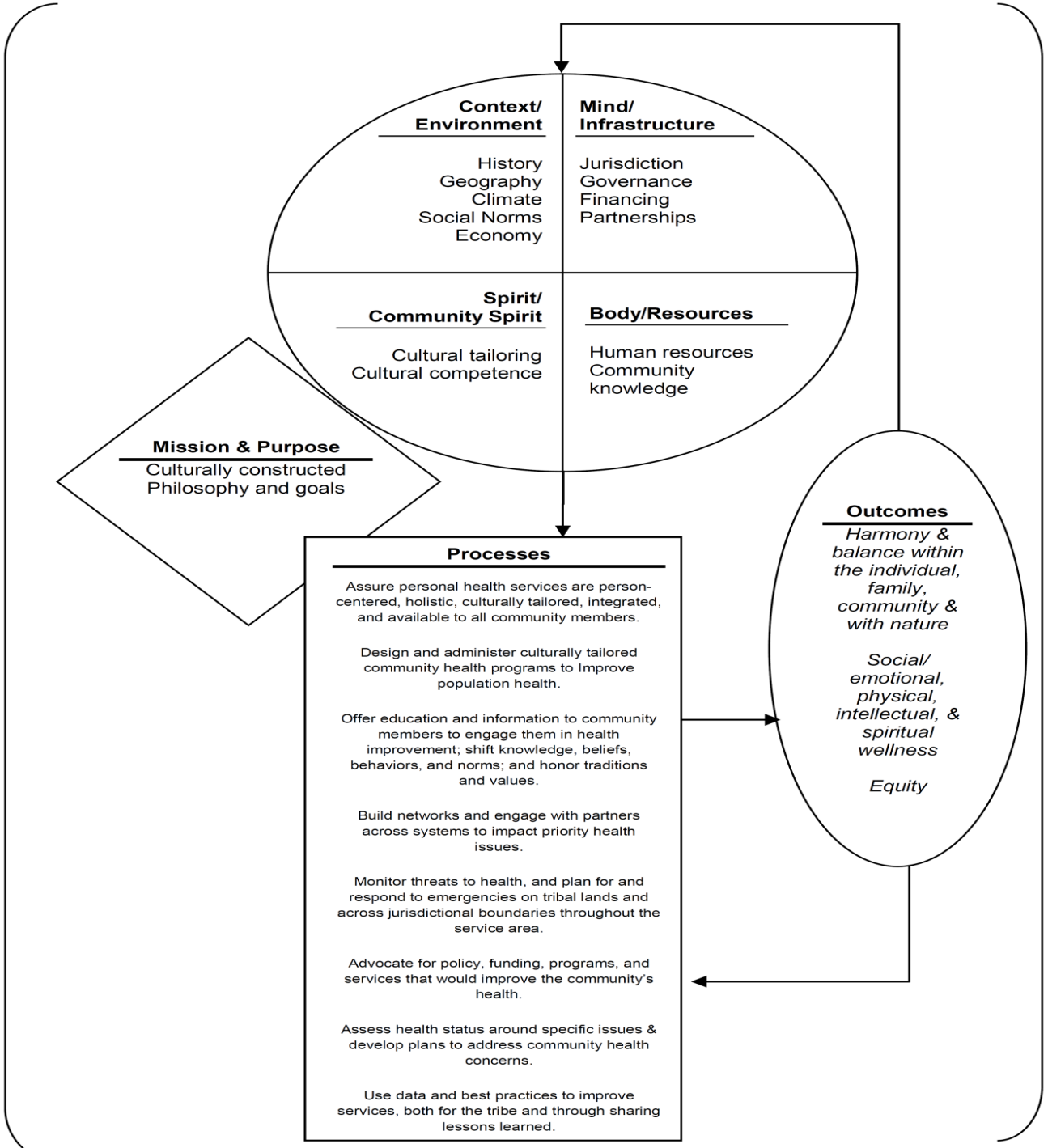
* Enforce laws and regulations
* Assure a competent PH workforce
* Assess & plan
* Evaluate & improve
* Link & assure access to personal health services
* Honor culture & tradition

"[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."*

Tribal 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.

*"**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****."*


Context/ Environment
History
Geography
Climate
Social Norms
Economy
Mind/ Infrastructure
Jurisdiction
Governance
Financing
Partnerships
Spirit/ Community Spirit
Cultural tailoring
Cultural competence
Body/Resources
Human resources
Community knowledge
Mission & Purpose
Culturally constructed
Philosophy and goals
Processes
Assure personal health services are person-centered, holistic, culturally tailored, integrated, and available to all community members.
Design and administer culturally tailored community health programs to Improve population health.
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Assess health status around specific issues & develop plans to address community health concerns.
Use data and best practices to improve services, both for the tribe and through sharing lessons learned.
Outcomes
Harmony & balance within the individual, family, community & with nature
Social/ emotional, physical, intellectual, & spiritual wellness
Equity

Next Steps

* Working with the Tribe to use the data and findings to inform system improvement

* Products & Publications – by October, 2015
  * Final Research Report
  * Practitioner's Toolkit
  * Policy Brief
* To follow:
  * Manuscripts

Future Directions for Research

* Develop a research agenda by and for tribal public health services and systems
* Look to tribes to learn about the benefits and limitations of an integrated approach to public health and healthcare delivery
* Conduct additional research exploring the degree to which the 10 essential services describe what tribal public health systems do
* Utilize practice based evidence to discover what works in tribal public health

Future Directions for Practice

* Explore opportunities to enhance public health performance models to reflect the extent to which programs and services reflect and respond to the community's sociocultural context
* Support tribes that wish to develop public health codes, ordinances, and laws or appoint a public health authority
* Explore financing options for tribal public health that decrease reliance on competitive grants & state administered funds

Thank you!

* For more information, please contact:

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Commentary

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Questions and Discussion

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Upcoming Webinars – Sept 2015

Wed, Sept 9 (12-1pm ET)

Adolescent AFIX: Multi-state Randomized Control Trial to Increase Adolescent Immunization through Vaccine Provider Best Practices

Melissa Gilkey, PhD, MPH, UNC Gillings School of Global Public Health

Thurs, Sept 17 (1-2pm ET)

Modeling Supply Chain System Structure to Trace Sources of Food Contamination

Stan Finkelstein, MD, MS, MIT and Harvard Medical School & Abigail Lauren Horn PhD , Engineering Systems Division, MIT

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Upcoming Webinars – October 2015

Wed, Oct 7 (12-1pm ET)

USING PBRNS TO IDENTIFY DELIVERY, QUALITY AND COST OF CORE PUBLIC HEALTH SERVICES IN OHIO, OHIO PBRN *DELIVERY AND COST STUDY*

Scott Frank, MD, MS, Case Western Reserve University

Jason Orcena, MA, Union County Health Department, Ohio

Wed, Oct 14 (12-1pm ET)

BUILDING EVIDENCE TO IMPROVE THE INFRASTRUCTURE OF LOCAL PUBLIC HEALTH THROUGH PBRNS

Co-sponsored by the New England Public Health Training Center

Justeen Hyde, PhD, Institute for Community Health, MA PBRN

Jennifer Kertanis, MPH, Director, Farmington Valley Health District, CT PBRN

Thurs, Oct 22 (1-2pm ET)

COSTS OF FOUNDATIONAL PUBLIC HEALTH SERVICES IN WASHINGTON STATE & RELATIONSHIPS WITH STRUCTURAL AND COMMUNITY FACTORS, WASHINGTON PBRN *DELIVERY AND COST STUDY*

Betty Bekemeier, PhD, MPH, Schools of Nursing and Public Health

Justin Marlowe, PhD, MPA, Evans School of Public Affairs, U. of Washington

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