

# Tribal Health Authorities Are Essential to Alaska's Public Health

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Perhaps uniquely among the fifty states, most health care services in rural and frontier Alaska are provided through tribal health corporations managed by Alaska Native groups. The state is constitutionally responsible for basic public health services for all Alaskans regardless of residence or ethnicity. These services have historically been provided by the State of Alaska Department of Health and Social Services (DHHS), but some Native corporations are also beginning to provide basic public health services, including immunizations, health promotion, environmental sanitation, and public health nursing.

## *The rural Alaskan health care environment*

The 2000 census counted about 630,000 Alaskans. Eighteen percent of Alaska's population, or 111,000 Alaskans, are Alaska Native or American Indian. Many Alaskan Natives reside in non-metropolitan areas of Alaska—defined as places with fewer than 2,500 residents or those living outside any community.

In Alaska Native villages throughout rural Alaska, as on Indian reservations in the rest of the United States, the Indian Health Service and tribes have borne the responsibility for the delivery of direct health services, in addition to providing and maintaining hospital and clinics and sanitation facilities. In some cases these providers represent a single tribe, but more often they carry out health programs on behalf of many tribes in their region.

The tribal organizations serving Alaska Natives fulfill much the same role as local health departments in much of the rest of the United States, providing most of the prevention and treatment services available in rural Alaska. As tribal organizations, the nonprofit corporations are quasi-governmental organizations. Since they operate under authority of tribal and federal law to carry out programs of the Indian Health Service, their focus is on the health of Alaska Native people, and they are governed by Alaska Natives.

The role of Alaska Native regional health corporations appears to be changing from an exclusive focus on the needs of Alaska Native people to a broader mission to serve the entire region, regardless of ethnicity or beneficiary status. This evolution is evident in the increased focus of some regional corporations on basic public health services and the emergence of Native-sponsored community health ("330") centers.

Region-wide primary care services are also being provided by regional health corporations. Funding for community health centers, for example, has been awarded to a regional health corporation for primary care clinic operations in Haines, a primarily non-tribal community. Services are available to all people in the region regardless of ethnicity or beneficiary status.

## *Issues in tribal delivery of public health*

**Authority for Providing Primary Care in Rural Alaska.** Discussion continues about who has the authority and responsibility to provide basic primary care services in rural Alaska. The regional health corporations and the state are working to clarify this situation. An example of the complexity is a recent memo sent by the Tanana Chiefs Conference (TCC)—a tribal corporation serving Alaska's rural interior communities—to their 22 rural health clinics in the Alaska interior saying that except for emergencies, they can treat only beneficiaries of the Indian Health Service. The TCC leadership soon retracted the statement after non-Natives living in rural communities served by TCC facilities voiced concern. This change, together with the emergence of tribally sponsored 330 clinics, signals a major shift in the traditional role of Alaska Native regional health corporations.

**Legal Authority to Provide Public Health Services in Rural Alaska.** Despite the state's responsibility to protect the public's health, regional health corporations have been called *de facto* public health departments. This designa-

tion, although still informal, begins to recognize the central role the corporations play in rural Alaska's health care system. Two corporations serving the people of northwest Alaska have been routinely awarded funds from the DHHS to support the provision of basic public health services. Neither corporation has legal authority to provide emergency services, but this funding makes them similar to the two formally recognized local health departments in the Municipality of Anchorage and the North Slope Borough.

**Accountability of Regional Health Corporations for Contractual Public Health Responsibilities.** Although the Alaska Native regional health corporations provide basic public health services on behalf of the state, the state retains the legal responsibility for maintaining the public health. For example, the Maniilaq Corporation serving people in the northwest Arctic communities of Alaska has had a long-standing contract with the state to provide basic public health services aimed at controlling communicable diseases and promoting health and wellness for all residents in Maniilaq's service area.

The state routinely monitors the agreement with the Maniilaq Corporation for basic public health services to ensure that Maniilaq provides a level of service consistent with standards for state-provided public health services offered in other parts of the state.

Routine public health and financial data are essential management tools in contract management. Maintaining basic public health data can present problems to regional health corporations, which have broad service portfolios, weak data collection systems, and high turnover in administrative staff. As a result, in some instances the nature and extent of public health services have fallen below the standards of service set by the state. In response to one situation in which the state believed that a corporation had performed below standard, the state assigned senior representatives to the region to help improve the level of service provision.

Finances supporting these public health contracts must also be monitored. Regional health corporations, accountable to a board of directors of sovereign entities, may decide that it is in their best interests to spend contract funds on nonessential public health services. These decisions might place them in violation

of the contract and obligate the state to bring in additional resources for basic public health.

**Implementation of Emergency Police Powers During Public Health Emergencies.** The terrorist events of 2001 raised national awareness of the need for major reforms in U.S. public health law. The 1988 and 2002 Institute of Medicine reports also found that state public health laws were seriously outdated, and recommended that states review and revise public health statutes. The initial report made little mention of the role of tribal governments. However, tribal governments must be included in public health law reform discussions, especially in Alaska where they are a crucial component of the public health system.

The Model State Emergency Health Powers Act, developed under the Turning Point Initiative, helped specify the emergency powers required to effectively address public health disasters. These special powers are typically overseen by political subdivisions of the state. The subdivisions have elected representatives who oversee administrative functions and provide accountability to the public for actions taken during a public health emergency. Alaska Native regional health corporations, although not governed by a body elected by the general population, can serve the same function. Limited state infrastructure obligates public health decision makers to rely on the Alaska Native health care infrastructure as first responders to any public health emergency.

In summary, Alaska Native regional health corporations have made significant gains in their ability to serve all rural residents, but some important issues remain unresolved. Collaborative agreements between states and tribes appear to be the key to finding solutions for many of these issues. Provisions for such collaborative arrangements have already been drafted in the Model Public Health Statute. Indian tribes, whether they are located on reservations or operate through autonomous urban Indian groups or Alaska Native regional health corporations, should actively participate in the development of agreements to ensure tribal sovereignty and develop methods for effectively addressing public health emergencies and public health service delivery. 🍷

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