



## **Indian Health Service Director's Three Initiatives**

### **California Area Behavioral Health, Chronic Disease and Health Promotion/Disease Prevention 2007 Strategic Plan**

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# Table of Contents

<b>PREFACE .....</b>	<b><u>3</u></b>
<b>OVERVIEW.....</b>	<b><u>3</u></b>
<b>BACKGROUND.....</b>	<b><u>4</u></b>
<b>MISSION.....</b>	<b><u>5</u></b>
<b>VISION.....</b>	<b><u>5</u></b>
<b>STRENGTHS AND CHALLENGES.....</b>	<b><u>5</u></b>
<b>OPPORTUNITIES.....</b>	<b><u>5</u></b>
<b>STRATEGIC GOAL.....</b>	<b><u>6</u></b>
<b>DIRECTOR'S 3 INITIATIVES AWARDS.....</b>	<b><u>9</u></b>
<b>2007 STRATEGIC PLANNING CYCLE.....</b>	<b><u>10</u></b>

## **PREFACE**

California is the home to 107 federally recognized tribes and the largest population of American Indians and Alaska Natives (AI/AN) in the country, according to the 2000 Census. The California Area Indian Health Service (CAIHS) provides the healthcare delivery system to 31 tribal health programs operating 57 ambulatory clinics, and 8 urban healthcare programs. The primary goal of the CAIHS is to raise the health status of American Indians to the highest possible level. To achieve this goal, the CAIHS supports tribal governments and urban Indian communities in the development and administration of comprehensive health care delivery systems that meet the needs of Indian people.

The main health challenges faced by many Indian people in California are the health conditions and chronic diseases that are related to lifestyle such as obesity, physical inactivity, poor diet, substance abuse, and injuries. To address these challenges, the CAIHS is working to integrate the Indian Health Service (IHS) Director's three health initiatives, Behavioral Health, Chronic Disease Management, and Health Promotion/Disease Prevention, to positively impact the health and wellness of Indian people through the power of synergy.

Our challenge on these three initiatives is to bring together all the partners that can help; Tribal leaders, Tribal organizations, federal agencies, academic institutions, private foundations and businesses, jointly improving the health of Indian people and eliminating the health disparities that exist between AI/AN people and the greater population.

This strategic plan expands the 2005 Health Promotion/Disease Prevention plan, which served as a basis for future program development and benchmarking, and takes a patient-centered multidisciplinary approach towards wellness.

## **OVERVIEW**

### ***Why Strategic Planning***

This strategic plan integrates four steps:

- 1) Vision development for the future,
- 2) Identification of barriers/challenges/opportunities that impact vision achievement,
- 3) Policy development which can support reaching the vision,
- 4) Delineating strategic goals.

## ***Strategic Planning Process***

In 2006 the CAIHS initiated efforts to improve the integration of the three initiatives, which included strategic planning. Working to create a long-term blueprint, the three initiatives will work in collaboration to improve services and support the Tribal/Urban (T/U) Indian Health care programs in the state. This plan incorporates input from CAIHS health program consultants; Behavioral Health Consultant, Chief Medical Officer, Community Health Representative Coordinator, Dental Consultant, Diabetes Consultant, GPRA Coordinator, Health Promotion Disease/Prevention Coordinator and Nursing Consultant. Guidance was obtained from all levels of T/U staff through a survey process. The plan was presented at the August 2007, California Area Tribal Advisory Committee meeting. Based on California tribal input, revisions were made prior to approval. The combined contributions have shaped a document that strives to be community focused, patient centered, and multidisciplinary and addresses the outlined objectives.

## **BACKGROUND**

### ***Current State***

The CAIHS Behavioral Health and Diabetes programs are well established and with the 2004 addition of Health Promotion/Disease Prevention further support the Area's primary goal; to raise the health status of AI/AN to the highest level. Working to integrate the Director's three initiatives: Behavioral Health, Chronic Disease, and Health Promotion/Disease Prevention, will have the potential to improve health status and lives. They respond to the shift of disease among Indian people from communicable public health conditions (e.g. tuberculosis) to public health problems resulting largely from lifestyle, such as heart disease, diabetes, obesity and injuries. The identified focus areas are consistent with the priorities of the CAIHS and performance measures identified in the congressionally directed Government Performance and Results Act (GPRA) reporting system. In summary, the CAIHS three initiatives work to provide a coordinated and systematic approach that positively impacts community wellness through clinical services and prevention initiatives at the local and regional levels.

### ***Future State***

Future development of the CAIHS Director's three initiative strategic plan will support the full integration, both past and future, of the Health and Human Services Healthy People 2010. It will meet the challenge to recognize, implement, and support sustainable programs through support services and trainings at the clinical and community level. It targets measurable improvements that demonstrate improved health and thus meet the IHS goal to decrease health disparities among American Indians/Alaska Natives.

## **MISSION**

The mission for CAIHS Director's Three Initiatives integration is to promote optimal health by focusing on prevention services which:

- Support community capacity around wellness initiatives.
- Provide technical support to optimize clinical services.
- Encourage integration of three initiatives at the T/U healthcare program level.

## **VISION**

Foster physical, spiritual and mental wellness through healthier lifestyles that lead to the reduced health disparities in current and future generations of California Indian people by networking and supporting prevention initiatives with available funding resources.

## **STRENGTHS AND CHALLENGES**

### ***Strengths***

The leadership of IHS Director, Dr. Charles Grim, as well as CAIHS Director, Margo Kerrigan are key strengths which promote successful integration of the three initiatives. CAIHS has demonstrated collaborative efforts through joint focus areas and the provision of clinical and community trainings that will integrate behavioral health, chronic disease management, and health promotion/disease prevention. The success and growth of the integration of the three initiatives will depend on continued national and area level support. Established in 2004, the three initiatives are working to integrate into systems changes at the T/U healthcare program level.

### ***Challenges***

The integration of community based programs and clinical services require a broader view of healthcare. The turnover of T/U healthcare staff and the wide-ranging geographical location of T/U healthcare programs throughout the state can challenge integration efforts. Adequate funding for the three initiatives is lacking and partnerships are yet to be identified to ensure sustainability. Long-term systems change and lifestyle changes require open communication and acceptance of the message; thereby facilitating health benefits that can be gained through physical, spiritual and mental wellness. Attaining this wellness includes regular physical activity, dietary modification, medication compliance, and substance abstinence.

## **OPPORTUNITIES**

Many opportunities exist to integrate the three initiatives; behavioral health, chronic disease management and health promotion/disease prevention. Developing partnerships that serve the entire state can improve training, and services at the T/U healthcare level. Promoting ongoing partnerships between T/U programs can lead to enhanced integration of prevention services. Continued efforts to expand the CAIHS telemedicine technologies to support behavioral health, chronic disease management and health promotion/disease prevention will further support integration. Integration of the services at the local program level will require a system-wide effort to change

approaches, work across disciplines, seek new and sustainable resources, and maximize current program effectiveness. This is an opportunity to access multiple funding sources, collaborations, technology, data-driven program models, and clinically sound approaches which integrate with the traditions and healing practices of the community to maximize health and wellbeing.

## **STRATEGIC GOAL**

A focus on four GPRA measures that characterize the integration of behavioral health, chronic disease and health promotion/disease prevention will provide a means of operationally tracking progress. The measures selected are Domestic Violence, Tobacco Cessation, Body Mass Index (and breastfeeding) and Immunization. They all demonstrate clinical services and community initiatives that support wellness. The overall integration goal for the CAIHS is to foster healthier lifestyles that can lead to the elimination of health disparities in future generations of California Indian people, through focusing on the following four areas.

### ***FOCUS 1: DOMESTIC VIOLENCE***

Strategy/Objective: To identify existing programs and promote new programs that demonstrate measurable increases in domestic violence screening, and education for Indian people in California

#### **Method**

- Obtain CAIHS baseline domestic violence screening rates, baseline year 2007.
- Expand collaborated efforts among disciplines to increase screening.
- Ensure services are identified and available.
- Provide information to T/U Indian healthcare programs and community members on outcomes of domestic violence screening.

#### **Evaluation**

1. Monitor changes in annual domestic violence screening.
2. Monitor changes in available domestic violence services.
3. Monitor changes in prevention education and campaigns annually.

#### **Time Line**

**2007 - 2008:** Initial assessment/analysis.

**2008 – 2009:** Follow-up assessment/analysis, targeted activities and training to support improved screening rates, expanded services and prevention education.

**2010 – 2011:** Monitor the status of identified services; support outcome studies and collaborations.

**Beyond** – Program re-assessment, support technical support and training opportunities, develop/provide campaign material targeting prevention of domestic violence.

### ***FOCUS 2. TOBACCO CESSATION***

Strategy/Objective: To decrease the number of new smokers, prevalence of smoking and the exposure to second hand smoke.

## Method

- Obtain CAIHS baseline rates for tobacco cessation, baseline year 2007.
- Expand collaborated efforts to increase documentation of tobacco cessation.
- Increase the level of patient and community awareness of the hazards of tobacco use and exposure.
- Network with tobacco prevention and education programs supporting T/U programs and communities.

## Evaluation

1. Monitor changes in annual tobacco cessation rates.
2. Monitor the changes in available tobacco cessation services.
3. Monitor changes in prevention education and campaigns annually.

## Time Line

**2007 – 2008:** Initial program assessment/analysis.

**2008 – 2009:** Follow-up assessment/analysis, targeted activities and training to support improved cessation rates, expanded services and prevention education.

**2010 – 2011:** Monitor status of identified services, support outcome studies and collaborations.

**Beyond** – Program re-assessment, technical support and training opportunities, develop/provide campaign material targeting tobacco cessation and abuse.

## **FOCUS 3: BODY MASS INDEX**

Strategy/Objective: To encourage healthy eating habits and physical activity that lead to improved health as a result of enhanced nutrition, decreased excess calories, regular physical activity and decreased risk of diseases and conditions associated with obesity. Initiate efforts to increase breastfeeding education, support and monitoring rates to provide a base for healthy nutrition.

## Method

- Obtain California Area baseline data on obesity and overweight for children ages 2-5, based on body mass index (BMI), baseline year 2007.
- Expand collaborated efforts among disciplines to increase documentation and reporting of Body Mass Index (BMI) among all age groups (BMI Assessed).
- Ensure clinical staff are trained in BMI assessment and documentation.
- Provide information to T/U healthcare programs and community members on outcomes related to BMI.

## Evaluation

1. Monitor changes in annual BMI rates (2 – 5 year olds) and BMI assessment rates (all age groups).
2. Monitor the changes in available services supporting healthy eating and physical activity.
3. Monitor changes in prevention education and campaigns annually.

4. Monitor rates of breast-feeding education.

#### Time Line

**2007 – 2008:** Initial program assessment/analysis.

**2008 – 2009:** Follow-up assessment/analysis, targeted activities and training to support improved assessment, documentation and prevention programs.

**2009 – 2010:** Monitor status of identified programs, support outcome studies and collaborations.

**Beyond** - Program re-assessment, technical support and training opportunities, develop/provide campaign material targeting nutrition and physical activity.

#### ***FOCUS 4: IMMUNIZATION:***

Strategy/Objective: Increase the rates of immunization reporting, increase the rates of immunization coverage and facilitate access to prevention education.

#### Method

- Provide to T/U programs baseline data on rates of immunization coverage and reporting.
- Provide to T/U programs training and technical support to improve rates of immunization reporting and coverage, which reflects improved care.
- Facilitate T/U collaborations with local, state and federal partners to improve access to immunization information, including the use of regional and state registries.

#### Evaluation

1. Monitor changes in rates of immunization coverage and reporting from baseline.
2. Monitor changes in number of programs working with the California Department of Public Health, Immunization Branch, to improve access to immunization information.
3. Monitor changes in prevention education and campaigns annually.

#### Time Line

**2007 – 2008:** Initial program assessment/analysis.

**2008 – 2009:** Follow-up assessment/analysis, targeted activities and training to support improved immunization rates, expanded services and prevention education.

**2010 – 2011:** Monitor status of identified services, support outcome studies and collaborations.

**Beyond** – Program re-assessment, technical support and training opportunities, develop/provide campaign material targeting immunization coverage and reporting rate improvement.

## **CAIHS DIRECTOR'S THREE INITIATIVES AWARDS**

Objective: Establish CAIHS recognition awards for initiatives and accomplishments of individuals and programs that demonstrate integration and collaborations of behavioral health, chronic disease management and health promotion/disease prevention.

To have productive interactions, the system needs to have developed four areas at the level of practice as follows:

- self-management support (how we help patients live with their conditions),
- delivery system design (who's on the health care team and in what ways we interact with patients),
- decision support (what is the best care and how do we make it happen every time), and
- clinical information systems (how do we capture and use critical information for clinical care).

These four components of care reside in the context of the health care system. The health system itself exists in a larger community. Resources and policies in the community also influence the kind of care that can be delivered.

### 1. *"Best of Best"*

Integrating behavioral health, chronic disease management and health promotion/disease prevention is complex, involving determinants of health that overlap with risk factors and lifestyles. This award takes this into consideration, recognizing best practices that demonstrate integration of the three initiatives. The integration centers on key components which include: patient self-management support, delivery system design, decision support, clinical information systems, cultural competency, and community involvement.

#### Criteria

The project/program must include the following:

- A) A patient centered clinical or community-based project/program.
- B) Targets one of the four CAIHS focus areas or an overall integration of the three initiatives.
- C) Provides sufficient information for project/program review (nature of each project/program, role of members in carrying out the activities of the project/program, available outcomes, length and recurrence of project/program).
- D) Uses a multi-risk factor approach addressing the three initiatives, behavioral health, chronic disease management and health promotion/disease prevention with an emphasis on two or more of the following: physical inactivity, mental wellness, poor nutrition/dietary choices, diabetes, cardiovascular, tobacco cessation, immunization.

2. *“Partnerships in Prevention”*

Award recognizing T/U program that establishes effective external partnerships with outside organizations to enhance integration of the three initiatives; behavioral health, chronic disease management and health promotion/disease prevention.

Criteria:

- A) Established community based collaboration with external partner/s.
- B) Provide sufficient information for project/program review (nature of each collaborative, role of each of partner/s in carrying out the activities of the program, available outcomes, length and recurrence of program).
- C) Identifies results to date.

3. *“Community with a plan”*

Award recognizing communities that have created local wellness plans and are using community health assessments at the local level to address integration of the three initiatives based on community needs.

Criteria

- A) Available information on the following:
  - i. Efforts used to establish the community wellness plan.
  - ii. Barriers and challenges that were overcome during the process of creating the community wellness plan.
  - iii. Describe the community health assessment tool used and the impact on overall community wellness.

### **Strategic Goals Time Line**

Goal	Date
Initial survey to obtain T/U program input.	May – July, 2007
Initial workgroup meeting	June – August, 2007
Present draft Director’s three initiatives strategic plan	August, 2007
Request for comments on draft strategic plan	August-September, 2007
Revise strategic plan, based on comments	September, 2007
Request approval of revised plan	September, 2007
Submit to HQ CAIHS Dir’s Three Initiatives Strategic Plan	September, 2007
Set priorities and initiate planning addressing focus areas	October, 2007 and annually