

TRIBAL LIAISONS IN ARIZONA AND MAINE

ARIZONA

County health departments provide public health services in Arizona. The Division of Public Health Services operates within the Arizona Department of Health Services to protect and improve public health through prevention and control of disease and disability. A local health liaison strengthens coordination and collaboration between the Department of Health Services and local health departments through communication, advocacy, and consultation. The local health liaison coordinates the direct and per capita reimbursement grants to county health departments.

In 2006 the Governor of Arizona issued an executive order that required all executive branch agencies:

- Develop and implement tribal consultation policies to guide their work and interaction with federally recognized tribes in Arizona;
- Designate a member of their staff to assume responsibility for the agency's implementation of the tribal consultation policy and to act as the principal point of contact for tribal issues; and
- Review their tribal consultation policies each year and submit an electronic report to the Governor and the legislature to describe all action undertaken as a result of the implementation of these policies.

As a result, tribal liaisons exist in key state agencies, including the Arizona Department of Health Services. These agencies have developed policies to ensure tribal issues and concerns are fully integrated into state decisionmaking processes.

The Arizona Department of Health Services tribal consultation policy provides that reasonable notice and opportunity for consultation with Indian tribes is provided by the Department of Health Services administration before implementing any high-level policy changes that significantly impact the distribution of power and responsibility between Indian tribes in the state of Arizona. The Department of Health Services, in order to fully implement the policy, will:

- Establish communication channels with the elected leader of each tribe and the appointed leadership of the Department of Health for each tribe in Arizona;
- Seek timely consultation with Indian tribes to discuss potential changes to high-level policy that would have a significant impact on Indian tribes;
- Allow for consultation with Indian tribes in the development of new policy with substantial tribal implications;
- Provide relevant background information on the consultation topics so that tribal officials may

fully consider the information when providing recommendations to the agency;

- Coordinate within the department to ensure consistent application of the tribal consultation policy; and
- Include tribal representation in state plan negotiations, as they relate to the tribes, between the state and federal agencies.

The Arizona Department of Health Services Native American liaison has been delegated the responsibility to coordinate the implementation and oversight of the department's tribal consultation policy. The Native American liaison position serves as an advocate, resource, and communication link between the agency and Arizona's Native American communities.

The most recent *Arizona Department of Health Services Tribal Consultation Annual Report* dated July 28, 2011, summarizes consultation policy meetings conducted during the period from July 1, 2010, through June 30, 2011, and lists training opportunities, planning and technical assistance, and site visits conducted during the period. Funding activities include contracts with tribal governments, Indian Health Service, and American Indian nonprofit entities for regional behavioral health authority; tuberculosis control; tobacco education and prevention; public health emergency preparedness; nutrition; women, infants, and children; teen pregnancy prevention; Well Women Healthcheck program; and domestic violence prevention.

MAINE

There are four federally recognized tribes in Maine consisting of five tribal communities. Tribes maintain their own governments, cultural centers, schools, and manage their respective land and resources. Passamaquoddy, Penobscot, and Maliseets have their own health centers, and Micmacs have a service unit through Indian Health Service. Although most of the Native American population of Maine belong to one of these four tribes and reside on tribal lands, many live in towns and cities across the state. The Maine Department of Health and Human Services adopted, for the purpose of coordinating services, eight public health districts in the state. The boundaries are based on population, geographic spread, hospital service areas, and county borders. The districts were designed to enhance the effectiveness and efficiency of public health services by:

- Creating the geographic framework for greater consistency and equity in statewide delivery of all 10 essential public health services;
- Providing a consistent basis for regional planning and coordinating across the public, nonprofit, and business sectors; and

- Building sustainable infrastructure through regional co-location of Maine Center for Disease Control and Prevention and Department of Health and Human Services staff and the establishment of regional coordinating councils.

The Office of Local Public Health was created in 2008 in order to strengthen and improve public health services and infrastructure at the local and district levels. Organizationally, the office is located within the Maine Center for Disease Control and Prevention, which is an office of the Maine Department of Health and Human Services.

The Office of Local Public Health staff collaborate and partner with other Maine Center for Disease Control and Prevention and Department of Health and Human Services programs and divisions, local service providers, municipal governments, and community partners to effectively and efficiently coordinate and integrate local and districtwide public health activities.

The Office of Local Public Health employs a number of district public health liaisons who are placed throughout the state at district Department of Health and Human Services offices. Liaisons provide public health leadership at the district level and work in close collaboration with other Maine Center for Disease Control and Prevention field staff, including district field epidemiologists, public health nurses, and health inspectors.

In June 2011 the 125th Maine Legislature approved Public Law, Chapter 306 (attached as an [appendix](#)), relating to public health infrastructure. The legislation provides for a ninth district--a tribal district composed of any lands belonging to the Indian tribes in the state and including any member of a tribe living outside of tribal lands. The **tribal district** is defined as an administrative district established in a memorandum of understanding or legal contract among all Indian tribes in the state. The tribal district's jurisdiction includes tribal lands, tribal health departments or health clinics, and members of the tribes anywhere in the state.

The mission of the Tribal Public Health District Unit is to collaborate and provide public health infrastructure by:

- Ensuring the effective delivery of the 10 essential public health services through respect of the people and culture.
- Focusing on health issues by providing health promotion and prevention.
- Collaborate, create, and sustain partnerships with federal, state, and local entities.

- Promote tribalwide collaboration in public health assessment, planning, implementation, and evaluations.

The legislation requires the tribal district deliver components of essential public health services through the tribal district's **public health liaisons**, who are tribal employees, and report to the tribes, the department's Office of Minority Health, and any other sources of funding. The directors of the tribal health departments or health clinics serve as the tribal district coordinating council for public health in an advisory role to the tribal district. Tribal public health liaisons:

- Serve as liaison between the tribal, district, and state public health entities--Tribal Health Directors, Office of Public Health. In addition, serve as tribal representation for Aroostook Public Health District Coordinating Council, Penquis Public Health District Coordinating Council, Indian Township Health Center, Indian Township Council District Coordinating Council, and Downeast Public Health District.
- Assist with coordinating public health functions at the tribal level and for coordinating districts.
- Produce the quarterly *Maine Intertribal Health Newsletter*.
- Provide educational opportunities to tribal communities in a variety of settings, including groups, and at tribal health fairs on the prevention and management of cardiovascular health and heart health events, blood pressure and cholesterol screenings, and tobacco abuse.
- Participate as members of the Maine Public Health Association.

Information provided by the Maine Tribal Public Health Office indicates the tribal public health district is funded by a combination of tobacco settlement proceeds and state grants. The tribal district is eligible for the same funding opportunities offered to any other district, and the district or a tribe is eligible to partner with any coalition in the Healthy Maine Partnerships for collaborative funding opportunities that are approved by the tribal district coordinating council or a tribal health director. Healthy Maine Partnerships was established to provide appropriate essential public health services at the local level, including coordinated community-based public health promotion; active community engagement in local, district, and state public health priorities; and standardized community-based health assessments that inform and link to districtwide and statewide public health system activities.

ATTACH:1