

# BEYOND HEALTH CARE: COMMUNITY, GOVERNANCE, AND CULTURE IN THE HEALTH AND WELLNESS OF NATIVE NATIONS | PROJECT SUMMARY

## DECEMBER 2015

This project asked, “What actions can Native nations and organizations take—outside the conventional health care system—to improve the health and wellness of Native communities?” Our original plan was to analyze primary and secondary health and other community data from six participating tribes. When it became clear that comparable information across the six tribes was unavailable, the project changed. Three new lines of inquiry emerged after visiting the six Native nations, convening tribal leaders and program staff, and meeting with Indigenous and ally scholars whose work addresses Indigenous community health and wellness. *We wish to express our appreciation to the six study tribes (participation was anonymous), the Cheyenne River Sioux Tribe and Ysleta del Sur Pueblo, collaborating tribal leaders and program staff, and Indigenous and ally scholars.*

### DATA SOVEREIGNTY AND DATA GOVERNANCE

*Data availability and data quality issues limit research on the social determinants of health for Native nations.*

Participants from the six tribes know that data collection, analysis, and use are important to meet their healthy-community missions. Nonetheless, project researchers were unable to obtain reliable and comparable tribal population, vital statistics, health status, and other data. In many cases, tribal-level data were either inaccurate or nonexistent. The federal government gathers some Indigenous health and social determinants data but does so for its own purposes, not the purposes of tribal governments. In fact, these data generally are aggregated and analyzed using methods that render most of it useless to Indigenous communities. Native nations need the skills and resources to conduct their own data gathering and analysis and to advocate for the reform of federal and other data to support Native nations’ own goals.

**Questions for further inquiry:** How have some tribes collected and used population data? As tribes engage, control, and analyze data, what implications emerge for tribes, the federal government, and others?

### TRIBAL HEALTH POLICY OPPORTUNITIES

*Tribal public health systems offer unique opportunities to protect, promote, and sustain community health.*

Under federal regulation, tribes have the same public health authority as federal, state, territorial, and local governments. Yet tribes have not been included in many mainstream public health efforts, and tribal public health authorities have not been federally funded in the same way and to the same degree as their federal, state, and local health authority counterparts. Additionally, noted data issues hinder tribes’ abilities to monitor community health, respond to emerging health needs, and plan strategically. As a result, tribes may be left with self-determining public health authorities that lack the infrastructure, capacity, and information necessary to operate effective public health systems. Tribes can align tribal public health endeavors with their overall conceptions of healthy societies by utilizing Indigenous epistemologies of health and healthy communities as their bases for public health policy and action, and by leveraging mainstream public health practices to meet their needs.

**Questions for further inquiry:** What is an Indigenous public health framework? What critical changes need to occur as tribes develop and improve their public health infrastructure?

### RECLAIMING INDIGENOUS HEALTH

*Key shortcomings in the social determinants of health framework necessitate a focus on Indigenous health that asks, “what constitutes a healthy community or society?”*

Leaders in Indigenous health generally agree that a social-determinants framework is essential to understanding Indigenous health conditions and to developing effective health care policy. However, the social determinants framework has not been systematically researched in the US Indigenous context.

**The framework assumes:**

- 1) mainstream social determinants apply to non-mainstream situations;
- 2) Indigenous and mainstream conceptions of health are the same;
- 3) addressing individual health and health outcomes creates healthy communities;
- 4) aggregated individual health indices adequately represent community-level measurements; and
- 5) indicators of healthy communities do not vary.

Our research finds that these assumptions are not fully transferrable to the US Indigenous settings. Instead, Native nations need comprehensive, community-based, nation-driven efforts to define and reclaim Indigenous conceptions of health and well-being, identify their own determinants, and develop metrics to measure them. Frameworks of Indigenously defined health and well-being and their determinants are a component of capable governance and will inform tribal, federal, and other policymaking in support of healthy Indigenous communities.

**Questions for further inquiry:** How can Indigenous nations create their own health, well-being, and determinant frameworks? How can Native nations create health outcome measurements for diverse cultures that permit cross-community comparison? What implications emerge as Native nations use their own epistemologies to further engage with their communities’ health?



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