



# Quarterly *highlights*

The California Area IHS reports its accomplishments during the first quarter of FY 2017, in alignment with the agency's four priorities:

1. Assessing Care
2. Improving How We Deliver Services
3. Addressing Behavioral Health Issues
4. Strengthening Management
5. Bringing Health Care Quality Expertise to IHS
6. Engaging Local Resources

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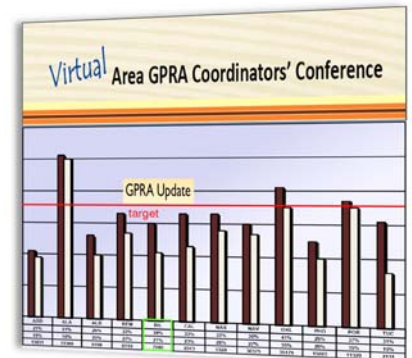


## Assessing Care...

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

The IHS/CAO GPRA team hosted the annual Area GPRA Coordinators' Conference via an Adobe Connect webinar on December 7-8, 2016. Day one of the conference was offered to Area GPRA Coordinators and performance measure leads. Day two of the conference was offered to staff from all IHS, tribal, and urban healthcare facilities. Over 100 Indian healthcare program staff attended the virtual event and discussed:

- 2016 GPRA Results
- 2017 Measure Targets
- Clinical Reporting System (CRS) Updates
- GPRA Data Mart Updates
- Updates from Measure Leads on existing and new GPRA/GPRAMA measures



To assist California tribal and urban Indian healthcare programs in meeting 2017 GPRA performance measure targets, during the first quarter of FY 2017, the IHS/CAO:

- Hosted three national webinar training sessions for all IHS, tribal, and urban Indian healthcare programs.
  - On August 23, the training session focused on the FY 2017 GPRA measure logic changes and new GPRA measures.
  - On November 3, the training session focused on the new Antidepressant Medication Management GPRA measures and featured the measure lead and the CRS Federal Lead.
  - On November 17, Megan Galope, IHS Clinical Reporting System (CRS) Contract Lead, demonstrated how to run GPRA/GPRAMA reports, patient lists, forecast reports, and how to update medication and lab taxonomies. Over 80 healthcare program staff attended each of these sessions.
- Hosted one national webinar session for all urban Indian health program staff. The webinar focused the new GPRA measure logic and the logic for measures urban programs will be responsible for reporting beginning in FY 2018.

All of the national and California webinars were recorded and posted on the California Area GPRA/GPRAMA Portal, located here:

<https://www.ihs.gov/california/index.cfm/member-portal/cao-gpra-gprama/gpra-toolkit/>

## Improving How We Deliver Services...

### Nursing Highlights

California Area Nursing activities demonstrate accomplishments that align with the Agency Priorities. At the request of CAO leadership, in November, CA Area Nurse Consultant accepted an appointment by CA Governor Brown to represent CA Area Indian healthcare interests as member of the State's Interagency Coordinating Council on Early Intervention. California Area Nurse Consultant has collaborated with Area IHS Division of Nursing, Division of Epidemiology, and CHR Programs, Tribal Health Programs and State Department of Public Health/ Department of Health Services regarding the following activities in the process of providing technical assistance for California Area , Tribal and Urban Indian healthcare organizations:

- **Immunization Coverage Improvement:** To ensure California (CA) Tribal and Urban Indian healthcare organizations the opportunity to improve Immunization practice quality, CAO Nurse Consultant and IT staff have worked with immunization program stakeholders to ensure CA-based Tribal healthcare organizations opportunity for Immunization Data Exchange with California Immunization Registry system (CAIR). With a goal of 90% participation from RPMS using organizations, all associated organizations have registered and are now set for actively exchanging immunization data electronically with the state-based immunization registry.
- **The State Immunization Registry, CAIR, is now on a new data base, CAIR 2.0,** which expands opportunity for bi-directional interconnectivity of electronic data exchange between healthcare organizations and CAIR. Tribal healthcare organizations across California now have electronic access to records of immunizations given by outside providers which will offer opportunity for improved immunization practice. IHS, Tribal organization and state immunization registry staff plan to work collaboratively to move forward to bi-directional record exchange between RPMS and the state immunization registry (CAIR) during 2017.
- **Vaccine Program:** CA Area Tribal and Urban healthcare organizations that purchased seasonal influenza vaccine through National Supply Service Center have received full allocation and are widely offering vaccine through influenza clinics staged in-clinic and community settings. The CA Area Office has provided technical assistance and training to enhance local level immunization practice. The IHS Influenza Vaccination Policy for Federal Healthcare Personnel has been distributed to all CA Area Tribal and Urban Healthcare Organizations. CAO Nurse Consultant, as Area Immunization Program Manager, continues to partner with federal, state, and tribal stakeholders to ensure CDC recommended immunization coverage for all patients served by California Area-based Tribal and Urban Indian healthcare organizations.
- **CHR Program:** CAO Nurse Consultant and identified project officer have worked collaboratively with CA Tribal and Urban Indian healthcare organizations to ensure interested CA Area professional and lay healthcare staff have the opportunity to be trained on the evidence-based, Johns Hopkins University (JHU) Family Spirit program, a home visitation program focused on working with moms and infants – prenatal through 3 years of age. **A training hosted by CA Area Office was held January 30 – February 3, 2017.**

## Addressing Behavioral Health Issues...

### Injury Prevention Mini-Grant Program:

The deadline for applying to the California Area Indian Health Service Injury Prevention mini-grant program ended December 16, 2016. This program provides funding to Tribes, Tribal Organizations and Tribal Health programs that receive services through our program to purchase of bicycle helmets, child passenger safety seats and smoke detectors.

To improve participation in the grant program, all Division of Environmental Services (DEHS) staff were directed to market this funding opportunity directly to their tribal injury prevention contacts. In addition, reminders of the approaching application deadline were sent regularly to all tribal health directors and known injury prevention contacts. To reduce the use of paper and improve the efficiency an electronic application form was created. Applicants were strongly encouraged to submit their application via email.

To ensure that all applications were complete and ready for review by the December 16<sup>th</sup> deadline, a preliminary review process was adopted. Upon receipt of the application, it was reviewed to assess if the application was complete and all supporting documentation enclosed. Upon completing this review, the applicant was advised within 3 days of receipt of the application as to its eligibility for funding. If there were issues such as missing documentation, the applicant was offered the opportunity to submit this documentation by the deadline.

As a result of these changes our program received 17 complete and fundable applications, 2 of which were from communities that had not applied in past years. These 17 applications represent a 22% increase over the number fundable applications received in 2016.

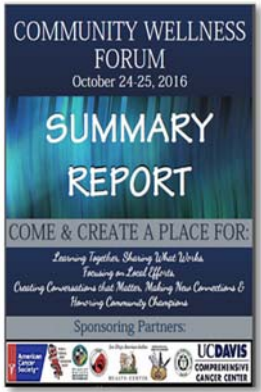




## Engaging Local Resources...

### Health Promotion Disease Prevention Program

To address engaging local resources, related to health conditions and chronic diseases which are impacted by lifestyles issues, the Health Promotion Disease Prevention program continued partnering and coordinating services that aimed to enhance approaches to preventive health. October 24-25, the fourth annual Community Wellness Forum was held at the Bahia Resort Hotel in San Diego. This event was for community members, and those working in partnership with them, striving to bring about health, wellness and improve the lives of Native people, their families and their communities. The forum fostered collective wisdom, which brought together and created solutions to current challenges facing families and communities today. This event expanded on the successes of prior years. Key partners included the American Cancer Society, Northern California Indian Development Council, Healthy Native Communities Partnership, San Manuel Band of Mission Indians, San Diego American Indian Health Center, California Rural Indian Health Board, Pathways to American Indian and Alaska Native Wellness, and UC Davis Comprehensive Cancer.



goals of their Community Diabetes Action Council. Additionally, the newsletter promoted the IHS Physical Activity Kit that aims to increase the time spent in moderate to vigorous physical activity across the lifespan, with culturally appropriate physical activities. Ongoing networking and collaborations with registered dietitian nutritionists in the California Area included a five-session online learning opportunity to introduce person centered nutrition counseling skills.



The IHS/CAO continued to concentrate on tobacco prevention efforts with up-to-date web-based resources. Partnerships with Tribal and urban Indian healthcare programs helped to expand and foster health education and community wellness initiatives by focusing on addressing locally identified needs.



The California Area IHS, continued to promote physical activity, in partnership with the Just Move It campaign. Sharing what works locally to engage community promotion was the aim of the quarterly Just Move It California Partners newsletters. This quarter, the newsletter included an interview with the Round Valley Indian Health Center Basketball Clinic, on their basketball clinic and the

# Looking Ahead

## Free Drinking Water Workshops and Training Opportunities

The State Water Resources Control Board and the Rural Community Assistance Corporation are offering free California Drinking Water Workshops in the classroom and online, January through June 2017. The goal of these workshops is to provide information to help small water systems (including tribal systems) deliver safe, reliable drinking water to their customers and to demonstrate how to properly manage a water system for long-term viability. Financial stability is the key to success for most water systems.

Complete information is available here:  
[https://www.events.rcac.org/images/rcac/pdfs/CA-DW\\_Jan-June2017-web.pdf](https://www.events.rcac.org/images/rcac/pdfs/CA-DW_Jan-June2017-web.pdf)

Additionally, IHS is sponsoring a free Chlorination and Fluoridation training for tribal water system operators from February 28 through March 2. The class is free of charge and will be held at the Pechanga Tribal Government Building. More about the class and registration information can be found at:

<https://www.ihs.gov/ehsct/index.cfm?module=disclaimer>  
 \*\*Be sure to register for the Temecula class, not the one in Washington.



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