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CRAFTING THE FUTURE OF AMERICAN INDIAN HEALTH

A Conference for Networking Opportunities for Optimal American Indian Health Programs
Sponsored by the Indian Health Service and The Center for Native American Health

June 24-26, 1998
Tucson, Arizona

December 1998

U.S. Department of Health & Human Services
U.S. Public Health Service
Indian Health Service
Rockville, Maryland
Crafting the Future of American Indian Health

A Conference for Networking Opportunities for Optimal American Indian Health Programs

June 24-26, 1998
The Westin La Paloma Hotel
Tucson, Arizona

Sponsored by
The Indian Health Service and
The Center for Native American Health at the University of Arizona
Crafting the Future of American Indian Health

A Conference for Networking Opportunities for Optimal American Indian Health Programs

Purpose: Develop a blueprint to improve the health of American people through mutually beneficial collaborations and new partnerships

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APPENDIX I
Acknowledgements

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The IHS Conference Planning Team wishes to express its appreciation to the Conference Steering Committee, other staff, and many colleagues who served in various capacities to make this conference successful.
EXECUTIVE SUMMARY

Crafting the Future of American Indian Health

A Conference for Networking Opportunities for Optimal American Indian Health Programs

Sponsored by
The Indian Health Service and
The Center for Native American Health at the University of Arizona

June 24-26, 1998 • The Westin La Paloma Hotel • Tucson, Arizona

INTRODUCTION

It is exciting to consider how tribes, urban health programs and academic institutions can collaborate to improve the health of Indian people. In the past, the relationship between tribal communities and academic institutions, such as universities, was often solely an interaction between research subjects and research investigators. However, with the current changes in the Indian health system and the complex health issues confronting tribes as they manage their own health system, relationships between academic institutions and tribes are changing and expanding to include interactions that are more supportive and based on mutually beneficial activities. Collaborations and partnerships are necessary to improve the health of Indian communities as more tribes develop community-based prevention and health promotion efforts, raise the level of health care services for their communities, and assume direct management of part or all of their own health programs.

This conference provided a forum to begin defining the challenges and strategies for developing and expanding mutually beneficial collaborations and partnerships between Indian health programs and academic programs as well as government agencies, foundations, and the private sector. The conference participants included leaders from Indian health programs, tribes, academic centers, foundations and government programs. During the conference, they developed a blueprint for a much larger national conference in 1999, which will bring together many more leaders to actively develop the collaborations and partnerships needed to improve the health of American Indian communities.

One of the conference sponsors, the Center for Native American Health (CNAH) at the University of Arizona, is an example of collaboration between tribes and urban health programs, the University of Arizona, researchers, the University Medical Center (UMC), the Indian Health Service (IHS), and other federal and state agencies. The CNAH Advisory Council, which is responsible for the development, guidance, and direction of center activities, is composed primarily of Tribal Leaders, Tribal Health Directors and their tribal designees, IHS professionals, the Inter Tribal Council of Arizona, UMC personnel, University of Arizona/Arizona Health Science Center professionals, Arizona Department of Health Services, VA representatives, and service organizations. Legislators or their representatives are also often present for collaboration and support. The vision of CNAH is healthy Native Americans through an optional health care system by integrating traditional, primary, and subspecialty quality health care, health promotion, and disease prevention activities. The mission of CNAH is to assist tribes to further develop their own capacity to deliver health care, prevent disease, and promote health in an integrated fashion.

One of the unique, positive aspects of this conference that must be underscored was the contribution by Mr. Gerard Kisto who guided the entire conference through his blessings and spiritual leadership.

CONFERENCE OVERVIEW

The Need For Collaboration

As a first step at the conference, panelists representing an urban Indian health program, an IHS hospital, a tribal health program, and an Alaskan health consortium presented their perspectives on the need for collaboration. The urban program panelist emphasized the
need to leverage financial resources, to provide a diversity of services because of the mix of cultures among the population served, and to develop relationships within the political structure.

The IHS hospital panelist focused on the partnership with the patients served by the IHS facility and how collaborative relationships with the tribe served, universities, other government agencies, and the private sector support this partnership.

The tribal health program panelist, from a P.L. 93-638 contracted facility, focused on self-determination issues. To cope with variable and declining funding from IHS, the tribe must recruit patients from beyond its own tribal community (from urban areas and other reservations). These types of issues create collaborative challenges to develop new systems.

The Alaska health consortium panelist focused on recruitment and retention of Alaska Natives for professional, university/college, and youth health care programs, and how collaborations are utilized effectively in these efforts.

Examples of Current Collaborations in Indian Health

The next panel at the conference focused on the perspectives of participants involved in current collaborations in Indian health. These collaborations included: 1) The Native American Veteran Initiative, a collaboration between the Veterans Administration and IHS; 2) The Native American Research and Training Center at the University of Arizona; 3) The “Patient Education Appropriate to Culture and Environment” (PEACE) used by the Harvard Medical School to tailor a multimedia education tool to the community; and 4) Health Promotion Programs developed by the University of Oklahoma for Native Americans.

Current Challenges to Collaboration

Next, four breakout groups, split by affiliation, met in separate sessions to answer the question: “What are the challenges or issues related to developing closer collaboration or partnering, or joint program/project work?” The challenges by affiliation included:

- **Tribal and Urban Critical Challenges/Issues**
  - Need for more and a better definition of tribal consultation
  - Lack of resources at the tribal level for developing health programs
  - Need to focus on Health Promotion and Disease Prevention (HP/DP), not just clinical treatment
  - Need for all involved (tribes, academic institutions, Federal agencies, and private foundations) to understand the institutional complexities of each other

- **Government Critical Challenges/Issues**
  - Lack of adequate understanding and communication between agencies and those represented
  - Bureaucratic attitude
  - Remembering the reasons for program existence
  - Role confusion, stereotypes, establishing trust
  - Encourage a corporate culture to cultivate new ground

- **University Critical Challenges/Issues**
  - Economics/financial restrictions: new developments and existing programs
  - Need for system-wide understanding of and support for Native American students
  - Recruitment-retention/outcomes
  - The challenge of partnerships (commitments/potential loss of freedom)
  - Sharing communication and building trust (tribe, university, agencies)

Ways to Meet Challenges Through Potential Collaborations and Partnerships

Following the presentation of the challenges/issues associated with collaboration and partnership, the participants worked in small groups with representatives from each of organizational affiliation (tribal/urban, university/other, Federal government) to brainstorm creative solutions to these challenges. The conference participants then grouped these creative solutions into the following nine general categories/arenas for further development:

- Assess and evaluate tribal needs and assets (tribal input).
• Identify and disseminate information regarding model collaborative programs.
• Tribal leadership and sovereignty.
• Cultural understanding and sensitivity – shared perspectives.
• Build new organizational relationships – MOUs (Memorandum of Understanding) and MOAs (Memorandum of Agreement).
• Educational partnerships at all levels.
• Impact policy development and funding agencies.
• Develop an information resource (database).
• Traditional Indian health.

**Innovative Ideas For a “Creative Collaborative Conference”**

The purpose of this session was to identify ways to facilitate collaboration and partnerships for the next conference, to be held in 1999. For this session, the conference participants divided themselves into small working groups to address the creative solutions identified in the previous session.

The working groups generated a number of recommendations for the next conference, and these recommendations were later grouped in the following five major categories.

• **Educating Partners** – The potential collaborative partners need to educate each other on their perspective strengths and challenges and constraints to facilitate the formation of new collaborations (i.e., tribal sovereignty, self-governance, cultural sensitivities, traditional healing practices, priorities and time lines, needs; university rules, research and academic priorities, time lines, funding constraints; governmental laws, policies, regulations, programs and priorities, time lines, funding constraints). It is also important to develop educational partnerships between tribal and academic communities for all levels (K-12 to health professional training).

• **Information Clearinghouse (Database)** – There is a need to develop a resource which showcases and catalogs successful collaborative programs (commitments involved, resources required, products developed/used, summary of outcomes).

• **Tribal Survey** – There is a need to perform a survey to obtain input from tribes regarding their resources, needs, current programs and collaborations, and potential for future collaborations.

• **Building Blocks for Collaborations** – “How to” guidelines should be developed for potential collaborative approaches for common projects and programs. These guidelines can be presented in small, focused working groups at the next conference.

• **Creating Opportunities** – There is a need to provide opportunities for networking among participants to provide opportunities for new collaborations (i.e., identifying areas for potential collaborations and getting potential partners together).

**CONCLUSIONS/NEXT STEPS**

Recommendations from the conference will be used to plan the next conference, “Crafting the Future of American Indian Health II,” to be held in 1999. This conference will provide a forum to increase future collaborations among participants. Recommendations under current development for optimal completion prior to the next conference include:

• Planning for the “Crafting the Future of American Indian Health II” conference.

• Identification and development of necessary resources for the next conference.

• Recruitment of individual taskforce leaders to spearhead and work on specific recommendations developed at the conference.

• Development of the clearinghouse of current collaborative endeavors involving primarily academia, tribes and Indian organizations.

• Implementation of a nationwide tribal survey of current perspectives on collaboration as a vehicle for future development.
A call for posters, abstracts, and presentations of currently successful and potential collaborations well in advance of the Crafting the Future II conference to help educate potential partners in collaboration.

While this conference was highly successful and enthusiastically endorsed, it is simply a step towards our common goal to improve the health of American Indian and Alaskan Native people through mutually beneficial collaborations and partnerships among tribes, Indian health programs, academic centers, and foundations. "Crafting the Future of American Indian Health II" will be designed to bring us substantially further toward that goal.
INTRODUCTION

The Center for Native American Health at the University of Arizona and the Indian Health Service (IHS) co-sponsored a conference entitled “Crafting the Future of American Indian Health” from June 24-26, 1998 in Tucson, Arizona. The purpose of the conference was to develop a blueprint to improve the health of American Indian people through mutually beneficial collaborations and new partnerships.

The conference objectives were:

1) Define the challenges to and potential strategies for expanding collaboration and partnership between Indian health programs, tribes, academic centers, government agencies, and the private sector; and

2) Begin planning for a larger conference to facilitate new collaborations and partnerships to be held in 1999.

The conference included the active participation of over 100 attendees representing tribes, Indian health programs, academic centers and universities, government agencies, and other entities. The participants agreed that expanding opportunities for collaborations and partnerships is critical to improving the health of American Indian people in the future.

One of the unique, positive aspects of this conference was the contribution of Mr. Gerard Kisto. He helped guide participants through this conference with his blessings and spiritual leadership.

Dr. Michael Trujillo, Assistant Surgeon General, U.S. Public Health Service and Director of the Indian Health Service, opened the conference by describing the changing role of the IHS. He indicated that the IHS needs to think differently, reorganize, change management styles, and create new programs in the face of flat budgets, increased health care costs, changes in Indian Country, changes in state programs, changes in demographics, and other new challenges. He stated that we need to ask ourselves: “How do we meet the health care needs of Indian people?” “How can we be more inclusive?” “How can we increase collaboration?” The Indian Health Service is working to meet these challenges by increasing consultation with tribes, realigning the agency to meet new challenges, and ensuring accountability among Federal program managers. Other important changes include stronger tribal colleges, greater expertise in health care services, improved quality of life, better medical centers, and access to more training. Dr. Trujillo indicated that this conference provided an opportunity to improve understanding, share solutions, and further develop the collaboration process. He also emphasized that the opportunities for reaching our goals for the long term are enormous, and that by working together, we can all make a difference.

An Example of Collaboration: Center for Native American Health

The Center for Native American Health (CNAH), a functioning unit of the University of Arizona Prevention Center, is an example of a collaboration among multiple partners to improve the health care of Native Americans. The vision of the Center for Native American Health is healthy Native Americans through an optimal health care system by integrating traditional, primary, and subspecialty quality health care, health promotion, and disease prevention activities. The mission of the CNAH is to assist tribes to further develop their own capacity to deliver health care, prevent disease, and promote health in an integrated fashion.

This program was developed through partnerships with the University of Arizona Prevention Center, other departments within the University of Arizona, tribal experts, prevention researchers, the University Medical Center, the departments of Medicine and Pediatrics, the Indian Health Service, and other federal and state agencies. Key faculty and staff from these programs were detailed to...
the CNAH during the development phase to prepare proposals, develop capital resources, conduct feasibility analyses, and to strengthen relationships between Native American organizations and the Indian Health Service in relation to existing clinical and prevention services.

An Advisory Council composed of Tribal Health Directors or their designees are responsible for the development, guidance, and direction of the CNAH. In addition, professionals from the Indian Health Service professionals, University of Arizona, University Medical Center, Arizona Department of Health Services, service organizations, as well as legislators or their representatives are often present for collaboration and support. The Advisory Council has directed the CNAH to assist in the development of tribal and urban Indian programs through capacity building in the following areas:

1) Wellness promotion and disease prevention (and evaluation of effectiveness);
2) Telemedicine development;
3) Promotion of health careers among Native American students (including their support and subsequent return to care for Native American people);
4) Public and community health (including culturally appropriate training of tribal and urban health directors in data management, epidemiology, health care financing and administration, and tailored education for undergraduates and graduate students); and
5) Implementation of currently unavailable on-site secondary and tertiary subspecialty clinical services at clinics and hospitals in Native American communities.

THE NEED FOR COLLABORATION
As a first step at the conference, panelists representing an urban Indian health program, an IHS hospital, a tribal health program, and Alaska health consortium presented their perspectives on the need for collaboration. Ralph Forquera MPH, CEO and Executive Director of the Seattle Indian Health Board, presented the urban Indian health program perspective. Mr. Forquera described his program and its long history of collaborative efforts. Given that only 1/3 of the Board’s funding is from the IHS, leveraging more financial resources has been critical, and clearly more can be done collectively than alone. He stated that the more successful urban programs are those that have used collaboration. This is also important in urban areas where there is a unique mix of cultures (e.g., some people are “assimilated” and some are “just off the reservation”) where health services with a diversity of perspectives are required.

Mr. Forquera described the politics, personalities and bureaucracy that prevented accomplishing much in San Diego CA. However, he notes that there is a strong network of health facilities in the Seattle area, and that the mayor even phoned him personally to welcome him to his new job. However, it is still a struggle, to work hard, and find helpful partners. Patience and persistence is needed because as he stated “nothing happens overnight.” He also indicated that being open to new opportunities is essential. In Seattle, the moderate to liberal social/political environment is also helpful.

An issue that needs to be addressed according to Mr. Forquera is a lack of interest in family medicine by Indian physicians. He also stated that we need to look at ourselves not just as health care providers, but also as educators, catalysts, and facilitators. And that we need to think beyond our standard roles as program managers.

Carla Alchesay-Nachu MPH, Service Unit Director of Whiteriver PHS Indian Hospital, presented the perspective of an IHS hospital. The Whiteriver Service Unit Vision is “a healthy Indian population” through an innovative health care system driven by the health care needs and in partnership with one another.” In reference to collaboration, she stated that “our most important partnership is the one we have with our patients.” All other partnerships are undertaken to support patients. Other collaborative partnerships include universities (The Center for Native American Health at The University of Arizona and Johns Hopkins University), the U.S. Department of Defense, the State of Arizona, private enterprise, the White Mountain Apache Tribe, the Centers for Disease Control and...
Prevention, the IHS, and the Social Security Administration. Through these partners, the hospital was able to secure equipment, gain access to teleradiology technology, housing units for students and many other resources. She stated that there was no choice but to look beyond the blueprint of standard health care services and to look outside the IHS for resources.

Viola Johnson, CEO of the Gila River Health Care Corporation, presented the perspective of a tribal health program. The Gila River Health Care Corporation is a chartered non-profit organization under the tribal council and it operates under a P.L. 93-638 contract with the IHS. Ms. Johnson's presentation entitled “Self-Determination in Health Care: the Gila River Experience” emphasized the importance of tribal self-determination. She stated that in order to have successful collaborations, all partners involved need to understand American Indian communities. In addition, because funding sources are highly variable (IHS funding fell from 75% in 1993 to 56% in 1995), the tribe needs to find alternative sources of revenue, and the hospital attracts patients from Phoenix and from other reservations. Challenges include how to develop new systems (including finance, human resources, materials management, facilities, managed care, and clinical operations), and many have been successfully implemented.

John Pemberton, Director of Human Resources at the South East Alaska Regional Health Consortium (SEARHC), presented the perspective of an Alaska health consortium. The SEARHC program focuses on the recruitment and retention of Alaska Natives for professional, university/college, and youth health care programs. They maintain a database for health professionals and students, and provide information on internship and educational opportunities, tribal recruitment videos, and other services for community members living in the region. The area covered by the SEARHC program includes approximately 20 distinct communities in an area of 20-30 square miles accessible only via boat or plane.

EXAMPLES OF CURRENT COLLABORATIONS IN INDIAN HEALTH

The next panel at the conference focused on the perspectives of participants involved in current collaborations in Indian health.

James Floyd, Director of the Salt Lake City Veteran’s Administration Medical Center, described the Native American Veteran Initiative as a partnership between the Veteran’s Health Administration (VHA) and the IHS. He indicated that Veteran’s health issues are similar to Indian health issues, given that the veteran population suffers from similar chronic diseases (diabetes, heart disease), and that hospitals are closing more beds as outpatient clinics are seeing more patients. In addition, Native Americans contribute heavily, as a percent of the population, to the largest military service. The Native American Veteran Initiative has four main objectives: 1) identify the Native American veteran population; 2) determine which Native American veterans are not receiving VHA services; 3) determine reasons why Native American veterans are not receiving VHA care; and 4) evaluate how VHA may better serve this population. Accomplishments of this initiative include: 1) the Memorandum of Understanding (MOU) between IHS and VHA for registration data; 2) location of VHA Community-Based Outpatient Clinic (CBOC) near Indian reservations; 3) a study of barriers to access; 4) arrangements for IHS facilities to utilize VHA negotiated contracts.

Paul Skinner PhD, Co-Director of the Native American Research and Training Center at the University of Arizona, presented his views on collaboration. He noted that for those engaged in collaboration, it is important to ask the question “what are we to collaborate on,” since mutually agreed upon definitions and understandings are critical. Self-determination is also a critical issue in the process of collaboration. He stated that while for many years improvements in health care were the result of clinical investigations and treatment, efforts to reduce premature death rates must consider lifestyle issues as well. For example, 52% of premature mortality is due to lifestyle choices, and in some tribal communities, studies show that lifestyle choices account for 70% of premature mortality. He stated that
our approach to health care must change from clinical treatments to “cognitive behavioral health care.” And while an increasing percentage of people seeking health care do so for psycho-social reasons, health care professionals are not equipped to handle and treat these concerns. The Centers for Disease Control and Prevention is currently promoting some research on lifestyles (how we think, feel, and behave).

James Zuckerman MD, Harvard Medical School, demonstrated a multimedia tool developed as an educational aid for high school and college youth to explore the impacts of drug use. Nine major illicit drugs are covered in the database with a wide range of material. The “Patient Education Appropriate to Culture and Environment” (PEACE) is used to tailor this educational tool to match the look and feel of the community. This requires a close collaboration between the Native America community, IHS, and academic institutions. He stated that universities can learn much from the “community approach” found with most tribes.

Lisa Lefler PhD, Medical Anthropologist, described the Health Promotion Programs (HPP) at the University of Oklahoma. According to the HPP, “wellness” is more than the absence of disease. Wellness is an integrated holistic approach in the way we live. Wellness is maximizing individual potential in each of the four dimensions: spiritual, physical, emotional, mental. She stated that HPP provides a number of workshops and training programs in various regions of the U.S. and Canada, including: Native Fitness Training; Youth Wellness and Leadership; Bringing Self-Esteem to Youth; Conflict Resolution and Peace Making; and Healthy Sexuality. In addition, Dr. Lefler stated “HPP conducts the largest Native health conferences in North America.”

CURRENT CHALLENGES TO COLLABORATION

Participants next met in four separate breakout groups, split by affiliation, to answer the question: “What are the challenges or issues related to developing closer collaboration or partnering, or joint program/project work?”

After each group identified these challenges and issues, a facilitator for each group presented their findings to the entire group.

Breakout Group #1: Tribal and Urban Critical Challenges/Issues

Facilitator: Genevieve Jackson, Chair, Navajo Health and Social Services Committee

Challenges or issues in collaboration:

- Tribal consultation – the group identified this as the most critical issue. Since “consultation” means different things to different people, mutually agreed upon definitions are need for terms such as “collaboration” and “partnership.” Communication protocols need to be negotiated, since information sharing enables participants to engage in collaboration on an equal footing. The lack of knowledge in Federal and private agencies about tribes and tribal culture is also a problem.

- Lack of Resources – tribes often lack resources such as access to the Internet, information management systems, capacity building/financial resources, equipment/infrastructure, training/education, and health related information. There is also a need for more training and education to help tribal programs adjust and adapt to changes in the health care environment.

- Lack of Commitment – organizations such as tribes, federal agencies, universities, states, and private entities often lack the persistence and patience needed to be successful in dealing with complex Indian health problems over time.

- A need to focus on health promotion and disease prevention – not just clinical treatment.

- A need for tribes to establish their own community based priorities and then seek programs to support them, rather than designing health programs around federal grants and RFP announcements. Tribes also need to establish their own Institutional Review Boards (IRBs) to control their own programs, information, and data.
Remote locations and long distances associated with many tribal communities present a barrier to collaboration and partnership.

A need for partners in collaboration to understand the institutional complexities of each other, including the political process, institutional bureaucracy, and the "way of doing business" within each organization, agency, university, or tribe.

**Breakout Group #2: Government Critical Challenges/Issues**

Facilitator: Margo Kerrigan, MPH, Area Director, California Area IHS

Challenges or issues in collaboration:

- Inadequate understanding and communication – there is a need to educate partners about each other to avoid stereotypes, to seek first to understand and then to be understood, to increase two-way communication, and to cultivate relationships prior to collaboration.
- Bureaucratic attitude – there is a need to decrease "territoriality" and the perception that one is limited by a job title or job description or that one needs to "protect one's turf." Hiding behind rules and regulations can create barriers to collaboration and lost opportunities.
- Role confusion, stereotypes – need to educate partners about each other to avoid stereotypes, need to orient tribal leaders and representatives from other institutions. Some entities have invisible benefits or opportunities. Need to hear more about successful strategies, especially data sharing and marketing.
- Corporate culture – need to encourage partners to cultivate new ground, "think outside the box," and rebuild trust.
- Potential opportunities for support are not processed expeditiously.
- States have difficulty dealing with multiple service areas and finding a single spokesperson.

**Breakout Group #3: University Critical Challenges/Issues (Group 1)**

Facilitator: Nicolette Teufel, PhD, Center for Native American Health

Challenges or issues in collaboration:

- Economics – new and existing; waiting for opportunities for external funding.
- Recruitment-Retention-Outcomes – the need to support Indian students throughout their academic career.
- Understanding critical education pathways for Indian students (K-12 to University).
- Heterogeneity – given the uniqueness of students, the need to offer a range of programs to deal with diversity issues. There is a range of types of American Indian students, and it is difficult to decide "who is really Indian?"
- Changing the culture of university faculty to respect cultural differences – at every level. Universities need to support Indian students practicing their traditions and to solicit tribal support for students while they are in college.
- Research – need to streamline the process, develop American Indians as researchers.
- The challenge of partnerships – the shift in power from autonomy may mean loss of freedom. There are different goals, different time lines, and a different understanding of need, which may hinder collaboration. There is a need to show what benefits may result of reducing freedom for decision making.
- Sharing communication and making connections (trust) – there should be greater tribal guidance in health programs requiring two-way input. There is also a need to educate each other about collaboration/partnership needs and opportunities.
- Need to connect Native American people who are not living with tribes (access to care, need for partnership).
Focus on short-term – there is pressure to show results immediately vs. long term since health clinics face immediate problems. Universities need to effectively address these issues.

Negative history (stereotypes) is a problem – tribes may state “all they want is Indian money” and “what is in it for us when they are gone?”

Breakout Group #4: University Critical Challenges/Issues (Group 2)
Facilitator: Nan Carle, Ph.D., Consultant in Organizational Effective Substance Abuse and Mental Health Services Agency (SAMHSA)

Challenges or issues in collaboration:

- Cultural disconnection – need to foster awareness through communication.
- Differing interpretations of the concepts of commitment and relationships (time, money, presence of resources, information) – need to define meaning and ensure comprehension of what commitment means, as well as extend of understanding and willingness for a long-term commitment (time, financial, visibility/presence, etc).
- Communication – need for better communication between tribes, universities and agencies, sharing resources, sharing information, in a cost-effective way. Need for a communications body to answer the question “with whom should you communicate?” We tend to operate and problem solve in isolation.
- Process and financial restrictions created by funding agencies and university administration – need to promote awareness of university processes among tribes, and awareness of tribal issues among university administrators.
- Need for system-wide support for Native American students – how can we guarantee academic success, how best to mentor?

WAYS TO MEET CHALLENGES THROUGH POTENTIAL COLLABORATIONS AND PARTNERSHIPS

Following the presentation of the challenges/issues associated with collaboration and partnership, the participants worked in small groups with representatives from each organizational affiliation (tribal/urban, university/other, and federal government) to brainstorm creative solutions to these challenges. The conference participants then grouped these creative solutions in to the following nine general categories/areas for further development:

Area #1: Assessment and Evaluation

- A verbal survey of all tribes on their needs, resources, and current university collaborations and their perspective on collaboration.
- Tribes need to meet with the Assistant Secretary or other senior staff to communicate their concerns directly.
- Mechanisms are needed to measure outcomes/results/performance that will demonstrate improvements in health care.
- Tribal listening meetings with the Deputy Secretary as vehicles for tribal input.

Area #2: Model Programs - Identify and Disseminate

- Templates on “how to” for tribes, developed by tribes for other tribes.
- Identify cooperative approaches between communities and providers.
- Collaboration among tribes and other indigenous peoples (consulting relationships, natives from North and South America) – finding resources needed to do this.
- Joint, multiple year collaborative project to improve the nutritional habits of elementary age students to combat diabetes and heart disease. Collaboration among university, tribes, and federal government. (Example: St. Regis Mohawk, University of Vermont)
Area #3: Tribal Leadership and Sovereignty

- Tribal laws to create collaborative relationships.
- Tribal guidance as critical element – the choice of collaborative partners depends on the needs and how they are being met.
- Regular communication of sovereignty values and health beliefs.
- Tribal initiation of research and collaboration.
- Exchange programs for tribal leaders and university faculty.
- Tribal follow-up of university research with replication and communication.
- Tribal involvement in state legislature to support funding for Indian programs.
- Establish linkages to urban Indian populations.
- Involvement of other agencies for unique solutions – law enforcement, courts, social services, housing, and other infrastructure units.
- Creation of an inventory of tribal MOAs/MOUs as a resource.

Area #4: Cultural Understanding and Sensitivity

- Create a balance in relationships “of heart and head”.
- Tribal guidance as a critical factor in collaboration.
- LISTEN! Any collaboration needs to be systemic and inclusive.
- Accountability and reciprocity must evolve as collaboration evolves.
- Shared perspective program – talking circles to understand each others’ values/goals.
- Shared definitions for key terms, communicate values and priorities.
- Program Good Start – professional educators (K-12) and education administrators developing and monitoring “early” curriculum activities (science, math, health).
- “Dual- Presence” program – Native Americans “on campus” and university presence “on-reservation” for more than just recruitment activities (community support, mentoring, education, etc.).
- Interactive CDs on health issues and life decisions.
- Families as Partners Program – Partnering families with students to achieve goals.
- Mentoring Environment – establishing mentoring relationships between students and committed non-native and native professional role models.
- Involvement of community members in problem identification and decision making.
- Tribal health leaders as community faculty – to provide preceptorships, short courses with universities, and tribal colleges.
- College credit internships in IHS hospitals and clinics offered through local universities.

Area #5: New Organizational Relationships

- Build long term relationships with MOUs.
- Facilitate multiple agency research programs – state to state with tribes and universities.
- National organizations as adjuncts to support – “Friends of IHS”.
- Regional Partnering sessions with tribes, universities, government agencies, and private industry.
- National Council for American Indians/Alaska Natives patterned after ITCA

Area #6: Educational Partnerships at All Levels

- Education and involvement of funding agencies from the beginning.
- Assistance in grant writing specific to tribes for their healthcare needs.
- Finding partners to take health issues to Congress and make connections to key legislators at all levels.
Capturing more dollars from “in kind” funding sources by understanding the matching requirements.

Reauthorization of PL 94-437 – youth initiative for American Indians as it affects health.

Connecting needs of tribes to available funding without policy getting in the way.

Flexible funding – funding guidelines should follow identified tribal needs rather than needs forced to adjust to funding guidelines.

Connections between universities and Native Nurses – Native American nursing faculty are needed in universities and IHS.

Increased flexibility to encourage Indian health care providers to pursue teaching (nursing education, allow payback to IHS).

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Increased flexibility to encourage Indian health care providers to pursue teaching (nursing education, allow payback to IHS).

Area #8: Resource and Database/Information Exchange

Need information on health professionals, financial aid, foundations, other resources, available via Internet and booklets.

A “clearinghouse” for successful collaborations/models/partnerships/MOUs that other tribes can access, implement, and improve upon.

An education bureau to include speakers on disease and treatment, programs, etc.

A catalogue of successful collaborations already in existence.

A web site for tribes to list externship and health care employment opportunities.

A national inventory of existing MOUs/MOAs.

Area #9: Traditional Indian Health

Merge Traditional and Western medicine in the hospital setting.

Validation of Traditional medicine.

Alternative Medicine as a part of Western medicine (creating balance between the western and traditional forms of medicine).

One of the breakout groups provided a flow chart to illustrate an example of how to develop collaborations between tribes and health care institutions.
INNOVATIVE IDEAS FOR A "CREATIVE COLLABORATIVE CONFERENCE"

The purpose of this session was to identify ways to facilitate collaboration and partnerships for the next conference to be held in 1999. For this session, the conference participants divided themselves into small working groups to address the creative solutions identified in the previous session. Questions for the groups included: "what types of participants need to be invited?"; "how to invite them?"; "what are the critical outcomes and products?"; "what are the ideas for session topics/panels/models/case studies/field visits?"; "what are ideas for conference structure or format?"; what are possible pre-conference activities?"; and "any other ideas?" Each group identified innovative ideas for the conference, and also the steps to make it happen. The recommendations of the groups in each of the 9 areas are as follows:

Area #1: Assessment and Evaluation

Steps to Make this Happen:

➢ Establish a Planning Group for assessment and evaluation issues (representatives from BIA, IHS, NCAI, tribes, NiHB, etc.).

➢ Conduct a survey to assess tribal perceptions of university/tribal arrangements as well as university perceptions of collaborative efforts with tribes.

➢ Conduct surveys on a regional basis, with results and analysis available at the 1999 conference.

➢ Include State and private foundations in the survey.

➢ Find funding for the survey.

Innovative Ideas for "Creative Collaborative Conference":

➢ Prior to the conference, solicit from potential participants three goals or objectives they want to accomplish at the conference or specific problems and/or products/solutions.

➢ Orient participants to their role and potential contribution at the conference ahead of time (e.g. provide foundation representatives an orientation to potential tribal collaborators before the conference).

Area #2: Model Programs - Identify and Disseminate

Ideas from this area were combined with the "Assessment and Evaluation" and "New Organizational Relationships" areas.

Area #3: Tribal Leadership and Sovereignty

Steps to Make this Happen:

➢ Distribute existing Federal policies to program managers (e.g., HHS Indian policy; HHS/CDC policy on tribal research and consultation; presidential memoranda and Executive Orders; etc.).

➢ Define protocol for consultation, communication, and collaboration.

➢ Deliver presentations to national and regional Indian organizations to reach elected tribal leadership to inform them of health-related programs/issues.

Innovative Ideas for "Creative Collaborative Conference":

➢ Workshops to develop protocol for consultation, communication, and collaboration.

➢ Workshops for tribal leaders, Federal program managers, university staff, and others on related laws and policies that support tribal self-determination, sovereignty, and the government-to-government relationship.

➢ Workshops for tribes on developing IRBs, policies, or procedures to strengthen tribal control and oversight of health programs and health-related information.

➢ Workshops for tribes on designing and conducting community based research, with tribal control.

➢ Presentations on funding trends and how to impact budgetary processes on the local, State, and national processes.
Area #4: Cultural Understanding and Sensitivity

Steps to Make this Happen:

- Invite regional intertribal organizations to give presentations to help define their potential role in collaborations, such as the Inter Tribal Council of Arizona (ITCA), United South Eastern Tribes (USET), or the Portland Area Indian Health Board.
- Early involvement of tribes in potential projects starting with the tribal council and community.

Innovative Ideas for "Creative Collaborative Conference":

- Provide a document that outlines potential collaborative approaches.
- Provide a model for tribes and institutions to work together – a framework for institutions to approach tribes.
- Presentation on how the Center for Native American Health was established.

Area #5: New Organizational Relationships

Steps to Make this Happen:

- Market new and innovative ideas on collaborations to the tribes – make presentations to USET, ITCA, NCAI, NIHB, and regional, state, and national forums.
- Identify a responsible party to coordinate the effort to market these ideas.
- Write a succinct “think piece” about this collaborative effort: purpose, advantages, recommendations, etc. How do we define the effort we are engaged in? Should this be based on Dr. Trujillo’s “initiatives model?”

Innovative Ideas for a “Creative Collaborative Conference":

- Find a home for this effort – seek consensus on a centralized coordinating body or bodies at the national and regional level.
- Participants should come to the conference with a list of things that need to be done
- A key “strategy group” is needed with increased tribal input and key representatives of the groups we want to participate in the conference.
- Identify key individuals and organizations involved in current collaborations and develop a list of potential collaborators/collaborations.
- Showcase successful collaborations – commitments involved, policies developed, resources required, products developed, summaries of outcomes (e.g., University of Vermont and the St. Regis Mohawk; State of Utah, Cassey Fund, child welfare; etc.).

Area #6: Educational Partnerships at All Levels

Steps to Make this Happen:

- Identify educators at colleges and match with tribal education officials to develop curriculum (K-12).
- Coordinate professional and patient educators to ensure that curricula address tribal-specific needs (language, etc.).
- Contact Area Health Education Centers (AHECs) to conduct “summer health professionals fair,” and other programs.
- Develop Native “Family as Partner” program.
- Seek dialogue between the Native education community and health centers on curriculum development, early intervention, and early involvement
- Seek and recruit tribal leaders as “adjunct” faculty – health and non-health for both student and staff education and training.
- Identify contacts for outside organizing. in a database
- IHS policy recommendations – college credit for internships (self-determination issue.

Innovative Ideas for “Creative Collaborative Conference":

- Presentations by tribal leaders on non-health related topics perspectives.
Presentations on successful tribal and university programs in medicine, other disciplines.

Presentations of developed multimedia materials such as Dr. Zuckerman's illicit drug demo, and possibly hands on workshops.

Workshops and presentations on developing mentoring programs and processes.

Topic: “Successful family involvement” programs.

Expand the invitees and presenters (public health assessments, government personnel, etc.).

Professional recruitment “fair”, native placement on-campus.

Self-directed, small group discussions/workshops (health and professional issues).

Innovative Ideas for “Creative Collaborative Conference”:

Expand the number and diversity of attendees for the next conference – an open invitation to non-political representatives as well, including tribal health directors, foundations, public/private research grantors, etc.

Disseminate a draft of PL 94-437 reauthorization and a summary of proposed changes in advance of the conference. Also identify and expand the group of “friends” to support and lobby.

Information and data collected should be shared and should be user friendly. (How do we use it? How do we make it helpful?)

Area #7: Impacting Policy Development and Funding Agencies

Steps to Make this Happen:

Education program on the reauthorization of PL 94-437 for Federal and tribal personnel – conduct workshops/discussions at appropriate meetings, distribute drafts of PL 94-437.

Conduct a lobbying efforts on the PL 94-437 reauthorization.

Expand the scope of research conducted to include research on behavioral and institutional change and prevention research.

Identify sources for research support and invite them to the conference.

Provide information about grants and other resources to tribes on a more timely basis, as tribal processes are complicated and time is needed.

Improve collaboration between universities and tribes, identify common policy areas of interest, then conducting a coordinated effort for funding and/or policy changes to support mutual objectives. An inventory of tribal and university programs would be a resource for this activity.

Innovative Ideas for “Creative Collaborative Conference”:

Expand the number and diversity of attendees for the next conference – an open invitation to non-political representatives as well, including tribal health directors, foundations, public/private research grantors, etc.

Disseminate a draft of PL 94-437 reauthorization and a summary of proposed changes in advance of the conference. Also identify and expand the group of “friends” to support and lobby.

Information and data collected should be shared and should be user friendly. (How do we use it? How do we make it helpful?)

Area #8: Resource and Database/Information Exchange

Steps to Make this Happen:

Define users and purpose/function of databases.

Define content and categories of information since tribes, universities, and others may have different definitions and/or information needs.

Find existing databases and resources.

Define data collection methodologies and data ownership.

Innovative Ideas for “Creative Collaborative Conference”:

Invite programs that already have databases and resources to present their models (e.g., University of North Dakota).

Ask experts in health program surveys to explain their methods.

Conduct a panel of “users” (tribal health directors, clinical directors, etc.) to determine information needs.

Ask the Surgeon General and other key policy makers from the Federal government to justify 1.4% increase in IHS budget.
Area #9: Traditional Indian Health

Steps to Make this Happen:

- Preservation of oral traditions and practices – need to create collections and other documentation formats to prevent these traditions are being lost.
- Define aspects of collaborations between traditional healers, western medical professionals, and educators (e.g., payment methods, legal and reporting requirements, who will participate, etc.).
- Explore the need for legal recognition of traditional ways (practices, treatments, methods, etc.).

Innovative Ideas for “Creative Collaborative Conference”:

- Conduct a “Traditional Healers Conference” that will bring together hospital and program administrators, health care staff, and traditional healers.
- Create a web-site, newsletter, or other vehicle to advertise/market the conference.
- Develop a training center and retreat for traditional practitioners.
- Coordinate efforts with the Association of American Indian Physicians (AAIP) and other appropriate groups.

ADDITIONAL COMMENTS FROM TRIBAL MEMBERS IN ATTENDANCE:

Many of the tribal representatives expressed their appreciation for this conference, and thanked the conference organizers and sponsors for the opportunity to interact with other tribes and organizations. Their specific comments are grouped under the following categories:

Conference Participants

- Elected tribal leaders who can make decisions on behalf of the tribe need to continue to be invited to participate, not just the tribal health advisors or professionals. However, tribal leaders may not be willing to sit through all of the breakout groups and workshops, and will want to know what we can do for them and their tribe. The design of the next conference should consider these issues.
- In order for tribes to decide which representatives should attend the next conference, it should be clear who the conference is targeting as participants (who is welcome). Questions from potential participants will include: “Why should I attend the next conference?”; “What will I get out of it?”; and “How will it benefit my people?”
- Tribal Health Directors should remain a large part of the next conference as well, especially since their departments receive “60% or more of IHS funding” for tribes.

Information Required/Accessing and Digesting Data/Sharing Ideas

- Participants should have access to current laws, regulations, protocols, funding programs, and tribal laws and regulations.
- Participants need to understand tribal government and sovereignty issues, and the link between on and off reservations communities.
- The conference is an opportunity to provide information, for the development of a good agenda, and for sharing and learning from other tribes.
- The agenda should have time for participants to digest the information presented and to think about things/ideas.

Continuing the Process Started with this Conference/Improving the Collaborative Effort

- Trust is the first step to the collaborative effort.
- Surveys should be done person to person, talking directly to each other (not mailed).
- This conference is a first step, not an end in itself. The focus should be on a vision for the future of how we can provide the best possible health for Indian people.

Specific Issues

- Education is needed about the tribal approval process and time frames because standard funding time frames may not work (it may take 90 days just to get the idea across). There is a need to “keep it simple.”
• Need to determine how to maintain funded programs over the long term, and need to institutionalize the funding process.

• Health and human services are often not the highest tribal priority. Other concerns, such as economic development, need to be considered by tribal leaders.

• We need to go into this with open eyes and realize that this is “big business.” For example, just within Arizona there is about 200 million dollars going into the health care industry and research. When multiplied by the other regions in the country, these dollars could be a tremendous resource for Indian country. Dialogue is needed on how to make these resources more productive for Indian people, particularly with universities.

CONCLUSIONS/NEXT STEPS

The “Crafting the Future of Indian Health“ Conference successfully provided a forum to develop a blueprint for collaboration and networking among tribes, Indian health programs, and academic centers. This conference was effective in developing recommendations for collaboration from the perspectives of academic institutions, tribes and urban programs as well as Indian organizations, government agencies, foundations, and the private sector. Through a series of discussions, the perspectives of participants were used to develop recommendations to facilitate collaborations in the future. Some of these recommendations are currently being developed and some of the recommendations will require more long term planning and development before implementation.

Recommendations from the conference will be used to plan the next conference “Crafting the Future of Indian Health II” to be held in 1999. This conference will provide a forum to increase future collaborations among participants. Recommendations under current development for optimal completion prior to the next conference include:

• Recruitment of individual taskforce leaders to spearhead and work on specific recommendations developed at this conference.

• Development of the clearinghouse of current collaborative endeavors involving primarily academia, tribes and Indian organizations.

• Implementation of a nationwide tribal survey of current perspectives on collaboration as a vehicle for future development.

• A call for posters, abstracts and presentations of currently successful and potential collaborations well in advance of the “Crafting the Future of Indian Health II” conference to help educate potential partners in collaboration.

While this conference was highly successful and enthusiastically endorsed, it is simply a step towards our common goal to improve the health of American Indian and Alaska Native people through mutually beneficial collaborations and partnerships among tribes, Indian health programs, academic centers and foundations. “Crafting the Future of Indian Health II” will be designed to bring us substantially further toward our goal.
Crafting the Future of American Indian Health

A Conference for Networking Opportunities for Optimal American Indian Health Programs

Sponsored by
The Indian Health Service
And
The Center for Native American Health at the University of Arizona
June 24-26, 1998
The Westin La Paloma Hotel
Tucson, Arizona

Purpose: Develop a blueprint to improve the health of American Indian people through mutually beneficial collaborations and new partnerships.

Agenda

Wednesday, June 24, 1998

2:00 - 5:00 pm  Registration  Murphy Foyer

5:00 pm  Blessing  Murphy

Mr. Gerard Kisto, Traditional Practitioner
Native American Community Health Center

Welcome/Purpose of the Conference

James Galloway MD, Director
The Center for Native American Health
University of Arizona

Michael Trujillo MD, MPH
Assistant Surgeon General
Director, Indian Health Service

James Dalen MD, MPH
Vice President for Health Sciences
Dean, College of Medicine
University of Arizona

Genevieve Jackson
National Indian Health Board
Chair, Navajo Health and Social Services Committee
Wednesday, June 24, 1998 (Continued)

6:00 pm  Dinner       Murphy
                          Welcome
                          
                          Dr. Fernando Escalante, Vice-Chairman
                          Pascua Yaqui Tribe
                          
                          John R. Lewis, Executive Director
                          Inter-Tribal Council of Arizona
                          
                          Wayne Taylor, Jr., Chairman
                          Hopi Tribe

7:00 pm  An illustration of a unique collaboration in Indian health
                          
                          The Center for Native American Health
                          at the University of Arizona
                          
                          Don Davis MPH, Director
                          Phoenix Area Indian Health Service
                          Acting Director of Field Operations, Indian Health Service
                          
                          James Galloway MD, Director
                          Center for Native American Health
                          
                          Vernon James, Executive Director
                          San Carlos Apache Tribal Health Authority

8:30 pm  Conclusion of evening event

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Thursday, June 25, 1998

6:30 am  Walk/Run  Lobby

7:30 - 11:00 am  Sponsor Displays  Terrace Level
Foyer

7:30 - 8:00 am  Registration  Terrace Level
Foyer

8:00 am  Blessing  Murphy

Gerard Kisto, Traditional Practitioner
Native American Community Health Center

Introduction and Purpose of the Conference
Summary of Events from Wednesday

James Galloway MD, Director
Center for Native American Health
University of Arizona

Introduction of Facilitators:

The Institute of Cultural Affairs:

Anita Dupuis
Consultant to Indian non-profit organizations

Gary Forbes
Organization Consultant

8:15 am  Panel Presentation I:
Perspectives on the need for collaboration in American
Indian / Alaska Native communities

Ralph Forquera MPH, CEO and Executive Director
Seattle Indian Health Board

Carla Alchesay-Nachu MPH, Service Unit Director
Whiteriver PHS Indian Hospital

John Pemberton, Director of Human Resources,
South East Alaska Regional Health Consortium

Viola Johnson, CEO
Gila River Health Care Corporation
Wednesday, June 25, 1998 (Continued)

9:30 am
Panel Presentation II:
Examples of current collaborations in Indian health

James Floyd, Director
Salt Lake City VA Medical Center

Paul Skinner PhD
Native American Research and Training Center

James Zuckerman MD
Harvard Medical School

Lisa Lefler PhD
University of Oklahoma

10:45 am
Break
Foyer

11:00 am
Breakout Sessions (by affiliation)

Purpose: Identify current challenges to collaboration.

Tribal/Urban: Indigo
Facilitator: Genevieve Jackson, Chair
Navajo Health and Social Services Committee

University/Other: Verbena
Facilitator: Nicolette Teufel PhD
Center for Native American Health

Government: Lantana
Facilitator: Margo Kerrigan MPH, Area Director
California Area Indian Health Service

12:15 pm
Break

12:30 pm
Round Table Luncheon
Murphy

Purpose: Report on challenges by affiliation.

1:30 pm
Break
Murphy Foyer
Thursday, June 25, 1998 (Continued)

1:45 pm  Round Table Discussions (assigned seating)  Murphy

*Purpose:* Identify ways to meet the challenges through potential collaborations and partnerships.

3:30 pm  Break  Murphy Foyer

3:45 pm  Reconvene Round Table Discussions  Murphy
Continue discussion.

4:30 pm  Groups report on ideas for collaborations  Murphy

4:55 pm  Closing Blessing

Dr. Fernando Escalante, Vice-Chairman
Pascua Yaqui Tribe

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6:30 pm  Hosted Dinner Activities (optional)  Fiesta Area
(outside)

Cultural Activities sponsored by
Pascua Yaqui Tribe
Tohono O'odham Nation
Friday, June 26, 1998

8:00 am  Blessing  Murphy
Henry Ramon, Vice Chairman
Tohono O'odham Nation

Purpose of the Larger Conference (March 1999)

James Galloway MD, Director
Center for Native American Health

Summary of Work Completed on Thursday

Anita DuPuis
Consultant to Indian non profit organizations

Gary Forbes
Organization Consultant

8:30 am  Working Groups (assigned seating)  Murphy

Purpose: Identify ways to facilitate collaboration
and partnerships at the next conference.

10:00 am  Break  Murphy Foyer

10:15 am  Continuation of Working Groups  Murphy

11:00 am  Reconvene Large Group  Murphy

Purpose: 1) Report on ideas for next conference.
          2) Prioritize ideas and develop the blueprint for
             future collaborations and new partnerships.

12:15 pm  Luncheon  Murphy
Concluding Comments/Reflections

James Galloway MD
Michael Trujillo MD MPH
Members of the audience

1:30 pm  Closing Blessing  Murphy

Mr. Gerard Kisto, Traditional Practitioner
Native American Community Health Center
APPENDIX II
Crafting the Future of American Indian Health:
A Conference for Networking Opportunities for Optimal American Indian Health Programs

Preliminary Participant List

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### Crafting the Future of American Indian Health:
A Conference for Networking Opportunities for Optimal American Indian Health Programs

#### Preliminary Participant List

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Introduction

It is exciting to consider how tribes, urban health programs and academic institutions can collaborate to improve the health of Indian people. In the past, the relationship between tribal communities and academic institutions, such as universities, was often solely an interaction between research subjects and research investigators. However, with the current changes in the Indian health system, relationships between academic institutions and tribes are changing and expanding to include interactions that are more supportive and based on mutually beneficial activities. Collaborations and partnerships are necessary to improve the health of Indian communities as more tribes develop community-based prevention and health promotion efforts, raise the level of health care services for their communities, and assume direct management of part or all of their own health programs.

Recent Changes in the Indian Health System

"The Indian people in this country have already bought a prepaid health care plan. They paid for it with good land. I think Red Cloud said, 'The White man made a lot of promises, but he kept only one – to take our land.' We should not allow the (federal) Office of Management and Budget and other folks to cash out our commitment."

Emery Johnson M.D.
Former Director, Indian Health Service

In the past, American Indians and Alaska Natives from federally recognized tribes received health care services primarily from the Indian Health Service, which is a comprehensive primary health care system on or near Indian reservations, established in 1955. The federal government has a trust responsibility to provide health care for American Indians on the basis of numerous treaties, court decisions, and legislative actions. However, since the passage of the Indian Self-Determination and Educational Assistance Act, P.L. 93-638, many Indian tribes have chosen to manage all or part of these health programs previously managed by the Indian Health Service. This option has allowed increased flexibility for tribes in managing these health programs, and allows them to design health care services that meet the needs of their specific communities.

However, recent changes in the national health care system, the federal government, and the Indian health system are creating a number of challenges and problems for the Indian health programs. These changes include reduced funding and reimbursement for health care services, down-sizing of the federal government, reorganization and decentralization of the Indian health system, and an increasing role of the states in health care programs and resources. As more tribes manage their health care services, they are feeling the effects of these changes and struggling to improve the health status of their communities in the face of many obstacles. Some of these obstacles include:
• Reduced levels of funding for health care services
• Increasing costs
• Increased administrative requirements and costs
• Increased data collection requirements
• Reduced staffing levels
• Increasing competition for grants and other sources of funding
• Recruitment and retention problems
• Increasing role of managed care
• Increasing population growth
• Continued health disparities between American Indians and the general population
• Need to negotiate new relationships with states and federal agencies
• Reduced economies of scale with local management

Although there are examples of tribes who have successfully dealt with these challenges and obstacles by themselves, Indian health leaders have realized the need to find resources and develop partnerships with a number of governmental, private, and academic entities in order to maintain and improve the level of health care services for their communities.

"We must expand our search for partners in the health care arena. To become more efficient and effective, we have to look to foundations, universities, independent organizations and others who can assist us in the delivery of care."

Michael Trujillo, M.D., M.P.H.
Director, Indian Health Service
in his opening statement to the Senate Indian Affairs Committee, in April, 1996

Recent meetings in Indian health involving tribal, urban, and Indian health service leaders have included much discussion of the need to collaborate and work together within and outside the Indian health system.

Recent Changes in Academic Institutions

Academic Institutions, such as universities, colleges, and health professional schools, have also encountered similar challenges and obstacles in the current health care system. Many academic centers are also struggling with reduced resources and funding, especially with the increased presence of managed care and for-profit health care systems. And as the costs to provide education are rising, academic centers must also look to a variety of sources of funding and support. With changes in federal and private funding priorities and requirements, academic centers are now required to expand their activities to include more community service, and are required to demonstrate that these activities truly meet the needs of those communities. Many large sources of funding for academic centers require that these centers develop ways to ensure that community members have an opportunity to provide input and help direct these efforts.

Many academic institutions are recognizing the potential for collaboration with tribes and Indian communities in a number of areas, including the following:

• Community based health promotion and disease prevention activities
• Recruitment and retention of American Indian students
• Direct health care services, including specialty referrals
• Education, training and technical assistance
• Legislative advocacy
• Community-based research
Crafting the Future of American Indian Health:
A Conference for Networking Opportunities for Optimal American Indian Health Programs

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Although some academic institutions have developed good relationships and partnerships with the communities in their area, many universities and colleges have had only limited contact with tribal communities, and this has often been in the form of relationships between research subjects and research investigators. While many of these relationships have been positive and mutually beneficial in the past, some interactions in the past have not and serve as barriers to new, potentially beneficial relationships. Many academic centers are now interested in forming collaborations and partnerships with American Indian tribes and communities that are mutually beneficial.

The Potential for Collaborations and Partnerships

Tribes and academic centers can find a number of potential ways to collaborate and partner to help improve the health of American Indian people despite the many obstacles and challenges they face. These interactions will require exploring new interactions in a number of areas for both academic centers and tribes.

Important activities for academic centers to consider in support of tribes and Indian health programs fall within two major areas: facilitation and capacity building:

I. Facilitation - academic centers can facilitate the efforts of tribes and Indian health programs through:
   - Support Tribal activities in the assessment and evaluation of local and regional Indian health care needs
   - Advocacy for local and regional Indian health programs and concerns
   - Support Tribal activities in the development of local and regional public health policy
   - Support Tribal activities in the development of local public health programs, including health prevention and wellness programs
   - Support Tribal activities through training and technical assistance in health program development and management
   - Support local or regional health care needs by locating or providing secondary and tertiary health care services, including subspecialty consultation
   - Collaboration in finding resources for Indian health care programs from governmental and private sources

II. Capacity Building - academic centers can help build the capacity of tribal health care systems through:
    - Training and education of providers and managers
    - Developing networks of local and regional resources
    - Technical assistance in health program development
    - Consultation
    - Grant writing
    - Research training and assistance
    - Distance learning
    - Telemedicine linkages and equipment
    - Health professional training
    - Health professional student programs
    - Locum tenens services
    - Health education and information resources

Important activities for tribes to consider as they consider collaborating and partnering with academic centers include:
• The role of tribes in defining the direction of research efforts
• The role of tribes in defining the needs of their communities
• The role of tribes in prioritizing health programs and efforts
• The role of tribes in advocacy and support of academically-supported health efforts
• The role of tribes to make sure these efforts are culturally and linguistically sensitive and appropriate for their communities
• The role of tribes in identifying optimal resources for their health programs
• The role of tribes in ensuring that these collaborative efforts are mutually beneficial and respectful of their culture and traditions

"Crafting the Future of Indian Health:” an Opportunity to Improve the Health of American Indian Communities Through Mutually Beneficial Collaborations and Partnerships

With the recent changes in the Indian health system and the complex health issues confronting tribes as they manage their own health system, collaborations and partnerships between academic center and tribes are essential to efforts to improve the health status of Indian people. This conference will provide a forum to begin discussing how we might facilitate the development of mutually beneficial collaborations and partnerships between academic centers and tribes. This conference will involve leaders from Indian health programs, tribes, academic centers, foundations and government programs, and will involve developing a blueprint for a much larger national conference in 1999, which will bring together many more leaders to help find ways to collaborate and partner to improve the health of American Indian communities.

References and Suggested Reading
