



## 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).

### BENEFIT TO TRIBES

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

- 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

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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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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
- 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**.

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.

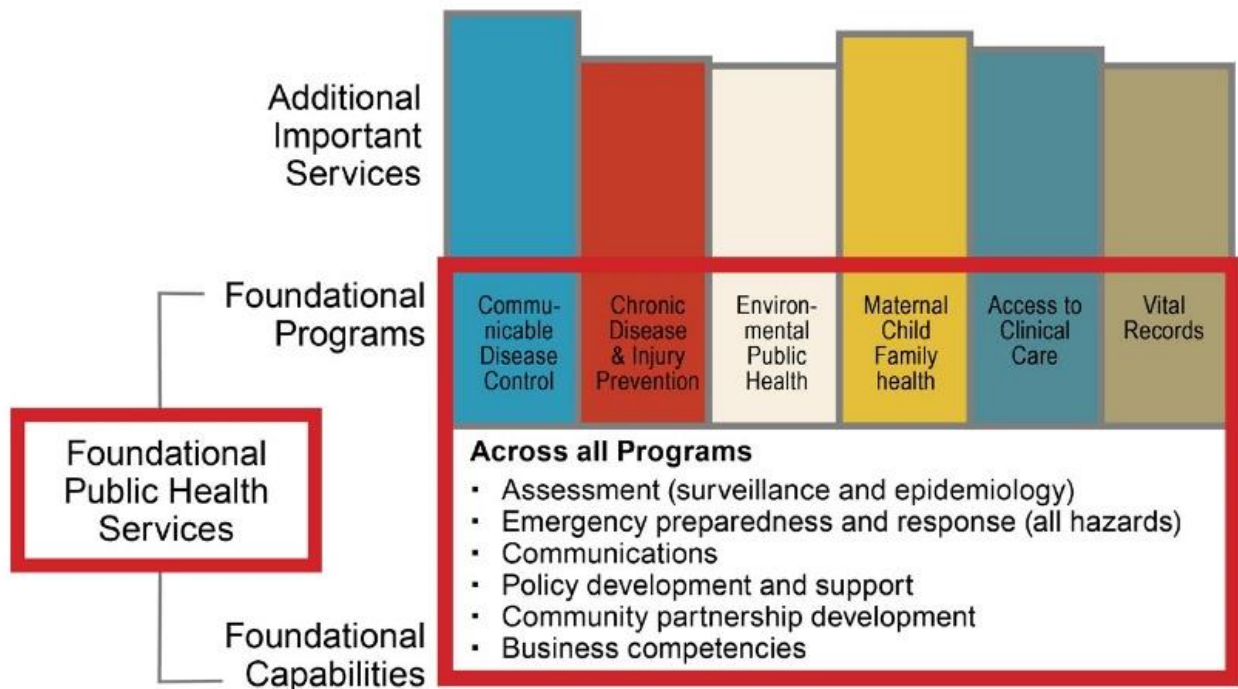


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### TRIBAL CULTURE OF HEALTH

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.

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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