## Supplement III

# Co-Owned Information Systems: A Northwest Tribal Framework for Health Data Governance (1995)

*Historical Reconstruction and Series Context*

**Edward J. Fox, PhD**

*Retired. Former Executive Director, Northwest Portland Area Indian Health Board, NIHB Data Project Director, Health Director at Port Gamble S'Klallam Tribe, Squaxin Island Tribe and Skokomish Tribe.*

*Former Member, CMS Tribal Technical Advisory Group (2003–2021)*

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### About This Paper

By 1995, Northwest Tribes coordinated through the Northwest Portland Area Indian Health Board and the Affiliated Tribes of Northwest Indians had articulated a governance framework for health data systems that treated data concerning AI/AN populations as a shared intergovernmental resource — not state administrative property. The concept of *co-owned information systems* distinguished joint governance authority from data access and emerged directly from the operational conditions of P.L. 93-638 self-determination: Tribes assuming service delivery and billing responsibility while states retained unilateral control over the data systems used to measure, reimburse, and evaluate that care. This supplement reconstructs that framework from institutional evidence and positions it as the historically prior articulation of the data governance principles that later appear in federal policy, Tribal Epidemiology Center operations, and modern Indigenous data sovereignty frameworks. The primary documentation has not been digitized; the reconstruction argument and its evidentiary basis are presented transparently throughout.

**Series Placement:** Supplement III · Supplement to Part II

**Related Papers:** Paper II; Supplement II (Data Sovereignty, Structural Misclassification); Weeks 13–14 (Part VII)

**Evidentiary Note:** Historical reconstruction. See Section VI for limitations.

### Designation Note

Supplement III is designated separately from the numbered papers of this series to reflect its character as a historical reconstruction rather than primary analytical or policy work. Its evidentiary standard differs from Papers I through VIII and from Supplements I and II: the core 1995 framework is reconstructed from institutional practice, policy continuity, and subsequent formalization, because the original NPAIHB/ATNI documents are not digitized and have not been located in accessible

archives. The reconstruction argument and its limitations are presented transparently in Section VI.

The supplement's analytical contribution is not the reconstruction itself but what the reconstruction establishes: that a Tribal governance framework treating health data as an intergovernmental asset — distinguishing co-ownership from mere data access — was articulated in the Northwest a decade before modern Indigenous data sovereignty frameworks codified similar principles at broader scale, and that this lineage is directly relevant to the data governance arguments running through Paper II, Supplement II, and Weeks 13–14 of Part VII. Supplement III should be read after Paper II, which documents the federal institutional history to which this supplement provides the Tribal-side intellectual counterpart.

# I. Introduction

The administrative data history documented in Paper II traces a thirty-year arc of federal-Tribal collaboration: from the establishment of the CMS Tribal Technical Advisory Group in 2003, through the TTAG Data Committee's sustained work on AI/AN data quality, to the 2023 CMS–IHS Data Match and its governance architecture of Data Use Agreements, Tribal Advisory Committee review, and VRDC-controlled access. That arc is a federal institutional story — the gradual movement of a federal agency toward a more collaborative model of data governance with Tribal nations.

This supplement documents the other side of that arc.

By 1995 — eight years before TTAG was established and nearly three decades before the Data Match — Northwest Tribes coordinated through the Northwest Portland Area Indian Health Board (NPAIHB) and the Affiliated Tribes of Northwest Indians (ATNI) had already articulated the governance framework that federal policy was still working toward. The concept they developed, co-owned information systems, asserted that health data concerning AI/AN populations are not state administrative records but intergovernmental assets — subject to dual governmental authority reflecting both states' program administration role and Tribes' inherent sovereignty. Critically, it distinguished this claim from data sharing: the framework was not asking for downstream access to state-controlled systems, but for joint authority over system design, governance, and interpretation.

That distinction — co-ownership versus access — is the intellectual contribution that positions this work as a precursor rather than a parallel development. Modern Indigenous data sovereignty frameworks, including the OCAP® Principles and the CARE Principles for Indigenous Data Governance, operate primarily as normative frameworks grounded in rights: the right of Indigenous peoples to control, benefit from, and govern data about their communities. The 1995 Northwest framework arrived at the same destination from a different direction — not from rights theory, but from operational reality. Tribes taking on program responsibility under P.L. 93-638 self-

determination contracts and compacts faced a structural contradiction: they had assumed fiscal and service delivery accountability, but the data systems through which reimbursement was calculated, performance was evaluated, and population was measured remained under unilateral state control. Co-ownership was a governance response to that specific operational problem.

This grounding in financing and operations rather than rights theory is what makes the 1995 concept particularly valuable for the IHF Series. The series argues throughout that Indian health financing is systematically understated because the data systems on which financing calculations depend do not accurately capture the eligible population, the services delivered, or the governance contributions of Tribal health systems. That argument requires not only a normative claim about what Tribes are owed, but an operational account of why data systems are structurally misaligned with Tribal program realities. The 1995 framework provides exactly that account — and it does so from inside the Medicaid financing and P.L. 93-638 administrative context that is the series' primary analytical domain.

The historical record for this framework is incomplete. The original NPAIHB/ATNI documents have not been digitized, and the exact form in which the concept was developed — whether as a formal report, a working paper, conference presentation materials, or internal memoranda — has not been confirmed. Section VI of this supplement addresses these limitations directly. Despite the archival gaps, the institutional record is sufficient to establish the core proposition: that Northwest Tribes had articulated a co-governance framework for health data systems by 1995, that this framework was operationalized through the Northwest Tribal Epidemiology Center, and that it anticipates the data governance principles that subsequent federal policy, Tribal data initiatives, and international Indigenous rights frameworks later formalized. The following sections reconstruct the framework's core propositions, document the institutional evidence supporting them, and map the concept's relationship to later developments in Indian health data policy.

## II. Historical Context (1993–1997)

The mid-1990s marked a transition period in Indian health systems defined by four converging developments. P.L. 93-638 self-determination contracts and compacts were expanding rapidly, shifting operational and fiscal responsibility for service delivery from the IHS to Tribal governments. Medicaid was emerging as a primary revenue source for Tribal health programs, making state data (vs. National Data) and claims systems newly consequential for Tribal program finances. At the same time, states were consolidating control over Medicaid claims processing and public health data infrastructure, and persistent racial misclassification of AI/AN individuals in those systems continued to distort the data on which reimbursement and planning depended.

These developments created a structural contradiction specific to the Northwest. Tribes coordinated through NPAIHB and ATNI were assuming responsibility for delivering and financing care under 93-638 authority. But the data systems used to measure that care,

calculate reimbursement for it, and evaluate its outcomes remained under unilateral state control — systems that had not been designed with Tribal program structures or populations in mind, and that misclassified a significant share of the AI/AN individuals Tribes were now responsible for serving.

The concept of co-owned information systems emerged as a direct governance response to that contradiction. It was not an abstract theoretical claim. It was a practical argument about who should have authority over the data systems that Tribes, having assumed program responsibility, now depended on for revenue, planning, and accountability.

# III. Reconstructed Core Propositions

Based on institutional practice, documented policy continuity, and subsequent formalizations, the 1995 framework can be reconstructed as containing five core propositions. These are not presented as verbatim claims from a recovered document, but as the logical structure of a governance position that the available institutional evidence consistently supports.

## 1. Government-to-Government Data Status

Health data involving AI/AN populations are not merely administrative records. They are intergovernmental assets. States hold such data through their role as program administrators; Tribes hold inherent authority as sovereign governments whose citizens are the subject of that data. Data systems must therefore reflect dual governmental interests — not the administrative convenience of a single state agency.

## 2. Co-Ownership Distinguished from Data Sharing

The framework explicitly moved beyond the concept of data sharing, which implies that a controlling party grants access to data it owns. Co-ownership asserts joint authority over system design, governance structure, and interpretive use. This distinction is analytically critical and predates the terminology of data sovereignty by a decade. The claim was not that Tribes should receive data products from state systems; it was that Tribes should have a governance role in how those systems are built and operated.

## 3. Reciprocal Access to Medicaid and Public Health Data

Tribes require direct, routine access to Medicaid claims and encounter data, eligibility and enrollment files, and state public health surveillance systems. This access is operationally necessary for revenue validation, service planning, and epidemiological analysis. Under the co-ownership framework, such access is not a discretionary grant from state agencies but a structural feature of systems that are, by right, jointly governed.

### 4. Tribal Authority over Interpretation

Data concerning Tribal populations cannot be treated as analytically neutral. Interpretation without Tribal involvement risks systematic bias — both in how findings are framed and in what policy conclusions are drawn. The framework asserted that publication of findings from systems containing AI/AN data requires Tribal awareness and participation, not merely notification after the fact. This anticipates the pre-publication review authority that NIHB negotiated as a core feature of the 2023 CMS–IHS Data Match governance architecture.

### 5. System Design Obligations

Co-ownership implies substantive obligations for how data systems are constructed. Systems must correctly identify AI/AN individuals, incorporate Tribal identifiers where appropriate, and support linkage across IHS, Tribal, and state data systems. This proposition directly addressed the widespread misclassification errors that were, in the mid-1990s, already suppressing AI/AN population counts and distorting reimbursement calculations in Northwest states.

## IV. Institutional Evidence Supporting the Reconstruction

The original NPAIHB/ATNI documents have not been digitized. The following institutional developments provide converging corroborating evidence that the co-ownership framework was operative in the Northwest by the mid-1990s and was not a retrospective construction.

### A. The Northwest Tribal Epidemiology Center

Established under NPAIHB, the Northwest Tribal Epidemiology Center (TEC) operationalizes the core propositions of the co-ownership framework in its ongoing institutional practice: multi-source data integration, Tribal-controlled analysis, and formal data-sharing agreements with state health agencies. The TEC's operating model — Tribal organization as data holder and analyst, state data accessed under negotiated agreements, findings governed by Tribal review processes — reflects the practical implementation of co-ownership principles. The institutional continuity between the mid-1990s policy work and TEC operations is strong evidence that the framework was not merely aspirational but was being built into institutional structures.

### B. ATNI Policy Positions and Resolutions

ATNI has historically adopted formal policy positions asserting Tribal authority in health policy and government-to-government relationships with states. These resolutions provide the political framework within which co-ownership was articulated. They

establish that the co-ownership concept was not an NPAIHB staff position but a Tribally endorsed governance claim with formal organizational backing.

### C. Medicaid Policy Evolution in the Northwest

Northwest states, notably Oregon and Washington, developed mechanisms in the mid-to-late 1990s for identifying AI/AN Medicaid claims and enabling Tribal access to encounter data. These policy developments are consistent with early co-governance expectations — states responding, over time, to Tribal demands for access to systems through which Tribal program finances were being administered. They are not consistent with a model of purely unilateral state control persisting uncontested through the period.

## V. Relationship to Later Federal and Tribal Frameworks

The 1995 co-ownership concept does not merely resemble later data governance frameworks. It anticipates their core structural arguments, predates them by a decade or more, and does so from an operational rather than a normative foundation. Three lines of subsequent development are directly relevant.

### 1. Tribal Epidemiology Centers (Post-1998 Federal Expansion)

Federal recognition and expansion of Tribal Epidemiology Centers after 1998 formalized the Tribal role in data analysis that NPAIHB had been building institutionally since the mid-1990s. The TEC model — Tribal organization as primary data analyst, operating under data-sharing agreements with states and federal agencies — is the institutionalization of co-ownership principles within a federal program framework. The 1995 Northwest work is the pre-federal-recognition form of what TEC authority later codified.

### 2. Indigenous Data Sovereignty (2000s–Present)

Modern frameworks, including the OCAP® Principles (Ownership, Control, Access, Possession) developed through the First Nations Information Governance Centre, and the CARE Principles for Indigenous Data Governance (Collective Benefit, Authority to Control, Responsibility, Ethics) developed through the Global Indigenous Data Alliance, articulate the same structural elements as the 1995 framework: control, access, governance, and responsibility. These frameworks operate at a broader normative scale and are grounded in international Indigenous rights discourse, including the United Nations Declaration on the Rights of Indigenous Peoples.

The 1995 Northwest framework differs in two important respects. First, it predates all of these formulations. Second, it arrives at the same governance conclusions from a financing and program administration problem rather than from rights theory. This

makes it a conceptually independent articulation of the same principles — one grounded specifically in the Medicaid and 93-638 context that the IHF Series analyzes.

### 3. CMS Tribal Data Policies and the 2023 Data Match

Subsequent federal data policies have increasingly recognized the need for Tribal access to Medicaid data and the importance of accurate AI/AN identification. However, as Paper II documents, federal policy evolution has been incremental and incomplete. The 2023 CMS–IHS Data Match represents the most significant realization of co-governance principles in federal Indian health data to date: NIHB as lead organization, Tribal Advisory Committee pre-publication review authority, data use agreements governing access, and small-cell suppression rules reflecting collective Tribal governance of risk.

Even the Data Match governance model does not fully realize co-ownership as the 1995 framework defined it. Population definitions, race classification standards, and metric frameworks remain substantially federal in origin. This gap reinforces rather than diminishes the originality of the 1995 concept: federal data policy has moved toward co-governance over three decades, but has not yet reached the position that Northwest Tribes articulated before TTAG existed.

## VI. Limitations of the Historical Record

This reconstruction is subject to limitations that must be stated directly.

### Archival Gaps

Many Tribal policy documents from the 1990s were not digitized and remain, if they survive at all, in organizational archives, conference proceedings binders, and internal memoranda files that have not been systematically catalogued or made publicly accessible. The primary documentation for the co-ownership framework falls in this category. It is believed that the document does exist in the physical library of the Northwest Portland Area Indian Health Board and this will be confirmed if it is.

### Terminological Variation

The exact phrase “co-owned information systems” may have appeared as a working title, within a broader report under a different heading, or in presentation materials rather than as a standalone publication. The concept may have circulated under related language — co-governance, joint data authority, intergovernmental data systems — in documents not yet located.

## Attribution

As with much Tribal policy development from this period, the concept was almost certainly collectively developed and iteratively refined through organizational processes involving NPAIHB staff, ATNI representatives, and Tribal health directors across the region. It is not attributed to a single author, and the organizational authorship itself — NPAIHB, ATNI, or a joint working group — has not been confirmed from primary sources.

These limitations are material. They do not, however, defeat the reconstruction's core conclusion. The institutional evidence documented in Section IV establishes that the governance framework was operative by the mid-1990s, that it was being implemented through NPAIHB and TEC institutional structures, and that it anticipated the data governance arguments that subsequent federal and international frameworks later formalized. The reconstruction presents that conclusion with appropriate epistemic caution.

# VII. Significance for the Indian Health Financing Series

The co-ownership concept occupies a specific and non-redundant position within the IHF Series analytical framework. It is not simply additional evidence for the data sovereignty argument that runs through Paper II and Supplement II. It provides that argument with a historical foundation and a conceptual precision that the modern frameworks alone cannot supply.

The modern frameworks establish that data sovereignty is a right. The 1995 Northwest work establishes that it is also an operational necessity — that when Tribes assume program responsibility under self-determination authority, the data systems through which that program is administered, financed, and evaluated must be jointly governed, not because sovereignty requires it in the abstract, but because the program cannot function equitably without it. This is the claim that most directly connects data governance to the financing arguments at the core of this series.

By 1995, Northwest Tribes had articulated a governance framework for health data systems that treated data as a shared intergovernmental resource, integral to financing, accountability, and self-determination. This positions co-owned information systems as a precursor to modern data sovereignty frameworks and as a foundational, if underrecognized, component of Indian health financing policy. Its integration into the IHF Series completes the historical arc that Paper II begins: the Tribal governance framework was there before the federal institutions that eventually moved, partially, to meet it.

# VIII. Suggested Archival Sources for Further Verification

Future research may locate primary documentation for the co-ownership framework in the following sources:

- NPAIHB internal reports and Northwest TEC operational archives (Portland, OR)
- ATNI annual convention proceedings, mid-1990s (Portland, OR)
- IHS Portland Area Office consultation and meeting records, 1993–1997
- Early CMS Tribal Technical Advisory Group background materials and pre-TTAG consultation records
- U.S. Commission on Civil Rights testimony and related materials, early 2000s, which may contain retrospective references to the 1995 framework
- State Medicaid agency records from Oregon and Washington documenting early Tribal data access negotiations

# IHF Series Cross-References

| Paper | Connection to Supplement III |
|---|---|
| **Paper II** | Documents the federal-side arc of Tribal data governance development (TTAG, Data Committee, 2023 Data Match). Supplement III provides the Tribal-side intellectual counterpart: the co-ownership framework that preceded and anticipated the governance model Paper II describes. |
| **Supplement II** | Develops the data sovereignty and structural misclassification argument. Supplement III provides the historical and operational foundation for that argument: the 1995 Northwest framework that grounded data governance in financing and program administration rather than rights theory alone. |
| **Weeks 13–14 (Part VII)** | Addresses Tribal data sovereignty and the Data Match as governance. The co-ownership concept should be introduced as the historically prior point in the arc running from 1995 Northwest policy work through the 2023 Data Match — a 28-year trajectory from Tribal governance assertion to partial federal realization. |
| **Paper I / Supplement I** | Population measurement and the structural undercounting of AI/AN populations. System design failures documented in Supplement III (misclassification, absence of Tribal identifiers, non-linkage across IHS/Tribal/state systems) are the data infrastructure origin of the undercounting problems Papers I and Supplement I analyze. |

# Suggested Citation

Fox, E. J. (2026). Co-owned information systems: A Northwest Tribal framework for health data governance (1995) (Indian Health Financing Series, Supplement III). April 2026.

For the underlying framework, until a primary document is located, cite as:

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