



Exploring Service Sharing to Improve Tribal Public Health

September 2014

Executive Summary

Between September 2013 and June 2014, public health leaders from tribal health departments located in Wisconsin met to discuss service sharing as a strategy to improve tribal public health. The exploration of this subject occurred in conjunction with ongoing tribal accreditation forums, which were co-led by the tribal health departments, the Wisconsin Division of Public Health and the Institute for Wisconsin's Health. This report, prepared at the request of the Center for Sharing Public Health Services at the Kansas Health Institute, summarizes those discussions. The importance of tribal sovereignty is highlighted along with the tribal-specific results of a 2012 study focused on current and planned service sharing. Participants in this exploration concluded that there is significant potential for expansion of service sharing in tribal public health. Potential benefits and challenges associated with service sharing in tribal settings are identified along with suggestions for future resources and research.

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

Contributors

The Institute for Wisconsin's Health Inc. is grateful to the following contributors to this report:

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- * Carol Rollins, RD, Environmental Health Director, Ho-Chunk Nation
- * Lorrie Shepard, RN, Community Health Outreach Director, Forest County Potawatomi Health and Wellness Center
- * Dan Stier, JD, Dan Stier LLC Public Health Law Consulting
- * Dustin Young, BA, Manager, Institute for Wisconsin's Health Inc.
- * Public health professionals from many tribal health departments located in Wisconsin that actively explored the current and future state of service sharing in tribal public health through discussion and review.

I. This Report and Project

This report was developed as part of a project funded by the Robert Wood Johnson Foundation through the Center for Sharing Public Health Services at the Kansas Health Institute. Between September 2013 and September 2014, the Center supported *Exploring Service Sharing to Improve Tribal Public Health*, led by the Institute for Wisconsin's Health Inc. We thank the Foundation and the Center for supporting initial exploration of this important topic.

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 among tribal health departments, local health departments and state health departments.

Literature Review

A review of the literature yields few resources directly addressing the current and future state of service sharing¹ in tribal public health settings.² The *Tribal Health Profile*,³ published by the National Indian Health Board in 2010, notes partnerships as an example of “what is working in tribal health organizations” and calls for “further investigation...to understand and strengthen the nature and quality of relationships among Tribal Health Organizations with state and local health departments and agencies.” A 2012 study entitled, *Current and Planned Shared Service Arrangements Among*

¹ For purposes of this report and project, we used the definition of service sharing used by the Center for Sharing Public Health Services, “...the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.”

² The following search tools were used to identify publications in peer reviewed, and online resources: Google, Google Scholar, PubMed/Medline and ProQuest. The following keywords were queried in combination with tribal public health: “cross-jurisdictional,” “cross-jurisdictional sharing,” “service sharing,” “shared services,” “efficiency,” “mutual aid”, and “sovereignty.” Both cited works and recommendations of related materials suggested by the PubMed/Medline (“Related citations in PubMed”) and by ProQuest (“more like this”) were searched. Readers who are aware of additional resources are invited to contact the author.

³ 2010 Tribal Public Health Profile: Exploring Public Health Capacity in Indian Country. (2010). Retrieved August 26, 2014 from: http://www.nihb.org/docs/07012010/NIHB_HealthProfile%202010.pdf (pages 39,40)

Wisconsin's Local and Tribal Health Departments,⁴ explored motivations for entering into service sharing arrangements in one state. In Section V of this report, we provide additional detail about the responses of tribal health departments in that study. Bertolli et al. examined collaboration around public health surveillance among tribes and state health departments and found that functional relationships had not been consistently established.⁵ In 2009, Bryan et al. analyzed eight intergovernmental agreements as part of an effort to examine how tribal laws support public health practice.⁶ In a 2011 article in the *Journal of Medicine Law and Ethics*, Hogan, et al. discussed the complexity involved in coordinating tribal public health emergency legal preparedness.⁷ And Hodge et al. explored data sharing among state and local public health authorities and tribal epidemiology centers.⁸

II. 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. See also Section VII, The Future, One State's Approach.

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. For many years, the Department has met two times per year with tribal leaders to develop a tribal consultation implementation plan to "address health and human services issues..." and to "...agree to collaborate and provide staff as required to successfully achieve these outcomes."⁹

The Institute for Wisconsin's Health has a history of working closely with tribal public health leaders in Wisconsin on issues of quality improvement, performance management and accreditation preparation. The framework for this activity has been a tribal accreditation forum held three to four times per year since 2010. Forum agendas have been designed by tribal public health leaders and meetings are typically hosted by a tribal health department. The forums have been made possible through a strong collaboration with the Division of Public Health.

The activities of this project were "piggybacked" on these forums over a 10-month period. Meeting time was dedicated to exploring the issue of service sharing in tribal public health settings in Wisconsin with the intent that this work could inform further exploration nationwide.

⁴ Madamala, 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).

⁵ Bertolli, J., Chao, E., Landen, M., Wells, E., Hayes, J. M., Mahal, Z., & Bryan, R. T. (2012). Multistate assessment of public health surveillance relevant to American Indians and Alaska Natives, 2007. *Journal of Health Disparities Research and Practice*, 5(1), 9.

⁶ Bryan, R. T., Schaefer, R. M., DeBruyn, L., & Stier, D. D. (2009). Public health legal preparedness in Indian country. *American journal of public health*, 99(4), 607.

⁷ Hogan, R., Bullard, C. H., Stier, D., Penn, M. S., Wall, T., Cleland, J., ... & Casciotti, J. (2008). Assessing Cross-sectoral and Cross-jurisdictional Coordination for Public Health Emergency Legal Preparedness. *The Journal of Law, Medicine & Ethics*, 36(s1), 36-52.

⁸ Hodge, J. G., Kaufman, T., & Jacques, C. (2011). Legal Issues Concerning Identifiable Health Data Sharing Between State/Local Public Health Authorities and Tribal Epidemiology Centers in Selected US Jurisdictions. *Council of State and Territorial Epidemiologists*. Retrieved from <http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PDFs/LegalIssuesTribalJuris.pdf>

⁹ Consultation Implementation Plan. (2013) Retrieved August 26, 2014, from <http://www.dhs.wisconsin.gov/tribalaffairs/meetings/13nov/plan.pdf>

III. Sovereignty First

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. There are additional important considerations:

Tribes possess authority to act in matters of public health

- * Tribes hold public health authority as defined by the US Department of Health and Human Services¹⁰
- * In addition to their inherent authority, tribes are authorized under Public Law 93-638, the Indian Self-Determination and Education Assistance Act, to directly administer their own public health (and other) programs.¹¹
- * Though some tribes may have laws requiring collaboration with other governments, there is no general legal requirement that tribes share public health services with other entities.

Each tribe is unique

- * This is true not only in terms of culture, but also in governance through unique tribal constitutions that codify public health among other services such as education, housing and environmental protection.
- * Some tribes have complete programming and written public health codes; some do not. However, the absence of codes does not mean that there is lack of significant public health activity and process.
- * Some tribes may have a history of creating written agreements with state or local governments: some may have no history and/or very little comfort with the practice based on historical or other concerns. In either case, the importance of building a meaningful relationship over time cannot be overemphasized. A good starting point may be regular meetings and communications to discuss areas of public health that are of mutual interest and that may lead to provision of better protections or programs and/or better use of resources.

Collaborations, partnerships and agreements with tribes must be built on a respect for the government-to-government relationship

- * Many well-meaning non-tribal partners assume that communicating with a tribe is similar to any other community organization or special population within a jurisdiction. It is not. States and local health officials must relate to tribes as separate and independent health authorities.
- * In 2009, President Obama directed all federal agencies to create policies to assure consultation with tribes in a government-to-government relationship.
- * The federal government requires consultation and coordination with tribes in all matters that have tribal implications and many states also have tribal consultation policies.

Key Point

Potential non-tribal partners interested in service sharing should, at minimum, be sensitive to and respectful of the issues above, recognizing that when a tribe engages in discussions about service sharing it is likely because of a common interest in healthy communities, and not because of any legal imperative.

¹⁰ HHS Regulations Definitions - Public Health Authority - § 164.501

¹¹ Indian Self-Determination. (n.d.). In *Catalog of Federal Domestic Assistance*. Retrieved from <https://www.cfda.gov/index?s=program&mode=form&tab=core&id=b47b8edde90d1307a5b8a9c8fd649cf0>

IV. Tribal Governance

Whether a potential service sharing partnership is tribe-to-tribe, tribe-to-state, tribe-to-region, or tribe-to-local, the prospective partners should take time to explore and understand the respective governance systems. And, as has been pointed out in the work of the Center for Sharing Public Health Services, engagement of governing body members early in service sharing explorations is critical.¹²

While the governance structures of most state, regional or local systems in the US are generally similar, with accompanying systems and role descriptions available on websites, this is not always the case with tribal governments. Tribal constitutions form the basis of tribal governance systems and many times describe the process for decision making and engaging in government-to-government relationships. Checking assumptions and examining information about formal structures is an important starting point for any organizational leader interested in collaboration. Many tribes have excellent websites that describe decision-making processes and structures. Many states, like Wisconsin, also have an office of tribal affairs¹³ (or something similar) which can be a source of additional information and context.

Governance models vary widely among tribes. Two examples:

- * The Spokane Tribe of Indians has a five-person Tribal Business Council that reports to the whole membership of the tribe at general meetings two times per year.¹⁴ The tribe has a legal department and a department of health and human services as well as a tribal health and fitness program.
- * The Eastern Band of Cherokee has an executive, legislative (and within it a Tribal Council) and judicial branch, a tribal attorney general and legal office, along with a public health and human services division.¹⁵

The National Indian Health Board's Tribal Health Profile¹⁶ reports that 85% of tribal health organizations had a "tribal health committee, board or group" and that the majority of those had policy planning and development as a primary responsibility. Over half of those committees, boards or groups were composed of elected tribal council members.

V. Why Share Services?

A study exploring tribal health department involvement and interest in service sharing is the previously cited, *Current and Planned Shared Service Arrangements Among Wisconsin's Local and Tribal Health Departments*. The purpose was to "gain a more complete understanding of current and future use of shared service arrangements as a management strategy to increase capacity to provide public health essential services in Wisconsin." Eight of the 11 tribal health departments located in Wisconsin responded to the study survey in early 2012. The survey asked about both current and planned/potential arrangements. There were 15 arrangements in place with a range of agreement types from unwritten to contractual. Most were codified in writing and all were with tribal and local health departments.

¹² *Roadmap Phase One: Explore*. (2013). Retrieved August 15, 2014 from: <http://www.phsharing.org/roadmap/phase1/>

¹³ Tribal Affairs Office. (2014). Retrieved August 29, 2014, from <http://www.dhs.wisconsin.gov/tribalaffairs/index.htm>

¹⁴ Government. (n.d.). Retrieved August 26, 2014 from: <http://www.spokanetribe.com/government>

¹⁵ Government. (n.d.). Retrieved August 26, 2014 from: <http://nc-chokeee.com/government/>

¹⁶ 2010 Tribal Public Health Profile: Exploring Public Health Capacity in Indian Country. (2010). Retrieved August 26, 2014 from: http://www.nihb.org/docs/07012010/NIHB_HealthProfile%202010.pdf (page 28).

Arrangements in place at the time of the 2012 survey (N=15):

1. Emergency preparedness (8)
2. Communicable disease screening and treatment (3)
3. Communications or public information (2)
4. Epidemiology or surveillance (2)

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)

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 - Motivations for considering future service sharing 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. To increase our department’s credibility within the community (1)
7. To collaborate with the use of reportable incidents (1)

Results of Exploratory Discussion

With the 2012 study results as background, project discussions were held during dedicated portions of the 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. Three separate meetings/discussions were held as part of this project - in November 2013, February and June 2014 - and a team also attended the Center for Sharing Public Health Services meeting in San Diego in January 2014. Nine of 11 tribal health departments participated over the course of the project, along with two local health officers, the director of the Great Lakes Inter-Tribal Epidemiology Center, and representatives from the Wisconsin Division of Public Health.

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.** This potential is based in part upon successful experience with

agreements currently in place and in part on the types of ongoing cooperation that may not be formalized, such as sharing of specialized staff, (e.g. podiatrists, home visitors, and nutritionists) and sharing of equipment and vaccine in times of need.

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**.

"It doesn't do us any good to fight disease in our own little corner."
Carol Rollins, Environmental Health
Director of the Ho-Chunk Nation

VI. Challenges to Service Sharing

The 2012 survey did not focus on challenges to service sharing with the exception of a question regarding awareness of "statutes rules, laws, codes, ordinances or regulations that prohibit or impede sharing of services, equipment personnel or other resources." However the 2013-14 exploration project did allow for discussion of challenges. There was consensus on the following points:

- * 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 are sometimes 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 often 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 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. 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.
- * 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.
- * More information about the ten essential public health services is needed to provide a context for service sharing.

VII. The Future

New opportunities

Though service sharing is not new to health departments, it may become an increasingly important tool to address public health challenges in the face of ever-diminishing resources. The tribal public health leaders that participated in this exploration were optimistic about the use of service sharing as a strategy for improving both outcomes and systems. Following is a service sharing example, including observations about the experience from those involved.

Immunization Rates Improve

The collaborative work of the Forest County Potawatomi Tribe, the Forest County Health Department, the Great Lakes Inter-Tribal Epidemiology Center, and the Northern Region Office of the Wisconsin Division of Public Health provides one example of the promise of service sharing.

Forest County Potawatomi Community Health Outreach Director, Lorrie Shepard explains. "Our shared goal is to improve immunization rates in our community. We use joint messaging and we meet quarterly to plan and review our progress. And the numbers in the county and the tribe are rising. We're seeing success with our immunization rates and it is due to this joint effort." The county-wide rates have risen from 55 to 75% in less than one year.

Shepard noted that the Great Lakes Tribal Epidemiology Center assisted the tribe with setting up a community health assessment survey, analyzing the data, and training staff in data use and interpretation. The Wisconsin Division of Public Health Northern Region Office has also been supportive of this collaboration, recognizing its community benefit and the potential benefit to Tribal, local and state accreditation efforts.

As effective as the service sharing has been, it has moved forward without a signed written agreement. "Right now, we are still working under a handshake agreement and that works for us. But we are getting closer to having an MOU approved. Forest County has approved it and it is taking a bit longer for our tribal process." Shepard adds. Other areas of collaboration between the Tribe and the County include communicable disease follow up such as sexually transmitted disease, dog bites, and mutual aid related to outbreaks and natural disasters.

Strengthening Systems

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.

One State's Approach

Government-to-government tribal consultation planning in Wisconsin is a mechanism to address important public health issues. In recent years, the plan has included accreditation, performance and quality among its priorities. The Institute for Wisconsin's Health has been working with the Division of Public Health and the Wisconsin Association of Local Health Departments and Boards since 2008 as a lead partner on accreditation, quality and performance management efforts. Tribal health directors and public health leaders were engaged in conversations around accreditation and quality improvement in 2008, and in 2010, the first Tribal Public Health Accreditation Forum was attended by representatives from six of 11 tribes.

That first forum focused on accreditation basics and a discussion of whether ongoing meetings might be desirable. Since then, the forums have been held three to four times per year. Agendas are designed in advance by the tribal attendees and most meetings are hosted in a tribal health department. A core of seven health departments have attended regularly, with all 11 departments attending at least one forum. The Institute has convened the meetings, with the state providing funding and additional staff support. Funding was initially provided through the Robert Wood Johnson Foundation's Multi-State Learning Collaborative III, and subsequently through the Centers for Disease Control and Prevention's National Public Health Improvement Initiative.

These forums provide a way for tribal public health leaders to connect that did not exist prior to 2010, and they show great promise for the future. Agenda items vary, but all (like the topic of service sharing) address performance, quality improvement, capacity building or accreditation - directly or indirectly. Attendees confirm that they are renewed and encouraged by the opportunity to gather to share successes and failures, new ideas and resources - all in the interest of improving the health of tribal communities.

Advice for those considering service sharing

As part of this project, 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 and therefore 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 around 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 can create.

Much emphasis was placed on the importance of respectful conversation “up-front”. Lorrie Shepard of the Forest County Potawatomi Community Health Department advises, “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 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.”

Rollins also has advice for local, regional or state health departments who are interested in service sharing. “Sometimes, even though a partner is well meaning, they might be working with a casino or a convenience store on a health issue and assume they are working with the health department or the tribe.” Again she emphasizes the importance of communication and talking directly with the health department leaders, since tribes are unique in their direct engagement in economic enterprise. And for tribes, like the Ho Chunk Nation, that interface with many

non-tribal jurisdictions, the strategy of developing one solid agreement with a single party can allow you to gain experience that may be applied to service sharing with additional partners. In effect the agreement can serve as a model as new partners are approached. Similarly, it may be advisable to “start small” with regard to the number of shared services; i.e., start with a single service (or small number of services) that the parties can readily agree upon. As the agreement is successfully implemented, it can serve as a model for additional services as needs arise.

New Resources and Research

The project participants also noted some new **resources** that would be potentially beneficial to tribal public health practice:

- * Examples of existing written agreements on various service areas
- * A list of key considerations for development of written agreements¹⁷
- * A reference that lists the PHAB domains and an example from each on how service sharing might help a tribal health department meet a standard. (e.g. A tribal and local health department share geo mapping expertise in an effort to strengthen evidence for Domain 3 Standard 1.a.)
- * Incorporation of tribal references in the Roadmap created by the Center for Sharing Public Health Services
- * A webinar for local and tribal public health leaders that explores examples of current successful arrangements and considerations for the future.

And ideas for **research or further review**:

- * Susan Zahner and Kusuma Madamala of the University of Wisconsin Madison, in follow up of the 2012 study referenced above, are exploring more deeply the nature and effectiveness of service sharing agreements in Wisconsin.¹⁸ Might similar studies be supported in other parts of the country?
- * As public health accreditation matures, it would be useful to examine what, if any, role service sharing played in increasing capacity and/or improving outcomes in accredited tribal and non-tribal health departments.
- * Discuss and then create public health system models that encourage and support collaboration among tribal and non-tribal health departments at all jurisdictional levels.
- * Tribal laws could be researched and analyzed in an effort to determine whether lack of legal authority or other legal concerns are obstacles to executing shared service agreements.
- * Further research of tribal, state and local service sharing occurring nationally - with tribes being consistently included in the national conversation.
- * In those settings where tribal populations make up a large portion of the population of a jurisdiction, it may be useful for potential applicants to look at the *PHAB Multijurisdictional Applications for PHAB Accreditation, Policies and Procedures V 1.0*

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.

¹⁷ See *Agreement Examples & Worksheet* www.instituteforWIhealth.org/tribal.html

¹⁸ Zahner, S. (2013). Cross-Jurisdictional Shared Service Arrangements in Public Health [Project Summary]. Retrieved from <http://www.wphrn.org/research-in-progress.html>.

Selected Readings and Resources

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Additional Resources:

Tribal Epidemiology Center (TECs). (n.d.). Retrieved August 20, 2014, from http://www.ihs.gov/epi/index.cfm?module=epi_tec_main

Tribal Shared Service Agreement Examples and Worksheet. Institute for Wisconsin's Health, Inc. (<http://www.instituteforwihealth.org/tribal.html>) (Examples of four written agreements and a beta version worksheet aimed at assisting tribal health department leaders who are considering development of memoranda of understanding.)