# Knowing Tribal Health

Most states and jurisdictions have numerous ethnic minorities and racial minorities. Notably, American Indian/Alaska Natives are also political minorities that have a specific legal status. The federal government recognizes 566 tribes, ranging from large nations in the contiguous states to remote villages located in rural Alaska.[1] All together, there are 5.2 million American Indian/Alaska Natives living in this country.[2] In the 2011 ASTHO profile of state and territorial health agencies, 36 out of 51 states (70%) reported that they were working with American Indian/Alaska Native populations. Of those states, 35 had a primary contact person that works on minority health, health disparities, and health equity issues and 32 had an organizational unit that has primary responsibility on all minority health issues. [3]

Through treaty rights, statutes, executive orders, presidential memoranda, court decisions, and the Constitution of the United States, the federal government recognizes tribes as sovereign nations. This unique **government-to-government relationship** affords the tribes the ability to deal directly with the federal government.[4] This identity as sovereign nations has its origins in the beginning of our country, as specifically identified in the Constitution.

**The Indian Commerce Clause**

"The Congress shall have power to regulate commerce with foreign nations, and among the several states and with Indian Tribes."— ***United States Constitution,*** *Article I, Section 8, Clause 3*

**Treaties and Laws**

Since the formation of the United States, hundreds of treaties have been signed between the federal government and tribes, and a number of laws related to American Indian/Alaska Native populations have been established. Some of the most important health related federal laws from the last 100 years include:

- The Snyder Act (1921), which states that American Indian/Alaska Native health services are not an entitlement.
- The Indian Reorganization Act (1934), which established population definitions. This was informed by the Merriam Report (1928).

[1] "Indian Entities Registered and Eligible to Receive Services from the United States Bureau of Indian Affairs." *Federal Register* 75:190 (Oct. 1, 2010), pp. 60810-60814.
[2] U.S. Census Data, America Indian and Alaska Native, American Community Survey. Available at www.census.gov/acs/www/about_the_survey/resources/aian.php. Accessed Aug. 20, 2012.
[3] *ASTHO Profile of State Public Health, Volume 2*. Washington, DC: ASTHO, 2011.
[4] U.S. Dept of Health and Human Services 12th Annual National HHS Tribal Budget & Policy Consultation Session, March 4-5, 2010. Available at www.nihb.org/docs/04122010/DHHS%20Tribal%20Consultation%20Testimony_NIHB_3.2010.pdf. Accessed Aug. 20, 2012.

- The Transfer Act (1955), which established the Indian Health Service (IHS) as part of the United States Public Health Service (USPHS), transferring responsibility for Indian health from the Bureau of Indian Affairs (BIA) to the Department of Health, Education, and Welfare (now the Department of Health and Human Services).
- The Indian Self-Determination and Education Assistance Act (1975), which states that any Indian tribal government can, on request, take over the operation of any BIA or IHS function.
- The Indian Health Care Improvement Act (1976), the key legal authority for the provision of health care to American Indians and Alaska Natives.
- The Patient Protection and Affordable Care Act (2010), which includes a permanent reauthorization of the Indian Health Care Improvement Act.

**Building Trust**

"It's so important to me that there are strong relationships between our agency and reservations in Montana. The best example I can provide is our work with our Healthy Montana Kids (HMK) program, which provides low-cost or free health coverage for children. We initially began with developing and improving our relationships, explaining why it benefits Indian children to be enrolled in HMK. We had to gain that trust and relationship with our Indian counterparts. That work then carried over into the entire public health system, improving immunization rates and increasing participation in WIC."—***Anna Whiting Sorrell, MPA,*** *Director, Montana Department of Public Health and Human Services and Enrolled Member of the Confederated Salish and Kootenai Tribes*

The ongoing need for legislation in recognition of the autonomy of the American Indian/Alaska Native population points to the sensitivities between states/territories and tribes. It is important to recognize that tribal entities are independent sovereign nations and should be identified as both a political minority and a racial minority. They exist within state jurisdictions against a significant historical and political backdrop. They are both citizens of their tribe and citizens of United States, with the full rights and responsibilities of any citizen. Tribes are separate governmental entities and are as underfunded as the jurisdictions in which they exist, often with few revenue streams. Sometimes funding to improve American Indians/Alaska Natives' health goes directly to states, and other times it goes to tribes. Most importantly, data on the poor health outcomes of American Indians/Alaska Natives may be used to secure funding without any reassurance that such funding will directly impact American Indian/Alaska Native health.

# Knowing Tribal Health

## A Legacy of Poor Health Outcomes

The health outcomes for American Indian/Alaska Native populations are usually far worse than the general population. At each stage of their lifespan, American Indians/Alaska Natives fall far below their white counterparts in mortality rates, rates of chronic disease, and overall access to care. American Indians and Alaska Natives born today have a life expectancy that is 5.2 years less than the U.S. all-races population (72.6 years to 77.8 years, respectively; 2003-2005 rates).[5] The best way to combat these poor health outcomes is to work directly with the tribes and tribal organizations. Within each tribe and tribal organization reside strong allies in improving health outcomes and a culturally competent public health workforce who, literally, speak the language and understand both the history and political reality of a people. Tribal leaders and their representatives are usually a good source of information regarding their people and their struggles to improve health.

### The Strength of Strategic Relationships

"In Oklahoma we have 38 federally recognized tribes, which gives us incredible strength, diversity, and opportunity to come together to address the health of tribal populations. While not without its complexities, as you would experience with any government to government relationship with a sovereign nation, the strengths of such strategic relationships far outweigh the challenges."—***Terry L. Cline, PhD,*** *Oklahoma Commissioner of Health*

## Working Successfully with Tribes and Tribal Organizations

It is important to go directly to tribal jurisdictions to meet with leaders in their own setting, soon after taking office. This acknowledges the sovereignty under which tribal health agencies operate. Leaders should be invited to join appropriate decision-making groups or committees if they are not already involved. Other dynamics important in establishing relationships with American Indian/Alaska Native health entities include:

### Responsibility of Leadership

"It is my role as the top health official for the state of New Mexico to ensure the health of all people living in New Mexico. I have a responsibility to meet with tribal leadership from all 22 sovereign nations on health issues with the goal of eliminating the health disparities that exist. It is important to have an understanding of that sovereignty as well as the ability to listen and act on decisions."—***Catherine D. Torres, MD,*** *New Mexico Cabinet Secretary of Health*

[5] Indian Health Service. Indian Health Disparities Fact Sheet. Available at http://www.ihs.gov/PublicAffairs/IHSBrochure/Disparities.asp. Accessed Aug. 15, 2012.

- Admit what you don't know or understand regarding American Indian/Alaska Natives, and be willing to learn. This is a culturally appropriate comment to include in early engagement.
- Do not assume that tribal leaders understand state/territorial health or Medicaid systems. Tribal leaders have staff that may be more versed in those issues.

**The Power of Community Engagement**

"Successes that we have experienced working with tribal partners are due to true community engagement versus community coercion. True community engagement facilitates communities to own their own problems and solutions. It is facilitation of a process, not a project. Community ownership is the essential ingredient to true community engagement and will make a difference."—***Terry Dwelle, MD, MPH,*** *North Dakota State Health Officer*

- Be willing to develop and enhance long-term relationships between your jurisdiction and tribes, such as memoranda of understanding or strategic partnerships.
- Demonstrate a willingness to work directly with tribes rather than sending a proxy.
- Ensure that your staff cultivate an understanding of American Indian/Alaska Native health issues.
- Coordinate with federal investments in American Indian/Alaska Native health outcomes in your jurisdiction.
- Provide a means by which tribes can contact and work with your office regularly.

Tribes and tribal organizations should be a part of planning and establishing public health initiatives to improve population health well before the initiatives are launched. This pre-planning will be essential to success. Moreover, it points to a true partnership between the state/territory and the tribes. These steps, working from an acknowledgement of the distinct political and historical reality by which tribes operate and exist, are essential in the work of a state health official.

**This publication was supported by COOPERATIVE AGREEMENT NUMBER 5U58DP001319-04 from the Centers for Disease Control and Prevention. Its contents are solely the responsibilities of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.