



INSTITUTE FOR WISCONSIN'S HEALTH INC.

Exploring Service Sharing to Improve Tribal Public Health

Practice Brief

This brief summarizes the work of a project aimed at increasing understanding of public health service sharing considerations in tribal health departments. Between September 2013 and June 2014, public health leaders from tribal health departments located in Wisconsin met to discuss this topic in conjunction with ongoing tribal accreditation forums. This document includes selected highlights of those discussions along with the tribal-specific results of a 2012 study that focused on current and planned service sharing. Readers interested in further detail should review the white paper, *Exploring Service Sharing to Improve Tribal Public Health*, found at www.institute-forwihealth.org. This project was funded by the Robert Wood Johnson Foundation through the Center for Sharing Public Health Services at the Kansas Health Institute.

- Nancy Young, Executive Director, Institute for Wisconsin's Health, Inc.

Project goal

Increase understanding of special considerations associated with public health service sharing decisions in tribal health departments.

General Approach

Tribal public health leaders in Wisconsin have been actively engaged in quality improvement and accreditation preparation efforts both independently and through tribal public health accreditation forums. This project used these activities as a platform to further explore the subject of service sharing between/among tribal health departments, local health departments and state health departments.

Background

Wisconsin is addressing service sharing as one piece of a larger effort to strengthen collaboration among tribes and tribal and non-tribal organizations to promote public health. Wisconsin has a decentralized, home-rule public health system with 88 local and 11 tribal health departments, a central office of the Division of Public Health within the state's Department of Health Services, and five regional Division offices that support local and tribal public health activities.

Key Points

- * Tribes are inherently sovereign and govern their members and territory
- * Tribes are separate sovereign nations with a government-to-government relationship with the federal government
- * A recognition of tribal sovereignty is absolutely central to those interested in service sharing in tribal settings
- * Tribes possess authority to act in matters of public health
- * Each tribe is unique
- * Collaborations, partnerships and agreements with tribes must be built on a respect for the government-to-government relationship
- * Governance models vary widely among tribes

Why Share Services?

The 2012 study, *Current and Planned Shared Service Arrangements Among Wisconsin's Local and Tribal Health Departments*, provided some insight into tribal health department involvement and interest in service sharing.¹ Eight of

Table 1 - Motivations for “current”(2012) arrangements:

1. To make better use of resources (8)
2. To respond to program requirements (7)
3. To provide better services (5)
4. To save money (4)
5. To meet national voluntary accreditation standards (1)
6. To aid in recruitment of qualified staff (1)
7. Other (5)

the 11 tribal health departments located in Wisconsin responded to the study survey. Respondents reported fifteen arrangements in place at the time of the survey, addressing the following areas: emergency preparedness(8); communicable disease screening and treatment(3); communications or public information(2); and epidemiology or surveillance (2). Motivations for creating the arrangements are noted in Table 1.

Table 2 - Motivations for considering future arrangements:

1. To make better use of resources (2)
2. To provide better services (2)
3. To respond to program requirements (1)
4. To meet national voluntary accreditation standards (1)
5. To save money (1)
6. Other (2)

Four of the eight health departments had “discussed within the past two years or were currently discussing the potential for creation of a shared services arrangement.” Table 2 illustrates motivations associated with those discussions.

Results of 2013-2014 Exploratory Discussions

With the 2012 study results as background, project discussions were held during dedicated portions of tribal accreditation forums in 2013 and 2014. These discussions were built around key questions that allowed the group to probe benefits and challenges more deeply. Nine of 11 tribal health departments participated in this project, along with

¹Madamala, K., Young, N., Young, D., Giese, L., Brandenburg, T., & Zahner, S. (2014). Current and Planned Shared Service Arrangements in Wisconsin Local and Tribal Health Departments. *Journal of Public Health Management and Practice: JPHMP*. (Published in advance of print).

two local health officers, the director of Great Lakes Inter-Tribal Epidemiology Center, and representatives from the Wisconsin Division of Public Health.

Advantages

The tribal public health leaders attending the forums were very interested in exploration of the topic of service sharing to improve tribal public health. All had experience with formal service sharing through emergency preparedness consortia, and a variety of additional service sharing types were noted. There was **consensus that there is significant potential for expansion of service sharing in tribal public health**. There was also strong consensus around the concepts that **idea sharing improves public health practice in both local and tribal settings**, and that **sharing personnel and equipment saves resources, allows for stronger recruitment of qualified professionals, and strengthens service to communities**.

Challenges to service sharing in tribal settings were also identified:

- Historical relationships between tribal and non-tribal governments can vary greatly and history can be a strong factor in development of the trust necessary to collaborate.
- Cultural differences between and among tribal and non tribal jurisdictions can be significant and poorly understood or articulated.
- Geographic distances – Many tribes are located in rural, remote areas and the sheer time and mileage involved in providing service and in collaborative work may be a barrier to service sharing.
- Funding and time is needed to support development of arrangements. Tribal and non tribal health departments are typically under-resourced.
- In the context of accreditation, a formalized, written agreement is best, but in the “real world” an informal arrangement can work very well.
- Staff turnover can make arrangements vulnerable because successful service sharing with tribes is very relationship-driven.
- Some tribal constitutions and/or resolutions clearly outline who can enter into cross-jurisdictional agreements: some are not as clear. So there may be legal barriers, or at least delays. The group further noted that Tribal legal departments can be slow to respond to non-emergent public health requests.
- Tribal lands often overlap with two or more local or state jurisdictions. An example is the Ho-Chunk Nation, which needs to interface with 16 Wisconsin and one Minnesota county. This adds to the complexity and time required to build relationships.
- Even when there is a context of sensitivity between tribal and local governments, informal communication and cooperation between health departments can be quite productive – to a point. So much can be done on a handshake when there is trust from department to department. The value of ease of communication, especially in the early stages of discussion of sharing, cannot be underestimated.
- Local health department roles are fairly well spelled out in law, administrative rule and ordinance, but in tribal settings there is often not as much clarity (in writing at least). There can also sometimes be a sense that spelling out service sharing in writing may lead to more work and less flexibility.
- Certainly a key to successful service sharing is early communication with management and governing bodies. However, in tribal and non-tribal communities, those managers and governing body members may have a poor understanding of what public health is. Without that understanding as context, it is difficult to “sell” service sharing.

- The history of tribal public health includes much integration with clinical care and this can make articulating and differentiating public health quite challenging in tribal communities.
- More information about the ten essential public health services is needed to provide a context for service sharing.

Advice for those considering service sharing

We also asked Wisconsin tribal public health leaders what advice they had for public health leaders across the country as opportunities to share services are considered. The participants emphasized that public health needs do not respect borders; that is, tribal and local health departments cannot and should not consider themselves “separate islands.” But they also cautioned that not every arrangement can be codified in writing – at least initially. In part, this is due to a need to establish trust, especially if there is no history of collaboration. They also noted a sense by some that written agreements may lead to more work and less flexibility. A successful written agreement certainly does involve the work associated with cultivating a trusting relationship, communicating closely regarding respective responsibilities for the services to be shared, and carefully drafting the document to provide flexibility. However, few would argue the value of the accountability, clarity and continuity that a written agreement provides. Much emphasis was placed on the importance of respectful conversation “up-front.” Lorrie Shepard of the Forest County Potawatomi Community Health Department advised, “Sit down face-to-face with your counterpart and ask, “What is going to work for you?” And explain what is important to you. Develop a plan this way before trying to put anything in writing. It will save you time and will help you set expectations up front.”

Carol Rollins, Environmental Health Director for the Ho-Chunk Nation encourages tribal public health leaders to focus on communicating with tribal policy makers first. “Tribal government has historically expected health departments to do home care. What public health does, especially in a modern health department on the county or tribal level, might not be well understood.” So she suggests as a starting point, “Be sure that tribal policy makers understand what your tribal health department does – and what your local health department does. What is the same and what is different? How do the essential public health services play out in each setting? What ARE the essential services? Then be very clear on how the potential service sharing arrangement can make the community healthier.”

Acknowledgement

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Contact

We hope that this exploration of how service sharing may improve tribal public health stimulates additional conversation and collaborative action. Please contact us with any comments, questions or suggestions for additional resources.