INTRODUCTION

In September, 1995, the National Indian Health Board (NIHB) met in Nashville, Tennessee for a two-day retreat to develop a “Strategic Plan” for the organization. The Council of Energy Resource Tribes (CERT) provided trained facilitators to assist NIHB map out a vision for the next ten (10) years, including strategic directions and implementation plans.

In April of 1997, the NIHB again revisited its strategic plan to assess the appropriateness of the original strategies to current challenges, and determine how this planning process could assist the organization develop a three year “scope of work” for its anticipated cooperative agreement with the U.S. Indian Health Service. This report represents a summary of the April 1997 meeting of the NIHB and amendments to the NIHB Strategic Plan which occurred as a result of this meeting. The April meeting was facilitated by Kauffman and Associates, Inc., (KAI) an Indian owned consulting firm. The work was based upon the strategic plan developed by NIHB in 1995.

The strategic planning process used both by CERT and KAI is based upon the Institute of Cultural Affairs model, Technology of Participation (ToP). This model relies heavily upon group participation, intuitive brainstorming, consensus building, and shared vision. Four steps in the model help to create a common sense approach from the total group. These four steps are as follows:

Practical Vision

Underlying Contradictions

Implementation Plans

Strategic Directions
The National Indian Health Board was established in 1972, and serves as an advocate for the improved health of Indians and Alaska Natives from across the United States. NIHB serves as the official consultative body for the U.S. Indian Health Service (IHS). In this capacity, the NIHB has successfully completed a series of cooperative agreements for the IHS, and is jointly planning with IHS for another three year cooperative agreement. New trends have emerged since NIHB first began to develop its strategic plan. In addition to the numerous trends identified by the NIHB during their 1995 Strategic Planning Retreat, new trends have emerged and challenge NIHB today. At the April meeting of NIHB, the following trends were identified, that had not previously been listed by NIHB as trends in the external environment:

New Trends Impacting Indian Health:

- **Welfare Reform**
  - increased poverty
  - increased alcoholism
  - increased socio-economic problems
  - increased migration of Indian families moving home
  - decreased Medicaid applications or coverage among patients

- **Greater antagonism toward tribes by policy-makers**
  - gaming, jurisdiction controversies and reduced resources at federal level
  - alliances of local governments opposing tribes and tribal programs

- **Increased desire by tribes to directly control Indian health issues**
  - increased compacting and contracting reduces funds
  - need for NIHB to promote services directly to tribes

- **Increased fragmentation among Indians nationally**
  - Tribes are divided more than ever based on funding mechanisms
  - Compacting groups, contracting groups, IHS delivering groups, urbans

- **GPRA - Program Performance Based Budgeting**
  - new initiatives by Federal government to force all federal programs to show outcome measures connected with base funding

- **Increase in number of federally recognized tribes nationally**
  - without proportionate increase in dollars for those tribes
NATIONAL INDIAN HEALTH BOARD'S VISION REMAINS CONSTANT

The "shared vision" which emerged from the 1995 strategic planning session of the NIHB is still valid today, and was not changed by this strategic plan update. The NIHB defined their ten year vision for the future, which included the following:

In the next ten years the National Indian Health Board will move forward . . . .

--> Towards Maintaining an Established Effective Health Policy and Appropriations:
   • by developing a powerful political voice;

--> Towards Targeting Organizational Goals and Purpose:
   • through financial independence,
   • expanded and formalized advocacy role,
   • managing and directing information to assured shared power;

--> Towards Asserting Tribal Leadership and Expertise to Impact Global Health Care:
   • by disseminating tribal expertise in health care
To achieve this vision, it is important to have a realistic understanding of the obstacles and underlying contradictions which stand in the way. During the 1995 strategic planning process, these obstacles were identified by the NIHB. At the 1997 update meeting, these obstacles were again acknowledged. No changes were made to the identified obstacles and underlying contradictions facing NIHB, and these obstacles were determined to still be relevant to NIHB today. Those obstacles are identified as follows:

Obstacles and Underlying Contradictions which Undermine Our Vision:

- The Board has not Articulated Its Vision or Mission
- We Let Our Perceptions Interfere with Our Goals
- Roles and Responsibilities of Management and Board are Not Clear
- Underdeveloped Information Sharing
- Dollar Dependence on Federal Government Undermines Our Effectiveness
- Political Advocacy is Limited by Federal Funds
- Disorganized/Disjointed Effort to Influence Political Process

Many of the new challenges facing NIHB today involves the ever increasing number of tribes withdrawing tribal shares from the IHS headquarters budget, a part of which has historically supported the activities of the NIHB. While most tribes support the work of NIHB, the process of tribal shares removal has created a new dynamic for NIHB and its future plans. NIHB must work with tribes and the IHS to establish a means for tribal investment of shares back into NIHB, either through the IHS headquarters or directly from the tribes. This is by far the most pressing new trend facing NIHB and impacting its priorities for future strategic planning.
STRATEGIC DIRECTIONS FOR NIHB

Four strategic directions were identified by NIHB during the 1995 planning session. These four directions were examined during the 1997 update and found to still be relevant to the challenges facing NIHB today. There were, however, specific strategies which were added under each of the directions. A workshop was facilitated for board members to examine the strategies in light of the changing environment. New strategies are shown below in *italics*.

### #1>> Building an Effective Organization thru Commitment and Accountability

**Strategies:**
- Build and Strengthen Internal Capacity
- Direct What Happens to NIHB Now and in the Future
- Redirect and Energize Commitment to Roles and Responsibilities
- *Evaluate and Institute Representation Options for Areas*

### #2>>> Fulfilling Tribal Trust Given to the Organization

**Strategies:**
- Clarify NIHB's Focus and Role in Relation to Tribes
- Assure Tribal Access to Complete and Accurate Information
- *Present and Disseminate the Quality Work of NIHB on Indian Health Issues*
- Assure NIHB is a Consumer Focused Organization

### #3>>> Achieving Financial Independence

**Strategies:**
- Achieve Fiscal Autonomy

### #4>>> Developing Partnerships to Achieve Our Mission

**Strategies:**
- Educate, Formulate and Foster Alliances
- Respect and Advocacy for Self-Determination of Tribes
EXPANDED STRATEGIES TO AMEND NIHB PLAN

The top, shaded row indicate "consensus" strategies to be considered by NIHB. Below each consensus are the actions recommended by individuals.

<table>
<thead>
<tr>
<th>Present and Disseminate the Quality Work of NIHB &amp; Indian Health Issues</th>
<th>Evaluate &amp; Institute Representation Options for Areas</th>
<th>Achieve Fiscal Autonomy</th>
<th>Respect and Advocacy for the Self-Determination of Tribes</th>
<th>Ensuring NIHB is a Consumer Focused Organization</th>
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<tbody>
<tr>
<td>Public Relations Campaign to Track Our Meeting &quot;Customer&quot; Wants/Needs</td>
<td>Area Board Representatives Meet w/ All Area Tribes to Clarify NIHB &amp; Tribal Roles vis-a-vis Consultation</td>
<td>Develop Strategy to Diversify the Way NIHB Does Business</td>
<td>Meet With Title I and Title III Tribes Re: Roles and Responsibilities</td>
<td>Establish / Determine What Our &quot;Customers&quot; (IHS, AIHB, All Tribes) Want Us To Do</td>
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<td>Resurrect NIHB Newsletter</td>
<td>Foster More Involvement by Board Members</td>
<td>Develop a Business Plan</td>
<td>Work With Tribes On Making Self-Governance Authority Permanent - Draft Legislation</td>
<td>Focus On Health Issues/Concerns Impacting Indian People by Researching and Gathering Data and Providing Direction</td>
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<td>Annual Summit Meeting of Executive Directors of Area &amp; National Indian Health Boards to Develop Common Priorities and Strategies</td>
<td>Do Board Member Training and Orientation</td>
<td>Establish an Active Corporate Fundraising Council to the NIHB</td>
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<td>Advocating For Tribes, Policies in the Health Care Area That Are Advantageous to Tribes</td>
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<td>Support the Establishment of Area Health Boards (or Representative Body) In All 12 Areas</td>
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<td>Change By-Laws to Ensure That NIHB Represents All Tribes</td>
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NIHBs Major Strategic Directions and Strategies

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(Note: Italicics represents new strategies identified in 1997 amended plan)
THREE-YEAR IMPLEMENTATION PLAN

Finally, the NIHB engaged in a process to articulate specific accomplishments or objectives related to each of the four strategic directions. These objectives were presented in three year increments. For the first year, the NIHB also identified specific tasks necessary to carry out the year-one objectives. These are provided below:

STRATEGIC DIRECTION #1: "Building an Effective Organization Through Commitment and Accountability."

YEAR ONE

Objective A - To evaluate NIHB By-Laws and Mission Statement during 01 year, 1977.

Tasks:

1. The Board of Directors will identify individuals to serve on a special By-Laws Subcommittee by April 30, 1997.

2. The NIHB Board will identify the parameters, scope, and responsibilities of the By-Laws committee by May 1, 1997.

3. The By-Laws Subcommittee will present their draft recommendations on a process to get input and feedback on By-Laws amendments at the June board meeting, 1997.

4. The NIHB Board will review the proposed process and approve a final process for By-Laws review and amendment by September 1997.

Objective B - To provide orientation and training to all new and established NIHB board members during 1997.

Tasks:

1. NIHB staff will conduct a training assessment and identify training needs for new and existing board members by September 1997.
2. NIHB staff will, in consultation with board members, develop a Board training curriculum and schedule by December 30, 1997.

3. Training will be provided to all new and existing Board members by March 30, 1998.

4. NIHB staff will conduct an evaluation of the training to determine effectiveness and Board satisfaction by May 1998.

**Objective C** - To plan, produce, and disseminate an annual report for the organization.

**Tasks:**

1. The NIHB Executive Director, in consultation with the NIHB Executive Committee, will establish the time period for reporting by January 1998.

2. NIHB staff, in consultation with the Board, will identify the content for the annual report and prepare preliminary data by February 1998.

3. The NIHB Executive Director will distribute "draft" copies of the annual report to the full board membership for final review and comment by March 1998.

4. The NIHB staff, upon incorporating board changes, will print and distribute the NIHB Annual Report by April 1998.

**Objective D** - To develop and formalize mechanisms for increased opportunities for Area Board Representatives to meet with all area tribes, to clarify NIHB and tribal roles regarding consultation.

**Tasks:**

1. To clarify the NIHB roles and responsibilities with respect to each area by convening the NIHB board specifically to address this issue by 1997.

2. NIHB staff will provide board training to ensure that information about NIHB is consistent from area to area by 1997.
3. Area board representatives will meet with the tribes in their area and report back to NIHB Board of Directors, their findings and analysis by 1997.

4. An annual meeting will be held of all the Executive Directors of the national and area health boards (or similar representative inter-tribal health body) to identify common priorities and strategies.

YEAR TWO

Objective E - To amend the By-Laws of NIHB based on input from the tribes and board representatives by year 02, 1998.

Objective F - To continue an ongoing board training and orientation curriculum for new and existing board members throughout years 02 and 03, 1998 and 1999.

Objective G - To institute an automated data base within the NIHB offices to compile and monitor consumer information by December 1998.

YEAR THREE

Objective H - To review the NIHB By-Laws to determine impact of recent amendments and evaluate need for further amendments in year 03, 1999.

Objective I - To continue ongoing board training and orientation curriculum for new and existing board members in year 03.
Objective A - To institute internal board policies which will hold board members accountable for board responsibilities by 1998.

Tasks:

1. The NIHB Board of Directors will conduct self-evaluations to promote greater board commitment by June 1997.
2. The NIHB Board of Directors will regularly evaluate the effectiveness of board meetings during year 01, 02, and 03.
3. The NIHB Board meetings will be amended to always include a time for reports from each of the area representatives by June 1997.

Objective B - NIHB will publish a quarterly newsletter, “The NIHB Reporter” regularly complete and disseminate an annual report and provide Legislative Updates in years 01, 02, and 03.

Tasks:

1. NIHB staff will develop and institute “Legislative Updates” to tribes via the Internet by July 1, 1997.
2. NIHB staff will seek corporate sponsors for the publication of Annual Reports.
3. NIHB staff will prepare, print, and distribute a quarterly newsletter, “The NIHB Reporter.”
4. Dr. Trujillo, IHS Director, will be requested to contact the Kaiser Family Foundation to secure public relations funding by April 30, 1997.
5. NIHB and IHS Director will identify two (2) IHS staff to be detailed to NIHB for newsletters and analysis.
Objective C - NIHB, in consultation with tribes and area boards, will reformulate the area needs and expectations regarding NIHB's existence in year 01.

Tasks:

1. NIHB staff will conduct a survey of tribal needs and expectations by September 1997.

2. NIHB staff will send out letters to all area boards (or organizational equivalents) regarding input on NIHB.

YEAR TWO

Objective D - Based upon FY 99 Budget Formulation, NIHB will develop even greater, more broad based advocacy at the local and national levels.

Objective E - NIHB staff will develop articles and special publications regarding Indian health issues and the work of NIHB for publication in journals, airline magazines, booklets, etc..

Objective F - Revise By-Laws and Charter of NIHB based upon feedback from tribes.
STRATEGIC DIRECTION #3: “Achieving Financial Independence”

YEAR ONE

Objective A - NIHB staff, in consultation with the board, shall establish an active corporate fund-raising council and a “celebrity” fundraising council by year 01.

Tasks:

1. Members of the NIHB board will be polled to recommend at least two (2) “potential” members or candidates for the councils by June 1997.

2. NIHB staff and board will develop a strategy to make a personal connection with corporate and celebrity candidates for the councils by September 1997.

3. NIHB staff will develop a fundraising strategy for Internet access by December 1997.

4. NIHB staff and board will recruit candidates from health industry corporations to serve on the council by December 1997.

Objective B - NIHB staff will initiate and sustain a private foundation solicitation campaign in year 01, 02, and 03.

Tasks:

1. NIHB staff and board will identify at least ten (10) foundations that will accept proposals for operational funding and/or funding for a direct mail campaign, by September 1997.

Objective C - NIHB staff and board will plan and launch a direct mail campaign in years 01, 02, and 03.
Tasks:

1. NIHB will seek and obtain funding to support a direct mail campaign through foundation funding or other resources by December 1997.

2. NIHB staff will develop a relationship with Jim Burton for purposes of a direct mail campaign by December 1997.

3. NIHB staff will seek advice and consultation from fundraisers like John Colonghi regarding NIHB direct mail campaign by December 1997.

Objective D - NIHB will identify one or more “special events” to raise funds and conduct these at least annually.

Tasks:

1. NIHB will sponsor a fundraising event, such as a concert or dance, at the annual Consumer Conference, by September 1997.

Objective E - NIHB staff will confirm NIHB membership in CFC by June 1997.

YEAR TWO

Objective E - NIHB staff will develop a business plan for review and approval by the Board of Directors in year 02.
STRATEGIC DIRECTION #4: "Developing Partnerships to Achieve Our Mission"

YEAR ONE

Objective A - NIHB staff and board, will use the annual consumer conference as an opportunity to build partnerships, in years 01, 02, and 03.

Tasks:

1. NIHB staff, in consultation with the board conference planning committee, will invite a diversity of tribal representatives to conduct workshops or be presenters, regarding specific needs (i.e., self-governance topics, Lummi TA Project, etc.).

2. NIHB staff will review the 1997 conference agenda to ensure it is sensitive to the needs and concerns of a broad-based diversity of Indian health issues, and fosters relationships between NIHB and Title I & III tribes and other tribes, by May 1997.

3. NIHB staff will review the 1997 conference agenda to ensure it meets the needs and is sensitive to the issues facing non self-governance tribes.

Objective B - NIHB staff and board will identify specific events in which to work with Title I & III tribes and organizations.

Tasks:

1. NIHB staff and board will include Title I & III tribes in NIHB sponsored meetings, budget hearings, or other major events or legislative information sharing.

2. NIHB staff will develop a calendar of events and organizational meetings.

3. NIHB will cover Title I & III issues in the "NIHB Reporter" and will seek to have NIHB articles printed in their publications.
Objective C - NIHB board will formally seek linkages with national advocacy organizations, both Indian and non-Indian.

Tasks:

1. NIHB Board and staff will identify the list of organizations with which they want to establish a formal linkage agreement.

2. NIHB will correspond to these organizations with suggestions of options for linkages.
Three Year Accomplishments
by
Strategic Direction

(see attached)
NIHB THREE-YEAR ACCOMPLISHMENTS

STRATEGIC DIRECTION:  
"Building an Effective Organization Through Commitments and Accountability"

OBJECTIVES:

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<td>Change By-Laws to Ensure That NIHB Represents All Tribes</td>
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NIHB THREE-YEAR ACCOMPLISHMENTS

STRATEGIC DIRECTION:  "Fulfilling Tribal Trust Given to the Organization"

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<td>Make Board Members More Accountable</td>
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<td>Publish Quarterly NIHB Newsletter, Annual Reports, and Legislative Updates</td>
<td>Create Additional Information Pieces on Work of NIHB (airline magazines, booklets on sovereignty, etc.)</td>
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<td>Reformulate Area Needs/Expectations for NIHBs Existence</td>
<td>Review ByLaws - Charter of NIHB Based on Feedback of Tribes</td>
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NIHB THREE-YEAR ACCOMPLISHMENTS

STRATEGIC DIRECTION: "Achieving Financial Independence"

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<td>Plan Foundation Funding</td>
<td>Implement Foundation Funding</td>
<td>Renew Foundation Funding</td>
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<td>Develop Direct Mail Plan</td>
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<td>&quot;Special Events&quot;</td>
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<td>Check On &quot;CFC&quot; Membership</td>
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NIHB THREE-YEAR ACCOMPLISHMENTS

STRATEGIC DIRECTION:  "Developing Partnerships To Achieve Our Mission"

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<td>Use Consumer Conference to Build Partnerships</td>
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<td>Identify Separate Events to Work On With Title I &amp; III Tribes and Organizations</td>
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<td>Invite Other Organizations to Our Meetings (and go to theirs)</td>
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