SELF-DETERMINATION AND AMERICAN INDIAN HEALTH CARE: THE SHIFT TO TRIBAL CONTROL

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KEY QUESTIONS

WHY are some American Indian 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?

Potential Advantages

• Tribal conceptions of health and tribal health priorities move to the fore in management decisions.
• Tribal control leads to expansion and innovation in locally available services.
• Tribes actively search for additional funding sources, pool program funds, and tap partnerships for in-kind support.
• Tribes are more likely to incorporate local knowledge and culture into health-care services.
• Tribes are more likely to focus on access, convenience, and compliance.
• Tribal control creates a sense of local ownership.
• Tribes are inclined to rethink the definition of "service area."

The Logic Behind Tribal Control: Factors Tribes Consider

National Factors
• Shortcomings in the IHS system, including funding, organizational issues, and strategic focus

Tribal Factors
• The drive for self-governance and local control
• What other tribes are doing and have experienced
• Conflict between federal responsibility and tribal role in health care delivery

Possible Challenges

• Healthcare systems are exceedingly complex. Management requires professional skills and good customer service.
• Strong health programs depend in part on stability and professionals in tribal government and keeping tribal politics under control.
• Tribes have been aggressive and creative in finding new sources of funds, but federal funding is lacking.
• While numerous tribes are addressing health-care management issues, it is not easy for them to learn from each other.

Implications

• American Indian tribes should seriously consider a tribal-management strategy that is carefully deliberate, informed. Management of a healthcare system requires making tough questions about tribal institutional capacities, management expertise, the availability and retention of skilled personnel, and funding.
• US government: support for tribes as they take on and grow tribal management of health-care services.
• Research: suggests that the federal policy of tribal self-determination — already producing positive results in economic development, land management, justice, and other areas — also can lead to improved healthcare delivery. What the self-determination policy needs is accompanying healthcare research that recognizes both the potential benefits and the challenges of tribal control and gives it the support it needs.

The Setting

Federal Treaty/Trust Responsibility
• Reservation health care is a federal responsibility. The Indian Health Service (IHS) within the Department of Health and Human Services has been the primary agency delivering health care to reservations for almost 60 years.

Federal Policy of Tribal Self-Determination
• Starting in the mid-1970s, tribes could decide to administer a number of services previously managed by the federal government, including health-care services.

Tribal Choices to Manage Health Care Services
• Since the 1980s, a growing number of American Indian tribes have taken over various aspects of health-care delivery in reservation and other American Indian communities.

Methods

• 10 key informant interviews with tribal leaders, tribal employees, and academics knowledgeable about decisions to move to tribal management of health-care services (or not), and challenges to and advantages of tribal control.
• 6 tribal case studies of federally recognized, reservation-based American Indian tribes that accepted the invitation to participate in the research. Case studies included 4-10 interviews at each tribe about decisions to manage health care (or not), challenges to and advantages of tribal control, and organizational effects.

Interview transcripts read and coded by multiple researchers for key words and themes. Themes analyzed by research group. All research received University of Arizona Institutional Review Board approval and appropriate approval at each tribe.

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