

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-Litsa Vice Chairman, Upper Skagit Indian Tribe

Elected Officials

Jim Hemberry

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

Washington State FPHS POLICY Workgroup

Workgroup's Mission

Create a Vision and recommendations for how to ensure that a foundational set of public health services are available statewide

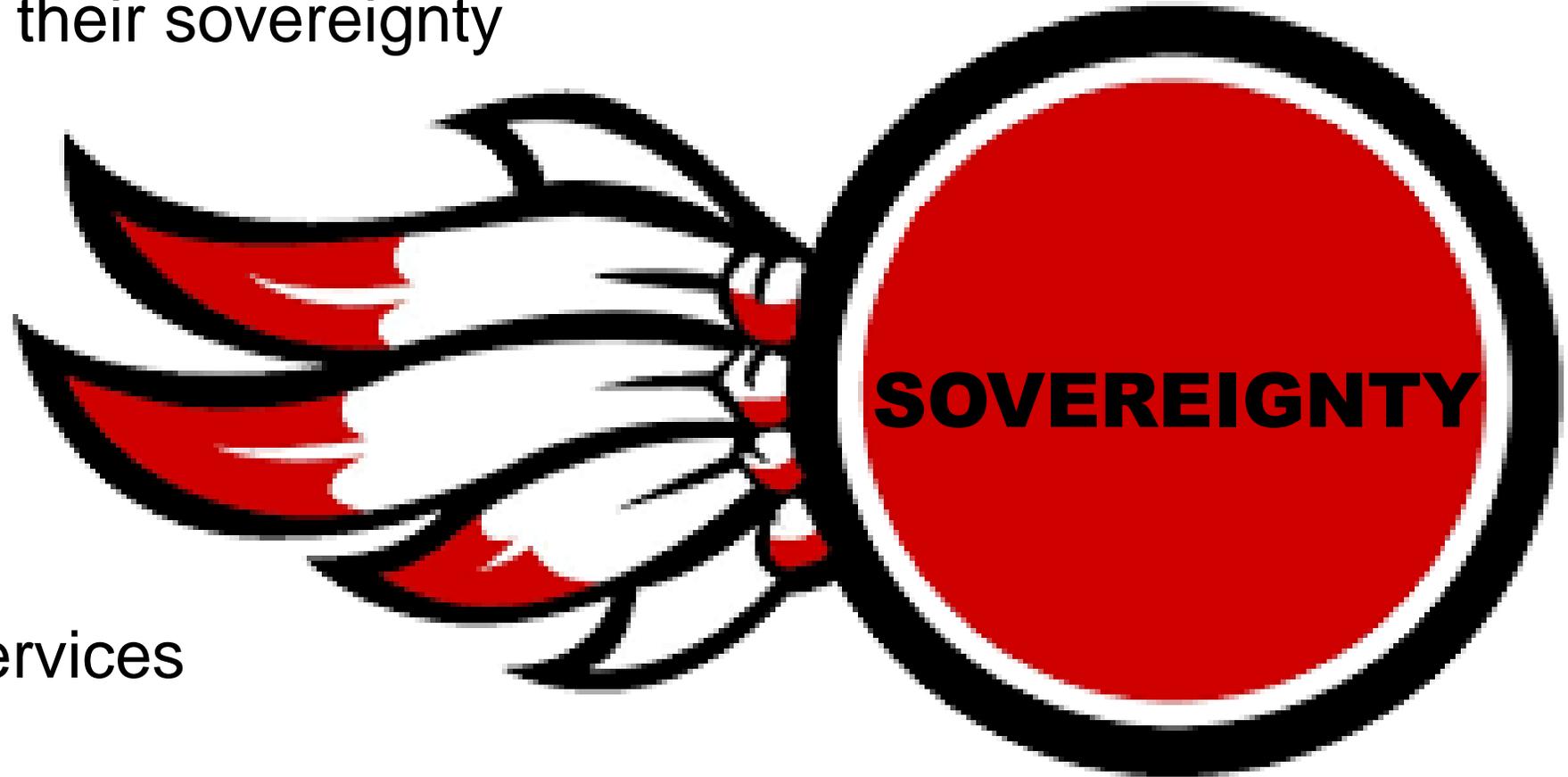


Recommendations

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.

The State of Public Health in Indian Country, National Indian Health Board, April 6, 2017

<https://www.nihb.org/docs/04222017/Public%20Health%20in%20Indian%20Country%20%20Fact%20Sheet%20and%20legislative%20priorities.pdf>)

Work to Date:

TRIBAL Foundational Public Health Services

Established Tribal Technical Workgroup

Member	Organization	Committee
Adrien Dominquez	Seattle Indian Health Board (SIHB), Urban Indian Health Institute (UIHI)	Technical
Andrew Shogren	Suquamish Tribe/AIHC	Technical/Policy
Aren Sparck	Seattle Indian Health Board	Policy
Barbara Hoffman	Suquamish Tribe	Technical
Barbara Juarez	Northwest Indian Health Board (NWIHB)	Technical
Cheryl Sanders	Lummi Nation	Policy
Crystal Tetrick	Seattle Indian Health Board	Technical
Helene Dewey	Spokane NATIVE Project	Technical
Jenna Bowman	Tulalip Tribes	Technical
Jim Steinruck	Tulalip Tribes	Technical
Marilyn Scott	Upper Skagit Tribe	Technical/Policy
Torney Smith	WSALPHO/Spokane Regional Health District	Technical
Steve Kutz	Cowlitz Tribe/AIHC Chair	Technical/Policy
Susan Turner	WSALPHO/Kitsap County Public Health District	Technical
Victoria Warren-Mears	Northwest Portland Area Indian Health Board (NPAIHB) – Epi Center	Technical/Policy
Steve Kutz	Cowlitz Tribe/AIHC Chair	Technical/Policy
Vicki Lowe	AIHC	Technical/Policy
Project Management Team:		
Tamara Fulwyler, Director of Tribal Relations, WA Department of Health Marie Flake, FPHS Manager, WA Department of Health Jan Olmstead, Public Health Policy and Project Advisor, American Indian Health Commission		

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

2018 Tribal FPHS Workgroup Report

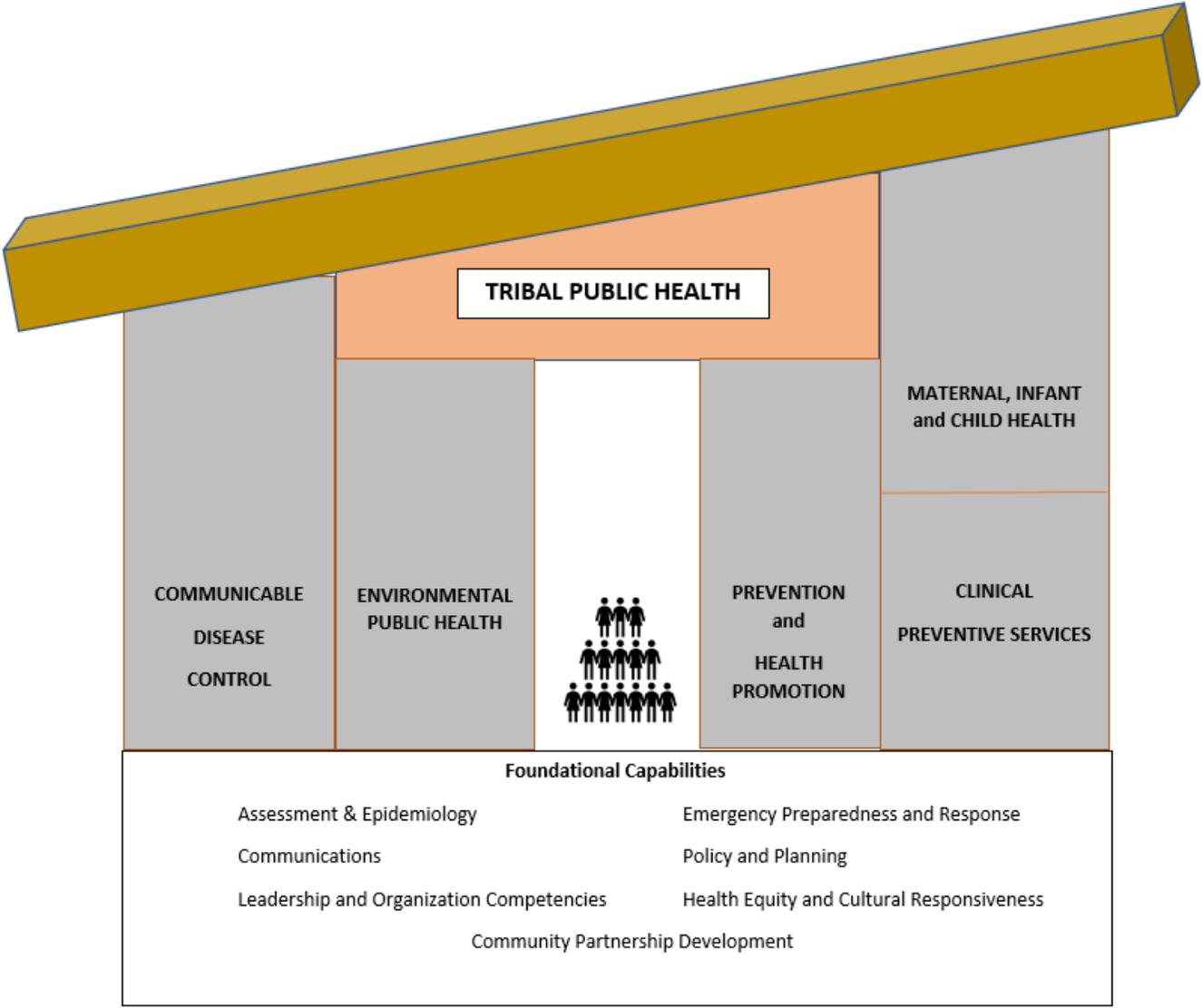
Next steps identified in the report:

- 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.

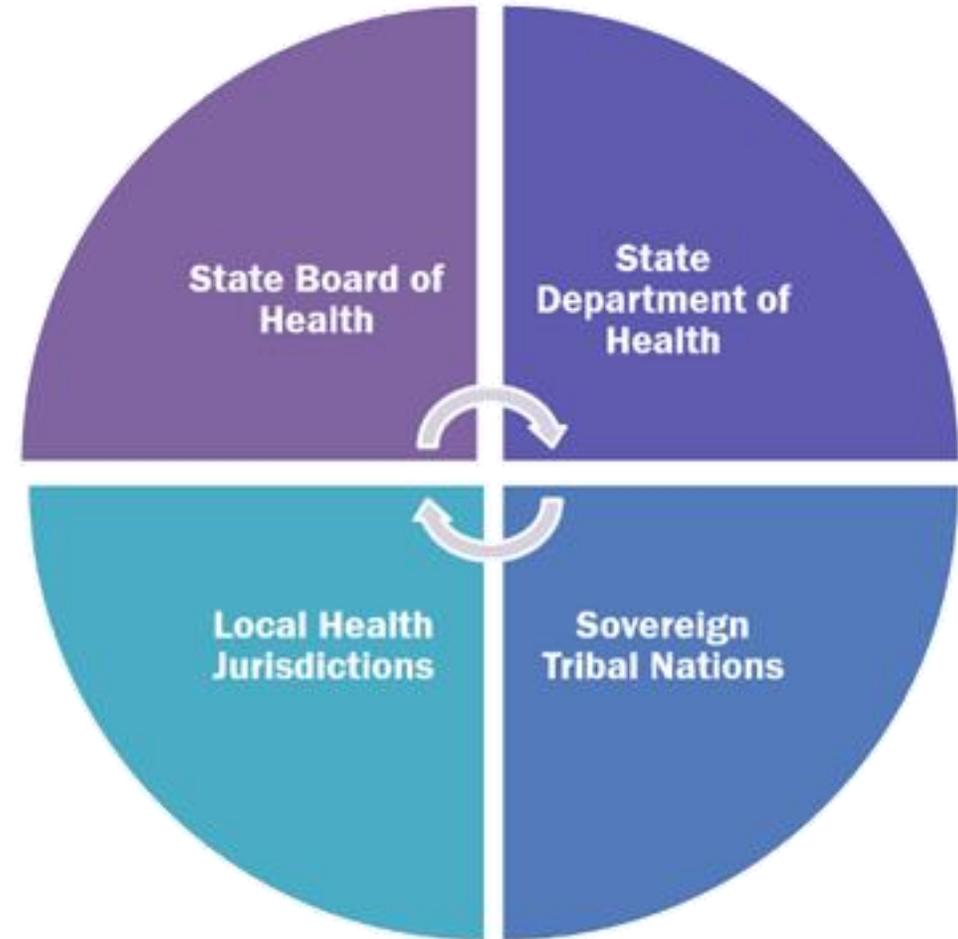




2019 FPHS Policy bill establishing Washington State Public Health System:

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.





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

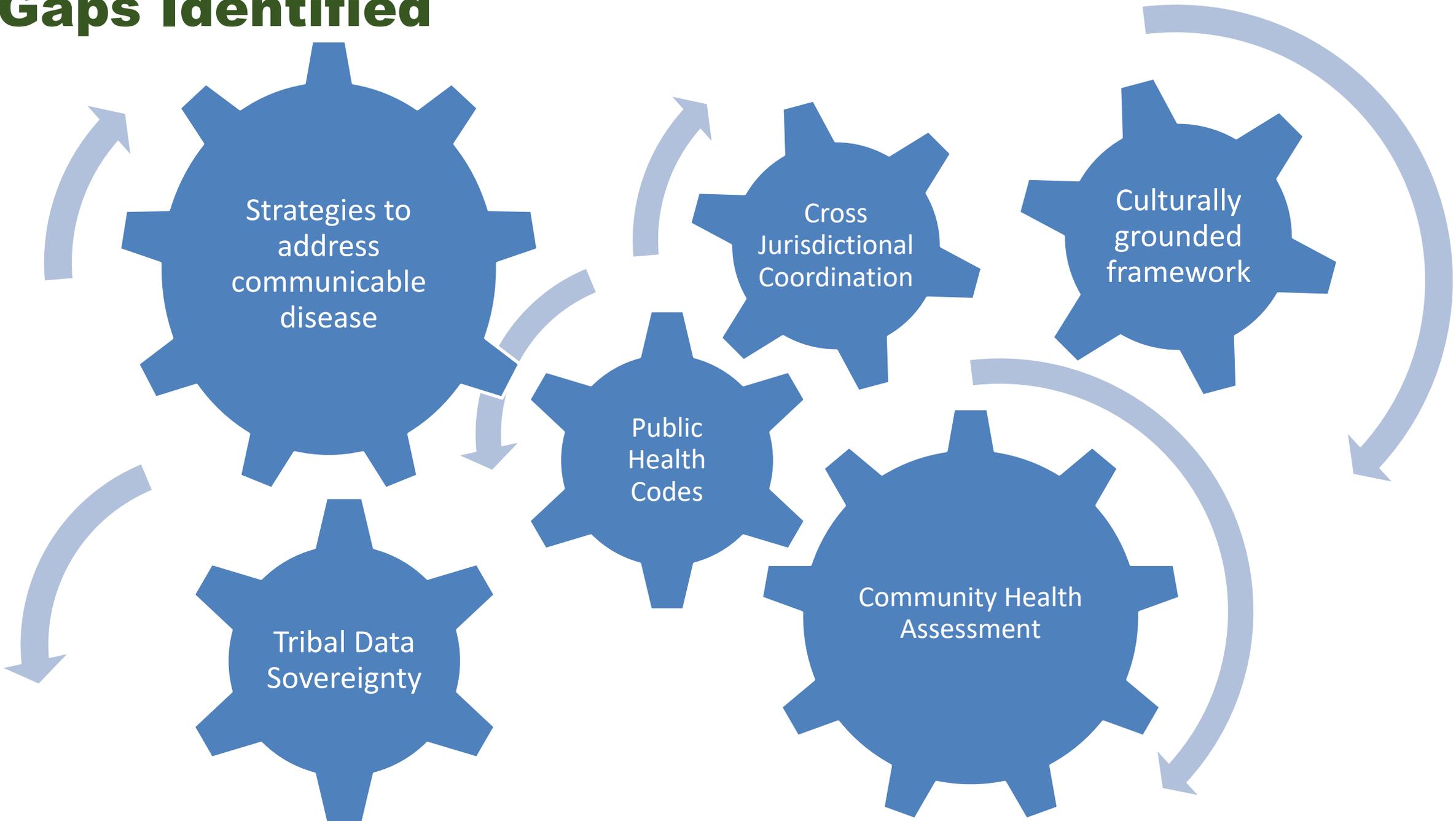
- It is difficult to focus on public health when access to health services is underfunded
- Many public health duties are spread across several staff members within Tribal Health programs
- Infrastructure building is needed- Tribal Public Health codes, ability to gather and utilize Tribal population 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

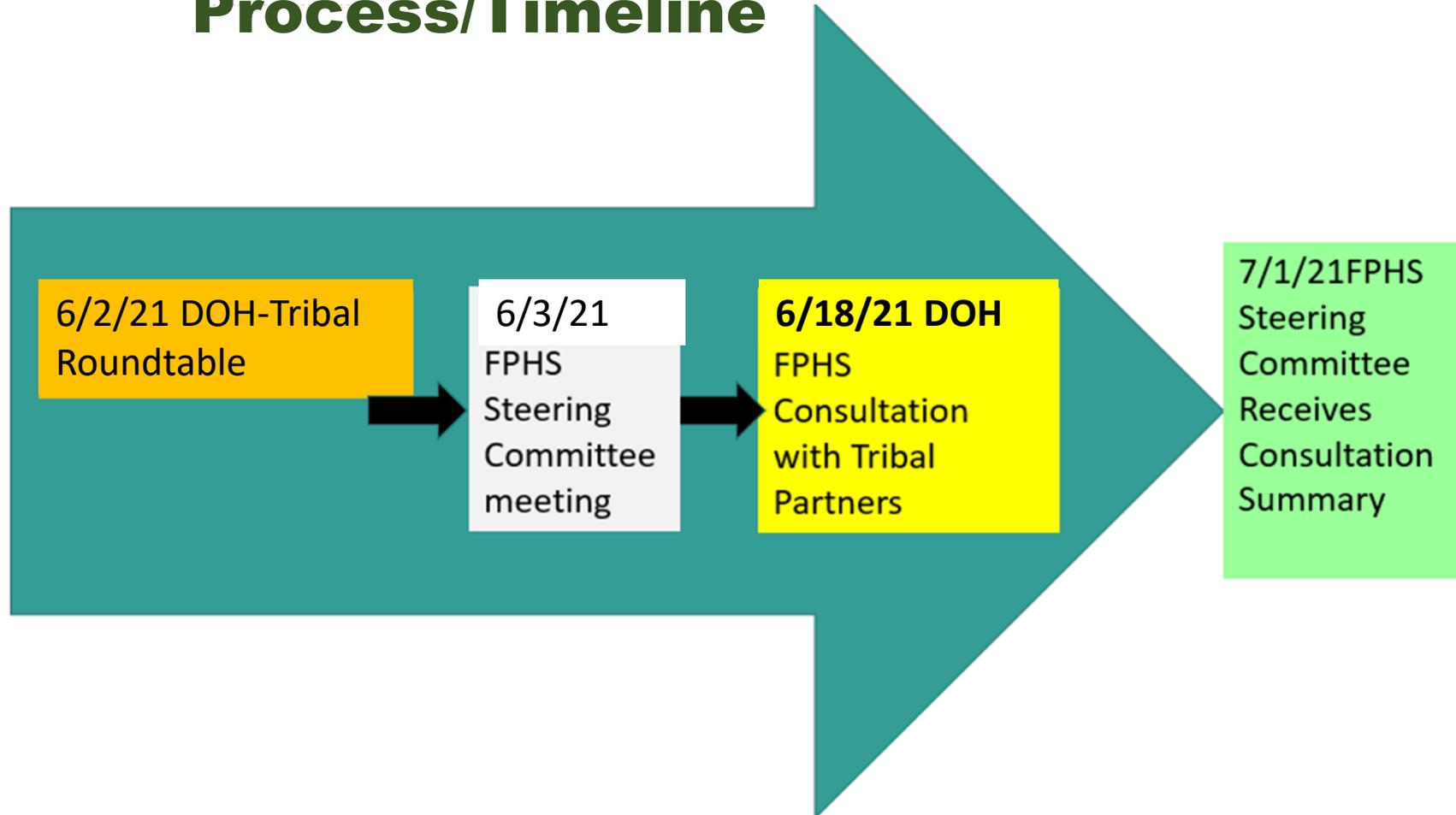
*From “domestic dependent nations”
to self-governance*



Gaps Identified



2021 FPHS Tribal Consultation Process/Timeline





Foundational Public Health Services

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**



Supporting work

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*