Indian Health System, Tribal Public Health and Public Health Modernization

Public Health Advisory Board Meeting
January 17, 2019

Overview

- Introductions
- General tribal overview
- Tribal sovereignty
- Tribal health
- Public health modernization and Tribes

Population

- When Columbus arrived it is estimated there were 10 million AI/AN people in America.
- By 1850 the population decreased to 250,000.
- The three primary causes for decline:
  - Foreign Diseases
  - Starvation
  - Extermination
- Current populations estimates there are presently 2 million AI/AN growing to 4.3 million by 2050.
- AI/AN will become the fastest growing segment of the American population

Oregon American Indian/Alaska Native (AI/AN) Population

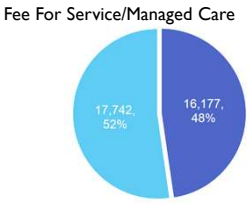
129,579 AI/AN (alone or in combination, ACS 2015)

15,314 AI/AN in Portland (alone or in combination, ACS 2015)

Portland is 9th largest Native American population in USA

AI/AN Enrolled in OHP

Total HNA Enrollment	Total Enrollment	% of Total
33,919	945,619	3.5%



Oregon Tribal Governments

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes

Tribal Sovereignty

Tribal sovereignty in the United States is the inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The U.S. federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the federal, state, and tribal governments.

Supreme Law of the Land

This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.

US Constitution, Article VI

Treaty of 1855 - Cayuse, Umatilla, and Walla Walla Tribes

Treaty with the Tribes of Middle Oregon, 1855

Oregon Indian Tribes

Tribal governments are separate sovereign nations with powers to protect the **health, safety and welfare** of their members and to govern their lands. This tribal sovereignty predates the existence of the U.S. government and the state of Oregon. The members residing in Oregon are citizens of their tribes, of Oregon and, since 1924, of the United States of America.

All Oregon tribal governments have reservation or trust lands created by treaties or federal acts.

Policy Foundation

- Ratified Treaties & Executive Orders in the US
- Statutory and Case Law
- Embodies a **federal trust obligation** to provide health services to AI/AN people
  - Legal and political basis for AI/AN health services
  - Moral and ethical obligation to perform
  - Applies to all federal agencies
- Indian Self-Determination & Education Assistance Act (P.L. 93-638)
- State Policy acknowledges Tribes

SB 770 (ORS 182.162 to 182.168)

Oregon 1st state to adopt formal legal government-to-government relations through legislation

Directs state agencies in government-to-government relationships with Oregon tribes

- State agencies must develop and implement policy on relationship with tribes; cooperation with tribes.
- Training of state agency managers and employees who communicate with tribes; annual meetings of representative of agencies and tribes; annual reports by state agencies.

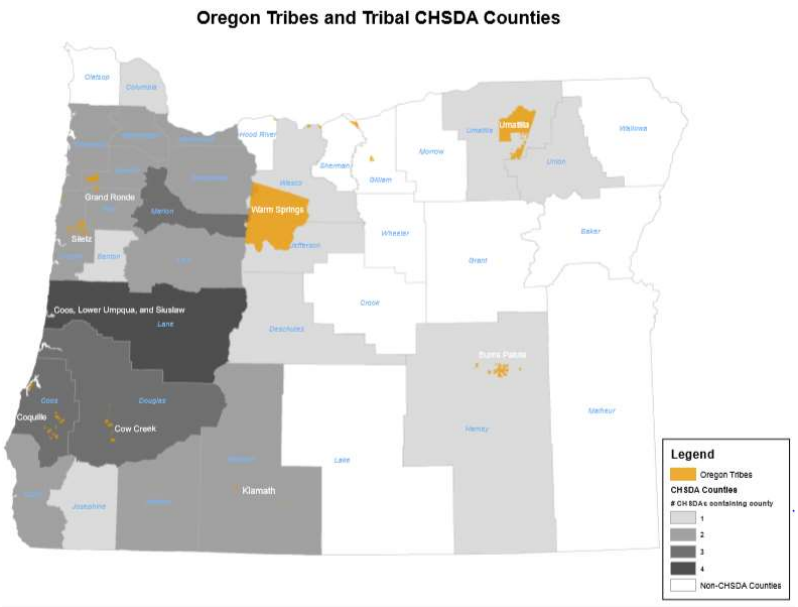
The Indian Health Delivery System

- IHS established in 1955
- IHS is responsible for overseeing health care for 573 federally recognized tribes
- IHS is agency within DHHS and is funded out of Interior Appropriations Bill

Indian Health Delivery System

- Health Facilities can be grouped into 3 categories:
  1. IHS Directly Operated (I)
  2. Tribally Operated (T)
  3. Urban Programs (U)

- Types of Health Services
  - Ambulatory Primary Care (outpatient care)
  - Inpatient care
  - Medical specialties
  - Traditional healing practices
  - Dental and Vision Care
  - Behavioral health services
  - Specialty Care Services (CHS)
  - Public Health Services/Community Health



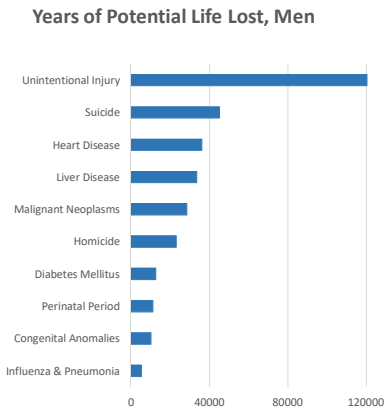
Indian Health Care Challenges

- Policy Challenges
  - Federal Trust obligations (unmet)
  - Political/Legal challenges & civil rights
  - Growing population
- Budget Challenges
  - Public Health Programs are funded almost 100% by grants and contracts that are competitive
  - NWTEC is 100% grant funded
- State – Tribal Relations
  - Health policy changes
  - Tribal sovereignty issues
- I/T/U Challenges

Leading Causes of Death - Oregon

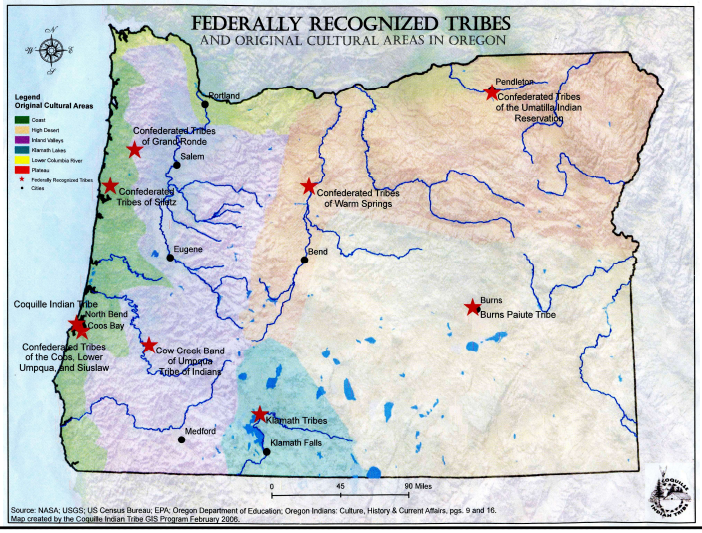
Cause Number	AI/AN	PERCENTAGE OF DEATHS	NHW	PERCENTAGE OF DEATHS
1	Cancer	21.5 %	Cancer	23.7 %
2	Heart Disease	14.7 %	Heart Disease	20.8 %
3	Unintentional Injury	9.6 %	Chronic Lower Respiratory Disease	6.2 %
4	Chronic Lower Respiratory Disease	7.2 %	Stroke	5.9 %
5	Diabetes	6.0 %	Unintentional Injury	4.9 %
6	Liver Disease	5.4 %	Alzheimer's Disease	4.1 %
7	Stroke	4.1 %	Diabetes	3.3 %
8	Suicide	2.8 %	Suicide	1.9 %
9	Influenza/Pneumonia	1.9 %	Influenza/Pneumonia	1.6 %
10	Viral Hepatitis	1.4 %	Liver Disease	1.4 %

Years of Potential Life Lost, American Indian/Alaska Native, West Region 2010-2015



Data Source: **National Center for Health Statistics (NCHS) Vital Statistics System. (Note: not corrected for racial misclassification)**

Tribes as Part of the Public Health System



Public Health Collaborations

- Varies among jurisdictions
- Political and relational dependencies
- Potential collaboration partners – up to the Tribe
  - Tribal health
  - Local public health
  - Northwest Tribal Epi Center
  - Oregon Health Authority Public Health Division

Examples of collaboration

- Data linkages and clean up – vital records, cancer registry data
- Communicable disease control – coordination and expertise sharing
- Needle exchange – Lincoln County and CT of Siletz Indians
- Community health assessments

Public Health Modernization

- Statutes focused on state and county governments
- Tribes are also part of the governmental public health system
- Added tribal representative to Public Health Advisory Board
- Some tribes are being engaged as part of the regional funded work in 2017-19
- Tribal public health modernization assessment

Tribal PH Modernization Assessment

- At request of the Oregon Tribes the state and local programmatic assessments were combined, piloted and adapted for tribal context
- Worked with Berk Consulting
- Participants to date:
  - Northwest Portland Area Indian Health Board
  - Coquille Indian Tribe
  - Cow Creek Band of the Umpqua Tribe of Indians
  - Yellowhawk Tribal Health Center (Confederated Tribes of the Umatilla Indian Reservation)
- Upcoming: Confederated Tribes of the Siletz Indians
- No financial data

Using the Tribal PH Modernization Assessment

- Opportunity to reflect and assess current state
- Strategic planning and prioritization of resources
- Would like to use as conversation starter with local public health within tribal service areas to support overall community health
- Leverage strengths and opportunities among the tribes

Leveraging Tribal Strengths

- Evaluating interventions
- Communicating health alerts to leaders, community members and partners
- Workforce development planning
- Nimble human resources systems
- Developing cross-sector partnerships
- Rare disease expertise
- Environmental health expertise

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Next Steps

- Expand assessment participation
- Technical assistance to use assessment data to develop action plans and continue/begin implementation
- Sharing of data across tribes to identify areas for tribal collaboration
- Use data to collaboratively strengthen public health system across service area
- Use results to describe tribal public health to federal, state and local partners.

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Questions

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