



Developing a Model Program for Integrating Tribal Public Health into the Multijurisdictional Public Health System for Infectious Diseases

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Funding Amount \$200,000

INTRODUCTION

The sovereign status of tribes exempts American Indian lands from local and state governmental regulations and laws. Although reservations are situated within state borders, as independent nations they are often excluded from the advantages of interjurisdictional coordination and collaboration that exist among local and state public health agencies. Infectious diseases, which are a major cause of morbidity, mortality and disability, affect American Indian populations disproportionately. This document focuses on the importance of policies that include tribes in a comprehensive multijurisdictional public health system that can address infectious disease outbreaks.

POLICY/PRACTICE IMPLICATIONS

Infectious disease does not recognize boundaries. From the spring of 2006 through January of 2007, an infectious disease outbreak occurred across three reservations and surrounding nontribal communities in three states and involved investigation by local, state, federal and tribal public health agencies. From the onset, the investigations were faced with unforeseen challenges, including misunderstanding of the respective jurisdictions' roles, responsibilities, authority and chain of command during a multijurisdictional outbreak.

Developing a formal agreement among public health agencies is one way to address issues related to effective investigation, prevention, containment and treatment. Experiences of multijurisdictional collaboration that involve tribal participation relevant to infectious disease outbreaks and surveillance are not well documented. Formal public health agreements, such as memos of understanding (MOU), are equally uncommon. However, for two publicly accessible examples of formal public health agreements with tribes see References below for the Lummi Nation's mutual aid agreement with Whatcom

County Health Department as it relates to disease and contamination control measures, and a similar agreement established between the Puyallup Tribe of Indians and the Tacoma-Pierce County Health Department.

MOUs can strengthen relationships between tribal government and other agencies in a way that is responsive to tribal needs, concerns and cultural heritage. An initiative to encourage MOUs between public health agencies and tribes would provide a means for a more integrated and comprehensive approach to infectious disease outbreak investigation and surveillance in compliance with tribal health codes and also with conditions outlined by local, state and federal public health laws.

PROPOSED ACTIVITIES

- Formalize implementation of a multijurisdictional agreement to increase the efficiency of investigation and control of outbreaks (CFIA, 2008; CIFOR, 2009). Provide special considerations for multijurisdictional outbreak investigations.
- Create partnerships between public health agencies that would support the process of quality improvement in public health in addressing essential public health services (NPHPS, 2009).
- Develop a formal agreement as an essential tool for addressing public health emergencies in an effective manner (Bryan, 2009).

KEY PEOPLE

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Other key people include members of tribal health departments and tribal organizations involved, the public health legal advisor at Georgetown University Law Center, state public health officials, Indian Health Service public health officials and county public health officials.

RESOURCES

Guidelines for Foodborne Disease Outbreak Response of the Council to Improve Food Borne Outbreak Response includes Chapter 7, “Special Considerations for Multijurisdictional Outbreaks.” Available [online](#).

The Public Health Law section of the Centers for Disease Control and Prevention Web site offers a small selection of agreements that delegate the entire outbreak investigation responsibilities to nontribal public health agencies. Available [online](#).

A general analysis of tribal health codes and how they improve the health and well-being of communities is described by Ralph Bryan et al. (see References). Tribal public health codes can be accessed online via respective tribal Web sites.

Qualitative analysis of individual and group interviews completed by RMTEC provides information about how multijurisdictions work during an outbreak investigation that includes Indian reservations. Follow-up work at group meetings explored what is possible and what is not impossible regarding better integration of tribal public health into the existing multijurisdictional public health system.

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