



CHEROKEE NATION TRIBAL PUBLIC HEALTH SYSTEM

STRATEGIC PLAN 2013-2017

I. Cherokee Nation Public Health Vision, Mission and Guiding Principles

The *Cherokee Nation Public Health* encompasses a wide array of tribal, public, private and community organizations that work in partnership to ensure conditions in which people can be healthy. With more than 300,000 citizens, Cherokee Nation's public health and health care service delivery span across the nation's jurisdiction, covering fourteen counties in northeast Oklahoma. Cherokee Nation's public health is multifaceted, providing a broad array services, including school and community-based health education and prevention programs, youth and elder care, violence prevention, public safety, behavioral health, and access to clinical care. Operating the largest tribally-operated health care system in the United States, Cherokee Nation is dedicated to promoting and improving health resulting in healthy communities for this and future generations.

Our Vision for Those We Serve:

Cherokees have long demonstrated their ability to face adversity, survive, adapt, prosper and excel. Despite the hardships endured during the time of forced removal, Cherokee people have maintained a complex system of governance, society and culture. Acknowledging the perseverance, strength and foresight of our ancestors, we move forward with the following vision for those we serve:

By Cherokee for All.

People living happy and healthy for this and future generations.

Happy Healthy Cherokees.

Our Vision for Our Public Health System:

Public health is often defined as promoting, protecting and improving the health of communities through education, promotion of healthy lifestyles, and disease prevention, detection and response. Cherokee Nation believes good public health practice is one that includes a systems approach. A systems approach is one where multiple stakeholders, including clinical and community-based programs, Tribal and non-Tribal entities, are working together to assure conditions for a healthy Cherokee Nation. Our vision for our work is:

*A well-coordinated, collaborative and self-sufficient
Cherokee Public Health System.*



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Our Mission:

Public health has a vital role in reducing healthcare costs and communicating the value of prevention in reducing both the economic burden of disease and of improving the health and wellness of Cherokee people. The Cherokee Nation public health system includes tribal departments and programs, local and state health agencies, public schools, community organizations, the health care delivery system, faith-based organizations, public safety, and education and youth development organizations among many others. Together, we will achieve the following mission:

Promote health and quality of life among our communities and families through culture, collaboration, community engagement and empowerment.

Our Guiding Principles:

Cherokee Nation Public Health partners worked together to identify the key behaviors that are essential for system partners, community and others to realize the newly created vision and mission. Our guiding principles include:

- *Advancing Cherokee Nation's self-determination by focusing on high performance and quality services.*
- *Demonstrating strength and leadership through partnership, coordination and communication among all of our partners.*
- *Engaging community by being inclusive and maintaining a profound respect for our culture.*
- *Promoting equity, justice and safety within our communities.*

II. Cherokee Nation Public Health System Strategic Initiatives

Environmental Scan:

Cherokee National public health partners conducted an environmental scan to better understand the broader context of the system's overall performance and internal capacity to provide services that address community needs efficiently and effectively. Using relevant data and information ensures that decision-making and strategic priority setting are data-based. The environmental scan included data and information addressing five categories: (1) community; (2) financial; (3) health department capacity; (4) Tribal/state/national legislation and; (5) learning and growth.





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The following questions were considered for each of category,:

- What is the health status of **community** we serve? What are the trends, needs, and opportunities for change within the community?
- What is the **financial** picture within the economic climate within the Tribe, state, and nation? What are the Tribal public health system's resources, assets and opportunities?
- How is the **Tribal public health system** doing? What are our strengths and weaknesses? Are internal processes efficient and meeting needs of the community?
- What is going on legislatively at the **Tribal, state, and national** level that may impact the community and Tribal public health system?
- What opportunities for **learning and growth** are important for our Tribal public health system? What is the current capacity of the health department to do the work needed now and in the future?

CNPH partners reviewed information and data collected from the following assessments and plans:

- *Cherokee Nation Tribal Health Assessment* – a collaborative process of collecting and analyzing data and information to understand the health status of Cherokee Nation.
- *Cherokee Nation Tribal Health Improvement Plan* – a systematic plan to address priorities identified in the Tribal Health Assessment.
- *Cherokee Nation Public Health System National Public Health Performance Standards Program (NPHPSP) Assessment* – An assessment designed to identify the public health system's current activities and capacities, and to assess how well the system is providing the 10 Essential Public Health Services.
- *Public health accreditation self-study* – capacity assessment based on the Public Health Accreditation Board's standards and measures.

The Essential Public Health Services provide a fundamental framework by describing public health activities that should be undertaken in all communities.¹ The NPHPSP and public health accreditation are both based on the essential services and are excellent guides in helping a system to better understand its level of performance and opportunities for improvement.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis:

Data collected from the environmental scan was presented to Cherokee Nation's public health system partners to complete a SWOT analysis. Strengths and weaknesses focus on the internal factors and attributes that support or hinder the system's ability to achieve its mission. Opportunities and threats focus on external trends, events and other factors that may impact community health or the Tribal public health system. System partners identified the following:

¹ CDC Essential Public Health Services: www.cdc.gov/nphpsp/essentialservices.html.





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SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the system:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • CN commitment to excellence; innovative; forward thinking • Lots of data => information • Tribal leadership; Health division leadership • Good relationship/respected by community and federal agencies (CDC, SAMHSA); national interest • Personnel—very talented and dedicated people; staff retention; emotional investment; commitment • Alignment with Cherokee Nation Health Services • Diverse funding sources • Open mindedness (inclusive mentality) • GADUGI spirit combined with sovereign status • First tribe to complete process 	<ul style="list-style-type: none"> • Disconnect between public health and clinical services • Organizational culture and communication • Data collection, reporting and evaluation; data silos • Reliance on federal funding • Appropriate staffing levels and training • Per capita funding is lower • Disruptions in leadership • High uninsured rate • Limited resources • Internal politics • Socioeconomic status • Technology and infrastructure
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Align major messages to community • Create data repository; data driven decisions in policy • Greater future funding opportunities; Operate in low cost model; Accountable Care Organization; CPCI structured primary care model • Shape tribal health perception nationally; leader (not just tribal) • Respect from state +Feds => Technical Assistance • New partnerships; coalition building; partnership with CNB • Working across agencies (state/county/etc.) • Be a part of something bigger than ourselves to help • Expertise in growth market; More jobs + economic growth • Motivated communities 	<ul style="list-style-type: none"> • Inflation/cost-healthy choices more expensive • Miscommunication with policy makers • Misinterpretation of real priorities and overall data of data • Lack of knowledge/evidence/data • Funding cuts (sequestration, budget, cuts, etc) • Implications of sovereignty • Environmental factors (e.g. Radon) • Lack of respect for tribes • Lack of national payment model for public health • Politics/legislative shift • Commercial tobacco lobby/e-cigarette/smoke shop





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Crosscutting Themes, Emerging Issues, and Assets:

After reviewing the various data and information, Cherokee Nation’s Tribal public health system partners identified the following themes, issues and assets that served as the basis for strategic priority setting:

Themes, Issues and Assets
<p><i>Themes:</i></p> <ul style="list-style-type: none"> • Increase surveillance – data collection, monitoring and reporting • Increase understanding of Cherokee Nation’s public health system – services offered, coordination, shared resources • Identify workforce development needs and develop a plan to address them • Develop a comprehensive performance management system for Cherokee Nation’s public health system to foster a culture of continuous quality improvement • Seek capacity and resource development opportunities <p><i>Issues:</i></p> <ul style="list-style-type: none"> • Expand surveillance efforts; Need data repository for data collection and reporting • Develop Government-to-Government relationships; State/local government interface on health services and functions • Implement performance management and quality improvement efforts in public health; • Provide broad organizational management training to ensure a competent work force; Develop protocols to ensure appropriate staffing levels • Increase knowledge of services offered across the system • Improve communication across programs and departments • Address community health issues associated with low socio economic status: <ul style="list-style-type: none"> ○ Nutrition, physical activity, violence, poverty, education, employment, etc. <p><i>Assets:</i></p> <ul style="list-style-type: none"> • Cherokee Nation capacity and resources are available, and can be further developed • Data collection/information are available; Data is utilized for decision making • Strong communication occurs across services • Cross counties asset mapping is available • Tools and facilities are improving – move towards electronic health records





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III. Tribal Public Health System Strategic Priorities, Goals and Objectives

Tribal public health system partners identified strategic priorities to chart our course and provide direction to the partnership.

STRATEGIC GOALS	OBJECTIVES
1. Strengthen the Tribal public health infrastructure based on the 10 Essential Public Health Services and in response to community needs.	1.1. Improve public health performance based on national standards leading to public health accreditation.
	1.2. Develop a Workforce Plan based on the competencies identified by the Council on Linkages.
2. Build an environment that promotes CNPH to be transparent & accountable while demonstrating its effectiveness.	2.1. Develop a Quality Improvement Plan based on public health performance assessments. 2.2. Develop a culture of quality improvement with the implementation of a comprehensive performance management system. 2.3. Develop a protocol for tracking public health performance and reporting results.
3. Develop Cherokee Nation’s leadership in public health.	3.1. Better define partnerships through formal mechanisms.
	3.2. Ensure representation of Cherokee Nation on state and national public health initiatives.
	3.3. Develop leadership in public health by institutionalizing public health in the Cherokee Nation organizational chart.
4. Establish sustainable funding for public health.	4.1. Increase revenue for public health.
	4.2. Conduct a financial analysis of the return on investment in public health for Cherokee Nation.
5. Increase access to quality public health data that is current and accurate.	5.1. Create an information bank of public health data for internal and external use.
	5.2. Increase capacity to collect and analyze data.
	5.3. Increase public health surveillance to monitor and evaluate Tribal Health Improvement Plan activities.
6. Strengthen public health communications.	6.1. Develop a comprehensive Communications Plan.





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STRATEGIC GOAL 1. Strengthen the Tribal public health infrastructure based on the 10 Essential Public Health Services and in response to community needs.

OBJECTIVES	STRATEGIC ACTIVITIES	PERFORMANCE TARGET	RESPONSIBLE
1.1. Improve public health performance based on national standards leading to public health accreditation.	1.1.1. Complete self-study based on public health accreditation standards and measures by May 1, 2013.	Self-Assessment Results	Accreditation Team
	1.1.2. Upload all documentation for public health accreditation by June 30, 2014.	Accreditation documentation submission	Manager of PH Performance & Policy
	1.1.3. By December 30, 2014, the Cherokee Nation’s Tribal public health system will obtain public health accreditation.	Public Health Accreditation	Accreditation Team
1.2. Develop a Workforce Plan based on the competencies identified by the Council on Linkages.	1.2.1. Conduct an inventory of public health professionals within Cherokee Nation Health Services by March 30, 2014.	Public health workforce profile	Manager of PH Performance & Policy, Performance Improvement Team (PIT),
	1.2.2. Conduct a public health workforce capacity and skills assessment to identify needs by June 1, 2015.	Completed capacity assessment	
	1.2.3. Develop a Public Health Workforce Development Policy and Plan by June 30, 2014.	Policy implemented and Workforce Development Plan developed	
	1.2.4 Conduct systematic reviews of the progress & effectiveness of the CN Public Health Workforce Development Plan beginning January 1, 2015	Quarterly updates and Annual reports	



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STRATEGIC GOAL 2. Build an environment that promotes CNPH to be transparent & accountable while demonstrating its effectiveness.

OBJECTIVES	STRATEGIC ACTIVITIES	PERFORMANCE TARGET	RESPONSIBLE
2.1. Develop a culture of QI with the implementation of a performance management system.	2.1.1. Develop a Performance Management Policy describing procedures for annual performance planning & reporting by May 1, 2014.	Policy implemented	Manager of PH Performance & Policy, PIT, Health Leadership
	2.1.2. Conduct a Performance Management self-assessment within CNPH by March 1, 2014.	Report on results of PM self-assessment and Action Plan.	
	2.1.3. Identify or build an electronic Performance Management System (PMS) for CNPH by June 1, 2014.	Implementation of an electronic PMS by CNPH	
2.2. Develop a protocol for tracking public health performance and reporting results.	2.2.1. Develop an annual Performance Management Plan by June 1, 2014	PM Plan	Manager of PH Performance & Policy, PIT
	2.2.2. Conduct systematic reviews to assess performance of selected CNPH performance indicators to generate systematic reports of the findings and to identify areas in need of focused improvement processes beginning June 15, 2015	Quarterly updates and Annual reports	
2.3. Develop a Quality Improvement Plan based on public health performance assessments.	2.3.1. Expand the Health Services Quality Improvement (QI) Plan to include public health QI efforts based on accreditation self-study results by June 1, 2014.	QI Plan	Manager of PH Performance & Policy, PIT
	2.3.1. Conduct systematic reviews using the PMS to assess the effectiveness of the QI Plan and activities beginning June 15, 2015	Quarterly updates and Annual reports	





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STRATEGIC GOAL 3. Develop Cherokee Nation’s leadership in public health.

OBJECTIVES	STRATEGIC ACTIVITIES	PERFORMANCE TARGET	RESPONSIBLE
3.1. Better define partnerships through formal mechanisms (e.g. memoranda of understanding).	3.1.1. Develop a categorical baseline of existing memoranda of understanding (MOU) in health by May 1, 2014.	Baseline	Member of the PIT
	3.1.2. Develop a checklist process flow for entering into MOUs with local and state governments and other partner agencies by June 1, 2014.	Develop a process for entering into MOUs	
	3.1.3. Reduce the time to process MOUs by developing templates for engagement and following a standardized process by January 1, 2015.	Standardized process	
3.2. Ensure representation of Cherokee Nation on state and national public health initiatives.	3.2.1. Participate in Tribal Consultation with state and federal agencies annually.	Participation in consultation	Members of PHC
	3.2.2. Participate annually in local, state and national committees address important public health issues.	Representation on committees	
3.3. Develop leadership in public health by institutionalizing public health in the Cherokee Nation organizational chart.	3.3.1. Link messaging from the Communications Plan (Goal 6.1) to educate and advocate on the importance of public health and its role in the nation’s infrastructure by June 15, 2014.	Public health messaging for leadership	Senior Director, Public Health
	3.3.1. Advocate and secure support from the Health Services Governing Board to institutionalize public health in the nation’s organizational chart by June 1, 2014.	Health Services Governing Board approval	Senior Director, Public Health
	3.3.2. Advocate and secure support from Tribal Council to institutionalize public health in the nation’s organizational chart by December 1, 2014.	Approved organizational chart	Health Services Director





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STRATEGIC GOAL 4. Establish sustainable funding for public health.

OBJECTIVES	STRATEGIC ACTIVITIES	PERFORMANCE TARGET	RESPONSIBLE
4.1. Increase revenue for public health.	4.1.1. Develop a long-term financial plan for sustainability and expansion by October 1, 2015.	Financial plan	Senior Director, Public Health
	4.1.2. Implement financial plan to achieve annual revenue targets beginning October 1, 2015.	Revenue targets	Senior Director, Public Health
	4.1.2. Advocate for federal funding of public health annually.	Representation at national meetings	Cherokee Tribal Council, Health Committees & staff
4.2. Conduct a financial analysis of the return on investment (ROI) in public health for Cherokee Nation.	4.2.1. Determine which benefits and costs will be assessed by June 15, 2016.	Benefits and costs identified	PIT
	4.2.2. Ensure adequate data to measure costs and benefits associated with the public health investment by September 15, 2016.	Data availability	PIT
	4.2.2. Conduct a multi-year ROI beginning January 50, 2017.	ROI analysis	PIT

STRATEGIC GOAL 5. Increase access to quality public health data that is current and accurate.





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OBJECTIVES	STRATEGIC ACTIVITIES	PERFORMANCE TARGET	RESPONSIBLE
5.1. Create an information data bank of public health data for internal and external use	5.1.1. Create data list for inclusion by May 1, 2015.	Data list	Epidemiologist
	5.1.2. Create usable interface on website by December 30, 2015.	Software/GUI	
	5.1.3. Populate the information bank by June 30, 2016.	Active system	
5.2. Increase capacity collect and analyze data.	5.2.1. Hire an epidemiologist by November 30, 2013.	Position filled	Director, Community Health Promotion
	5.2.1. Hire an Evaluation Specialist by May 30, 2014.	Position filled	
5.3. Increase public health surveillance to monitor and evaluate Tribal Health Improvement Plan activities.	5.3.1. Conduct the adult and youth tobacco and risk behavior surveys every two years beginning in 2015.	Survey distribution	Epidemiologist
	5.3.2. Increase the numbers reached by the tobacco and risk behavior surveys in 2017. (Baseline data will be established in 2015; Target TBD)	Numbers reached	
	5.3.3. Routinely utilize and report surveillance data to document and track chronic disease annually beginning in 2014.	Annual reports of disease burden	

STRATEGIC GOAL 6. Strengthen public health communications.





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GOAL	OBJECTIVES	PERFORMANCE TARGET	RESPONSIBLE
6.1. Develop a comprehensive Public Health Communications Plan.	6.1.1. Convene the Public Health Committee to develop communications objectives, define the audience, develop messaging, and determine methods by June 15, 2014.	PH Communications Plan	Communications Coordinator
	6.1.2. Implement communications plan by October 1, 2015.	Plan implementation	Healthy Nation
	6.1.3. Evaluate the effectiveness of the communications plan in achieving the objectives by June 1, 2017.	Evaluation results	Evaluator





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Appendix: Tribal Public Health System Stakeholders

Cherokee Nation’s Tribal public health system includes multiple stakeholders, both internal and external to the nation. To better understand the system, we have listed system stakeholders by the 10 Essential Services of Public Health. This will be useful in understanding, defining and mapping our system.

TRIBAL PUBLIC HEALTH SYSTEM STAKEHOLDERS BY ESSENTIAL SERVICE	
<p>ESSENTIAL SERVICE 1: Monitor health status to identify and solve community health problems.</p> <ul style="list-style-type: none"> • Identification of health risks and determination of health service needs. • Attention to the vital statistics and health status • Identification of community assets and resources that support the tribal public health system (TPHS). 	
<ul style="list-style-type: none"> • Behavioral Health • Cancer Registry • Case Managers • Centers for Disease Control and Prevention • Infection Control • Clinical Services - IHS/Tribal Centers • Primary Acute Care Providers, Public Health Nurses • CN Tribal Council; Health Committee • CN-HHN • CNMS • COTTA • Environmental Health 	<ul style="list-style-type: none"> • DC Planners • DPP • Education • Emergency Management • Environmental health • Epidemiology Program • GIS • Health management • Healthy Nation • Marshall Services • Quality Improvement (QI) - Health IT; Quality Management • State and County Health Departments • WTC
<p>ESSENTIAL SERVICE 2: Diagnose and investigate health problems and health hazards in the community.</p> <ul style="list-style-type: none"> • Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases, injuries, environmental hazards, and other health threats. • Active infectious disease epidemiology programs. • Access to a public health laboratory capable of conducting rapid screening and high volume testing. 	
<ul style="list-style-type: none"> • Behavioral Health Prevention • Cancer Registry • CDC • Clinical Services and WWC • CNMS • Emergency/Risk Management • Environmental health • Environmental Protection Agency 	<ul style="list-style-type: none"> • Epidemiology • Healthy Nation • Infectious Disease physician (Dr. Mera) • Infection Prevention • Laboratory services • Public Health Nursing • Safety committees • State and County Health Departments





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TRIBAL PUBLIC HEALTH SYSTEM STAKEHOLDERS BY ESSENTIAL SERVICE	
<p>ESSENTIAL SERVICE 3: Inform, educate, and empower people about health issues.</p> <ul style="list-style-type: none"> • Health information, health education, and health promotion activities designed to reduce health risk and promote better health. • Health communication plans and activities such as media advocacy and social marketing. • Accessible health information and educational resources. • Health education and health promotion program partnerships 	
<ul style="list-style-type: none"> • Behavioral Health • BIGI • Cancer • CDC • Clinical Services, Health Centers +WWH • CNMS • Communications Department • Dental • DPP 	<ul style="list-style-type: none"> • Environmental Protection • Healthy Nation • HPAP • I.T. • Public Health Nurses • Schools • State and County Health Departments • Tribal Admin • WHC
<p>ESSENTIAL SERVICE 4: Mobilize community partnerships and action to identify and solve health problems.</p> <ul style="list-style-type: none"> • Identifying potential stakeholders who contribute to or benefit from public health, and increase their awareness. • Building coalitions to draw potential resources to improve community health. • Convening and facilitating partnerships among groups and associations 	
<ul style="list-style-type: none"> • Behavioral Health • CBHS leadership • CC Health Services Council • COTTA • EMA • Health Careers-WWH • Healthy Nation, Cancer • HHH Admin 	<ul style="list-style-type: none"> • Health Promotion Disease Prevention (HPDP) • Marshall • Media • Public Health Nurse • Red Star Innovations • Schools • State/Health Department
<p>ESSENTIAL SERVICE 5: Develop policies and plans that support individual and community health efforts.</p> <ul style="list-style-type: none"> • An effective governmental presence at the community level. • Development of policy to protect the health of the public and to guide the practice of public health. • Systematic community-level and state-level planning for health improvement. 	
<ul style="list-style-type: none"> • AGI • Behavioral Health • CDC • Cherokee County Health Services Council • Emergency managers • Health Leadership 	<ul style="list-style-type: none"> • Public Health - Healthy Nation • Local and State Agencies and Government • Marshall Services • Traditional/Cultural People • Tribal Council; Legislative Branch





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TRIBAL PUBLIC HEALTH SYSTEM STAKEHOLDERS BY ESSENTIAL SERVICE	
<p>ESSENTIAL SERVICE 6: Enforce laws and regulations that protect health and ensure safety.</p> <ul style="list-style-type: none"> • The review, evaluation, and revision of public health laws and regulations • Education of persons and entities obligated to obey or to enforce public health laws and regulations. • Enforcement activities, such as the protection of drinking water; laws governing the sale of tobacco; seat belt and child safety seat usage; and childhood immunizations. 	
<ul style="list-style-type: none"> • ABEC • Attorney General’s Office • Behavioral Health • CN Marshall Service • Environmental Health and Services • Local and State Law Enforcement • Med Director Health Centers + WWH 	<ul style="list-style-type: none"> • Public Health Code • Public Health NBG (Immunizations) • Public Health Nurses • Quality Management • Tax Commission • Tribal Administration
<p>ESSENTIAL SERVICE 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> <ul style="list-style-type: none"> • Identifying populations with barriers to personal health services. • Identifying health service needs of populations with limited access to a coordinated system of clinical care. • Coordination of provider services and development of interventions that address barriers to care. 	
<ul style="list-style-type: none"> • Case Managers • Cherokee Elder Care; P.A.C.E • Health Services leadership; Clinical Services • CN Hospice • Communications • Contract Health/MRP • COTTA • Credentials Committee • Emigrant Group/ Infection Prevention • Employee Health Voices • EMS • GIS 	<ul style="list-style-type: none"> • Healthy Nation • Health Resources and Services Administration (agency with US DHHS) • Human Resources • I.T. • Law Socio Economics • Local KATS • Public Health Nursing • ROADS • Transportation • Tribal Council
<p>ESSENTIAL SERVICE 8: Assure competent public and personal health care workforce.</p> <ul style="list-style-type: none"> • Assessment of workforce to meet community needs for public and personal health services. • Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professional and competencies. • Adoption of continuous quality improvement and training. 	
<ul style="list-style-type: none"> • Career Services • CN Health Services Leadership • Education • Human Resources; Recruitment • IHS 	<ul style="list-style-type: none"> • Information Technology • Medical Executive Committee • QI / QM • TLJC • Yo-Tech





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TRIBAL PUBLIC HEALTH SYSTEM STAKEHOLDERS BY ESSENTIAL SERVICE	
<p>ESSENTIAL SERVICE 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> <ul style="list-style-type: none"> Assessing the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided. Providing information necessary for allocating resources and reshaping programs. 	
<ul style="list-style-type: none"> Administrative Executive Council CNHS Leadership Communications Health Administration Health Finance Healthy Nation 	<ul style="list-style-type: none"> Public Health Committee QI System Quality Management Tribal Council/Executive Leadership Tribal/ Departmental leadership
<p>ESSENTIAL SERVICE 10: Research for new insights and innovative solutions to health problems.</p> <ul style="list-style-type: none"> Linkages with institutions of higher learning and research. Capacity to mount timely epidemiological and health policy analyses and conduct health systems research. 	
<ul style="list-style-type: none"> Career Services CDC CN-Education Epidemiology Services Healthy Nation Internal Review Board IPC/CPCI 	<ul style="list-style-type: none"> IT/IS State universities for Health Research National Institutes of Health PH Leadership QI State Health Department

