



Quarterly

highlights

The California Area Office (CAO) reports its accomplishments during the third quarter of FY 2013, in alignment with the four agency priorities:

1. To renew and strengthen our partnership with tribes
2. To reform the IHS
3. To improve the quality of and access to care
4. To make all our work accountable, transparent, fair, and inclusive

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To renew and strengthen our partnership with tribes

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To renew and strengthen our partnership with tribes...

Environmental Health Surveys

The IHS/CAO conducted environmental health surveys at 12 tribal healthcare programs (six health centers and 6 dental health clinics). These surveys assessed environmental health and safety risks at these facilities and described recommendations to improve the environment of patient care. Multiple environment health and safety risks were identified and corrected on-site.

Digital Storytelling

The IHS/CAO continues to assist in digital storytelling capacity building among tribal and urban Indian healthcare programs and their partners. The workshops combine traditional storytelling with modern-day video technology in an effective, low-cost manner. The workshops also incorporate a community-based participatory approach developed by Healthy Native Communities Partnerships. Between February and May, digital storytelling workshops were held at the following tribal and urban Indian healthcare programs:

- Quartz Valley Anav Tribal Health Clinic
- Round Valley Indian Health Center
- Sacramento Native American Health Center
- Sonoma County Indian Health Project

The workshops included 26 staff and community members who created their own digital story. After being introduced to the basics of story development, recording narration, image editing, and video editing. Tribal and urban Indian healthcare programs are encouraging and hosting their own workshops and working on a one-to-one basis by assisting their clients and community members to create digital stories. Digital stories are now being used as part of conference presentations, wellbriety events, and for staff development.

To reform the IHS...

Environmental Health Services

The Division of Environmental Health Services held an institutional environmental health program planning meeting on April 25 in Sacramento. The purpose of the meeting was to identify and plan environmental health program activities that are provided to tribal healthcare programs and community "institutional" facilities. This meeting resulted in the development of multiple short-term and long-term program goals, objectives, and activities that will be used as a strategy in the delivery of public health services to the tribal healthcare programs and other facilities. The meeting was attended by CAPT David McMahon, IHS/HQ, and the following IHS/CAO staff: CAPT Gordon Tsatoke, CAPT Brian Lewelling, CDR Martin Smith, and LT Lisa Nakagawa.

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To reform the IHS...cont'd.

Sanitation Facilities Construction

The Indian Health Care Improvement Act (IHCIA) requires IHS to maintain inventories of sanitation deficiencies for existing Indian homes and communities and to annually report them to Congress. Since 1989, IHS has annually reported these needs to Congress in the form of needed projects. Projects are identified in terms of deficiency levels, the facilities to be provided, the cost of those facilities, and the number of homes to be served by the facilities. The inventory of sanitation facilities needs for existing homes I maintained in the IHS Sanitation Deficiency System (SDS).

<u>General Sanitation Deficiency System Information</u>	
Number of Projects:	
Total Data Base:	304
Current Agency Funding Plan:	250
Total Project Costs (IHS Regular):	
Total Data Base:	\$186,159,342
Current Agency Funding Plan:	\$89,116,590
Estimated Number of Indian Homes Without Potable Water	843
Estimated Number of Indian Homes at Deficiency Levels 4 and 5	2,935

DEFICIENCY LEVEL	<u>Sanitation Deficiency Level Information for FY 2013</u>					
	0	1	2	3	4	5
Homes	0	5,724	2,601	9,517	2,538	397
Number of Projects		3	119	137	42	2
Estimated Cost (IHS Regular):						
Total Data Base:		\$3,586,000	\$75,770,566	\$71,447,139	\$30,419,637	\$4,936,000
Current Agency Funding Plan:		0	\$20,772,921	\$44,711,632	\$18,696,037	\$4,936,000

The SDS data is updated annually in August of each year to account for inflation, changing state and federal regulations, to add new deficiencies, and to delete the deficiencies addressed by projects funded by IHS and others. These sanitation deficiency inventories are primarily used for internal program management, budget formulation, justification for appropriations, and serve as the basis for resource allocation to Areas and tribes. Just as important, they also are used to provide a wide variety of information to members of Congress, the Office of Management and Budget, the General Accounting Office, the Environmental Protection Agency, and other federal entities who are interested in the needs of tribal governments.

IHS has identified more than 304 sanitation facilities construction projects at an estimated cost of \$186 million in 2012 towards the FY 2013 work plan for the California Area. These projects represent all unmet SDS needs eligible for IHS funding. Some projects, however, are prohibitively expensive to construct and/or operate and are considered to be economically infeasible. Currently 250 of the identified projects are considered to be economically feasible with an estimated cost of \$89.1 million.

Deficiency Levels

- **Level I:** The deficiency level describing an Indian tribe or community with a sanitation system that complies with all applicable water supply and pollution control laws, and in which the deficiencies relate to routine replacement, repair, or maintenance needs
- **Level II:** The deficiency level that describes an Indian tribe or community with a sanitation system that complies with all applicable water supply and pollution control laws, and in which the deficiencies relate to capital improvements that are necessary to improve the facilities in order to meet the needs of such tribe or community for domestic sanitation facilities
- **Level III:** The deficiency level that describes an Indian tribe or community with a sanitation system that has an inadequate or partial water supply and a sewage disposal facility that does not comply with applicable water supply and pollution control laws, or has no solid waste disposal
- **Level IV:** The deficiency level that describes an Indian tribe or community with a sanitation system which lacks either a safe water supply system or a sewage disposal system
- **Level V:** The deficiency level that describes an Indian tribe or community that lacks a safe water supply and a sewage disposal system

To improve the quality of and access to care...

Youth Regional Treatment Centers (YRTC) Development

In April 2013, the Area Director sent two IHS/CAO staff to Desert Visions Youth Wellness Center in Gallup, New Mexico to assess the YRTC program there for input to California's new YRTC design. Administrative staff at Desert Visions were entirely open with details of their program and practices which treat American Indian/Alaska Native youth of the Phoenix Area. The California Area Director invited southern tribal leaders to the April 18 design review meeting with the architect for the southern California YRTC. One tribal leader, Mr. Chris Devers, attended the meeting.

On May 16, the Area Director met with the Southern California Tribal Chairmen's Association (SCTCA) at Pala to review the design progress at the southern YRTC. The architect attended and presented an update. In late May, IHS/CAO executive staff began to schedule and plan a Dedication Ceremony for the land acquired in January 2013 for the northern California YRTC.

On June 10, the Area Director hosted a conference call with the Southern California Tribal Chairmen's Association and the architect to update the SCTCA on design progress. One member of the SCTCA joined the call. The following day the architect presented the design development drawings for the southern YRTC. The SCTCA members were invited to join via teleconference. At the meeting the Area Director announced that the IHS Director, Dr. Yvette Roubideaux, was planning to attend the Dedication Ceremony for the northern YRTC land, setting the date for July 16. The Area Director sent a "Save the Date" memo to the California Tribal Chairs for the ceremony and made staff assignments to prepare for the IHS Director's visit.

The architect has begun to produce the construction documents for the southern YRTC, with completion due in December 2013.



Southern YRTC design of entrance

Community Wellness and Nutrition

In May, the IHS/CAO successfully completed a pilot project to test newly developed California Area Telenutrition Guidelines for tribal and urban Indian healthcare programs. The guidelines were used by registered dietitians in the implementation medical nutrition therapy (MNT) and clinical nutrition counseling services delivered by teleconferencing technology. The pilot included an evaluation that assessed the degree to which objectives were successfully achieved, analysis of delivery factors, benefit(s) that telenutrition can provide to California tribal and urban Indian healthcare programs, and lessons learned that may support subsequent expanded pilot projects.

Just Move It - 2013 California Challenge

The annual Just Move It California Challenge continues as in prior years to support tribal and urban Indian healthcare programs with prevention activities that increase physical activity. The national goal is to have 1 million indigenous people moving and sharing what works at the local level. To date, IHS/CAO has supported 28 California healthcare programs who are Just Move It partners. Healthcare programs are encouraged to share success stories at <http://www.justmoveit.org>, which supports the First Lady's Let's Move! Initiative (<http://www.letsmove.gov>).

Immunization Performance Improvement

On April 14-16, the IHS/CAO Nurse Consultant traveled to Los Angeles to attend the 2013 California Immunization Coalition Summit and pre-conference workshop entitled "Vaccine Hesitancy: Building Solutions for California and Beyond". In addition to the Area Nurse Consultant, two nurses from Riverside/San Bernardino County Indian Health were among the 100 plus individuals attending the two day summit. This annual event, sponsored by the California Immunization Coalition promotes best practices in immunization. The California Immunization Coalition is a non-profit, public-private partnership dedicated to achieving and maintaining full immunization protection for all Californians to promote health and prevent serious illness. The Coalition provides networking and partnership opportunities for organizations and offers access to greater expertise by calling on a wide range of organizations and individuals. The Coalition has the ability to leverage resources and can advocate for change at the state, regional and local levels.

On May 8, the IHS/CAO hosted a one-day RPMS Immunization 101 Training that was attended by a total of 8 nurses and other immunization staff from four tribal healthcare programs. The IHS/CAO was one of three satellite settings for this hands-on training sponsored by the IHS Office of Information Technology. Based on post-training evaluations, this course met the intended purpose of improving competencies related to use of the RPMS Immunization Package for immunization practice, data management, and reporting.



CALIFORNIA TELECONNECT FUND

State Funded Discounts for Advanced Communication Services

The **California Teleconnect Fund** is a program of the California Public Utilities Commission that provides a 50% discount on advanced communication services to qualified non-profits.

The purpose of the program is to facilitate access to more advanced communications through a discounted rate.

For more information on the program, to request an in person presentation or for application assistance:

Visit the CTF Program website: www.CTFProgram.org

Contact the CTF Help Desk at (866) 742-8587

Email: CTFHelpDesk@rhainc.com

To improve the quality of and access to care...cont'd.

Annual Providers' Best Practices & GPRA Measures Continuing Medical Education



Dr. Chris Percy leading a Community Wellness session on May 22

The IHS/CAO and the California Rural Indian Health Board (CRIHB) jointly hosted a continuing medical education event “Annual Providers’ Best Practices & GPRA Measures Continuing Medical Education” on May 21-22 in Sacramento. More than 240 physicians, mid-level practitioners, nurses, and clinic support staff attended this event. The IHS/CAO hosted a one-day pre-event workshop on May 20 to evaluate the role of nurses and behavioral health staff in the provision of quality healthcare. Over 30 nurses and 15 behavioral health staff from tribal and urban Indian healthcare programs attended. The continuing medical education offered IHS-sponsored training that meets state clinic licensure requirements:

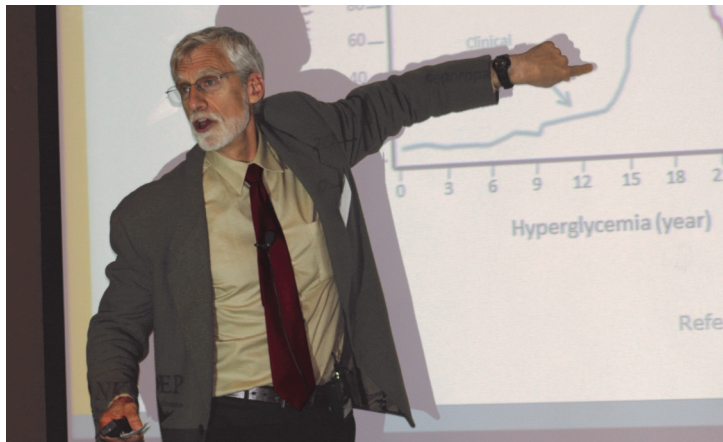
- 40 physicians received 535.5 CMEs
- 51 nurses earned 914 contact hours
- 8 mental health professionals earned 83 CEUs
- 8 dietitians earned 85 CPEUs
- 7 health information management professionals earned 35 CEUs



Rosario Arreola-Pro, National Indian Regional Extension Center for California, operated by the California Rural Indian Health Board, Inc. (CRIHB), presenting on Meaningful Use of an Electronic Health Record on May 22

Annual California Tribal/Urban Diabetes Day

The IHS/CAO hosted a “Diabetes Day” for all California tribal and urban Indian diabetes program staff on May 23. Approximately, 130 diabetes coordinators, physicians, mid-level practitioners, nurses, and clinic support staff attended this one-day event. Up to 6 IHS-sponsored credits/hours/units were offered to physicians, nurses, dietitians, and mental health professionals.



Dr. Andrew Narva presenting on Chronic Kidney Disease during Diabetes Day on May 23

Many of California’s healthcare programs gathered the evening before the event to meet and share displays or poster boards. This was well-attended and everyone reported it was very helpful in the evaluations. All participants were eager to work together.



Diabetes program staff from MACT Health Board, Inc. reviewing their diabetes posterboard on May 22

Annual Dental Continuing Education

The IHS/CAO and the Dental Support Center at the California Rural Indian Health Board (CRIHB) co-hosted the Annual Dental Continuing Education on May 6-9 in Sacramento. More than 250 dentists, dental hygienists, and dental assistants attended from California tribal and urban Indian healthcare programs. The continuing education offered 30 IHS-sponsored continuing dental education units through the IHS Clinical Support Center. The courses were designed and selected to enhance the clinical skills of dentists, dental hygienists, and dental assistants. The attendees earned over 4,000 hours of continuing dental education credits/units.

To improve the quality of and access to care...cont'd.

2013 Nurse Leaders in Native Care Conference

The IHS virtually hosted the 2013 IHS Nurse Leaders in Native Care Conference June 3-7. This continuing education promoted the sharing of new ideas, evidence-based best practices, and a multidisciplinary team approach to nursing. Sixteen California Area healthcare staff participated with over 300 nurses from IHS, tribal, and urban Indian healthcare programs across Indian country. Each nurse who attended the conference had the opportunity to earn up to 12 continuing education hours through the IHS Clinical Support Center to fulfill nurse licensure requirements. Based on post-conference evaluations, the event was rewarding and successful.

Diabetes Webinars

The IHS/CAO hosts training webinars every other month for California's diabetes program practitioners. This quarter of FY 2013, the training and sharing focused on quality improvement and the patient centered medical home. The Elko Service Unit presented a PowerPoint presentation "PCMH Journey" on June 26 for 23 tribal and urban Indian healthcare program staff.

Government Performance and Results Act (GPRA)/ GPRA Modernization Act (GPRAMA)

As of the third quarter of FY 2013, the California Area has met the targets for 11 of the 22 GPRA/GPRAMA performance measures, and is within range of meeting five additional measures.

To assist California tribal and urban Indian healthcare programs in achieving FY 2013 GPRA targets, during the third quarter of FY 2013, the IHS/CAO:

- Hosted a webinar training session on June 14 for all California tribal and urban Indian healthcare programs. Twenty

healthcare program staff participated in the webinar to learn and discuss:

- California's 2013 3rd Quarter GPRA results
- urban health program GPRA reporting changes for FY 2014
- 2013 California Medical Providers' Best Practices & GPRA Measures Conference
- Improving Patient Care (IPC) Initiative
- FY 2014 GPRA/GPRAMA activities
- Hosted two collaborative webinar sessions where California sites shared best practices and discussed improvement strategies:
 - April webinar focused on the Breast Cancer Screening (Mammography) measure
 - May webinar focused on the Diabetes - Nephropathy Assessed measure
- Conducted an individual site GPRA training for Rolling Hills Clinic in April. The training served as an introduction to GPRAMA, FY 2013 measure logic changes, individual site results, Clinical Reporting System (CRS) tools, GPRA best practices, and GPRA resources.

The IHS/CAO GPRA team also hosted two national webinar training sessions to improve clinic performance and the quality of clinical care at tribal and urban Indian healthcare programs. The webinars discussed breastfeeding and HIV/STI. An estimated 60 tribal and urban Indian healthcare program staff participated in each of these sessions. The webinars were recorded and posted on the GPRA/GPRAMA portal. Contact the CAO GPRA Team at caogpra@ihs.gov for information about joining the GPRA/GPRAMA portal.



To make all our work accountable, transparent, fair and inclusive...

GPRA Webinar for Urban Indian Healthcare Programs

The IHS/CAO sponsored and hosted a national webinar training session for urban Indian healthcare programs on June 21 regarding the GPRA reporting changes for FY 2014. Beginning in FY 2014, all urban Indian healthcare programs will be required to report on the same GPRA measures as federal and tribal healthcare programs. There are currently 22 GPRA measures reported by federal and tribal programs, so this represents an increase of 5 measures for urban Indian healthcare programs. Urban programs have been reporting since FY 2006 on a subset of measures with the intent of reporting on all measures eventually. GPRA measures represent quality of care provided to patients and allow programs to assess their progress and plan improvement. The GPRA webinar for urban programs was recorded and you can request it from the GPRA Team at caogpra@ihs.gov.



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