Our Vision
Our Tribal Community achieves optimal health through a culture of wellness.

Our Mission
Empower our Tribal Community with opportunities to learn and experience healthy lifestyles.
Twenty Years of Tribal Self-Governance

100% OWNED AND GOVERNED BY THE CTUIR
134 EMPLOYEES
68 AMERICAN INDIANS/ ALASKA NATIVES EMPLOYED
41 BABIES BORN IN 2015
20+ LIFESTYLE/ HEALTH EDUCATION PROGRAMS
48,354 VISITS
3,340 PATIENTS
69,566 PRESCRIPTIONS FILLED
22 ACTIVE GRANTS
Our Location

Yellowhawk is located 10 miles outside of Pendleton in the rural, northeast corner of Oregon. Our service area includes the Umatilla Reservation, Umatilla County, and Union County.
Confederated Tribes of the Umatilla Indian Reservation (CTUIR)

- The Confederated Tribes of the Umatilla Indian Reservation is a union of three tribes: Cayuse, Umatilla, and Walla Walla.

- The CTUIR has 2,965 tribal members.
  - Nearly half of those tribal members live on or near the Umatilla Reservation.
  - The Umatilla Reservation is also home to another 300 Indians who are members of other Tribes.
  - 30% of our membership is composed of children under age 18.
  - 15% are elders over age 55.

- The Umatilla Indian Reservation is about 172,000 acres (about 273 square miles).
CTUIR 2015 Community Health Assessment

- Yellowhawk, in partnership with Umatilla County Coordinated Healthcare Partnership (UCCHP) conducted the CHA in 2011 & 2015

- 115 health-related questions were administered to residents 18 & older within Umatilla County for reporting and comparison on county, state, and national levels

- American Indian/Alaska Native Data was collected and reported by Yellowhawk and the County Health Department

  - A representative sample of 330 survey responses required for the CTUIR community to make data “generalizable” to the entire population
    - 2011 (139 responses) *
    - 2015 (427 responses)
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION
COMMUNITY HEALTH AT A GLANCE

How is the health of American Indians living in the area?

In Nov-Dec 2015, Yellowhawk Tribal Health Center asked American Indian/Alaska Native patients 100+ questions about their personal lifestyle & health care needs. Here's what we found out about our People:

- Most feel like they are healthy – 28% rated their health as either fair, or poor; while 72% rated themselves as either good, or excellent.
- Although 23% smoke tobacco, most of them are trying to quit.
- About 13% used marijuana in the past month.
- Most tribal members did not drink alcohol (62%) during the past month – but for those who did drink (38%), over half reported binge drinking at least once during the month.
  - Binge is defined as reaching, or exceeding 0.08 BAC.
- Two thirds (2/3) are not getting the amount of exercise they should (CDC recommends an average of 30 minutes, 5 days a week)
  - However, 75% reported engaging in at least one (1) 30-minute physical activity during the last 7 days.
- 20% of people do not exercise because of pain/discomfort
  - 17% do not exercise because of fatigue, and
  - 17% reported laziness as a reason for not exercising.
- Only 3% are eating the recommended 5 servings of fruits and vegetables each day, however
  - 92% reported eating (1-4 servings) fruits and vegetables a day.
- 20% of tribal members say that high costs are a barrier to consuming fruits and vegetables.
- 81% are either overweight (28%) or obese (53%), based on BMI
- 20% have diabetes.
- 12% have had a stroke, heart attack, or are managing a heart disease.
  - Heart disease and diabetes are very serious – they are two of the most common causes of death for American Indians.

Demographics
4,343 Tribal members lived on the CTUIR during 2015.

Median age for Tribal members in this region was 29 years of age.

Median income was $34,783 for AI/AN in Oregon during 2006-2010.

- YELLOWHAWK ADULT I TREND SUMMARY

<table>
<thead>
<tr>
<th>Adult Comparisons</th>
<th>Yellowhawk Service Area AI/AN Adults 2015**</th>
<th>Umatilla County 2015</th>
<th>Oregon 2014</th>
<th>U.S. 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Access, Coverage and Utilization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health related or very good</strong></td>
<td>20%</td>
<td>36%</td>
<td>54%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Poor</strong></td>
<td>46%</td>
<td>27%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Uninsured</strong></td>
<td>5%</td>
<td>6%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Adults who have visited a dentist in the past year</strong></td>
<td>69%</td>
<td>67%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td><strong>Weight Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overweight</strong></td>
<td>55%</td>
<td>13%</td>
<td>54%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Obese</strong></td>
<td>45%</td>
<td>14%</td>
<td>20%</td>
<td>20%</td>
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<tr>
<td><strong>Arthritis, Asthma and Diabetes</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Diagnosed with diabetes</strong></td>
<td>6%</td>
<td>12%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Diagnosed with asthma</strong></td>
<td>14%</td>
<td>14%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Diagnosed with osteoporosis</strong></td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Alcohol Consumption</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Current drinker</strong></td>
<td>38%</td>
<td>21%</td>
<td>65%</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Current smoker</strong></td>
<td>35%</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Had angina or coronary heart disease</strong></td>
<td>6%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Had a heart attack</strong></td>
<td>6%</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Had a stroke</strong></td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Has been diagnosed with high blood pressure</strong></td>
<td>50%</td>
<td>30%</td>
<td>22%</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Has been diagnosed with high blood cholesterol</strong></td>
<td>45%</td>
<td>20%</td>
<td>27%</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Has blood cholesterol checked in the past year</strong></td>
<td>85%</td>
<td>75%</td>
<td>74%</td>
<td>76%</td>
</tr>
<tr>
<td><strong>Quality of life and Safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Families kept in or out of their home</strong></td>
<td>49%</td>
<td>61%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Lived in some way because of a physical, mental, or emotional problem</strong></td>
<td>43%</td>
<td>55%</td>
<td>26%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Yellowhawk TMC serves AI/AN living in 3 nearby counties (Umatilla, Morrow, and Union). Source: 2015 Umatilla County Health Assessment, 2015 Umatilla-Morrow Counties Health Assessment, 2015 Union County Health Assessment, and 2015 BRFSS**
CHA Dissemination

- Developed Yellowhawk “Pamanaknuwi Team” through team project with the National Leadership Academy of the Public Health (NLAPH)
- Organized up to 25 Community Health Assessment (CHA) forums & focus groups to disseminate data to the community
- Organized 2 large community gatherings
  - Community Health Gathering 6/5/16 (NLAPH coach attended)
  - CTUIR Community Health Improvement Sessions 10/13/16
- Received CHA feedback from community members via Survey Monkey to identify the top 5 priorities for the Community Health Improvement Plan

Let Your Voice Be Heard to Improve our Community’s Health

Community Health Gathering

Review & Discuss the 2015 Community Health Assessment
Sunday, June 5th 2016, 5-7 pm
Mission Longhouse
Community members of the CTUIR should attend

Food and Childcare will be Provided
Door Prizes & Raffle

Sponsored by YTHC Community Health Department, For questions call Carrie Sampson: 541-313-1971
Top 5 CTUIR Health Priorities:
1) Obesity
2) Diabetes
3) Drug Use
4) Alcohol Use
5) Mental Health
Health Priority Discussion Session

- Facilitation assistance from the Northwest Portland Area Indian Health Board (NPAIHB)
- Over 50 individuals attended. Each participant chose which focus group they would participate on, lunch provided
- Each recorded session consisted of Root Cause Mapping, Brainstorming Solutions, Setting Priorities, and Quadrant Analysis

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Please RSVP and choose 1 group to attend (i.e. diabetes) by visiting: https://doodle.com/poll/np5bam4dtykzrqs or Email: carriessampson@yellowhawk.org
# Community Health Improvement Plan

Utilizing ASI funds to contract with The Rede Group, Portland, OR

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Start-up consult</td>
</tr>
</tbody>
</table>
| 2.   | Review of Community Health Assessment  
  - Themes  
  - Essential Services  
  - Data  
  - Assessment  
  - Strategic Plan  
  - CHA |
| 3.   | Formulate goals, strategies, activities and performance measures for each priority area as determined by CHIP Advisory Group/Community  
  - Initiate and communicate with CHIP Advisory Group  
  - Facilitated meetings (2-3 3-hour, including travel)  
  - Ongoing communication with Yellowhawk staff to articulate performance measures |
| 4.   | Match Strategic Plan design with CHIP |
| 4.   | Finalize document for submission to PHAB  
  - Community Health Improvement Plan |
Yellowhawk 2017-2019 Strategic Plan

• In June 2016, Yellowhawk management attended a strategic planning session: Integration of Social Determinants of Health Framework & Equity Lens, in Yellowhawk’s Strategic Planning Process. Facilitated by NIHB

• Utilizing the SWOT exercise, 7 organization priorities were identified:
  1. Integration
  2. Workforce Development
  3. Community Engagement
  4. Quality
  5. Transition
  6. Healthy Community
  7. Sustainability

• SMARTE Objectives and annual action items were then developed to encompass the work for each priority
# 2017-2019 Yellowhawk Strategic Plan Summary

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<tr>
<td>CORE VALUES</td>
<td>Tamánwit      Balance      Compassion      Integrity      Equity      Respect      Excellence</td>
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## PRIORITIES

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<tr>
<th>PRIORITY</th>
<th>Integration</th>
<th>Workforce Development</th>
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<td>Integration of all direct care patient programs &amp; services to create a patient centered medical home model that incorporates preventative &amp; community health services to improve health outcomes.</td>
<td>Create a culturally competent, highly engaged &amp; sustainable workforce.</td>
<td>Strengthen partnerships within the Tribal community &amp; with external partners to promote &amp; enhance healthy lifestyles &amp; informed choices for the overall health of the community.</td>
<td>Deliver continued excellent &amp; efficient quality care to improve the overall health of our Tribal Community.</td>
<td>Ensure the transition process to the new clinic is defined and communicated for patients, employees, and our Tribal community.</td>
<td>The health, safety, &amp; well-being of all Confederated Tribes of the Umatilla Indian Reservation community members will be nurtured by enhancing opportunities for healthy living, health education, &amp; health promotion guided by cultural values.</td>
<td>To fund a full spectrum of quality health care services for current &amp; future generations.</td>
</tr>
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</table>
Yellowhawk Mission & Vision:

Mission:
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Vision:
Empower our Tribal Community with opportunities to learn and experience healthy lifestyles.

For More Information about Public Health Accreditation:

View the CTUIR Community Health Assessment results:
www.yellowhawk.org

Learn more about Public Health Accreditation nationally:
www.phab.org

Learn more about Public Health Accreditation for Tribes:
www.nihb.org/tribalasai/

Public Health Accreditation

Why does Yellowhawk want to achieve Public Health Accreditation?
3 Steps to Complete Before Applying for Public Health Accreditation:

1) CTUIR Community Health Assessment (CHA) - Completed in 2015
2) CTUIR Community Health Improvement Plan (CHIP) - In process
3) Yellowhawk 2017-2019 Strategic Plan - Completed September 2016

Why Complete an Assessment and Improvement Plan?

A CTUIR Community Health Assessment gives Yellowhawk comprehensive information about the community’s current health status, needs, and issues. This information can help develop a CTUIR Community Health Improvement Plan by justifying how & where resources should go to best meet community needs.

Yellowhawk 2017-2019 Strategic Priorities:

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Benefits of Public Health Accreditation:

- Better identify health departments strengths and weaknesses
- Document the capacity to deliver the core functions and 10 Essential Public Health Services:
  - Promote transparency
  - Stimulate quality improvement and performance management
  - Increase accountability to community members, stakeholders, and policy makers
  - Improve communication with the BOT and Health Commission
  - Be more competitive in funding opportunities
What’s in store for 2017?

• Completion and implementation of CHIP – to include CTUIR Health in All Policies implementation
• Implementation of the 2017-2019 Strategic Plan
• Continued Public Health Accreditation community awareness and leadership buy-in
• Apply for the CDC Public Health Associate Program (PHAP)
• Completion of NIHB ASI work plan objectives
• Documentation, Documentation, Documentation…
• Application to PHAB by the end of 2017
YELLOWHAWK TRIBAL HEALTH CENTER
COMING FALL 2017

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION
THANK YOU!

Questions/Comments?

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www.yellowhawk.org