Progress Report from the Tribal FPHS Technical Workgroup November 2018

Thank You to the Tribal FPHS Technical Workgroup 2018 Members!

Name	Organization	Representing
• Adrian Dominguez	Urban Indian Health Institute	Tribal Epi Center
• Andrew Shogren	Suquamish Tribe	Tribe
• Barbara Juarez	Northwest Indian Health Board	Recognized American Indian Organization
• Crystal Tetrick	Seattle Indian Health Board	Urban Indian Health Provider
• Heleen Dewey	The NATIVE Project	Urban Indian Health Provider
• Jan Olmstead	American Indian Health Commission	Recognized American Indian Organization
• Jenna Bowman	Tulalip Tribe	Tribe
• Marilyn Scott	Upper Skagit Tribe	Tribe
• Stephen Kutz	Cowlitz Tribe	Tribe
• Susan Turner	Kitsap Public Health District	WSALPHO
• Torney Smith	Spokane Regional Health District	WSALPHO
• Vicki Lowe	American Indian Health Commission	Recognized American Indian Organization
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EXECUTIVE SUMMARY

Following a consultation between tribes and the Washington State Secretary of Health in 2015, a Tribal Foundational Public Health Services (FPHS) Technical Workgroup, was convened by the American Indian Health Commission (AIHC)[1]. The workgroup includes representatives from tribal programs, tribal councils, tribal organizations, staff from the AIHC, and liaisons from the Washington State Association of Local Public Health Officials (WSALPHO). The workgroup was asked to contribute to implementing a new statewide governmental public health network, by:

1. Defining FPHS for tribes,
2. Identifying the FPHS gaps in tribal communities, and
3. Estimating the cost to fill the FPHS gaps for the tribal communities.

This is the workgroup's report on their progress in those three areas. It is for tribal leaders and tribal public health representatives' review. The workgroup, in turn, invites each tribe to share their own recommendations about how they might work with the state and local partners to build a fully-funded framework to provide FPHS for all people in Washington.

The workgroup, through analyzing tribal services profiles, key informant interviews, and public documents, noted that all of the FPHS services are in place in tribal communities. However, they are expressed in unique and diverse, culturally-relevant activities and resources.

Moving forward, the workgroup can support coordination of assessment results and funding efforts to strengthen the tribal FPHS link to the Washington state governmental public health system.

This report will be presented at the November 2018 AIHC Tribal/State Leaders' Health Summit. The summit participants' guidance on priorities and actions will be reported back to the Tribal FPHS Technical Workgroup to be integrated into its work plan.

INTRODUCTION TO WASHINGTON TRIBAL FOUNDATIONAL PUBLIC HEALTH SERVICES

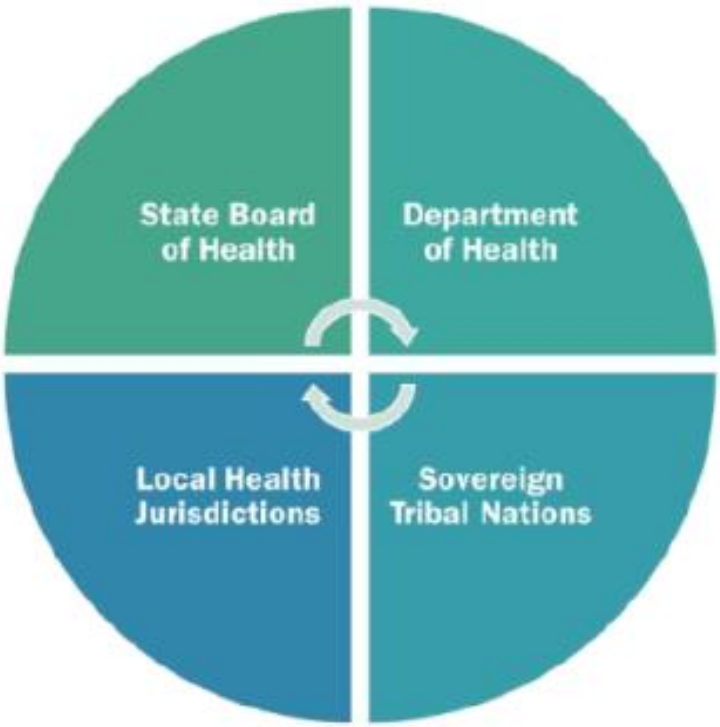
Each of the 29 federally-recognized tribes in Washington is its own government. The federal government has agreements with each of the tribes about its responsibilities to the tribe. This contributes to the complexity of the public health environment in tribal communities. One example of how tribes do public health activities is through partnership at the state level for FPHS. The partnership, including funding, activities, and responsibilities, have to fit into the legal and administrative operations the tribes have determined for themselves. Therefore, the government-to-government relationship between the tribes and the State of Washington is an overarching principle in the tribal FPHS work.[2]

[1] http://www.aihc-wa.com/files/2018/04/FPHS-Tribal-Project-Description-update-3-26-18.pdf

[2] Chapter 43.376 RCW Government-to-Government Relationship with Indian Tribes

The FPHS partnership in Washington began its current initiative in 2015, when the Secretary of Health initiated a campaign to engage tribes, the State Board of Health, and local health jurisdictions to build a new public health network across the state that provided fully-funded FPHS for all people in Washington.[3] As shown in Graphic 1, the four partners represent the governmental public health system for the state.

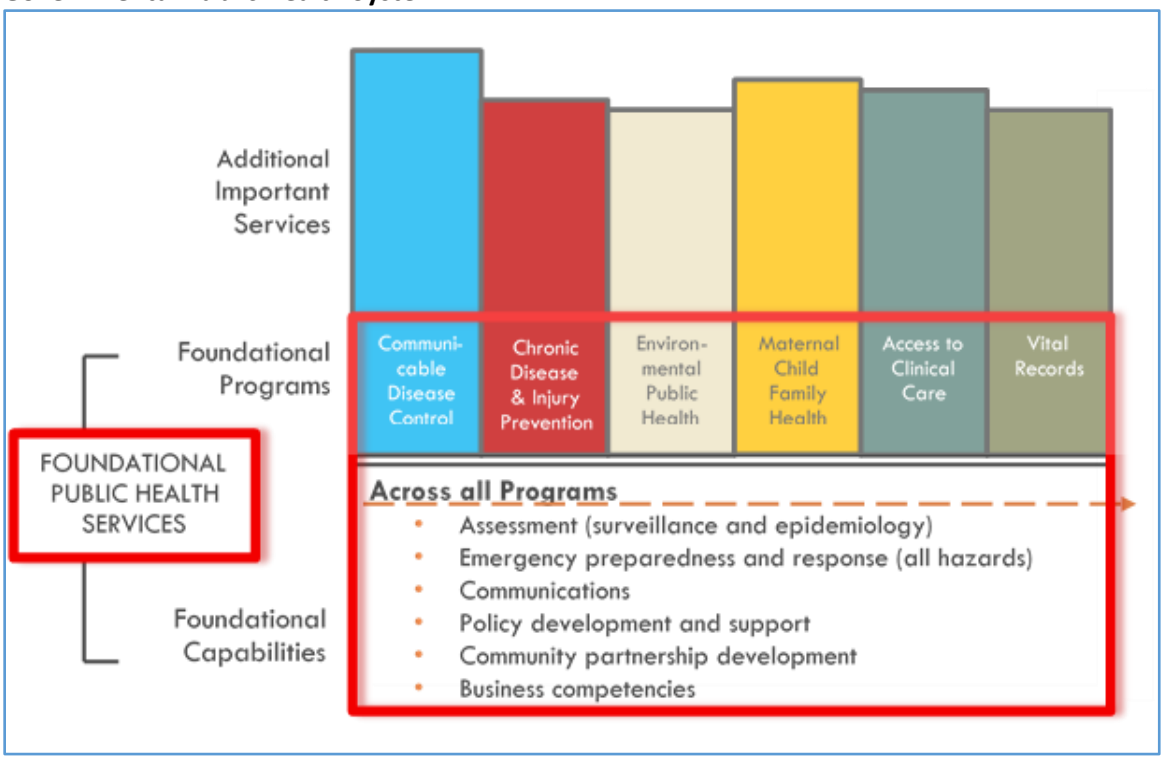
Graphic 1: GOVERNMENTAL PUBLIC HEALTH SYSTEM PARTNERS IN WASHINGTON STATE



The partners in this system work together to ensure the core services across all public health programs, as shown in Graphic 2 on the next page, are funded through dedicated revenues that are "predictable, reliable, sustainable, and responsive to changes in demand over time."[4] The partners have engaged state, local, and tribal groups in defining which are the "core services" across programs needed in every community across the state. All four FPHS partners have conducted some assessment of the capacity to provide those core services, to identify gaps, and to estimate the costs of filling the gaps. The initial work has been prioritizing communicable diseases programs and capabilities across jurisdictions.[5]

[3] Foundational Public Health Services: A New Vision for Washington State, January 15, 2015
[4] A Plan to Rebuild and Modernize Washington's Public Health System, December 2016
[5] https://www.doh.wa.gov/Portals/1/Documents/1200/2018%20FPHS%20Fact%20Sheet.pdf

Graphic 2: CORE FPHS SERVICES IN WASHINGTON STATE: Provided by the Partners in the Governmental Public Health System



FPHS are cross-cutting foundational capabilities that support all other public health services program at a basic level of service in each foundational program area. The foundational capabilities are the things that must be in place everywhere across the state as core components of a comprehensive governmental public health system. These parts of the system are defined as:

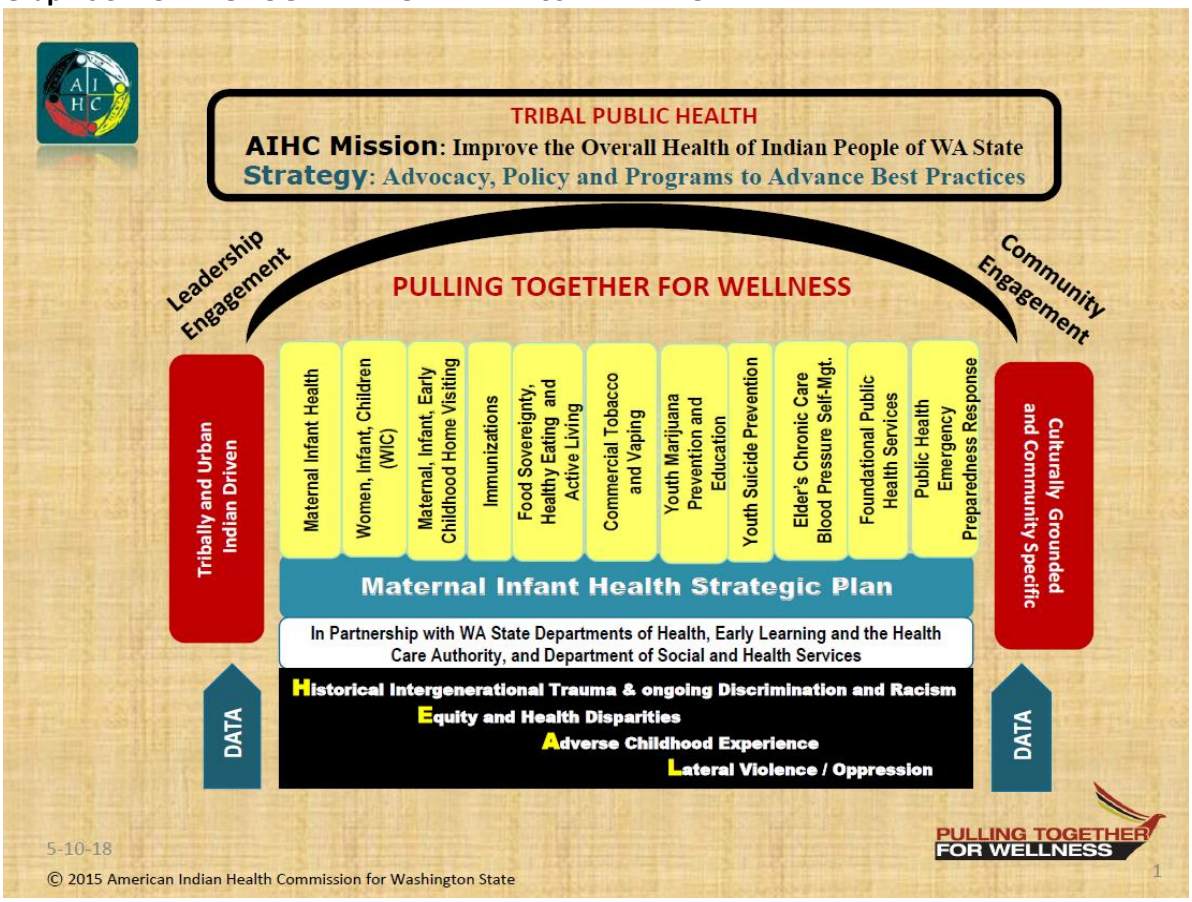
- **Assessment:** Collect and use data to identify community health problems and health disparities to guide public health planning and decision making.
- **Public Health Emergency Management:** Help communities plan for and respond to disasters or emergencies in accordance with national and state guidelines.
- **Communication:** Create and implement communication plans to inform stakeholders about public health services and issues and to promote positive change.
- **Policy Development and Support:** Develop evidence-based and emerging public health policy recommendations that promote health and reduce health disparities.
- **Community Partnership Development:** Mobilize community partnerships to identify and solve health problems including the reduction of health disparities.
- **Business Competencies:** Demonstrate competency in (1) leadership; (2) accountability and quality assurance; (3) quality improvement; (4) information technology; (5) human resources; (6) fiscal management; (7) facilities and operations; and (8) legal services and analysis.

DEFINING FOUNDATIONAL PUBLIC HEALTH SERVCIES FOR TRIBES

The Tribal Technical Workgroup, while exploring the definition of FPHS for tribes, noted that in Pacific Northwest tribal communities, health is related to behaviors, relationships to land and people, and to a combination of social and political elements. Indigenous people experience wellness through a support network that includes elements of clinical services, community resources, and cultural beliefs and practices. Therefore, the non-Native language of public health does not easily translate into tribal communities. Also, in the communities governed by the 29 sovereign tribes, public health services are delivered in tribal-specific, and unique "wrap-around" models. For example, environmental public health can be managed through the tribal Natural Resources Department, public health emergency preparedness may be managed through the tribe's Emergency Management Department, and public health services (like immunizations) can be delivered through a tribe's Health Department.

The AIHC, in 2016, committed support to the Tribal Technical Workgroup. AIHC added a tribally-developed public health framework, Pulling Together for Wellness, to the workgroup's resources. The framework, in Graphic 3, integrates traditional public health practice with Native epistemology.

Graphic 3: PULLING TOGETHER FOR WELLNESS FRAMEWORK



The workgroup agreed that tribes, in general, provide foundational public health services as a function of their governments. They do this through incorporating activities across tribal departments and through agreements with partners. A tribe self-determines which divisions, programs, or partners (tribal epidemiology centers, local health departments, state health department) to include in development of its community health assessment. The tribe determines the "population" to be included in the assessment. It may be limited to enrolled members or extended to all American Indians/Alaska Natives who live in the tribe's Contract Health Service Delivery Area (also known as a CHSDA). Each tribe chooses the characteristics of the population that will be included in its service boundaries to achieve its equity goals. The tribe determines the cultural practices and community values that are included as components of the health status. Each tribe determines its own practice-based evidence for its public health population.

Across Washington, each tribe has options for addressing health problems and environmental public health hazards, for example, a tribe may:

- Use its agreement with Indian Health Service or a tribal epidemiology center to conduct an investigation of an infectious disease.
- Partner with state or LHJs for shared services.
- Sign mutual aid agreement with other tribes and LHJs.
- Participate in drills and exercises with their partners to test and improve their response protocols.
- Use its own laboratory for detection and identification of public health hazards or send samples out to commercial labs or the state public health lab.

IDENTIFYING FPHS GAPS IN TRIBAL COMMUNITIES

The capacity to assess gaps in FPHS for tribal communities is currently at the macro level using two sources of data: 1) the tribal services profiles, and 2) anecdotal evidence from projects led by the AIHC on behalf of its member tribes and urban Indian health providers.

The AIHC support of tribal FPHS work over the past two years has taken place in a rapidly-changing state health policy, budget, and transformation environment. Tribes, through the AIHC, have committed program and leadership resources to responding to changes in federal and state policies and resource allocation. The Tribal Technical Workgroup, respectful of the finite resources tribes have to respond to public health assessment work, used a thoughtful and respectful approach for identifying FPHS gaps in tribal communities.

In its efforts to identify which FPHS are currently being provided by tribes and urban Indian health programs, the workgroup, in October 2017, developed a key informant interview template. During the time the key informant interviews were to be conducted in 2017-18, the AIHC posted Tribal Services Profiles on their website. The profiles contained significant information aligned with the workgroup's key informant interviews. Therefore, to reduce the burden of duplicative efforts by tribal program representatives, the Tribal Services Profiles were analyzed using criteria from the key informant interviews. The matrix in Table 1 shows the analysis of the profiles.

Table 1: MATRIX OF TRIBAL FPHS IN WASHINGTON

KEY:

⊙ Tribal Services Profiles indicate many programs are provided in this assessment topic area

O Tribal Services Profiles indicate some programs are provided in this assessment topic area

? Unknown if services available in this assessment topic area

TRIBE/URBAN INDIAN ORGANIZATION	CHRONIC DISEASE PREVENTION	ENVIRONMENTAL PUBLIC HEALTH	MATERNAL CHILD FAMILY HEALTH	EMERGENCY PREPAREDNESS & RESPONSE
Chehalis	⊙	⊙	⊙	⊙
Colville	O	O	⊙	⊙
Cowlitz	O	O	⊙	⊙
Hoh	O	O	⊙	⊙
Jamestown S'Klallam	⊙	O	⊙	⊙
Kalispel	O	⊙	⊙	⊙
Lower Elwha	⊙	⊙	⊙	O
Lummi	⊙	⊙	⊙	?
Makah	⊙	⊙	⊙	O
Muckleshoot	⊙	⊙	⊙	⊙
Nisqually	⊙	⊙	⊙	⊙
Nooksack	⊙	⊙	⊙	⊙
Port Gamble S'Klallam	⊙	⊙	⊙	⊙
Puyallup	⊙	⊙	⊙	⊙
Quileute	⊙	⊙	⊙	⊙
Quinault	O	⊙	⊙	⊙
Samish	O	O	?	?
Sauk-Suiattle	⊙	?	?	?
Shoalwater Bay	⊙	⊙	⊙	⊙
Skokomish	⊙	⊙	⊙	⊙
Snoqualmie	(no profile posted)			
Spokane	⊙	O	⊙	⊙
Stillaguamish	⊙	?	?	?
Squaxin Island	⊙	⊙	⊙	⊙
Suquamish	⊙	⊙	⊙	⊙
Swinomish	⊙	?	?	⊙
Tulalip	⊙	⊙	⊙	⊙
Upper Skagit	⊙	⊙	⊙	?
Yakama	⊙	⊙	⊙	O
The NATIVE Project	⊙	O	⊙	O
Seattle Indian Health Board & Urban Indian Health Inst.	⊙	O	⊙	O
Northwest Portland Area Indian Health Board & NW Tribal Epi Center[3]	⊙	O	⊙	O

The strengths analysis indicates some FPHS components at each tribe or program based on information provided in the Tribal Services Profiles listed on the AIHC's website. The matrix analyzes four areas of FPHS: Chronic Disease Prevention, Environmental Public Health, Maternal/Child/ Family Health, and Emergency Preparedness and Response. The matrix was shared with tribal program representatives in person and via email for review. Feedback was incorporated to reflect the depth and scope of services in the matrix.

The Tribal Services Profiles do not currently offer information about three foundational public health services topic areas on the key informant interviews: 1) Community Health Assessment & Community Health Improvement Planning; 2) Addressing Communicable Diseases; and 3) Public Health Codes, Policies or Laws. The AIHC may add these three topics areas for the next annual update of the profiles.

In August 2018, the AIHC Executive Committee provided the FPHS Steering Committee a summary of unmet needs that have been identified based on their work with tribe and urban Indian health organizations. See Table 2.

Table 2: AIHC FPHS UNMET NEEDS SUMMARY, AUGUST 2018

Assessment (surveillance and epidemiology)
NW Tribal Epi Center, Urban Indian Health Institute working with tribes and LHJs to: 1) Provide information on prevention and control of communicable diseases across jurisdictions, 2) Identify assets in I/T/Us[6] for prevention and control of communicable disease, and 3) Ensure disease surveillance, investigation, and control.
Emergency Preparedness
AIHC Medical Countermeasures Preparedness Cross-Jurisdictional Collaboration activities
Communications
AIHC Strategic Communication System for official emergency contacts, shared decision making, public information messaging during public health emergencies, Year 1 Statewide Plan Development + Year 2 Plan Implementation
Policy Development and Support
1) AIHC Tribal Medical Countermeasure (MCM) Plans, Continuity of Operations Plans, and Crisis Standards of Care Plans, 2) Model Tribal Public Health Codes
Community Partnership Development
1) AIHC MCM Partner Profiles 2) AIHC/WSALPHO Cross-Jurisdictional Public Health Partnership Development on policy and public health issue collaboration

[6] I/T/Us are Indian Health Service, tribally operated, or urban Indian health programs

ESTIMATING THE COST TO FILL FPHS GAPS IN TRIBAL COMMUNITIES

In order to estimate the cost to fill the FPHS gaps in tribal communities, a process and framework can be provided for each tribe and urban Indian health program to assist them in defining their foundational capacities and programs and assess their capacity and expertise in each functional area. Each community would need to determine which capacities they have and which they need – and how much expertise they have in each of the capacities they want. The resources, including leveraged partnerships and additional dollars, could then be quantified to fill the gaps.

Additional information on identifying the FPHS gaps in tribal communities could be revealed if tribes explored some of the questions outlined in Table 3. One method proposed for collecting these data would be through regional focus groups with tribal community representatives and the American Indian Health Commission.

Table 3: ADDITIONAL QUESTIONS AIMED AT IDENTIFYING FPHS GAPS IN TRIBAL COMMUNITIES

• What funding sources do you use for FPHS activities?
• Do you work with your local public health jurisdiction on some FPHS issues? If yes, what are they?
• Do you have MOUs or formal agreements in place for FPHS?
• How is your relationship with your local public health jurisdiction? What works well? What could be improved?
• If your tribe partnered with the DOH, State Board of Health, and Local Health Jurisdictions on developing the larger governmental public health system, what do you think the benefits might be? What concerns would you have?
• Would you be interested in tribe-to-tribe sharing of public health services? What would be the challenges of this? Do you already share public health services with another tribe?
• What challenges of engaging tribal and urban Indian health programs in the Washington Foundational Public Health Services initiative do you anticipate?
• Who else should we talk to for additional information about your tribe's public health perceptions, relationships and activities? (For example: Natural Resources – shellfish safety; Planning Department – healthy built environments; Public Utilities – water safety; Emergency Management – public health emergencies, etc.)

NEXT STEPS

The Tribal FPHS Technical Workgroup will continue to support the development of tribal FPHS definitions. This effort will take time and a considerable amount of additional resources due to the broad array of tribal public health systems across the state. Each tribe in Washington has a unique leadership structure in its public health realm. It may include a health department director, a tribal council or council member, a tribal health advisory board, an administrative unit within a tribe, and/or a program unit within a tribe. Each tribe has the capacity to make and review its own laws that impact the meaning, purpose, and benefits of public health. Each tribe,

through its codes, determines the monitoring and enforcement activities related to its public health laws. Codes may include items that support public health infrastructure, such as responding to distribution of vaccines in a shortage situation, mandating staff immunizations, or regulating privately constructed sewers or wells on land in the tribe's jurisdiction. This diversity brings strengths to the overall system and challenges to the alignment of systems.

The workgroup identified two resources that are available to support tribes self-define and assess their FPHS services and capabilities:

- Public Health System Transformation FPHS Functional Definitions Manual which is a non-tribal resource used by Washington Local Health Jurisdictions (LHJs) to define the indicators for their FPHS capabilities assessment work.
- State of Oregon Tribal Public Health Modernization Assessment Process Summary, July 2017, which includes in Appendix A the Full Tribal Public Health Definitions for Foundational Capabilities and was created by tribes in Oregon.

Eventually, the specific gaps at each tribe and program community will be identified by analyzing both capacity and expertise in each of the foundational capabilities core services areas: assessment, emergency preparedness, communication, policy development and support, community partnership development, and business competencies.

The workgroup has been asked to integrate its future efforts with the goals and directions of the FPHS Steering Committee through accepting assignment of its 2019 task list items, as follows:

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