Indian Country: Oklahoma

- Oklahoma has the second largest Native American population in the United States
- 38 of the 566 federally recognized tribes HQ in Oklahoma
- 18 non-federally recognized tribes in Oklahoma
- Oklahoma tribes (except Osage) are not reservation-based
Tribal Jurisdictions
The Chickasaw Nation

• 13 counties located in south-central Oklahoma
• Population: *356,301
• American Indians: *35,065

* Based on 2013 U.S. Census estimates
The Chickasaw Nation

• Mission of the Chickasaw Nation:
  “To enhance the overall quality of life of the Chickasaw people”
The Chickasaw Nation Department of Health

Carl Albert Indian Health Facility;
ca. 1980

638 Compact;
ca. 1994
Chickasaw Nation Department of Health

Chickasaw Nation Medical Center

CNDH Ardmore Clinic

CNDH Tishomingo Clinic

CNDH Purcell Clinic
<table>
<thead>
<tr>
<th>CNDH Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Audiology</td>
</tr>
<tr>
<td>• Behavioral Health</td>
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<tr>
<td>• Breast Cancer Care</td>
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<tr>
<td>• Cardiology</td>
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<tr>
<td>• Dental</td>
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<tr>
<td>• Diabetes Care</td>
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<tr>
<td>• Emergency Services</td>
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<tr>
<td>• Family Practice</td>
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<tr>
<td>• Imaging</td>
</tr>
<tr>
<td>• Inpatient acute care/ICU</td>
</tr>
<tr>
<td>• Internal Medicine</td>
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<tr>
<td>• Laboratory/Testing Services</td>
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<tr>
<td>• Nutrition Services</td>
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<tr>
<td>• OB/GYN, L&amp;D</td>
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<tr>
<td>• OEH</td>
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<tr>
<td>• Optometry</td>
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<tr>
<td>• Orthopedics</td>
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<tr>
<td>• Pediatrics</td>
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<tr>
<td>• Pharmacy</td>
</tr>
<tr>
<td>• Physical Therapy</td>
</tr>
<tr>
<td>• Surgery</td>
</tr>
<tr>
<td>• Women’s Clinic</td>
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</tbody>
</table>
Mission: “To improve the health of our population and achieve equity through health promotion / disease prevention.”
CNDH Division of Research and Population Health

RPH Functions/10 Essential Public Health Functions:

- Epidemiological Surveillance and Investigation (1 & 2: monitor, diagnose, investigate health issues)
- Health Promotion/Disease Prevention (3, 4 & 5: inform, educate, mobilize; policies and plans)
- Clinical Data Analysis (2: identify, solve health problems)
- Research Development and Administration (10: new insights, innovative solutions)
- Grant Coordination (10)
- Institutional Review Board (IRB) Support (10)
- Public Health Nursing (7: link to and assure provision of health care)
- Professional Educational (8: workforce development)
- 6 (enforce laws); 9 (evaluation)
Chickasaw Nation Public Health System
Research and Population Health Activities

• State of the Nation’s Health Report
  An ongoing project to research and present disease statistics for the CNDH patient population. The data and reports are used for grant justification and resource allocation.

• Cancer Registry

• American Indian Data Community of Practice
Research and Population Health Activities

• Annual 5ks
• Chickasaw Nation Annual Meeting and Festival, Rabbit Run, Turtle Run, and Skunk Run

• Community Outreach

[Images of people running through finish lines]
Research and Population Health Activities

• Public Health Nursing: Chickasaw Nation Caring Van
• 750 flu immunizations have been provided
• 44 Dental Screenings performed
  *Approximately 6 weeks of operation
Public Health Advisory Council (PHAC)

- A multidisciplinary committee assembled to assist in developing public health and health promotion initiatives for CNDH. Representatives include:

- Administration
- Research and Population Health
- Nutrition Services
- Diabetes Care Center
- Wellness
- Tribal Health
- Behavioral Health
- Medicine
- Environmental Health
- Public Affairs
PHAB Accreditation Preparation

- The Chickasaw Nation Department of Health has been considering accreditation since 2013.
- Applied for a CDC capacity-building grant with the goal of accreditation within five years; not funded.
- Awarded NIHB Tribal ASI grant. (2015/2016)
NIHB Tribal ASI

Two of the project’s goals are:

• Provide a public health overview and in-depth training to educate, and engage, an appropriately selected group of community and Chickasaw Nation leadership, both health and non-health

• Complete an organizational self-assessment (OSA) to create a roadmap for completion of the community health assessment (CHA)
CHA Plan Development

Two Day Training: (Redstar; February 2016)

• Day One:
  • Worked through the Self Assessment Workbook for Tribal Health Departments

• Day Two:
  • Mission and Vision
  • CHA overview and development of a CHA work plan/timeline
Self Assessment Workbook Results

Chickasaw Nation Self-Assessed Public Health Department Capacity Using PHAB Standards

- Governing Entity (2.1)
- Administration (3.9)
- Evidence Base (1.0)
- Evaluation/Improve (1.5)
- Workforce (3.8)
- Promote Access (1.0)
- Community Engagement (2.3)
- Community Assessment (2.3)
- Investigation (2.3)
- Inform about PH (2.0)
- Policies & Planning (1.6)
- Enforcement (2.2)
### CHICKASAW NATION COMMUNITY HEALTH ASSESSMENT (CHA)
### WORK PLAN 2016-2017

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>TASKS</th>
<th>DOCUMENTATION</th>
<th>LEAD</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPP Phases I and II – Organize for Success/Partnership Development and Visioning</td>
<td></td>
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<tr>
<td><strong>GOAL 1</strong>: Conduct activities designed to establish and document the health department’s readiness to conduct a CHA</td>
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<tr>
<td>(1a) Establish Core Planning Team</td>
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</tr>
<tr>
<td>a. Convene and maintain Core Planning Team (Core Team)</td>
<td>Team listing and Meeting agendas</td>
<td>CNDH DRPH</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Determine roles, responsibilities, time commitment, decision making, and accountability</td>
<td>Meeting summary</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Develop vision, definition of community, purpose and use for the CHA</td>
<td>1-page description</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Obtain input from stakeholders to vision, definition of community, purpose and use of the CHA</td>
<td>Meeting summary</td>
<td>Core Team</td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>e. Determine and make decision on community engagement strategies</td>
<td>Meeting Summary/Engagement Plan</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
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<tr>
<td>(1b) Leadership Support</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>a. Obtain formal Secretary of Health’s support to conduct CHA</td>
<td>Letter of Support</td>
<td>Core Team</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Obtain formal Governor’s support</td>
<td>Letter of Support/Executive Order</td>
<td>Core Team</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Obtain formal Public Health Advisory Council support and obtain input on health priorities</td>
<td>Agenda and Meeting minutes</td>
<td>Core Team</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>(1c) Key Stakeholders (Community, Community Organizations, CNDH and other CN depts.)</td>
<td></td>
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</tr>
<tr>
<td>a. Identify community organizations (community stakeholders) to engage in the CHA process</td>
<td>Community Stakeholder List</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Identify internal stakeholders to serve on subcommittees (e.g. data, engagement)</td>
<td>Committee List</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>c. Identify strategies to engage and inform community and stakeholders of the CHA</td>
<td>Meeting Minutes</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Identify groups, if any, to engage in the CHA process based on data gaps (e.g. elders, youth, disabled, LGBT)</td>
<td>Meeting Minutes</td>
<td>Core Team</td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>e. Identify most effective and appropriate methods gather input</td>
<td>Meeting Minutes</td>
<td>Core Team</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

• Continue working through our work plan
  • Defining our population
  • Health Indicators
  • Data Sources
  • Begin collecting documentation

• Develop a comprehensive CHA by end of FY2016

• Determine if PHAB accreditation is a goal
Thank You!

Bobby Saunkeah, DRPH Manager and IRB Chair
Michael Peercy, Epidemiologist/Biostatistician and IRB Administrator
Caleb Shahbandeh, Strategic Prevention Health Educator
Miranda Willis, Strategic Prevention Data Analyst