



The Ho-Chunk Nation

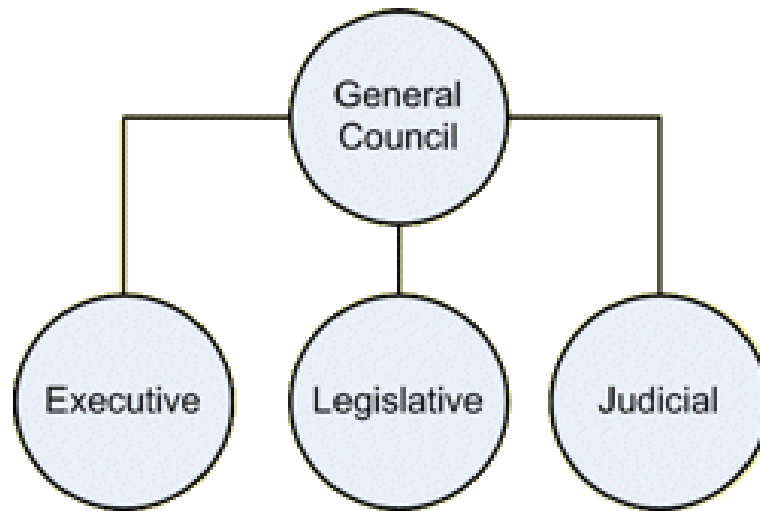
“People of the Big Voice”

Charge of the constitution:

.....grants the Legislature the power “to promote public health” and to establish a health department.

.....requires the Health Department “to promote the individual and collective health of the members of the Nation” and “to collaborate with the tribal, state and federal agencies.”

Tribal Government

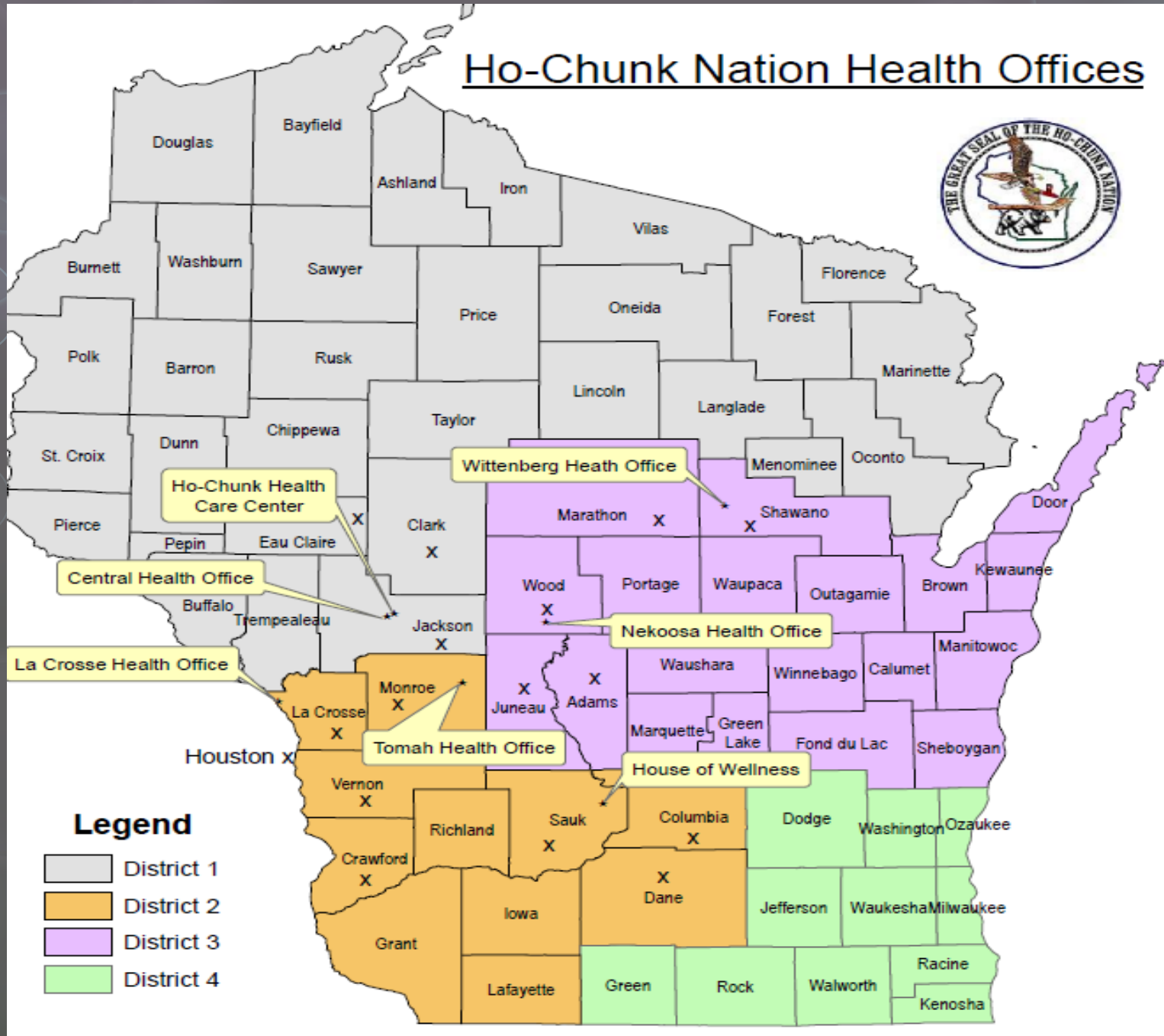


Health is an Executive Department

Executive Director is Appointed by the President and oversees the following Departments:

- Behavioral Health
- Community Health
- Environmental Health
- Quality Improvement
- Medical Services
- Finance
- Pharmacy
- Health Information Systems

Ho-Chunk Nation Health Offices



Historically.....

Very little interaction between the
Counties and the Tribal Health
Department.

The Ho-Chunk Nation Health
Program was very territorial.



The Ho-Chunk Tribal Health Department 1985-95

- Services influenced by Indian Health Service Programs and Guidance
- Little or no direct services
- Many community based programs
- No specialized programming
- The Nation felt obligated to take care of their own health issues.
- Long range goals were just beginning to form

An Evolving Process of Change

The need to engage partners..

- Direct Services for the delivery of health care
- Participation in State Electronic reporting Systems
- Funding sources began requiring partners.
- Community Health Assessments and Improvement plans engaged partners.
- Emergency Response demanded a unified community.

First Catalyst of Change—9/11



Homeland Security Mandated that states and counties work with tribes to plan emergency response to biological, terrorist and natural disasters.

States, Counties and Tribes working together.....

- The earliest response plans focused on terrorism.
- Early response plans focused on anthrax response
- This moved forward to all disaster response
- Finally we discussed plans for disease outbreak response



Second Catalyst of Change- Public Health Accreditation

- Ho-Chunk Tribal Health Department began studying Public Health Accreditation
- Meeting the standards meant formalizing some of our practices
- Establishing formal agreements for collaborating services that we had with counties.



The Three Essential Documents

- Community Health Assessment 2013
- Community Health Improvement Plan 2014
- Strategic Plan 2014

Community Health Assessment

- Events in each of six communities consisting of a health fair and survey.
- Compilation of results
- Results were compiled to a report which was used for the Community Health Improvement Plan



Evaluation of the CHA

Benefits

- Large survey sample
- The community gatherings were a positive experience
- The final document seemed to meet our needs.

Challenges

- The data was difficult to analyze
- Expensive & time-consuming
- Community opinions did not reflect hard data from medical records
- Tribal specific data was not available to compare

Community Health Improvement Plan

- Focus Groups of tribal, county, state and community members met
- The four health priorities identified in the CHA were addressed by this group.
- Goals with measurable objectives were identified.
- Follow-up meetings report progress to all partners, legislators, and health staff.

Strategic Plan

- A contract was established with Action Strategy to help develop a strategic plan
- An educational meeting was held with staff directors, key personnel, health board members and other tribal partners.
- The plan is written to provide goals and measurable objectives. The program is electronic and can easily be accessed and updated by staff. Documents can be attached to goals.

Strategic Plan Sample

	Description	Owner	Resource	Notes	Budget	End Date	%
	1.0 ADMINISTRATION						
	1.1 Secure Funding and manage budgets for all programs under Env. Health	Carol Rollins	Finance			12/30/2015	80%
	1.2 Organize documentation and plans for Public Health Accreditation	Long Term	Pam Thunder; PHAC			12/30/2016	30%
	1.2.1 Complete the CHA, CHIP and Strategic Plan	Long Term	Pam and Carol			12/30/2014	100%
	1.2.2 formalize relationships with public health partners. Goal is 5 counties .	Long Term	Pam Thunder; PHAC			12/30/2015	20%
	1.2.3 Hold regular monthly meetings to gather documentation	Long Term	Pam				100%
	1.3 Community Health Improvement Plan	Carol Rollins	Pam Thunder			6/30/2018	100%
	1.4 Plan, fund and construct new satellite health offices in Wittenberg, Nekoosa and Tomah	Long Term	Exec. Director; Directors; Staff			12/30/2017	30%
	1.4.1 Complete the preliminary plan for the Nekoosa Health Office	Carol Rollins	Carol			9/30/2014	100%
	1.4.2 Work with Administration to plan the Wittenberg Office	Carol Rollins	Carol			6/1/2015	5%
	1.5 Develop a program to educate community and tribal staff about program services	Carol Rollins	OEH Group			10/30/2015	5%
	1.6 Coordinate space needs and remodeling for Contract Health					10/30/2014	100%

Ho-Chunk Health and Communicable Disease

- 2009 H1N1 Response
- Realization that we did not have the means to isolate or quarantine
- Issue was presented to the President and Legislature
- Referred to District Meetings

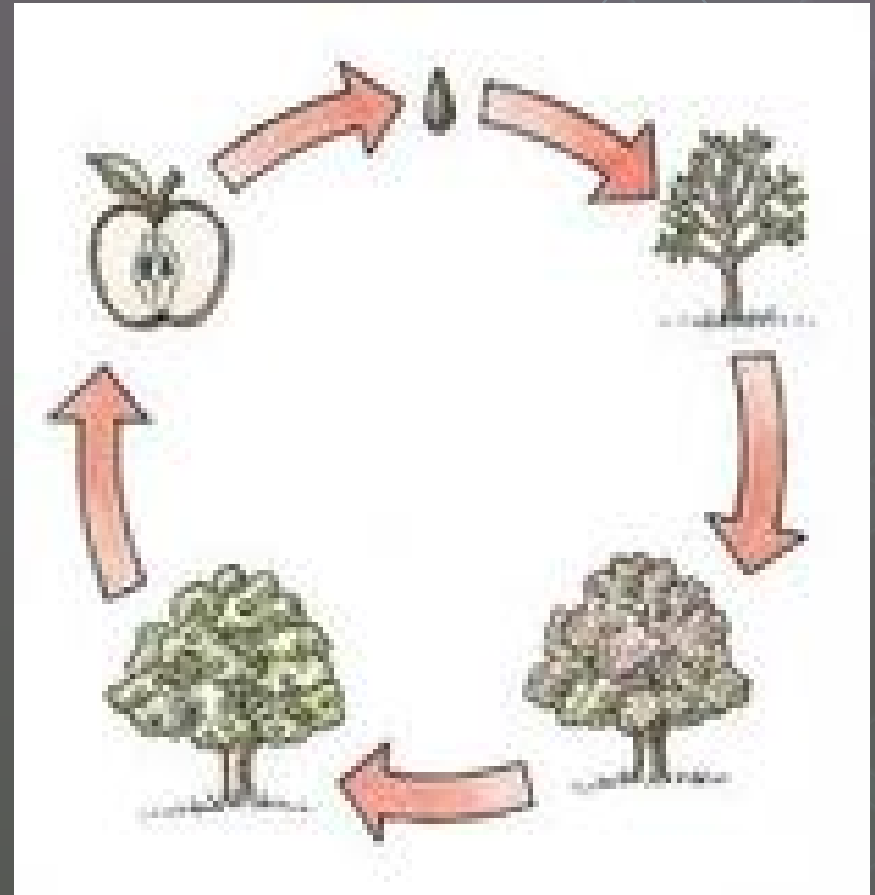


Five District Meetings Attended

- Reactions were luke warm!
- Some tribal members recognized the needs
- Others felt we should focus on more immediate health needs.
- Culturally, the older tribal members were reluctant to discuss a disease outbreak.

Meeting Domain 2

In 2012, we began to study the domains and realized that we should formalize our agreements with Local County Health Departments. We planted the seed at the tribal government Level.....



2012 First Draft of an MOU

- Jackson County and the Ho-Chunk Nation Health Department agree to formalize communicable disease follow-up
- A first draft of a Memorandum of Understanding was drafted
- Jackson County approved the first draft

Ho-Chunk Nation Approvals

- Community Health Nursing
- Medical Providers
- Executive Director of Health
- Health Board
- Department of Justice
- Tribal Court Judge
- Legislature



Main Points of the Original MOU

- Agreement assures that the County will coordinate communicable disease follow-ups with the Tribal Health Department
- Agreement assures that the Nation will report communicable disease cases
- If the Nation declare a public health emergency, the Agreement would allow the county to implement mandatory isolation and quarantine.



MOU Fails

It's only a
failure
if you don't
learn
something

- Sovereign Immunity was not protected
- Too much power was given to the County
- Lack of involvement of the Ho-Chunk Health Department
- Misunderstanding about the role that county health departments play in disease follow-up.
- Mistrust and hesitation to formally give up control.

2014 Final MOU

- Jackson County agrees to exercise its authority in accordance with State and Tribal Laws, as well as procedures outlined in our Public Health Emergency Plan.
- Language was strengthened regarding communication especially in the event of voluntary quarantine.
- Any mandatory court-ordered isolation and quarantine orders from Jackson County must be recognized in the tribal court.
- Nation has the right to withdraw permission granted in the MOU.

Why the Ho-Chunk Nation pursued a MOU....

- The Tribal Health Department did not have a method to conduct surveillance.
- The Ho-Chunk Nation has scattered tribals lands across 15 counties. Their populations are integrated with the general populace of the state.
- Contacts of communicable disease often cross jurisdictional boundaries
- Lack the capacity to complete follow-ups and arrange treatment.

Quality Improvement

Quality Improvement Plan

- ✓ Regular Monthly Meetings
- ✓ Ongoing Projects
- ✓ Reports to the Health Board
- No written plan

Workforce Development

Workforce Development Plan

- ✓ Develop a suitable survey
- ✓ Pilot the survey to all levels of staff
- Conduct the survey
- Compile the results
- Complete a written plan

Performance Management

Performance Management Plan

- Identify health indicators that reflect population health
- Prepare a dashboard to track data
- Share the dashboard with staff, health board members and legislators
- Complete a written plan

Current Status

- Formed Domain Teams to gather data and identify gaps
- Each team has a leader and two members
- Goal is to identify documentation for each standard in the domain and to identify gaps.
- The Domain Teams will meet quarterly to review status.

Next Steps

- Letter of Intent in December 2015
- Application in April 2016

Result???

