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MOBILIZING CULTURE, SOVEREIGNTY, AND COMMUNITY FOR TRIBAL HEALTH IN ALL POLICIES

University of New Mexico Center for Native American Health

An Equity Policy Brief for Indigenous Health Policy

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Merit Review

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MOBILIZING CULTURE, SOVEREIGNTY, AND COMMUNITY FOR TRIBAL HEALTH IN ALL POLICIES

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Aboriginal healing philosophies, practices, and systems promote social cohesion, individual and collective wellbeing, and culture-centeredness[1]. Research chronicles sustained governmental assaults on Indigenous ways of life. This policy brief describes the determinants of structural violence faced by Tribes, Nations, and Pueblos and describes the health inequities that emerged from this violence and its lasting effects. Finally, this brief introduces three policy options for implementing a new approach, Tribal Health in All Policies, to reclaim inherent cultural and political authorities in the restoration and genuine self-determination of Indigenous health and wellbeing.

THE PROBLEM: FEDERAL AND STATE SUPPRESSION OF CULTURAL SOVEREIGNTY IN AMERICAN INDIAN TRIBES' SELF-RULE OF THEIR PEOPLE'S HEALTH AND WELLBEING PRODUCES SILOED, FRAGMENTED, AND FOREIGN POLICIES AND PRACTICES THAT, IN TURN, CREATE THE CONDITIONS LEADING TO ENTRENCHED AND DEVASTATING HEALTH INEQUITIES FOR INDIAN PEOPLE.

THEORY AND CENTRAL FRAMEWORK

Tribal Critical Race Theory

Tribal Critical Race Theory (aka TribalCrit)[2] is a derivation and elaboration of legal (Critical Legal Studies) and social (Critical Race Theory) theories that explain how laws create and maintain a structural hierarchy that often disadvantages certain groups of people and how racism and discrimination are endemic within legal and social institutions. The basic tenet of TribalCrit is that colonization, including continuing oppression, intertwined with racism, is endemic to US society and continues to limit the opportunities and advantages for American Indians by erasing or heavily restricting Indigenous traditions, knowledge, and inherent rights to self-governance in exchange for basic human necessities. Importantly, TribalCrit is distinguishable from other race and legal theories in that it acknowledges the liminality or "inbetweenness" that American Indians experience due to their unique legal/political and racialized identities.

Terms and Definitions

Health Disparities – "Systematic, possibly avoidable health differences adversely affecting socially disadvantaged groups." (Braveman) "The result of policies and practices that create an unequal distribution of money, power and resources based on group attributes." (APHA website) "Disparities in health and its determinants are the metric for assessing health equity." (Braveman)

Health Equity – "The value underlying a commitment to reduce and ultimately eliminate health disparities. Social justice in health" (Braveman)

Procedural Justice – "fairness in the processes that resolve disputes and allocate resources" (US DOJ)

Social Disadvantage – "Systematic experience of unfavorable social, economic, or political conditions by a group of people based on their relative position in social hierarchies." (Braveman)

Social Justice – "The view that everyone deserves equal rights and opportunities." (APHA website)

While TribalCrit has been applied to explain Indigenous disadvantage in the educational system, [2–4] it has not yet found its place as an explanatory framework for the vast inequities in Tribal/Indigenous health. Thus, to our knowledge, we are proposing the first adaptation of

TribalCrit as the overarching theory of our Tribal Health in All Policies equity brief. We intend to use the tools of theory and policy to assist Tribal leaders in reclaiming and applying their nation's unique Indigenous knowledge, beliefs, practices, and inherent authority in creating relationships, institutions, and systems to elevate the health and wellbeing of their people.

Health in All Policies (HiAP) and Tribal Health in All Policies (THiAP)

Social and societal characteristics such as housing, infrastructure, and education play a significant role in individuals' health and well-being within a community. The Centers for Disease Control and Prevention (CDC) and public health scholars advocate for broadening our conceptualization of health beyond genes, biology, and access to medical care. While past public health and governance efforts have focused on building more healthcare facilities and expanding the workforce, individuals continue to experience poor health outcomes.[5]

Recently, scholars have quantified the factors that contribute to health and found that social and societal characteristics determine roughly 55% of an individual's health outcomes.[6] This determination argues for an expanded definition of "health" and underscores the close connection between public health and governance. Health in All Policies (HiAP) focuses on ensuring optimal population health conditions by summoning community, academia, media, employers and businesses, clinical care delivery systems, and government public health infrastructure as collaborators in the public health system. HiAP can be used as a public health intervention to improve health outcomes and health equity through collaboration by incorporating health considerations into decision-making across sectors and policy areas. [7,8]

The advantage of HiAP for Tribes, Nations, and Pueblos lies in the flexibility of implementation. There is no "one way" to achieve HiAP; rather, it is a set of values adopted by a system of partners that drives the decision-making. These values are grounded in equity, collaboration, co-benefits, engagement, and change. While similar values exist in some form across Tribes, Pueblos, and Nations, the expressions of different value systems and the unique status of governance call for an adapted approach, thus, the Tribal Health in All Policies (Tribal HiAP) model. THiAP, in general contains a set of Indigenous cultural core values that hold our societies together, such as:

- communal decision-making, caring for one another as relatives;
- maintaining harmonious relationships with the earth, air, water, and all living beings;
- accepting, caring, and loving all living things;
- Great Law of Peace – Ga'nigoe:yo:h (good mind, meaning for universal justice);
- K'é – Kinship, relationality, and connection;
- Hon i:wichemana dap i:yansatduna:wa – We will love and help each other (Zuni Phrase).

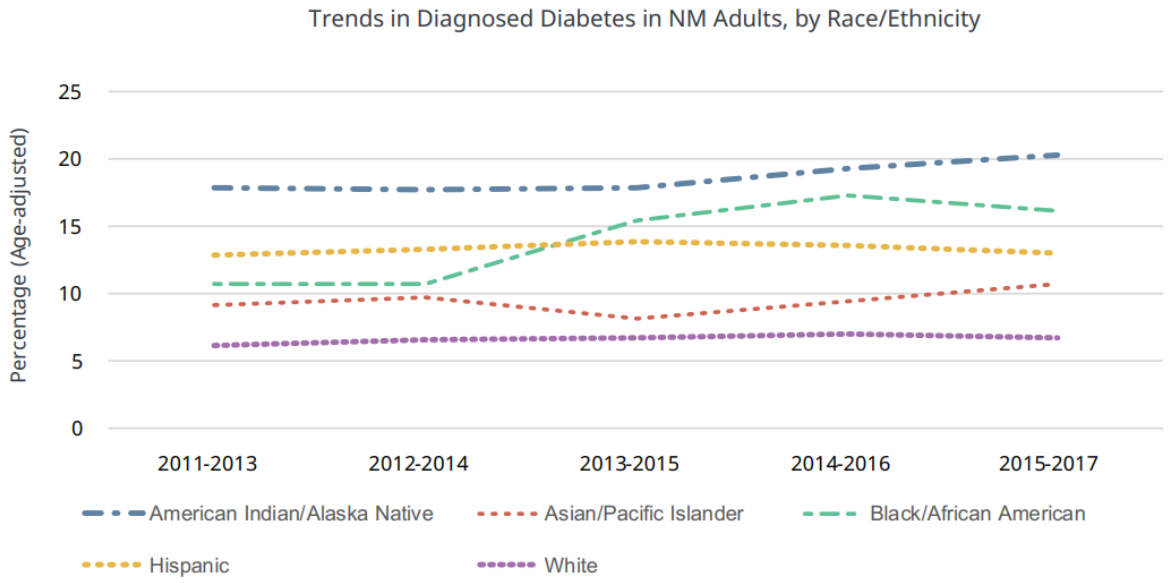
It can also generate power instead of confusion from the liminality of both legal/political and racialized identities. **Tribal HiAP (THiAP)** is necessary to heal from historical trauma and to restore the Indigenous philosophies and practices that were amputated from the imposed systems of healthcare and health policy. THiAP is distinct from conventional HiAP because it incorporates the Indigenous view of wellness, meaning the physical, mental, environmental,

spiritual, social, and cultural dimensions of health that support Tribal sovereignty and wellbeing. THiAP recognizes the unique historical, political, and cultural context of Tribal nations. Thus, THiAP can rebuild a health decision-making process that privileges the views and needs of Tribal communities, expand the concept of "health" with a community-based locally-defined approach, and may help to eliminate harmful racial comparisons and the accompanying unrealistic expectations of "health" inherited from the processes of colonization.

HEALTH INEQUITIES

American Indians and Alaska Natives[1] experience health inequities such as diabetes, unintentional injuries, and certain mental and behavioral health conditions and cancers.[9] In New Mexico, AIANs consistently experience higher rates of diabetes compared to other racial/ethnic groups (Figure 2).

Figure 2: Diagnosed Diabetes in NM Adults by Race/Ethnicity; Source: Health Equity of New Mexico (13th Edition) p. 23, https://www.nmhealth.org/publication/view/report/2045/



The cumulative effects of neglectful social and structural determinants of health on AIANs explain their vulnerability to SARS-CoV-2 infection and the devastating toll of lives lost and lingering morbidities from the COVID-19 pandemic (Figure 3). Furthermore, COVID-19 related infection and death rates are likely misrepresented as AIANs are regularly undercounted and subject to racial misclassification, leading to gaps in quality data.[10] Public governments have also withheld data from Tribes. Such data gaps make it difficult to develop plans and secure resources for interventions effectively. COVID-19 is also disrupting preventive and maintenance care, particularly in rural areas with already limited healthcare options.

Figure 3: COVID-19 Hospitalization and Death by Race/Ethnicity; Source: CDC, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#print

[1] In this issue brief, we refer to the Indigenous peoples of what is now referred to as the United States using various terms, including American Indians and Alaska Natives (AIANs), Native, and Indigenous.

COVID-19 Hospitalization and Death by Race/Ethnicity

Updated Feb. 12, 2021

Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.9x	0.7x	1.1x	1.3x
Hospitalization[2]	3.7x	1.1x	2.9x	3.2x
Death[3]	2.4x	1.0x	1.9x	2.3x

We will now explore the upstream historical, cultural, and political forces that disrupt AI communities and perpetuate health inequities.

HISTORICAL, CULTURAL, & POLITICAL FORCES – UPSTREAM STRUCTURAL DETERMINANTS OF HEALTH

Colonization, genocide, and federal policies disrupted the cultures and communities of Indigenous nations. Its effects are felt today in the form of historical trauma, "the collective emotional and psychological injury both over the life span and across generations resulting from the history of difficulties that Indians as a group have experienced in America."[11] The brutal acts of subjugation of a population by a dominating group may lose legitimization over time. Still, the intended harms continue "in the form of racism, discrimination and social and economic disadvantage"[12] that continue to reinforce a universal experience of physical and psychological trauma.[12]

The history of Indians in what is to become the United States is marked by four significant periods of struggle and disruption. The first is a period of empire expansion that marks the beginning of a movement to supplant Indigenous philosophies and cultural practices. This is followed by the European conquest of the New World and the intentional eradication of Indigenous people – a move that is rationalized by the Doctrine of Discovery. Third, ambiguous legal decisions sever Indigenous people from their aboriginal homelands, rights, and ways of life, making way for a system of governance under a newly formed United States of America. Fourth, Indigenous and traditional systems of healing, economy, government, and protection of sacred lands are marginalized by the industrial revolution. These four periods of structural violence upon Indigenous people by empires and federal government produced the cataclysmic events that profoundly altered Indigenous ways of life. This section provides examples and describes the impacts of such systematic destruction.

- ### Disruption of Tribal Sovereignty

  Since time immemorial, Tribal Nations have exercised inherent sovereign authority and jurisdiction over their lands and people. Today, relationships between Tribes, states, and the federal government are governed by federal Indian law. This body of law legalized colonization by recognizing the doctrine of discovery, a declaration that grants colonizing governments rights to lands not already inhabited by Christians.[13] Because of colonization, federal law views Tribal nations as "domestic dependent nations"[14] distinct from foreign nations. Thus, federal law recognized inherent Tribal sovereignty, the right of Tribes to govern their land and people.[15] However, it also vests Congress with plenary power to legislate on all matters concerning Tribes, even allowing for infringement of sovereignty or abrogation of treaty rights.[16]

  The federal government does have a moral and fiduciary trust responsibility to protect Tribal trust lands, trust assets, and their sovereign rights as recognized by federal law. One example of a treaty and trust obligation is the federal provision of healthcare to American Indians and Alaska Natives. The disruption of Tribal sovereignty by colonization and federal Indian law caused conflicts in jurisdiction between Tribes, states, and the federal government creating a false perception that Tribes can only exercise their sovereign powers when authorized by the federal government.

- **Sacred Lands Disruption**

  Early North American exploration brought immediate and devastating changes to the Indigenous way of life, including how Native people relate to the natural environment. The challenge of adapting to this new way of life continues today and is felt in virtually every aspect of our lives. Multiple examples throughout US history illustrate the upheaval to the Indigenous sense of wellbeing. The federal government's unrestricted power to dispose of Native land disregards the special relationship Native people have with their environments. Indigenous healing practices are grounded in the interconnectedness of Native people and nature. Thus, the connection to land is a critical element of AIAN individual and community wellbeing, spirituality, and physical and mental wellness. Therefore, a holistic healing approach is needed to address AIAN health adequately, and Western medicine is just one element of such an approach.[17]

- **Disruptions to Traditional Family Living Arrangements**

  Traditionally, Indigenous people lived in extended family groups, and it was common for several generations of family members to occupy a single household. This living pattern had many social benefits for families. It facilitated child and elder care, development of parenting skills, and the transfer of traditional and cultural values, beliefs, practices, and language that helped maintain healthy, robust communities. Living in extended families and the protective factors associated with it has lessened as Federal and Tribal designated housing intensify and proliferate fragmented communal living through the development of suburban-style housing projects on Tribal lands.

  Although the United States Department of Housing and Urban Development (HUD), the Indian Housing Block Grants (IHBG), the Indian Community Development Block Grant (ICDBG), along with Rural Housing and Economic Development (RHED) provide low-income housing for American Indians, they also dismantle traditional Indigenous family structures and make way for a host of new social and structural conditions that impact health.[18–20] Some of those conditions include cultural and social estrangement, increased alcohol use, illicit drug use, domestic violence, child/elder neglect and abuse, suicide ideation, and property damage.[21] Further, lands primarily used for agriculture are now being used for housing development, which destroys the ability of Tribes to grow and access their foods, gather medicinal plants/herbs, and infringes upon sacred places long used to maintain the health and wellness of Tribal members. The disruptions to how Indigenous people experience family and home, therefore, unsettles their sense of safety and belonging, and both are fundamental to their health and lifelong wellness.

- **Disruption to Subsistence Economy**

  Exchanges of property and services were unorthodox in simple nomadic Tribal societies because Indigenous people subsisted on wild nourishment and trade. The land, animals, and water were the sustenance of aboriginal life, and their communal morals and values were the law of the land that helped people survive and thrive. However, aboriginal life, through the process of colonization, has been transformed into economic regimes based on land ownership, contracting, and criminalization.[22]

  Donald Black’s article, The Behavior of Law (1976), explains that modernity erodes the inner circle of Tribal and aboriginal settings, deteriorating kinship and communal relationships.[22] As such, the Western morals and values of individualism, empire expansion, and capitalism built class structure through social stratification, fear, and economic industry of wants and services. The shift from communal values to

individualism fabricated poverty and a society of individuals who trample one another to reach the top. This type of organization keeps everyone divided and keeps voices of hope suppressed. Thus, it is essential to amend the economic law of life to restore Indigenous philosophies so that all life can prosper equally healthy into the future.

- **Educational Disruption**

  In 1879, the House Committee on Indian Affairs recommended establishing Industrial Training Schools for Indian Youth, believing they were the “true solution” to the “Indian problem.”[23] Congress authorized their recommendation on July 31, 1882, with "the use of vacant army posts and barracks” to establish a system now known as boarding schools.[23] One of the earliest Indian Boarding Schools, the Carlisle Indian Industrial School in Pennsylvania, was founded by Richard Henry Pratt to “separate, educate, and eliminate” AIAN children’s ethnic identities by limiting the pedagogical approaches to education, albeit mainly without legitimate academic knowledge.[24] In addition to advancing assimilative policies, these schools were dangerous for Native children because they exposed children to emotional, sexual, and physical abuse.

  Historically, Western education has disrupted, supplanted, and severely undermined Indigenous knowledge, and Tribes continue to fight to redress the education system. One example is the New Mexico Indian Education Act passed in 2003 to ensure equitable and culturally relevant learning environments, educational opportunities, and instructional materials for American Indian students [22-23A-1 to 22-23A-8 NMSA 1978]. While the Indian Education Act made significant efforts to improve the educational experience and attainment of Native students in New Mexico, it only addressed one component of the diverse Tribal education infrastructure. Like local public health systems, education on Tribal lands is often facilitated by a complex mix of Tribally-run schools, private and parochial schools, and schools operated by the Bureau of Indian Education. Some of the structural challenges reported by Tribally-based schools and educators mirror those reported by healthcare professionals, such as low pay, no housing, and higher transportation costs to access food, equipment, broadband, and supplies. These conditions lead to high employee turnover and contribute to instability in the learning environment for Native children.

  Today, “[b]y every standard, Indians receive the worst education of any children in the country. The percentage of Indians who drop out of school is twice that for all other children. Among the Indian population, fully two-thirds of the adults have not gone beyond elementary school, and one quarter of Indian adults are functionally illiterate—they can’t read street signs or newspapers. The educational system has failed Indians.”[23] As recently as 2018, the New Mexico state court system found that the New Mexico Public Education Department was failing to provide Native American students with a sufficient education that prepared them for academic or employment success.[25] Education is a fundamental social determinant of health, therefore approaches that close the gaps in educational outcomes are needed to promote health equity.

- **Disruption to Health**

  Indigenous healing was the first medicine. Since time immemorial, honored prayers, songs, dances, ceremonies, herbal medicine, counseling, and other traditional healthcare practices have centered on a philosophy that urges balance – a balance between individuals and their surroundings. The Diné call this sense of balance, *Hózhó*. Kahn-John et al. (2020) define *Hózhó* as “an actively integrated, experiential and

transformative Diné wellness philosophy foundational to the formation of a strong AI cultural identity (with) teachings (to) promote individual growth and guide…in attaining and sustaining health, happiness, and wellbeing."[26] By definition, sickness is an imbalance created by one's interaction with the natural and supernatural worlds, and medicine people are wisdom keepers and healthcare providers who practice at realigning one's state of *Hózhó.* Thus, the goal of healing is both wellness and wisdom.

By conceptualizing health as a process of maintaining balance, Indigenous people recognize that health is constantly under threat of disruption. Although American Indians experienced some aspect of excellent health before colonization, they also suffered ill health from diseases and illnesses,[27] to which Douglas H. Ubelaker (1992) wrote, "before 1492 the Americas did not constitute a disease-free paradise but rather were populated by complex and culturally varied peoples who experienced increasing problems of morbidity and mortality."[28] However, exploration and colonization introduced devastating epidemics like smallpox and influenza.

Another disruption that impacted AIAN health was the reneging of the US federal government's treaty and trust obligation to provide healthcare to Tribes, which has a long history of consistent underfunding of federal Indian health facilities and programs.[29] For instance, the Stafford Act is a federal law that supports states and Tribes in securing additional funding in emergencies. However, it requires Tribal cost-sharing, and under the federal Public Health Emergency Preparedness grants, Tribes cannot receive funding directly but instead must be a subgrantee of a state. The Coronavirus Aid, Relief, and Economic Security Act provided funding delays and issued confusing guidance on how these funds could be spent[30], creating an administrative burden for Tribes. The federal government has failed to support Tribal infrastructure, leaving Tribes with bad roads and broadband access to meet modern health needs. Although Tribes have mitigated some of the federal Indian health policy gaps, it does not absolve the federal government's responsibility to provide these services.[31]

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study investigates childhood abuse, neglect, household challenges, and later-life health and wellbeing.[32] Findings suggest that 1) traumatic experiences in childhood and teenage years may put children at risk for violence, chronic health problems, mental illness, and substance abuse in adulthood; 2) ACEs take many forms, including a) experiencing violence, abuse, or neglect; b) witnessing violence in the home or community; c) having a family member attempt or die by suicide;[33] 3) some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work and play; and 4) as the number of ACEs increases so does the risk for adverse outcomes."[32]

The empire of disruptions expounded above generated adverse health impacts and health inequities to AIAN communities intended to "prevent individuals and communities from accessing these conditions and reaching their full potential."[34] Such barriers are created by pervasive injustices established by colonization and federal Indian policies.[35] Such injustices include historical trauma, increases in adverse childhood experiences, and negative health outcomes,[36] fractured relationships, and communities, and infringed on cultural practices and sovereignty by taking away and denying access to sacred lands and waters.

Proposal: foundational components of Tribal Health In All Policies

THiAP is an adaptation of Health in All Policies and can restore ageless health-promoting structures of interconnectedness by embedding health, equity, and sustainability considerations into government decision-making processes. THiAP supports intersectoral collaboration, produces co-benefits for Tribal and non-Tribal governments, engages tribe-identified key stakeholders, and creates structural and procedural change across Tribal programs and systems.

Pillars of THiAP

The goals of THiAP seek to elevate the following pillars to advance Tribal cultural and political sovereignty to promote health.

Advancing Tribal Sovereignty and Inherent Public Health Authority

- Recognize that Tribal sovereignty predates colonial and federal governments
- Recognize that Tribes have inherent authority to protect the health of their people

Navigating Federal Indian Law and Public Health Law

- Govern rights, relationships, responsibilities
- Impacts Tribal public health
- Rooted in principles of colonization and discovery

Promoting Tribal Cultures, Law, and Public Health Systems

- Origin stories of Indigenous governance and communal wellbeing
- Government structures: Constitutions, Codes, Case Law
- Tribal customary law (cultural survival)

Preventing Structural Violence

- Federal Indian Law is a Structural Determinant of Health
- Historical Losses caused Historical Trauma.
- Federal, state, and local governments must engage in authentic Tribal consultation.
- Federal, state, and local governments must respect Tribal authority

These pillars elevate Tribal cultures and authorities while also acknowledging the role of federal and state governments in impacting Indigenous health.

Cultural Sovereignty, "Speak our language, Dance our culture, Pray our way of life."

Many cultural aspects are protected by sovereignty, which is generally linked to political autonomy and allows cultural traditions to be preserved and perpetuated. Tribal sovereignty is essential because it will enable many to identify with their cultural inheritances.[37]

To find an initial mean of measurement to distinguish sovereignty, we utilized past research studies that state what Tribal sovereignty is for the federally recognized tribes in the United States. David Getches and Charles Wilkinson offer the following definition of legal sovereignty:

> The five Indian Commissioners of the American Indian Policy Review Commission, after hearing two years of testimony from Indian people, identified the 'cornerstone' of Indian law and policy as being that 'the Native people in this country possess a right to exist as separate Tribal groups with inherent authority to rule themselves and their territory.[23]

Wallace Coffey and Rebecca Tsosie, Rethinking the Tribal Sovereignty Doctrine, 2001, revealed that cultural sovereignty "encompasses the spiritual, emotional, mental, and physical aspects of our lives."[27] And according to W. Richard West, "Political sovereignty and cultural sovereignty are inextricably linked because the ultimate goal of political sovereignty is protecting a way of life."[27]

The importance of Tribal sovereignty lies in being able to dwell on Tribal lands, practice cultural traditions and rituals in sacred areas on and off the reservation, economically develop and provide shelter, food, education, and care for the Tribal community equitably. Cultural sovereignty is the prescription for achieving Indigenous communal health, and its meaning is organic, arising from an experience and an oral history of survival and resilience, and it is holistic, encompassing time and accommodating change. Former Governor Walter Dasheno (Santa Clara Pueblo) ratified this when he responded to the question "What does community health and wellness mean in your community?" and stated that it means being able to *"speak our language, dance our culture, and pray our way of life."*[38]

Option 1

Promote **intersectoral collaboration**. Amend the New Mexico State-Tribal Collaboration Act through a Joint Memorial to require more robust policies across state agencies. The New Mexico Department of Health should have a Tribal collaboration policy that acknowledges Tribes as inherent public health authorities, facilitates data access, resource sharing, funding and a mechanism for enforcement or complaints of violations of the policy or Tribal sovereignty, and require regular and robust government-to-government consultation, where consultation takes place in advance of decision-making.

Option 2

Conduct an annual review of Tribal emergency management plans to create a responsive intertribal public health "safety net"/agency for Tribal communities that will incorporate county, city, state, and federal entities.

Option 3

a) Engage community in ongoing health improvement planning processes (at regular intervals, e.g., five years) to develop relevant health goals and metrics.
b) Activate authorities in PL 93-638 to develop culturally safe public health accreditation measures or alternate Tribal public health accreditation.
c) Establish an Indigenous Healing Authority recognized by the State of NM and Tribal Nations in NM that will develop and implement structural and procedural changes in publicly operated health facilities serving AIANs.

Pros and Cons of THiAP

Category of finding	Summary of key findings
Benefits	● Reinstate the foundation of Indigenous healing philosophies and practices ● Address all dimensions of health (social, spiritual, mental, physical, environmental) with a holistic approach ● Remedy the fragmentation of the healthcare delivery system providing a cohesive approach ● Eliminate the siloing of resources that create a structural barrier to good health

Category of finding	Summary of key findings
Potential Harms	● THiAP disrupts long-term entrenched federal, state, and Tribal policies that are outdated and potentially now harmful. ● Threatening to gatekeepers at different governmental levels ● THiAP could create perceived competition for other Tribal priorities ● Challenging current knowledge and practice about public health at all levels of Tribal governance
Resource use, costs, and/or cost-effectiveness	● Legal expertise ● Technical support ● Need for a THiAP liaison, at least through implementation ● Training and workforce development ● Investing in our aboriginal healing philosophies and practices ● Research and evaluation ● Time
Stakeholders' views and experience	● Tribal members will likely embrace a system that privileges their cultural practices and beliefs. ● Tribal leaders have a lifetime of knowledge about aboriginal practices ● New knowledge from the experience of COVID ● Outside governments will/may lose 'power over' tribes ● Anxiety, fear, and hesitancy of the unknown could lead to outright rejection or inertia about adopting THiAP
Equity Considerations	● Acknowledges aboriginal knowledge and healing practices ● THiAP is a communal approach meaning that all are cared for equitably (all do not have to fend for themselves individually). ● Reinstitute the subsistence economy ● Provides a pathway to more resources earmarked for tribes. ● Allows infrastructure design to accommodate aboriginal healing and will enable facilities to provide options to Western medicine. ● Implementation of THiAP is flexible. ● Activates community engagement ● Expands the definition of 'equity to include environment (plants & animals) ● Honors community-defined evidence-based approach
Additional considerations for policymaking	● Consider the role of the built and physical environment in Indigenous wellness by incorporating Indigenous design tenets into facilities planning. ● Strengthens Tribal sovereignty to create our own policies

Category of finding	Summary of key findings
Monitoring and Evaluation	Monitoring and evaluation of the policy brief outcomes and impacts should be considered at the Tribal level due to the particular nature and context of each Tribal community
Key elements of the policy option if it was tried elsewhere	● THiAP might empower other communities to defend their right to self-determination ● THiAP is based on cultural practice-based evidence ● Communities would have to identify and embrace their traditional practices as preceding Western strategies or interventions.

Outcomes of Tribal Health in All Policies

The outcomes of THiAP can be categorized as follows: 1) supporting legal sovereignty and procedural justice, 2) prioritizing wellness, prevention, and health equity, 3) reinforcing cultural sovereignty, and 4) promoting intergovernmental coordination.

Supporting Legal Sovereignty and Procedural Justice

- THiAP creates structural and procedural change across Tribal programs and systems to sustain a stable workforce.
- Consultation in its current form is imperfect and rarely effective. Consultation implemented through a lens of avoiding broken promises is essential, especially given the differing views of how to exercise Tribal sovereignty across Tribal governments (i.e., resource extraction).
- THiAP is bi-directional in that it considers not only what external entities do to Tribes but also internally in how we exercise sovereignty (e.g., the impact of COVID-19).
- THiAP asserts the inherent public health authority of Tribes.

Prioritizing Wellness, Prevention and Health Equity

- Improving health outcomes, relying on traditional teachings to promote health equity and prevention.
- Identifying and acting on health priorities based on tribe-specific data instead of county, state, regional, or national data.
- Examining existing Tribal laws, policies, resolutions to determine if they are a source of health equity or disparity.
- Reinforcing and enforcing the concept of health supremacy in all new or amended Tribal actions, laws, policies, and resolutions.
- When we prioritize wellness and prevention, we see more equitable outcomes.

Reinforcing Cultural Sovereignty

- Reimagining and codifying cultural strengths and core values as best practices for health promotion and disease prevention.
- Promoting “ecosystem of health” that is inclusive of all life forms and natural elements.
- Reinforcing and making accessible Indigenous identity from birth through elderhood.
- Negotiating a health care system that acknowledges and reimburses for culturally integrated healthcare.

Promoting Intergovernmental Coordination

- THiAP supports intersectoral collaboration and engagement of Tribally identified stakeholders to generate a healthier workforce, education, housing, and infrastructure development.
- THiAP produces co-benefits for Tribal and non-Tribal governments that can reduce healthcare costs for the system and individuals by extending healthcare benefits to essential and eligible non-Native employees and neighboring communities. More importantly, rebuild trust in the facilities for continuity of care and rebuild the facilities' integrity.

Feasibility

- Propose to utilize casino revenue sharing as the start-up cost for THiAP.
- Analyze Tribal Economic Impact Study to offset costs for THiAP.
- THiAP leverages the existing strengths and infrastructure of Tribal nations.
- By prioritizing and monitoring culture-centered health promotion, the anticipated long-term outcomes are improved quality of life across the lifespan and decreased health costs.
- More information is needed to assess the readiness of a Tribe to adopt THiAP. A THiAP readiness survey is necessary. One strategy is to pilot THiAP before scaling up across Indian Country.

Conclusion

The songs, dances, and ceremonies of each Tribe, Nation, and Pueblo instruct every generation to carry on ancestral legacies. Together our cultural teachings are a recipe for the natural healing and relationships that support Indigenous health. By rebuilding the foundation of Indigenous healing philosophies and practices, abolishing the Doctrine of Discovery, and other policies that still rule Indigenous people, we rekindle ageless options for the health, safety, and welfare of the natural and spiritual worlds. THiAP promotes a healthy, self-determining way of life that is not new to our ancestors but that has been submerged across time by the imposition of Western laws.

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