



# YELLOWHAWK

TRIBAL HEALTH CENTER

## Community Health Improvement Plan

2017-2019





## Our Vision

Our Tribal community achieves optimal health through a culture of wellness.

## Our Mission

Empower our Tribal community with opportunities to learn and experience healthy lifestyles.



# Background & History



## Confederated Tribes of the Umatilla Indian Reservation

Before European contact, the members of the Cayuse, Umatilla, and Walla Walla people were 8,000 members strong. Our people lived in the Columbia River region for more than 10,000 years, moving in a large circle from the lowlands along the Columbia River to the highlands in the Blue Mountains to fish, hunt and gather food.

Until the early 1900's, our ancestors moved in a yearly cycle, from hunting camps to fishing spots, to celebration and trading camps. The three tribes spent most of their time in the area that is now northeastern Oregon and southeastern Washington, subsisting on salmon, roots, berries, deer, and elk.

In 1855, the Cayuse, Umatilla and Walla Walla tribes and the U.S. Government negotiated a treaty in which 6.4 million acres were ceded in exchange for a reservation homeland of 250,000 acres. As a result of federal legislation in the late 1800s that reduced its size, the

Umatilla Reservation is now 172,000 acres -- 158,000 acres just east of Pendleton, Oregon plus 14,000 acres in the McKay, Johnson, and McCoy Creek areas southeast of Pilot Rock, Oregon.

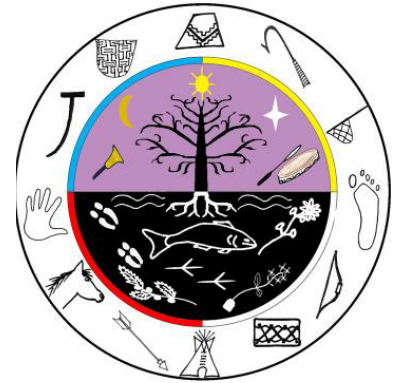
Also reserved within the treaty are inherent rights to fish in usual and accustomed sites, and to hunt and gather traditional foods and medicines on public lands within the ceded areas. Today, the three tribes of the Confederated Tribes of the Umatilla Indian Reservation have an enrollment of nearly

3,000 members.

While our lands and way of life have changed in the years since European contact, we hold strong to our ancestry and culture. Our traditional religion Washat, or Seven Drums, is still practiced by some tribal members. In the way of our elders who came before us, we worship, dance, drum, sing and continue to gather foods, treading along some of the same paths they did to find food for our families and tap into our rich heritage.

# Background & History

## Seasonal Food Round



## First Foods

Until the early 1900s, the culture of the Cayuse, Umatilla and Walla Walla Indians was based on a yearly cycle of travel from hunting camps to fishing spots to celebration and trading camps and so on.

The three tribes spent most of their time in the area, which is now northeastern Oregon and southeastern Washington. They had lived in the Columbia River Region for more than 10,000 years. There were no buffalo in this area. The most plentiful foods were salmon, roots, berries, deer and elk. Each of these foods could be found in different places and each was available in different seasons. This meant that the Indian people had to move from place to place from season to season to their food and prepare it to be eaten and to be saved for the winter. They followed the same course from year to year in a large circle from the lowlands along the Columbia River to the highlands in the Blue Mountains.

## Life Cycles

In the spring the tribes gathered along the Columbia River at places like Celilo Falls to fish for salmon and trade goods with other tribes. They dried the salmon and stored it for later use. In late spring and early summer they traveled from the Columbia to the foot hills of the Blue Mountains to dig for roots which they also dried. In late summer they traveled to the upper mountains to pick berries and to hunt for deer and elk. In the fall the tribe would return to the lower valleys and along the Columbia River again to catch the fall salmon run. All would stay in winter camps in the low regions until spring when the whole cycle would start all over again.

Every food the Indian people needed was provided by the earth. Ceremonies were held in the spring to honor the new foods. One of those, the Root Feast, is still celebrated today on the Umatilla Reservation. Although salmon is not as plentiful

as it was before the dams were built on the Columbia, many of the Indian people of the Umatilla Indian Reservation still eat traditional foods like roots, berries, deer, elk and salmon as part of their every day diet.



# Community Health Assessment

## Background & Summary

A Community Health Assessment (CHA) is a rigorous and systematic assessment created through the survey and analysis of a community's health outcomes as well as the social and environmental determinants of those health outcomes. CHAs are used to identify the key health problems, gaps in services, and assets in a particular community or geographic region. CHAs work under some basic principles, including:

- Multi-sector collaborations between community groups, governmental departments, and other organizations within the community in order to create shared ownership of the CHA for all community members. This shared ownership extends to the assessment, planning, investment, implementation, and evaluation of the CHA and health improvement strategies,
- Community engagement that is diverse, broad, and proactive to ensure that all community members can be engaged in order to improve results,
- The community defined in the CHA is broad enough to successfully implement population-wide intervention but targeted enough to address disparities among sub-populations,
- Transparency throughout the entire CHA process to retain and improve community engagement and accountability,
- The use of evidence-based as well as innovative practices,
- Thorough and continuous evaluation to inform a constant improvement process, and
- The use of the highest quality of data that is gathered from and shared among community members, public, and private sectors.



CHA data is often used to inform the prioritization of health issues, community decision-making, and community health improvement plans.

## Process

In 2015, The Yellowhawk Tribal Health Center, in collaboration with Umatilla County, produced a Community Health Assessment. A survey was designed and delivered to members of the community that were 18 years and older. The survey had 115 health-related questions and was designed to assess to health issues and needs of the community. 355 CTUIR community members completed this health assessment survey.

## Data

The data collected in the 2015 Community Health Assessment (CHA) informed the formation of four priority health areas for the Confederated Tribes of the Umatilla Indian Reservation. Those four priority areas are; diabetes, obesity, mental health, and drug and alcohol use. These four priority areas have informed the formation of the Community Health Improvement Plans goals and objectives. The full Community Health Assessment is available through the Yellowhawk Tribal Health Center.



# Community Health Improvement Plan

## Background

A Community Health Improvement Plan (CHIP) is long-term, systematic effort to address public health problems. Those public health problems are identified first through the results of a Community Health Assessment (CHA) process. CHIPs are utilized by public health, other governmental sectors such as education and human service agencies, in collaboration with community partners, in order to set priorities, coordinate resources, and target those resources towards health outcome goals. A CHIP defines the actions and efforts that will be used to address the health priorities set by the CHA. A CHIP is instrumental for developing policies and carrying out community action to improve the health status of the community. Benefits to creating and implementing a CHIP include;

- Improved coordination and collaboration between organizational, community, and governmental sectors,
- Increased knowledge about the community, environment, and health,
- Strengthen partnerships between the community public health and the state and other local public health systems,
- Identification of strengths and weaknesses within the community, and
- Identified baseline and target data for health priorities.

- performance of one organization, and instead focuses on the way multiple community organizations can contribute to community health improvement.

## Confederated Tribes of Umatilla Indian Reservation CHIP Process

This CHIP is a joint effort between Yellowhawk Tribal Health Center and the Confederated Tribes of Umatilla Indian Reservation (CTUIR). The CHIP is one step on Yellowhawk Tribal Health Center's path to receiving public health accreditation. The public health accreditation process has buy-in and support from the CTUIR board of trustees, and a panel of stakeholders was formed to help support the process and inform the CHIP goals and targets.

The CTUIR and Yellowhawk Tribal Health Center wanted this Community Health Improvement Plan to be as community informed as possible. In order to achieve this, multiple community outreach events were carried out to inform the community members about the outcomes of the Community Health Assessment and the next steps for public health accreditation. In the fall of 2016 focus groups on each

of the priority health areas helped to inform the creation of goals and strategic objectives. Finally, a survey was made available to all CTUIR community members to settle on the most important strategic objectives for each health priority goal. Over 200 responses to the survey helped to create the following Community Health Improvement Plan.

CHIP implementation is an ongoing process, as a CHIP is designed to be carried out over the course of two to three years. Each goal area, and within those areas, each objective will have an identified lead staff at Yellowhawk Tribal Center who will ensure that the goals and timelines are being met. This ensures that all of the objectives and strategies that were identified by the CTUIR community are being implemented.

### CHIP Development Steps:

- **Completed CHA**
- **Community surveys**
- **Community focus groups on each of the four priority areas**
- **Final community CHIP content survey**
- **Multiple meetings with Yellowhawk employees and programs to iron out language, target measurements and partners**

# CHIP Priorities Areas

1. Obesity
2. Diabetes
3. Drug & Alcohol Use
4. Mental Health



# Priority Area: Obesity

The 2015 Community Health Assessment (CHA) identified obesity as a key health area of concern for American Indian Alaska Native (AI/AN) adults living in the Yellowhawk service area. According to the data gathered in the CHA; 53% of Yellowhawk service area AI/AN Adults were found to be obese, compared to 37% in Umatilla county, 28% in Oregon and 30% in the U.S. as a whole (see figure 1).

**Figure 1: Adult Comparisons of Overweight and Obese Diagnoses**

	Overweight	Obese
Yellowhawk Service Area AI/AN Adults 2015	28%	53%
Umatilla County 2015	34%	37%
Oregon 2014	34%	28%
United States 2014	35%	30%

## Goal: Increase Access to Healthy Lifestyle Choices

### Strategic Objectives:

1. Provide health coaches as an option for CTUIR community members to receive care for improving their physical health
2. Provide nutrition and lifestyle change support classes
3. Increase healthy snack options at community facilities and events

## Goal: Increase Access to Physical Activities

### Strategic Objectives:

1. Update and improve the safety of playgrounds and sports facilities in the CTUIR community
2. Develop a feasibility study for building a new fitness center

## Goal: Systems Changes

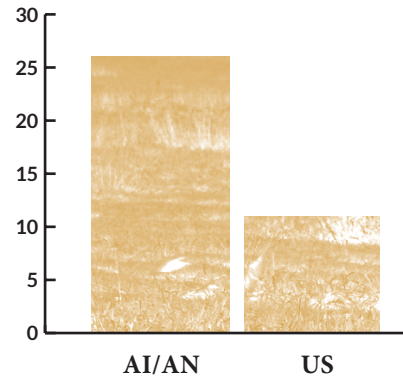
### Strategic Objectives:

1. Create activity classes such as; physical education classes, weight lifting, or toga in all schools that tribal youth attend
2. Provide more variations in health lunch options in CTUIR school settings, such as utilizing community garden produce in meal planning

# Priority Area: Diabetes

The Community Health Assessment collected and disseminated data on chronic disease among AI/AN adults. Along with 81% of AI/AN adults being overweight or obese (compared to 74% in the U.S. general population), 26% are diagnosed with diabetes compared to 11% in the U.S. general population, which is over twice as many diagnoses. Diabetes is the fourth-leading cause of death in the Confederated Tribes of the Umatilla Indian Reservation. The CTUIR community and health care providers identified the following goals and strategic objectives to address diabetes, which is accounting for much morbidity and mortality on the CTUIR (see figure 2).

Figure 2: Adult Comparisons of Diabetes Diagnoses



## Goal: Increase Access to Healthy Food

### Strategic Objectives:

1. Develop a plan for incorporating a weekly all-inclusive farmer's market in the community
2. Identify policies to increase the availability of healthy foods in stores on the CTUIR
3. Work with families to build individual gardens at their homes
4. Provide more community activities through the Yellowhawk kitchen, such as cooking classes and community events

## Goal: Increase Access to Exercise & Physical Activities

### Strategic Objectives

1. Establish a community coalition that will develop a community action plan that will identify existing trails and/or safe walking paths and make recommendations for the modification and/or create of new trails and/or easy access walking paths within the CTUIR community to increase physical activity and create safe routes to school, work, and play

## Goal: Provide Nutrition and Health Education

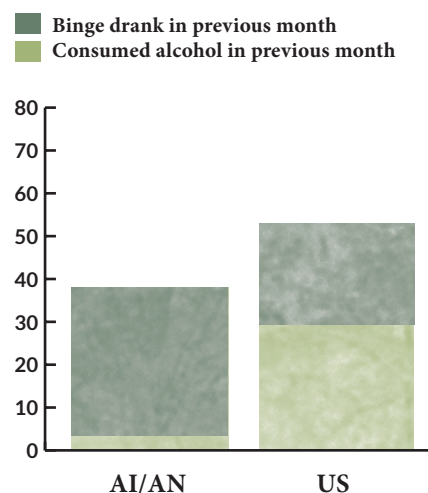
### Strategic Objectives

1. Provide classes about harvesting, preserving, and gathering foods, which may include first foods
2. Provide course on ingredients, nutrition, meal planning, and recipe planning that may include utilizing first foods

# Priority Area: Drug & Alcohol Use

The Community Health Assessment found that 15% of CTUIR community members smoked marijuana in the previous month prior to the CHA survey, and that 38% reported consuming alcohol in the previous month. Though this statistic is lower than the rate of alcohol consumption in the U.S. general population (53%), a concerning statistic arose around CTUIR community members and binge drinking. Binge drinking in this case refers to 4 or more drinks in a single setting. 34% of CTUIR community members who reported alcohol consumption in the month prior to the CHA survey also reported binge drinking compared to 23% in the general population (see figure 3). The following goals and strategic objectives will be implemented in try and improve the rates of alcohol and drug use and the subsequent negative health outcomes on the CTUIR.

**Figure 3: Adult Comparisons of Alcohol Consumption/Binge Drinking**



## Goal: Increase Access to Addiction Resources

### Strategic Objectives

1. Engage stakeholders and complete a feasibility study for establishing a community drop-in center for people at risk of relapse, harming themselves or harming others
2. Complete a feasibility study for providing 24/7 addiction and mental health crisis response services
3. Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) for all adolescents and adults

## Goal: Decrease Access to Drugs and Alcohol

### Strategic Objectives

1. Gather, produce, and share a quarterly multi-agency report related to alcohol and drug use and its effects in the community
2. Develop a training curriculum which will provide culturally specific, trauma-informed training to primary health care providers about drug and alcohol use and abuse in the CTUIR community

## Goal: Address the Social Determinants of Alcohol and Drug Use

### Strategic Objectives

1. Increase choices of after school activities to potentially include music, art, dance, drama, and crafts
2. Increase resources to provide programs that teach positive coping skills to youth
3. Create vocational and job skills learning opportunities

# Priority Area: Mental Health

Suicide is the seventh leading cause of death in the CTUIR community compared to tenth in the U.S. general population. The Community Assessment found that 22.4% of adults living in the CTUIR were currently or had been diagnosed with depression, the Anxiety and Depression Association puts that number closer to 17% for the general U.S. adult population. Other mental illnesses, such as anxiety and post-traumatic stress disorder, had been diagnosed at the time of the survey or before in 28% of CTUIR adults. Of the 50% of CTUIR or were or had been diagnosed with a mental illness, only 15.5% reported using prescribed medications for treatment. The following goals and strategic objectives were informed by the community health assessment and aim to address the high rates of mental illness and addiction in the CTUIR community.

**Figure 4: CTUIR Leading Causes of Death:**

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1. Cancer
  2. Heart Disease
  3. Unintentional Injury
  4. Diabetes
  5. Liver Disease
  6. Chronic Lower Respiratory Disease
  7. Suicide

## Goal: Increase Awareness and Understanding of Mental Health Issues

### Strategic Objectives

1. Conduct inventory of what social and emotion learning activities are currently offered to the CTUIR community
2. Develop a social marketing campaign for the community with the message adverse Childhood Events (ACES) impact future mental wellbeing
3. Develop an array of methods to educate the community about mental health signs, symptoms, prevention, and treatment options

## Goal: Increase Cultural Learning and Identity

### Strategic Objectives

4. Create opportunities for CTUIR community members to learn, speak, and experience tribal languages
5. Establish classes to take place all year to educate community members about the seasonal round calendar in order to support and promote the culture in the tribal community
6. Develop and implement an annual multi-generational culture camp

## Goal: Increase Mental Health Treatment Access

### Strategic Objectives

1. Attain funding to develop a Family Wellness/Mental Health and Drug Court Program in order to increase overall behavioral health for those individuals with severe mental health and addiction conditions or do not engage in services on a voluntary basis
2. Attain funding to develop Tribal Therapeutic Foster Care Homes for children and youth with serious mental health and addiction disorders
3. Develop a self-sustaining business plan that will support the permanent addition of one Behavioral Health Provider to each Primary Care Team at Yellowhawk Tribal Health Center