

Tribes Are Public Health Authorities and Why Cultural Humility Matters

Tribal Nations are public health authorities because of their sovereign status, legal rights, and centuries of stewardship over their people's health and well-being. Recognizing and partnering with Tribes in this capacity is not only best practice, it is a legal, ethical, and cultural imperative. Resources like the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Public Health Authority 101, the New Mexico Department of Health's (NMDOH) Cultural Humility Training: Working More Effectively with Tribes (WMET), and the New Mexico State-Tribal Collaboration Act (STCA) offer essential frameworks for building respectful, government-to-government partnerships.

1. Tribal Sovereignty and Legal Authority

Tribal Nations are sovereign governments with inherent authority to protect and promote the health of their citizens. This authority is affirmed through treaties, the U.S. Constitution, and federal laws like the Indian Self-Determination and Education Assistance Act of 1975.

As described in NPAIHB's Tribal Public Health Authority 101, Tribal sovereignty means that Tribes do not derive their public health authority from state or local governments. Instead, they operate in parallel, exercising jurisdiction over their people and lands, enacting public health codes, conducting surveillance, managing health systems, and responding to emergencies.

In New Mexico, the State-Tribal Collaboration Act reinforces this authority by mandating that state agencies engage in meaningful collaboration with Tribal governments. This includes recognizing Tribes as equal partners and honoring their right to shape public health strategies that affect their communities.

2. Public Health in Practice: Tribal Strength and Leadership

Across the U.S., Tribes operate robust public health programs delivering immunizations, chronic disease prevention, behavioral health, environmental health monitoring, and more. These services are culturally grounded and often more trusted than non-Tribal systems.

The NPAIHB 101 guide illustrates how Tribes lead in areas such as data sovereignty, cross-jurisdictional collaboration, and emergency response. During COVID-19, many Tribes implemented some of the most effective, community-based interventions in the country.

In New Mexico, the STCA has supported similar collaboration by requiring state agencies to establish policies and action plans that align with Tribal priorities—enabling Tribes to lead in the design and delivery of health services for their people.

3. Cultural Humility as a Bridge to Trust

The NMDOH WMET Cultural Humility Training equips public health professionals with tools to engage Tribal Nations more effectively. Cultural humility involves continuous self-reflection, an understanding of historical trauma, and a commitment to addressing systemic inequities.

Instead of imposing outside agendas, state and local professionals are encouraged to:

- Listen to Tribal priorities.
- Acknowledge the impact of colonization and historical trauma on health.
- Respect the cultural and spiritual dimensions of Indigenous wellness.
- Build long-term, trust-based partnerships—not one-off engagements.

These principles align with both NPAIHB’s guidance and the STCA, which calls on agencies to approach Tribal consultation with sincerity, consistency, and accountability.

4. Government-to-Government Relationships and Trust Responsibility

Tribes must be engaged as governments—not as stakeholders. Federal and state agencies have a legal responsibility to consult with Tribes on issues impacting their health and well-being. As both NPAIHB and NMDOH emphasize, meaningful consultation is not a checkbox—it is an ongoing, respectful relationship grounded in mutual recognition and accountability.

In New Mexico, the State-Tribal Collaboration Act (STCA) formalizes this responsibility by requiring agencies to develop annual action plans and report on their progress toward collaboration. A key example of this commitment in action is the Annual State-Tribal Leaders Summit, where Tribal leaders and state officials come together in a government-to-government setting to discuss shared priorities, review agency efforts, and strengthen cross-jurisdictional partnerships.

These summits reinforce the principle that trust is not built through titles or mandates alone—but through presence, follow-through, and deference to Tribal leadership. When state agencies engage sincerely and consistently, as the STCA envisions, the foundation is laid for meaningful and effective public health collaboration.

5. Advancing Health Equity Through Tribal Self-Determination

Uplifting Tribal public health authority is central to advancing health equity. For too long, Tribes have faced exclusion, underfunding, and standardized public health models that fail to reflect Indigenous realities.

Empowering Tribal leadership, as emphasized in NPAIHB 101, NMDOH WMET, and the STCA, is key to reversing this trend. These frameworks affirm that Tribes must define and drive their own public health goals—grounded in their knowledge, culture, and governance.

Conclusion

Tribal Nations are not just participants in public health, they are authorities. Their right to safeguard community wellness is rooted in law, lived experience, and cultural knowledge. Tools like NPAIHB’s Tribal Public Health Authority 101, the State-Tribal Collaboration Act, and NMDOH’s WMET Training provide pathways for state and local partners to engage more respectfully and effectively.

To be true public health partners, we must honor Tribal sovereignty, commit to relationship-centered collaboration, and practice ongoing cultural humility. Only through these commitments can we build healthier, more equitable systems for all communities.