

2012-2013 Accreditation Support Initiative (ASI) for Health Departments and Support Organizations

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your health department or support organization (location, population served, jurisdiction type, organization structure, etc). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

The Eastern Band of Cherokee Indians (EBCI) is North Carolina's only federally recognized Tribe, with 14,500 enrolled members. Approximately 9,500 live on the Qualla Boundary, which spans 5 western NC counties and includes the town of Cherokee, NC. EBCI has a sovereign Tribal government with elected Principal Chief, Vice Chief and twelve Tribal Council representatives. The Cherokee Health System comprises Cherokee Indian Hospital Authority, an 18-bed hospital and outpatient clinic wholly owned and run by EBCI, and the Health and Medical Division (HMD), EBCI's public health (PH) department. The system serves the Cherokee community and members of other federally recognized Tribes according to Indian Health Service guidelines. HMD comprises twelve programs, including WIC, behavioral health, health promotion, children's dental, Supplemental Health Insurance, and several direct clinical care programs.

HMD is governed by the Tribal Health Board, the equivalent of a local Board of Health, which comprises members of Tribal Council and Tribal community representatives. In addition to certain PH services, HMD performs a variety of healthcare services to enrolled members, such as diabetes care, women's and children's wellness, home health, and long term skilled nursing care. In NC, only county/district health departments are recognized by the state to provide mandated PH services, including disease surveillance and environmental health. Though HMD has a long history of *coordination* with partner county health departments in assuring mandated PH services, HMD's mission includes *provision* of PH services for all persons on the Qualla Boundary.

2. **Work Plan Overview**

Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

The NACCHO ASI grant enabled HMD to conduct the first ever Tribal Health Assessment (THA). Previous community health assessments in our region have been conducted at the

county or regional level, and, because the EBCI population spreads across five counties, these assessments have never reflected the Tribal population accurately. Existing relationships between HMD, multiple other Tribal entities, partner counties, WNC Healthy Impact, and the state enabled HMD to get the THA off the ground quickly and a late draft of the THA completed within five months. Through a contract with WNC Health Network, a regional consortium of hospitals, medical practices and affiliate PH departments, expert contract support in project management and secondary data gathering and analysis, and the WNC Healthy Impact data consulting team provided reporting. We also formed a new and highly productive relationship with the Nashville Area Tribal Epidemiology Center (TEC), which tapped into a very large EBCI-specific data set. The THA gives HMD the foundation for the Tribal Health Improvement Process (THIP), a unified, comprehensive and evidence-based means to assess, prioritize and plan public health and health services. The tribal health system has not had this foundation before.

In addition, the ASI grant enabled HMD to complete our strategic planning process with a Division-wide retreat, where HMD Program Managers learned how to use logic models and populated HMD's overarching strategic plan with program-specific deliverables and goals.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

The biggest challenges were time and data management. HMD found that there is a large amount of available secondary data, especially thanks to TEC and CIHA, and "wrangling" the data was very time-consuming, including the decision of what data to include in the THA. One significant challenge was defining "community" to be as inclusive of the Tribal community as possible while enabling collection of adequate, applicable secondary data. Since the EBCI population is distributed across five counties in WNC, it was a challenge to locate data sets that applied specifically to the population, since much of the available data were county- and state-specific, not Tribe-specific.

Our tribal health survey took a fair amount of time to design in order to get appropriate input. However, it was a great success with more than 900 responses on paper and online. Cleaning, recording and interpreting the primary data were also very time-consuming processes. Finances were also a challenge, since our initial estimate of time needed was too low. We were not able to complete the final THA using the NACCHO grant amount, and have had to make arrangements for additional staff time to complete the document. We also did not budget in the grant for the large amount of paper copies of the community survey, and had to find other funding sources.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.

- We had complete buy-in, support and leadership from HMD Administration.
- We had the support and buy-in of Tribal Health Board and the Tribal Executive Office.
- HMD staff was enthusiastic in outreach and obtaining community health surveys.
- We set up a THA Team and as a subset a THA Data Workgroup; both worked together harmoniously and effectively.
- We assured that there was a Project Manager who was responsible for timelines, coordination of tasks, accountability, and reporting.
- We were able to use contractors appropriately—our internal contractors have other Tribal duties and experience in working within HMD and the Tribal community; our external contractor (WNC Health Network) has experience in working with EBCI, and has expertise in project management and data analysis and an engaged and experienced team of data consultants.
- Because of this project’s connection to the WNC Healthy Impact 2012 WNC Community Health Assessment, a 16-county regional health assessment process that included EBCI, we were able to utilize the templates, tools, core data set elements, etc. that resulted from the collaborative work of the region to date. Having a template to build on for putting this document together saved significant time, and was developed through the collective wisdom of many people across the region involved in that collaborative effort.

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the Accreditation Support Initiative. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

If we were to do it over, we would ask for additional funds for staff time and supplies. We also might extend the THA timeline to 6-9 months.

6. **Funding Impact**

Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:

- (Health departments) How has this funding advanced your own accreditation readiness or quality improvement efforts?

- *(Support organizations) How has this funding advanced the technical assistance you provide to health departments? How has this funding advanced the accreditation readiness of the health departments you worked with?*

We would not have been able to begin this process without the help of the ASI grant. That is, our accreditation process would have been delayed greatly—put on the “back burner”—and that might have jeopardized many of the strategic directions HMD wishes to enact. This grant and assistance came at the perfect time for us.

In addition, the grant/ process enabled us to conduct HMD staff training on logic models as strategic planning tools and to widen awareness of the community health assessment and improvement processes across HMD staff.

The grant also enabled us to send our administrative team to the Public Health Improvement Training, which gave us further inspiration, contacts, a plethora of tools, and a healthy respect for the accreditation process.

We hope to continue working with NACCHO and CDC on our groundbreaking efforts.

7. **Next Steps**

What are your organization’s (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

Our next steps will be to analyze the THA data, re-convene our Tribal Health Improvement Collaborative, engage in issue identification/ definition and priority setting, and move into intervention selection. We will involve the Tribal community during this process by disseminating the THA findings to and requesting further input from the tribal community at large.

We also will continue to implement the goals in our Strategic Plan, re-align our dashboard system and quality indicators with Public Health focus areas and quality language as part of our quality improvement initiatives.

We are working on workforce development and expect to make progress toward a robust Workforce Development Plan during this time as well.