A Guide to Building Tribal Public Health Capacity

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CDC Foundation
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Section I. Introduction

The CDC Foundation's *Guide to Building Tribal Public Health Capacity* provides a pathway for tribal nations to improve the health status of their members and reduce health disparities. This includes detailing a process to expand tribal public health capacity with consideration given to tribal size, the source of health service delivery-system funding, and the status of public health effort. The guide is designed to serve as a resource for tribes as they determine how best to implement fundamental public health services in complex settings, appropriately adapted to meet the specific needs of their populations.

The CDC Foundation contracted with Kauffman & Associates, Inc. (KAI), an American Indian-owned management consulting firm, to develop this guide. Part of the development process included an environmental scan to identify already existing assessments, planning tools, literature, and trainings related to building tribal public health capacity. The environmental scan also provided resources from national and regional organizations, and collaborations between tribes and universities, gathering an inventory of available resources from recognized public health entities, such as the Public Health Accreditation Board (PHAB), the National Indian Health Board (NIHB), the Public Health Foundation, and the Institute for Healthcare Improvement (IHI). An inventory of tribal-specific resources was created, including public health trainings, in a separate document (Appendix 1: *A Guide to Building Tribal Public Health Capacity: Literature and Training Resources*).

An advisory group of tribal public health experts suggested what should be included in the resources and confirmed the information would most likely be useful for tribes across the United States. The tribal public health advisory group included nine individual doctors, nurses, public health specialists, and public health administrators representing nine of the twelve Indian Health Service (IHS) areas (Appendix 2). A majority of the advisory group are members of federally recognized tribes, and all have extensive experience working with tribal communities. Representation includes a tribal epidemiology center; tribes with small, medium, and large populations; and tribes whose public health services are provided by IHS or by the tribes themselves. The advisory group members also represented a range of tribes from those with public health departments accredited by the Public Health Accreditation Board (PHAB) to those whose tribal public health department(s) are in the early stages of organization. Advisory group member involvement included discussions to gain their input, perspective, direction, lessons learned, and recommendations to inform the development of the guide. The full list of advisory group members can be found on page 2.

The Institute of Medicine defines public health as, "What a society does collectively to assure the conditions for people to be healthy."[1] The tribal value of collective responsibility to protect the entire community aligns with this definition. As sovereign nations, tribal governments have the flexibility and authority to create tribal health systems to meet their needs – tribal public health departments are vital to this opportunity.

This guide recognizes the unique sovereignty status of tribes and the government-to-government relationship between tribes and the US government. The guidance provided explores tribal council governance and leadership around public health in addition to the cross jurisdictional issues that tribes must navigate. While this guide is primarily geared towards federally recognized tribes, Urban Indian Organizations (UIOs) are acknowledged as an essential partner in tribal public health. These non-profit organizations serve AI/AN (American Indian/Alaska Native) people who reside in urban areas, providing public health and health care services as part of the I/T/U system of care (Indian Health Service/Tribal/ and Urban).

This guide's focus is on assisting tribes in building their public health capacity with an emphasis on upstream prevention rather than downstream treatment of disease. Strengthening public health has been proven to reduce the cost of treating disease and provides resources for prevention. A common set of best practices, areas of need, and help identifying appropriate training are provided as resources throughout the guide.

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[1] U.S. Department of Health and Human Services. (2010). To Live to See the Great Day That Dawns, Substance Abuse and Mental Health Services Administration.

Section II. Tribal Public Health at Present

Public health continues to be a critical component to improving the health and wellbeing of AI/AN populations. As sovereign nations, tribes have inherent public health authority, but varying degrees of capacity to implement public health services. While the three public health core functions and 10 essential public health services (EPHS) (Appendix 3: Public Health Overview) are important for tribal public health, their application should be adapted to fit tribal views, beliefs, and values. Similarly, there is no standard definition of 'tribal public health' and instead this phrase has generally been referred to "as a holistic approach to improve the health and well-being of the entire community."[2] Within the core public health assessment function, a seven-generation model may be helpful, as it considers the impact on the previous three generations, the present generation, and three future generations. Incorporating this model is critical to tribal public health as it recognizes the governmental structure and honors the unique cultures of tribes today. Beyond the seven-generation model, it's important to consider the U.S. government's relationship with tribes and how medical and public health was delivered for many years. AI/AN health disparities can be directly attributed to the U.S. government's policies of colonialism, assimilation, and termination of Indian tribes (Appendix 4: History's Impact on Tribal Public Health). The current Indian health delivery system is based on self-determination and tribes' ability to exercise their sovereignty.

A. Key Observations

Tribes are at various stages in the development of their tribally managed public health systems. The environmental scan and discussions with advisory group members illuminated key issues for tribes across the spectrum of their own development, from tribes with public health accreditation, to those in the beginning stages of creating public health programs and services. While there is acknowledgement of the importance of the 10 EPHS, there was overwhelming consensus that the services would look different as each tribe adapted to meet their culture, level of funding, size, and relationship with essential partners. Throughout discussions with the advisory group members, there was consideration given to whether the health care system was operated by IHS or contracted or compacted by the tribe through the *Indian Self-determination and Education Assistance Act (ISDEAA)*, commonly referred to as P.L. 93-638. This is an important consideration given the historical influence of the Indian Health Service (IHS) on tribal public health.

As tribes take action to fit their vision for public health delivery, it can be beneficial to examine the experiences of other tribes in order to create something that aligns with

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[2] National Indian Health Board. (2018). Public Health and Indian Country Information: Public Health 101 – Foundations of Public Health and Indian Country (webinar).

local needs and circumstances. The following observations about tribal public health derive from the information gathered and discussions with the advisory group:

- **Tribal public health is unique for each tribe** and delivery for each tribal community depends on the funding available, services offered, and each tribe's "inherently unique worldview" to be respected and incorporated.

- **Tribal public health is often integrated** within medical clinics, and behavioral health programs across tribal health departments. This is how the system is operated by IHS, and most tribes have adopted this model as they have assumed administration of the public health portions of their health care delivery system. Unlike state, county, and city public health departments, tribes have the advantage of managing the medical, behavioral health, and public health services under a single authority. This removes many barriers often associated with coordinating services. One advisory group member stated, "Tribes weave public health into the core health care service across the continuum of care."

- **Tribal public health exists in many forms,** and it is not always referred to as public health. The services being provided are the 10 essential public health services, but they may be delivered according to the tribal community's needs and priorities, adapted, and strengthened by the inclusion of tribal culture, language, and values.

- **Community health representatives (CHR),** also known as community health workers and community health aide/practitioners, are the cornerstone of tribal public health as their role is to learn about and work with community members directly. Through the CHR, community members come to know their health care providers and trust them.

- **Sustainable funding is essential**. Since most tribal public health is provided through short-term grants, the overall public health system suffers from a lack of community confidence. One advisory group member said, "There needs to be long-term funding, not spouts of funding from short-term grants that go away. In fact, these grants may be worse than if no funding was received and the effort never happened, because when the grants services conclude it is as if the services never happened and the community becomes disheartened." Options to generate revenue through third-party billing need to be generated and fully maximized to create sustainable programs and services. Some tribes are filling the public health authority role for non-tribal citizens in the surrounding communities, so state and federal government investment into the system might be considered. Furthermore, tribal leaders need to prioritize and directly allocate public health funding into their tribal budget.

- **Public health accreditation** needs to be closely examined. While there are benefits to this designation due to often-attached funding, the cost, time, and shift in services required to meet public health standards may outweigh the benefits. Advisory group members repeatedly shared that the public health standards for accreditation are too rigid and do not allow the adaptability tribes need to meet their community's needs. Tribes, regardless of the end goal of public health accreditation, may find some of the individual tools associated with public health accreditation to expand and strengthen their public health efforts.

- Like public health, **tribes need to join with essential partners** including governmental jurisdictions. It is more complicated for tribes because some required partners are not aware of tribal authority or ways tribes may exercise their sovereignty.

- **COVID-19** brought tribal public health to the forefront, as tribes proactively addressed the devastating impact on tribal communities. One advisory group member said tribal public health services were "turbo charged" during the COVID-19 pandemic. With essential partners, there were opportunities to turn ideas identified over the years into real services. Partnerships with states, counties, and city public health entities were forged or strengthened. Tribes recognized the need for codes, policies, training, and the importance of preparedness plans before a crisis.

- **Data is needed to advance tribal public health**. Tribes have the inherent right to protect, control, and determine the use of tribal data as public health authorities. Indigenous data sovereignty must be acknowledged and honored. Data agreements are needed to gain information from other jurisdictions that collect data on tribal members. Tribal epidemiology centers (TECs), also public health authorities, are helpful to gain data and to work with tribes to find the best uses of data. As one of the essential 10 public health services, decisions based on data have the greatest potential to address community needs.

- **Trained Indigenous staff with "lived experience" is needed**. One advisory group member noted this as one of the reasons tribal public health is effective: "We live in the community, we go home in the community, we know the history." It is vital to find ways to recruit and retain tribal members to fill tribal public health positions. The importance of integration of culture and finding culturally appropriate public health messages is key. For example, one advisory group member shared that during COVID-19, together with CHRs, they recruited a tribal elder who spoke the Native language to record a video a message about the COVID-19 safety protocols and importance of vaccination.

B. Unique Components of Tribal Public Health

Tribal public health is unique for each tribe, as each is unique in their geography, history, language, culture, and other elements. While each tribe has its own distinctions, American Indian characteristics or worldviews have been identified and are distinct from those of other populations. Figure 1 presents these differences. While it is important not to embrace stereotypical depictions of a race or group, reflections of common understandings can assist in addressing public health issues.

Figure 1. Difference between American Indians and Mainstream Society Worldviews

American Indian	Mainstream Population
Cooperation	Competition
Group emphasis	Individual emphasis
Passive	Assertive
Informal courtesy	Formal politeness
Spirituality (way of life)	Religion (segment of life)
Non-verbal	Verbal
Extended family	Nuclear family
Holistic problem-solving	Analytical problem-solving

Three notable components of tribal public health include resilience, holistic health and wellbeing, and the influence of the Indian health care delivery system.

Resilience

Numerous academic studies support the tendency of AI/AN communities to be resilient, despite the impact of historical trauma, federal policies of termination and acculturation, and racism and discrimination experienced across the generations. Resilient individuals adapt or respond positively to stress and adversity. Communities can also be resilient.

Tribal public health is positioned to take advantage of this culture of resilience in their programs, which ultimately impact the overall health of individuals, families, tribal communities, and tribes. This is because "AI/AN individuals and communities continue to resist, to be resilient, and to thrive."[3] Resilience is a collective process whereby adaptation strategies are derived from social networks, relationships and cultural beliefs and practices. These attributes are at the core of AI/AN worldviews, beliefs, values, and practices.

> *"The ability to move forward like a willow with renewed energy, with a positive outlook with attainable goals to achieve one's dreams and overcome negative life experiences from current and past political and historical events, with the goal to reduce health disparities among American Indians (Sanderson, 2012)."*

Center for American Indian Resilience (CAIR) Description of Resilience

Holistic Health and Wellbeing

In many Indigenous cultures, the medicine wheel reflects traditional doctrines used as a guide to healing and health. There are many variations and explanations of the medicine wheel, but most represent a comprehensive guide for individuals and communities. The circle is continuous; there is no beginning, no end, and reflects ongoing ways across generations. Each of the four segments represents various teachings and when combined, the circle is complete in that area. For example, each section may represent one of the four seasons (spring, summer, fall, winter) and together represents a year. The four segments may represent stages of life (infant, youth, adults, elders), directions (east, south, west, north), four cardinal elements (air, water, fire, land), a continuum of health care services (prevention, intervention, treatment, on-healing) or many others. Figure 2 uses the medicine wheel and its application to Indigenous life views.

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[3] Oré et al. (2016). American Indian and Alaska Native Resilience Along the Life Course and Across Generations: A Literature Review. American Indian and Alaska Native Mental Health Research.

Figure 2. Medicine Wheel in Indigenous Resilient Ways
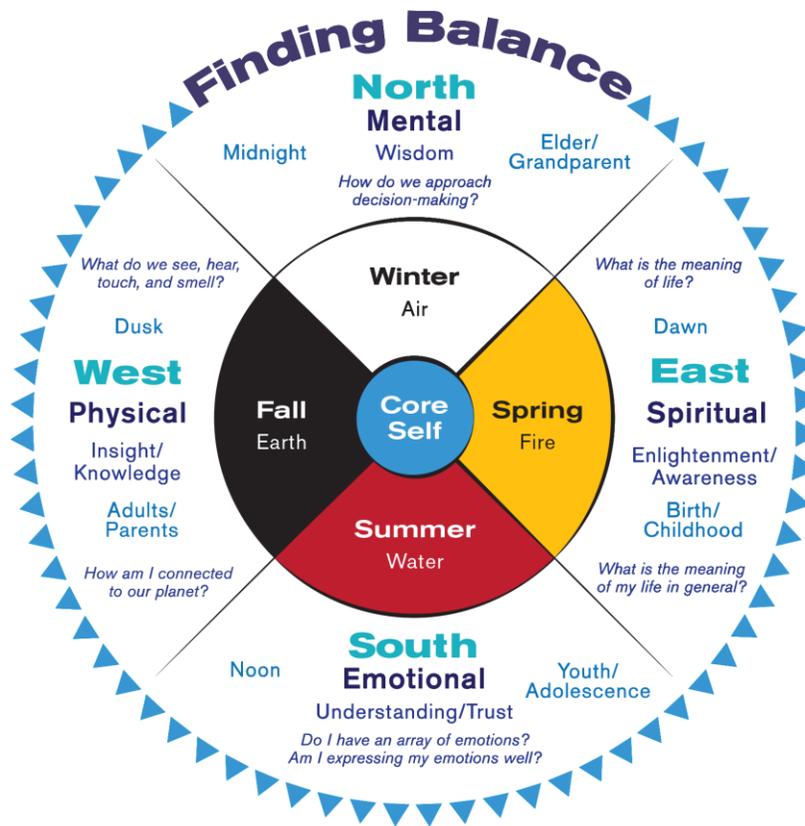
The medicine wheel thus provides a guide to systematically assess tribal communities with a culturally appropriate approach. Indigenous ways of wellness are grounded in balance with the interconnected four components. When one component changes, the other components are impacted. Within tribal public health, poor health is viewed as an imbalance within the circle, and wellness occurs when balance between the four components is obtained.[4]

The Influence of the Indian Health Care System

The established governmental Indian health care system has had a significant influence on the development of tribal public health. Originating with federal trust obligations for Indian health, as were promised in treaties, executive orders, and other agreements, the Indian Health Service (IHS) retained the primary federal responsibility to provide health for AI/ANs, including public health services. While state and local health

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[4] Mitchell. (2012). Reframing Diabetes in American Indian Communities: A Social Determinants of Health Prospective. Health & Social Work.

departments began to take their current shape in the 1930s, there was no tribal equivalent established and IHS, founded in 1955, largely assumed this role.

Since tribes have been granted legal authority via the *Indian Self-determination and Education Assistance Act (ISDEAA)*, or Public Law 93-638, tribes can choose how health care services are operated: 1) directly from IHS; 2) contract with IHS to plan, conduct, and administer one or more individual programs that IHS would otherwise provide (Title I of ISDEAA); and 3) compact on a government-to-government basis with IHS to assume full funding and control over the programs that IHS would otherwise provide (Title V of ISDEAA) (Figure 3). Tribes have flexibility to choose any combination of the three methods that best meets their needs. Public health services provided by IHS can also be assumed by tribes through a P.L. 93-638 contract or compact.

Figure 3. Indian Health Care Delivery Systems

Tribes can choose to receive health care services in three distinct ways:

1 Directly from IHS

2 Contract with IHS to administer health care programs the IHS would otherwise provide

3 Compact on a government-to-government basis with IHS to assume control of health care program

Since tribal public health has roots in the IHS, it can be difficult to differentiate between the medical and public health models within Indian Country. These roots can help to promote coordination between medical care providers and public health providers, with a single administration and shared support services. However, this also means many tribal health care staff assume multiple roles, which may include the responsibility to provide public health services, without formal training or a designed, sustainable public health program.

Another byproduct of the shared delivery system is funding. Since tribes do not have the same access to public health funding as their local and state health department counterparts (i.e. they receive no specific federal dollars for public health; state funding is rarely passed down), tribal public health capacity building has been hampered and continually tied to the provision of medical care services or short-term funding during public health emergencies. The latter has been evident during the COVID-19 pandemic wherein tribes have had access to short-term grants with specific scopes of work and deliverables. As a result, tribes must make decisions about resources with respect to balancing both the provision of medical care and the provision of essential public health preventive services.

Figure 4. Essential Public Health Partners

C: Essential Partners in Tribal Public Health

As with traditional public health, it is critical to understand the many partners working to develop and fulfill each of the core public health functions (Figure 4). Tribes operate at the center of tribal public health and have the authority to enact their own laws, regulations, codes, and rules. Federal laws, regulations, and rules, in most instances, also must be followed. In addition, tribes may be required to adhere to state, county, and city laws, codes, or ordinances in certain circumstances, most specifically if they accept funding from these governmental entities.

Tribal public health services frequently overlap geographical and governmental jurisdictions, so coordination and engagement are imperative. In addition to governments and government agencies, other partners may include both tribal and non-tribal nongovernmental organizations, foundations, community organizations and associations, and professional membership organizations. Tribal consortia are partnerships between two or more tribes to achieve a common objective, and Tribal epidemiology centers (TECs) and Area Indian Health Boards are essential allies at the regional level. While collaboration is critical, the extent of partnership and engagement will vary in each tribal community.

D. Health Disparities in Indian Country

Changing federal policies has had devastating consequences on the health status of AI/ANs. In July 2003, the U.S. Commission on Civil Rights published *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*, revealing some of the worst health disparities in the nation. Since then, a 2021 CDC report demonstrated no improvement in AI/AN health disparities, with the life expectancy at birth of only 65.2 years, equivalent to the total U.S. population life expectancy in 1944. This was a dramatic decline of 6.6 years from 2019 to 2021.[5]

AI/AN health disparities are influenced by history and racial inequality, historical trauma, and discrimination. Chronic poverty, limited access to quality health care, inadequate housing, and limited access to quality education continue to contribute to these disparities.[6] Acknowledging the AI/AN experience and the factors that have contributed to their current health status underscores the need for dynamic and comprehensive public health action.

> Don Warne, MD, MPH is considered a foremost expert on tribal public health. Enrolled Oglala Lakota from the Pine Ridge reservation in Kyle, South Dakota, Dr. Warne grew up exposed to different non-Western healing arts and sciences, including traditional healers and medicine men. That exposure inspired him to pursue a career in medicine believing he could have the biggest impact on AI/AN health as a doctor. In a 2017 interview, he stated that he quickly realized health disparities faced by AI/ANs are preventable and occur long before someone arrives in a doctor's office. And his greatest impact, he decided, would be to focus on public health and preventive medicine.
>
> *"I was tired of treating preventable issues and felt like I didn't have the tools in the clinic to focus on prevention. That's why I decided to focus more on public health."*
>
> - Dr. Don Warne, September 6, 2017,
> The Rural Monitor

COVID-19 Impact on Tribal Public Health

AI/ANs have been disproportionately affected by the COVID-19 pandemic.[7] A recent analysis reported that of the 1.3 percent of the known COVID-19 cases where race was identified, AI/ANs and AI/ANs were over four times more likely to be hospitalized

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[5] CDC National Center for Health Statistics. (2022). Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021.

[6] Belcourt. (2018). The hidden health inequalities that Indigenous peoples face. High Country News.

[7] Hatch et al. (2020). COVID-19 Among American Indian and Alaska Native Persons – 23 State, January 31-July 3, 2020. MMWR.

because of COVID-19 and had higher mortality at younger ages than non-Hispanic whites.[8]

Tribes and Urban Indian Organizations have had many achievements in addition to challenges during the pandemic response. Tribes quickly increased their capabilities to address community needs, and various tribal governments' commitment, resilience, culture, knowledge, and community strength allowed them to swiftly and effectively take measures to protect tribal citizens and non-tribal citizens alike. In keeping with their history of resilient governance, tribal governments firmly exercised sovereignty and implemented response strategies based on cultural intelligence and principles of shared responsibility for the safety of all community members. With knowledge of their communities' specific circumstances, many tribes stood up to external pressures to open their lands to non-residents, loosen stay-at-home orders, and reopen services. Tribes also demonstrated the ability to conduct contact tracing of individuals who tested positive for COVID-19. Through these self-determined contact tracing efforts, tribes delivered a more familiar and culturally competent message about quarantine and isolation. Tribes were also able to immediately identify the resources and wraparound services community members needed to comply with distancing guidelines. Tribal governments' leadership and improvised response enabled public health staff to collaborate and adapt to the changing needs of their communities during the crisis. Tribal and UIO staff demonstrated commitment and flexibility in managing multiple functions often outside their normal scope of work.

Despite the heroic efforts of tribes and UIOs during the pandemic, there is a need to establish comprehensive and culturally appropriate public health services accessible to all tribal communities. This requires a significant investment of time and resources. A coordinated effort within public health focused on tribal health and across health care delivery systems will reduce the impacts of longstanding disparities and improve health outcomes. The disproportionate effect that COVID-19 had on AI/AN people and the implications for public health demonstrates the need for ongoing investment in adequate health care and public health infrastructure.

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[8] Indian Health Service. (2022). Coronavirus (COVID-19)

# Section III. Public Health Capacity Building Pathways

This section focuses on specific steps tribes can take to advance their public health capacity, with each tribe identifying their own path, depending upon the stage of their public health journey. For some tribes the end goal may be a stand-alone tribal public health department, for others it may involve public health accreditation. Additionally, tribes can decide how to integrate public health services within the wider health system, either delivered alongside clinical services, as a separate entity, or a combination of the two. Regardless of where a tribe is on their journey, this guide provides opportunities for strengthening public health capacity.

In terms of public health accreditation as a goal, or meeting the standards and measures set forth by the Public Health Accreditation Board[9], some tribes may not want to pursue this path after considering the costs and benefits. Parts of the accreditation process, however, may be beneficial for tribes. These are reflected in the suggested framework Figure 5, "Building Tribal Public Health Programs."

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[9] PHAB. (2022). Standards & Measures for Initial Accreditation.

Figure 5. Building Tribal Public Health Programs

Building Tribal Public Health Programs
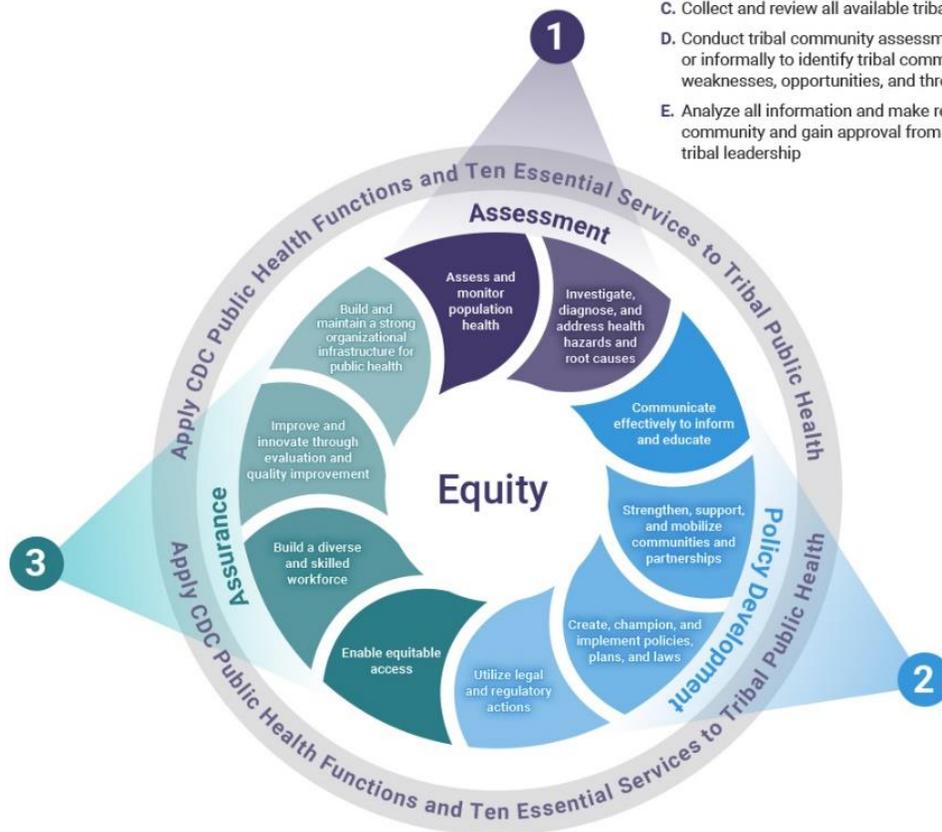
1. Assessment: Get Started in your Tribal Community

A. Engage tribal leadership

B. Identify key tribal stakeholders

C. Collect and review all available tribal data

D. Conduct tribal community assessments either formally or informally to identify tribal community strengths, weaknesses, opportunities, and threats (SWOT exercise)

E. Analyze all information and make recommendations to community and gain approval from appropriate tribal leadership

Apply CDC Public Health Functions and Ten Essential Services to Tribal Public Health

Assessment

- Assess and monitor population health
- Investigate, diagnose, and address health hazards and root causes
- Build and maintain a strong organizational infrastructure for public health
- Communicate effectively to inform and educate

Equity

Assurance

- Improve and innovate through evaluation and quality improvement
- Build a diverse and skilled workforce
- Enable equitable access

Policy Development

- Strengthen, support, and mobilize communities and partnerships
- Create, champion, and implement policies, plans, and laws
- Utilize legal and regulatory actions

3. Assurance: Maintain the Effort

A. Monitor and evaluate your tribal public health effort

B. Adjust based on feedback

C. Seek sustainable funding sources including billable services

D. Consider public health accreditation and possible next steps

E. Report to funders, tribal leadership, and tribal community

2. Policy Development: Build your System

A. Create a vision for your tribal public health

B. Identify tribal issues such as size of tribe, available funding, local and IHS area resources such as tribal epidemiology centers, tribal colleges, and area health boards

C. Create objectives based on issues, prioritize, and create action plan

D. Implement in your tribal community

These essential public health services (assessment, policy development and assurance) also form the foundation for public health accreditation standards and measures.

- Starting in the first phase, tribes can **assess** their current public health status to identify areas of strengths, areas of improvements, roadblocks, and resources

which provide much needed insight on health status as well as social and environmental status.

- The second phase is developing a tribal health improvement plan as part of **policy development**, which provides an opportunity to engage with the tribal community as well as tribal and non-tribal people and organizations. This stage can also promote buy-in and encourage engagement.

The third phase is grounded in **assurance** and includes developing a strategic plan with goals and objectives for how the proposed tribal public health department will address the issues, concerns and needs identified in both the community health assessment and the health improvement plan. The starting point for each tribe will vary according to the tribe's size, method in which they receive their health care, availability of funds, staff capacity, and incorporation of tribal culture, values, and beliefs. There is not one right path, but many pathways which acknowledge the tribe's inherent rights and sovereignty.

A. Building Tribal Public Health Capacity Checklist

The Tribal Public Health Organizational Capacity Building Checklist reflects the pathways for tribes depicted in Figure 5, by guiding the development of organizational processes and structures that embed public health into the mandate of the organization and create a culture that supports staff in their public health practice.

Leaders of tribal public health organizations can use the checklist to undertake a capacity-building process consisting of:

1. Facilitating discussion with staff about organizational factors that support effective public health practice

2. Assessing factors that currently exist and where there are gaps in capacity

3. Developing a plan to strengthen organizational capacity to better support public health program and service delivery

1. Assessment: Get Started in Your Tribal Community

☐ A. Engage tribal leadership

- Determine the organization's public health mandate. Organizations should seek to understand the tribal public health system in which they operate. Through a review of tribal laws, regulations, codes and rules, organizations can determine their organizational responsibility as it relates to carrying out public health functions.

- Tribal public health begins with support from a tribe's governing body, such as a tribal council or health board. Once the tribal leadership is onboard, creation of codes and a plan of operation can be adapted, which provides the foundation for written agreements with essential partners within the tribal government structure; and with federal, state, county, and city governments within or near tribal land.

- Engage a dedicated full-time employee (FTE) that champions tribal public health and has authority to make decisions and garner resources. This will help you be successful in developing public health capacity.

☐ B. Identify key tribal stakeholders and partners

- Partnerships with local health jurisdictions and the state are essential, despite their challenges. Tribes with reservations that cross multiple counties are challenged by additional complexities and effort.

Opportunities and resources for strengthening cross-jurisdictional partnerships should be made available. Tribes must be included in state and county meetings where decisions are made, which upholds the intent of the government-to-government relationship and tribal sovereignty.

- Focus on existing strengths within the community related to tribal public health and how those strengths can improve programs and partnerships.

TIP	*Identify partners that help tribes meet the three core public health functions and essential services. Establish Memoranda of Understanding/Agreements for these services.*

☐ **C. Collect and review all available tribal data**
- Tribes should define their data sovereignty, and work within the boundaries set by that definition and scope. This can be communicated to other partners and entities when collecting and sharing data and will help protect tribal data.

☐ **D. Conduct tribal community assessments either formally or informally to identify tribal community strengths, weaknesses, opportunities, and threats (SWOT exercise)**
- Community needs assessment are essential to understanding the public health needs and gaps within any tribal community. It is important to identify who is leading each public health effort or service to identify gaps in workforce and help prioritize services.

TIP	*Look for local community health assessments and community health improvement plans to use already established data relevant to the programs, so as not to deplete time and resources gathering information and data.*

TIP	*Work with states and TECs to help conduct community health assessments and establish systems of disease surveillance and monitoring.*

☐ **E. Conduct an organizational capacity assessment.**
- Engage staff through surveys, interviews, or other means to examine staff understanding and perceptions of the knowledge, skills, commitment, and resources required for effective public health practice.

- Invest in staff readiness and skills to implement public health activities. Based on the findings of the organizational capacity assessment, organizations should seek to provide training or professional development to staff to address organizational gaps in knowledge or skills.

☐ F. Analyze all information and make recommendations to community and gain approval from appropriate tribal leadership

- In addition to approval from tribal leadership, it will be important to identify the workforce that will be responsible for carrying out public health duties. They must be empowered and supported to do their work. Identify and invest in the workforce that will be your public health leaders.

- Each step of the public health approach requires communication with the tribal community's various audiences. Having clear and consistent public health messaging is crucial. All forms of media—including newspapers, television, and radio—play a key role, along with social media platforms, flyers, billboards, and posters. If tribes cannot provide this directly, then partnering with another organization to help develop tribal-specific communications may be necessary.

Resources:

Inter-Tribal Council of Arizona, Inc. Tribal Epidemiology Center. "Tribal Community Health Assessment for Public Health Accreditation: A Practical Guide and Toolkit." Pilot Version. June 2013.

National Indian Health Board. Tribal Community Health Assessments.

2. Policy Development: Build Your System

☐ A. Create a vision for your tribal public health

- Clearly define the organization's vision and mission to practice public health. A clearly defined vision and mission explains the organization's purpose, gains internal support, and describes how public health connects with current efforts.

- Based on your community needs assessment, each tribe will be able to prioritize the public health capacity, based on their strengths, opportunities, weaknesses, and threats and start building public health services to meet identified gaps and achieve program goals.

- Cultivate public health champions at all levels of the organization. Public health champions are individuals within the organization who are dedicated to improving the organization's public health practice and energize and motivate staff to integrate new changes needed to accomplish this goal.

TIP | *Tribes are public health authorities. It is important to obtain legal assistance to write public health codes, with agreement by tribal governing bodies.*

☐ B. Identify tribal issues such as size of tribe, available funding, local and IHS area resources such as tribal epidemiology centers, tribal colleges, and area health boards

- Collect demographic data to inform the number of eligible tribal members (and non-tribal members if applicable) for public health services.

- Identify resources available to support public health funding. Create a budget specific to public health programs and services.

- Determine if your tribe is interested in expanding your work or collaborating on issues outside your current work. Consider the partnerships, funding and other resources that may be available to achieve this and include it in your public health improvement plan.

- Build additional capacity by engaging in and or initiating multisector community partnerships. Partnerships with other organizations, community agencies, or resident groups can extend and enhance public health's reach and impact by amplifying human and financial resources to priority populations who experience the greatest health inequities.

☐ C. Create objectives based on issues, prioritize, and create an action plan
- Plan and set strategic priorities for addressing the determinants of health and priority community health needs. The organization should undertake strategic organizational and program planning processes to collectively assess, evaluate, and prioritize strategies based on a set of shared criteria.

TIP	*Develop SMART goals and objectives—those that are Specific, Measurable, Achievable, Relevant and Time-bound in your action plan. All measures should be developed before implementing your plan.*

Specific - Who and What is your goal about?

Measureable - How will you know when you reach your goal?

Achievable - How will you reach your goal?

Relevant - Why is this goal important?

Time-bound - When will you reach your goal?

- Assign roles to those individuals and groups responsible for carrying out your public health program. Be sure they are described in your

improvement or strategic plan. Include those individuals and work groups responsible for establishing new entities and partnerships.

☐ D. Implement your plan

- Use your improvement or strategic plan to guide your programs, communications, partnerships, and regulatory actions.

- Be sure to review and update your improvement or strategic plan on a regular interval to monitor progress on achieving your objectives.

Resources:

Develop SMART Objectives: CDC Public Health Professionals Gateway
https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/evaluate/develop-smart-objectives.html

Inter-Tribal Council of Arizona, Inc. Tribal Epidemiology Center. "Tribal Community Health Assessment for Public Health Accreditation: A Practical Guide and Toolkit." Pilot Version. June 2013.

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National Indian Health Board. Tribal Community Health Assessments.

Public Health Law Center. "Drafting Tribal Public Health Laws & Policies to Reduce and Prevent Chronic Disease". https://www.publichealthlawcenter.org/sites/default/files/resources/Drafting-Tribal-Public-Health-Laws-2020.pdf

Redstar International. "Developing a Tribal Public Health Department Strategic Plan: A How-To Guide". https://redstarintl.org/uncategorized/tribal-strategic-planning-guide/

3. Assurance: Maintain the Effort

☐ A. Monitor and evaluate your tribal public health efforts

- Assurance is about implementing your plan and maintaining a sustainable effort.

- Identify essential public health staffing positions on a regular basis and additional resources that may be available.

- Make sure staff have the proper training to help retain them, as well as retention investments to establish job security for the tribal public health workforce to reduce turnover rates.

☐ B. Adjust based on feedback

- Assurance involves continuous improvement and innovation through evaluation and quality improvement. Adjust goals, objectives and measures as needed based on regular evaluation and improvement efforts.

- Develop and routinely use monitoring tools that measure improvements made to organizational capacity over time to make sure capacity is increasing, and the public health function is growing.

☐ C. Seek sustainable funding sources

- Tribes must have sustainable and adequate funding to develop and maintain public health services and to recruit and retain public health staff. Tribes need to advocate for improving public health infrastructure and capacity, to sustain gains made during the COVID-19 pandemic and prepare for future public health emergencies.

- Use external mandates and accountability requirements and expectations alongside progress reports to advocate for explicit, dedicated funding for public health program delivery.

TIP *Work with your state to establish a tribal funding set-aside for public health services. A set-aside would allow tribes to fund these important services and positions and invest in building more capacity and infrastructure. Many tribes provide public health services to non-tribal members, making tribes an essential partner in any public health system.*

TIP *Another approach is maximizing third-party revenues from direct services, such as medical, dental, and behavioral health to help support public health.*

☐ D. Consider public health accreditation and possible next steps

- Explore accreditation to determine the goals, benefits, obstacles, and tribal structure required to meet accreditation standards. It may be beneficial to use the accreditation framework to assure provision of public health services even if accreditation is not identified as a goal.

TRIBAL SUCCESS STORY:

The Confederated Tribes of the Umatilla Indian Reservation's (CTUIR) Yellowhawk Tribal Health Center received their 5-year public health accreditation in 2020. Figure 12 is a detailed timeline of the steps they took to become accredited. A full account of their public health accreditation journey, including lessons learned and examples of the recommended action steps to take along the pathway for developing tribal public health, are available in Appendix 5.

Figure 12. Yellowhawk Tribal Health Center timeline toward Public Health Accreditation

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☐ E. Report to funders, tribal leadership, and tribal community

- Provide a report on a regular schedule to your funders, tribal leadership, and your tribal community on the progress of your public health plan.

Resources:

National Indian Health Board. Tribal Public Health Accreditation Center.
https://www.nihb.org/public_health/accreditation.php

Public Health Accreditation Board (PHAB). https://phaboard.org/

Redstar International. https://redstarintl.org/tag/resource/page/2/

Section IV. Conclusion

Tribal public health is an essential part of the Indian health care delivery system. *A Guide to Building Tribal Public Health Capacity* sets forth a way for tribes to improve the health status of their members and reduce existing health disparities using tribal specific programs, functions, services, and activities grounded in their cultural values. This guide is intended as a resource for tribes as they consider the complex public health infrastructure across overlapping jurisdictions, driven by an understanding of fundamental public health services, appropriately adapted to meet the tribes' specific needs. Providing an overview of tribal public health and a functional checklist to support tribes at various stages in building their public health capacity, the guide enables tribal organizations to carry out public health activities more effectively. The checklist reflects the capacity building pathways for tribes by guiding the development of organizational processes and structures that embed public health into the mandate of the organization and create a culture that supports staff in their public health practice. By shifting tribal health efforts from downstream disease treatment to upstream prevention, tribes can strengthen public health activities that will ultimately improve the health status of the tribal communities that they serve.

Glossary of Terms

*Key public health terms as defined by CDC:[10]

Term	Definition
Clinical care*	Prevention, treatment, and management of illness and preservation of mental and physical well-being through services offered by medical and allied health professions; also known as health care
Community health representative (CHR)	Tribal health staff, most often assigned to work in the community and meet health care needs in homes or other community venues such as elder centers or community events
Compact (ISDEAA)	Federally recognized tribes or tribal organizations compact with the IHS to assume full funding and control over programs, services, functions or activities, or portions thereof, that the IHS would otherwise provide for Indians because of their status as Indians.[11]
Contract (ISDEAA)	Federally recognized tribes or tribal organizations contract with the IHS to plan, conduct, and administer one or more individual programs, functions, services or activities, or portions thereof, that the IHS would otherwise provide for Indians because of their status as Indians.[11]
Determinant*	Factor that contributes to the generation of a trait
Epidemic*	The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related event is clearly more than normal expectancy. Both terms are used interchangeably; however, epidemic usually refers to a larger geographic distribution of illness or health-related events
Health outcome*	Result of a medical condition that directly affects the length or quality of a person's life
Indian Health Service (IHS)	An agency within the Department of Health and Human Services, is the principal federal health care advocate for AI/ANs
Intervention*	Action or ministration that produces an effect or is intended to alter the course of a pathologic process
Pandemic*	Denoting a disease affecting or attacking the population of an extensive region, country, or continent

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[10] CDC. Public Health Key Terms
[11] IHS. Differences Between Title I Contracting and Title V Compacting Under the Indian Self-Determination Education Assistance Act (ISDEAA)

Population health*	Approach to health that aims to improve the health of an entire population
Prevention*	Action to avoid, forestall, or circumvent a happening, conclusion, or phenomenon (e.g., disease)
Public health	The science and the art of preventing disease, prolonging life, and promoting health through organized efforts and informed choices of society, organizations, public and private communities, and individuals
Urban Indian Organization (UIO)	Urban organizations, funded in part by IHS, provide health care in urban areas to AI/ANs
Social determinants of health (SDOH)	Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes and are pertinent to public health
Sovereignty	Inherent right to govern oneself
Tribal consortium	A partnership between two or more tribes that work together to achieve a common objective
Tribal public health	Tribal organizations or programs charged with the tribe's public health effort

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https://store.samhsa.gov/sites/default/files/d7/priv/sma10-4480.pdf

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https://www.nihb.org/docs/04082018/TPWK_Public%20Health%20101%20Webinar_04.02.18.pdf

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https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm#:~:text=Life%20expectancy%20at%20birth%20in,its%20lowest%20level%20since%201996

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https://www.ihs.gov/coronavirus/

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https://www.cdc.gov/training/publichealth101/documents/public-health-key-terms.pdf

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https://www.cdc.gov/training/publichealth101/public-health.html

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https://www.samhsa.gov/sites/default/files/nc-public-health-tribal-communities-fact-sheet.pdf

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Appendices

Appendix 1 – A Guide to Building Tribal Public Health Capacity: Literature and Training Resources

Literature

Key Words	Title	Author(s)	URL	Date	Description
Public Health Guidance	Public Health Assessment Guidance Manual (PHAGM)	Agency for Toxic Substances and Disease Registry (ATSDR)	https://www.atsdr.cdc.gov/pha-guidance/index.html	14-Apr-22	E-manual that presents detailed guidance on how to perform ATSDR's PHA process, outlining procedures used to identify potential public health hazards and pinpoint recommended public health actions. Includes a toolbox.
Tribal Public Health	Priorities in Tribal Public Health	Tribal Public and Environmental Health Think Tank, American Public Health Association (APHA)	https://www.apha.org/-/media/Files/PDF/topics/environment/Partners/TPEH/Priorities_Tribal_Health_2018.ashx	2018	Call to action to raise awareness about the unique public and environmental health challenges faced by tribes.
Public Health	Resources for Public Health Quality Improvement	Institute for Healthcare Improvement (IHI)	http://www.ihi.org/resources/Pages/Tools/ResourcesforPublicHealth.aspx	2022	Extensive list of public health resources: National Frameworks and Initiatives Supporting Public Health Quality Improvement Public Health Performance Management and Quality Improvement Resources Public Health Workforce Resources Community Data Resources Additional Resources for Public Health Professionals

Key Words	Title	Author(s)	URL	Date	Description
Tribal Public Health	Tribal Foundational Public Health Services	American Indian Health Commission of Washington State	https://aihc-wa.com/	2022	Resources for tribal foundational public health services work in WA state
Tribal Public Health	Public Health Model in Tribal Communities	SAMSHA Native Connections	https://www.samhsa.gov/sites/default/files/nc-public-health-tribal-communities-fact-sheet.pdf	2017	Describes how the Native Connections Approach is based on the Public Health Model
American Indians and Public Health	AI/AN contributions to Public Health	Centers for Disease Control and Prevention CDC	American Indian & Alaska Native Contributions to Public Health | CDC	Updated	AI/ANs substantial contributions to public health.
American Indians and Public Health	Native Americans, public health and well-being: Research roundup and key data	Harvard Kennedy School Shorenstein Center on Media, Politics and Public Policy	Native Americans, public health and well-being: Research roundup and key data - The Journalist's Resource (journalistsresource.org)	29-Aug-14	Review of studies and reports that provide insight into public health issues with Native Americans living in urban areas and on the tribal lands of the United States.
American Indians and Public Health	Native Americans: A Crisis in Health Equity	American Bar Associations by Mary Smith	Native Americans: A Crisis in Health Equity (americanbar.org)	Vol. 43, No 3: The State of Healthcare in the United States	Healthcare for Native American communities face significant inequity and outcomes are impacted by wholly inadequate access to comprehensive health services
Native Americans and Public Health	Health and Native Americans	The Red Road	The Red Road: The Issue of Poor Native American Health		Health and Native Americans

Key Words	Title	Author(s)	URL	Date	Description
American Indians and Public Health	The Public Health Foundation of Health Services for American Indians & Alaska Natives	American Journal of Public Health (AJPH)	Everett R. Rhoades, Dorothy A. Rhoades, "The Public Health Foundation of Health Services for American Indians & Alaska Natives", American Journal of Public Health 104, no. S3 (June 1, 2014): pp. S278-S285.	15-May-14	The integration of public health practices with federal health care for American Indians and Alaska Natives (AI/ANs) largely derives from three major factors: the sovereign nature of AI/AN tribes, the sociocultural characteristics exhibited by the tribes, and that AI/ANs are distinct populations residing in defined geographic areas.
		The Atlanta Journal - Constitution	Opinion: All of us can help safeguard public health (ajc.com)	16-Apr-22	Dr. Judy Monroe, CDC Foundation President and CEO examines impact of COVID on public health.
		CDC Foundation	https://www.cdcfoundation. org/blog/opinion-piece-dr-judy-monroe-highlights-historic-success-and-future-challenges-public-health Blog by David Synder - Opinion Piece by Dr. Judy Monroe Highlights Historic Success and Future Challenges to Public Health	18-Apr-22	Analysis of Dr. Judy Monroe's Op Ed piece on the impact of the pandemic on public health.
		CDC Foundation: Building Systems Charge for Equitable Public Health Systems	Building Systems Change for Equitable Public Health Systems	CDC Foundation	4-Apr-22	Angela Corbin and Francesca Hill of CDC Foundation describe the challenges of health equity throughout communities. They describe the Strategies to Repair Equity and Transform Community Health (STRETCH) Initiative, an action-orientated framework that emphasis addressing public health strategies to achieve health equity.

Key Words	Title	Author(s)	URL	Date	Description
		CDC Foundation: The Stretch Framework	STRETCH-initiative-framework (cdcfoundation.org)	Jan-22	Three primary objectives to support state public health agencies (SPHA) including 1) using newly available funding to create and execute public health financing strategies that drive the greatest, most equitable public health impact, 2) designing meaningful and lasting systems change and create inclusive and equitable public health systems, and 3) embedding equity into SPHAs strategic priorities, partnership approaches, program development, and implementation, policies, and practices.
		CDC Foundation: Alaska Native Nurses Battle COVID and the Elements	Alaska Native Nurses Battle COVID and the Elements | CDC Foundation		Describes the Alaska Native Tribal Consortium (ANTHC) public health effort to provide pandemic activities for 730,000 residents across 663,000 miles.
		Public Health Accreditation Board: Revising the Foundational Public Health Services in 2022 Fact Sheet	https://phnci.org/uploads/ resource-files/FPHS- Factsheet-2022.pdf	Feb-22	Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.
		Public Health Accreditation Board: Foundational Public Health Services (FPHS) and Public Health Modernization: Background Report	FPHS-Background-Paper-2021.pdf (phnci.org)	30-Nov-21	This paper reviews the original FPHS concept, summarizes how some states have already used the FPHS framework to spur local modernization efforts, describes the potential federal funding support for a nationally driven modernization effort, and suggests areas where the FPHS framework may need to be adapted in light of the lessons learned during the pandemic. Oregon and Washington are highlighted.

Key Words	Title	Author(s)	URL	Date	Description
		National Indian Health Board (NIHB): Public Health in Indian Country Capacity Scan (PHICCS) Report	[2019 Public Health in Indian Country Capacity Scan Report (nihb.org)](#)	2019	PHICCS highlights the strengths in the Tribal public health systems. It provides valuable information to inform on-going public health efforts.
NIHB *added May 20, 2022	Tribal Public Health Profile	NIHB	[NIHB_HealthProfile_2010.pdf](#)	2010	2010 Tribal Public Health Capacity Report, the first national snapshot of our tribal public health systems to be made publicly available.
NIHB *added May 23, 2022 NIHB Public Health Summit	TPHS 2022 - SSSC Institute - Tools for Building Tribal Public Health Capacity		[TPHS 2022 - SSSC Institute - Tools for Building Tribal Public Health Capacity 5.9.22 - YouTube](#)	9-May-22	Public health capacity encompasses the efficiency of essential services, personnel, systems, and even policies that enable sustainable delivery of public health activities and developed community-informed public health infrastructure. The past two years of the COVID-19 pandemic have shown us the immediacy of public health, the need for investments in Tribal public health, and the resiliency and innovation of tribes as they have worked to protect their peoples. In this institute, participants will learn about key elements of Tribal public health capacity and explore a select number of those components through the lens of the 2019 Public Health in Indian Country Capacity Scan (PHICCS). Attendees will hear first-hand accounts of the challenges and impact of Tribal capacity building and will learn about NIHB's Strong Systems, Stronger Communities grant initiative that supports Tribal public health capacity building and advancement towards national public health accreditation standard and measures. Attendees will also have opportunities to provide feedback and discuss additional Tribal public health capacity priorities and needs.

Key Words	Title	Author(s)	URL	Date	Description
		Public Health Accreditation Board (PHAB) Version 2022 Tribal Workgroup Summary -December 2020	Tribal-Workgroup-Summary.pdf (phaboard.org)	Dec-22	PHAB, with NIHB gained Tribal input on the development of PHAB Standards and Measures.
		PHAB: Insights on Standards and Measures	https://phaboard.org/standards-and-measures-insights	2022	The list of topics below includes summaries from Think Tanks, Expert Panels, and Workgroups, as well as additional documentation including commissioned papers, information about what PHAB has learned from accredited health departments about the topic, and findings from literature.
		PHAB Supplemental Process and Documentation Guidance for Tribal Public Health Department Version 2022 Tribal Workgroup Summary -December 2020	https://www.phaboard.org/wp-content/uploads/PHAB-Tribal- Guidance-Final-1.pdf	Feb-18	PHAB Standards and Measures are the official standards, measures, required documentation, and guidance blueprint for accreditation. Measures are a way of evaluating if a standard is met, and are the same for Tribal, state, and local health departments.
		Public Health Foundation (PHF): Guidance for Local Health Departments and Tribes	Guidance for Local Health Departments and Tribes (phf.org)		Though traditionally focused on chronic disease prevention, the Preventive Health and Health Services (PHHS) Block Grant can be used to build infrastructure and workforce capacity throughout your jurisdiction and across programmatic areas.

Key Words	Title	Author(s)	URL	Date	Description
		NIHB and PHF collaborate to Improve in Indian Country	National Indian Health Board and Public Health Foundation Collaborate to Improve Health in Indian Country (phf.org)	25-Apr-16	NIHB and PHF signed a memorandum of understanding (MOU) to bring resources for quality improvement to Indian Country.
		PHF paper presented at NIHB: Utilizing the Advanced Tools of Quality Improvement to Understand the Challenges of Building Healthy Native Communities	Header Card (phf.org)	May-14	This paper served as the foundation of an interactive workshop to teach how two advanced tools of QI can be used to build healthy native communities.
		Northwest Tribal Epidemiology Center: Indian Community Health Profile Project Toolkit	Indian Community Health Profile (phf.org)	Jun-05	The Indian Community Health Profile (ICHP) is a user-friendly health assessment tool developed specifically for tribal communities of approximately 1000 – 5000 members.

Key Words	Title	Author(s)	URL	Date	Description
		U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion: Healthy People 2030	[Healthy People 2030	health.gov](#)		Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

A Guide to Building Tribal Public Health Capacity:
Literature and Training Resources
Training Resources

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
Public Health 101: An Introduction to Public Health and the Sciences Essential to Public Health Practice	https://www.cdc.gov/training/publichealth101/public-health.htm	CDC	2014	A **six-part series** presented materials to introduce public health core functions and essential services. Self-study e-learning courses.	Free	Course in in the public domain that may be downloaded and **customized to fit Tribal population**s. Permission from CDC is not required, but citation of source is appreciated. (Centers for Disease Control and Prevention (CDC). Introduction to Public Health. In: Public Health 101 Series. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2014.) A certificate of completion may be available. Skill level: Introductory
CDC's Public Health PH101 Series **#1** Introduction to Public Health	https://www.cdc.gov/training/publichealth101/public-health.html	CDC	2014	E-learning course	Free	E-Learning Course topics: 1. Public Health Definition and Key Terms, 2. History of Public Health, 3) A Public Health Approach, 4) Core Functions and Essential Services of Public Health, 5) Stakeholder Roles in Public Health, and 6) Determining and Influencing the Public's Health
CDC's Public Health PH101 Series **#2** Introduction to Epidemiology	https://www.cdc.gov/training/publichealth101/epidemiology.html	CDC	2014	E-learning course	Free	E-Learning Course on Epidemiology topics: 1) Define Epidemiology, 2) Describe Basic Terminology and Concepts of Epidemiology, 3) Identify Types of Data Sources, 4) Identify Basic Methods of Data Collection and Interpretation, 5) Describe a Public Health Problem in Terms of Time, Place, and Person, and 6) Identify the Key Components of a Descriptive Epidemiology Outbreak Investigation

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
CDC's Public Health PH101 Series **#3** Introduction to Public Health Surveillance	https://www.cdc.gov/training/publichealth101/surveillance.html	CDC	2014	E-learning course	Free	E-Learning Course on Public Health Surveillance on topics: 1) Define Public Health Surveillance, 2) Describe the Goal of Public Health Surveillance, 3) Describe the Uses of the Public Health Surveillance System, 4) Recognize the Legal Basis for Public Health Surveillance in the United States, 5) Compare Active and Passive Public Health Surveillance, 6) Identify Sources of Data Commonly Used for Public Health Surveillance, and 7) Describe the Public Health Surveillance Process
CDC's Public Health PH101 Series **#4** Introduction to Public Health Laboratories	https://www.cdc.gov/training/publichealth101/laboratories.html.	CDC	2014	E-learning course	Free	Web-based training on Public Health Laboratories topics: 1) Describe the Role of Public Health Laboratories, 2) Summarize the Core Functions of State Public Health Laboratories, 3) Describe the Parts that are Common to all Public Health Laboratories System Infrastructure, 4) Recognize the Needs for Different Laboratory Levels and Safety Practices, 5) Explain the Necessity for Communicating with Laboratory when Collecting and Submitting Samples for Testing, and 6) Describe How Laboratory Results are Used to Affect Public Health
CDC's Public Health PH101 Series **#5** Introduction to Prevention Effectiveness	https://www.cdc.gov/training/publichealth101/prevention-effectiveness.html	CDC	2014	E-learning course	Free	E-Learning Course on Prevention Effectiveness topics: 1) Define Prevention Effectiveness, 2) Describe the Key Components of Prevention Effectiveness Studies, 3) Identify the Basic Economic Evaluation Methods Used in Prevention Effectiveness Studies, and 4) Identify Date Used in the Most Common Types of Economic Evaluation Methods

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
CDC's Public Health PH101 Series **#6** Introduction to Public Health Informatics	https://www. cdc.gov/training/ publichealth101/ informatics.html	CDC	2014	E-learning course	Free	E-Learning Course on Public Health Informatics topics: 1) Explain the Importance of Informatics to the Public Health Mission, 2) Describe the Role of the Informatician in Public Health Practice, and 3) Differentiate Between Public Health Informatics and Information Technology
CDC Novel Emerging Respiratory Disease (NERD) Academy	Launching CDC NERD Academy to Teach Students Public Health | CDC Foundation	CDC Foundation	Spring 2022	Instructional videos for 6-12 grade	Free	A joint project from CDD and the CDC Foundation that is an innovative and standards-based curriculum covering basic concepts in public health and epidemiology. Designed to spark students' interest in public health careers. Public health module topics: What is a pandemic? How does disease spread? Who is at risk? Where do public health data come from? How are public health data visualized? Why do laboratory testing? Why is contact tracing so important? and How is an outbreak investigated?
Public Health and Indian Country Information: Public Health 101 - Foundations of Public Health and Indian Country	National Indian Health Board | Public Health Resource Center (nihb. org)	NIHB	2-Apr-18	First in a series: recorded webinar, slides	Free	NIHB hosted a webinar, Public Health 101 – Foundations of Public Health and Indian Country, which is designed to give a foundational overview of public health, including how it is distinct from health care, and its importance across Indian Country. This includes going over the 10 Essential Public Health Services and the importance of public health prevention as it relates to health care service delivery. This Public Health 101 webinar kicked off the activities for Tribal Public Health Week 2018 and was originally hosted April 2, 2018

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
Tribal Public Health Successes Across Indian Country	National Indian Health Board | Public Health Resource Center (nihb.org)	NIHB	4-Apr-18	Second in a series: recorded webinar	Free	Indian Country faces significant public health disparities, including diabetes, substance abuse, suicide, unintentional injury, and cancer. However, Tribal communities also have many valuable assets to address these critical issues, including rich traditions of health and wellness, community health as a priority in Tribal leadership, a deep understanding of the importance of holistic health, and the ability to exercise public health authority and make policies as sovereign nations. Many tribes have success stories highlighting their work on these topics and some tribes have led the way to break ground on these issues nationally. Learn more about these successes by viewing the recording of our webinar, Tribal Public Health: Success Stories Across Indian Country. This webinar was originally hosted as part of Tribal Public Health Week 2018 on April 4, 2018 from 4-5pm ET and NIHB welcomed special guests from the Southcentral Foundation and the Indigenous Food and Agriculture Initiative
Public Health Education (Added 4/29/22)	National Indian Health Board | NIHB Public Health Projects	NIHB		E-learning course for Tribal leaders	Free	Intended to educate Tribal leaders and Tribal Advisory Committee (TAC) members on public health topics and provide information, including best practices, to support consultation on public health

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
Public Health Advocacy	NIHB https://vimeo.com/263578829	NIHB	6-Apr-18	Third in a series: recorded webinar, slides	Free	How can Congress support Tribal public health? By creating a system where there can be a substantial, sustained, and scaled investment in public health for Indian Country with existing funding streams set aside for tribes. Learn more about this important topic, advocacy, and listen for a call to action in this recording of an NIHB webinar presented by Congressional Relations staff, Caitrin Shuy. This webinar was initially held Friday, April 6, 2018
Best Practices in American Indian & Alaska Native Public Health: A Report from the Tribal Epidemiology Centers 2014	TEC Best Practices Book For Printer - With Letters.pdf (tribalepicenters.org)	Consortium Tribal Epidemiology Centers, funded in part by Indian Health Service and National Institute for Health	2013	Written report	Free	This report specifically addresses some of the successes of individual TECs and it also highlights significant challenges that the TECs have had in securing access to data and ensuring that data provided to our constituents is accurate, reflecting the state of health inequity present for American Indians and Alaska Natives.
Weaving Success: Evaluation in Indian Country	Weaving Success: Evaluation in Indian Country	Tribal Epidemiology Centers (tribalepicenters.org)	TEC	Course launched Feb 4, 2022 and will expire on February 4, 2024	Complete 7 modules, self-paced, certificate awarded	Free	After completing this online course, participants will be able to: 1. Describe the basic concepts of an Indigenous approach to program evaluation, 2. Identify their own contribution to the evaluation process and how it can be improved, 3. Communicate with their colleagues and community about evaluation methods and how to tailor them to the community's needs, and 4. Apply evaluation concepts and best practices to their everyday work

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
Indigenous Evaluation Resources	[Indigenous Evaluation – Urban Indian Health Institute (uihi.org)](uihi.org)	UHIH TEC	Spring 2018		Free	Handouts: a. Indigenous Evaluation, b. designing Program Evaluation that Works for Your Community c. Evaluation How-to: Surveys d. Evaluation How-to Storytelling e. A snapshot: Indigenous Evaluation Annotated Bibliography f. Learning from both Good and Bad Research in Indian Country Video: A Conversation with members of the Lummi Nation
Strengthening the Health of Future Generations		UHIH TEC			Free	Document published February 7, 2022. Video webinar provides additional information on the Strengthening the Health of Future Generations, a Community Health Profile of Urban American Indian and Alaska Native Infants, Children, and Adolescents report
COVID-19 Resources for American Indians and Alaska Natives		UHIH TEC			Free	PROJECTS:#1 COVID-19 - Updates and resources for tribes, urban Indian organizations, and communities about COVID-19, #2 COVID-19 Treatment - Learn more about COVID-19 treatments, #3 - COVID-19 Vaccines - Providing accurate and culturally relevant COVID-19 vaccine resources, #4 COVID-19 Data Dashboard - Data on American Indian and Alaska Native populations, #5 COVID-19 Urban Indian Organizations Service Area Site Reports
National Public Health Improvement Initiative - NPAIHB one of eight tribal grantees selected by CDC	[Tribal Public Health Improvement and Training – NPAIHB](#)	NPAIHB			Free	NPAIHB received a grant from CDC to increase management capacity for tribes to meet national public health standards. Products include Tribal Public Health Assessment manual, with tools for accreditation, benefits for accreditation, and a webinar

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
American Indian Public Health Resource Center (AIPHRC)	American Indian Public Health Resource Center - NNPHI https://www.ndsu.edu/centers/american_indian_health/	North Dakota State University (NDSU) Venessa Tibbitts, AIPHRC Program Lead vanessa.tibbitts@ndsu.edu		Convening/ Partnering, Health Communications & Social Marketing, Health Equity, Health Policy Development, Implementation, & Evaluation, Population-Based Health Programs, Research & Evaluation		Serve North Dakota, South Dakota, Minnesota The mission of the American Indian Public Health Resource Center (AIPHRC) is to address American Indian public health disparities through technical assistance, policy development, self-determination feasibility analysis, education, research, and programming in partnership with tribes, in North Dakota, across the Northern Plains, and the nation.

Our vision is engaging and partnering with tribes to improve the delivery of culturally appropriate public health services and functions in American Indian communities. The AIPHRC is enabled by a multifaceted program and team approach to assist each tribe in their service priorities. At the heart of the AIPHRC's philosophy is respect for tribal authority, autonomy, and self-determination.

The AIPHRC's goal is to build capacity and support community driving projects by providing culturally responsive technical assistance utilizing a four-pronged approach to public health that includes public health services, research, education, and policy. The AIPHRC also provides Indigenous Evaluation training and resources for tribal nations, agencies, and government entities. |

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
US Department of Health and Human Services Health Resources Services Administration (HRSA) funded Region 6 South Central Public Health Training Center	Region 6 South Central Public Health Training Center (R6-SCPHTC) (tulane.edu)	Tulane University School of Public Health partners with Southern Plains Tribal Health Board, Albuquerque Area Southwest Tribe Epidemiology Center		Moodle-based Learning Management System (LMS) for web-based course delivery to reach both urban and rural public health workers. All courses are free of charge and delivered in short segments, allowing participants to make regular progress with little time invested each day	Free	Training areas center on competency-based, practice-focused courses addressing core functions and essential services; all training is based on formal needs assessments in the south central region. Key activities of the Center include development and delivery of online training courses; needs assessments informing course development; extensive evaluation process to ensure quality training; and public health student field placements to build the future workforce
Data into Action for Tribes	https://pace.tulane.edu/data-into-action-for-tribes/content/data-action-tribes-introduction-epidemiology#group-tabs-node-course-default1	Tulane University Center for Applied Environmental Public Health	20-Oct-21	Self-paced	Free	The Data Into Action for Tribes: Introduction to Epidemiology course provides an overview of basic epidemiology for public health workers, including those working in the field of behavioral health. The primary objective is to increase the knowledge among tribal health departments of how to access available data from federal, state, and local resources for program planning surveillance, and data use. Topics included are basic epidemiology, research questions, measures, study types, interpreting data, epidemiology in Indian country, and behavioral health epidemiology.

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
Tribal Self-Governance Advisory Council Webinar "Overview of Coronavirus Response & Relief Act, 2021: Use of Funding"	https://www.tribalselfgov.org/american-rescue-plan-act-2021-use-of-funding-cares-act-provider-relief-fund-reporting-requirements	Self-Governance Communication and Education Tribal Consortium	23-Jun-21	Recorded webinars	Free	Provides an "Overview on The American Rescue Plan Act and Provider Relief Fund Reporting" held on June 23, 2021. Other trainings are available.
What We've Learned about Toxic Stress	Register online at: https://www.astho.org	ASTHO	30-Mar-22	One-hour webinar		Provides public health leaders with and advanced understanding of the pandemic's generational altering impact and will explore how to integrate this knowledge into best practices going forward to improve all public health initiatives
Improving Global Health: Focusing on Quality and Safety: An introduction to the emerging field of global healthcare quality course	Improving Global Health: Focusing on Quality and Safety	edX	Harvard University	April 13 available through Sept 7, 2022	Self-paced, estimated 10 weeks	Free	This estimated 10-week/ 2-4 hour per week is a self-paced course available until September 7, 2022. Participants will learn about the relationship between quality and population health, a framework for understanding and thinking about healthcare quality, approaches to measurement, the role of information and communication to improve the healthcare system quality and tool and contextual knowledge to improve the quality of delivered in health systems

Title	URL	Owner/Author	Date	Method of Presentation	Cost	Notes
A series of courses and mini-courses providing "current technical information for global health professionals'	Home	Global Health eLearning Center (globalhealthlearning.org)	Global Health eLearning Center	Must create an account		Free	There is a wide range of public health courses including: Governance and Health, Health Systems, Impact Evaluation of Health Communication Programs, Infectious Diseases, Maternal Health, Monitoring and Evaluation, Nutrition, Organizational Change and Knowledge Management
Collaborate with Tribes: A Public Health Toolkit	https://www.nwcphp.org/training/collaborate-with-tribes-public-health-toolkit	Northwest Center for Public Health Practice @ University of Washington School of Public Health, focus on Alaska, Idaho, Washington, and Oregon	20-Sep-19	Web-based, written narrative with embedded videos and webinars on specific topics	Free, must create an account	Created in September 2019 Learning Objectives: 1) Describe the importance of understanding the culture and history of a tribal nation with which you plan to collaborate, 2) Summarize the complex network of tribal, federal, state, local, and nonprofit programs that provide health care and public health services to American Indian and Alaska Native (AI/AN) people in the northwestern United States, and 3) Take steps to begin successful government-to-government collaboration and consultation with tribal nations
Tribal Public Health Conference - Virtual	About the TPHC – Tribal Public Health Conference (tphconference.org)	A 7th Generation and Southern Plains Tribal Health Board Collaboration			$25 to attend virtually and access to all session recordings	This annual conference focuses on way to navigate health policy, American Indian/Alaska Native health disparities, economic burdens, and social inequity. Each year there are speakers who are experts in tribal public health. The 2022 is scheduled for April 19-21, 2022

Appendix 2 – IHS Areas

Headquartered in Rockville, Maryland, IHS provides health care services across the United States. The country is divided into 12 physical IHS areas, each administered by an area office. Nine of the 12 areas were represented in the Resource Guide advisory group.

Appendix 3 – Public Health Overview
A: Medical and Public Health Models of Care

Health care is provided through a medical model or a public health model, with notable differences between the two. The medical model focuses on the treatment of an individual's illness within a clinical setting whereas the public health model focuses on the prevention of illness within populations. The public health model allows for engagement of a wide range of community members, including leadership, elders, youth, and others. The goal of the public health model is to address health care issues *before* the onset of illness through prevention and health promotion initiatives. Figure 6 shows the notable differences between the two models.[12] Both health care models are essential for the delivery of health care.

Figure 6. Notable Differences between the Medical Model and the Public Health Model

| Medical Model	Public Health Model
Diagnosis and treatment	Prevention
Focus on individuals	Focus on the entire community
Treats specific disorders or diseases	Focus on disease prevention and health promotion
Restores health	Establishes and maintains health
Emphasizes physical and biological causes of illness	Holistic, emphasizes physical, psychological, cultural, and social environments
Private sector basis	Public health sector
Reactive	Proactive
Clinical based	Community-based

B: Public Health Functions and Services

Across Indian Country, it is difficult to differentiate between the medical and public health models, as IHS and tribes often combine both models into one comprehensive health care delivery system. This is a benefit and a challenge. It is a benefit because it promotes coordination between the medical care providers and the public health providers, with a single administration and shared support services. Yet, it is a challenge when tribal health care staff assume multiple roles, which may include the responsibility to provide public health services, without formal training or a designed, sustainable public health program. Most often, public health duties are assigned to public health nurses, community health representatives (CHR), or health educators.

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[12] Fleming and Sorrell. (2021). Intensive Training and Technical Assistance, Suicide Continuum of Care: A Public Health Model.

Public health in the U.S. is primarily delivered by local governments such as cities or counties, state governments, and the federal government. There are also a variety of non-profit organizations providing public health services, usually focused on a particular disease or community. Tribes and Urban Indian Organizations (UIOs) (see Appendix 3, Map of UIOs) have an important role in the public health system such as assessing the health of their tribal, urban, and surrounding communities, developing policies that promote and protect health and assuring their communities live safe and healthy lives.

According to the CDC, there are three core public health functions: assessment, policy development, and assurance. The three core functions are supported by 10 essential public health services (EPHS) (Figure 7). The EPHS framework was established in 1994 with research at the center of the EPHS diagram, to reflect the importance of ongoing, accurate data across the public health system. Updated in 2020, the framework was revised to acknowledge the need to achieve equity across communities through the active promotion of policies and systems that remove systemic and structural barriers attributed to health inequities. Those barriers include poverty, racism, gender discrimination, ablism, and other forms of oppression. Under the EPHS framework, "Everyone should have a fair and just opportunity to achieve optimal health and well-being," and this must be the standard for health care. The EPHS provides "a framework to protect and promote the health of all people in all communities."[13]

Figure 7. Public Health Functions and 10 Essential Public Health Services

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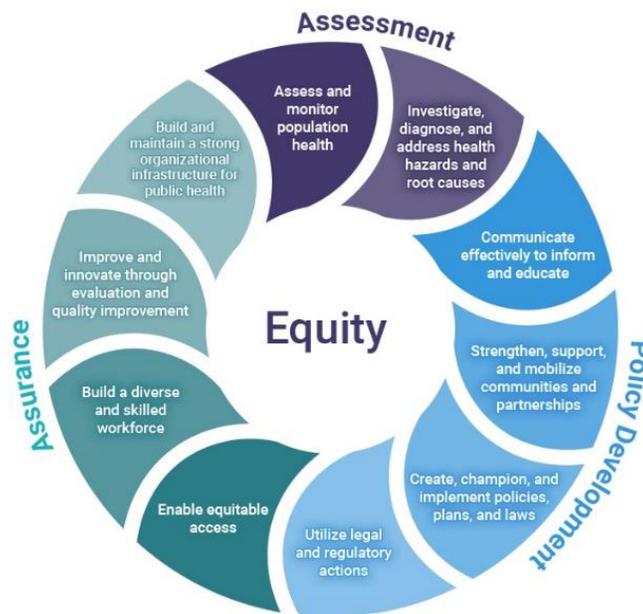
[13] CDC. (2022). 10 Essential Public Health Services

The first public health core function is **assessment**, with an EPHS to collect and analyze information on population health factors that influence a community's needs and assets. Another related EPHS under assessment aims to investigate and diagnose health problems and hazards affecting the population to address its impact.

The second public health core function, **policy development**, promotes the use of scientific information to make policies and decisions. There are four EPHSs within the second core function. The first EPHS in policy development is to promote effective communication to inform and educate. The next EPHS calls for strong community partnerships to support and mobilize methods to improve health. It is followed by the creation and implementation of policies, plans, and laws to support the public health effort. The fourth EPHS in policy development is legal, or regulatory action may be used in support of the policy or decision.

The third public health core function, **assurance**, is aimed at making sure services are available to those in need, with the remaining four EPHSs designated here. The first EPHS associated in this core function is to make sure individuals have access to the services and care they need to be healthy. For the public health system to work, there needs to be a skilled and diverse workforce as described in another EPHS. In an ever-changing health care system, ongoing evaluation, research, and continuous quality improvement, another EPHS, and a strong public health infrastructure is the final EPHS.

The public health approach describes a step-by-step process. When used in communities, the process is not linear. As the cycle of assessment, policy development, and assurance repeats and new research is introduced, steps may repeat or loop back to a previous one, with consideration of what is best for the community, and is inclusive of all community members.

C: The Four-Stage Public Health Approach

The CDC recognizes a four-stage public health approach (Figure 8). It is helpful for communities and tribes to consider this approach as they identify public health issues.[14] The first stage of the CDC approach focuses on surveillance of the problem and the second stage on the cause of the problem, including identification of risk factors. The third stage involves efforts to find solutions to the problem through intervention or evaluation. The fourth stage initiates problem-solving approaches. This approach aims to clearly identify the root cause of a public health issue by using data to develop solutions and strategies for action.

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[14] CDC. (2021). PH101 Series Number 1: Introduction to Public Health.

Figure 8. The 4-Stage Public Health Approach
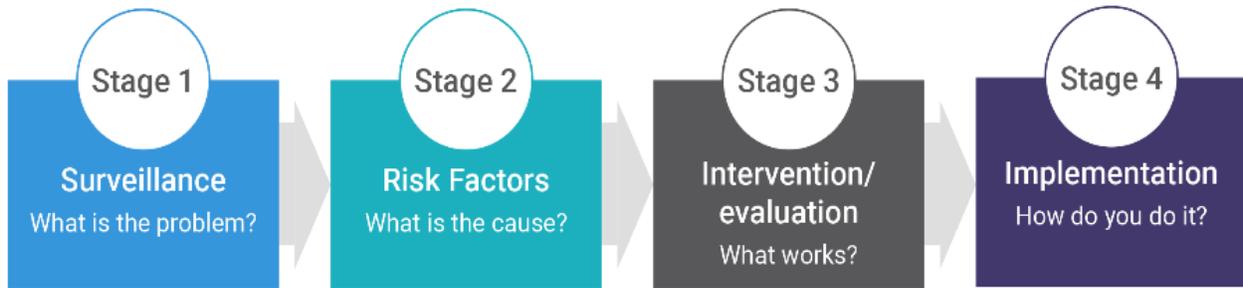
Public health professionals apply five core sciences: epidemiology, laboratory, informatics, surveillance, and prevention effectiveness. Use of the core sciences assists in the identification of the strategies most likely to be effective with health problems. The five core sciences make sure that public health professionals use evidence-based approaches to address issues. Using the CDC four-stage public health approach based on the core sciences, health conditions and problems are examined comprehensively, with the most appropriate strategies implemented. The final stage is evaluation of the implemented strategy to determine if modification is needed and to create documentation for future reference. Figure 9 describes the five core public health sciences.

Figure 9. Public Health Five Core Sciences

Core Science	Description
Science 1. Epidemiology	Determines where diseases originate, how and why they move through populations, and how to prevent them
Science 2. Laboratory	Used to confirm disease diagnoses, test for disease, and conduct research and training
Science 3. Informatics, with a focus on e-information	Involves the application of electronic data, compilation of data, and possible presentation methods to address public health situations
Science 4. Surveillance	Used to monitor a public health situation
Science 5. Prevention effectiveness	Uses economic information to help decision makers rank the best options for public health

The four-stage public health approach can be used in primary prevention, for example, when addressing a specific health issue such as suicide prevention in tribal communities. Efforts to address suicide begin with stage 1: surveillance. Stage 2 finds tribal specific root causes of suicide in a tribal community and identifies risk factors. Root causes, risk factors, and effective implementation strategies are evaluated in stage 3. Implementation occurs in stage 4. The implemented strategy continues to be evaluated and is adapted as

needed to maximize health outcomes. Use of the four-stage approach and how it was used by the Native Connections project is spotlighted below in Figure 10.

Figure 10. The Public Health Approach in Action[15]

An example of the application of the public health model in tribal communities is the Native Connections program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Native Connections focused on reducing suicidal behavior and substance use among Native youth in addition to supporting their transition into a healthy adulthood. This multi-year grant program applied the four-stage public health approach into four major project activities:
- community system analysis
- community readiness model assessment
- strategic action planning
- implementation of the strategic plan

The program recognized that each strategic action plan would be different for each tribal community, based on the needs, unique characteristics of each community, and cultural values, beliefs, and rituals.

D: Social Determinants of Health

Decades of research on the social determinants of health (SDOH) indicate that inequities contribute to health disparities. For Indigenous communities, SDOH need to be examined through an additional set of conditions resulting from the effects of colonization, forced acculturation, and racial discrimination.[16] This information is key to incorporate into the

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[15] SAMSHA Native Connections
[16] Jaramillo et al. (2022). The Community as a Unit of Healing: Conceptualizing Social Determinants of Health and Well-Being of Older American Indian Adults.

public health approach Stage 2 Planning, as part of the identification of risk factors. SDOH can also be considered in the public health approach Stage 3 Intervention and Evaluation, to determine the best approach and accurate measurement methods.

Data drives decisions in public health, so obtaining accurate SDOH data across our nation's public health system is critical.[17] SDOH brings attention to the political, social, environmental, and economic conditions that shape health and health disparities.[18] This information also focuses resources in areas that can significantly influence population health outcomes and can be helpful to tribes in thinking about where to focus prevention and intervention efforts.

One prominent framework that addresses population health outcomes is the National Center for Health Statistics (NCHS) Healthy People 2030.[19] It is used by public health professionals to guide health promotion and disease prevention to improve the health of the nation. Healthy People is in its fifth edition and currently focuses on five key social determinants of health—education access and stability, health care access and quality, neighborhood and built environment, social and community context, and economic stability.

The five key social determinants of health are outlined and described below:

1. **Health Care Access and Quality** —The connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to primary care, health care coverage, and health literacy.

2. **Education Access and Quality** — The connection of education and well-being. This domain includes key issues such as graduating from high school, enrollment in trade schools or higher education, educational attainment in general, language and literacy, and early childhood education and development.

3. **Social and Community Context** — The connection between characteristics in which people live, learn, work, and play and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

4. **Economic Stability** — The connection between people's financial resources (income, cost of living, and socioeconomic status) and their health. This area

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[17] CDC. (2021). CDC's COVID-19 Data Improvement
[18] CDC. (2022). About Social Determinants of Health (SDOH)
[19] Healthy People 2030

includes key issues such as poverty, employment, food security, and housing stability.

5. **Neighborhood and Built Environment** — The connection between where a person lives (housing, neighborhood, and environment) and their health and well-being. This includes factors like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

It is recognized that there are other determinates of health that are specific to Indigenous communities, like intergenerational trauma and cultural connectedness.

Figure 11. Healthy People 2030 Key Social Determinants of Health

Figure 11 displays the SDOH highlighted in Healthy People 2030.[20] Tribes can use

frameworks like the Healthy People 2030 Key Social Determinants of Health to establish public health goals, objectives, action steps, and outcomes. Collection of key data points can help with assessment, policy development and assurance of a tribe's overall public health.

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[20] Healthy People 2030, Social Determinants of Health.

Appendix 4 – History's impact on Tribal Public Health

The U.S. government's relationship with tribes and how medical and public health was delivered for many years is key to understanding the present circumstance. The disparities in health can be directly attributed to the U.S. government's policies of colonialism, assimilation, and termination of Indian tribes. The current Indian health delivery system is based on self-determination and tribes' ability to exercise their sovereignty.

Tribes existed long before European arrival in 1492. They were living in organized societies with established forms of government, protecting and preserving their homeland, moral codes, and religious beliefs.[21] Tribes retained their sovereignty, which is the authority to govern oneself, when the United States signed treaties with them. Tribal sovereignty is even affirmed in the U.S. Constitution. Because of this retained sovereignty, tribes have a government-to-government relationship with the United States. This unique political relationship is different from the government's relationships with other racial and ethnic groups as it is based on tribes' political status, with jurisdiction over their tribal members, resources, and land. There are 574 federally recognized tribes, with inherent powers of self-governance and entitlement to certain federal benefits, services, and protections because of the special trust relationship that exists between tribal governments and the U.S. government, including the right to health care.[22]

President Bill Clinton recognized this distinctive status November 6, 2000, when he signed Executive Order 13175 to require regular and meaningful consultation and collaboration with tribal officials in the development of federal policies with tribal implications with a commitment to self-governance. The Executive Order was affirmed by Presidents George W. Bush, Barack Obama, and most recently Joe Biden.

Federal tribal policy has changed throughout U.S. history. Figure 12 depicts a timeline of major federal Indian policy that shaped the present status of tribes, their governments, and relationships to state and federal governments.

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[21] Mintz & McNeil (2018). Digital History.
[22] Bureau of Indian Affairs. Frequently Asked Questions.

Figure 12. Federal Indian Policy Timeline between 1492 and the Present
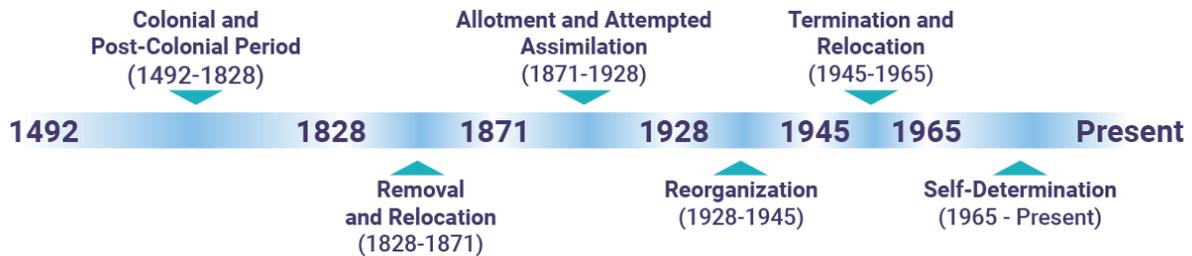
The remainder of this section adds context to this timeline by broadly summarizing six federal Indian policies between the year 1492 and today.

Colonial and Post-Colonial Period (1492-1828) - First treaty with Delaware Indians, based on the Colonial Doctrine of Discovery and Doctrine of Conquest. The rights of Indians to occupy the land had to be eliminated before a colony could make full use of the land, which was accomplished through treaties. The U.S. Constitution defined the relationship between the federal government and tribes through commerce and treaty clauses. The U.S. Supreme Court's decisions in the Marshall trilogy cases recognized Indian sovereignty and established the federal trust responsibility by describing American Indians as domestic dependent nations.

Removal and Relocation (1828-1871) - The first treaty was concluded after the War of 1812. For the next 30 years, Indian treaty making was concerned primarily with removing certain tribes to Western territories. President Andrew Jackson pushed the Indian Removal Act through Congress in 1830. This gave the president power to negotiate removal treaties with the Indian tribes. Treaty making ended in 1871 after which the United States dealt with tribes via agreements, statutes, and executive orders with the same legal authority as treaties.

Allotment and Attempted Assimilation (1871-1928) - Reservations were not of sufficient size or quality to provide members of a tribe with the necessities of life. Under the trust responsibility, the United States had an obligation to provide health care. The policy of assimilation had the goal of bringing American Indians into mainstream society so they would not be so dependent on the federal government. This is the period of boarding schools where Native children were forcibly removed from homes. Another goal of assimilation was replacing the cultural practice of collective ownership with private ownership. Indians were taught how to farm with the intention of them being able to feed and sustain themselves. During this period, tribal lands were broken up into individual plots, almost like a checkerboard and much land was sold to non-Indians. In 1887, Indians held 138 million acres of land on reservations. After the Dawes Act was

repealed in 1934, Indian landholdings had been reduced to 52 million acres. Allotment had devastating effects on tribal communities.

Reorganization (1928-1945) - As a result of allotment and assimilation, Indian people suffered tremendously. Reports to Congress during the Taft administration documented deplorable health and sanitary conditions on reservations. The Indian Reorganization Act, 1934, secured rights to Native Americans and created sweeping changes to encourage economic development, self-determination, cultural plurality, and tribalism. Modern tribal governments were established and recognized.

Termination and Relocation (1945-1965) - The policy changed in the 1940s, and assimilation policies were once again popular. The BIA (Bureau of Indian Affairs) Relocation Program was established in 1948. By 1960, a total of 33,466 AI/AN people had been relocated to cities for vocational training and employment opportunities. Terminating the federal trust relationship between the United States and 109 tribes had devastating effects.

Self-Determination (1965-present) - During the Civil Rights era, Congress passed the Indian Civil Rights Act, signed by President Lyndon Johnson in 1968 to make sure that American Indians were afforded the constitutional rights held by other Americans and extended the Bill of Rights to them. The Indian Self-Determination and Education Assistance Act of 1975 (ISDEA) provided tribes the opportunity to enter contracts with, and make grants directly to, federally recognized Indian tribes. The Indian Health Care Improvement Act was enacted with the goal of elevating AI/AN health status to the highest possible level. While citizenship was granted to AI/AN people in 1924, the right to vote was not extended to them in all states until 1962. ISDEA has been amended throughout this period.

This history of federal policy continues to impact the health of Indigenous people, and research shows history impacts health across generations. This is commonly known as historical trauma, or the complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance that impacts present-day health.[23]

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[23] Mohatt (2014). Historical Trauma as a Public Narrative: A Conceptual Review of How History Impacts Present-day Trauma.

Appendix 5 – Yellowhawk Tribal Health Center's Journey Toward Tribal Public Health Accreditation

This appendix provides a thorough overview of the Confederated Tribes of the Umatilla Indian Reservation's (CTUIR) Yellowhawk Tribal Health Center's journey towards public health accreditation. It highlights lessons learned and gives examples of the recommended action steps to take along the pathway for developing tribal public health.

From February 5–9, 2020, the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and surrounding region experienced significant and unusual levels of snow and rainfall. As the heavy rain continued, snow at higher elevations began to rapidly melt. The combined runoff from the snowmelt and rainfall traveled downhill into the Umatilla and Walla Walla rivers, leading to rapid rises and record flooding. Taking quick action, the CTUIR Board of Trustees declared a state of emergency, issued emergency evacuation orders, and opened emergency shelters. In the weeks that followed, CTUIR staff continued to provide support to those impacted by the flooding by securing and coordinating donations, providing personal protective equipment for flood clean-up, and testing water supplies. Less than a month later, just as the CTUIR's flood response had ended, COVID-19 hit the CTUIR as an employee of a CTUIR entity became the third person to test positive for COVID-19 in the state of Oregon. Again, response was swift as the CTUIR declared a public health emergency and established an incident command team.

Yellowhawk Tribal Health Center, the primary health care and public health provider of the CTUIR, played a primary role in leading the public health response associated with these two events. Yellowhawk leadership and staff were adaptive and effective in their response, in part, due to the time and resources spent over the previous several years developing their public health capacity. In the days immediately preceding the February 2020 flooding, Yellowhawk hosted a two-day site visit as a part of its application to the Public Health Accreditation Board. The site visit was the last step of Yellowhawk's multiyear accreditation journey. Prior to the site visit, Yellowhawk staff undertook a rigorous self-study process to assess its plans, policies, and practices against accreditation standards. Through this process, Yellowhawk implemented activities to improve its public health services and programs by building on its strengths and addressing gaps in performance. Ultimately, Yellowhawk was able to demonstrate its conformity with accreditation standards and measures, successfully receiving accreditation in September 2020.

Yellowhawk's interest and pursuit of accreditation was borne out of its long-standing commitment to deliver high-quality health programs and services to the CTUIR

community. In 1996, the CTUIR assumed ownership and management of its health services from the Indian Health Service. Since then, Yellowhawk has continually sought to improve and expand its services to better meet the needs of the community. In 2011, Yellowhawk underwent a redesign of its clinical system of care and received accreditation from the Accreditation Association for Ambulatory Health Care, which prompted a reorganization of its other service areas, including community health. At the time, national public health accreditation had recently launched. Yellowhawk looked to accreditation as a roadmap for expanding public health services and building public health capacity. Through pursuing the set of nationally recognized and evidence-based standards, Yellowhawk could make sure the CTUIR community benefitted from these necessary public health functions.

Over the first several years of preparing for accreditation, Yellowhawk undertook foundational work to understand its jurisdictional responsibilities over public health services in relation to public health entities at the county and state levels, as well as the responsibilities of other CTUIR departments. In defining its jurisdiction, Yellowhawk staff began to identify key public health system partners and engage in public health activities alongside these partners. These partnerships were critical as Yellowhawk sought to understand the health needs of the CTUIR community by conducting a Community Health Assessment (CHA). Yellowhawk departments were able to align service and programming efforts to address the health priority areas identified within the CHA through an organizational strategic planning process. The strategic plan also offered the opportunity to plan and account for other organizational changes that would be needed to obtain public health accreditation.

In implementing the strategic plan and continually working toward achieving public health accreditation, Yellowhawk sought opportunities to build capacity for public health. In 2017, Yellowhawk applied and was selected to be a host site for the CDC Public Health Associate Program. As a host site, a CDC-funded public health professional began working at Yellowhawk as the Public Health Accreditation Coordinator. The Public Health Accreditation Coordinator oversaw the creation and management of Yellowhawk's Accreditation Team, which consisted of staff from across various Yellowhawk departments, including Community Wellness, Medical, Human Resources, and Administration. Accreditation team members specialized in the different domains of public health accreditation and assessed current efforts against the standards within those domains. With the support of leadership, the accreditation team developed and implemented activities to address any gaps found within the domains. Many of these activities, including staff training and the development of department plans, were supported through grant funding and technical assistance secured from national organizations such as the National Indian Health Board, and Seven Directions, an Indigenous public health institute. Over the course of 18 months, Yellowhawk formally stated its intent to apply for public health accreditation and identified, compiled, and submitted over 600 pieces of documentation to PHAB.

Lessons Learned

- Involve staff at all levels

  - Accreditation is a learning journey and staff at all levels should have the opportunity to participate in accreditation activities. Many standards directly request that documentation shows how staff are involved in the development and or implementation of an activity. Further, when staff better understand the purpose of accreditation, the impact accreditation can have on the organization becomes greater.

- Prioritize activities, funding, and other opportunities based on assessments

  - Assessments, whether they are community health assessments or organizational assessments, should be conducted during the early stages of the public health accreditation process. The findings of these assessments can be used to prioritize the activities that need to be completed and any funding or technical assistance needed to carry out the work.
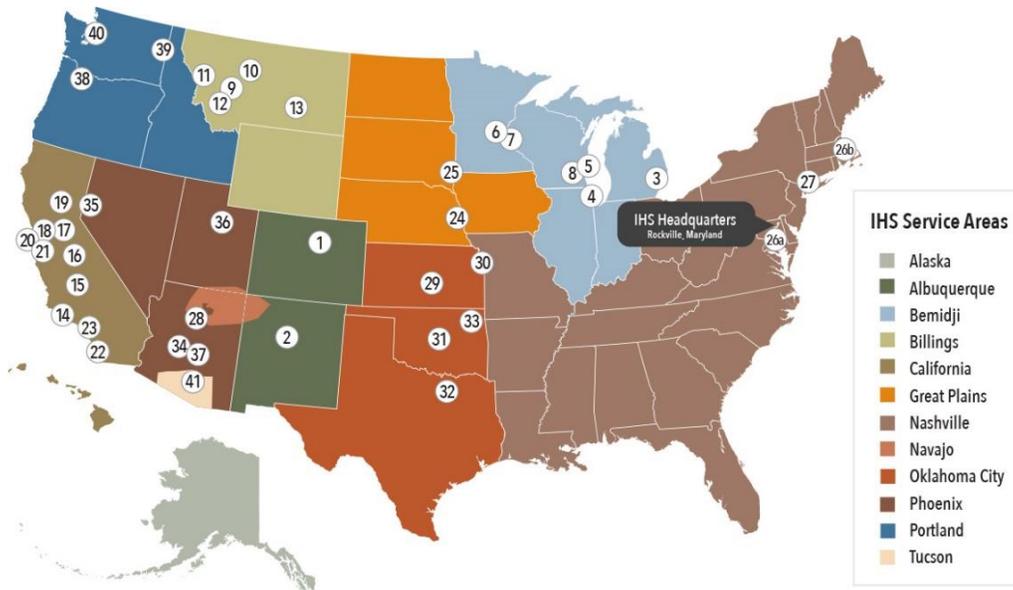
Successes

- Strengthened internal and external partnerships

  - Efforts to improve public health call for strong cross-sector collaborations and partnerships. The accreditation process helps to broaden understanding of the internal and external partners whose work impacts public health. Yellowhawk staff prioritized building relationships with these partners to collaboratively determine the best strategies for addressing the social determinants of health.

- Demonstrated public health capacity

Achieving accreditation is an exercise in tribal sovereignty. By showing that Yellowhawk meets or exceeds national standards for public health, Yellowhawk and the CTUIR are in a better position to exercise their authority and capabilities concerning matters of public health.

Appendix 6 – Urban Indian Organizations

The Tribal Resource Guide was written for tribes, about their public health service delivery. There is, however, another part of the Indian health care delivery system - the Urban Indian Organizations (UIOs) that provide public health services to AI/AN residents of urban areas across the country. Urban Indian organizations are key to the provision of public health services to AI/ANs.

IHS Service Areas

- Alaska
- Albuquerque
- Bemidji
- Billings
- California
- Great Plains
- Nashville
- Navajo
- Oklahoma City
- Phoenix
- Portland
- Tucson

Albuquerque Area
1. Denver Indian Health & Family Services, Inc.
2. First Nations Community HealthSource

Bemidji Area
3. American Indian Health & Family Services
4. American Indian Health Service of Chicago, Inc.
5. Gerald L. Ignace Indian Health Center, Inc.
6. Indian Health Board of Minneapolis
7. Juel Fairbanks Chemical Dependency Services
8. American Indian Council on Alcoholism, Inc.

Billings Area
9. Helena Indian Alliance - Leo Pocha Clinic
10. Indian Family Health Clinic
11. All Nations Health Center
12. North American Indian Alliance
13. Billings Urban Indian Health & Wellness Center

California Area
14. American Indian Health & Services, Inc.
15. Bakersfield American Indian Health Project
16. Fresno American Indian Health Project
17. Native Directions, Inc.
18. Native American Health Center
19. Sacramento Native American Health Center, Inc.
20. Friendship House - Association of American Indians, Inc. of San Francisco
21. Indian Health Center of Santa Clara Valley
22. San Diego American Indian Health Center
23. United American Indian Involvement, Inc.

Great Plains Area
24. Nebraska Urban Indian Health Coalition, Inc.
25. South Dakota Urban Indian Health

Nashville Area
26. Native American Lifelines
   26a. Baltimore
   26b. Boston
27. New York Indian Council, Inc.

Navajo Area
28. Native Americans for Community Action, Inc.

Oklahoma City Area
29. Hunter Health
30. Kansas City Indian Center
31. Oklahoma City Indian Clinic
32. Urban Inter-Tribal Center of Texas
33. Indian Health Care Resource Center of Tulsa

Phoenix Area
34. Native Health
35. Nevada Urban Indians, Inc.
36. Urban Indian Center of Salt Lake
37. Native American Connections

Portland Area
38. Native American Rehabilitation Association of the Northwest, Inc.
39. The NATIVE Project
40. Seattle Indian Health Board

Tucson Area
41. Tucson Indian Center