Strengthening Tribal Foundational Public Health Services

TRIBAL FPHS PUBLIC HEALTH ADVISORY BOARD Presentation
Presented by Marilyn Scott, Chair Upper Skagit Tribe
Vicki Lowe, Executive Director, AIHC
Lou Schmitz, Public Health Consultant, AIHC

American Indian Health Commission
for Washington State

August 1, 2022
Governments Working Together

Equity happens when all partners are included in planning and implementation.

Inclusion of the Washington State Tribes in the Foundational Public Health effort happened early in the process.
Background:

WA State FPHS POLICY Workgroup

Co-Chairs of Policy Workgroup
John Wiesman
Secretary, Washington State Department of Health

Todd Mielke
Commissioner, Spokane County, District 1

Marilyn Scott
Whe-Che-Utsa Vice Chairman, Upper Skagit Indian Tribe

Elected Officials
Jim Hembery
Mayor, City of Quincy

Obie O’Brien
Commissioner, Kittitas County, District 3

Jim Jeffords
Commissioner, Asotin County, District 3

Patty Lent
Mayor, City of Bremerton

Joe McDermott
Councilmember, King County, Council District 8

Public Health Representatives
Danette York
Administrator, Lewis County Public Health and Social Services

David Windom
Administrator, Northeast Tri County Health District

Martha Lanman
Administrator, Columbia County Public Health

Scott Lindquist
State Communicable Disease Epidemiologist, Washington State Department of Health

Vicki Kirkpatrick
Administrator, Mason County Public Health

Tribal Public Health
Andrew Shogren
Health Director, Quileute Tribe

Barbara Juarez
Director, Northwest Washington Indian Health Board

Victoria Warren-Mears
EpiCenter Director, Northwest Portland Area Indian Health Board

Jan Olmstead
Public Health Project Manager, American Indian Health Commission
Workgroup’s Mission
Create a Vision and recommendations for how to ensure that a foundational set of public health services are available statewide.

Recommendations
1. State funding should ensure costs of FPHS are covered in every community.
2. FPHS should be funded with statutorily directed revenues in a dedicated account.
3. Allocation should be a collaborative process between state and local stakeholders.
4. A robust accountability structure should be collaboratively developed by state and local stakeholders.
5. Tribal public health, with support from the Department of Health (DOH), should convene a process to define how the FPHS funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, and local health jurisdictions (LHJs) can work together to serve all people in Washington.
6. Local spending on Additional Important Services should be incentivized.
Public Health and Sovereignty

- Public Health is a core government function
- Tribes exercise their sovereignty when they establish, control, operate, and deliver public health services
Understanding the current landscape of FPHS within Indian Health Services

Indian Health Service (IHS) services are largely limited to direct patient care, leaving little, if any, funding available for public health initiatives such as disease prevention, education, research for disease, injury prevention, and promotion of healthy lifestyles. This means that Indian Country continues to lag far behind other communities in basic resources and services. Our communities are therefore more vulnerable to increased health risks and sickness.

## Work to Date:
**TRIBAL Foundational Public Health Services**

### Established Tribal Technical Workgroup

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<th>Member</th>
<th>Organization</th>
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<tr>
<td>Adrien Dominquez</td>
<td>Seattle Indian Health Board (SIHB), Urban Indian Health Institute (UIHI)</td>
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<td>Andrew Shogren</td>
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<td>Aren Sparck</td>
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<td>Barbara Hoffman</td>
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<td>Barbara Juarez</td>
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<td>Cheryl Sanders</td>
<td>Lummi Nation</td>
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<td>Crystal Tetrick</td>
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<td>Helene Dewey</td>
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<td>Jenna Bowman</td>
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**Project Management Team:**
- Tamara Fulwyler, Director of Tribal Relations, WA Department of Health
- Jan Olmstead, Public Health Policy and Project Advisor, American Indian Health Commission
- Marie Flake, FPHS Manager, WA Department of Health
**TRIBAL FPHS Technical Workgroup**

**Task:**
- Workgroup was tasked to: Defining FPHS for Tribes, identifying the FPHS gaps in tribal communities, and estimating the cost to fill the FPHS gaps for the tribal communities.

**By:**
- Provided briefings and presentations to raise awareness of FPHS and the benefits of including Indian health delivery system.
- Established a workplan to further engage Tribal and Urban Indian Leadership and communities in prioritizing, identifying gaps, and defining public health services important as foundational/core services in their communities.

**And:**
- Engaged FPHS Policy Workgroup to develop proposed language for the inclusion of sovereign Tribal Nations as part of the governmental public health system to be considered by the 2017 legislature.
Next steps identified in the report:

- Develop FPHS definitions relevant to tribal public health.
- Using the tribal FPHS definitions, conduct an assessment of the level of implementation, current funding source and amount and estimated cost of full implementation.
- Conduct a policy process to consider and determine how to fund (who should pay for which parts).
- Integrate the tribal FPHS definitions and assessment findings with the state/local processes including alignment of the definitions, development of new service delivery models and transformation of the public health system.
- As determined by the policy process, jointly pursue a long-term, multi-year phased-in approach to full funding of FPHS.
Pulling Together for Wellness Framework:

• The *Pulling Together for Wellness* (PTW) framework is co-designed with Tribal and Urban Indian Leadership in Washington state. This approach frames the work using indigenous values and perspective.

• Develop Tribal FPHS definitions by using language, programs and disciplines from Indian Country.

• Keeps the Tribal work from having to “fit into” the non-Tribal work, by developing it in a decolonized manner.
FPHS Steering Committee

• Sept. 2018 AIHC Executive Committee and Executive Director joined the FPHS Steering Committee

• DOH 2019 Decision Package included a $296 million biennium request for FPHS.

• The Tribal request included in the DP was $1.2 million. Based on Resolution passed at the August AIHC Delegates meeting, AIHC submitted an additional $12 million request.

2019 FPHS Policy bill establishing Washington State Public Health System:
Tribe FPHS 2020 to current

2020 – Conducted Assessment of Tribal Foundational Public Health Services

2021 – Completed Tribal FPHS Policy Recommendations Report
   Developed SFY 2022-23 Tribal FPHS budget for Tribal Consultation

2021-22- Met with each Tribe and UIHO to develop their Tribal FPHS Project
Policy Recommendations for Tribal FPHS

- Sustainable funding is critical to support and strengthen tribal public health
- Support for cross-jurisdictional collaboration is needed
- Tribes’ sovereign status to determine their programmatic priorities should be incorporated in all state policies, laws, and funding agreements
- Population health information management infrastructure is needed
- A tribal coordinating entity is essential to supporting cross-jurisdictional collaboration and assuring access to appropriate resources for Tribes and UIHPs
Additional Considerations for Tribal FPHS

- It is difficult to focus on public health when access to health services is underfunded
- Many public health duties are spread across several staff members within Tribal Health programs
- Infrastructure building is needed - Tribal Public Health codes, ability to gather and utilize Tribal population health data, cross jurisdictional work with local health
- The burden of funding public health work through grants is the administration of the grant takes away funding and manpower from the grant work
- Support for community health assessments is needed
- Continuation of Public Health Emergency Response work
Tribal Foundational Public Health Services

From “domestic dependent nations” to self-governance

Self-Determined Programs and Services
Tribal Capabilities
MOUs and MAAs
Tribal Plans and Policies
Knowledge of Community Strengths and Gaps
Tribal Public Health Codes

Sovereignty
Gaps Identified

- Strategies to address communicable disease
- Cross Jurisdictional Coordination
- Culturally grounded framework
- Public Health Codes
- Community Health Assessment
- Tribal Data Sovereignty
2021 FPHS Tribal Consultation Process/Timeline

- **6/2/21** DOH-Tribal Roundtable
- **6/3/21** FPHS Steering Committee meeting
- **6/18/21** DOH FPHS Consultation with Tribal Partners
- **7/1/21** FPHS Steering Committee receives Consultation Summary
Basic governmental capabilities and programs that must be present in every community to protect the safety and health of all citizens.

Through a two-year process that included a series of meetings, surveys and focus groups, the Tribes and Urban Indian health programs in Washington determined the following foundational programs and capabilities:

**Foundational Tribal Public Health Programs**
- Communicable Disease Control
- Prevention and Health Promotion
- Environmental Public Health
- Maternal, Child and Infant Health
- Access to Clinical Care

**Foundational Tribal Public Health Capabilities**
- Assessment
- Emergency Preparedness and Response
- Communications
- Policy and Planning
- Community Partnership Development
- Leadership
Suggested Projects

Tribal Public Health Codes

Community Health Assessment

Emergency Preparedness Self Assessment

Maternal Infant Health – Implementing MIH Strategic Plan
Development of Tribal Public Health Training

Monthly Tribal FPHS Workgroup meetings

Communities of Learning
Questions?

Thank you!

American Indian Health Commission for Washington State

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Whale Comb by Zeke Serrano, Quinault