



Issue Brief: Building a Tribal Public Health Workforce

Summary

The public health workforce is a key component of a successful public health system. However, information on the needs of the Tribal public health workforce is not readily available. Tribal public health professionals often fill a different role compared to their state and local counterparts, as Tribal public health services are often integrated within the larger healthcare system. The 2019 Public Health in Indian Country Capacity Scan (PHICCS) survey was one of the first national-level efforts to better understand Tribal public health workforce needs. As Tribes develop more defined public health infrastructure, support is needed to grow and retain an integrated Tribal health workforce that includes both healthcare and public health professionals. Efforts to build Tribal health workforce capacity should consider the unique needs of Tribal health organizations and support Tribal Nations in exercising their inherent right to sovereignty, allowing programs to be tailored to each community.

Background

Tribal Nations have an inherent right to protect and promote the health of their people. Robust, multifaceted public health capacity defined by Tribes and responding to Tribes' needs is critical to ensuring the health and wellbeing of American Indians and Alaska Natives (AI/ANs) and future generations. The public health workforce is an integral component of a robust public health system. A successful workforce requires both people and processes, including training, oversight, or standards of practice, that support the delivery and implementation of comprehensive public health services. Without a robust workforce, public health services and population health are at risk.

The Tribal public health workforce often functions differently compared to its state and local counterparts. Many Tribes have integrated healthcare and public health systems. Many also work closely with or receive services directly from the Indian Health Service (IHS), the federal agency responsible for providing healthcare to Tribes; however, IHS provides mostly healthcare services and is limited in their public health capacity. The result of this distinctive structure is that the Tribal public health workforce is unique, and many public health service providers may also bear responsibilities for clinical and social care.

Unfortunately, when compared to state and local health organizations, there is very little information on the specific needs of the Tribal public health workforce. However, given the historic disinvestment, it can be assumed that Tribal public health workforce needs are equal if not greater than those experienced by local health departments serving similar population sizes. Several landmark reports have steered national policy and continue to shape perceptions about what exists and what is needed for a robust United States (U.S.) governmental public health system^{1 2 3 4 5}. These reports highlighted the need for targeted training of public health professionals, including the growing need for public health professionals, including epidemiologists, environmental health specialists, and IT professionals. Alarming, Tribes and Tribal public health systems are not always acknowledged as part of the national public health system, despite the federal government's trust responsibility to provide resources, including workforce development training and support, to support Tribal public health capacity. An equitable U.S. public health system and all its components must include and recognize Tribes and their distinct histories. Public health strengthening efforts, including those directed towards workforce development, must continually be informed by the integral role and contributions to the nation's health by Tribal Nations.

Key Recommendations

- Support Tribal public health workforce growth and development.
- Prioritize the development and retention of local Tribal public health capacity.
- Allow Tribes to tailor programs and funding opportunities to their needs.
- Create opportunities to simultaneously develop Tribal healthcare and public health workforce groups, to support the integrated nature of Tribal public health systems.
- Increase recognition of Tribes' status as public health authorities, responsible for the health of their people.

Characterizing Tribal Public Health Workforce through PHICCS

The National Indian Health Board (NIHB) and Centers for Disease Control and Prevention (CDC) published the 2019 Public Health in Indian Country Capacity Scan (PHICCS), which identified trends in Tribal public health governance, workforce, contributions to national public health, and more. The 2019 PHICCS scan was one of the first surveys to assess the workforce levels and needs of Tribes, surveying 134 Tribal Health Organizations (THOs) from 2018-2019.

According to PHICCS, THOs are the primary provider of public health services in Tribal communities, including immunization, prevention, education, screening, data collection, and regulation activities. Behavioral health staff are the highest average number of funded and filled positions; however, they are also the most needed positions currently vacant. Respondents also commonly cited a need for front-line workers such as community health representatives (CHRs) and public health nurses (PHNs). In many Tribal communities, these professionals carry important roles in delivering public health services and addressing the social determinants of health. Epidemiologists, statisticians, and public health informatics specialists were the least frequently funded positions. Respondents stated that training (both training on technical skills, i.e., data collection and/or analysis, and general training on public health), adequate staffing, and assistance in performance improvement and public health accreditation were the most common workforce development needs.

What is PHICCS?

The Public Health in Indian Country Scan (PHICCS) is a national scan, to be conducted every three years by the National Indian Health Board, funded by the Centers for Disease Control and Prevention (CDC). The purpose of PHICCS is to assess the capacity of Tribal health and Tribal public health organizations for delivering public health services. This important tool helps Tribes, Tribal organizations, partners and policymakers better understand Tribal public health infrastructure and plan for future improvements.

Policy Implications

Maintaining a strong Tribal public health workforce is critical to responding to emergent health needs, as highlighted by the recent COVID-19 pandemic. Workforce development efforts can be multi-tiered and involve a variety of partners. Training and technical assistance can be provided by other Tribes, federal, state, regional or local partners, non-profit organizations, and academic centers. Any efforts to support workforce growth and development should prioritize the development and retention of local Tribal capacity. Explicit funding and pathways for advanced training for AI/AN public health professionals can provide opportunities for growth and potentially strengthen recruitment and retention of the local public health workforce. Any initiatives must also recognize that many Tribes engage a variety of sectors to deliver public health services and activities. Programs should allow Tribes to tailor programs and funding opportunities to fit the current structure of their public health services. Such programs must also be flexible to account for Tribally-defined growth and exercise of sovereignty.

Looking Ahead

Now is a pivotal moment to invest in Tribal public health infrastructure. There are known, historic gaps in both Tribal healthcare and public health workforce⁶. In addition to essential public health careers such as community health representatives, behavioral health staff, and data and surveillance specialists, Tribes also need long-awaited investments in clinical workforce, including primary care physicians, pharmacists, oral health professionals, and advanced practice nurses. To fully support the integrated nature of Tribal health systems, it is imperative that both healthcare and public health workforce groups be developed simultaneously. This means investing in the people, knowledge, and skills required to support strong public health systems. As sovereign nations, Tribes should be actively engaged and guide their workforce development needs to ensure sustainable, long-term investments for Tribal public health.

References

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