



Charting the Course: Exploring the Interplay of Health Boards, Tribal Epidemiology Centers, and Sovereign Tribal Governments in Indigenous Health Governance

*the
Chickasaw
Nation*



Sovereignty

“Inherent sovereignty is the power of a group of people to govern themselves without having received that power from an outside source. Inherent sovereignty is a power innately part of the society.”

American Indian Tribal Governance



Violations of Tribal Sovereignty & Historical Injustices

- Succession treaties
- Indian Removal Act
- The removal itself
- When US Government tried to assimilate us into the Choctaws
- When we wrote our first tribal constitution in 1856
- When Oklahoma became a state in 1907 and “eliminated” tribal governments and reservations
- During the boarding school period
- During the government’s assimilation effort
- And continuing through today







Public Health Authority

“Public Health Authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.”

45 CFR 164.501.



Public Health Authority – Health Authorities

- A statute (or law) is an act of Congress (signed by the President) or a state legislature (signed by a governor).
- A regulation (or rule) is promulgated under the authority of a statute, has legal force, and is usually issued by an administrative agency.
- An executive order is generally a directive from the President or a governor to members of his or her executive branch but also may have legal force if used to meet a statutory prerequisite for the expansion of emergency response powers.

cdc.gov general legal authorities

<https://www.cdc.gov/eis/field-epi-manual/chapters/Legal.html>



Public Health Authority – IHS (Federal Authority)

- The primary federal agency responsible for providing healthcare to AI/AN populations
- Manages and operates healthcare facilities and holds a wealth of health-related data
- Implements public health programs and initiatives aimed at improving Native health outcomes
- IHS typically delegates public health data requests to TECs (notable that the current process does not inherently include tribal concurrence).
- IHS's Exercise of Public Health Authority: Within its scope of services, IHS exercises public health authority to implement programs, deliver preventive services, and respond to public health emergencies in collaboration with tribal entities.

[ihs.gov](https://www.ihs.gov) Public Health Authority and TECs



Public Health Authority – Tribal Epidemiology Centers

- The reauthorization of IHCAA in 2010 formally acknowledged the Tribal Epidemiology Centers (TECs) as public health authorities for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and extended general authorization for TECs to access data held by the U.S. Department of Health and Human Services (HHS).

[ihc.gov](https://www.hhs.gov/ihc) public health authority and health-related data access



Public Health Authority – Tribal Epidemiology Centers

- IHCA's 2010 reauthorization included a provision designating tribal epidemiology centers (TECs) as public health authorities "Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians...to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy." 25 U.S.C.A. § 1602 under the Health Insurance Portability and Accountability Act (HIPAA) and authorizing TEC access to data held by the US Department of Health and Human Services (HHS).

Tribalepicenters.org



Public Health Authority – Tribal Epidemiology Centers

- Under HIPAA, health information is defined as any information that (A) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (B) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.¹⁶

Tribalepidcenters.org Public Health Law, OSTLTS, CDC



Public Health Authority – TECs

- This law directs the Secretary of the Department of Health and Human Services (DHHS) to grant each TEC access to data, data sets, monitoring systems, delivery systems, and other protected health information (PHI) within the possession of the Secretary (25 USC 1621m(e)(1)).
- TECs operate within tribal jurisdictions and work to fulfill their mission of improving the health of AI/AN people by performing seven core functions:
 - Evaluating data & programs
 - Identifying health priorities
 - Making recommendations for health service needs
 - Making recommendations for improving health care delivery systems
 - Providing epidemiologic technical assistance
 - Providing disease surveillance



Public Health Authority – TECs

- CFR Title 25, Section 1621m: ...Functions of Centers
“In consultation with and on the request of Indian tribes, tribal organizations and urban Indian organizations, each Service area epidemiology center established under this section shall, with respect to the applicable Service area.....”
- Consultation: Agencies and organizations seeking and utilizing tribal specific data should engage in discussions and seek input from Indian tribes, tribal organizations, and urban Indian organizations. This ensures that these entities have a voice in decisions and activities related to epidemiology and public health within their respective areas.



Public Health Authority – Tribes

The exercise of public health authority by tribes is grounded in tribal sovereignty, which predates the formation of the United States. Tribal governments have the autonomy to address public health challenges based on their unique cultural, social, and political contexts.



Public Health Authority – Tribes

- Tribal public health authority- not explicitly listed in the Federal Register
- Tribal public health authority may not be explicitly stated verbatim in the IHCIA, but the Act contains provisions that affirm the sovereignty and authority of tribes



Public Health Authority – Tribes

- The act affirms the authority of Indian tribes to assume control over healthcare and public health programs through self-governance compacts and contracts with the IHS and other federal agencies
- IHCA recognizes the unique needs and priorities of tribal communities and supports addressing public health within their jurisdictions



Public Health Authority – Tribes

In the context of public health, tribes have inherent authority as sovereign nations to protect and promote the health and welfare of their citizens, using methods most relevant for their communities. Tribal inherent authority is a “plenary and exclusive power over their members and their territory, subject only to limitations imposed by federal law,” and includes the power to determine the form of tribal government and the power to legislate and tax, among others.



Public Health Authority – Tribes

- Public Law 93-638, also known as the Indian Self-Determination and Education Assistance Act (ISDEAA), allows Indian tribes to assume control over various federal programs, including healthcare services, through self-governance compacts and contracts.
- The law reflects the federal government's policy of tribal self-determination and self-governance.
- The principles of tribal sovereignty and self-determination are inherent in the Act. This means that when interpreting provisions of the ISDEAA or similar laws related to tribal self-governance, courts, and agencies may consider the unique political status of tribes and the federal government's trust responsibility to tribes.



Government to Government Relations

- The presentation aimed to discuss the interaction among Tribal Epidemiology Centers (TECs), health boards, and tribes suggesting an equitable standing.
- As we've discovered, each of these entities fulfills a critical function.
- The IHS, as the primary federal agency responsible for providing healthcare to American Indian and Alaska Native communities, delivers essential medical services, preventive care, and public health programs across Indian Country.
- TECs, operating under the guidance of tribal nations, serve as regional hubs for data collection, analysis, and research, offering invaluable insights into the health needs and challenges facing Indigenous communities.



Government to Government Relations

- Tribes, exercising their inherent sovereignty, are at the forefront of healthcare decision-making, tailoring services and initiatives to meet the unique cultural, social, and environmental factors influencing Native health.
- Tribal governments have inherent sovereignty, while TECs and IHS operate under federal frameworks.
- TECs focus on epidemiological support, while IHS provides direct healthcare services.
- Tribal governments have ultimate authority over public health decisions within their jurisdictions, while TECs and IHS operate within their designated roles under federal oversight



Collaborative Evolution

- Let's expand the conversation to encompass the relationship between the federal government's recognition of tribal Public Health Authorities (PHA) and other PHAs.
- It's not a battle of "us vs them" but a recognition of inherent authority and federal empowerment.
- The key to success lies in evolving together, aligning with the sophistication of tribal governance.
- Policy-wise, mandating capacity building for tribes is essential, fostering an environment where tribal sovereignty is respected and supported.
- It's a paradigm of "tribes first," allowing them to lead, with the option of delegating or collaborating with TECs as mutually beneficial arrangements, ensuring that no path is mutually exclusive but rather complementary to achieving health equity for Native communities.



Collaborative Evolution

- Given the pivotal role of Tribal Epidemiology Centers (TECs) in bolstering tribal public health through robust data access and funding, it begs the question: How can we replicate and expand this success to build capacity directly within tribal communities?
- Just as state health departments have flourished with direct funding, empowering tribes with similar resources could revolutionize their public health initiatives.
- Let's explore avenues to provide tribes with the necessary tools and support to harness the power of data and funding, driving impactful and sustainable improvements in Native American health outcomes.
- Umbrella agreements have proven effective in building capacity, allowing for fruitful collaborations between tribes and entities like the CDC.



Collaborative Evolution

- It's essential to emphasize that we're not discussing canceling out existing mechanisms but rather enhancing them.
- Building capacity within tribes with data and funding would complement the invaluable work of TECs, amplifying their efforts and fostering a more inclusive and resilient public health infrastructure for Native communities.
- It's about adding layers of support and empowerment to ensure comprehensive health equity for all.



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