Eastern Band of Cherokee Indians: The Road Less Traveled

Aneva Turtle Hagberg, BS, Public Health/Operations Director

Eastern Band of Cherokee Indians
Public Health and Human Services Division

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Today’s Objectives

• Describe EBCI Public Health and Human Services Division’s (PHHS’) situation and accreditation journey to date

• Discuss lessons learned in the area of Quality Improvement and next steps in the EBCI PHHS accreditation process
Historical Overview of EBCI

- What is now Western North Carolina has been part of the homeland of the Cherokee people for many centuries.
- The home of EBCI today is the 56,698-acre Qualla Boundary adjacent to the Great Smoky Mountains National Park.
Historical Overview of EBCI

- Over 15,200 enrolled members; about 8,000 live on the Qualla Boundary
- EBCI lands are in Swain, Jackson, Graham, Cherokee, Haywood, and Macon Counties
EBCI Tribal Lands
EBCI Health System

- Service population of 11,000 (~95% of Tribe members)
- Integrated electronic health record
- Public Health and Human Services Division (Jan. 2014)
- Tribal codes and ordinances that address public health law
- Hospital with comprehensive primary care clinic
- Long-term care facility
- Home health program
EBCI Public Health
and Human Services Division (PHHS)

• Equivalent to local combined Health Department (LHD) and Department of Social Services (DSS)

• Oversight: Tribal Health Board

• EBCI Public Health is a Tribal PH entity not recognized by the state of NC as a LHD

• Mandate to incorporate a new Human Services Department: January 2014; opening date October 1, 2015
PHHS Mission

To honor and serve the Cherokee community by PROVIDING quality compassionate care, PROTECTING families, and PROMOTING health through a commitment to service excellence

PROVIDE * PROMOTE * PROTECT
PHHS and Accreditation

- Not eligible to participate in NC accreditation
- Strategic planning process: Initiated 2012
- Tribal Health Assessment (THA): 2013
- Tribal Health Improvement Plan (THIP): 2015
- Application to Public Health Accreditation Board (PHAB): July, 2015
Opportunities

• Single Cherokee Health System (CIHA + PHHS)
• Shared electronic health data system (RPMS)
• Access to Tribal Epidemiology Center (TEC)
• Relationships with partner counties
• Cohesive community
Challenges

• Public Health accreditation new concept
• Where do we start?
• Lack of infrastructure
• Expertise
• Educating the community about Public Health
• Time, money
Emphasis on Improving Quality Improvement (QI)
QI Next Steps

1. Additional FTEs
   - QI & Compliance Office

2. Participate in training opportunities
   - PHIT Training – National Network of Public Health Institutes (NNPHI)

3. Conduct reassessment
Strategies that are working

- Alliance with Western North Carolina Health Network (WNCHN)
- Grant funding from NACCHO Accreditation Support Initiative (ASI) and NIHB
- Technical support from Nashville Area Tribal Epidemiology Center (TEC)
- Designation of internal contractors
- Availability of CDC Public Health Associate
- Community involvement
Strategies that are working

• MAPP (Mobilizing Action through Planning and Partnerships)

• Incorporation of new available tools (Red Star Innovations, NACCHO, MAPP)

• Purposeful inclusion (elders, youth, Tribal Government)

• Diverse Stakeholders
  – A wide, diverse group can learn how to craft valid goals, objectives and activities

• Community dictates strategies
Strategies that are working

- Respect for existing resources/ programs
- Establishment of a strong Steering Committee and resource staff (including PHAs)
- A designated support person for each THIP Team is important
- Networking with other Tribes in the process
- Champions who:
  - Can provide advocacy
  - Have a voice in the community
  - Can commit resources
Most important:

• Emphasis on traditional Cherokee beliefs and values
• Welcome and respect
• Allowing time to connect
• Enrolled members as leaders
What we have learned

• **Tribal Health improvement is primary. Accreditation is secondary.**
• Our timeline has been ambitious
• Hold more public forums
• Stakes are high for success
• It is possible!
• Healthy native communities mean people are sick less often with lower health care costs.
• We can do this!
Thank you for your participation.
We welcome further discussion.
Contact us at:
Vickie Bradley vickbrad@nc-cherokee.com
Aneva Turtle Hagberg anevhagb@nc-cherokee.com