

NACCHO/CDC Accreditation Support Initiative

Yellowhawk Tribal Health Center (Pendleton, OR)

Final Report

1. Project Overview

The Confederated Tribes of the Umatilla Indian Reservation (CTUIR) is located in the Northeast corner of Oregon in Umatilla County which borders the state of Washington. CTUIR is comprised of nearly 3,000 members of the Cayuse, Umatilla and Walla Walla tribes. The closest city, Pendleton is approximately 5 miles west and has a population of 16,000.

Yellowhawk Tribal Health Center (YTHC) is a federally funded, tribally run health clinic that provides medical, dental, laboratory, pharmacy and community health services (DM program, senior services, CHR, PHN, prevention and Behavioral Health). Umatilla County is ranked 22nd out of 33 for Health Outcomes and 33rd for health behaviors. CTUIR members experience higher rates of chronic disease and self reported poorer health than Umatilla County.

Goals for this project:

- 1) To participate as a partner in a County Community Health Assessment which would allow lead us to both a community health improvement plan and strategic plan for our community.
- 2) To gain a broader understanding of Public Health Law and jurisdictional boundaries as they apply to a Tribal Health facility.
- 3) To determine staffing capacity, competencies, and position criteria.

YTHC staff participated in the Umatilla County Community Partnership which implemented a community health assessment. With the data YTHC has developed a 1st draft of a community health improvement plan. We have worked with both facility lawyer and CDC Public Health lawyers to review public health law. In-services have been provided to staff on public health accreditation and public health law. Begin work with a HR group to define staff competencies, position criteria and salary structure to better determine staff capacity.

Accomplishments:

- Integrating Behavioral Health and Community Health into one department
- Implementation of CHA that contained data specific to CTUIR members
- Strengthening community partnerships
- Will develop a salary structure with well defined position criteria

2. Reflections: Successes, Challenges, and Lessons Learned

1. Strategies

- a. The first priority in project was to integrate Community Health and Behavioral Health Departments into one. Two large grants were awarded in the fall of 2011;

staff doubled November 2011 to March 2012. This included the creation of/and addition of the Community Wellness Director position.

- b. Initial grant work began with development, distribution and review of Umatilla County Community Health Assessment. Role of Community Wellness Director (CWD) not filled until February 2012.
- c. Comprehensive review of Tribal and State codes by Facility lawyer and discussion with CDC Lawyers assisted the development of staff trainings.
- d. Clinic identified the need for clarification and development of salary structure in regards to position descriptions, competencies, and credentialing. YTHC Initiated work with Mills Group, a Human Resource consultant to review all position descriptions, determines qualifications, and competencies. Mills Group provided the tools for all employees to review and edit position descriptions and to identify roles and responsibilities with supervisors, all work submitted to them. Bench mark positions identified and market studies are being conducted.
- e. Obtained data specific to CTUIR through additional random sampling of population in conjunction with CHA.

2. Barriers and Challenges

- a. This process is both new and foreign to Tribal Health Centers. Tribal, State and Federal public health codes create layers of jurisdictional boundaries with insufficient literature and data available for guidance.
- b. The addition of a large number of new staff including the CWD made team building a priority. Although the CHA was completed in the early stages of the grant, work did not begin until mid March.
- c. As the smallest and only Tribal Health Clinic in this process, the size, complexity and amount of resources available to other grantees was a bit intimidating. Participating with other like facilities may provide more resources and support. Although the NACCHO toolbox has been very helpful.

3. Impact and Next Steps

- Although CTUIR response rate for the CHA was low, the community has clear data that shows the disparity in health between the tribe and the county. This data will help us to better define the work that needs to be done.
- The development of a Community Health Improvement Plan will provide us with a strong foundation in the development of a strategic plan which will guide our actions.
- As previously stated this process is both new and foreign to Tribal Health Centers. Some of the issues that we are exploring are to clarify roles and Public Health responsibilities when jurisdiction and enforcement are with other Tribal or State entities. Examples would include environmental health, communicable disease reporting and investigation, Pharmacy monitoring and regulation, emergency preparedness and mental health authority.

- Our participation has provided us with a road map and tools to better define activities needed to meet PHAB standards and measures and our scope of practice.
- Over the next 12 months we plan to continue to identify and meet the requirement of the PHAB Standards and Measures with the intention of submitting application for accreditation by June of 2013.