

INDIAN HEALTH SERVICE  
PORTLAND AREA  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES (DEHS)

***Public Health Improvement: A Framework for Tribal Environmental Health  
Program Capacity Development***

**Problem Statement and Current Status**

In order to achieve the mission of the Indian Health Service (IHS) and accomplish the goals set forth in Healthy People 2020 and the National Prevention Strategy, our health system must transform into one which is based on prevention and wellness. The transformed health system aims to provide improved health and better care at a lower cost. To realize the transformed health system and address 21<sup>st</sup> century health challenges, the Tribal health system will require a strong public health system designed to support individuals outside of the clinical setting where they live, learn, work, and play.

Many Tribes now operate their own health systems, with fully half of the traditional IHS care systems being managed by Tribal health departments under self-determination contracts or self-governance compacts. Tribes are sovereign nations that define their own service populations and are committed to promoting and protecting the health and well-being of Tribal members and all people residing within their self-defined service areas. Historically, Tribes have not been funded for public health. Most existing treaties with the federal government include the provision of health care services; however, public health is not specifically named. Tribal health systems traditionally focus on patient-centered services, based on the federal IHS model. Clinical services which involve treating more emergent needs are often prioritized over public health services. The Tribal health system overall is underfunded, significantly impacting its ability to address the public health needs contributing to the health disparities of the American Indian/Alaska Native (AI/AN) population. In order to address the lack of funding and improve the AI/AN population health, Tribes must develop and implement a conceptual framework for governmental public health services.

Like public safety (fire, police), public utilities (power, water), and other public infrastructure (roads), there is a foundational level of public health services that must exist everywhere for services to work anywhere. This foundation is a subset of all governmental public health services.

The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The Essential Public Health Services provide a fundamental framework for describing public health activities. The level of service delivery may be basic, intermediate, or comprehensive. Service delivery is determined by government authority(ies) and policy(ies); management decisions; available funding for staffing, etc.; and community needs.

Further, a 2012 Institute of Medicine report, *For the Public's Health: Investing in a Healthier Future*, defined a minimum package of public health services, including foundational capabilities and an array of basic programs no health department can be without, now known

as foundational areas. Over the course of several meetings, a Public Health Leadership Forum working group drafted an initial Foundational Public Health Services (FPHS) model. The model describes *foundational public health services essential to communities everywhere for the health system to work anywhere*. Clarity and consistency of an overall conceptual framework, including definitions and methodologies for estimating costs is critically important to support a case for sustained funding for FPHS.

The states of Oregon and Washington are both working to formally identify and adopt foundational public health services. Both preliminary models identify environmental health as a foundational program. Based on the initial FPHS model, Oregon and Washington models, the IHS recommends a Tribal FPHS model be developed.

### **Objectives and Methods**

Environmental public health is identified as one of the “required” or foundational public health programs that local health authorities should provide. Other core public health department programs, services, and activities include, for example, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management /administration, and governance.

The purpose of this project is to clearly identify the operational standards for a comprehensive environmental public health system. The standards are intended to promote healthy communities by assisting in the development, improvement and support of the public health system. Standards for environmental public health in Tribes provide a common, consistent and accountable approach to assuring that basic health protection and community health promotion are in place.

The conceptual model for service delivery is similar to that of the national framework for public health in which the Centers for Disease Control and Prevention (CDC) and other U.S. Department of Health and Human Services agencies provide leadership, guidance, and funding for state health departments to ensure the delivery of health services. The majority of state health departments can be categorized as decentralized, in which public health services are delivered locally by a local employee at a local health unit. This local health authority, such as a County Health Department, may have to meet federal and/or state regulations, but for the most part serves as the regulatory health authority.

The Indian Health Service (IHS) is decentralized. While the IHS has retained a layered structure of administrative support services in the Area and program offices, an emphasis on community-oriented primary care and attention to the diversity among Indian communities has gradually produced a more decentralized organization. Key to the success of the programs is the active involvement of the community members themselves — not only by participating in health programs and healthy living but also in directing and operating the programs. Tribes are sovereign nations and governments, and as such, are the regulatory Public Health Authority. In some cases, federal regulations may also apply to Tribal governments; however, Tribes are the

main responsible authority for public health. Tribal decisions to contract/compact health care programs or to continue to have the IHS operate them are equal expressions of self-determination. The IHS serves as a Health Advisor and the Tribe is the Health Authority in all cases.

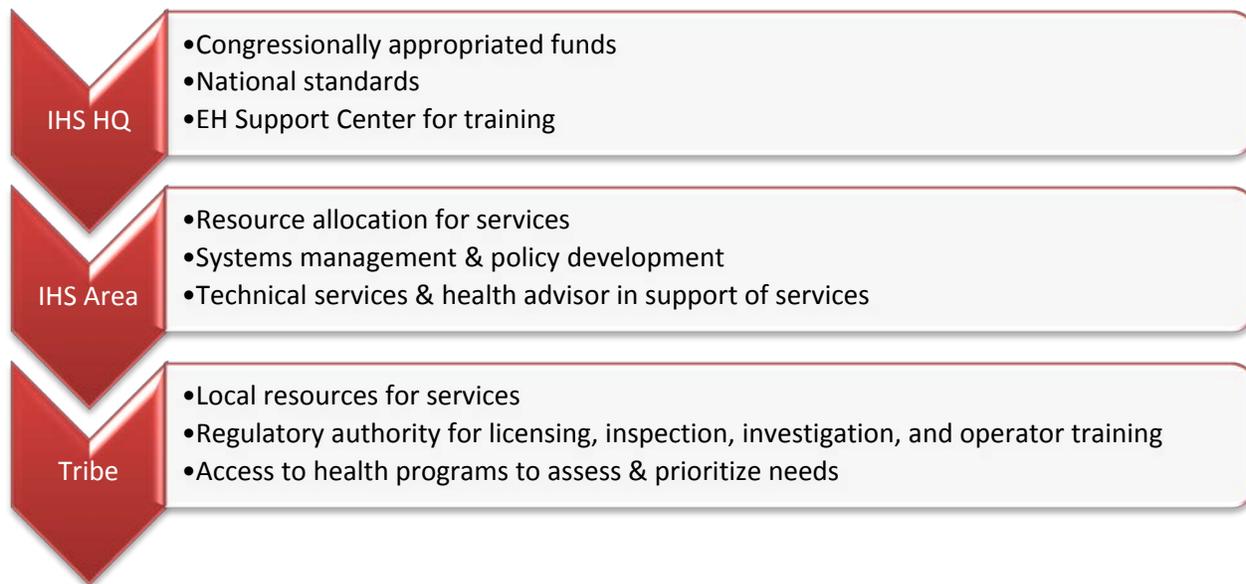


Figure 1: Resource flow diagram for Environmental Health Services in the Tribal Health System

### Environmental Health Toolkit

In order to improve the services provided by IHS and to assist Tribes in developing and implementing governmental environmental public health programs, the DEHS proposes a project for developing a “toolkit”. Portland Area IHS is working to develop a scope of work for a project to deliver the product. The toolkit will be used for working with direct service Tribes to assure they are providing those environmental health services for which they have the public health responsibility, as well as shared with Tribes who have already assumed environmental health services under P.L. 93-638, Title I or Title V.

#### 1. Collection, Organization, and Development of Governance and Administration Documents

Documentation that will serve as a platform for governance and administration of a Tribal environmental health program. Examples of these documents include, but are not limited to, the following:

- Sample Tribal resolution for developing an environmental health program
- Sample organizational structure in Tribal Government
- Definitions of Jurisdictional Authority
- Sample health and safety codes that include licensing, permitting, inspecting of premises; associated fees; worker requirements; owner/operator responsibilities; and enforcement (fines, collection of fees, closure, etc.)
- Readiness checklist for governance and administration

2. Collection, Organization, and Development of Public Health Program Management Documents

Documentation that will serve as a platform management of a Tribal environmental health program and its staff. Examples of these documents include, but are not limited to, the following:

- Workforce - Professional position descriptions with credentialing requirements (REHS, REHT, Other (FDA, CPI).
- Sample budget – includes: recurring expenses and examples of revenue generation from local fees and/or other sources (Enterprises and Tribal gaming contributions, County/State taxes, Federal or State grants).
- Examples of collaborative agreements with other jurisdictions (MOU/MOA/MAA with Tribal, County, State, other Federal, etc.).
- Readiness checklist for management.

3. Development of Tribal Public Health Program Guidelines

Develop a draft set of guidelines for the functions, services, and activities of a direct service Tribal environmental health program. These guidelines can be modeled after Part 3, Chapter 11 of the Indian Health Manual and will include protocols for inspections, investigations, and operator training, at a minimum.

4. Development of a Sample Work Plan

Sample yearly Work Plan for a tribal environmental health program.

5. Interviews and Analysis of Tribal Environmental Health Programs

Working with DEHS personnel, develop a list of model Tribal environmental health programs. An interview script/questionnaire will be developed for use in face-to-face or phone interviews with staff and stakeholders of these model programs. This data collection will be used to document best practices in program development and implementation. Interview notes will be themed in order to produce an analysis report, including lessons learned.

6. Development of a Facilitator's Guide

Using the data collected from the previous task, develop a Facilitator's Guide for mobilizing community partnerships and engaging tribal leaders in the development of a tribal environmental health program. This Facilitator's Guide will serve as a resource to be used by DEHS and tribal staff to begin the process of stakeholder engagement, workshops, community mobilization, Tribal council education, and other critical parts of the development process.

7. Piloting of the Facilitator's Guide

Working with DEHS Portland Area staff, organize, schedule, facilitate, and document one or more workshops with Tribal environmental health program stakeholders in the Portland Area (Oregon and Washington). These stakeholders could include, but would not be limited to, the Indian Health Service, the Northwest Portland Area Indian Health Board, state health organizations, and Tribal Health Authorities.

8. Research, Identify and/or Develop Professional Training

Drawing on a number of resources, research and identify “best practice” curricula for environmental health professional training. This training (virtual, online, or face-to-face) would target Tribal Health Directors, Administrators, Program Managers, and Program staff. Potential topics include the Ten Essential Services of Public Health, Environmental Public Health Services, and community public health assessments (for example, Mobilizing for Action through Planning and Partnerships (MAPP)).