



Building Our Collective Capacity: The Case for an Indigenous Public Health Institute

**August 30, 2016
National Tribal Forum for
Excellence in Community Health Practice
Spokane, WA**

Support for this project was provided by a grant from the W.K. Kellogg Foundation



Presenters

Erin Marziale, MPH

*Associate Director, Member Services,
National Network of Public Health Institutes*

Aleena M. Kawe, MPH

*Executive Director
Red Star International, Inc.*

Objectives

- Definitions of public health institutes (PHIs) and their roles in the U.S.
- Share case examples of PHIs that are impacting systems, policies and practices
- Discuss the value of an indigenous PHI and its potential role in improving health
- Describe elements of public health capacity in Native Communities



The PHI Model: Improving Health Systems and Outcomes

ERIN MARZIALE
August 31, 2016
National Tribal Forum



National Network
of Public Health Institutes



MISSION AND VISION

The NNPHI vision is innovation-fostering public health institutes across the nation collaborating to improve population health.

The NNPHI mission is to support national public health system initiatives and strengthen public health institutes to promote **multi-sector** initiatives resulting in **measurable improvements** of public health structures, systems, and outcomes.



MACRO FORCES

“Politicalization” of all things health and health care

Unbalanced emphases: markets and human lives

Congressional approach to addressing problems

ACA potential to reshape health care delivery

Need for more evidence on what works

Move from disease-based models to creating conditions for health

Increased focus on place-based strategies

Collective impact experimentation underway

Attempts to reduce silos

Intense competition



ABOUT NNPHI...

We and our member institutes are nongovernmental organizations that implement public health policy and program initiatives throughout all 50 states. Our current membership includes over 40 organizations in 32 states and DC. We also serve as the National Coordinating Center for Public Health Training, working with 10 regional public health training centers.



OUR WORK

Convenings

Open Forum: October 5-7,
Salt Lake City

NNPHI Annual Conference:
May 17-19, New Orleans

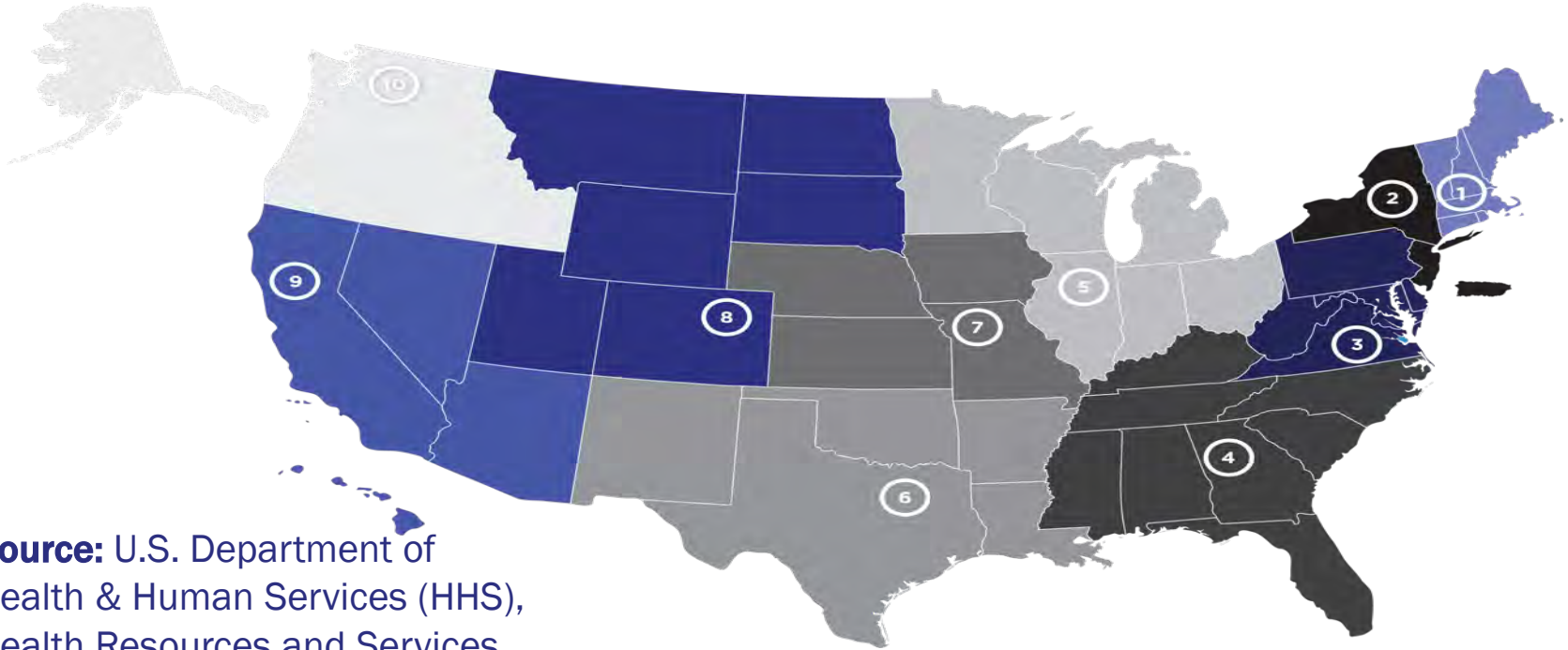
Leading training
responses to **emerging
public health issues**

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NNPHI MEMBER PUBLIC HEALTH INSTITUTES



REGIONS I - X



Source: U.S. Department of Health & Human Services (HHS), Health Resources and Services Administration, which currently funds ten centers representing each of the HHS regions.

PHI CORE COMPETENCIES

Fiscal/Administrative Management

Population-Based Health Program Delivery

Health Policy Development, Implementation
and Evaluation

Training and Technical Assistance

Research and Evaluation

Health Information Services

Health Communications and Social Marketing

Convening and Partnering

ATTRIBUTES OF INSTITUTES

Improve population health

Support governmental public health

Enhance organizational capacity

Convene multi-sector partners

Leverage resources and partners quickly

Provide reliable health information

Support health systems change

Promote informed policy change and decision-making

WHY PUBLIC HEALTH INSTITUTES?

1

GROWING RECOGNITION THAT PUBLIC HEALTH IS NOT THE EXCLUSIVE ROLE OF GOVERNMENT

2

INCREASED FOCUS ON INTERSECTORAL WORK TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

3

GOVERNMENTS , FOUNDATIONS, AND OTHER ORGANIZATIONS REALIZE THEY CAN ENGAGE PHIs TO HELP THEM DO THINGS MORE EFFICIENTLY.

- A. Move quickly with less bureaucracy
- B. Hire staff
- C. Give Voice
- D. Build partnerships
- E. Re-grant and manage subcontractors
- F. Act as Fiscal Agent

4

LINK BETWEEN PUBLIC HEALTH AND HEALTHCARE REFORM

CASE EXAMPLES



EXAMPLES OF IMPACT: SYSTEM

- CA public health trust and MA prevention and wellness trust
- Over \$300 million in new public health resources to state and local communities
- New language in FOAs/RFPs





EXAMPLES OF IMPACT: POLICY

- IL Enhanced PE
- Legislative Education programs in GA, KS, SC





EXAMPLES OF IMPACT: KNOWLEDGE

- MPHI *Embracing Quality in Public Health: A Practitioner's Performance Management Primer*
- OH Health Value Dashboard

Current Emerging Institutes



-New Mexico

-Puerto Rico

-Active discussion in: Indiana, Alaska, Montana



CORE ELEMENTS OF SUCCESSFUL PUBLIC HEALTH INSTITUTES

- 
- Vision
 - Key Partner Involvement
 - Entrepreneurial Leadership
 - Funding – Core and Project
 - Organizational and Programmatic Capacity



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A photograph of a large tree trunk with thick, moss-covered roots in a forest. The roots are spread out on the ground, which is covered in moss and some fallen leaves. The background shows a dense forest with green foliage and sunlight filtering through the trees.

Thank you!



BUILDING OUR COLLECTIVE CAPACITY: THE CASE FOR AN INDIGENOUS PUBLIC HEALTH INSTITUTE

Aleena M. Kawe, MPH

Executive Director

Red Star International, Inc.

Red Star International, Inc.

- Formerly Red Star Innovations
- Started as a small business/social enterprise in 2007
- 2015 Formed as a non-profit organization
- Vision: Healthy and vibrant communities resulting from Indigenous peoples exercising their right to self-determination to the fullest extent.
- Mission: To advance community wellness by strengthening public health infrastructure and performance of Indigenous governments, organizations and communities through purposeful planning, action and leadership.

Foundational Belief

Self-determination is the principle that Indigenous Peoples and Tribal Nations have the inherent right to freely assert their sovereignty and political status.

A strong indigenous public health infrastructure supports self-determination by providing a solid foundation from which meaningful planning and action can advance community wellness.



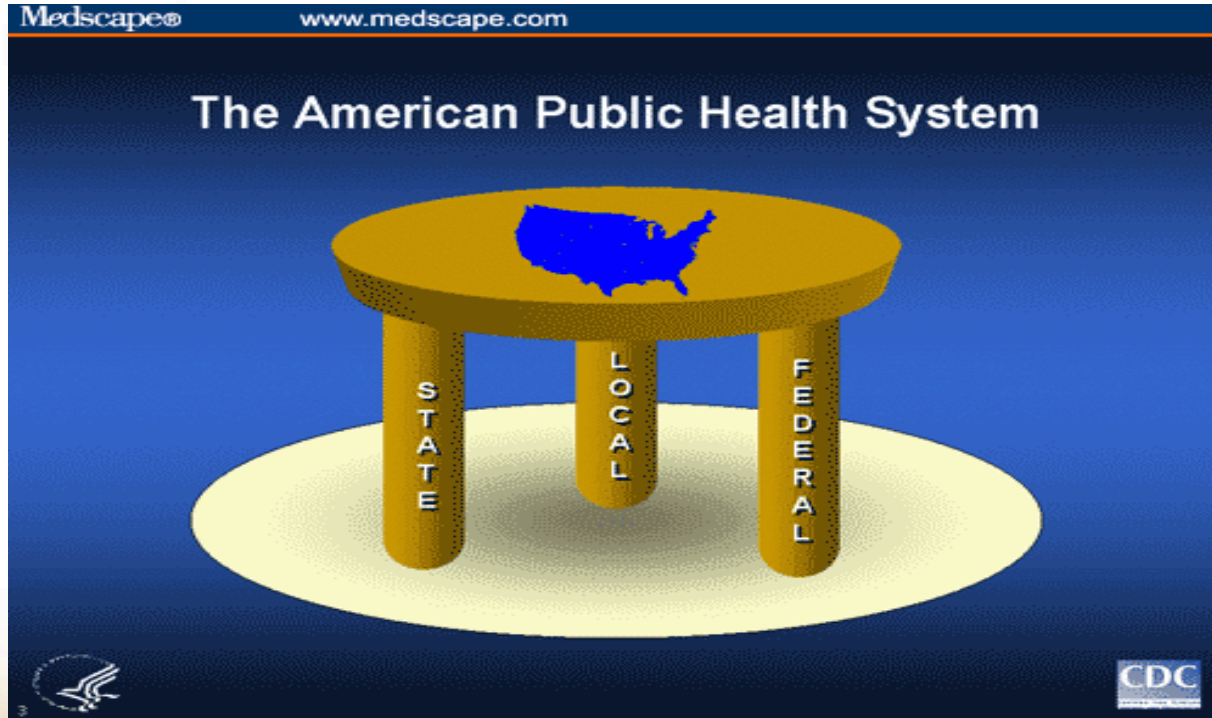
Challenges and Opportunities

- Little investment in developing Tribal public health
- Tribes aren't always at the table for national PH
 - Balancing leadership and expertise
- Tribes are developing infrastructure to meet the changing needs of members
 - Processes, models, systems, data management
- Largely regionalized system
- Services largely driven by federal funding
- Strong focus on healthcare and federal policy

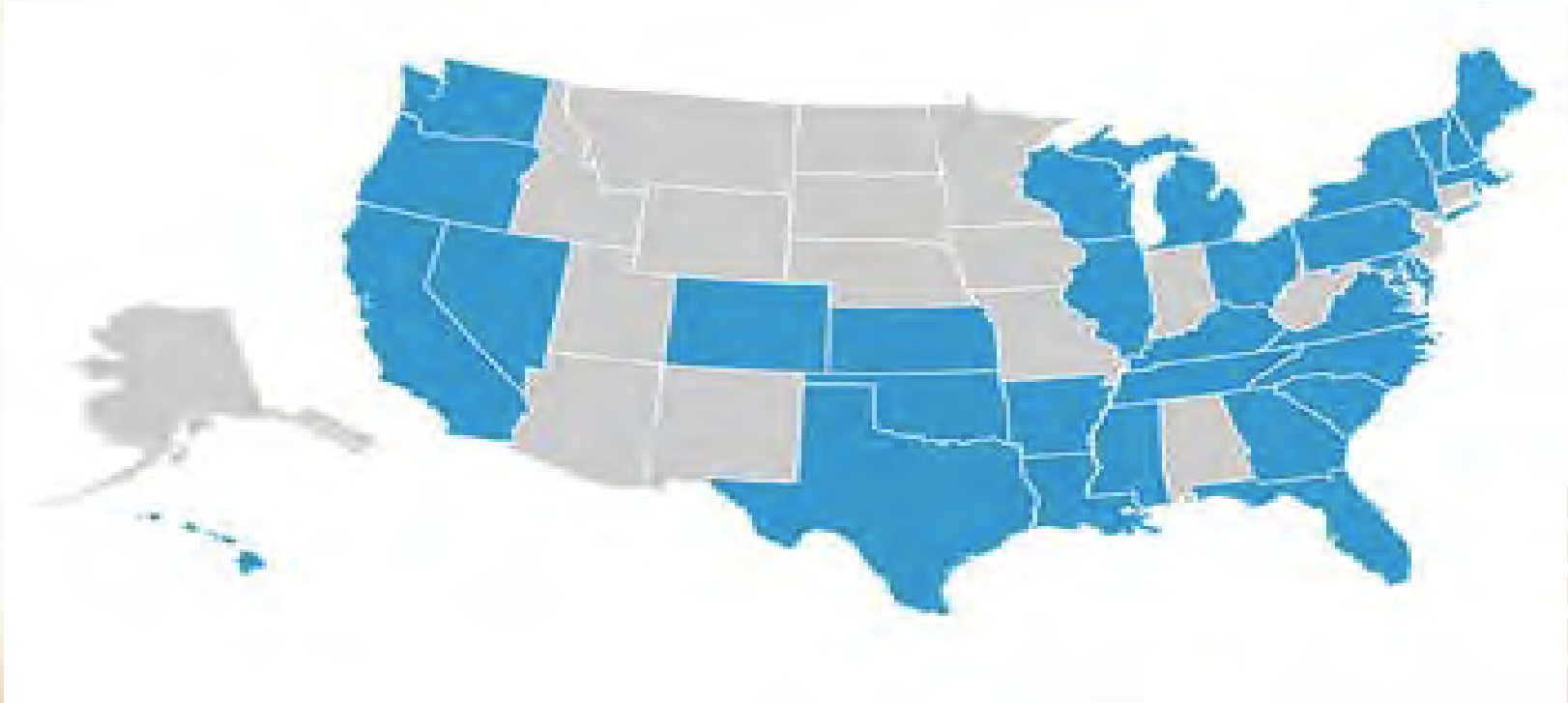
Public Health Authority

- A public health authority is broadly defined as including agencies or authorities of the United States, states, territories, political subdivisions of states or territories, **American Indian tribes**, or an individual or entity acting under a grant of authority from such agencies and *responsible for public health matters as part of an official mandate.*

American Public Health System



PHIs in the US



National PHIs





Exploring Feasibility of Developing a Indigenous Public Health Institute

2010-2015 With Support from the Robert Wood Johnson Foundation

With guidance from a nat'l advisory board, we conducted:

1. Needs and Assets Analysis
 - Tribes, Tribal Organizations, Organizations serving Tribes
 - Environmental scan – national public health initiatives
2. Organizational Analysis
 - Best organizational structure; Governance
3. Financial Analysis to
 - Determine costs for start-up and to sustain

Advisory Board

- Tom Anderson, MPH (*Cherokee*) - OCAITHB Tribal Epi Center
- Jay Butler, MD – ANTHC Community Health Services (I)
- Councilwoman Delia Carlisle – Ak-Chin Indian Community (II)
- Joe Finkbonner, RPh, MHA (*Lummi*) NPAIHB
- Kristin Hill, BSN, MSHSA - GLITC Tribal Epi Center
- Jackie Kaslow (*Miwok, Maidu*) - Community Member
- Byron Larson, MHA (Northern Cheyenne) – Urban Indian Health Institute (II)
- Myra Parker, JD, MPH, PhD (*Mandan/Hidatsa*)- University of Washington
- Kristine Rhodes, MPH (*Bad River Anishinaabe*) - American Indian Cancer Foundation

Roundtables/Presentations

- Albuquerque Area Health Board
- Alaska Native Health Board
- Council of State and Territorial Epidemiologists – Tribal Committee
- Great Plains Tribal Chairmen's Health Board
- Inter Tribal Council of Arizona
- Midwest Alliance Sovereign Tribes - Bemidji Area
- National Congress of American Indians
- National Indian Health Board
- National Council of Urban Indian Health
- Northwest Portland Area Indian Health Board
- Oklahoma City Area Indian Health Board
- Tribal Epi Center Directors

Investment Comparison

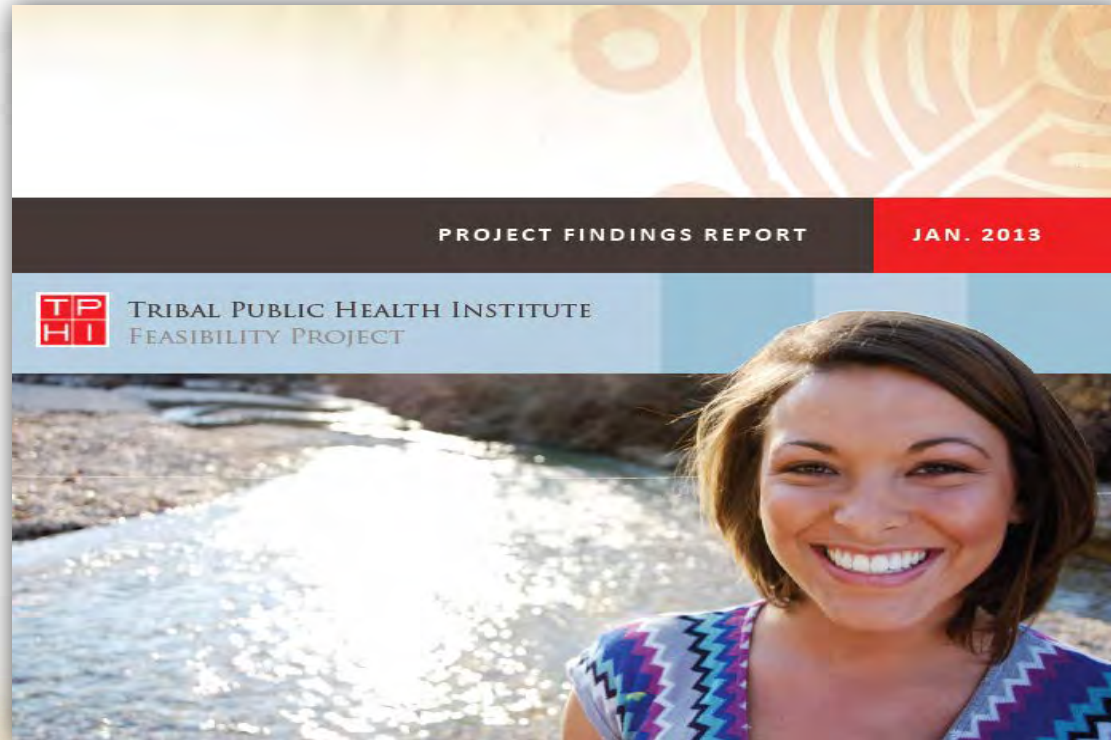
Tribal Public Health

- Program-focused
- Individual/Tribe-focus
- Data-oriented/product
- Tribal Leadership & community members
- Programs and Services
- Tribal Consultation/Federal Policy

National Public Health

- System-focused
- Network-focused
- Process-oriented/surveillance
- Broad, multi-sector engagement
- Capacity-building focus
- Inform local/state policy

http://redstar1.org/tphifeasibilityproject/lib/docs/tphi_findings_report.pdf





TRIBAL PUBLIC HEALTH INSTITUTE
FEASIBILITY PROJECT



NATIONAL TRIBAL LEADERS FORUM 2015

Advancing Our Health and Wellness, Now and For Future Generations

**MARCH 11-12, 2015
PHOENIX, ARIZONA**

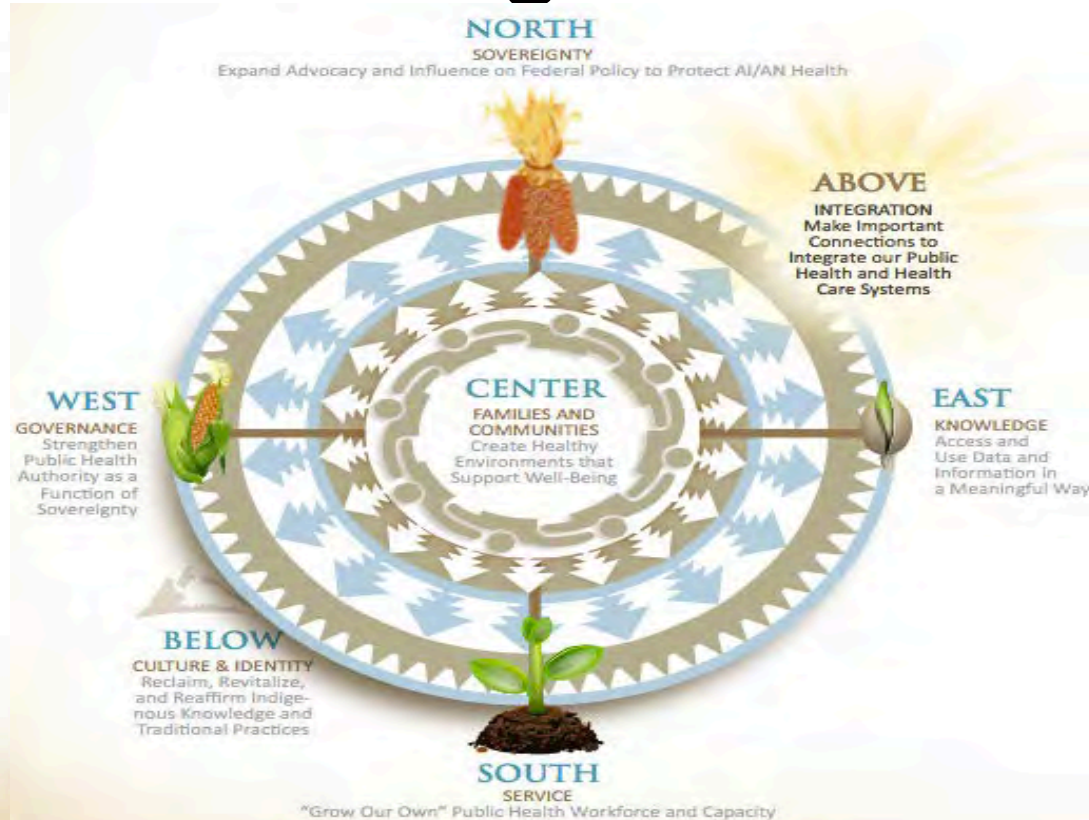
**GILA RIVER INDIAN COMMUNITY
WILD HORSE PASS RESORT AND CASINO**

Final Report

Seven Directions: *A Blueprint for Advancing the Health and Wellness of Our Native Communities*



National Public Health Agenda – Seven Strategic Directions



Cross-Cutting Themes

Woven throughout the report

- The value of a holistic approach to health improvement
- Traditional knowledge and culture
- Community engagement
- Data needs
- Informed and engaged leadership
- Financial resources and sustainability

Knowledge

EAST

SEED

**Access and
Meaningful Use of
Data and Information.**



Knowledge Priorities

- Build public health data infrastructure and capacity
 - Tribal and UIHP levels
- Improve methods for collecting quality data fit for decision making and planning
 - Valuing indigenous methods
- Apply findings to inform decisions for public

Service

SOUTH

GROWTH

**“Grow Our Own”
Public Health
Workforce.**



Service Priorities

- Create a national roadmap for Tribal and Urban Indian public health workforce development
 - Inventory of resources, assess needs, advocate for investments
- Equip current and future public health professionals with knowledge, skills, and tools
 - Leverage relationships; higher ed to work

Governance

WEST

ACTION

**Strengthen Public Health Authority
as a Function of Sovereignty.**

Tribal Governance and
Tribal/State Relations



Governance Priorities

- Strengthen Tribal public health authority
 - Public health codes, ordinances; update laws and policies; nation building
- Improve Tribal-State relations through meaningful consultation
 - Cross jurisdictional sharing; establish standards for meaningful consultation

Sovereignty

NORTH

HARVEST

**Expand Advocacy and
Influence on Federal
Policy to Protect AI/AN
Health.**



Sovereignty Priorities

- Expand influence on federal policy and legislation that impacts Native communities
 - Develop legal briefs that address health; executive leadership training
- Increase the use of data to strengthen law and policy advocacy efforts
 - Support data linkages between law, policy analysts, TECs – use data more to inform policy

Integration

ABOVE

SKY

**Make Important
Connections to Integrate
Our Public Health and
Healthcare Systems.**



Integration Priorities

- Increase the integration of health services at the local, regional and national levels
- Integrate Indigenous cultural beliefs and practices into public health and health care delivery systems
- Provide professional development opportunities for the workforce to learn how to implement service integration models
- Identify flexible, relevant, and sustainable resources that create bridges across services

Culture and Identity

BELOW

EARTH

**Reclaim, Revitalize,
and Reaffirm
Indigenous Knowledge
and Traditional
Practices.**



Culture and Identity Priorities

- Prioritize indigenous knowledge, language, and cultural practices to improve community health
 - Models, templates, guides
- Create opportunities for intergenerational connections for knowledge transmission
 - Assets based approaches to research and evaluation
 - Appropriately document traditional teachings
- Access and mobilize the power of community advocacy and action
 - Determinants of health; diversify funding to support a systems approach

Families and Communities

CENTER

HEART

**Support Native Family
and Community Well-
Being by Creating Healthy
Environments.**



Families and Communities Priorities

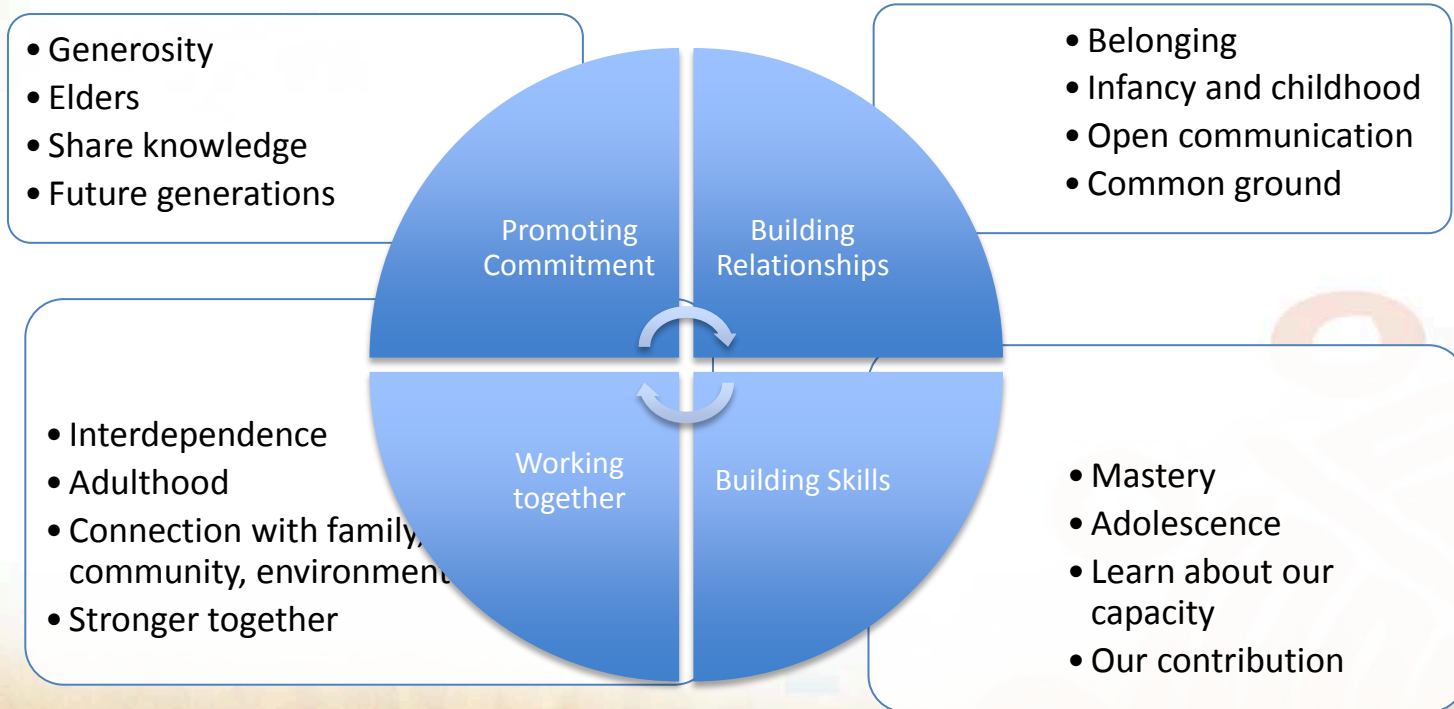
- Identify strengths-based approaches and interventions that are culturally grounded and support collaboration
 - Indigenous wellness models; food sovereignty
- Diversify funding and resources that support AI/AN health
 - Training, build infrastructure to acquire new funding
 - Local level systems approaches

Acknowledging Our Strengths

- Tribes
- Urban Indian Health Organizations
- Indian Health Boards and Inter Tribal Councils
- Tribal Epidemiology Centers
- National Organizations serving Native communities
- Tribal Colleges and Universities
- Academic Institutions with programs serving Native communities

Gathering of Native Americans (GONA)*

*Substance Abuse & Mental Health Services Administration, Center for Substance abuse Prevention



Workgroup Members

- **DELIA CARLYLE**, Councilwoman, Ak-Chin Indian Community (II-III)
- **JOE FINKBONNER**, RPh, MHA (Lummi) Executive Director, Northwest Portland Area Indian Health Board (designee Bridget Canniff) (I-III)
- **JACKIE KASLOW**, MPH (Miwok, Maidu) public health doctoral student, Harvard University (formerly with California Rural Indian Health Board) (I-III)
- **MYRA PARKER**, PhD, JD, MPH, (Mandan/Hidatsa) Center for the Study of Psychiatry and Behavioral Sciences University of Washington (I-III)
- **KRISTINE RHODES**, MPH (Anishinaabe, Bad River) Executive Director, American Indian Cancer Foundation (I-III)
- **DON WARNE**, MD, MPH, (Oglala Lakota) Chair Department of Public Health, North Dakota State University (II-III)
- **MARIA DADGAR**, MBA (Piscataway) Executive Director, Inter Tribal Council of Arizona (III)
- **LISA PIVEC**, MS (Cherokee), Senior Director, Public Health, Cherokee Nation (III)
- **MAURICE (MO) SMITH**, MA, (Navajo) Executive Director, National Council of Urban Indian Health (III)

Work Plan –

Start Up and Sustainability

Funded by WK Kellogg Foundation (June 2016-December 17)

- Goal 1: Engage Tribal and Urban public health stakeholders in the development of a PHI4NC
 - Convene a workgroup representative of those served
 - Develop a community stakeholder engagement plan
- Goal 2: Develop and sustain a PHI4NC
 - Develop and initiate a 4-yr Strategic Plan
 - Incorporate as a 501c3 (governing board, bylaws, hire ED)
 - Seek an organization to incubate PHI4NC

Governance

A TPHI should serve as a ‘neutral council’ that brings forth innovative ideas and enhances Tribe-to-Tribe communication”

– Tribal Roundtable Participant, Phase I

- Governing board is representative of its membership
 - Tribes, Organization, Urban Indian Health Centers and Public Health leaders
 - Represent various sectors

Work Plan –

Start Up and Sustainability *(continued)*

- Goal 3: Develop new and foster existing partnerships for potential project and financial support
 - Seek at least 5 technical assistance opportunities w/ NNPHI
 - Successfully fundraise and acquire at least \$500,000 the first year of start-up and \$1,000,000 by year 3

Opportunities

- Develop frameworks that build community capacity that is by Native people for Native people
- Identify dimensions of capacity with greatest need
- Create our own definitions and measures of success, quality, and achievement, effectiveness
- Respond to an indigenous agenda, including the way it is achieved
- Foster learning and understanding to build bridges between indigenous and western thought and approaches





Activity – Exploring 'Public Health Capacity'

Let's explore our national capacity to address chronic disease in Native communities from 3-4 perspectives

- Data
- Health education
- Workforce
- Research and evaluation



Activity – Exploring 'Public Health Capacity'

- What is it?
 - What does it mean to have 'public health capacity' as it relates to [blank]?
- Who (what organizations) in our Tribal and Urban Indian health system needs to have/has [blank] capacity?
- Describe their role as it relates to [blank]
- Describe their interaction (how it is not how it should be)?
- What strengths and opportunities do you see as it relates to capacity from a [blank] perspective?

Activity – Exploring 'Public Health Capacity'

- What is it?
 - What does it mean to have 'public health capacity' as it relates to [law and policy]?
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- What strengths and opportunities do you see as it relates to capacity from a [blank] perspective?

And while I stood there
I saw more than I can tell
and I understood
more than I saw;
for I was seeing
in a sacred manner
the shapes of all things
in the spirit,
and the shape
of all shapes
as they must live
together
like one being.

— Black Elk
Wichasha Wakan
Oglala Lakota



<http://redstarintl.org/tphifeasibilityproject>

- Phase I Project Findings Report*
- Webinar: Exploring New Pathways: is a TPHI Feasible
- Webinar: Could a TPHI Improve Health? Lessons Learned from PHIs in the US and Abroad
- TPHI Whitepaper*
- TPHI Blueprint Report*
- Webinar: Seven Directions: A Blueprint for Advancing the Health and Wellness of Our Native Communities
- List of Advisory Board Members
- Engagement activities

Thank You!

www.redstarintl.org/tphif/easibilityproject/



Support for this project was provided by a grant from the WK Kellogg Foundation. Previous support was provided by the Robert Wood Johnson Foundation