

Service Sharing with Tribal Health Departments

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Welcome!

- Your lines will be muted as you sign on, but we will open the lines for questions during the webinar
- Questions and comments can be entered through the Chat function in the lower left corner of your screen
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Approximately what percentage of U.S. annual cranberry production (Nearly 770 million pounds) is consumed on Thanksgiving?

- A – 5%
- B – 20%
- C – 50%
- D – 90%

Today's Objectives

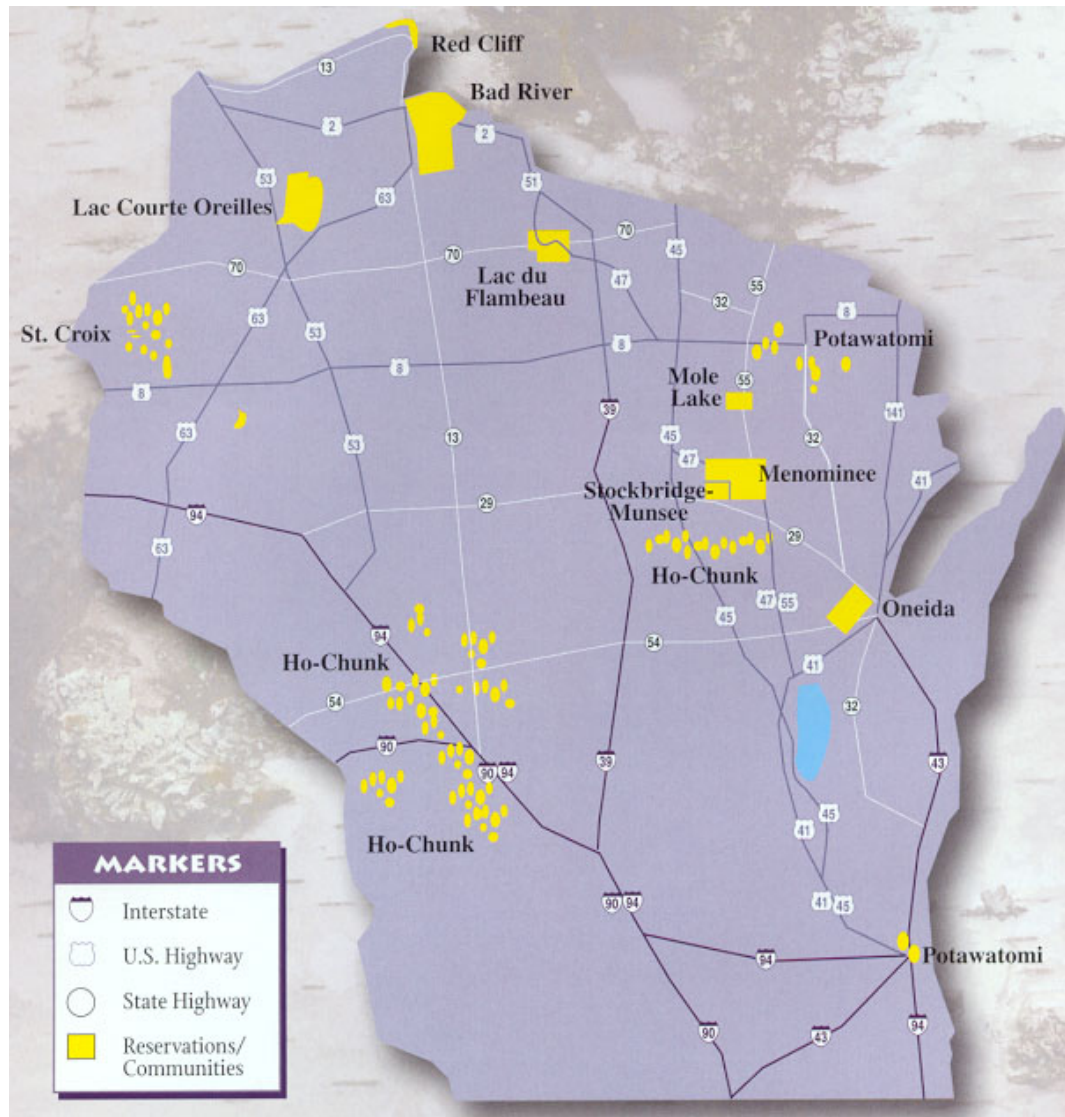
- Lessons learned from a recent project, *Exploring Service Sharing to Improve Tribal Public Health*
- Provide a case example - Communicable disease agreement between Ho-Chunk Nation & Jackson County
- Ideas for ways you might be able to apply this information in practice

Definition of Service Sharing

- Definition IWHI used in 2012 study and in this project, *“Sharing of resources (such as staffing or equipment or funds) on an ongoing basis. The resources could be shared to support programs (like a joint WIC or environmental health program) or organizational functions (such as human resources or information technology)”*
- Definition used by the Center for Sharing Public Health Services at the Kansas Health Institute is, *“the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries...”*

This project

- Goal was to: *To increase understanding of special considerations associated with public health service sharing decisions in tribal health departments*
- Funded by the Robert Wood Johnson Foundation through the Center for Sharing Public Health Services at the Kansas Health Institute - October 2013 through September 2014
- Explored service sharing by piggybacking these discussions onto three regular tribal public health accreditation forums
- Special consultants were Aleena Hernandez, Red Star Innovations LLC and Dan Stier, JD, Dan Stier Consulting LLC



11 Tribes with land holdings throughout state

11 Tribal Health Departments

Great Lakes Tribal Epidemiology Center

Quick Poll

Is your organization considering exploring in the next two years a shared service arrangement that includes a tribal health department?

What Did We Know Before This Project?

- Very little literature but we knew service sharing was not new to tribes
- *Current and Planned Shared Service Arrangements Among Wisconsin's Local and Tribal Health Departments, 2012* Eight of 11 Tribal health departments responded

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)

What Did We Know Before This Project?

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)



Key Points in this Context

- A recognition of tribal sovereignty is **absolutely central** to those interested in service sharing in tribal settings
 - 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
- Tribes possess authority to act in matters of public health

Key Points continued...

- Each tribe is unique culturally
- Governance models vary widely among tribes
- Collaborations, partnerships and agreements with tribes must be built on a respect for the government-to-government relationship

Advantages from Tribal Perspective

- Tribal public health leaders in this project were and are very interested in exploration of service sharing to improve public health
- All have experience with formal service sharing through emergency preparedness consortia, and a variety of other arrangements were noted
- Consensus
 - There is significant potential for expansion of service sharing in tribal public health
 - Idea sharing improves public health practice in both local and tribal settings
 - Sharing personnel and equipment saves resources, allows for stronger recruitment of qualified professionals and strengthens service to communities

Some Challenges

- Historical relationships between tribal and non-tribal governments can vary greatly
- Cultural differences between and among tribal and non tribal jurisdictions can be significant and poorly understood or articulated
- Geographic distances
- Funding and time is needed to support development of arrangements
- In the context of accreditation, a formalized, written agreement is best, but in the “real world” an informal arrangement can work very well

Challenges continued

- 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
- Tribal lands often overlap with two or more local or state jurisdictions.
- 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)
- 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.

An Example

Ho-Chunk Nation and Jackson County





The Ho-Chunk Nation “People of the Big Voice”

Carol Rollins

Ho-Chunk Nation Health Offices

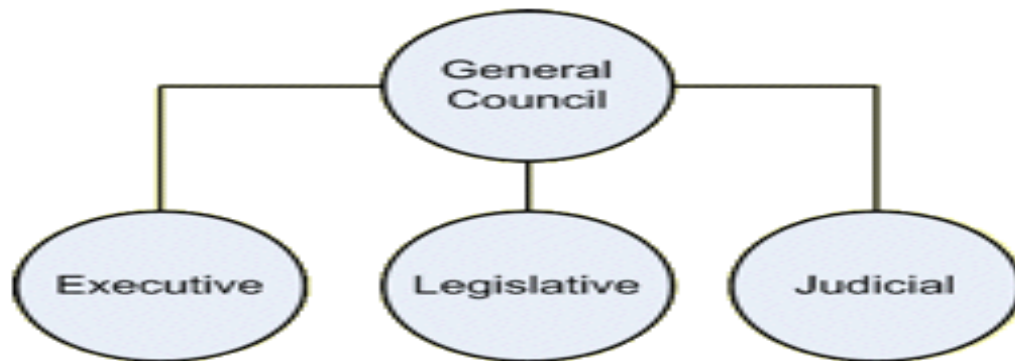


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A Sovereign Nation

- Recognition by the Federal Government
- Right to safeguard tribal interests, sustain culture, promote traditions and to perpetuate existence
- Right to govern



Public Health Laws

- Food Code
- Lodging and Campground Code
- Swimming Pool Code
- Nuisance Code
- Water and Wastewater Codes
- Safety Codes

Development of Relationships

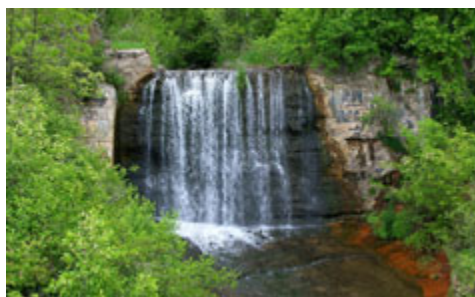
- Historically the Ho-Chunk Nation Health Department delivered services under the direction of Indian Health Service
- In 1990, the Nation began to add new services and exercised more autonomy in the healthcare field
- Relationships gradually began to change with counties and states during the late 1990s
- After 9/11, the Homeland Security Act mandated that States, Counties and Tribes would work together that barriers seemed to fall

Areas of Need for Cooperation

- Communicable Disease
- Data Sharing
- Emergency Response
- Environmental Health
- Fatality Management
- Isolation and Quarantine
- Community Health and Safety Events

Communicable Disease

- Some examples of service sharing
- The Ho-chunk Nation Health Department fully realizes that you cannot address a communicable disease outbreak in a *portion* of the population
- We need to work with our partners and support each other in our efforts



Jackson County

- Small rural county located between La Crosse and Eau Claire
- Total population is 19,400 with largest city of Black River Falls around 2,500 persons
- Resources and shared services with the Ho-Chunk Nation are vital due to limited resources but also to assure appropriate intervention



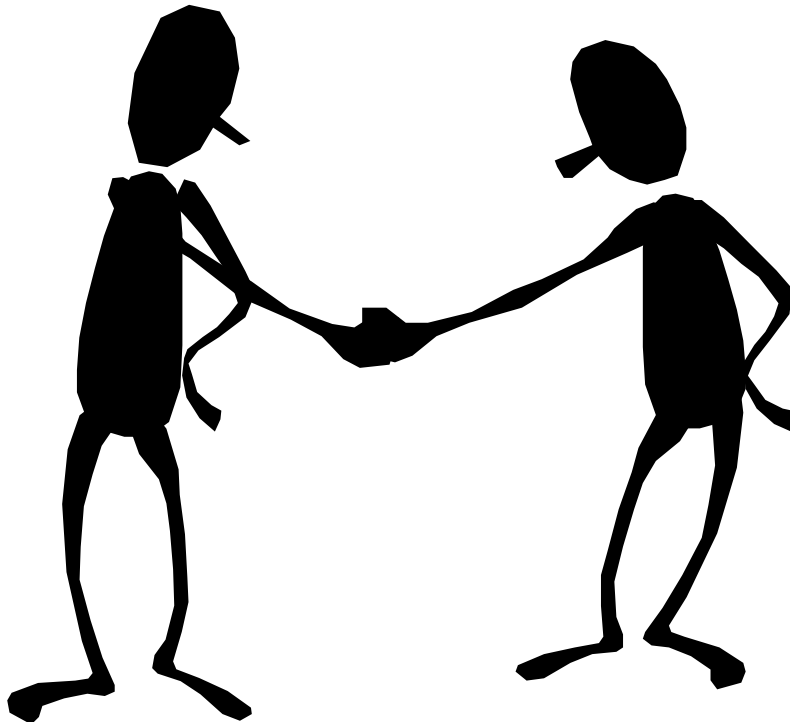
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Shared service examples

- Preparedness
- H1N1 and mass vaccinations
- Certified lead risk assessment
- Mutual aid
- Indoor air testing
- Communicable disease investigation and follow-up

HANDSHAKE vs MOU Communicable Disease



- Improve what?

Challenges

- Cultural Mistrust
- Realization of Need
- Lack of Tribal capacity
- Cultural barrier to discuss disease/disaster
- Convincing Tribal government to give authority to another agency



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Model MOU - Three Major Points

1. Agreement assures that the county will coordinate communicable disease follow-ups with the Tribal health department
2. Agreement assures the Nation will report communicable disease cases
3. Agreement gives authority to the Nation to declare a public health emergency which would allow the county to implement isolation and quarantine, if necessary

Next Steps for MOU

- Formalize the relationship for continuity
- Agreement must be passed by the Tribal Legislature and by the County Board
- If successful, the Ho-Chunk Nation hopes to establish a similar agreement with other counties where tribal members reside



Any questions for
Carol and Chris?



Some advice from project

- Remember public health needs do not respect borders
- Not every arrangement can be codified in writing – at least initially
- Primary need to establish trust, especially if there is no history of collaboration
- Importance of respectful conversation “up-front”. *“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.”* Lorrie Shepard of the Forest County Potawatomi Community Health Department
- *“Focus on communicating with tribal policy makers first. What public health does, especially in a modern health department on the county or tribal level, might not be well understood... 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.”* Carol Rollins

Keys to Successful LHD-THD Work

- Understanding of the culture and hierarchical structure of the nation & agency
- Ask about proper protocol for communication
- Listen with respect
- Allow for grey areas – focus on trust
- Understand that there are politics in every culture and agency – Tribes are no exception

Keys...Continued

- It's ok to begin with a handshake
- Understand buy in for shared services has to come not only from governing bodies but also from peers who will be carrying out the work
- Trust may take a looonnng time to develop!!
- Humility and patience are critical
- Be lucky enough to find dynamic, professional, passionate and knowledgeable partners!!

Selected resources

Center for Sharing Public Health Services - www.phsharing.org

Indian Health Service - www.ihs.gov

Institute for Wisconsin's Health – www.instituteforwihealth.org

National Indian Health Board (see especially 2010 Tribal Public Health Profile) - www.nihb.org

Red Star Innovations - www.redstarinnovations.com

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Thank you!



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Key MOU Questions

- 1. Will your legal counsel be involved at all stages of negotiation and execution of the MOU?**
- 2. How will MOU activities be organized or coordinated?**
- 3. What is the purpose of the MOU?**
- 4. What are the procedures for requesting and providing services under the MOU?**
- 5. Are licenses or permits required?**

Key MOU Questions Cont.

- 6. How will liability be determined under the MOU? Will parties be provided immunity or indemnification?**
- 7. Who will bear costs? Will reimbursement be required?**
- 8. What is the legal scope or effect of the MOU?**
- 9. Are provisions necessary regarding insurance?**
- 10. How will MOU disputes be resolved?**
- 11. Do fees, funding, or appropriations need to be addressed?**

Key MOU Questions Cont.

- 12.** Will any supplemental agreements be permitted?
Can parties be added to the MOU?
- 13.** Is the MOU subject to amendment? If so, how?
- 14.** What is the effective date of the agreement? How long will it last?
- 15.** May a party withdraw from the MOU? If so, how?
- 16.** Who will sign the agreement for each party? Can that person represent that he/she has such authority?
- 17.** Is there a need for certain terms in the MOU to be defined within?