



# Tribal Community Management of Health Care What Are the Lessons?

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## KEY QUESTIONS

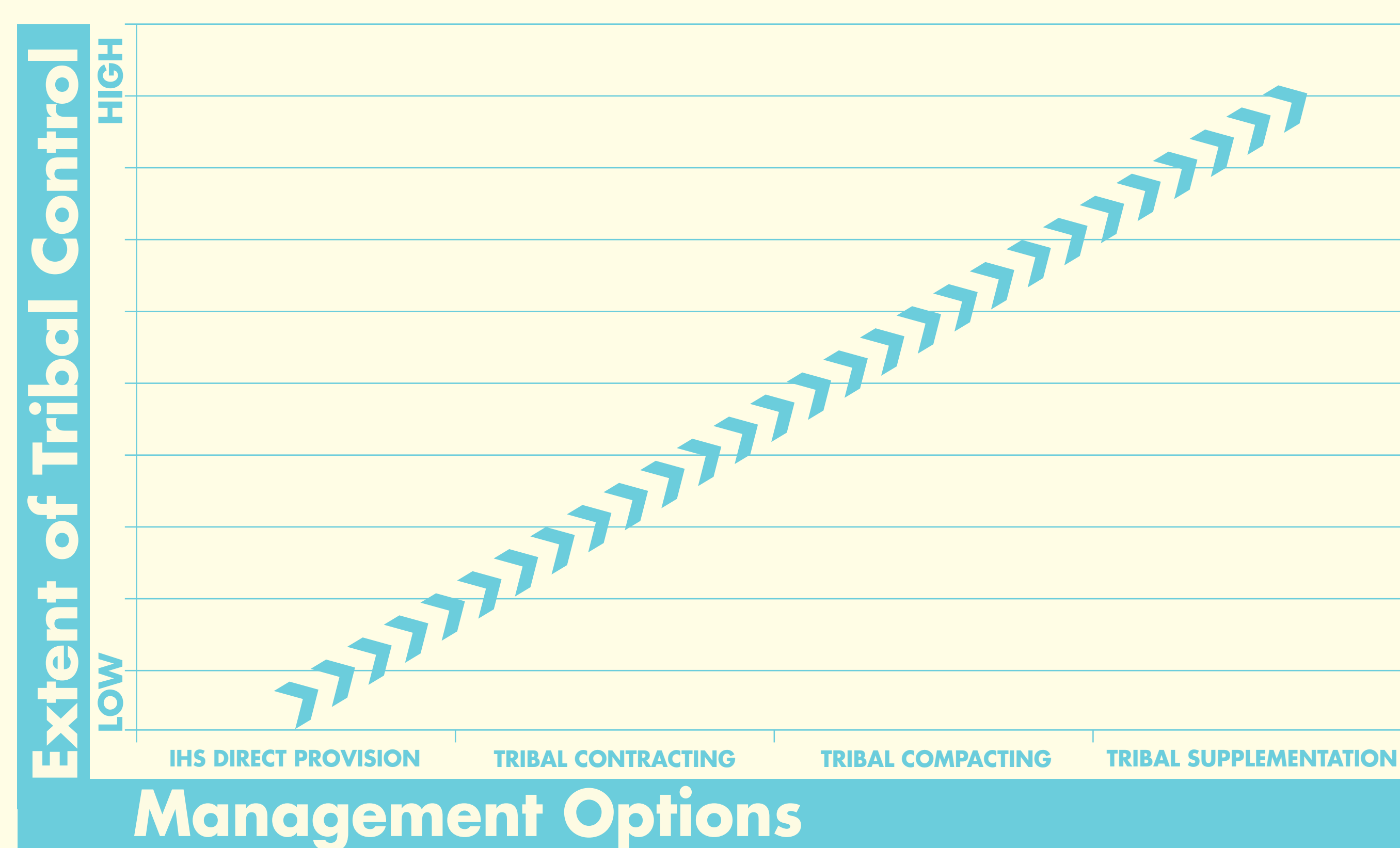
**Why** are some Native nations shifting from IHS provision to tribal management of health care?

**How** is the shift to tribal management changing health-care delivery?

**What new challenges** (if any) are emerging?

**What solutions** (if any) are tribes developing?

## COMMUNITY CONTROL AS A FUNCTION OF FEDERAL POLICY & TRIBAL MONEY



## COMMUNITY CONTROL AS A FUNCTION OF TRIBAL POLICY AND ACTION

Community control increases as:

The tribe decides to take responsibility for health outcomes (even if it is not the actual service provider)

The tribe develops and supports an active health department or program (regardless of which federal option is involved)

The tribe engages citizens in dialogues about health and provides avenues for citizen participation in health-care activities

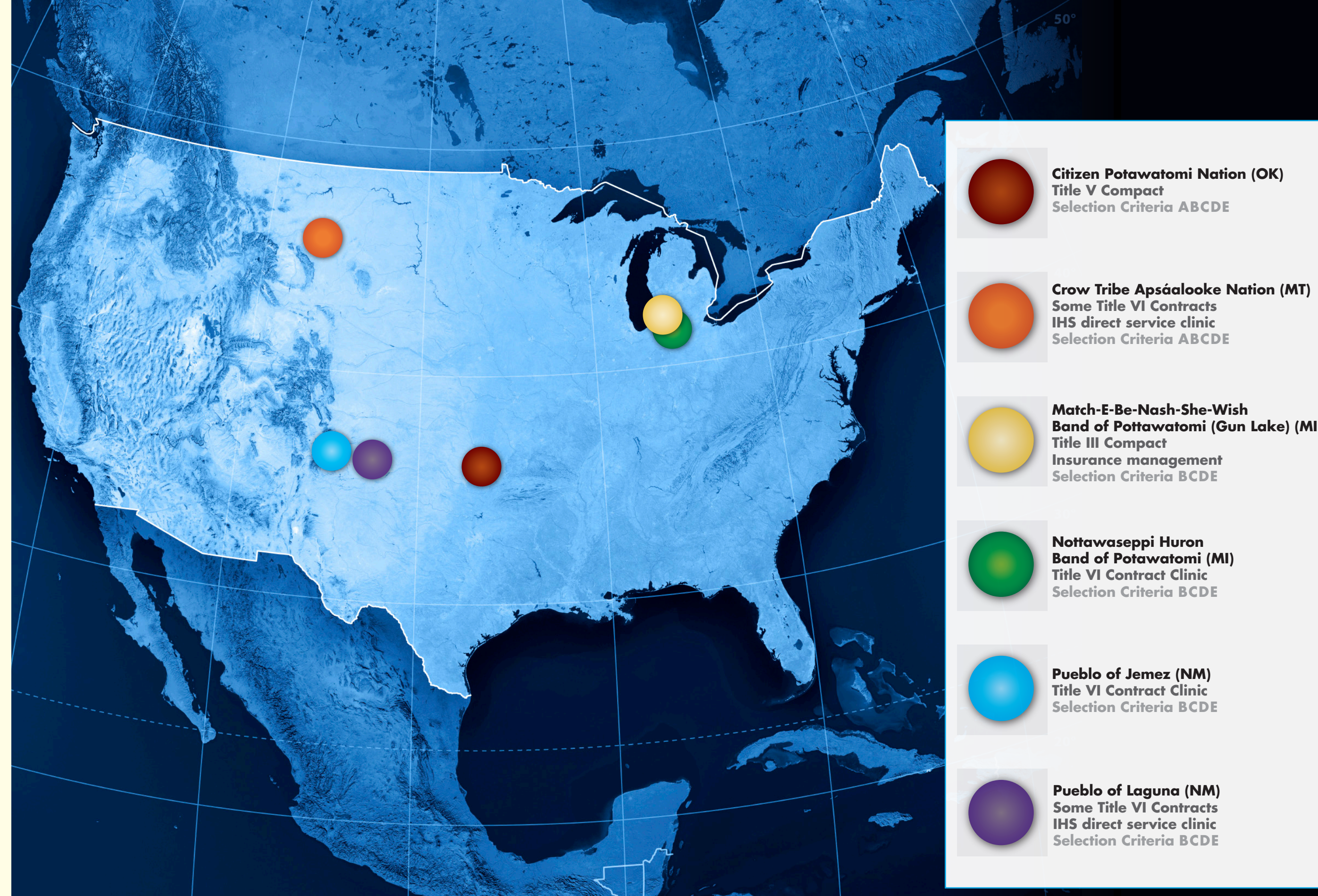
## W.K. Kellogg Foundation

Established in 1930, the **W.K. Kellogg Foundation** supports children, families and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. Grants are concentrated in the United States, Latin America and the Caribbean, and southern Africa. For further information, please visit the Foundation's website at [www.wkkf.org](http://www.wkkf.org).

### Nathan Cummings Foundation

The **Nathan Cummings Foundation** is rooted in the Jewish tradition and committed to democratic values and social justice, including fairness, diversity, and community. The Foundation seeks to build a socially and economically just society that values nature and protects the ecological balance for future generations; promotes humane health care; and fosters arts and culture that enriches communities. The Foundation's approach to grantmaking embodies some basic themes in all of its programs: concern for the poor, disadvantaged, and underserved; respect for diversity; promotion of understanding across cultures; and empowerment of communities in need. For further information, please visit the Foundation's website at [www.nathancummings.org](http://www.nathancummings.org).

## PARTICIPATING TRIBES



## SELECTION CRITERIA

A large number of Indian nations are moving to expand community control of health care. Ideally, we would look closely at a large number of cases so as to capture as much variation as possible. Resource constraints include the **Kellogg Foundation's** request that half or more of the cases be from three geographic areas of particular interest to the Foundation: New Mexico, Michigan, and Mississippi.

Within those constraints, however, we have tried to choose cases that will allow us to consider at least the following:

CODES TO SELECTION CRITERIA		
CODE	DIVERSITY	REASON
A	Geographic	To add tribes beyond the Kellogg priority regions to capture a fuller range of experience. Though not represented on the map of participating tribes, NNI attempted to include tribes from the Pacific Northwest and the Plains.
B	Enrollment and Service Population	Tribes with larger or smaller enrollments and health center service populations may have different mechanisms for and experiences with community control.
C	Cultural	Varying cultures may give rise to different health care expectations and practices and, in turn, to differences in the way community control affects health care options and access.
D	Federal Funding	This criterion considers the mix of funding used to support health care in the community—IHS direct service, PL 638 contracting, Title V compacting, and combinations of these options.
E	Date of Federal Recognition	NNI is interested in differences in tribal control options and choices that might arise from the length of time a tribe has been recognized.

## POSITIVE EFFECTS OF TRIBAL CONTROL

### ADVANTAGES OF TRIBAL CONTROL

- Tribal health priorities and tribal conceptions of health move to the fore.
- Attention shifts from what can be paid for, to what needs to be done.
- Tribal control leads to an expansion of locally available services.
- Tribes have more freedom to innovate—and they do.
- Health strategies are more likely to focus on wellness and preventive care.
- Health strategies are more likely to incorporate local knowledge and culture.
- Health strategies are more likely to focus on access to care, convenience, and compliance.
- Tribes are more likely to actively search for additional funding sources and to pool available funds.
- Tribes are more likely to look for partners.
- Tribal control creates a sense of local ownership.
- Tribes are more likely to track results.
- Tribes are inclined to expand their focus beyond their own citizens.

## CONTINUING CHALLENGES

- Health-care systems are complex and difficult to run well. They require skilled, professional management.
- Strong health programs depend in part on stability and professionalism in tribal government—and keeping the politics under control.
- There are sometimes tensions between health care operations and tribal government.
- Funding remains a challenge.
- IHS is not always supportive of tribal control.
- With control comes responsibility.

## PRELIMINARY CONCLUSIONS

BASED ON LIMITED QUALITATIVE WORK

- Tribal management appears to improve access to health care
- Tribal management appears to improve delivery of health care
- Tribal management improves ability to target programs against locally identified problems
- Tribal management expands resources (cultural knowledge, funding, partnerships)
- But tribal management is demanding and unforgiving



## WHAT'S NEXT?

Further explore these issues through quantitative work on the impact of tribal management on screenings and preventive care and on other short-time-horizon indicators

Explore factors beyond the health care system, as conventionally conceived, that affect health outcomes (social determinants)

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The Native Nations Institute for Leadership, Management, and Policy (NNI), housed at The University of Arizona's Udall Center for Studies in Public Policy, serves as a self-determination, governance, and development resource for Indigenous nations in the United States, Canada, and elsewhere.

NNI was founded in 2001 by the Morris K. Udall Foundation (now Morris K. Udall and Stewart L. Udall Foundation), and The University of Arizona.

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