

Eastern Band of Cherokee Indians: The Road Less Traveled

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**Eastern Band of Cherokee Indians
Public Health and Human Services Division**

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Today's Objectives

- Describe EBCI Public Health and Human Services Division's (PHHS') situation and accreditation journey to date
- Discuss lessons learned in the area of Quality Improvement and next steps in the EBCI PHHS accreditation process

Historical Overview of EBCI

- What is now Western North Carolina has been part of the homeland of the Cherokee people for many centuries
- The home of EBCI today is the 56,698-acre Qualla Boundary adjacent to the Great Smoky Mountains National Park

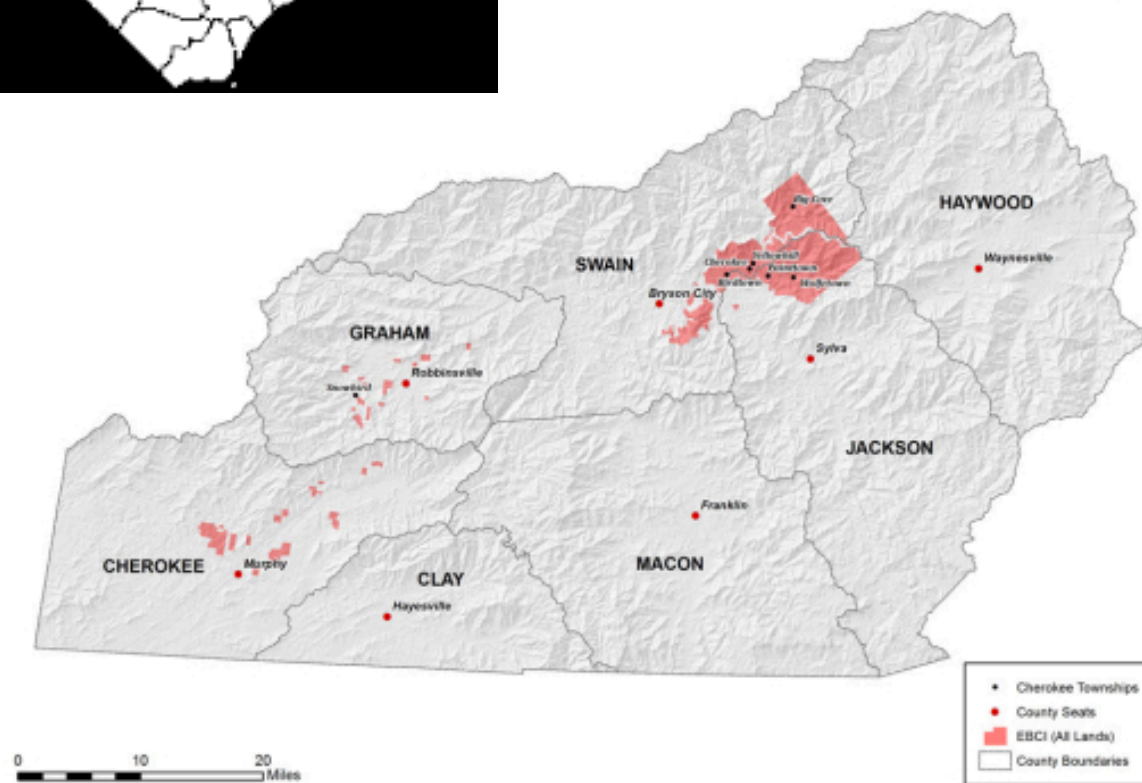


Historical Overview of EBCI



- Over 15,200 enrolled members; about 8,000 live on the Qualla Boundary
- EBCI lands are in Swain, Jackson, Graham, Cherokee, Haywood, and Macon Counties

EBCI Tribal Lands




EBCI Health System

Stop the spread of germs that make you and others sick!

Cover your Cough

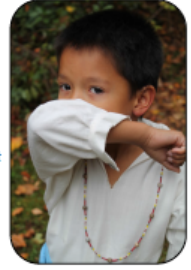

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Cover your mouth and nose with a tissue when you cough or sneeze

or

Cough or sneeze into your upper sleeve, not your hands.


You may be asked to put on a surgical mask to protect others.

Wash with soap and water
Ditsoyeni tasula
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or

Clean with alcohol-based hand cleaner



Clean your Hands

after coughing or sneezing.

MDH Minnesota Department of Health
201 E. Robert Street, 8th Floor, St. Paul, MN 55101
651.281.5000 or 1-800-657-3897
www.mn.gov/mdh

APIC Association for Professionals in Infection Control and Epidemiology, Inc.

- Service population of 11,000 (~ 95% of Tribe members)
- Integrated electronic health record
- Public Health and Human Services Division (Jan. 2014)
- Tribal codes and ordinances that address public health law
- Hospital with comprehensive primary care clinic
- Long-term care facility
- Home health program

EBCI Public Health and Human Services Division (PHHS)

- Equivalent to local combined Health Department (LHD) and Department of Social Services (DSS)
- Oversight: Tribal Health Board
- EBCI Public Health is a Tribal PH entity not recognized by the state of NC as a LHD
- Mandate to incorporate a new Human Services Department: January 2014; opening date October 1, 2015

PHHS Mission

To honor and serve the Cherokee community by PROVIDING quality compassionate care, PROTECTING families, and PROMOTING health through a commitment to service excellence

*PROVIDE * PROMOTE * PROTECT*



PHHS and Accreditation

- Not eligible to participate in NC accreditation
- Strategic planning process: Initiated 2012
- Tribal Health Assessment (THA): 2013
- Tribal Health Improvement Plan(THIP): 2015
- Application to Public Health Accreditation Board (PHAB): July, 2015



Opportunities

- Single Cherokee Health System (CIHA + PHHS)
- Shared electronic health data system (RPMS)
- Access to Tribal Epidemiology Center (TEC)
- Relationships with partner counties
- Cohesive community

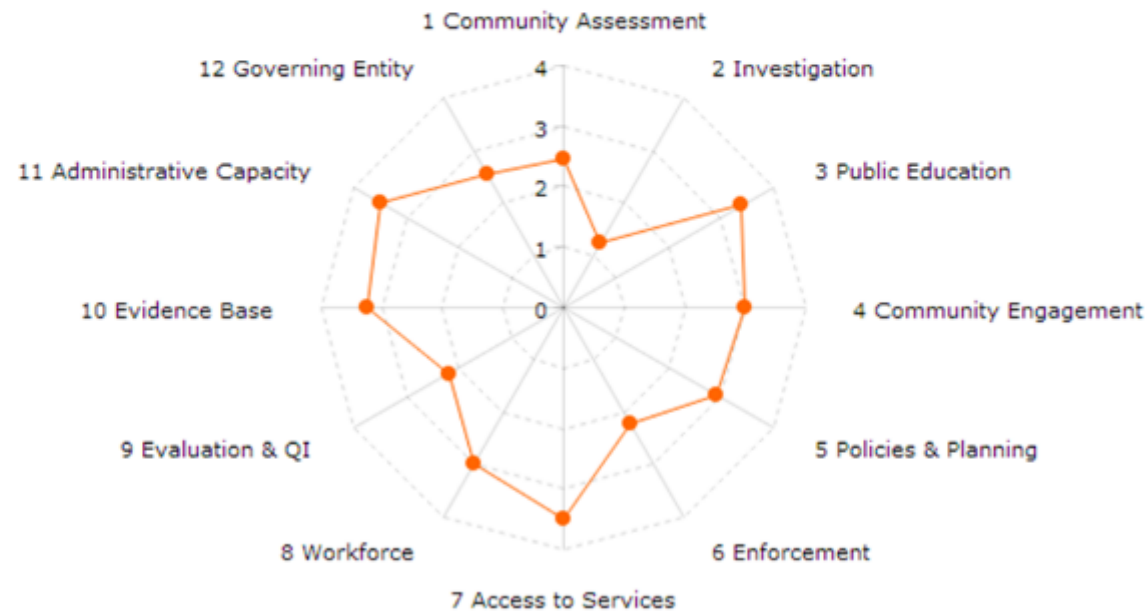


Challenges

- Public Health accreditation new concept
- Where do we start?
- Lack of infrastructure
- Expertise
- Educating the community about Public Health
- Time, money



Emphasis on Improving Quality Improvement (QI)



QI Next Steps

1. Additional FTEs

- QI & Compliance Office

2. Participate in training opportunities

- PHIT Training – National Network of Public Health Institutes (NNPHI)
 - <http://www.cvent.com/events/phit-2015-public-health-improvement-training-advancing-performance-in-agencies-systems-and-communiti/event-summary-b00ec454bee540ac9cacb581eec04aa7.aspx>

3. Conduct reassessment

Strategies that are working

- Alliance with Western North Carolina Health Network (WNCHN)
- Grant funding from NACCHO Accreditation Support Initiative (ASI) and NIHB
- Technical support from Nashville Area Tribal Epidemiology Center (TEC)
- Designation of internal contractors
- Availability of CDC Public Health Associate
- Community involvement

Strategies that are working

- MAPP(Mobilizing Action through Planning and Partnerships)
- Incorporation of new available tools (Red Star Innovations, NACCHO, MAPP)
- Purposeful inclusion (elders, youth, Tribal Government)
- Diverse Stakeholders
 - A wide, diverse group can learn how to craft valid goals, objectives and activities
- Community dictates strategies



Strategies that are working

- Respect for existing resources/ programs
- Establishment of a strong Steering Committee and resource staff (including PHAs)
- A designated support person for each THIP Team is important
- Networking with other Tribes in the process
- Champions who:
 - Can provide advocacy
 - Have a voice in the community
 - Can commit resources

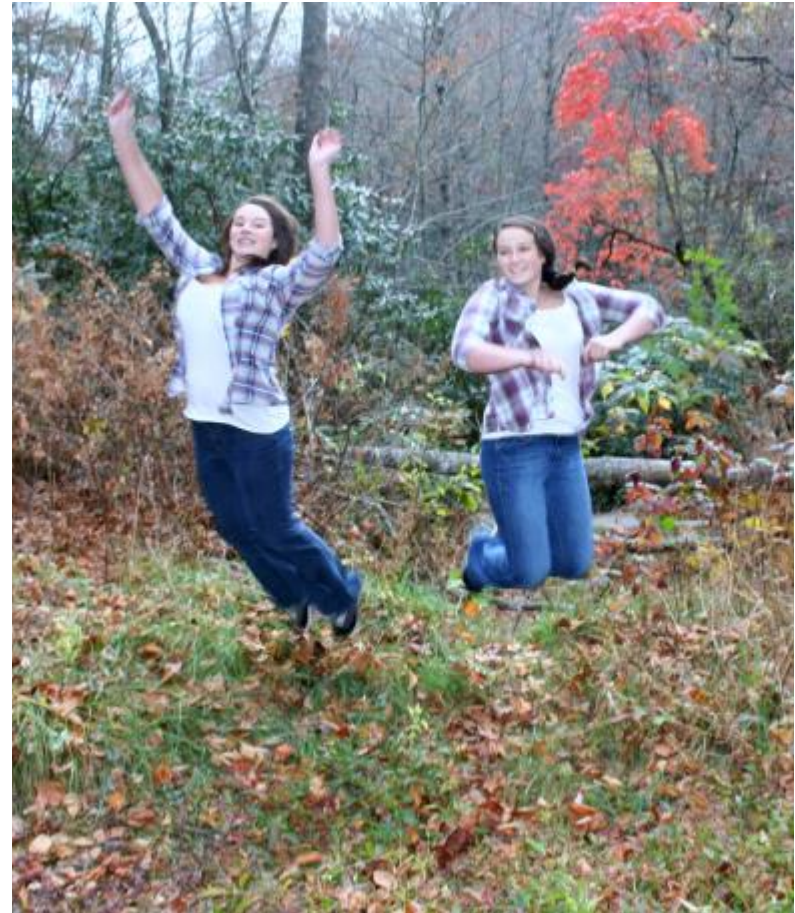
Most important:

- Emphasis on traditional Cherokee beliefs and values
- Welcome and respect
- Allowing time to connect
- Enrolled members as leaders



What we have learned

- **Tribal Health improvement is primary. Accreditation is secondary.**
- Our timeline has been ambitious
- Hold more public forums
- Stakes are high for success
- It is possible!
- Healthy native communities mean people are sick less often with lower health care costs.
- We can do this!



A photograph of a waterfall cascading down a rocky cliff. The water is white and frothy as it falls. The surrounding area is filled with dense foliage, including trees with green and yellow leaves, suggesting an autumn setting. The text "Questions? Comments?" is overlaid in the center of the image in a white, cursive font.

*Questions?
Comments?*



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Thank you for your participation.

We welcome further discussion.

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