Pascua Yaqui Pueblo Community Health Improvement Plan 2016 – 2020



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PASCUA YAQUI TRIBE HEALTH SERVICES DIVISION

VISION - A healthy Yaqui (Hiaki) community where all people can enjoy health and wellness in a clean, safe environment, be protected from public health threats, and have access to high-quality and comprehensive health care.

MISSION STATEMENT - The mission of the Pascua Yaqui Tribal Health Programs is to provide the highest possible standards of care for the health and well-being of tribal members and their families within all Yoeme communities.

VALUES

- We respect and dignify individual choices and Yoeme cultural values and traditions.
- Using a holistic wellness approach, we support healing the mind, body, and spirit.
- We affirm the use of traditional healing herbs and prayer.
- We are committed to the prevention and treatment of disease and to the restoration of health in our Yoeme communities.
- We are dedicated in bringing about emotional and spiritual unity within our Yoeme families.

- We encourage a healthful lifestyle through support and education of the benefits of balanced nutrition, moderate exercise and freedom from addiction.
- We acknowledge the strength of the Yoeme communities and endeavor to honor and share our elders' wisdom for the future of our children.
- Through the service of our Health Programs, the Yoeme Nation shall live in balance and harmony within the sacred circle of life.

PURPOSE STATEMENT - We serve Tribal Members and their families in all Yoeme Communities by providing and promoting health services to achieve longevity, wellness and healthy lifestyles. By doing this we help our Community live in balance and harmony within the sacred circle of life.

ABOUT THE PASCUA YAQUI HEALTH SERVICES DIVISION (PYHSD) - PYHSD offers tribal members and their dependents (regardless of residence), and tribal employees a vast array of health services. PYHSD houses several departments including Administration and Community Programs, Managed Care, Health Services, HIM, Centered Spirit, Sewa U'usim, and the Dental Center. Additional programs include:

- Community Health Nursing
- Community Health Representatives
- Diabetes Program and Wellness
 Injury Prevention and Public Center
- First Things First

- HIV/AIDS Prevention
- Healthy Families, Injury Prevention
- **Health Preparedness**
- Pascua Clinic and Specialty Clinics
- Traditional /Alternative Healing
- Women, Infants and Children
- Youth Wellness Program

PROMOTING A HEALTHY PASCUA YAQUI PUEBLO

How Can We Continuously Improve Our Community Health?

Community health improvement planning is a process that helps communities make decisions about health based on accurate and current data. Community leaders, public health, and health care workers collect and use this information to ensure that programs and services are meaningful, purposeful, and strategic. Particularly, public health departments use what is learned from the process to identify the health needs of the community and respond by implementing strategies to make improvements. A public health-focused community improvement planning process often includes three components: a community health assessment, a community health improvement plan, and an organizational strategic plan. These are described below:

- A **Community Health Assessment** (CHA) a collaborative approach of gathering and reviewing data and information about a community's health status. The data and information collected are typically used to decide on priorities and to plan actions that will improve the community's health.
- A Community Health Improvement Plan (CHIP) a community-driven planning process that uses CHA
 results to prioritize health concerns and create a plan to address them. The plan generally covers a
 five-year span and describes how the department will systematically work together with community
 partners to address the most pressing health needs of the community.
- A Strategic Plan a plan that defines how an organization intends to use its resources to achieve its
 goals. Through a common understanding of the mission, vision, goals, and objectives, the strategic
 plan provides a framework that health departments can use to make decisions that will help it move
 forward.

While each component is often considered a separate activity, they can be developed together as part of an overall process aimed at improving health outcomes. For example, the CHA reports data and information about a community's health status, which stakeholders can then use to identify the community's health priorities to be addressed in the CHIP. The strategic plan addresses the health department's internal capacity (e.g. policies, resources and staff), as well as its program needs in order to support overall improvement efforts, both internally and in addressing the community's health.

Pascua Yagui Pueblo Community Health Assessment and Strategic Plan

Pascua Yaqui Pueblo Community Health Assessment: Collecting data about an entire community takes the time, expertise, and cooperation of many people. The Pascua Yaqui Tribe Health Services Division (also called the PYT Health Department) began conducting the first Pascua Yaqui Pueblo CHA in May 2012. The PYT Health Department held several meetings to: 1) collect and analyze the data, 2) gather input from the community, and 3) report results to community stakeholders. In April 2016, the PYT Health Department presented the preliminary CHA results at a community partners meeting. After reviewing the findings, community stakeholders identified the most important health issues and themes that emerged from the process. The health issues identified by community stakeholders are the basis for this Pascua Yaqui Pueblo Community Health Improvement Plan.

Pascua Yaqui Health Department Strategic Plan: In January 2016, the PYT Health Department began a strategic planning process by conducting an environmental scan of the internal and external factors that affect the PYT Health Department. On March 14-15, 2016, Health Department managers and supervisors participated in a strategic planning session. They reviewed data from the CHA and a PYT Health Department performance assessment. After reviewing the data, they identified the department's internal strengths and areas for improvement, as well as external opportunities and threats (SWOT analysis). The result was a comprehensive 5-year plan addressing their performance goals.

The Pascua Yaqui Pueblo Community Health Assessment, Strategic Plan, along with this Community Health Improvement Plan, make up the Pascua Yaqui Tribe's overall community health improvement process.

PASCUA YAQUI PUEBLO COMMUNITY HEALTH IMPROVEMENT PLAN

CHIP Process

The *Pascua Yaqui Pueblo Community Health Improvement Plan 2016-2020* was developed through collaborative efforts involving several PYT Health Department staff, health care professionals, and community partners. Like the CHA, the CHIP focuses specifically on those Pascua Yaqui Tribal members residing in Pima County which includes the Pascua Yaqui Pueblo Reservation, Old Pascua, Barrio Libre, and elsewhere within Tucson. The Health Department convened a planning meeting to seek input on the CHIP. Together with community partners and PYT Health Department staff reviewed the findings of the *Pascua Yaqui Pueblo Community Health* Assessment (including the community survey and CHANGE tool assessment; they discussed community health issues and themes, and the assets and resources that can support health improvement efforts.

Issues and Themes Shaping Pascua Yagui Pueblo's Health

Community partners identified several issues and themes related to the community's health. Many of these issues are interrelated and shape the health of individuals and the community. The themes and issues that the community partners regard as important as listed in Figure 1 below.

Figure 1. Issues and Themes

- Theme: Address determinants of health and focus on policies, systems, and environmental change.
 - Access to care (including individuals with disabilities)
 - o Availability and use of health care and services provided through insurance plans
 - o Availability of educational opportunities
 - o Impact of incarceration on individuals and families
 - o Support for Tribal laws that address public health issues
 - o Families with inadequate housing or housing needs
- Theme: Improve community engagement, education and empowerment
 - o Barriers to seeking and receiving care
 - o Knowledge of health resources, alternative health services, and health department programs
 - o Communication from the health department to community
 - o Education on health-related topics and issues (health literacy and environmental awareness)
 - o Partnerships with providers and stakeholders
- Theme: Traditional health and values
 - Balance of western and traditional healing, culturally appropriate services, Yaqui healing
 - Multigenerational families
- Theme: Safer communities and neighborhoods
 - Gang affiliation
 - o Illegal drug sales in community
 - o Enforcement of animal control laws
- Theme: Strengthen families and relationships
 - o Domestic violence
 - o Healthy relationships (families, young people, partners, etc.)

- Theme: Address health areas greatly affecting the community
 - o Chronic diseases: Diabetes, chronic pain, cancer
 - o Infectious diseases: Hepatitis C, sexually transmitted diseases, HIV/AIDS
 - Risk factors: Obesity, healthy eating, access to healthier food, healthy lifestyles
 - O Substance abuse: Drug prevention and treatment No mobile syringe exchange
 - o Special populations: Men's health, youth health, sexual health, LGBT health

Pascua Yaqui Pueblo's Assets and Resources

Our communities are truly the most valuable asset and resource for improving our health status. There are several assets and resources in the community, including several community facilities, recreational areas, a transportation assistance program and plans to improve roadways and walkways. A complete listing can be found in the *Pascua Yaqui Pueblo CHA*; select resources are described below.

Community Services and Resources

The Pascua Yaqui Tribe has a facility that houses the Education Division and the Language and Culture Department. The building includes Education administrative offices, Hiaki High School, a large meeting room, the tribal library, the Intel clubhouse with music studio, and a traditional arts studio. Other community services and resources include a Multi-Purpose Justice Center (Law Enforcement Department, Courts, Prosecutor's Office, and the Attorney General's Office), alternative programs for behavioral health, adult education, mental health treatment, and an Animal Control Shelter.

Despite several community resources, many members must travel long distances to access other important community services including hospital, urgent care, health clinics, the library and grocery stores. The Pascua Yaqui Tribe Tribal Transportation Program aims to improve highway, road, bridge, parkway, or transit facility programs or projects that are located on, or which provide access to, the Pascua Yaqui Indian Reservation. The Tribe's recent roadway project is the extension of Ignacio Baumea road from Los Reales Road to Valencia Road, and the improvements on Calle Torim. The road project will improve access, mobility and safety for vehicular, bicycle, and pedestrian traffic.

Recreational Assets

Community Facility at Pueblo Park: This area is used as a community meeting area and is the center of activity for major community celebrations. It includes:

- Aerobic room
- Basketball and volleyball courts
- Boxing gym
- Commercial kitchen for classes
- Gymnasiums
- Horse stables
- Meeting rooms
- Mosaic art studio
- Picnic areas
- Playgrounds

- Skate park
- Swimming pools
- Walking trails

Assets for Community-Level Change

Through other Pascua Yaqui Health Program initiatives, the Good Health and Wellness in Indian Country Coalition (Coalition) used the *CHANGE* (Community Health Assessment aNd Group Evaluation) Tool to identify community strengths (assets) and areas for improvement (needs). The Coalition examined several sites to determine what is currently in place that helps create a healthier environment and community-level change. The Coalition focused on four sectors: 1) Community at Large; 2) Community Institution/Organization; 3) Health Care; and 4) School. For each on these sectors, the Coalition surveyed community sites to identify needs and assets in the areas of Physical Activity, Nutrition, Tobacco, Chronic

Disease Management, and Leadership. The results were used to inform community health improvement priorities. The assets for each of the sectors are listed below in Figure 3.

Figure 2. Assets in Four Sectors – Pascua Yaqui CHANGE Tool Results

Sector	Assets				
Community at Large	Community Development Office Leadership, Physical Activity				
Community Institution/Organization	Casino Del Sol Chronic Disease Management, Leadership, Nutrition, Physical Activity				
	 Workforce Innovation and Opportunity Act (WIOA) Chronic Disease Management, Leadership, Nutrition, Physical Activity 				
	 Human Resources Chronic Disease Management, Leadership, Nutrition. Physical Activity 				
Health	 Sewa U'usim, Diabetes Prevention Program, and Dental Clinic Chronic Disease Management, Leadership, Nutrition, Physical Activity, Tobacco 				
School	Hiaki High School Chronic Disease Management, Leadership, Nutrition				
	 Head Start Chronic Disease Management, Leadership, Nutrition, Physical Activity (Environment), Tobacco Physical Activity, Tobacco 				

Our Values for the CHIP Process

The Pascua Yaqui Pueblo CHIP 2016-2020 will serve as a guide for our community-wide efforts toward a happier and healthier Pascua Yaqui Pueblo. Throughout the community health improvement process, the PYT Heath Department will work with community, public health, and health care programs to leverage assets, resources, and skills and to provide the highest possible standards of care. That is, the department will provide services and programs that are credible, timely, quality, effective and accountable to the community. The Health Department is committed to help community members live healthy lifestyles and view their health in a holistic way. By promoting health and wellness using these values, the community health improvement process will be a comprehensive, strategic, and community-wide effort.

COMMUNITY HEALTH IMPROVEMENT PRIORITIES

During the CHIP planning meeting, community partners and staff went through a consensus-building process to select priority health areas. Attendees worked in small groups based on their area of expertise and interest to brainstorm goals, objectives, and activities aimed at improving the health of the community for each strategic priority. Below you will find a table for each of the six community health improvement priorities that emerged (called Strategic Priorities in the tables starting on the page below). Each table includes the goals, performance objectives, strategies, and a list of related national objectives that align with this plan's objectives. The tables also provide information on which department, group or organization is responsible for each objective, and lists the partners that they will work with to complete specified activities.

Note: Throughout the Strategic Priority tables, the reader will find the abbreviations: DEV and TBD. Their meanings are described here.

DEV	Developmental: Objectives, baseline or target information for which there are no current data for, but will be collected as part of the community health improvement process. Based on the data, the Public Health Accreditation Team may revise the approach.
TBD	To be determined: Target date for activity will be determined by the organization or department leading the objective.

Alignment with Federal Health Improvement Priorities

The Pascua Yaqui Pueblo CHIP objectives align with national objectives identified in *Healthy People 2020*. Healthy People 2020 is a list of 10-year goals and targets for achieving better health across the nation provided by the U.S. Department of Health and Human Services. This list is updated every ten years. Over the last three decades, the *Healthy People* initiative has established benchmarks and monitored progress over time. Specific areas of alignment for each strategic priority are noted in the strategic priority tables below.

STRATEGIC PRIORITY: Coordination of Care

GOAL 1: Integrate and enhance of medical, behavioral, social and economic services and programs.

PERFORMANCE MEASURES How We Will Know We are Making a Difference						
Indicators	Baseline	Target	Source	Frequency		
Number of emergency room visits	DEV	Decrease of 2% per year	Banner, Carondelet, TMC (Yoeme Health Plan)	Annually		
Number of annual physicals visits	DEV	Increase of 2% per year	El Rio Primary Care (Yoeme Health Plan)	Annually		

BACKGROUND

Stakeholders:

• Health department, Education, IT, Primary Care Providers

Policy, Systems, Environmental Changes:

Change Organizational Norms and Influence Policy:

Tribal Council support and involvement; Health Department Strategic Priority

Social Determinants of Health:

Income; Availability of health services (underutilize health coverage options)

Alignment with Healthy People 2020:

Improve access to comprehensive, quality health care services.

OBJECTIVE 1.1: By 12/31/2017, decrease visits to the emergency room by 2% annually.

Lead: Community Health Nursing (CHN) Program

Policy Change (Y/N): N							
ACTION PLAN	ACTION PLAN						
Strategy/Activity	Target	Target or Result	Partners	Progress Notes			
	Date						
Strategy: Gather data and informatio	n to assess th	e scope of emergency r	oom (ER) overuse.				
Convene quarterly public health/	ONGOING	Quarterly meetings	El Rio, Yoeme				
healthcare stakeholder meetings.	beginning		Health Plan				
	10/2016						
Determine baseline information for	12/2016	ER report on usage					
ER visits.		by month, year, and					
		patient type					
Identify target group who overuse	12/2016	Target group	CHN, Primary care				
the ER.		identification	providers; Clinic				
Strategy: Provide consistent coordinate	ition and case	management follow-th	rough.				
Create a description of programs	3/2017	Program resource					
and resources for low income and		available for					
repeat patients.		patients					
Provide consistent coordination	3/2017	Decreased	CHN				
and case management follow-		percentage of					
through. (e.g. connection to		patients that					
primary care, behavioral health,		overuse the ER					
addressing individual issues)							

OBJECTIVE 1.2: By 12/31/2018, increase annual physicals by 2% annually.

Lead: Yoeme Health Plan, Health Information Management (HIM)

Policy Change (Y/N): N						
ACTION PLAN						
Strategy/Activity	Target	Target or Result	Partners	Progress Notes		
	Date					
Strategy: Create a recall system and r	nedia campai	gn encouraging annual	physicals.			
Determine baseline information for	2/2017	Report of findings	Yoeme Health Plan			
annual physicals		based on 2016 data				
Create plan to target specific group	6/2017	Completed plan				
of patients with a reminder system						
Send reminders for individuals due	7/2017	Postcards sent to	Yoeme Health Plan			
for annual physicals.		targeted patients				
Develop public service	1/2018	Bi-Monthly	PYT Radio, Yaqui			
announcements and other		announcements	Times, CHN,			
education materials to inform the			Diabetes Program,			
community about the importance			Sewa U'usim			
of and availability of prevention						
services and annual physicals.						
Yaqui Radio informative/	3/2018	Bi-Monthly	KPYT Radio			
educational shows featuring		announcements				
patients being screened or talking						
about their annual physical.						

Strategic Priority: Community Education, Empowerment and Engagement

GOAL 2: Increase the availability and accessibility to health education information and activities.

PERFORMANCE MEASURES How We Will Know We are Making a Difference							
Indicators	Baseline	Target	Source	Frequency			
Number of health education materials produced and disseminated	0 resources in 2016	5 resources by 2020	Materials and Communications Log	Annually			
Number of first-time and returning community garden volunteers	DEV	50 volunteers annually	Community Garden Volunteer Roster	Annually			

BACKGROUND

Stakeholders:

Police Department, Fire Department, Centered Spirit, Education, Sewa U'usim, Elders, Language and Culture, CHN

Policy, Systems, Environmental Changes:

Fostering coordination and networks in community health:

Incorporating community garden into the physical environment

Social Determinants of Health:

Health literacy

Alignment with Healthy People 2020:

- Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems
- Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems

OBJECTIVE 2.1: Annually from 2016-2020, create and deliver health education materials on at least 1 leading health issue.

Lead: Sewa U'usim Policy Change (Y/N): N

ACTION PLAN					
Strategy/Activity	Target	Target or Result	Partners	Progress Notes	
	Date				
Strategy: Mobilize the community to	advocate for	prevention and educate	e on Tribal health issues		
Form a cross-cutting, community	1/2017	List of workgroup	Good Health and		
stakeholders workgroup		participants	Wellness in Indian		
			Country Coalition		
Coordinate youth, elder and	3/2017	# of youth and	Education,		
Language and Culture involvement		elders who	Language and		
in the workgroup and to provide		participate; # of	Culture, Senior		
input on health education materials		meetings with	Center		
		Language and			
		Culture			

Welcome Center workers will coordinate all health events calendar	7/2017	Monthly announcements	Welcome Center	
Implement monthly health campaigns aligning with national and local health initiatives: Update community poster with info on the the health issue of the month Issues will include asthma, STD's, air quality, and others	9/2017	Schedule of monthly health campaigns	Yoeme Health Plan, CHN, Sewa U'usim	
Implement healthy eating curriculum at Head Start and Hiaki High School	8/2018	Schedule; # of youth who attend the workshops	Head Start and Hiaki High School, Diabetes Program	
Gather information annually and document 'best practices' on providing community health education.	ONGOING through 10/2019	Best practices document	Grants Program Manager	

OBJECTIVE 2.2: Annually from 2017-2020, recruit 50 of volunteers for the community garden.					
Lead: Sewa U'usim			<u> </u>	_	
Policy Change (Y/N): Y					
ACTION PLAN					
Strategy/Activity	Target	Target or Result	Partners	Progress Notes	
	Date				
Strategy: Support the existing comm	unity effort a	and bolster its visibility ir	the community.		
Raise awareness of the community	3/2017	Attendance at	GHWC		
garden through other community		community event			
events					
Recruit groups to participate in	4/2017	Diversity of	GHWC, Diabetes		
volunteer group (children's group,		participants	Program, Head		
elders, diabetes program)			Start, Youth		
			Programs		
Provide incentives for first-time	5/2017	# of first-time			
volunteers		volunteers who			
		participate at least			
		2 times within year			
Provide incentives for long-term	5/2017	# of volunteers who			
volunteers		participate for 1			
		year or longer			

STRATEGIC PRIORITY: Substance Abuse

GOAL 3: Prevent and treat addiction to harmful substances and behaviors.

PERFORMANCE MEASURES How We Will Know We are Making a Difference								
Indicators	Baseline	Target	Source	Frequency				
Number of peer support and coaching programs established	0 programs in 2016	1 peer support and coaching program	Centered Spirit (CSP)	Every 2 years				
Number of prescription drug use agendas developed	0 agendas in 2016	1 agenda by 2019	Health Administration	Every 2 years				

BACKGROUND

Stakeholders:

• Centered Spirit Program (CSP)

Policy, Systems, Environmental Changes:

Change Organizational Norms and Influence Policy:

• Tribal Council support and involvement; Agenda will influence policy change

Social Determinants of Health:

Social support

Alignment with Healthy People 2020:

 Increase the number of Tribal health services providing population-based primary prevention services addressing substance abuse

OBJECTIVE 3.1: By 12/31/2020, pilot at least one peer support and coaching program to empower and promote individuals to live a healthy and balanced life.

Lead: Centered Spirit Program (CSP)

Policy Change (Y/N): N

ACTION PLAN

ACTION FLAN	•			
Strategy/Activity	Target	Target or Result	Partners	Progress Notes
	Date			
Strategy: Develop a peer support and	coaching pro	gram on healthy living	practices.	
Research existing programs and	9/2016	Identify program		
potential funding sources		model		
Adapt program and training	TBD	Model adaptation		
materials				
Conduct 2 pilot programs to assess	TBD	2 pilots and		
effectiveness and obtain feedback		evaluation results		
Finalize the program based on pilot	TBD	Final program		
training results				
Train 2 staff to implement 12-week	TBD	Trained staff		
peer coaching program				
Identify and recruit	ONGOING	Number of	CHN, CHR	
individuals/groups in Pascua Yaqui	(Beginning	participants		
that will benefit	8/2017)			

OBJECTIVE 3.2: By 12/31/2019, develop a PYT agenda for addressing prescription drug-related harms in the community.

Lead: Health Policy and Procedures

Policy Change (Y/N): Y							
ACTION PLAN	ACTION PLAN						
Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes			
Strategy: Develop prescription drug misuse strategy that addresses the complex issues including pain, addiction, mental health, co-morbidities							
Establish a prescription drug misuse task force	6/2018	Multi-sector team	Centered Spirit; Law enforcement; CHN; Environmental Health; El Rio; PHAB Team				
Conduct research or an assessment to determine the extent of prescription drug misuse and its harm to individuals, families and the community	9/2018	Description of needs and risks					
Identify opportunities for prevention, education, treatment and enforcement strategies	3/2019	Priorities areas to address					
Propose recommendations with milestones	9/2019	Report					
Implement the recommendations with contribution from stakeholders (e.g. drug take back programs, peer support groups, alternatives to pain medications)	ONGOING (Beginning 3/2020)	Coordinated effort to prevent prescription drug misuse					

STRATEGIC PRIORITY: Chronic Disease

GOAL 4: Promote healthy behaviors and lifestyles, and reduce risk of chronic diseases through prevention and effective management of pre-existing conditions.

PERFORMANCE MEASURES					
How We Will Know We are Making a Difference					
Indicators	Baseline	Target	Source	Frequency	
Number of healthy food policies adopted	DEV	DEV	GHWC Survey	Every 2 years	
 Childhood obesity rate Percentage of children 5-18 who are overweight or obese 	DEV	5% reduction in 2020	El Rio	Annually	
Percentage of PYHSD staff utilizing Employee Wellness Policy	DEV	20% increase by 2020	PYHSD Survey	Every 2 years	
Percent increase in cancer screening	ngs (See multiple indica	tors below)		•	
Breast cancer screenings	DEV	DEV	El Rio	Annually	
Cervical cancer screenings	DEV	DEV	El Rio	Annually	
Tobacco use screenings	DEV	DEV	El Rio	Annually	
Oral cancer screenings	DEV	DEV	El Rio	Annually	
Prostate cancer screenings	DEV	DEV	El Rio	Annually	

Background

Stakeholders:

- For implementation Health program: Nursing, HIV/AIDS, Diabetes
- For outreach and engagement Casino, KPYT Radio, Pow wow, Health Services Division

Policy, Systems, Environmental Changes:

· Access to healthy food; Healthy foods on menu; Employee Wellness Policy

Social Determinants of Health:

- Income, poverty and food security
- Other determinants: Built environment and chronic disease risk factors

Alignment with Healthy People 2020:

- Increase the proportion of worksites that offer an employee health promotion program to their employees
- Increase the number of Tribal health services providing population-based primary prevention services addressing chronic disease
- Increase the proportion of schools that offer nutritious foods and beverages outside of school meals

OBJECTIVE 4.1: By 9/30/2017, increase use of the PYT Employee Wellness Program by 20%.

Lead: Health Admin Policy Change (Y/N): Y

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ACTION I DAIL					
Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes	
Identify percent of employees using the Employee Wellness Program Inform employees of policy and	10/2016	Survey results Increased			
encourage them to utilize		awareness			
Provide incentives to individuals utilizing the program	6/2017	Increased use	On-reservation facilities that staff can use (Wellness Center, Stress Management, Nutrition)		
Obtain worker input on policy and update if needed	9/2017	Feedback and engagement			

OBJECTIVE 4.2: By 9/30/2018, increase the number of healthy food policies in schools and worksites. (DEV)

Lead: GHWC

Policy Change (Y/N): Y

ACTION PLAN

Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes				
Strategy: Advocate for and support pland vegetables	Strategy: Advocate for and support programs and policies that encourage healthy eating, and improved access to fruits and vegetables							
Survey schools and worksites to determine existing policies	TBD	Examples of policies						
Review information on challenges and barriers to healthy foods	TBD	Summary						
Support fresh produce programs by purchasing food for the Good Health and Wellness Salad Bar	TBD	Monthly Soup and Salad Bar open to the community	Farmers, GWHC, Cafeteria					
Advocate for a policy that requires healthy food options at school events	TBD	Proposed policy	Health Admin					
Advocate for a PYT Health Services Division policy that encourages healthy food options be served at sponsored events and health facilities	TBD	Proposed policy	Health Admin					

OBJECTIVE 4.3: By 9/30/2019, reduce the childhood obesity rate by 5% or more. (DEV)

Lead: Diabetes Program Policy Change (Y/N): Y

ACTION PLAN						
Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes		
Strategy: Increase access to opportun	ities for physi	ical activities for kids				
Advocate for and support programs and policies that encourage physical activity, and decreasing BMI Educate parents of children's	TBD	Proposed policy to tribal leadership Health education	Head Start, Boys			
programs with resources that promote active play and physical activity		materials	and Girls, Sewa U'usim			
Develop opportunities for community groups and business to sponsor physical activities for children	TBD	Increased number of physical activities	Community Center			

OBJECTIVE 4.4: By 12/31/2020, increase screenings of cancer screenings by 5%. (DEV)

Lead: Community Health Nursing (CHN)

Policy Change (Y/N): N

ACTION PLAN				
Strategy/Activity	Target	Target or Result	Partners	Progress Notes
	Date			
Strategy: Support health care provide	rs, CHRs, nur	ses, HIV and Dental prog	grams expand their read	ch and referrals.
Work with health programs to	9/2016	Description of		
identify screenings provided and		available services		
resources for patients				
Review patient records to send out	TBD	Reminder system	Yoeme Health Plan,	
reminders for screenings they are			CHN, and Managed	
due for			Care	
Work with health care providers to	TBD	Increased		
address challenges and barriers		opportunities for		
they face when refer patients for		screenings		
screenings				

STRATEGIC PRIORITY: Infectious Disease

GOAL 5: Raise awareness of emergency preparedness and sexual health services.

Indicators	Baseline	Target	Source	Frequency
Number of chlamydia and gonorrhea screenings	DEV	DEV	El Rio	Monthly reports of screenings and referrals for treatment
Number of HIV and Hepatitis C (Hep C) screenings provided by New Beginnings, HIV/AIDS Program	0 HIV screenings 20 Hep C screenings	15 HIV screenings 25 Hep C screenings 2017 -2020	New Beginnings, HIV/AIDS Program	Semiannual reports of completed screenings and referrals for treatment
Number of programs for sexual health	0 in 2016	1 by 2020	HIV/AIDS Program	Every 2 years
Number of workshops and outreach on Public Health Emergency Preparedness at community-wide events	1 in 2016	1	Tribal PHEP program	Annually
Number of reportable disease monitored and tracked in Epi Info	0	10	Tribal PHEP, Health Admin, CHN	Monthly
Number of Health care workers trained in health emergency preparedness planning	0	10	Tribal PHEP program, CHN, FEMA,	Every 2 years

Background

Stakeholders:

• Sewa U'usim, HIV/AIDS Department, CSP, El Rio, Diabetes Program

Policy, Systems, Environmental Changes:

 Potential policy change around mandatory infectious disease screening at intake or protocols for offering infectious disease screenings

Social Determinants of Health:

Access to health care

Alignment with Healthy People 2020:

• Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

OBJECTIVE 5.1: By 12/31/2017, increase the number of STDs, HIV, and Hepatitis C screenings. (DEV)

Lead: HIV/AIDS Program Policy Change (Y/N): Y

ACTION PLAN

Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes				
Strategy: Collaborate with PYHSD pro Hepatitis C screening.	Strategy: Collaborate with PYHSD programs to increase community awareness of the importance of STD, HIV, and Hepatitis C screening.							
Coordinate community education events which discuss the importance of screening	6/2017	Schedule of community events	HIV/AIDS Program in collaboration with all PYHSD programs					
Utilize social media to share information about screenings	6/2017	Monthly social media campaigns	HIV/AIDS Program, Health Administration					
Produce monthly PSAs	10/2016	PSA schedule	HIV/AIDS Program, Radio					
Create a video about screening to play in the Welcome Center	6/2018	Completed video	HIV/AIDS Program, Language and Culture					
Strategy: Improve current STD, HIV, and Hepatitis C screening protocols and procedures								
Update protocols and procedures as needed to eliminate barriers to seeking screenings	1/2017	Updated protocols and procedures						

OBJECTIVE 5.2: By 12/31/2019, re-establish a sexual health program for high risk groups.

Lead: HIV/AIDS Program Policy Change (Y/N): N

ACTION PLAN					
Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes	
Strategy: Re-establish previous HIV p groups.	revention an	d education program (In	Community Spirit Prog	ram) to reach high risk	
Obtain Tribal Leadership support to develop prevention program	10/2017	Decision Memo from Health Oversight Committee	Tribal Council		
Seek funding internally or through external grants	10/2017	Funding secured	Grants Program Manager, HIV/AIDS Program		
Identify target populations	1/2018	Population identified in work plan	HIV/AIDS Program		
Adapt In Community Spirit program to incorporate language and cultural elements into the lessons	5/2018	Adapted program	Language and Culture		
Recruit and train staff to deliver program	6/2018	Trained staff			
Pilot sexual health sessions with 2 high risk groups	8/2018	Feedback on program			
Identify ongoing funding support for programs for financial sustainability	1/2019	Sustainable funding for program costs	Grants Program Manager		

OBJECTIVE 5.3: By 12/31/2017, increase the number of workshops and outreach efforts in the community on Public Health preparedness.

Lead: Tribal Health PHEP Policy Change (Y/N): N

ACTION PLAN							
Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes			
Strategy: Create a community-wide c	Strategy: Create a community-wide campaign about the importance of preparedness.						
Raise awareness of Public Health	12/2017	1 event annually	PYT Radio station,				
preparedness by promoting the			AZ Dept. of PHEP				
topic at community events			taskforce, FEMA,				
			CHN				
Develop PSA on PHEP	12/2017	Quarterly PSA	PYT Radio, Yaqui				
			Times				
Develop and disseminate flyers on	12/2017	Semi-annually	PYT intranet				
PHEP			announcement				
			page, Community				
			board, Yaqui Times				

OBJECTIVE 5.4: By 12/31/2017, increase the number of reportable diseases monitored and tracked in Epi Info.

Lead: Tribal Health PHEP Policy Change (Y/N): N

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ACTION PLAN					
Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes	
Strategy: Improve internal data syste	ms for notifiable	diseases.			
Assess current reportable disease	10/2016	Summary	CHN, El Rio Clinic,		
and tracking system			HIM, Health Admin		
Identify and approve reportable	12/2016	Decision Memo	Health Admin, CHN		
disease list to monitor and track					
Complete Epi Info Training	1/2017	Certificate	Health Admin, ITCA		
			TEC		
Monitor and track reportable	6/2017	Monthly Report	Health Admin		
diseases in Epi Info		from Epi Info			

OBJECTIVE 5.5: By 12/31/2017, increase the number of staff trained in health emergency preparedness.

Lead: Tribal Health PHEP Policy Change (Y/N): Y

ACTION PLAN

Strategy/Activity	Target Date	Target or Result	Partners	Progress Notes
Strategy: Improve PYSHD staff awareness and involvement in preparedness planning.				
Identify percentage of health staff	01/2017	Survey results	Health Admin, CHN	
trained in health emergency				
preparedness and planning (EPP)				
Inform health staff on the	7/2017	Increased	Health Admin, CHN	
importance of health EPP		awareness		
Schedule health EPP training	9/2017	Training	Health Admin, AZ	
		Schedule	PHEP, FEMA	

PASCUA YAQUI TRIBE - HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN 2016-2020 PUBLIC HEALTH PERFORMANCE

WORKING TOGETHER TOWARD A HEALTHIER PASCUA YAQUI PUEBLO

Both the Pascua Yaqui Pueblo *Community Health Assessment* and *Community Health Improvement Plan* are part of a larger effort toward making improvements in the community's health. In collaboration with the community partners, the Public Health Accreditation Team will begin to implement CHIP strategies and activities beginning in fall of 2016. Through the community health improvement efforts, we will be making strides toward our vision for the community's health, which is "all Tribal Members and their families in all Yoeme Communities have the highest possible standards of care, are empowered to manage their own health and engage in healthy lifestyles, and live in balance and harmony within the sacred circle of life." Achieving this vision will require partnership in all the strategic priorities, and in all areas that shape our community's heath. The Public Health Accreditation Team will periodically monitor progress over the next five years (planned for 2017 and 2019), with an in depth review of the objectives and the supporting data to make any necessary adjustments to the CHIP. The Health Department is committed to continual health improvement and will continue to leverage our best assets — our community, culture, and traditions. Together, we will work toward a healthier Pascua Yaqui Pueblo for all Tribal members and their families in all Yoeme communities.