



## American Indian Health Commission for Washington State FOUNDATIONAL PUBLIC HEALTH SERVICES (FPHS) FOR TRIBES

*Indian Health Service (IHS) services are largely limited to direct patient care, leaving little, if any, funding available for public health initiatives such as disease prevention, education, research for disease, injury prevention, and promotion of healthy lifestyles. This means that Indian Country continues to lag far behind other communities in basic resources and services. Our communities are therefore more vulnerable to increased health risks and sickness.*

– The State of Public Health in Indian Country, National Indian Health Board, November 18, 2015  
(<https://www.ihs.gov/newsroom/factsheets/disparities/>)

### OPPORTUNITY

The 29 federally-recognized Tribes, two Urban Indian Health Programs, and Recognized American Indian Organizations (RAIOs)<sup>1</sup> have the opportunity to work with state, county, and eventually federal government to better define/identify **foundational public health services** as a foundation from which to provide additional important services.

Based on the concept of “a minimum package of public health services” put forward by the Institute of Medicine report *For the Public’s Health: investing in a Healthier Future April 2012*, **Foundational Public Health Services (FPHS)** are a core package of public health services that people rely on government to provide and that no community should be without – things like collecting and sharing data, convening partners and setting priorities for action to improve population health, sharing evidence-based interventions and best practices and coordinating among partners. (See diagram on page 3).

The work must be Tribally-driven to identify foundational or core public health services and a framework effective for AI/AN populations and in a tribal settings must be defined must be

- Respecting sovereignty: Tribal governments provide public health functions and services to their communities;
- State and local health departments have no jurisdiction on Tribal lands
- I/T/U, state and local partnerships will be enhanced where shared services are needed
- 2017 LEGISLATION – includes defining the governmental public health system in Washington as: DOH, SBOH, LHJS and their boards and the sovereign Tribal Nations of Washington.

Washington State is responsible to protect the public’s health as a fundamental duty, including for members of tribal nations and the American Indian and Alaska Native (AI/AN) population at large. Tribal members are citizens of their tribes as well as of the state. The structure and funding of the foundational public health services will impact Tribes/UIHOs, AI/ANs on and off tribal jurisdictions, and non-Natives living on tribal lands. It is appropriate that sovereign tribal nations be included in as part of governmental public health system and that the state and locals collaborate with Tribes/UIHOs throughout the development of the modernization of the public health system at the policy level.

### BENEFIT TO TRIBES

If funds are provided for **FPHS**, this could:

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<sup>1</sup>The RAIOS include the Northwest Portland Area Indian Health Board (NPAIHB), Northwest Indian Health Board, South Puget Intertribal Planning Agency (SPIPA), Urban Indian Health Institute (UIHI) and American Indian Health Commission (AIHC).



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- Bring additional funding or services to tribes to make **FPHS** available
- Free up funds that are currently being spent on **FPHS** so they can be redirected to other health priorities or clinical/contract care

### CHALLENGE

The People of Washington are at risk.

1. Tribal governments are responsible to assure the public health protection of their communities (as defined the tribe).
2. In tribal nations and across Washington State, public health funding and service levels vary significantly depending on where you live.
3. What little public health funding that may have been available previously in both tribal and non-tribal communities has eroded, threatening basic services and our public health. The governmental public health system risks becoming simply a collection of categorically funded programs. With major reductions in funding, what was previously a weak foundation is now almost non-existent.

### EARLY ENGAGEMENT

Tribes emphasized the importance of early engagement in developing policy changes that have potential impacts to the Tribes at the May 21, 2015 Tribal Consultation meeting with Washington State Department of Health Department of Health Secretary John Wiesman. The Tribes represented at that meeting included: Chehalis, Jamestown S’Klallam, Lummi, Makah, Nisqually, Port Gamble S’Klallam, Quileute, Shoalwater Bay, and Suquamish. The RAIOs represented included: Seattle Indian Health Board, SPIPA, and AIHC.

In keeping with this spirit and in accordance with DOH’s Tribal Consultation Procedures, Secretary Wiesman engaged tribes to participate in the 2014 **FPHS** Policy Workgroup. The workgroup included Tribal representatives from Upper Skagit Tribe, Quileute Tribe, NPAIHB, NIHB, and AIHC. Secretary Wiesman is committed to creating a new vision for public health in Washington State, including a governmental public health system that includes DOH, State Board of Health, Tribes and local health jurisdictions (LHJs).

The AIHC is undertaking an effort to further collaborate with Tribes and RAIOs to further develop **FPHS** to **include a tribal perspective**.

### TRIBALLY-DRIVEN PROCESS

The AIHC is facilitating a tribally-driven process to define how the **FPHS** funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, and LHJs can work together to serve all people in Washington. The project scope includes the Indian health system (ITU) defined as any Indian Health Program administered or funded by Indian Health Service (IHS), programs run by tribes or tribal organizations, and IHS-funded urban Indian health centers.

### FPHS TRIBAL TECHNICAL WORKGROUP

The AIHC is forming a **FPHS** Tribal Technical Workgroup to:

- Explore the **FPHS** definitions, if these services are currently provided for the ITU and if so how



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- Consider how the **FPHS** definitions could benefit and apply to the ITU public health and recommend revisions if needed for tribes
- Identifying the current expenditures and funding sources for **FPHS** that are provided for the ITU
- Estimate the cost and funding gaps for providing **FPHS** for the ITU and incorporate this into the FPHS cost model

Health care, a treaty right of tribes, is underfunded by the US Federal government. Population health and illness and injury prevention services, often called “public health,” is even more underfunded in the ITU. Underfunding of public health is also the norm in non-tribal communities and jurisdictions.

We know that we are more powerful together so the AIHC is working with representatives from tribal public health and the state/local public health in Washington State to see if together, we can describe a core set of public health services (called **Foundational Public Health Services**) that governments must provide and fund, in tribal and non-tribal communities alike and together advocate for adequate funding of these FPHS.

Tribal nations are responsible for their members and their territory, including for public health protections of their citizens and the population that lives on their reservations. Tribes, as inherent sovereigns, make independent decisions with power to make and enforce laws within their jurisdiction. Therefore, each tribal government will independently determine how they will engage in the state’s governmental public health system based upon a government-to-government relation.

While this project alone will not solve the whole problem of inadequate funding of health services for the ITU by the federal government, it is one piece and one step toward a larger solution.

### **THE AIM**

We aim to create a modern and sustainably-funded *governmental* public health system which encompasses the ITU, LHJs, the Washington State DOH, and the State Board of Health (SBOH), and that functions and is valued as an essential and funded component of a transformed health system and a key asset for communities in creating a culture of health.

### **TRIBAL CULTURE OF HEALTH**

The AIHC facilitated, through the guidance of the PTW Tribal Leadership Advisory Committee, development of the *Pulling Together for Wellness* framework, which emphasizes Native values and use of Native-based participatory practices. It consists of four essential components, including a strategic framework, action steps, measures, and competencies necessary for implementation at the Tribal or Urban Indian community level. It is a culturally-grounded approach that integrates traditional public health practice with Native epistemology. The PTW includes many of the types of core health services that cross all programs like data collecting and sharing, convening partners and setting priorities for action to improve population health, sharing evidence-based interventions and best practices. The AIHC’s Pulling Together for Wellness (PTW) framework should be considered as part of this project.

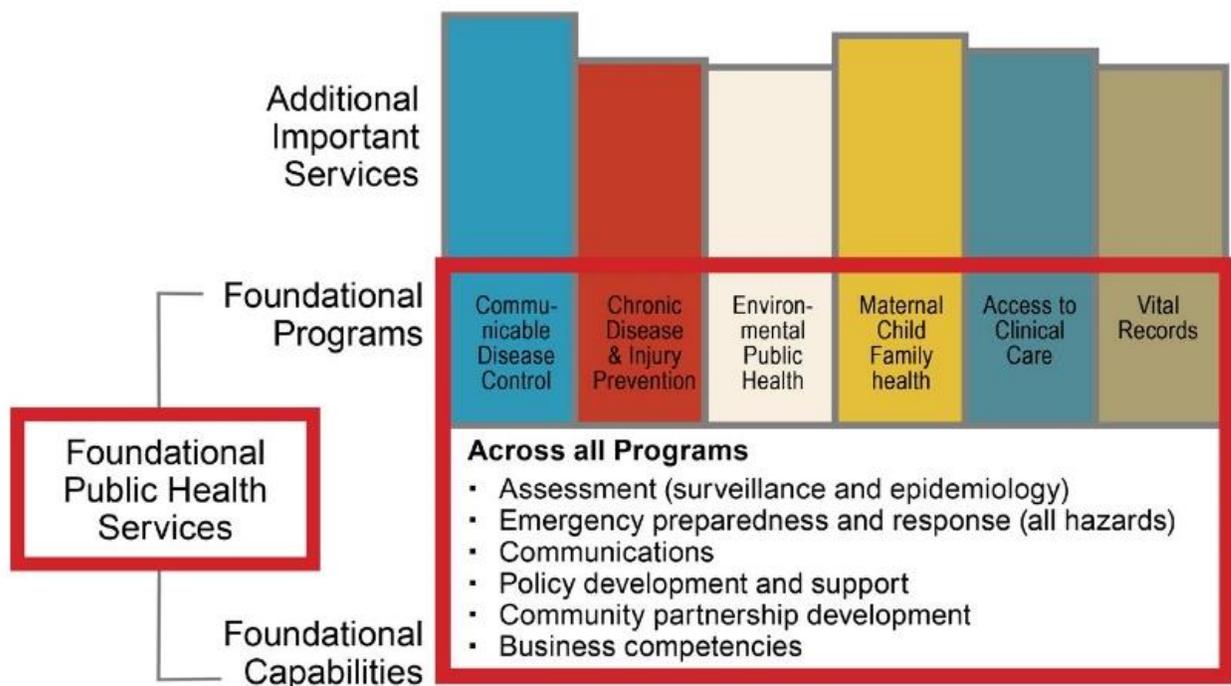
### TIMELINE OF THE TRIBAL FPHS PROJECT



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2014 Fall	FPHS leadership defines need for a Tribal FPHS project (TFPHS)
2015 Winter 2015 Spring	<i>Foundational Public Health Services: A New Vision for Washington State</i> released recommending DOH support a tribally-driven FPHS framework for tribal public health across WA SOH makes TFPHS presentation at AIHC SOH hosts consultation on TFPHS at Great Wolf Lodge
2016 Summer	TFPHS planning group transitions into a technical workgroup Statement of work and budget for TFPHS contract with AIHC is drafted
2017 Summer	TFPHS Technical Workgroup explored the NIHB/NACCHO/ASTHO Tribal Public Health Profile process; initiated key informant interviews on tribal public health services
2018 Winter 2018 Summer 2018 Fall	TFPHS Workgroup Key informant interviews in process Target date for TFPHS Workgroup report on “Tribal Public Health” Publish report with recommendations; disseminate report and solicit feedback at AIHC Health Leadership Summit
2019 Winter	SOH consultation with Tribes on what the funding request is for TFPHS
TBD	SOH hosts consultation on allocation of TFPH funding allocation

The AIHC will provide routine updates on this work. For more information, contact Jan Olmstead, AIHC Consultant, [janolmstead@gmail.com](mailto:janolmstead@gmail.com).



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