

PROJECT FINDINGS REPORT

JAN. 2013



TRIBAL PUBLIC HEALTH INSTITUTE
FEASIBILITY PROJECT



“EXPLORING NEW PATHWAYS TO SUPPORT TRIBAL HEALTH”

PREPARED BY:
REDSTAR
INNOVATIONS

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ACKNOWLEDGEMENTS

ADVISORY BOARD

Red Star Innovations is grateful for the voluntary participation of the Tribal health professionals who constituted the project's Advisory Board. The group met three times and participated in conference calls throughout the project. Through rich discussion and deliberation, the Advisory Board helped guide the project's development, assisted with Tribal Roundtable coordination, and engaged others by sharing project information. Without their significant insights, energy and perseverance, this project would not have been possible.

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TRIBAL ROUNDTABLES AND PRESENTATIONS

Red Star Innovations is grateful to the many Tribal Leaders, Health Directors, Administrators, Program Managers and Public Health Professionals who participated and provided their thoughtful insight and input during regional and national Tribal roundtables, presentations and informal conversations.

For more information about the TPHI Feasibility Project visit our website at www.redstar1.org/tphifeasibilityproject.

Disclaimer: Findings presented in this report do not necessarily represent the official position or endorsement by the Robert Wood Johnson Foundation, project partners, TPHI Advisory Board Members or their employers, or roundtable host organizations.

EXECUTIVE SUMMARY

In July 2011, Red Star Innovations (Red Star) began a Tribally driven 18-month exploration into the desirability and feasibility of a Tribal public health institute (TPHI), including its role in improving health among American Indian and Alaska Native (AI/AN) communities. Public health institutes are nonprofit entities that serve as partners and conveners to improve population-level health outcomes and foster innovations in public health practice. They work side-by-side with communities; regional and national organizations; Tribal, local, state and federal governments; medical care delivery systems; and academia. The National Network for Public Health Institutes (NNPHI) served as a project partner, resource and technical assistance provider through funding from the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. NNPHI is the leading organization dedicated to strengthening and supporting existing and emerging public health institutes.

The TPHI Feasibility Project approach was informed by feasibility models typically used by non-profit organizations and businesses, and was adapted to address the uniqueness of the Tribal context. The overall purpose of the project was to determine the feasibility and desirability of a TPHI and to identify what role, if any, it could serve in addressing the health needs of AI/AN communities. This project included a strong Tribal engagement and outreach component through regional and national roundtables and presentations, as well as market, organizational and financial analyses.

A synthesis of findings from Tribal engagement activities and analyses clearly suggest that a TPHI is feasible. A TPHI could benefit the Tribal public health system by serving in a coordinating role and providing direct technical assistance to support Tribal public health infrastructure development, performance improvement, and national-level system-wide coordination among Tribes, Tribally-Led Organizations (TLOs) and other stakeholders. Coordination and support could be achieved by:

- Creating strategic linkages across systems (Tribal, state and national public health systems);
- Providing technical expertise to increase Tribal involvement in the development and implementation of new national initiatives in public health;
- Serving as a credible source of information to influence best practices at Tribal, regional and federal levels;
- Providing a clearinghouse of culturally and contextually appropriate information, products, tools, training and technical assistance for Tribal settings;

- Building the capacity of the Tribal public health system to function more effectively and efficiently as a whole and independent from federal agencies;
- Providing opportunities for executive leadership development, nation building, workforce development and peer networking; and
- Working in coordination with Tribal Epidemiology Centers to address data issues, related to data gaps across regions, and facilitating linkages across systems.

A stronger Tribal public health infrastructure may lead to improvements in health outcomes and greater capacity to respond to important public health concerns. A TPHI could support a stronger system by complementing existing functions and services provided by Tribal health departments, TLOs, Tribal Epidemiology Centers, and others to avoid duplication and competition for limited resources. A TPHI would need to respect the diversity of Tribes by working directly with established organizations to build the capacity of those in greatest need while remaining responsive to those organizations with greater public health capabilities.

Leadership and guidance from Tribes and TLOs is essential to a TPHI's creation and sustainability. A summit or other forums will need to be explored as a means of bringing together Tribal leaders and professionals to share project findings and build consensus about the future directions and steps of a TPHI. Continued Tribal participation will be essential to ensure the process remains Tribally driven, relevant, responsive, respectful and valued among Tribal public health system stakeholders.

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INTRODUCTION

The healthcare system serving American Indian and Alaska Native (AI/AN) peoples has evolved over time due in large part to various federal policies. Forced removal, land cessions, relocation and termination interrupted a way of life that embodied an integrated framework of traditional practices. In many instances, traditional practices that protected physical, mental, emotional and spiritual health and prevented disease were replaced with a medical model designed to contain and treat infectious disease. Initially part of the U.S. War Department, AI/AN healthcare delivery was transferred to the Bureau of Indian Affairs in 1849. The Transfer Act of 1954 transferred health services to the Public Health Service, and in 1955 the Indian Health Service (IHS) was established.

IHS healthcare delivery occurs primarily through a regionalized system that divides the nation into twelve Service Areas. Today, IHS is the only agency within the Department of Health and Human Services to provide direct patient care and is severely underfunded, limiting its services and capacity.

During the era of Self-Determination in the late 1960s and early 1970s, Tribes formed consortia known as Inter Tribal Councils and/or Indian Health Boards to provide member Tribes with a unified voice for collective action to address shared service needs. These Tribally Led Organizations (TLOs) continue to be an important mechanism for Tribal-federal government consultation, budget formulation and advocacy at the regional and national levels. Nearly thirty years later in the 1990s, Tribal Epidemiology Centers (TECs) were created through funding from IHS to manage public health information systems and support health promotion and disease prevention programs for Tribes within each of the twelve IHS Service Areas. Together, TLOs and TECs continue to maintain a critical role in responding to the health and human service needs of Tribes in their Areas, and have an expanding role in addressing issues of public health concern.

National, system-wide coordination has never been as important for Tribal communities as it is now. Chronic diseases have supplanted infectious diseases as the leading causes of death and disability and are largely preventable. Disproportionately high rates of diabetes, diseases of the heart, and certain cancers exist among many AI/AN peoples compared to all races¹. Many data collection challenges exist at the local, state and national levels limiting the accuracy and availability of AI/AN population health

data, thus limiting the system's ability to monitor disease. The current needs are so great that the medical model can no longer be solely relied upon to address these health concerns. Population-wide health challenges may be a call to action to reclaim the health of Tribal communities and explore alternative strategies to address community health through an integrated public health approach. A stronger Tribal public health infrastructure may lead to improvements in health outcomes and greater capacity to respond to important AI/AN public health concerns.

WHAT IS PUBLIC HEALTH?

Public health is often defined as promoting, protecting and improving the health of communities through education, promotion of healthy lifestyles, disease prevention, detection and response. The release of the Institute of Medicine's 1988 report², *The Future of Public Health*, greatly influenced the growth and development of the public health field when it highlighted the critical need to improve the evidence base on public health service delivery. Later in 1994, the 10 Essential Public Health Services³ were developed to form the basis for describing the public health activities that ought to be undertaken in all communities.

Public health practice that includes a systems approach to exploring organizational function and structure, finance, workforce, technology and data may be an effective way address health disparities and improve the health of communities served by the system. A systems approach is one where multiple stakeholders, including governmental and non-governmental entities, work in partnership to assure conditions in which people can be healthy. Such conditions often include, but are not limited to, social, economic, educational and environmental factors that either contribute to or hinder community wellness.

1. U.S. Department of Health and Human Services Indian Health Service. *Trends In Indian Health*, 2002-2003 Edition. Washington, DC: Government Printing Office, October 2009
2. Institute of Medicine (U.S.) Committee for the Study of the Future of Public Health, Division of Health Care Services "Front Matter." *The Future of Public Health*. Washington, DC: The National Academies Press, 1988.
3. Centers for Disease Control and Prevention, National Public Health Performance Standards Program: www.cdc.gov/nphpsp/essentialServices
- 4) Patient Protection and Affordable Care Act of 2012 included the permanent reauthorization of the Indian Health Care Improvement Act, which includes provisions to expand IHS public health services and designates IHS and Tribal Epidemiology Centers as public health authorities.

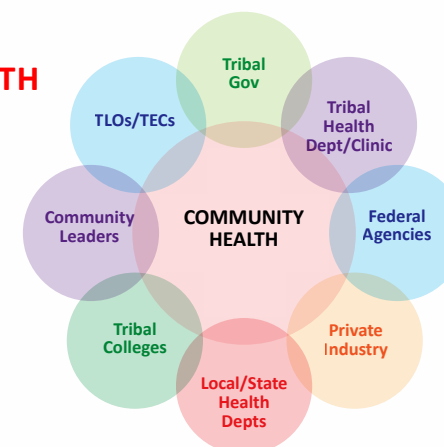
A systems approach is one where multiple stakeholders work in partnership to assure conditions in which people can be healthy.

TRIBAL PUBLIC HEALTH SYSTEMS

As sovereign nations, Tribes are increasingly involved in public health activities, regulation and service delivery, alone and in partnership with other organizations and jurisdictions. The passage of the Indian Self-Determination and Educational Assistance Act (Public Law 93-638) greatly changed the healthcare delivery system in Tribal communities by granting authority to Tribes to enter into contracts or compacts with the federal government to administer the health programs previously managed by IHS. Many Tribes established health departments to provide both clinical and public health services.

Tribal health services are often coordinated through complex systems made up of various stakeholders, such as TLOs, TECs, IHS and local and state health departments, as illustrated in Diagram 1. Tribal Public Health Systems. The degree to which services are coordinated with other stakeholders varies by Tribe, region, and type of service or activity. The recent passage of the Indian Healthcare Improvement Act⁴ has expanded the public health role of Tribes, TLOs, and TECs.

DIAGRAM 1. TRIBAL HEALTH SYSTEMS



WHAT ARE PUBLIC HEALTH INSTITUTES?

Public health institutes (PHIs) are often viewed as a key partner in addressing the gaps between what communities need to be healthy and the services provided by governmental public health systems. PHIs are mostly non-profit, non-governmental entities that serve as partners and conveners to foster innovations in public health practice and leverage resources that improve population-level health outcomes.

PHIs address current and emerging health issues by providing expertise in a variety of areas, such as training and technical assistance, research and evaluation, health information services, health communications and social marketing, among others. They function as a trusted source of information and

work side-by-side with public health system partners, such as regional and national organizations; Tribal, local, state and federal governments; medical care delivery systems; private businesses; media and academia. Senior leadership from beneficiary, partner, and stakeholder organizations typically govern PHIs. This diverse representation allows a PHI to be stakeholder driven, mission focused and responsive to those it serves.

The National Network of Public Health Institutes (NNPHI) is an active membership network of 37 PHIs located in 27 states (see Membership Map). NNPHI offers its members training, program services and technical assistance, in addition to online tools and resources. PHIs often serve the public, private and non-profit sectors at the local, state, and national level, depending on their program scope and target population.

ASSESSING THE FEASIBILITY OF A TRIBAL PUBLIC HEALTH INSTITUTE (TPHI)

In July 2011, Red Star Innovations (Red Star) began a Tribally driven 18-month exploration into the desirability and feasibility of a Tribal public health institute (TPHI), including its role in improving health among American Indian and Alaska Native communities. The overall purpose of the project was achieved by:

- Conducting assessments to determine the potential role, structure and cost of a TPHI
- Obtaining ongoing, systematic input from Tribal public health professionals with diverse backgrounds, education and experience
- Engaging Tribes and TLOs through Tribal Roundtables, outreach, and education

NNPHI served as partner and technical assistance provider through funding from the Robert Wood Johnson Foundation (RWJF) and the Centers for Disease Control and Prevention. NNPHI is the leading organization dedicated to strengthening and supporting existing and emerging PHIs.

NNPHI MEMBERSHIP MAP



OVERALL APPROACH

Feasibility studies typically aim to objectively and systematically determine the viability of a proposed idea and explore the prospects for successfully initiating and sustaining it over time. The aims of the TPHI Feasibility Project were to: 1) Determine the feasibility of a Tribally-specific PHI using various analyses; 2) Determine the desirability of a TPHI among Tribal public health system stakeholders through Tribal engagement; and 3) Identify what role, if any, a TPHI could have in addressing the health needs of AI/AN communities through a synthesis of findings. The TPHI Feasibility Project approach was informed by feasibility models typically used by non-profit organizations and businesses and was adapted to address the uniqueness of the Tribal context. The approach includes four major components: Tribal Engagement, Market Analysis, Organizational Analysis and Financial Analysis.

TRIBAL ENGAGEMENT

Tribal engagement was critical to determining the overall desirability of a TPHI and its potential role. Engagement activities involved convening a Tribal Public Health Advisory Board, facilitating regional and national Tribal Roundtables, and conducting outreach with Tribes, TLOs and other Tribal-serving organizations and groups.

Tribal Roundtables were held using a consistent format to achieve the following objectives:

- Provide background and overview of the TPHI Feasibility Project and framework
- Facilitate discussion to identify strengths and needs of Tribal public health systems; types of information, tools and technical assistance that are needed, but not currently provided; and the potential role of a Tribal public health institute
- Provide a forum for open discussion on the TPHI concept among Roundtable participants

MARKET ANALYSIS

The Market Analysis included two primary assessments: 1) a Needs and Assets Assessment of the Tribal public health system; and 2) an Environmental Scan of national public health initiatives. Both components were conducted using a framework based on the 10 Essential Public Health Services. These assessments provided critical information about the scope and reach of Tribal public health activities within a national context, as well as the potential role of a TPHI.

- The Needs and Assets Assessment aimed to identify and describe public health activities and technical support available within the Tribal public health system. The assessment included a review of TLOs, including national

Tribal organizations, regional Area Indian Health Boards and Inter Tribal Councils, TECs, and university based centers for AI/AN health.

- The Environmental Scan aimed to identify and describe public health activities and technical assistance nationally available within the public health field. The scan also aimed to describe national trends and initiatives in public health and the role of national organizations supporting the public health system.

ORGANIZATIONAL ANALYSIS

A review of organizational structures and models among TLOs, PHIs, and national public health membership organizations and associations, both Tribal and non-Tribal, was conducted to identify and explore organizational structure(s) to be considered for a potential TPHI. Areas explored include structure, governance, programmatic functions and funding.

FINANCIAL ANALYSIS

An initial financial analysis was conducted to identify potential funding sources and strategies to ensure a future TPHI would not compete with Tribal public health system stakeholders. New and diverse financial resources and potential investments into Tribal public health were explored. Findings informed the initial development of a funding strategy for a TPHI. Further financial analysis will be conducted to determine start-up costs and sustainability when an organizational structure, governance and programmatic functions are identified.

PROJECT FINDINGS

TPHI Feasibility Project findings are summarized in subsequent sections and are organized based on the project's four major components. Project findings indicate that a Tribally-specific PHI is feasible, as well as desirable among many Tribal public health system stakeholders. Project findings point to the potential role(s) a TPHI could have in addressing the health needs of AI/AN communities. The results summarized in this report offer an initial perspective about the opportunities and challenges to the concept and aim to provide important information to consider and discuss moving forward.

FINDINGS-TRIBAL ENGAGEMENT

Tribal engagement was both critical and essential to the success of the overall feasibility process. Tribal engagement aimed to ensure the project was conducted in a way that was respectful, relevant and responsive. Tribal engagement efforts included: a Tribal Public Health Advisory Board to guide activities and inform analyses; seven regional and national Tribal Roundtables; and outreach with Tribes, Tribal Organizations and others.

TPHI ADVISORY BOARD

Red Star launched a national call for volunteers in September 2011 to identify Tribal public health professionals interested in serving on an Advisory Board for the TPHI Project. Seven individuals were selected among the twenty applications received. Members were selected using a number of criteria including, but not limited to, work experience with various Tribal public health system organizations (i.e. Tribes, TLOs, TECs, university centers); demonstrated national, regional and local leadership; public health expertise and background; and regional knowledge and representation.

A primary role of the Advisory Board was to provide input and make recommendations regarding the overall feasibility of developing a TPHI. The Advisory Board participated in three in-person meetings and two conference calls throughout the project. Advisory Board meetings provided an opportunity for members to give feedback on the overall feasibility approach and Tribal engagement activities; review and comment on project findings from the Market, Organizational, and Financial Analyses and Tribal Roundtables; and provide guidance and recommendations for Tribal engagement in determining future directions.

NNPHI, the technical assistance partner on the project, sponsored the second in-person meeting, which was held in conjunction with their Annual Conference. Participation in the NNPHI Annual Conference allowed TPHI Advisory Board members to learn first-hand about existing PHIs, meet with the NNPHI Board of Directors, and attend workshops exploring PHI activities and services. NNPHI's involvement in the project was instrumental in providing information, resources and context to Advisory Board discussions about PHIs and project findings.

TRIBAL ROUNDTABLES

Tribal Roundtables were a valuable and critical component of the TPHI Feasibility Project. The purpose of the Tribal Roundtables was to engage Tribes, TLOs and other Tribal public health system stakeholders in a consultative process to determine the desirability of a TPHI and what role it might have in supporting the overall system. With assistance from the Tribal Advisory Board, TLOs were identified to host seven regional and national roundtables. Roundtables were coordinated with regional and national TLOs to ensure broad participation among Tribally elected officials, health board and committee members, administrators and directors, Tribal health department staff and urban Indian health centers, and other stakeholders in attendance. See the Tribal Roundtable Schedule found on page 10 for hosting organization, dates and location.

Tribal Roundtables were not held in all regions due to limited time and resources. For that reason, presentations were given to various groups to broaden engagement. Presentations were given to the National Indian Health Board Governing Board, Centers for Disease Control and Prevention Tribal Advisory Committee, California Rural Indian Health Board and Great Plains Tribal Chairmen's Health Board staff, the Institute for Wisconsin's Health, Inc. – Tribal Accreditation Work Group, U.S. Department of Health and Human Services Health Research Advisory Council, and the Council for State and Territorial Epidemiologists, Tribal Subcommittee.

TRIBAL ENGAGEMENT OUTCOMES:

Overall, many Tribal leaders, administrators, and public health professionals across the Tribal public health system were supportive of the TPHI concept. Those who participated in engagement activities provided a number of recommendations and identified the areas where a TPHI could potentially support existing activities. Participant responses and recommendations are categorized below into five primary areas: Governance; Linkages; Resources; Infrastructure; and Data and Evaluation.

Governance: Respect and reflect the needs of Tribes within TPHI governance, including Tribal cultures and traditions. Develop and maintain governing board by-laws, values and principles to preserve the original spirit and intent of the concept as being Tribally led and driven. Serve as a "neutral council" that brings innovative ideas and enhances Tribe-to-Tribe communication. Name the TPHI to reflect the concept of a neutral council.

“A TPHI could serve as a ‘neutral council’ that brings innovative ideas and enhances Tribe-to-Tribe communication.”

– Roundtable Participant

Linkages: Serve in a convener role to create new linkages across systems (Tribal, state and national public health systems) through internal coordination and external partnerships. Provide technical expertise to increase Tribal involvement in the development and implementation of new national initiatives in public health. Bring in new governmental and non-governmental funding sources for distribution and benefit of the Tribal system nationally. Assist federal agencies with the request for proposal process, and provide technical assistance to Tribes on grant writing and grant implementation once funded. Complement existing functions and services provided by Tribal health programs, TLOs, TECs, and others to avoid service duplication and competition for limited resources.

Resources: Serve as a credible source of technical expertise and information to develop evidence-based practices and practice-based evidence at the Tribal, regional and federal level. Provide a clearinghouse of information, products, tools, training and technical assistance that is culturally and contextually appropriate for Tribal settings.

Infrastructure: Support capacity building of the Tribal public health system to function more effectively and efficiently as a whole and independent from federal agencies. Provide nation building through executive leadership training, workforce development, and peer networks. Increase the availability of funding resources that support Tribal public health. Respect the diversity of Tribes by working directly with established TLOs and TECs. Work to build the capacity of those in greatest need while remaining responsive to those with greater public health capabilities.

Data and Evaluation: In coordination with TECs, address data issues by helping to bridge potential data gaps across regions. Provide training on data collection, management and analysis at the local level. Provide models for data sharing and data sharing agreements. Bridge cultural differences in developing evidence based practices. Provide independent evaluation of programs and offer evaluation training and technical assistance.

ADVISORY BOARD AND PARTNERS



From front left: Tom Anderson, Sarah Gillen, Theresa Cariño, Jackie Kaslow; Middle: Myra Parker, Katie Wehr, Aleena Hernandez, Kristin Hill; Back: Jay Butler Paul Allis, Aimee Centivany and Kristine Rhodes. Not pictured: Joe Finkbonner and Erin Marziale

TRIBAL ROUNDTABLE SCHEDULE

ORGANIZATION	VENUE	DATES
INTER TRIBAL COUNCIL OF ARIZONA	Tribal Directors Meeting Phoenix, Arizona	October 13, 2011
MIDWEST ALLIANCE OF SOVEREIGN TRIBES AND GREAT LAKES INTER TRIBAL COUNCIL	Bemidji Area HHS Consultation Petosky, Michigan	February 16, 2012
NATIONAL CONGRESS OF AMERICAN INDIANS	Mid-Year Conference Lincoln, Nebraska	June 17, 2012
OKLAHOMA CITY AREA INTER TRIBAL HEALTH BOARD	Quarterly Health Board Meeting Oklahoma City, Oklahoma	July 10, 2012
ALASKA NATIVE HEALTH BOARD AND ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	Alaska Native Health Board Meeting Anchorage, Alaska	Aug 7, 2012
NATIONAL INDIAN HEALTH BOARD	Annual Consumer Conference Denver, Colorado	Sept 26, 2012
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD	Quarterly Tribal Leaders Meeting Bow, Washington	Oct 17, 2012

FINDINGS MARKET ANALYSIS

The market analysis consisted of two systematic reviews: 1) a Needs and Assets Assessment of the Tribal public health system; and 2) an Environmental Scan of national public health initiatives. Using a framework based on the 10 Essential Public Health Services, market analysis findings describe organizational roles and scope of services within a national context. National trends and initiatives in public health were identified, compared and contrasted to identify opportunities for national-level coordination and to explore possible core functions and programmatic areas of a TPHI.

A Needs and Assets Assessment included a survey of fifty-four entities, including ten national Tribal organizations, eighteen Area Indian Health Boards and Inter-Tribal Councils, twelve Tribal Epidemiology Centers, and fourteen university based centers for American Indian health⁵. The Environmental Scan included thirteen national organizations known for supporting national, state and local public health systems, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of City & County Health Officials (NACCHO), the National Network of Public Health Institutes (NNPHI), the American Public Health Association (APHA), the Public Health Foundation (PHF), the Council of State and Territorial Epidemiologists, and the National Association of Local Boards of Health.

Both the Needs and Assets Assessment and Environmental Scan were conducted through a careful and comprehensive Internet review of identified entities. While there is variability to the degree that websites are both current and accurate, the Internet remains a primary source of information and resources for service oriented organizations. When additional clarification was required to determine the type and scope of public health services provided, organizations were contacted for additional information and follow-up. Information was then collected, coded, cleaned and co-reviewed internally.

COMPARATIVE ANALYSIS: SUMMARY OF FINDINGS

A brief summary and comparison of organizational roles in supporting public health systems across several service categories is provided in Table 2. Comparative Analysis. The second and third columns provide a synopsis and synthesis of findings from the Environmental Scan and the Needs and Assets Assessment⁶, respectively. The information provided aims to describe crosscutting themes, recognizing that some organizations within either group may provide more or less than what is described here.

The review of national public health organizations and public health institutes revealed an overall systems-focused approach to increasing collaboration and capacity building at the national, state and local level. Using a process-oriented approach, the national system tends to focus on strategic linkages and networks; health policy development and analysis at the national, state and local levels; workforce development and peer learning; and coordination and collaboration. Tribal Health Organizations tend to provide direct public health services and technical support to Tribes primarily at the regional and local levels. The Tribal system focuses on products; program delivery; regional and national advocacy and consultation; and workforce training. Health policy and Tribal consultation with the federal government remains prominent with limited focus on local health policy development for Tribal governments.

LIMITED PUBLIC HEALTH INVESTMENTS FOR TRIBES

Significant investments are being made to support public health infrastructure development, performance improvement, and national system-wide coordination among state and local health departments. Five national organizations (ASTHO, NACCHO, NNPHI, APHA and PHF) receive significant funding to serve in a coordinating role and provide direct technical assistance to state and local grantees of federal programs and national initiatives. Some of these national organizations support Tribal grantees; however, their capacity is limited due to the lack of Tribally specific resources, tools, information and experience. Currently, no Tribal entity is funded to provide national system-wide coordination to support infrastructure development and performance improvement among Tribes, TLOs and TECs that is comparable to what is provided for state and local systems by these organizations.

“A strong TPHI could advocate for the inclusion of Tribes nationally, and especially at the state level...”

– Roundtable Participant

5 - See appendix on page 18

6 - Findings presented in the comparative analysis include some information from the organizational analysis

TABLE 2. COMPARATIVE ANALYSIS

PUBLIC HEALTH SERVICES	Role of National Organizations and PHIs in State and Local Public Health System	Role of Tribally-led Organizations in Tribal Public Health System
ORGANIZATIONAL ROLE SUMMARY	Collaboration and capacity-building at the national, state and local level	Service provision and technical support primarily at the regional and local level
HEALTH ASSESSMENTS	Process-oriented: community health assessment models involve stakeholders, with results applied to planning processes.	Data-oriented: community health profiles assemble data from existing sources to describe AI/AN health status.
PUBLIC HEALTH SURVEILLANCE	Network-oriented: focus on system linkages to support capacity and collaboration along the research-surveillance-response continuum	Regionally-specific: focus on Tribal data capacity and program support, with a limited role in response. Data access and quality are key issues related to surveillance & response efforts.
PUBLIC HEALTH INFORMATION AND EDUCATION	System-focused: information used to inform health policy development. Development and Dissemination of models, tools, guidelines, strategies, case-studies, curricula, and on-line resource databases.	Program-focused: information used to inform program development. Development and Dissemination of Tribally-specific technical information and resources is limited, often reliant on informal networks.
COMMUNITY ENGAGEMENT	Focus on broad, multi-level engagement: efforts range from multi-sector involvement and collaboration to targeted community-specific programs.	Focus on Tribal leadership & community member engagement: efforts involve community-based participatory frameworks, listening sessions and Tribal roundtables.
PUBLIC HEALTH POLICIES AND PLANS	Highly involved in local, state and national policy-making and advocacy for public health programs and services.	Limited involvement in policy-making at Tribal level: most common policies, such as tobacco, HIV and environmental health issues.
PUBLIC HEALTH LAWS	Emphasis on linking research to public health law: support for established public health authorities, roles and responsibilities in health regulation and enforcement	Limited involvement in Tribal level public health law: current efforts emphasize Tribal consultation with federal agencies, federal policy and legislation.
EMERGENCY PREPAREDNESS	System-Focused: national network of public health preparedness centers, workforce development and technical training. Databases and toolkits available to help standardize practice and response.	Limited involvement in response networks: limited involvement may be due to the nature of emergency preparedness funding, and multi-jurisdictional roles and responsibility in emergency response.
WORKFORCE DEVELOPMENT	Network-focused: leadership development, professional mentoring, and peer networks. Emphasis on core public health competencies, technical training and resources at the state and local levels.	Individual-focused: scholarships, internships, basic training and epidemiology capacity within a Tribe or TLO. University emphasis on graduating clinicians (i.e. medical, dental), and health researchers (doctoral degrees).
ACCREDITATION AND QUALITY IMPROVEMENT	State and Local Accreditation Standards are available, along with standardized accreditation preparation, quality improvement, technical support, training, and resources.	Tribally-Specific Accreditation Standards are available, with limited availability of Tribally-specific accreditation preparation, quality improvement, technical support and training.
RESOURCE DEVELOPMENT	Regranting focused on building capacity: organizations are funded to provide technical assistance to grantees of federal programs and national public health initiatives.	Regranting focused on program implementation: organizations provide small grants to support health prevention and disease prevention programs among member Tribes.

FINDINGS - ORGANIZATIONAL ANALYSIS

The primary purpose of the organizational analysis was to explore potential organizational structure(s) for a future TPHI. To achieve this, indicators were developed for each of the Core PHI Elements, as described in NNPHI's 2008 Public Health Institute Capacity Assessment Report⁷ as factors that significantly contribute to the overall success of a PHI. The Core PHI Elements include vision, key partner involvement, entrepreneurial leadership, funding, and organizational and programmatic capacity. Each Core PHI Element has Keys to Success as identified in Table 3.

TABLE 3. CORE PHI ELEMENTS AND KEYS TO SUCCESS

CORE PHI ELEMENTS	KEYS TO SUCCESS
VISION	<ul style="list-style-type: none"> • Vision and Mission • Primary and Secondary Beneficiaries • Defined Role
KEY PARTNER INVOLVEMENT	<ul style="list-style-type: none"> • Vision and Mission • Primary and Secondary Beneficiaries • Defined Role
ENTREPRENEURIAL LEADERSHIP	<ul style="list-style-type: none"> • Executive Leadership • Organizational Chart • Staff Composition • Alignment with Public Health Strategies
ORGANIZATIONAL & PROGRAM CAPACITY	<ul style="list-style-type: none"> • Legal Status • Organizational Structure • Core Programs and Services • Responsiveness to Public Health Trends
FUNDING	<ul style="list-style-type: none"> • Funding Level • Funding Sources

Using the identified indicators, NNPHI compiled and summarized information gathered from previous surveys of PHIs. The TPHI market analysis included a similar review of organizational elements of regional and national TLOs. A questionnaire was developed and in-person interviews were conducted with three PHI Executive Directors. At the request of the Advisory Board, organizational structures of membership organizations, such as ASTHO, NACCHO, NNPHI, and the American Indian Higher Education Consortium, were also explored.

Significantly more data is available on PHIs largely due to the extensive work that NNPHI has done over the last decade to assess and learn about PHI capacities, keys to their success, and their sustainability. Information regarding TLO

entrepreneurial leadership, funding and organizational structure was limited to what was available on organizational websites. Emerging themes are summarized for indicators where there was sufficient data for both PHIs and TLOs.

MISSION, STRUCTURE AND LEGAL STATUS

TLOs and PHIs are similar in structure and legal status as they are both typically non-profit, 501(c)3 organizations with an overall mission and vision to improve health. TLOs often recognize the unique status of Tribes and the government-to-government relationship in their mission and vision, as well as respect for culture, traditions and a unified voice. TLOs also use an expanded definition of health to include public health, health care, wellness and quality of life.

Overall, TLOs are stand-alone organizations, formed by a consortium of Tribes. The majority of PHIs are also stand-alone organizations typically formed by various stakeholders representing multiple sectors of a state and regional public health system. A few PHIs are fiscally housed under another organization (usually universities), and although they are not independent 501(c)3 organizations, they operate independently with their own mission, vision, values and programmatic work.

GOVERNANCE STRUCTURES

TLOs and PHIs have similar governance structures that include a board of directors and, many times, separate committees or advisory groups that are program specific, technical, or serve strategic planning purposes. The primary difference in the governance of TLOs and PHIs relates to board member qualifications, criteria and selection processes:

- TLOs are typically governed by Tribally-elected officials of member Tribes that are ex-officio members, meaning they are members of the board “by reason of their office”, and in some cases by selection or designation by their region.
- PHIs are typically governed by senior leadership representing various sectors, such as government, health care, academia, community-based organizations, and business. Members are often selected based on experience, professional relationships, knowledge, and/or skills, as well as their ability to model the multi-sector partnerships intended for the PHI.
- Governance structures of association and membership organizations are typically governed by their members as elected by their peers.

Many PHIs, membership organizations and associations engage their constituencies at multiple levels of governance and decision-making. Typically, executive directors, health officials (i.e. state or local health department directors), or presidents serve on the governing board and their staff participate on various organizational standing steering committees, program advisory groups and workgroups.

BENEFICIARIES AND STRATEGIC PARTNERS

Overall, TLOs describe AI/AN people as their primary beneficiaries. While PHIs also name local communities and state-based populations as beneficiaries in their mission, they often describe their primary partner organizations as key beneficiaries. This stance is similar to many leading national organizations that support public health system leadership, innovation and performance.

ENTREPRENEURIAL LEADERSHIP

PHI programs are often center-based and focus on functional competencies and services. Professionals with practice-oriented or terminal degrees (e.g. MD, JD, MBA, or MPH) and experience across disciplines typically lead PHI centers and programs. Less information is available about TLO executive leadership qualities; however, it is recognized that professionals in leadership positions have varying levels of education and, in most cases, strong knowledge, experience and relationships with Tribes regionally and/or nationally. Understanding executive leadership and staff characteristics of TLOs is an important area for further exploration as the project moves forward.

ORGANIZATIONAL CAPACITIES

There are many similarities in the program and service capacities of TLOs and PHIs. PHIs, as a whole, tend to engage in technology as a means of supporting public health practice, such as maintaining national and state databases, health IT infrastructure and information transfer (e.g. webcasts, teleconferencing and virtual classrooms). TLOs are increasingly engaged in building their technological capacities and data management systems, specifically related to the Resource and Patient Management System used by IHS and the adoption and use of electronic health records.

TLOs are typically structured around specific programs, while PHIs are often “flat and wide”, and grow laterally rather than hierarchically. TLO programmatic services tend to focus on specific health issues, such as diabetes, commercial tobacco control and prevention, motor vehicle injury prevention, and other prevention programs. This may be due, in large part, to how federal agencies fund Indian health. PHIs tend to focus on common technical service needs through “centers” that focus on core public health functions, such as population-based health program design, implementation and evaluation; technical training and capacity building assistance; research

and evaluation; health information services and communications; and grant making and grant management. These functions can support a wide range of public health programs to address the population health needs of PHI constituents.

FUNDING

Funding sources for both TLOs and PHIs are similar in that funding typically comes from federal grants, private foundations, state government and other sources. PHIs are not unique from many other non-profit organizations in that they largely rely on “soft money” (i.e. grants) and are always looking for new funding. While core funding for standard operational costs is often desirable, it may be difficult to secure. The same is true for TLOs. Although some TLOs have core funding through formal mechanisms with IHS, they are still reliant on competitive grants from the federal government and other sources. PHIs, in general have limited core funding; however, they tend to engage in a diverse fundraising strategies.

FINANCIAL ANALYSIS

The initial financial analysis explored a number of funding strategies that are common among many PHIs, national public health organizations and non-profit organizations. Such strategies include seeking a diverse portfolio of support from corporations, private foundations, government and individuals to encourage sustainability and reduce reliance on a few funding sources. Contracts can be sought to conduct specific capacity building activities that focus on core public health functions, such as developing Tribally-based technical assistance, tools and resources, and serving as a fiscal agent to administer funding for demonstration projects, among other activities. Guiding principles will be needed to ensure a future TPHI works with its beneficiaries to generate resources that support the system and to avoid competition for limited resources.

7 - http://www.nnphi.org/uploads/media_items/keys-to-success-report-capacity-original.pdf

MOVING FORWARD

A great deal of information resulted from the TPHI Feasibility Project. Input received from Tribal leaders, administrators, and public health professionals aligned with the findings from the market, organization and financial analyses, indicating that a Tribally-specific PHI is feasible and desirable. As with any feasibility study, the results offer a “first cut” look at the opportunities and challenges to the concept and aim to provide important information to consider and discuss moving forward. Key considerations are presented here to facilitate further discussion about the potential structure, function and role of a future TPHI concept. These considerations are synthesized into six elements: 1) Beneficiaries and Strategic Partners; 2) Organizational Structure and Legal Status; 3) Governance; 4) Neutrality; 5) Core Functions; and 6) Funding Strategies.

BENEFICIARIES AND STRATEGIC PARTNERS

Engaging beneficiaries as strategic partners in governance, organizational and programmatic decision-making, and fund development, will be critical to the initial development and sustainability of a TPHI. Given the cultural diversity and capacity differences across the regions of the Tribal public health system, a TPHI would need to develop formal linkages and assist with system-wide coordination in order to strengthen performance within the system as a whole. Addressing shared needs and service gaps, while working in partnership with TLOs and TECs to avoid duplication of existing service could achieve greater system-coordination. Beneficiaries and strategic partners of a TPHI could include:

- Primary: Tribes (governance and administration, including Tribal health departments), regional and national TLOs, TECs, and Urban Indian Health Centers.
- Secondary: Tribal non-profit organizations, Tribal colleges and universities, public and private universities (Colleges of Public Health and AI/AN Centers), state and local health departments, and federal agencies.

ORGANIZATIONAL STRUCTURE AND LEGAL STATUS

Determining the most appropriate organizational structure and legal status of a TPHI will be important, as it establishes the foundation of an organization and directly influences key decisions concerning its governance, leadership, reporting relationships, funding and future operations. While PHIs are typically stand-alone, non-profit organizations, a few PHIs are fiscally housed or incubated within another organization (usually universities). Emerging PHIs are sometimes incubated within another organization. As the institute matures, leadership may consider whether the organization should become a stand-alone organization, or remain within the parent organization that provides administrative support. Possible approaches to an organizational structure and legal status, include, but are not limited to:

- Stand-alone, 501(c)(3) non-profit organization
- Stand-alone, 501(c)(3) non-profit association or membership organization (i.e. an association of individuals, organizations or governments with the objective achieving a common purpose, goal and/or interest)
- 501(c)(3) non-profit organization operating independently, however, housed permanently or incubated temporarily within an existing regional or national TLO
- Subsidiary or subunit of an existing regional or national TLO

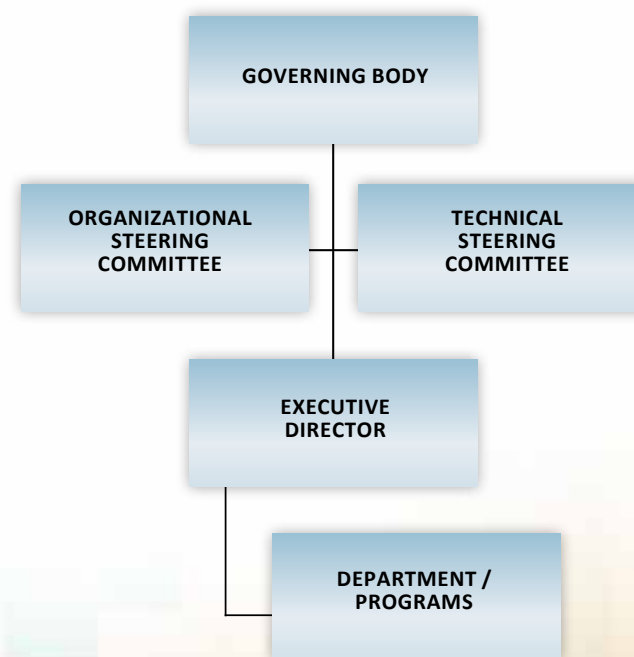
As a stand-alone organization, a TPHI would have a unique and independent identity; the ability to develop new and important relationships with beneficiaries and strategic partners; flexibility in developing internal processes and infrastructure to support its core functions; and greater neutrality (equal voice and representation) across the Tribal public health system. Potential disadvantages of creating a new stand-alone entity include the resources required to start-up and sustain a new organization, and developing and leveraging important strategic partnerships with funders and beneficiaries. Resource and time constraints may be avoided if a TPHI is housed by an existing regional or national organization.

GOVERNANCE

Governance is largely dependent on the structure and legal status of the TPHI. An approach to governance that would ensure beneficiary and stakeholder engagement at multiple levels of the organization would involve a primary governing body supported by organizational and technical steering committees. See Diagram 2. Sample Organizational Structure. Voice and representation could be achieved at multiple levels through governance, steering committees and programmatic workgroups. Steering committees are typically used by non-profits to engage individuals with specific knowledge, expertise and experience to ensure sustainability and sound financial, operational, business, and legal practices, as well as support an organization’s programming, capacities and services. Such an organizational structure could be formed whether a TPHI is stand-alone or housed within an existing regional or national TLO. Overall, the organizational structure will determine the governing body, in terms of whether it is a governing board, advisory board, or other leadership body.

Determining the governing body’s composition will be a challenge for a TPHI if beneficiaries are to be engaged in its governance. TLOs are typically governed by Tribally-elected officials of member Tribes “by reason of their office,” and in some cases, by selection or designation. PHIs are typically governed by senior leadership representing various sectors, such as local and state government, health care, academia, community-based organizations, and business, and are often selected based on experience, professional relationships,

DIAGRAM 2. SAMPLE ORGANIZATIONAL STRUCTURE



knowledge, and/or skills. Associations and membership organizations are typically governed by selected senior leadership or leadership elected at-large by their members. Any of these approaches, or hybrid of all three, could be used to determine the governance of a TPHI.

If a TPHI is to function as a “neutral council” that brings innovative ideas and enhances Tribe-to-Tribe communication, the governing body ought to reflect that neutrality. An approach similar to those currently used by TLOs and member organizations would involve senior leadership from regional and national TLOs with health in their mission serve in a governing capacity. Such an approach might allow for broad representation across the Tribal public health system while maintaining neutrality. Additional seat(s) could also be given to urban Indian health organization(s) and/or center(s). Although, not all TLOs will initially choose to participate or serve on the governing body, a seat could always be available as changes in leadership and capacity occur. TEC participation on committees and workgroups would be essential given their role as public health authorities and their direct link to Tribes and the IHS.

Another way to approach governing body composition is to include leadership representing various sectors, such as Tribal government, health care, academia, community-based organizations, and business. Like a PHI, individuals could be selected based on their experience, professional relationships, knowledge, and/or skills in public health.

NEUTRALITY

The concept of neutrality was discussed at length throughout the project. While neutrality is an important concept, an operational definition is needed to ensure responsiveness to the diversity that exists within Tribal public health systems. Below are considerations and potential principles to guide a TPHI in its efforts to remain neutral in serving the system as a whole.

- Exist to serve the “system” – including all primary beneficiaries (i.e. Tribes, Tribal health departments, TLOs, TECs, Urban Indian Health Centers);
- Maintain a governance structure (leadership) that is representative of those it serves, much like national membership organizations serve as a convener and resource to their members;
- Respect the role of TLOs, TECs and other partners within the system in addressing needs at the national, regional and local levels;
- Balance advocacy efforts by serving primarily as a broad-based source of information and support to Tribes and TLOs and their advocacy efforts;

- Develop strategic linkages and relationships across Tribal, state and federal agencies for the primary purpose of building the Tribal public health infrastructure;
- Respect diversity across the system by focusing on common objectives, needs and purpose; recognizing that some Tribes and TLOs might have greater capacity needs than others; and
- Be transparent and communicate clearly about the purpose, roles, partners and stakeholders served.

CORE FUNCTIONS

A TPHI could serve in a coordinating role and provide direct technical assistance to support Tribal public health infrastructure development, performance improvement, and national-level system coordination among Tribes, TLOs and other system stakeholders. The potential roles of a TPHI were clearly identified by Tribal roundtable participants, including serving as a:

- Convener to create new linkages across systems (Tribal, state and national public health systems);
- Provider of technical expertise to increase Tribal involvement in the development and implementation of new national initiatives in public health;
- Credible source of information to influence practices at Tribal, regional and federal levels;
- Clearinghouse of information, products, tools, training and technical assistance that is culturally and contextually appropriate for Tribal settings;
- Capacity builder of the Tribal public health system to function more effectively and efficiently as a whole and independent from federal agencies;
- Provider of opportunities for executive leadership development, nation building, workforce development and peer networking; and
- Link to bridge data issues by helping to address data gaps across regions in coordination with TECs; facilitate data linkages and communications across systems.

Core functions will need to be identified and aligned with a TPHI’s mission, vision and values, which are typically developed by a governing body. Priority areas identified by the Advisory Board include workforce development, laws, policies and plans, resource development and public health information and education. A TPHI organizational structure, as well as core public health competencies and functions, will need to be determined to best serve the various public health needs of its beneficiaries.

FUNDING

Funding requirements will be determined when the TPHI organizational and governance structure is finalized and core programmatic competencies and functions are identified and prioritized. Establishing start-up costs for the first 3-5 years will be an important and critical next step. A diverse portfolio of funding sources can bring additional resources into Tribal public health through the support of foundations, federal agencies, corporations and private sector, fundraising, among others. Potential strategies are outlined below:

- Identify funding source(s) to provide core funding for initial 3-5 years
- Seek contracts to conduct specific activities that address Tribal public health capacities and infrastructure
- Seek funding to support priority capacity areas through direct services and/or regranting
- Pursue charitable giving through generosity of foundations, corporations and individuals
- Engage in fundraising activities that generate sponsorships, donation of services and products

NEXT STEPS

This report aims to provide an objective summary of emergent themes resulting from Tribal engagement activities, the market, organizational and financial analyses, Advisory Board discussions and recommendations, and numerous conversations with Tribal leaders, administrators, and staff representing TLOs, TECs urban Indian health centers, federal agencies, and universities, among others. Given that leadership and guidance from Tribes and TLOs are essential to a TPHI’s creation and sustainability, the Advisory Board has recommended a summit be held in 2013 to discuss the feasibility study findings and determine next steps. A summit, and other forums, will need to be explored as a means of bringing together Tribal leaders and professionals to share project findings, give voice to the diverse needs across Indian Country, and to strategize ways to improve health outcomes through greater coordination. Looking to the future, continued Tribal participation will be essential to ensure the process for developing an emerging TPHI, or other hybrid entity, remains Tribally driven, relevant, responsive, respectful and valued among Tribal public health system stakeholders.

NATIONAL TRIBAL ORGANIZATIONS:

- American Indian Cancer Foundation
- American Indian Higher Education Consortium
- Association of American Indian Physicians
- Health Education and Promotion Council
- National Congress of American Indians
- National Indian Council on Aging
- National Indian Health Board
- National Native American AIDS Prevention Center
- National Native Research Network
- National Tribal Environmental Council

AREA HEALTH BOARDS AND INTER TRIBAL COUNCILS

- Affiliated Tribes of Northwest Indians
- Alaska Native Tribal Health Consortium
- Albuquerque Area Indian Health Board
- All Indian Pueblo Council
- California Rural Indian Health Board
- Eight Northern Indian Pueblos Council
- Great Lakes Inter Tribal Council
- Great Plains Tribal Chairmen’s Health Board
- Indian Health Board of Nevada
- Inter Tribal Council of Arizona
- Inter Tribal Council of California
- Inter Tribal Council of Michigan
- Inter Tribal Council of Nevada
- Montana Wyoming Tribal Leaders Council
- Northwest Portland Area Indian Health Board
- Northwest Washington Indian Health Board
- Oklahoma City Area Inter Tribal Health Board
- United South and Eastern Tribes, Inc.

TRIBAL EPIDEMIOLOGY CENTERS

- Alaska Native Tribal Epidemiology Center
- Albuquerque Area Southwest Tribal Epidemiology Center
- California Tribal Epidemiology Center
- Great Lakes Tribal Epidemiology Centers
- Inter-Tribal Council of Arizona Inc. Epidemiology Center
- Navajo Nation Tribal Epidemiology Center
- Northern Plains Tribal Epidemiology Center
- Northwest Tribal Epidemiology Center
- Rocky Mountain Tribal Epidemiology Center
- Southern Plains Inter-Tribal Epidemiology Center
- United South and Eastern Tribes Tribal Epidemiology Center
- Urban Indian Health Institute Tribal Epidemiology Center

UNIVERSITIES

- Harvard University, Native American Program
- Johns Hopkins University, Bloomberg School of Public Health, Center for American Indian Health
- Public Health Law Network-Western Region, Arizona State University and University of New Mexico
- University of Alaska Fairbanks, Center of Alaska Native Health Research
- University of Arizona, College of Medicine, Native American Research and Training Center
- University of Colorado, Denver, School of Public Health, Centers for American Indian and Alaska Native Health
- University of Minnesota, Center of American Indian and Minority Health
- University of Montana Native American Research Laboratory
- University of New Mexico, Center for Native American Health
- University of North Dakota, School of Medicine and Health Sciences, Indians into Medicine Program
- University of Oklahoma, Health Sciences Center, College of Public Health
- University of Washington, School of Social Work, Indigenous Wellness Research Institute
- University of Wisconsin Institute for Clinical and Translational Research, Collaborative Center for Health Equity

NATIONAL PUBLIC HEALTH ORGANIZATIONS

- Academy Health
- American Dental Association
- American Medical Association
- American Public Health Association
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- Center for Public Health Systems & Services Research, University of Kentucky
- Council of State and Territorial Epidemiologists
- National Association of City & County Health Officials
- National Association of Local Boards of Health
- National Network of Public Health Institutes
- Public Health Accreditation Board
- Public Health Foundation

ABOUT THE TPHI FEASIBILITY PROJECT

Tribal communities and their supporting health departments and consortia are looking to new solutions to maximize limited resources to address pressing health needs, and to help tribal communities stay healthy and safe. This project is exploring the feasibility of developing a Tribal Public Health Institute (TPHI) to bring added capacity, complement existing activities, and employ best practices in tribal public health.

Public health institutes are nonprofit organizations that focus on fostering innovation, leveraging resources, and building partnerships across sectors – with an emphasis on accountability, evidence-based standards, engagement in the political process and performance improvement. Tribal engagement is a valuable and critical component to the success of this project and to ensuring that the project is conducted for and by tribal nations. The Foundation is grateful to those who participated in the feasibility process and to all those who will participate as the project moves forward.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation (RWJF) focuses on the pressing health and health care issues facing our country. The nation's largest philanthropy devoted exclusively to health and health care, RWJF works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change.

In the area of public health, the Foundation works with its grantees and collaborates with a range of partners—policy-makers, business, education, health care, and community organizations—to help create a stronger public health system that builds evidence for what works, and then puts ideas into action. The Foundation's targeted strategy in public health focuses on three interconnected areas: discovering what works for improving health, advancing smarter laws and policies, and strengthening the public health departments that make healthy communities possible.

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ABOUT RED STAR INNOVATIONS, LLC

Red Star Innovations specializes in national public health consulting services, specifically in the area of performance, capacity and infrastructure development, with Tribes, Tribal and non-profit organizations, associations and federal, state and local governments.



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TRIBAL PUBLIC HEALTH INSTITUTE
FEASIBILITY PROJECT

