

Phoenix Area Indian Health Service

Tribal Health Steering Committee for the Phoenix Area Indian Health Service

CHARTER

I. GUIDING PRINCIPAL

In behalf of the Tribal Nations served by the Phoenix Area Indian Health Service, the Tribal Health Steering Committee (THSC) for the Phoenix Area IHS advocates for quality medical and public and environmental health care services provided by Indian Health Service, Tribes and urban Indian Health organizations at the federal, regional, state and local level to enhance the quality of life and health of American Indians, Alaska Natives and all patients served.

II. PURPOSE

Pursuant to the recognition of the Tribal Health Steering Committee (THSC) for the Phoenix Area Indian Health Service (IHS) via a Memorandum of Understanding (MOU) signed on November 28, 1984, by Tribal Leaders representing the Inter Tribal Council of Arizona, the Inter Tribal Council of Nevada and the Utah Tribal Leaders, Dr. George Blue Spruce, D.D.S., Phoenix Area IHS Director, and Dr. Everett Rhoades, M.D., IHS Director, an advisory body comprised of elected Tribal Leaders and a process of communication with regard to issues and concerns of the Tribal Nations and the Phoenix Area Indian Health Service was established. The signing of the MOU was the culmination of proactive steps instituted by Tribal Leaders that documented and demonstrated the need for a system of communication, consultation, and coordination between IHS and Tribal governments.

III. BACKGROUND

A joint resolution by the Inter Tribal Council of Nevada (ITCN), Inter Tribal Council of Arizona (ITCA) and Utah Tribal Leaders adopted on March 20, 1981, requested that IHS and Tribes meet quarterly to examine health policy, budgetary and program concerns. Further refinement of the Steering Committee concept was completed at a Joint ITCA/ITCN/Utah Tribes Meeting on January 20, 1983. The purpose of the Steering Committee is to provide an open forum to analyze and communicate American Indian health care concerns, as well as policy recommendations pertaining to the HHS/IHS appropriations and medical care and public health services provided in American Indian communities. The THSC advises the Phoenix Area IHS and is engaged in analyzing and providing recommendations or advisement with regard to IHS Tribal and Urban confer consultation matters, policy development and implementation or funding impacts to the Indian health care system. These views shall not supplant or override Tribal government positions, but may be taken into consideration by the Tribes and urban Indian health programs in the Phoenix Area, the IHS and the Department of Health and Human Services (HHS) and Tribal organizations in the region, including the Intertribal Council of Nevada, the Inter Tribal Council of Arizona and the Tribes in Utah.

IV. AUTHORITY

The role of Tribal Nations and Tribal Organizations with regard to providing advisement to IHS on American Indian health policy, program implementation and evaluation and the budgetary process was

outlined in Presidential Executive Order No. 13175 on November 6, 2000, and the Presidential Memoranda on Tribal Consultation of September 23, 2004 and November 5, 2009. These directives point out that the United States Government recognizes that a Government-to-Government relationship exists with each federally recognized Indian Tribe, grounded in numerous historical, political, legal, moral, and ethical considerations. These orders stipulated that Federal agencies establish formal Tribal consultation policies. The IHS Tribal Consultation Policy was adopted on January 18, 2006. It requires that IHS consult with Indian Tribes to the extent practicable and permitted by law before any action is taken that significantly affects the Indian Tribes. Such actions refer to policies that have Tribal implications and substantial direct effects on Indian Tribes with regard to the relationship between the Federal Government and the Indian Tribe(s) or on the distribution of power and responsibilities between the Federal Government and Indian Tribes.

The Indian Health Care Improvement Act of 2010 (IHCA) amended 25 U.S.C. § 1602. The law provides a congressional “Declaration of National Indian Health Policy.” It affirms that the policy of this Nation is to fulfill its responsibilities and legal obligations to Indians pertaining to the IHCA and it codifies the requirement of IHS to consult with Indian Tribes and Tribal Organizations and to conference with urban Indian organizations (UIO’s) to ensure quality health care for all tribal members.

V. FUNCTION

The Tribal Health Steering Committee (THSC) provides a forum for information sharing and discussion between Phoenix Area IHS officials, elected Tribal Leaders (or their designated representatives) and UIO program representatives. The THSC is comprised of Tribal Leaders that reflect the Tribes served and the range of IHS funded and operated health care facilities and programs in the Phoenix Area. It will be comprised, at minimum, of five (5) Nevada, five (5) Arizona, three (3) Utah Tribal Leaders, and one (1) urban Indian health organization (UIO) representative. The IHS Phoenix Area Director shall serve as a member of the Steering Committee. All Tribal Leaders in the Phoenix Area or their representatives, Tribal Health Directors and UIO Program Directors shall be invited to the quarterly THSC face-to-face or teleconference meetings. Participation of Tribes, Tribal Organizations and UIO’s and the HHS/IHS staff is encouraged in order to describe on going health and emerging risks, e.g., physical, behavioral, oral and environmental, challenges such as access to care and any significant changes to policies or regulations that affect the delivery of health care by IHS, Tribal governments, Tribal organizations and UIO programs. State representatives may be invited to the THSC meetings to discuss policy direction at the state level, including state budgets, regulations and program changes that will affect American Indians/Alaska Natives that receive services through state programs.

VI. OBJECTIVES

The four primary objectives of Steering Committee are as follows:

- a. To provide an open forum among the Tribes and the Urban Indian Organizations (UIOs) in the Phoenix Area to advocate for quality medical care and public health services, to address emerging health risks and policy considerations and to provide advice on budgetary matters to the IHS, HHS and other federal agencies.
- b. To advise the Phoenix Area IHS during the annual IHS budget formulation and evaluation process in order to meet the requirements of the IHS and HHS Tribal Consultation policies by

supporting Tribal Leaders that serve on the IHS National Budget Formulation Workgroup and a staff member assigned to serve on the Workgroup's Tribal Technical Committee.

- c. To make recommendations to IHS and THSC staff on needed health policy research and budgetary analysis and with assistance from the THSC staff, disseminate the results to the THSC, Phoenix Area Tribes, UIOs, and other appropriate parties.
- d. To facilitate communication and coordination on health policy and program issues by providing logistical and subject matter advisement Tribal Leaders serving on National IHS and HHS Tribal Advisory Committees and Workgroups.

VII. ACTIVITIES

At THSC meetings, the Tribal and UIO leadership will examine the program and policy information, and available data, including the views of Tribes and UIO's and IHS in order to seek understanding of an issue and provide recommendations through the adoption of resolutions, development of briefing papers, and the submission of letters to the HHS/IHS and policy decision makers at local, state, regional, and national levels. Activities of the THSC include, but are not limited to:

- a. Serving as a forum for Tribes, UIO's and IHS to discuss the development of, or changes to IHS policies, regulations, and procedures;
- b. Identifying and studying challenges relating to access to services, adequacy of appropriations, enhancement of third party reimbursement and delivery of clinical, preventive, public and environmental health services by IHS, Tribal, urban Indian health programs;
- c. Identifying priorities and recommend topics for formal Tribal Consultation;
- d. Communicating with Indian Tribes and UIO's in the Phoenix Area to gather feedback on pertinent issues and to identify needs within the IHS health care system.
- e. Encouraging and ensuring Tribal and UIO participation on established HHS/IHS advisory committees and/or working groups to represent the Phoenix Area.
- f. Providing opportunities for engagement with the National Congress of American Indians, the National Indian Health Board and the National Council on Urban Indian Health on national issues and concerns. and;
- g. Working with IHS on initiatives that increase innovation, e.g., cultural responsiveness of the health care system, and insure that patients obtain quality care and benefit from technological and medical care advances.

VIII. STRUCTURE

At minimum, the THSC membership is comprised of Tribal Leaders as follows; five (5) Nevada, five (5) Arizona, three (3) Utah Tribal Leaders and includes one (1) UIO representative and the Phoenix Area IHS Director. A Chairperson of the THSC shall be elected at the spring (third quarterly) meeting of the THSC and serve for three years. Members must be elected Tribal officials and committed to serve as active members of the THSC. Members may appoint a representative to attend two meetings per year in their behalf. The composition of the THSC and representation of the 42 Tribes and Bands and three IHS funded urban Indian health programs in the Phoenix Area may be adjusted in accordance with a Tribal Consultation/Urban Confer process and as funds become available to support expansion to the THSC and staffing.

THSC members must be elected Tribal officials, acting in their official capacity as elected officials of their Tribe. A Tribe within each state may nominate an elected Tribal Leader to fill vacant positions allotted to that state. At the direction of the member Tribes of a Tribal Organization, the President or Chairperson of the organization may nominate Tribal Leaders to serve on the THSC. At the direction of the UIO's in the Phoenix Area, the UIO's may nominate their UIO representative. The Phoenix Area IHS Director shall receive nomination letters and make the appointments of the members.

IX. SUBCOMMITTEES

The THSC has the authority to create workgroups or subcommittees, composed of THSC members (or their authorized representatives), Tribal Health Directors, Urban Indian health program and IHS staff, as needed to accomplish the objectives of the THSC. The THSC may request funds for these activities. Designated workgroups or subcommittees will report back to the THSC.

X. VOTING

The THSC will operate by consensus and when a consensus cannot be reached, the THSC will vote to resolve any differences. Each THSC member will be allowed one vote. The Phoenix Area IHS Director shall not vote unless a tie occurs. A quorum consists of eight (8) members.

XI. PERIOD OF SERVICE

Terms for the THSC will be for three (3) calendar years. A member may serve successive, consecutive terms if nominated again by the Tribe or the UIO, when his/her term expires. When a vacancy occurs, Tribes in the state from which the vacancy occurs, along with the regional Tribal organizations, will be notified by the Chairperson of the THSC. A member is considered absent, if the individual has not informed the Chairperson that he/she is unable to attend a meeting or delegated another elected official or staff member to attend prior to the meeting. If the member is absent for more than three consecutive meetings, the Chairperson shall apprise the individual that the period of service has not been met. Nominations to replace the individual will be opened to any Tribe or Tribal organization in the state that the member represented.

XII. MEETINGS

The THSC will convene three face-to-face THSC meetings and one teleconference/webinar meeting on a fiscal year basis. Meetings will be held at least one time per year in each of the three states covered by the Phoenix Area (Arizona, Nevada and Utah). In addition, the THSC will be represented at the Annual Tribal Health Conference sponsored by the National Indian Health Board.

XIII. TECHNICAL SUPPORT

The Phoenix Area IHS will make available a technical support contract to a Tribal Organization in the region to assist the THSC abide by this Charter. The contractor will be responsible for developing meeting notices, conducting research to prepare materials for the meetings, tracking national and state health policies that impact the IHS, Tribal and urban Indian health programs and analyzing and reporting information on a regular basis to the THSC. . IHS is cognizant that Tribal consultation may be necessitated and that such an assessment may result in an administrative or regulatory action by HHS

or IHS. Coordination between the THSC and the Phoenix Area IHS is required in order to engage Tribal Leaders and UIO program directors in the examination of the issue(s) and to guide staff to generate the appropriate actions in the form of letters, resolutions or briefing papers on the effect of these issues on Indian health care services nationally or specifically among the Tribes in the states of Arizona, Nevada and Utah.

XIV. STAFFING

- a. Coordinate meeting logistics and travel.
- b. Prepare the meeting agenda for review and approval by the THSC, and prepare background materials and meeting minutes.
- c. Research and prepare presentations, letters, resolutions and briefing papers with the assistance of subject-matter experts as appropriate on the identified concerns of Tribal Leaders and UIO program directors.
- d. Facilitate communication by assisting the Phoenix Area to engage Tribes in activities that are conducted by national HHS and IHS advisory committees and workgroups.

XV. COMPENSATION

The Phoenix Area IHS will provide the necessary amount of resources to pay meeting logistics and travel expenses of the THSC members to attend meetings and/or other meetings and conferences that are approved in the budget. The contracted staffing organization will provide travel and logistical support to the THSC members.

XVI. MEETING ACTIONS

For each THSC meeting, meeting summaries, recommended actions and associated documents shall be made available to the THSC members

XVII. TERMINATION DATE

This THSC charter shall be effective as long as the IHS Tribal Consultation Policy is in effect and the charter may be amended as needed.