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?

Federal Responsibility and Tribal Self-Determination

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 long been the primary agency delivering health care to reservation populations.

Federal policy of tribal self-determination

Begun in the mid-1970s for a number of services previously managed by the federal government.

Since the 1980s, a growing number of American Indian nations have taken over management of various aspects of health-care delivery.

Study Population

Interviews with 18 tribal leaders, tribal employees, and academics knowledgeable about tribal management of health care services.

Case studies of six anonymous federally recognized, reservation-based American Indian nations that accepted the invitation to participate in the research.

What Is Tribal Control?

Tribal control varies along two dimensions.

Tribal responsibility for community health

Change from federal action to indigenous action, while holding the federal government to their treaty/trust commitments

Tribal engagement in the delivery of health care

Tribal health and other department program, 638 contracting of health services, compacting of health services, etc.

The Logic Behind Tribal Control

National Factors

Shortcoming in the IHS system

Local circumstances, such as small communities and remote locations that make access to services difficult

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

Management Under Tribal Control

Prioritizes tribal conceptions of health

Focuses on wellness and preventative care

Incorporates local knowledge and culture

Customizes access to care, convenience, and compliance

Strategizes and innovates

Strategies Under Tribal Control

Search for additional funding sources and pool available funds

Partner with other tribes, nontribal governments, educational institutions, etc.

Increase tracking of results

Re-conceive the “service area”

Change locally available services and add a broader range of services

Accountable to tribal citizens

Challenges

Complexity of health-care systems means that managing such systems requires skilled, professional management and good customer service.

Strong health programs depend in part on stability and professionalism in tribal government—and keeping tribal politics under control.

Funding remains a major challenge.

Funding stipulations can define who can receive services, and require collection and reporting of data that may not be meaningful or useful to the tribe.

While numerous tribes are addressing health-care management issues, it is not easy for them to learn from each other through sharing stories.

Implications

Sharing stories. There is great potential for intertribal learning and exchange.

IHS support. IHS should support strategies to expand tribal control.

Tribal control = tribal government and community innovation.

Resilience = tribal conceptions of health and wellness include for more than health-care services.

When tribes take the reins, tribal conceptions of health and wellness drive health care services to be one facet of creating a healthy community, not the sole focus.