

National Tribal Health Forum



Organizational Self Assessment as a tool for excellence

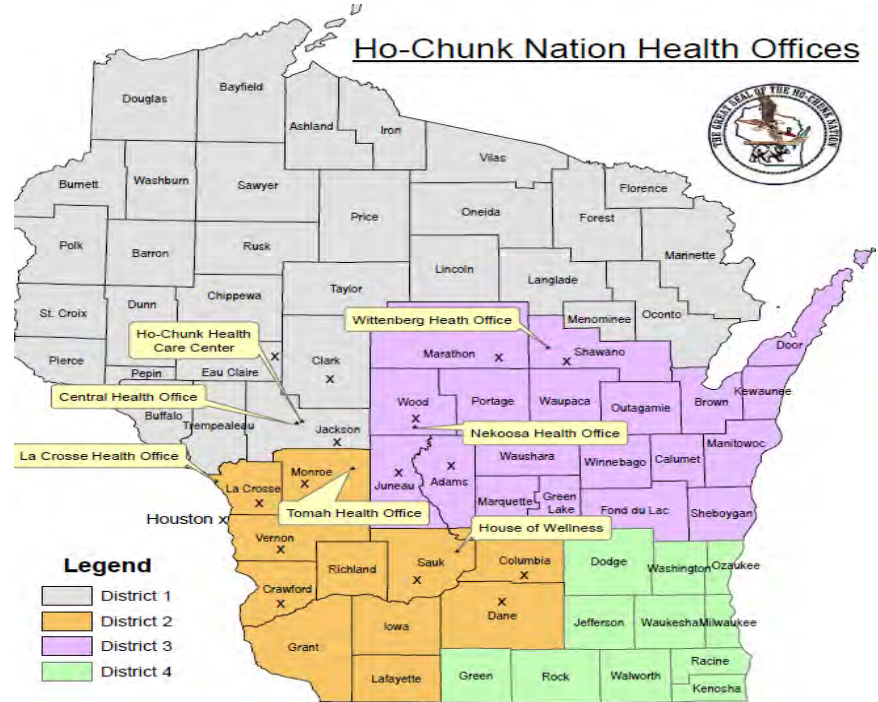


Ho-Chunk Nation

- Location: Wisconsin
 - Not a land based Tribe

- Population: In Wisconsin 5256
 - Total US 7495

- Indian Health Service Area: 15 Counties in Wisconsin



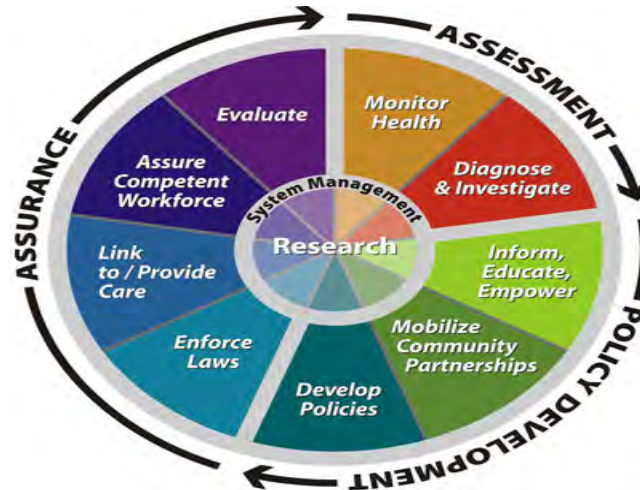
Ho-Chunk Nation

- ☞ Health Department size: ~180 employees, 6 Community Health offices, 2 ambulatory clinics, four Behavioral Health offices.
- ☞ Services Provided:
 - Clinical
 - Community Health (Public Health)
 - Behavioral Health



Why Accreditation

- ∞ Funding: need to stay relevant
- ∞ Improving processes as our organization grows
- ∞ Seen benefits of clinical accreditation including: accountability, efficiency, measurability, fiscal.....



Our Road Map to PHA

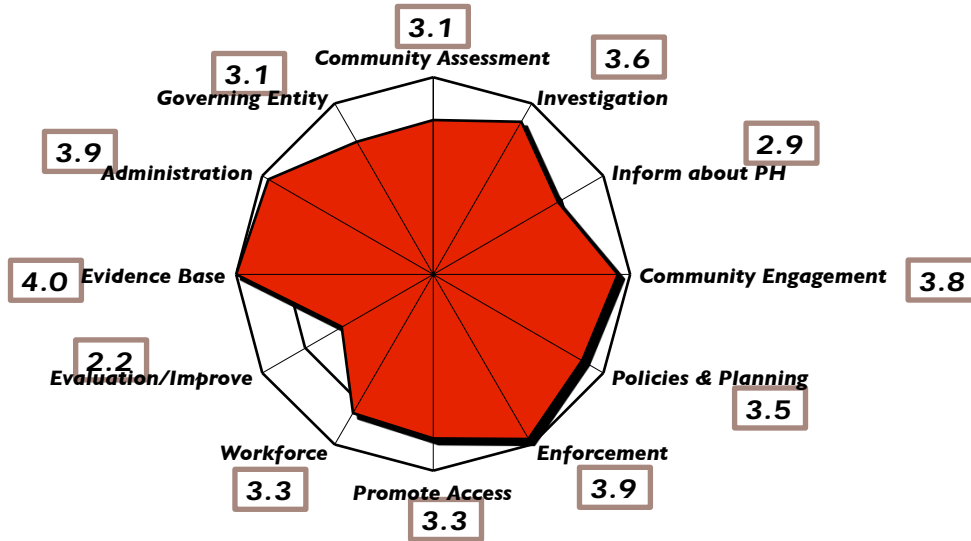
- 2010 First Tribal Forum
- State mini grants in 2010-2011 to complete our first Organizational Self Assessment
- 2011 PHA Committee formed, Community Health Assessment completed, Health Board formation
- 2012 Community Health Improvement Plan and Strategic Plan updated
- 2013-2016 Major documents: Workforce Development Plan, Quality Improvement Plan, Performance Management Plan, Branding/Marketing Plan, MOU's, Preparedness Plans, Developing and supporting governmental relationships

OSA #1

- ✂ Process: grant project, extremely detailed, only Supervisors involved, not a lot of back round on PHAB
- ✂ Learn about the health department capabilities
- ✂ Used capacity as the rating criteria
- ✂ Used to inventory the infrastructure of the Health Department
 - What do we do? Is this public health? Does PHAB apply to us?

Radar Chart

Self-Assessed Agency Capacity Using PHAB Standards



Placed on a shelf

OSA #2

- Process: True snap shot and more input from several levels
- One meeting ~6 hours to do the entire OSA
- Domain Leaders took the lead for measuring
- Rating Criteria used: time



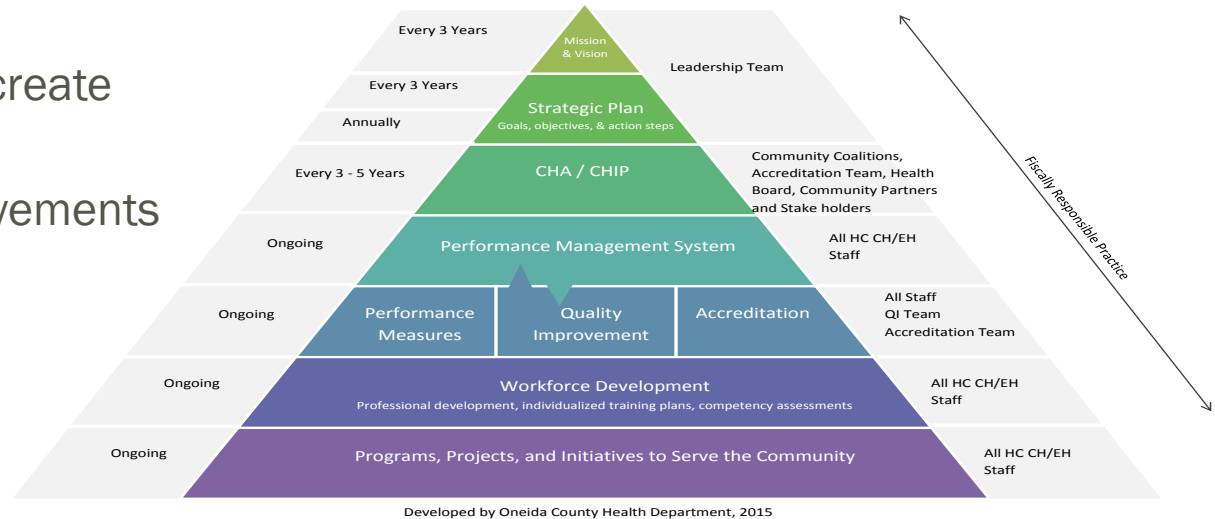
OSA #2 The Experience

- ∞ #Painful
- ∞ Heated Discussion
- ∞ Overwhelming feeling



OSA #2 Outcomes

- Readiness for application to PHAB
- Justification of work being done/ continued
- Show process to staff: create continued by in
- Show leadership improvements made during the process



Long Term Impact of OSA

- ✎ Focus and direction for projects
- ✎ Target funding opportunities
- ✎ Re-evaluate large documents: second look with more experienced eyes
- ✎ Quality Improvement Plan found not acceptable
- ✎ Performance Management Plan more time consuming than previously thought.
- ✎ Strategic Plan not so Strategic
- ✎ Change time line and application
- ✎ This was all good stuff!!! Felt very productive and focused in our efforts

Moving forward

- ✎ Mini OSA prior to application: there are so many moving parts its good to go back and verify
- ✎ More fluid time line established
- ✎ Domain group leaders have a measuring tool
- ✎ Can show easily staff, Health Board, upper management progress
- ✎ By in!

If we had a re-do

- ✂ Use OSA more along the way
 - More efficient process/focused
- ✂ Share results with staff, board, and management
- ✂ True time line: accountable to
- ✂ Not a linear process: think spider web
- ✂ Some projects started sooner eg Performance Management, Work Force Development, Branding

So Next Steps In Our Journey

- ✂ Application December 2016
- ✂ Strategic Plan modifications
- ✂ CHIP implementation/update
- ✂ Currently working on PM/QI
 - Challenges
 - Progress



Presentation Overview



- A quick look of Cherokee Nation
- A look at some of CN's PH efforts funded by NPHII
- A look at where Cherokee Nation (CN) is at in the accreditation process & where CN is headed.
- How we organized
- Lessons learned on performance management and QI

A Quick Look at Cherokee Nation



Cherokee Nation Public Health

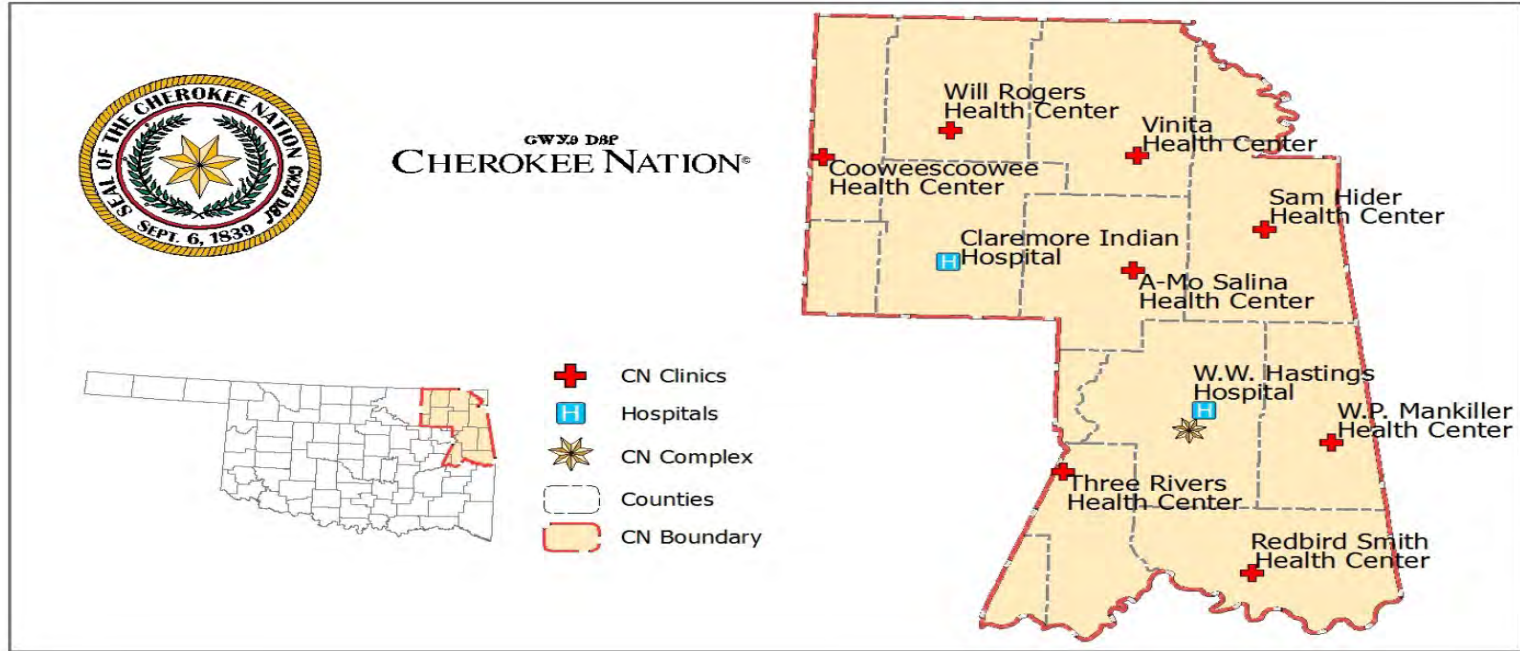


Overview of Cherokee Nation (Tribal Jurisdiction)

- Comprised of 14 counties in NE Oklahoma
 - 6 counties fall wholly w/in CN jurisdiction
 - 8 counties fall partially w/in CN jurisdiction
- Tribal Jurisdictional Service Area (TJSA)
 - 9,200 square miles
 - 51% of TJSA is rural vs. 32% for State
 - Capital is in Tahlequah



Health Services in Cherokee Nation



Overview of Cherokee Nation (Demographics)

➤ CN is the second largest Tribe in the US

Population of CN – Registered CN Tribal Members	
National Population**	315,647
Oklahoma Population**	210,155
CN 14 County **	166,480
CN 14 County TJSA**	139,431

Population of CN 14 Counties	
Total Population (all Races)*	1,157,831
Total Population (all AI/AN)*	205,222
Total Population (Cherokee citizens)**	166,480

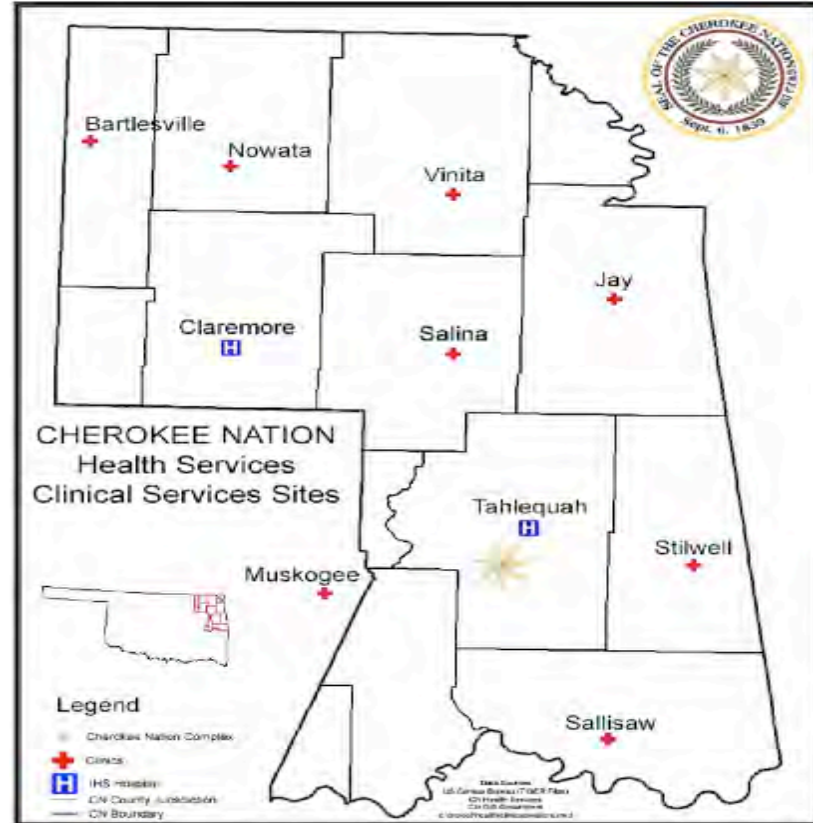
Population of CN 14 Counties TJSA	
Total Population (all Races)*	505,021
Total Population (all AI/AN)*	125,440
Total Population (Cherokee citizens)**	139,431

*Census 2010 (SF 100% data)

**CN Registration Dept. (1/28/2013)

Clinical Health Division

- 100,000+ patients
- 8 Tribal Health Clinics
- 1 Employee Clinic
- 1 Tribal Hospital
- 1 IHS Hospital



CN Health Facilities



A-Mo Salina Community Center



Sam Hider Jay Community Center



Nowata Primary Health Care Center



Muskogee Health Center



Wilma P. Mankiller Health Center



Redbird Smith Health Center

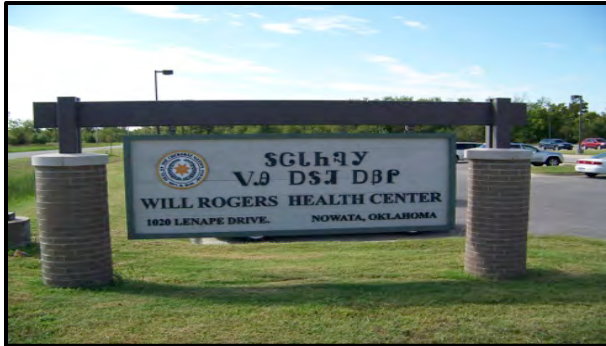
CN Health Facilities



Vinita Health Center



W. W. Hastings Indian Hospital



Bartlesville Health Center



Claremore Indian Hospital (IHS/HHS)

Cherokee Nation Public Health Stakeholders

- *Community Health Promotion Program*
- *Behavioral Health Prevention Program*
- *Cancer Program*
- *Quality Improvement and Quality Management*
- *Emergency Medical Services*
- *Cherokee Elder Care*
- *Women, Infants & Children (WIC)*
- *Jack Brown Center*
- *Public Health Nursing*
- *Environmental Health*
- *Emergency and Risk Management*
- *Health Research Program and Institutional Review Board*
- *Cherokee Marshal Services (Public Safety and Law Enforcement)*
- *Geographic Information Systems (GIS)*
- *Diabetes Prevention Program*
- *Community Health Representatives*

So Why Should Tribes Care About Public Health Accreditation?

Per Capita Health Expenditures

- **Indian Health Service (2013)** **\$2,741**
- Bureau of Prisons (2006 estimate) \$3,986
- Medicaid recipients (2014) \$7,565
- Veterans Administration (2009)
\$4,457/\$12,658
- Medicare(2014) \$12,051
- US General Population (2014) \$9,255

Source: Department of Health and Human Services, www.dhhs.gov, Source published January 2006. Indian Health Service. Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group; U.S. Department of Commerce, Bureau of Economic Analysis; and U.S. Bureau of the Census.

Tribal Public Health Systems

- Diverse and Unique
- Linked closely to direct care
- Strengths/Weaknesses
- Potential for Partnerships with State/Local
- Essential for Future of AI/AN Health

CN's Journey Through the Public Health Accreditation Process

Overview of Public Health Efforts



- Began exploring in 2007
- PHAB Beta-Test participant
- NPHII recipient
- Tribal PH System's self-assessment (NPHPSP)
- Tribal Health Assessment (CN-THA)
- "State of the Cherokee Nation" health report
- "CN Tribal Community Health Profiles" for the Tribal communities/counties that make up CN
- Apply and successfully achieve PHAB Accreditation

Overview of Public Health Efforts



- Implement Digital Storytelling to supplement CN's health reports and health profiles – a new technological spin on Cherokee traditional “oral” storytelling.
- Develop a Surveillance/Epidemiology division that will allow CN to produce, collect, house and publish CN specific data.
- Develop a virtual system to manage PH Performance & Quality improvement efforts.
- Develop and publish a guide to provide tribe specific examples and guidance to any Tribal Health Department/Tribal Nation interested in accreditation, “A Tribal Roadmap to PHAB Accreditation”.

Organization

- Multiple departments coming together
- Public Health Committee
- To tackle accreditation we divided our team by domains
- Many hats

Performance Management & QI

- Our clinical side has a system in place
- We had to wrap our heads around QI & PM with a Public Health prospective
- Training (PHF)
- Gain buy in
- Make changes to our system to fit our needs
- Our thoughts

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Cherokee Nation Public Health
Prevent. Promote. Protect.

Questions or Comments?