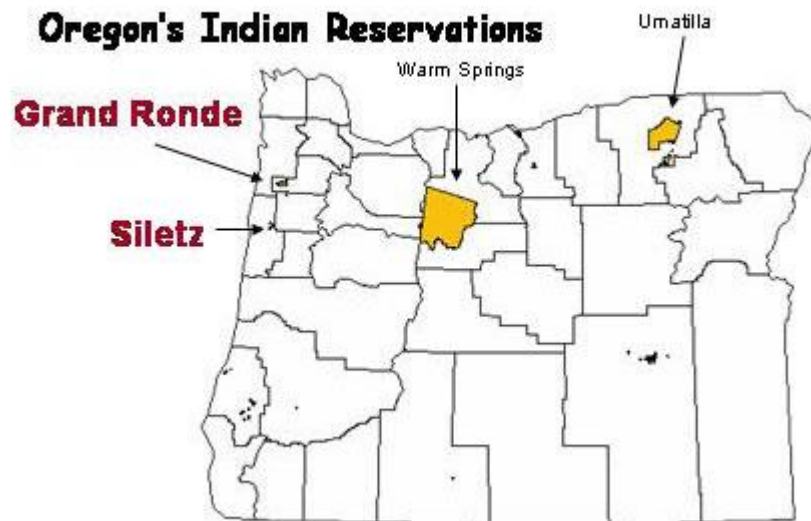

Tribal ASI

— Confederated Tribes of
Warm Springs —



Location

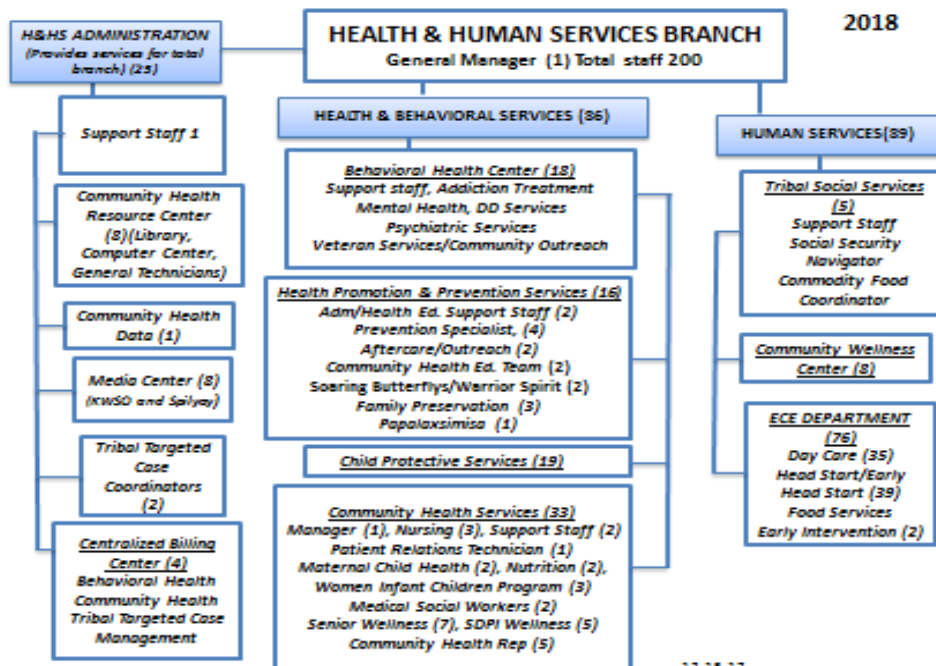


Tribe Background

- Population: 5000 people living on the Reservation
- Governing Body: Tribal Council, Community Health is part of the Health and Human Services Branch
- Main Industries: Indian Head Casino, Kah-nee-ta Resort, WS Forest Products
 - Developing- Drone Park, Cannabis Production, Travel Center



Health and Human Services Org Chart



12-15-17

Community Health Services

33 Staff Members

Community Health Nurses- Communicable Diseases, immunizations, family planning, etc

Maternal Child Health- follow all prenatal patients

Registered Dietitian- Diabetes management, weight management, heart healthy diets, etc

Women, Infants, and Children (WIC)- provide healthy food for pregnant/nursing mothers and children 0-5 yrs



Community Health Services (con't)

Medical Social Workers- provide short behavioral health interventions in the medical clinic, case management, etc...

Community Health Representatives- home visits for medically fragile, medical transports including dialysis, health education, etc...

Special Diabetes Program for Indians (SDPI)- diabetes prevention in the community, fitness classes for all ages, after school program. Work with Head Start and the local school for childhood obesity prevention

Senior Programs (Title VI)- congregate and home delivered meals for seniors, elder abuse MDT, senior trips for socialization, etc...

Community Health Assessment

- Used the Behavioral Risk Factor Surveillance Survey (BRFSS)
 - Past BRFSS surveyed 10% of the population (500 surveys)
 - Past BRFSS was only Tribal Members
- Worked with Northwest Portland Area Indian Health Board (NPAIHB) Tribal Epidemiology Center for technical assistance, analysis and participant incentives



Community Health Assessment: Development

Who was involved: Community Health Educators, Community Health Manager, Community Developer, Tribal Liaison, Community members, Health and Welfare Committee member

What was included: CDC BRFSS base questions, ACE's, Resilience questions, Historical Trauma questions, transportation, housing, community specific questions



Community Health Assessment: Obstacles

Defining what “health” is- hard to make boundaries and reject questions when everything is considered “health”.

Team dynamics- BRFSS purists vs one survey for every Tribal department

Keeping momentum and focus- discussed every question in detail

Working around NPAIHB’s schedule for implementation



Community Health Assessment: Implementation

Method: in person survey (paper or computer), phone interview is also available

Data Collection: 9 interviewers trained with online Human subjects training and in person survey information from NPAIHB

Success: \$30 gift card incentive

Challenge: paper surveys need to be entered into computer system, the survey is so loong (350 questions, takes over an hour to give)



Community Health Assessment: Next Steps

Reports to stakeholders: Health and Welfare Committee, Joint Health Commission, Tribal Council

Community: Tribal newspaper article, Tribal radio station interview, information at annual health fair



Community Health Assessment: Secondary Data

BRFSS

Annual Health Report- IHS, HHS Branch, other departments that receive 638 dollars provide information about programs, goals met, frequently used diagnosis codes, etc...

