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Achieving Health Equity for Indian Country

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ABSTRACT

The essence of health equity is giving resources where they are needed most. American Indians and Alaska Natives (AI/AN) continue to have the worst health outcomes, live in some of the most desperate of conditions, and lack access to even basic amenities that many other Americans could not survive without. Although Tribes have been plagued with social, economic and political injustice for centuries, there is an opportunity to put a stop to the systematic oppression and build up the first peoples of this country. A partnership between the National Indian Health Board (NIHB) and the National Partnership for Action to End Health Disparities (NPA) at the U.S. Department of Health and Human Services Office of Minority Health (HHS OMH) has taken a proactive and strategic approach to build the public health capacity of Tribal health departments through information gathering and dissemination, capacity building and awareness raising.

Keywords: Health Equity; Indian Country; Native Americans

The essence of health equity is giving resources where they are needed most. American Indians and Alaska Natives (AI/AN) continue to have the worst health outcomes, live in some of the most desperate of conditions, and lack access to even basic amenities that many other Americans could not survive without. Although Tribes have been plagued with social, economic and political injustice for centuries, there is an opportunity to put a stop to the systematic oppression and build up the first peoples of this country.

America's public health system began taking its current shape in the middle of the twentieth century. State and local health departments, with support of the federal government began building a public health workforce with focused efforts on health promotion and disease prevention (Institute of Medicine, 1988). During this time, the federal government established the Indian Health Service (IHS) to uphold its trust responsibility of providing health care to AI/AN. IHS's limited scope, focused on treatment and direct patient care, rather than population

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health has resulted in Indian Country's lacking public health infrastructure and consequential widening health disparities.

Sharp AI/AN health disparities are not the only evidence of the need for greater investment in Tribal public health. Voluntary national public health accreditation through the Public Health Accreditation Board (PHAB), a process that seeks to advance quality and performance of state, local, territorial and Tribal public health departments has demonstrated the inequity Tribal health departments are up against. Although over 145 state, local, and integrated public health departments have received accreditation, only one Tribal health department has achieved accreditation. Furthermore, the first health departments were awarded accreditation in February of 2013, more than three years before the first Tribal health department, which was awarded the status in August of 2016 (Public Health Accreditation Board, 2016).

The history of public health in America coupled with the current inequities faced by AI/AN people and Tribal governments demonstrates the need for sustainable investments in Indian Country, focused on the entire public health system, rather than simply health outcomes. Through programs such as the Special Diabetes Program for Indians (SDPI), Tribes have demonstrated their ability to transform modest resources into improved lives and significant cost savings on diabetes and diabetes-related disease treatment (Indian Health Service, 2014). Concentrated focus on infrastructure development has the ability to do what SDPI has done for diabetes for all health outcomes, giving Tribes the same community health promotion foundation that other governmental jurisdictions were given half a century ago.

The changing landscape of public health, with a multi-disciplinary approach focused on the social determinants of health is a true opportunity to advance the well-being of AIAN communities. A commitment to advancing health equity by giving Tribes the resources they need to advance their public health system will lead to healthier, sustainable Native communities and decreased disparities for generations to come.

To this end, the National Indian Health Board (NIHB), the only non-profit organization serving all 567 Federally Recognized Tribes in the public health and healthcare arena is dedicated to this work. A mission of *One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities* advocates for betterment of Tribes. NIHB, in partnership with the National Partnership for Action to End Health Disparities (NPA) at the U.S. Department of Health and Human Services Office of Minority Health (HHS OMH) has taken a proactive and strategic approach to build the public health capacity of Tribal health departments through information gathering and dissemination, capacity building and awareness raising.

Through this partnership, NIHB has gathered information on what is needed to achieve health equity in Indian Country from Tribes and Tribal organizations throughout the country. The answer, unquestionably is to invest in Tribal public health systems and infrastructure development, not only equally to state and local health departments, but equitably. In addition to funding the typical prevention programs tied to health outcomes, Tribes must be given the resources to examine and address the social determinants of health at the root ill health outcomes.

To support capacity at the Tribal health department level, NIHB developed a strategic planning framework with emphasis on achieving health equity. A strategic plan defines and determines the health department's roles, priorities, and direction over three to five years. It sets forth what the department plans to achieve as an organization, how it will achieve it, and how it

will know if it has achieved it (Swane, Duncan, and Ginter, 2008). Key components of a strategic plan to achieve health equity includes a vision statement that envisions an equitable future, a mission to achieve a healthy community free of health disparities, attaining health equity as a priority and strategies to ensure one will meet the priority. In order to guarantee strategies work towards attaining health equity, strategic objectives must be SMART^E; specific, measurable, achievable, realistic, time-phased and *equitable*.

The National Indian Health Board has conducted learning institutes, webinars, and one-on-one capacity building trainings to support Tribal and non-Tribal health departments to achieve health equity through strategic planning. The success of the aforementioned activities demonstrates the need to invest in Tribal health department's continuous growth as we enter into a new era of public health, focused on strong leadership and workforce, strategic partnerships, flexible and sustainable funding, timely and locally relevant data, metrics, and analysis, and of course, foundational infrastructure (U.S. Department of Health and Human Services, 2016). As stated by Dr. Karen B. DeSalvo, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services, "...we need to focus on the social determinants of health in order to create lasting improvements for the health of everyone in America. When we build a complete infrastructure of healthy communities, we can begin to close the gaps in health due to race or ethnicity, gender identity or sexual orientation, zip code or income." (DeSalvo, 2016). The partnership with the NPA boosted the NIHB's efforts to initiate this worthwhile re-direction in Indian Country. At NIHB we have set our sights on scaling and sustaining our capacity building efforts. This is no small feat as the need is great albeit surmountable. It is imperative that as a nation, we re-think our investments to create health in Indian Country, and match the level of need with commensurate resources and a rightful sense of urgency.

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