Eastern Band of Cherokee Indians

Tribal Health Improvement Plan 2015-2017

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Os-da a-ye-lv-i

"good health or good body"

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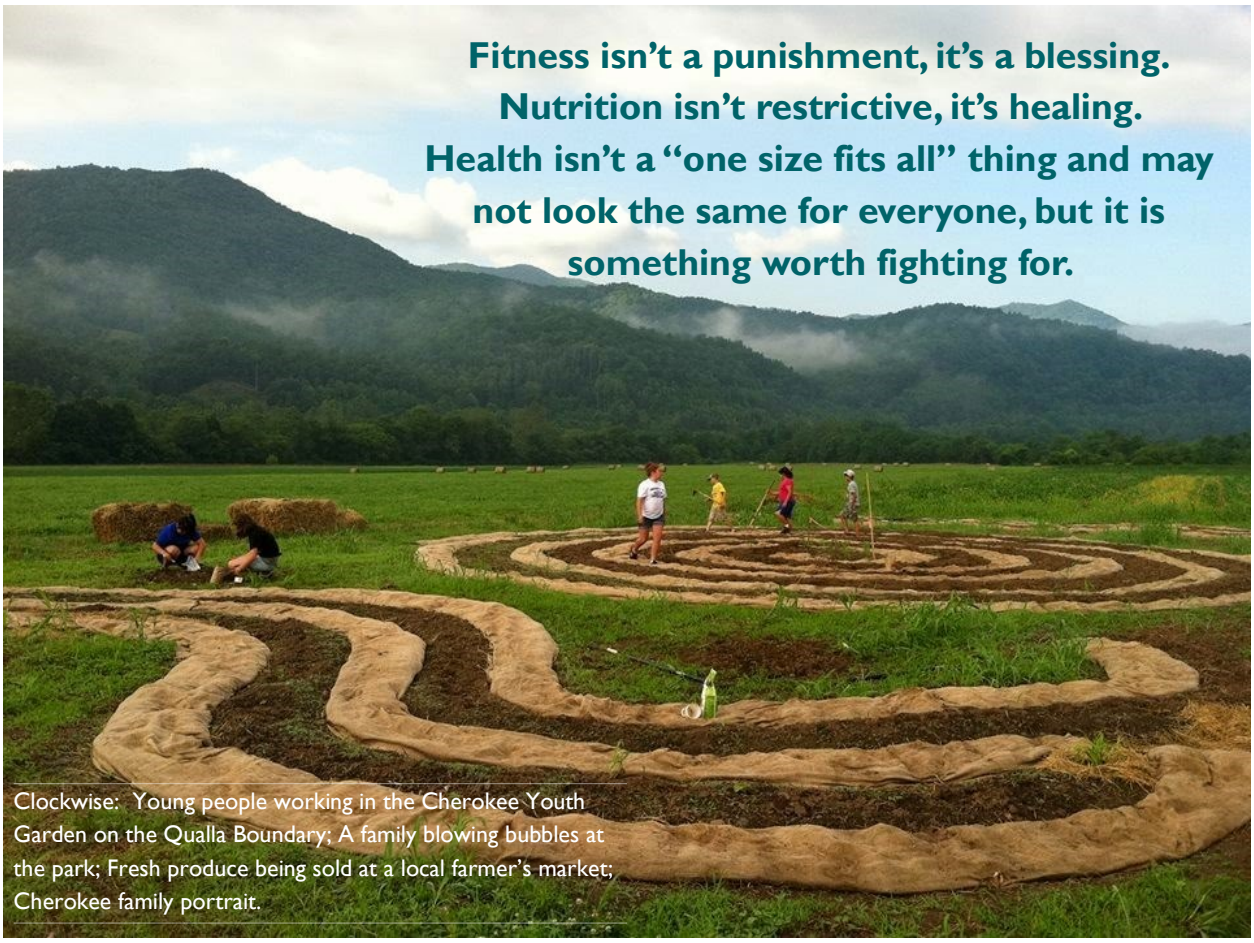

Clockwise: Young people working in the Cherokee Youth Garden on the Qualla Boundary; A family blowing bubbles at the park; Fresh produce being sold at a local farmer's market; Cherokee family portrait.

The Eastern Band of Cherokee Indians

The Honorable Michell Hicks, Principal Chief
The Honorable Larry Blythe, Vice-Chief

The Eastern Band of Cherokee Indians is proud to announce the completion of the **Eastern Band of Cherokee Indians' 2015-2017 Tribal Health Improvement Plan (THIP)**, titled *osda ayelvi* meaning good health and good body. This document represents the Tribe's dedication to improving the quality of life for our people. The plan is the product of community collaboration with Tribal and non-Tribal programs with a common focus on improving health. Tribal government recognizes the importance of a comprehensive public health system. The Tribe continues to invest resources to build a strong public health infrastructure that fulfills the needs of our Tribe. This publication demonstrates this commitment and offers insight in to what the community identifies as our most pressing health issues.

The collaborating partners in the THIP identified depression, diabetes and substance abuse as the three health areas to focus our efforts on over the next three years. As a Tribe we know that these issues are complex and are interwoven with our history, culture and our families. Tribal leadership understands that to address these issues, we must work together and intervene at multiple levels of each condition. The implementation strategies in this plan are aimed at lowering the social and economic burden caused by the three issues through prevention, education and treatment. It will be important to maintain integrative partnerships to address diverse interventions focused on items, from individual change to the policy level modifications, in order to make a significant, lasting impact on health outcomes.

We encourage all residents, including enrolled members and non-enrolled stakeholders, to read the report, and to get involved in the implementation of its recommendations. The results of this project will be directly related to the amount of community involvement. The goal of this project is to make a significant, quantifiable impact on the health outcomes of these issues. We will regularly assess our progress and will provide updates throughout this process. Though this is a three year plan, the THIP intends to make a lasting transformation that is felt by this EBCI generation and generations to come.

On behalf of the Eastern Band of Cherokee Indians Tribal Government, we appreciate everyone who has been a part of creating this Tribal Health Improvement Plan. This type of endeavor would not be possible without community members who are dedicated to strengthening our community. We have been encouraged throughout this process by the amount of involvement, collaboration and pride in our community. With the continued work of these partners, and new ones, I look forward to seeing this plan unfold to improve the quality of life for the Cherokee community.

Sincerely,

Principal Chief Michell Hicks
Eastern Band of Cherokee Nation

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An Independent Component Unit of the Eastern Band of Cherokee Indians

Cherokee Indian Hospital Authority
Caller Box C-268
Cherokee, NC 28719
Phone: (828) 497-9163
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March 23, 2015

EBCI Community
Cherokee, NC 28719

Dear EBCI Community:

On behalf of the Cherokee Indian Hospital Authority (CIHA), we acknowledge the tremendous efforts made by the Eastern Band of Cherokee Indians (EBCI) community to improve our people's health and wellbeing through the completion of the **Eastern Band of Cherokee Indians' 2015-2017 Tribal Health Improvement Plan** (THIP)**.** We are proud to be a part of this collaboration. It has been a humbling experience for all of us at CIHA who are supporting this effort. CIHA understands the importance of this project, and its potential effects on health outcomes within our community. This process aligns with CIHA's commitment to community ownership of the health system and belief in comprehensive healthcare. The THIP is a valuable partnership as CIHA continues to transition our practices to incorporate our integrated care model. CIHA is committed to continually striving to provide exemplary care for our people. In accordance with our mission, CIHA will continue to support and participate in the implementation of the Tribal Health Improvement Plan.

CIHA recognizes that good health is a product of a complex partnership of primary care, public health and community involvement. As part of the Cherokee Health System (CHS) with EBCI Public Health and Human Services, we understand the importance of public health and community-clinical partnerships. We plan to incorporate this improvement process into our new hospital building when it opens in 2015, and interweave the THIP vision into our integrative care platform. This process affords CIHA a deeper understanding of our impact on community-level health. The THIP compliments the hospital's commitment to ongoing continuous improvement with its examination of evidence-based prevention strategies. This partnership between CIHA and other THIP members will be mutually beneficial in identifying, monitoring and addressing the chosen health issues: depression, diabetes and substance abuse.

Furthermore, CIHA has labeled behavioral health as an area of strategic focus for 2015. Depression is one of the hospital's top diagnoses, and is comorbid with other chronic diseases including diabetes and substance abuse. As a part of this THIP process, CIHA can increase our ability to identify, treat and educate our patients with these disorders; and collectively have a greater impact on the community's health outcomes.

CIHA asks all partners, employees and community members to join this movement to support our Tribe. We firmly believe that this process will change the way the Tribe approaches and responds to major health issues in the future; through community involvement, proactive public health approaches, collaboration of cross-sector organizations, and incorporation of integrative care and primary care. This report is a testament to the Tribe's dedication and determination to promote a healthier mind, body and community.

We look forward to working with you.

Sincerely,

Mr. Casey Cooper, BSN, MBA, FACHE
Chief Executive officer

Dear Reader

On behalf of the Eastern Band of Cherokee Indians' Public Health and Human Services Division (PHHS), I would like to acknowledge the remarkable effort made by the EBCI Community in the completion of the first **Eastern Band of Cherokee Indians' 2015-2017 Tribal Health Improvement Plan (THIP)**. A Health Improvement Plan is long-term, systematic effort to address health problems identified by the public health agency in collaboration with community partners and community members, to set priorities and coordinate target resources. This plan is a testament to the efforts of passionate community members committed to providing a guide for improving the health and wellbeing of the Cherokee people. EBCI PHHS is committed to providing the EBCI Community with exceptional community-focused services, and strongly believe that this document will help achieve our mission of honoring and serving the Cherokee community by PROVIDING quality compassionate care, PROTECTING families, and PROMOTING health through a commitment to service excellence.

The vision of PHHS is to be the best integrated public health and human services agency, recognized for helping people to experience joy and enjoy a healthy life in a safe environment, triumph over poverty, abuse and neglect and to shape strong futures for themselves, their families, and communities. We believe that the Tribal health Improvement Plan will be a key resource in helping us to realize our vision. In a concentrated attempt to ensure best-practice services are being delivered at PHHS, we have begun the process of becoming a nationally accredited public health department through the Public Health Accreditation Board. Accreditation is a means to establish credibility within our community and in the region. We strongly believe that working to maintain rigorous standards and incorporating evidence-based programs will greatly improve health outcomes of EBCI members. Improved health outcomes will also benefit the Tribe by reducing health-care costs and improving the quality of life for all Cherokee people.

The Tribal Health Improvement Plan is a strategic plan that will be ongoing and will be updated as conditions and situations change within the community. The issues that are defined in this report will be the primary areas of focus over the next three years. We encourage all members of the EBCI community to become familiar with the goals, get involved, and contribute to the success of a healthier community.

PHHS appreciates the contribution of time, talents, and resources of those involved in drafting the Tribal Health Improvement Plan. This accomplishment would not have been possible without the support of our EBCI partners, local stakeholders, and members of the community. It is truly an honor for our team to serve the community. We look forward to working closely with each of you as we work diligently to implement changes that promote a healthy community.

Best regards,

Vickie L Bradley

Vickie L. Bradley, RN, MPH
Deputy Health Officer
Public Health & Human Services Administration
Eastern Band of Cherokee Indians
43 John Crowe Hill Road
Cherokee, NC 28719

The Eastern Band of Cherokee Indians

The Honorable Michell Hicks, Principal Chief
The Honorable Larry Blythe, Vice-Chief

On behalf of the Eastern Band of Cherokee Indians' (EBCI) Tribal Health Board, we recognize the achievements made by the EBCI community towards the advancement of the Tribe through the completion of the **Eastern Band of Cherokee Indians' 2015-2017 Tribal Health Improvement Plan** (THIP). We acknowledge the efforts made by the Cherokee Health System (CHS), and by Tribal members who believe in promoting a healthier community. This report represents the strengths of our community; collaboration and partnership. This report is the product of the coordination of representatives from the whole community. The THIP parallels the beliefs of the health board, and we are committed to supporting the implementation and propagation of the THIP.

In addition to providing a three-year directive and focus, the THIP represents the last of a three-part prerequisite process to be completed by the Tribe prior to submission of an application for national accreditation. The EBCI Tribal Health Board acknowledges the efforts made by EBCI's Public Health and Human Services Division (PHHS) role as facilitators of this movement towards national accreditation through the Public Health Accreditation Board (PHAB). We believe that this undertaking will greatly improve the quality of services provided by the Tribe, and from such, contribute to a healthier thriving community.

Furthermore, the EBCI Tribal Health Board appreciates all who have contributed to this movement, and encourages all Tribal members and partners to find a way to get involved in supporting the THIP. This report reflects an important transition within the Tribe's healthcare system as we integrate public health with primary care. We are encouraged by the momentum behind not only the THIP, but also behind what the THIP represents; the community's vision of a healthier people. We are dedicated to continuously improve the wellbeing of the Eastern Band of Cherokee Indians, and will therefore continue to support the THIP and all who are involved.

Sincerely,

David Wolfe

Yellowhill Council Member

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Exercising at school. *Photo credit: Tara McCoy.*

Tribal Health Improvement Plan Partners

Cherokee Boys Club
Cherokee Cancer Support Group
Cherokee Central Schools
Cherokee Community Wellness Team
Cherokee Healing and Wellness Coalition
Cherokee Indian Hospital
- Clinical Staff
- Quality Improvement Staff
- Analenisgi Behavioral Health

Community Education and Recreation Division
- Cherokee Life Center
- Dora Reed Tribal Child Care
- NC State University Cooperative Extension

Junaluska Youth Leadership Council
Office of Tribal Planning
Public Health and Human Services
- Heart-to-Heart: Child Advocacy Center
- Community Health
- Home Health
- Cherokee Choices: Chronic Disease Prevention
- Nurse Family Partnership: Home Visiting Program
- Tsali Care Center: Tribal Skilled Nursing Facility
- Women, Infants, and Children (WIC)
- Women's Wellness

Swain High School
Tribal Council
Tribal Executive Office
Tribal Information Technology
Tribal Legal
Tsali Manor
Western Carolina University

Tribal Health Improvement Plan Steering Committee Members

Vickie Bradley, Deputy Health Officer, PHHS
Aneva Turtle Hagberg, Public Health/Operations Director , PHHS
Trina Owle, Business Director, PHHS
JT Garrett, Human Services Director, PHHS
Rick Bunio, Executive Clinical Director, CIHA
Doug Trantham, Analenisgi Behavioral Health Program Manager, CIHA
Jan Lambert, Analenisgi Adult Services Manager, CIHA
Sheena Kanott, Cherokee Choices Program Manager, PHHS
Martha Salyers, Preparedness Advisor, PHHS
Zach Roach, Public Health Associate, PHHS
Alannah Tomich, Public Health Associate, PHHS

Executive Summary

The Tribal Health Improvement Plan 2015-2017 ᎣᏍᏓ ᎠᏰᎢ Os-da a-ye-lv-i "good health or good body" (THIP) will guide the actions of leaders and Tribal members over the next three years. The THIP describes the decision-making processes as they occurred over the course of a 4-month period. It provides a summary of the data that leaders used in making their decisions. It spells out our priorities, our objectives, and the metrics that people can use to measure whether progress has been made towards these objectives.

Cherokee community member getting healthy. *Photo credit: Tara McCoy.*

Organizations can use the THIP as they work to identify their own priorities and to choose strategies that they can use to help improve Tribal health. They will find it useful as they seek funding or volunteers or enter into new productive partnerships.

The Tribal Health Improvement Plan 2015-2017 ᎣᏍᏓ ᎠᏰᎢ Os-da a-ye-lv-i "good health or good body" is the first health improvement plan written by and for Tribal members. It will serve as the document of record for leaders and community members to use when creating future Tribal Health Improvement Plans.

The THIP places the utmost priority on better health for Tribal members, and concludes that our actions over the next three years must focus on making a difference in diabetes, depression and substance abuse. We must take a variety of approaches: changing the environment so that people encounter more ways to stay healthy, like walking paths; improving systems and promoting policies that can lead to better health; making sure more opportunities are made available to our community; and leading individuals to work towards their best health. Throughout our work, we must ensure ongoing collaboration among 21 tribal programs and community organizations. As the saying goes, "It takes a village."

The three priority areas that the THIP points to are diabetes, substance abuse and depression. Here's why:

1. Diabetes is now considered one of the most important health threats within Indian Country. Being overweight or obese can lead to diabetes, and we have a high number of people who are overweight or obese. And in EBCI, six out of ten people aged 65 and over had diabetes.
2. Rates of substance abuse vary greatly among tribal nations. That's why EBCI PHHS, CIHA and the Nashville Area Tribal Epidemiology Center have been working hard over the past 10 years to collect and maintain data on substance abuse in our area.
3. Depression is one of the top diagnoses within Cherokee Indian Hospital. Depression often occurs with another health concern. Within Indian Country, people who have depression sometimes also have diabetes or substance abuse problems.

Executive Summary

Those who worked on the THIP conducted four assessments as part of their research:

- Tribal/Community Health Assessment
- Local Public Health System Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment

They also sought out information that had been gathered through studies of the area. EBCI PHHS, CIHA and the Nashville Area Tribal Epidemiology Center have been working hard over the past 10 years to collect and maintain local EBCI-specific health data.

Young people working in the Cherokee Youth Garden on the Qualla Boundary

We recommend the following actions:

OPERATIONS

- Begin work on the 3-year plan outlined in the THIP
- From now until 2017, continue to consult survey data and input from Tribal members as actions are considered and taken
- Participate in training opportunities provided by partners such as United Southern and Eastern Tribes (USET) and Western North Carolina Health Network (WNCHN)

FUNDING

- Apply for grants from federal, regional and local partners. Current granting partners include: United Southern and Eastern Tribes (USET), National Indian Health Board and Western North Carolina Health Network (WNCHN)

EVALUATION

- Measure our progress towards a healthier community through continuous data collection and quality improvement.

Our Deepest Gratitude To:

- You! if you responded to the THA survey or helped someone to do so
- You! if you are a Tribal or program leader that helped us get the THIP done
- You! if you are a THIP member! You helped with the work of writing and implementing the plan
- You! if you were one of the PHHS staff who sewed the plan together
- You! if you serve us in Tribal Government. Thank you for your support.

And to every member of the community, thank you for taking care of yourself for your own strong body (osda ayelvi), so you can be there for your loved ones.

EBCI General Information

The Eastern Band of Cherokee Indians (EBCI) is the only federally recognized Tribe in the state of North Carolina and is located within the 56,000-acre Qualla Boundary in Western North Carolina. Tribal lands span six counties: Jackson, Swain, Macon, Haywood, Cherokee and Graham. EBCI has approximately 15,200 members and nearly 60% of those live within the Boundary.

The EBCI provides healthcare to all eligible members of the Tribe. The current user population at the Cherokee Indian Hospital Authority (CIHA) is just under 11,000, 72% of whom are assigned to an integrated primary care team.

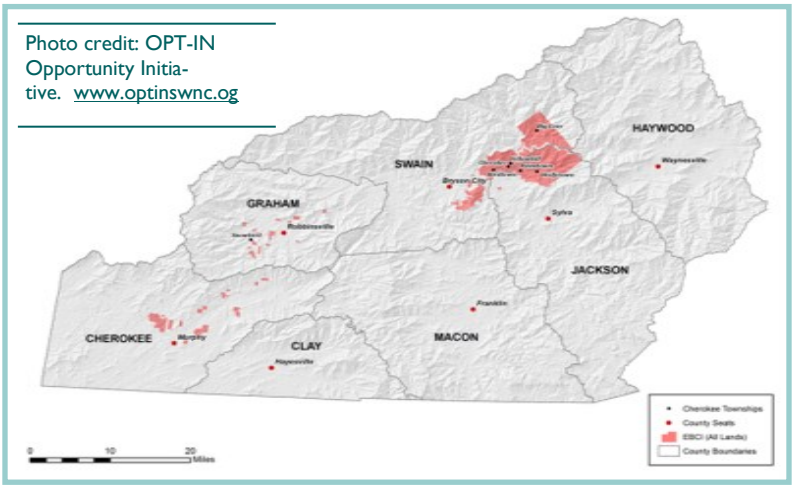


Photo credit: OPT-IN Opportunity Initiative. www.optinswnc.og

EBCI History

Cherokee ancestors have inhabited the region of the southern Appalachian mountains for at least 11,000 years. Cherokee culture thrived for many hundreds of years before initial European contact. The Cherokee civilization once reached across parts of eight southeastern states.

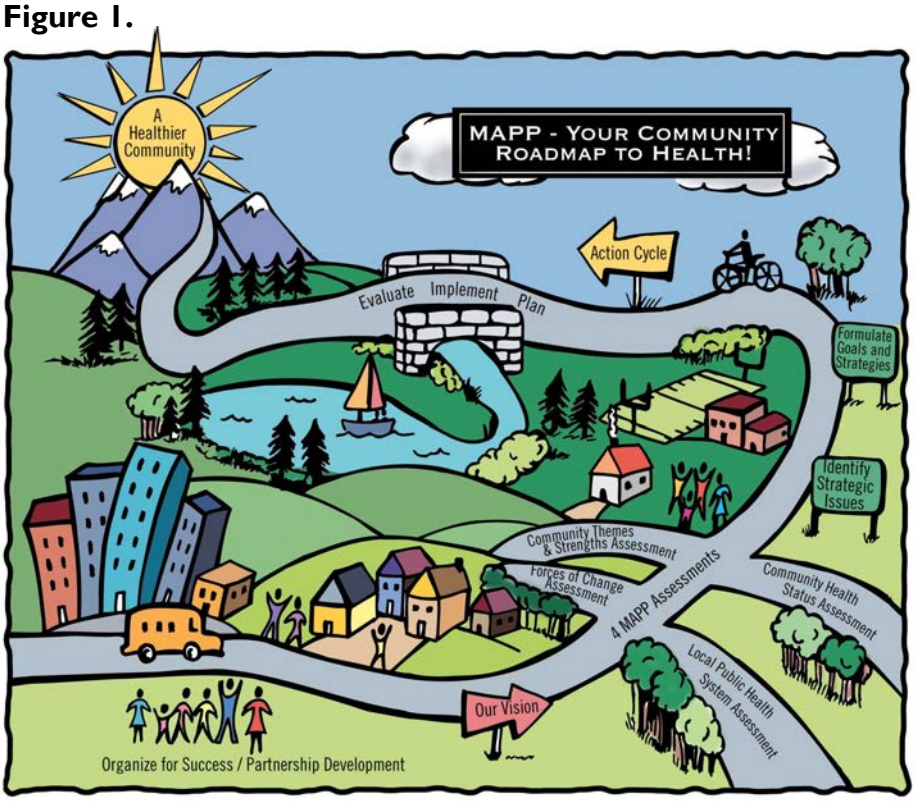
In 1830, U.S. President Jackson ordered the removal of the Cherokee to Oklahoma; that removal became known as the Trail of Tears. The Eastern Band is made up of those who remained or returned.

The Cherokee people, *Anikituwah*, always have been and continue to be a sophisticated and resilient community.

MAPP framework

The THIP organizing committee needed a guide to use in creating EBCI's first THIP. They selected Mobilizing for Action through Planning and Partnerships (MAPP). You can see the MAPP in Figure 1 below. The MAPP framework was created by the National Association of County and City Health Officials (NACCHO).

Figure 1.



As you can see in Figure 1, the six phases of MAPP are:

- Organizing for success
- Visioning
- The four assessments
- Identifying issues
- Formulating goals and strategies
- The action cycle

MAPP is a community-driven strategic planning tool for improving community health. MAPP helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. When using MAPP, community leaders serve as facilitators that encourage interaction with community members to address issues concerning community health.

The end result can be a more efficient and better performing local public health system—from the local public health department, to the hospital, schools and other important community institutions.

The Four MAPP Assessments

The MAPP framework recommends four assessments:

- Tribal/Community Health Assessment
- Local Public Health System Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment

Read on to learn more about how we performed each assessment.

Vickie Bradley, PHHS Deputy Health Officer, talking about the 2013 Tribal Health Assessment at a Big Cove Community Club Meeting. 2014. *Photo Credit: Chantel Morey.*

Tribal Health Assessment

CHALLENGE: Need to collect Cherokee-specific health status information. Data describing health conditions in Indian Country or in the United States is not as helpful to us as data on our own community. For example, if we know how many people had their A1C level go up in the past year in the EBCI community, we can address the issue by allocating more resources to understanding the local causal mechanism. This will enable us to make a more informed strategic plan to address the problem. The data will also serve us in the future as we check whether we have made progress.

SOLUTION: Collect as much EBCI-specific data as possible. Two sources have been found:

- Existing sources of data that tell us the health status of the Cherokee community
- New data from a survey of the Cherokee community on health status

Much of the available data on health status is based on national, state or county statistics, and is not specific to EBCI. We needed reliable data on our own community in order to make a plan. Remarkably, our survey had 795 respondents. Every one of our geographic Tribal communities was part of the survey.

Importantly, the 2013 Tribal Health Assessment allowed us to begin a cycle of assessment, analysis, prioritization, improvement, and evaluation of our efforts. This aligns with PHHS's goals of providing accountable, evidence-based programs to the EBCI community.

The 2013 Tribal Health Assessment was the first community health assessment conducted by and for the EBCI community. For a copy of the entire 2013 Tribal Health Assessment, please visit: **http://cherokee-phhs.com**

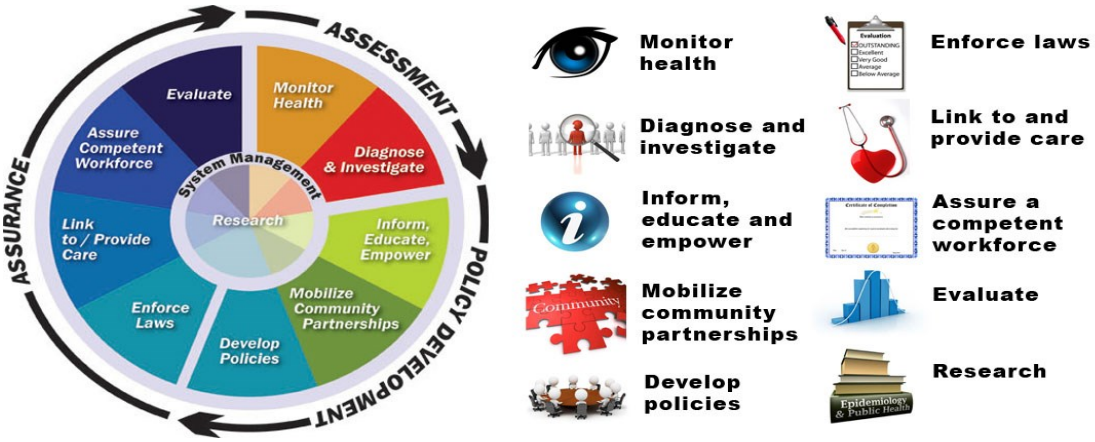
Local Public Health System Assessment

CHALLENGE: A need to conduct divisional self-assessment to identify areas to be strengthened to further improve quality of services.

SOLUTION: Use a tailored version of a self-assessment tool to measure PHHS' competencies against the "Ten Essential Public Health Services".

We considered two potential tools to guide our Tribal Public Health Assessment. We took a look at "Tribal Public Health Self-Study," from the Tribal Accreditation Readiness Guidebook and Roadmap by Red Star Innovations, and also looked at "National Public Health Prevention Standards," suggested by MAPP.

Figure 2. The 10 Essential Public Health Services



Source: Core Public Health Functions Steering Committee.

Both tools assess local public health systems against the ten essential functions of public health, so they both seemed good. But since "Tribal Public Health Self-Study" from Red Star was specifically geared towards tribes, we chose it.

All of the ten Essential Public Health Services must be demonstrated by the health department to maintain accreditation status. However, the primary focus of meeting the 10 essential public health services is to provide quality public health to the community. Services to meet the ten essential public health services are provided by EBCI's Public Health and Human Services Division (PHHS) and in some cases done in partnership with Swain or Jackson County health departments.

When a county health department provides services on the boundary, which overlaps six counties, having a partnership in place is very important. EBCI currently has a signed memorandum of understanding (MOU) in place with each county health department that delegates specific roles and responsibilities.

The "Tribal Public Health Self-Study" also serves as an important part of the accreditation application process. PHHS will be assessed against the domains as a requirement of the Public Health Accreditation Board (PHAB), and this tool will do that for us.

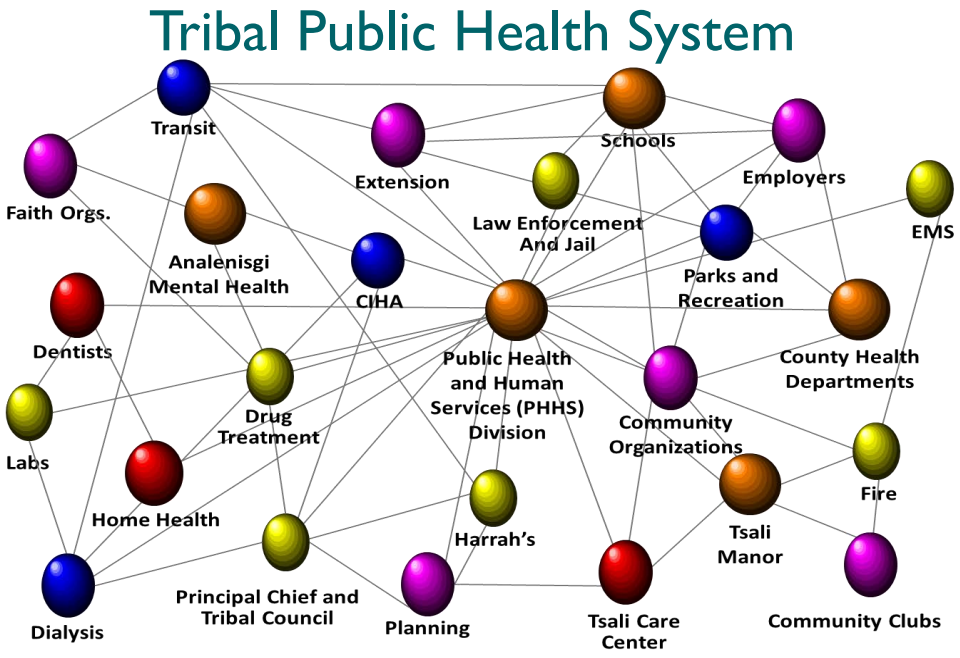
Forces of Change Assessment

CHALLENGE: Need for a better understanding of "local" ideas on what affects the health of Cherokee people.

SOLUTION: Get answers to the question: What is occurring or might occur that affects health in the community and the local health system? Knowing the answer will give us a better understanding of the major issues affecting our community, and tell us why these issues have such an impact on the community.

More than 100 staff members participated in the Forces of Change Assessment. This was possible because the Forces of Change Assessment was conducted at the PHHS divisional meeting. Staff members were invited to give their perspectives as both health professionals and as community members.

The Forces of Change Assessment generated a list of key forces and the challenges and opportunities for each of these forces. The table on the next page shows the forces and their corresponding challenges and opportunities.



This diagram shows how many different programs and partners have a role in Tribal health.
The jelly bean diagram shows some but not all of the connections.

Forces of Change Assessment		
Force	**Challenges**	**Opportunity**
Stressors	Mental, emotional, physical illness	Impetus for action
Politics	Drives policy, funding, agendas	Drives policy, funding, agendas
Money (high rates of poverty)	Causes stress, limits available services	Gaming dollars
	Reliance on gaming dollars	
Loss of cultural identity	Hopelessness, lack of self esteem	Find connectedness
	Confusion about roles	Values
Confusion about family roles	No identified provider or caretaker	Opportunities for mentoring
	Neglect, poverty	
New infrastructure (hospital, casino)	Depletion of funding (maintenance costs, etc.)	Increase in revenue, employment
		Expanded services
Economy	Lack of jobs, increase costs	Income
	Value of the dollar	Efficiency
Chronic disease	Overburden, cost, lost productivity	Increased funding
	Mental health	Switch to holistic view of health
Maltreatment of children and adults	Destruction of family, cost	Restore families
		Remove perpetrators
Substance abuse	Crime, child abuse and neglect, and disease	Funding, new programs
	Self-inflicted and accidental injury Attract undesirable persons	
Depression	Hopeless society, suicide	New/expanded programs
	Substance abuse	Providers
Crime	Life in general	Community watch
	Ready to take it into own hands	Strengthen codes & court New judicial building
Hunger	Throughout the lifespan, generational impacts	Gardens, greenhouses
	Malnutrition, poor nutrition	Increased affordable access
Housing	Homeless families	Innovation
	Inadequate housing	Development
Transportation	Reduced access to medical appointments, resources	Utilize Medicaid reimbursement
Spirituality	Lack of values, understanding	Church involvement

*Other forces considered included the Affordable Care Act (ACA), peer pressure, environment, and new technologies.

Community Themes and Strengths Assessment

CHALLENGE: Not enough useful information about what the Cherokee people expect from their health providers.

SOLUTION: Get more input from community members.

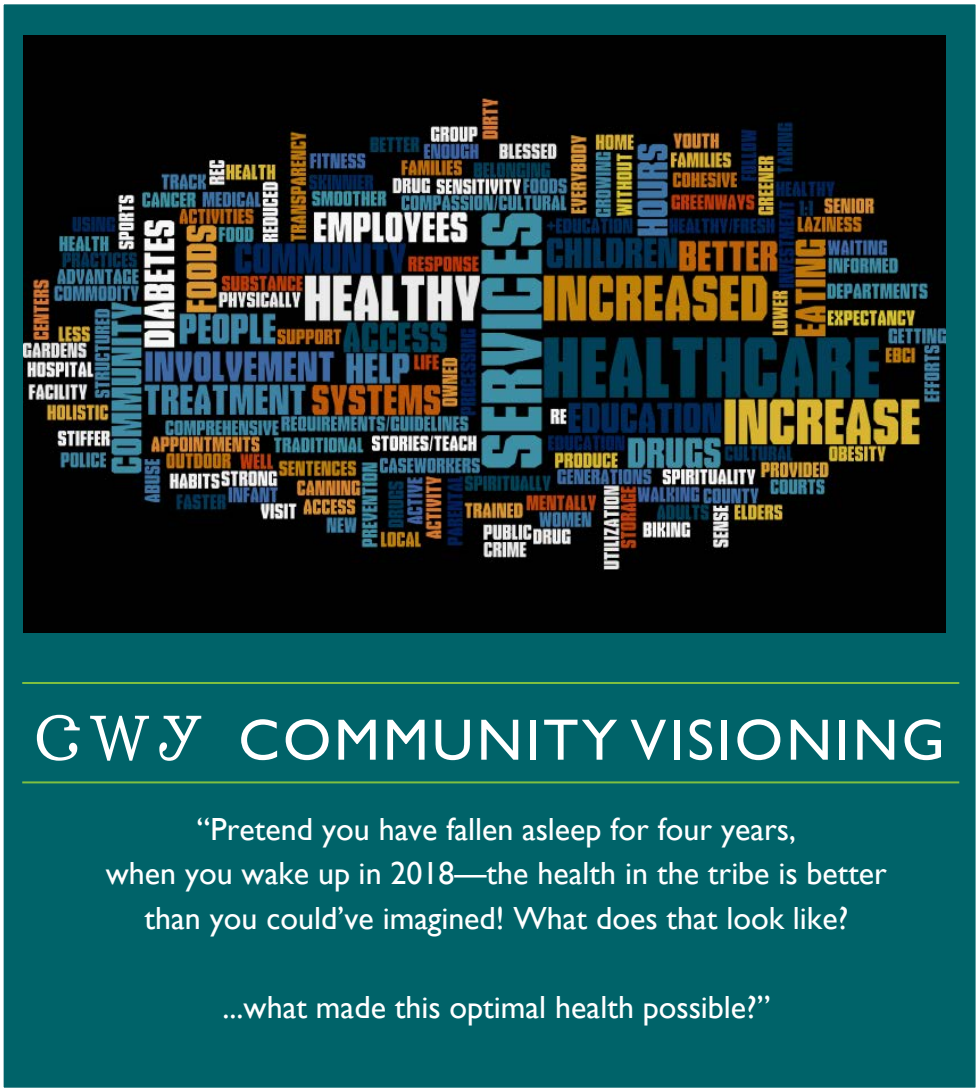
We found that community members had concerns about illicit drug and alcohol use; food and hunger; health education; and the healthcare system.

For EBCI's Community Themes and Strengths Assessment, the first source was the qualitative data in the community health survey conducted in 2013, which can be found in the Tribal Health Assessment.

The second source was community feedback gathered at community club meetings during winter 2013-spring 2014. PHHS directors attended nine community club meetings, where they asked community members to conduct a visioning activity. You can read the results of this visioning activity on the opposite page.

Community Themes

Illicit Drug and Alcohol Use	Food and Hunger: Healthy Eating & Access to Food	Health Education	Healthcare System
Want a treatment center owned and run by EBCI	Need for community gardens and local food processing	Involve communities and families—more parental involvement	Need a new hospital
More emphasis on Prevention	Improved access to food assistance (commodities) and WIC	Teach traditional beliefs, practices, and ceremonies	More compassion and cultural sensitivity from employees
Greater legal consequences	Need for more education on healthy lifestyles—food, exercise, recreation centers	More community, group-structured activities	More investment in healthcare
More attention on the problems with drugs and youth		Increase greenways, biking paths, walking trails	Comprehensive healthcare (holistic, improve systems, smoother services)
Address problems related to drug use—crime, HIV, Hepatitis C			Decrease wait times for visits
			Well informed, trained employees



How the assessments were used

THIP members used the four assessments to select the priority issues for health improvement.

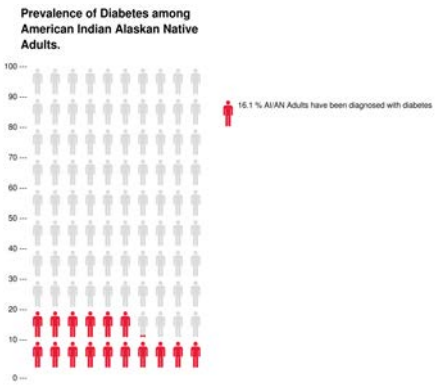
On the following pages, you will find some results from the four assessments relating to the selected issues: diabetes, depression and substance abuse, as well as pertinent facts about these conditions.

Background Information: Diabetes

Diabetes

Diabetes is a relatively new disease in Indian Country. Within the last century, the American Indian/Alaska Native (AI/AN) populations have seen a substantial increase in the number of members diagnosed with diabetes. Since first being identified within AI/AN communities in the early 1940s, diabetes is now considered one of the most important health threats within Indian Country and affects roughly three million AI/AN people.[1]

Figure 3.



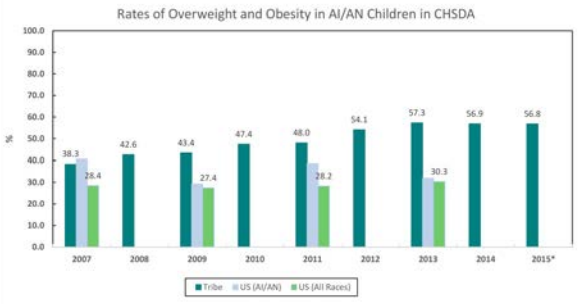
Images created by Iconarray.com. Risk Science Center and Center for Bioethics and Social Sciences in Medicine, University of Michigan. Accessed 2015-06-09.

Within CIHA, Type 2 diabetes mellitus (T2DM) is consistently one of the top five admitting diagnoses. In 2014, CIHA saw an 11.1% increase in admitting diagnosis of T2DM from the previous year.

Today, American Indian/Alaska Natives have the highest age-adjusted prevalence of diabetes among all U.S. racial and ethnic groups at 16.1%.[2] There has been a 110% increase in the number of American Indian/Alaska Natives young adults aged 15-19 years old with diabetes from 1990 to 2009.[3] This means that the number of our American Indian/Alaska Natives age 15-19 who have this disease has more than doubled.

Why has diabetes become so much more common among Tribal communities? Why has it grown at a more rapid rate for us than for others? Scientists think it may be because of a combination of issues. Some of these are age, family history, weight, socioeconomic status, historical trauma and inactivity.

Figure 4.



Source: Indian Health Service RPMS, Tribal Epidemiology Center. "Tribe" refers to EBCI.
Notes: 1. For U.S. rates, we used Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System estimates.
2. CHSDA: Contract Health Services Delivery Areas

Diabetes is a serious disease with very serious consequences for the person who has it. It also has consequences for that person's family and friends. They worry about the person taking care of themselves. They worry about complications. And they pay—with their time and money. It also has an effect on the Tribe, because taking care of people with diabetes is very costly.

Assessment Data: Diabetes

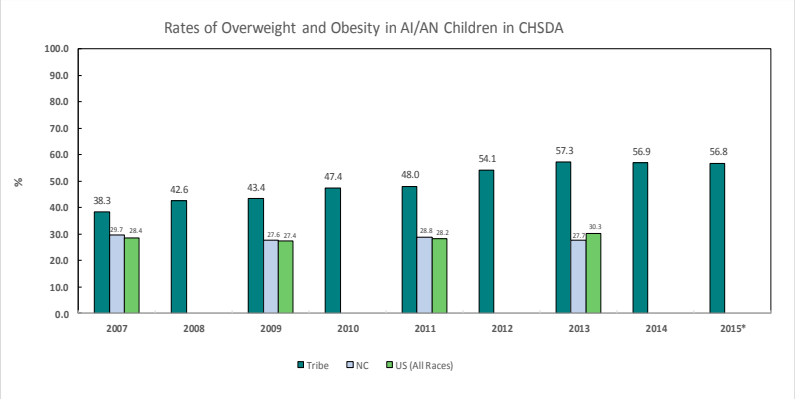
Diabetes

2013 Tribal Health Assessment:

- According to CDC's Racial and Ethnic Approaches to Community Health Survey conducted in 2012, 83.7% of individuals surveyed within Jackson and Swain counties who were of Native American descent were found to be overweight or obese.
- 60% of persons aged 65+ had diabetes.
- Age-adjusted diabetes prevalence within EBCI was 24.9%, compared to 22.6% in the Nashville area.

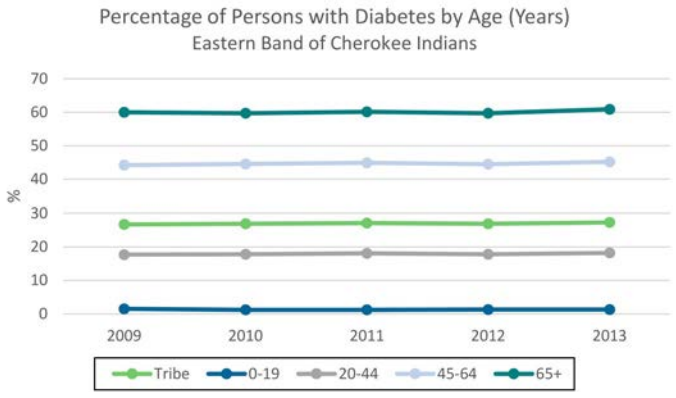
Diabetes is the fourth leading cause of death for patients at the Cherokee Hospital.
-Source: Indian Health Service, Tribal Epidemiology Center

Figure 5.



Source: Indian Health Service RPMS, TEC. "Tribe" refers to EBCI.
Notes: For U.S. and N,C. rates, we used CDC BRFSS estimates.

Figure 6.



Source: United South and Eastern Tribes, Inc., Tribal Epidemiology Center, 2014 Diabetes Report. Nashville , TN: United South and Eastern Tribes, Inc. (2014).

Background Information: Substance

Substance Abuse

The story behind substance abuse within EBCI and other Native American communities is complex and has developed from the psychological impact of a history of economic and social hardships. Substance abuse has become a serious threat to the American Indian/Alaska Native community. For example, alcoholism mortality rates are 514% higher among American Indian/Alaska Native populations than in the general population.[4] On the Qualla Boundary, opioid dependence and drug withdrawal are the top two admitting diagnoses at Cherokee Indian Hospital.

A major issue associated with regulating substance abuse is the availability of up-to-date, quality information. It is important to have accurate data that reflect trends within the general public and within Indian Country. According to Substance Abuse and Mental Health Services Administration (SAMHSA), in 2012 Native Americans/Alaska Natives had an overall higher rate of alcohol consumption than any other ethnic group within the United States. However, among those 12-25 years old, the prevalence of alcohol consumption, binge drinking and heavy consumption is consistently lower within American Indian/Alaska Natives populations.[5] In contrast, data demonstrates that the majority of Tribal members who abuse other substances are the youth and young adults younger than 30.[6] This suggests that the majority of alcoholism occurs later in life (26+ years old) for American Indian/Alaska Natives communities, and that health professionals and current policies may be targeting the wrong demographics.

EBCI PHHS, CIHA and the Nashville Area Tribal Epidemiology Center have been working hard over the past 10 years to collect and maintain information on rates of substance abuse in the EBCI community. That's because statistics that describe substance abuse in the nation might not be the same for substance abuse in EBCI.

Top Ten Admitting Diagnoses at Cherokee Indian Hospital Authority for 2014

(Indian Health Service RPMS, CIHA)

Admitting Diagnosis	Number for Year	% Increase or Decrease From 2013
1. Opioid Dependence (addiction to painkillers or sleeping pills)	60	-23.1
2. Drug Withdrawal	50	-29.6
3. Pneumonia	33	-29.8
4. Type 2 Diabetes without complications uncontrolled	20	11.1
5. Alcohol Intoxication	17	13.3
6. Alcohol Withdrawal	15	15.4
7. Cellulitis of leg	14	-6.7
8. Drug Dependence	13	160
9. Urinary Tract Infection	11	-21.4
10. Chest Pain	11	-15.4

Assessment Data: Substance Abuse

Substance Abuse

2013 Tribal Health Assessment:

- During fiscal year 2012, 1,530 patients were recorded with at least one drug-related diagnosis code.
- Within the United States, American Indian/Alaska Natives consistently have the highest rate of smoking and tobacco use at 35.8% compared to 29.5% for whites and 27.3% for blacks in 2010.
- According to the 2011 WNC Healthy Impact Survey, within western North Carolina, American Indian/Alaska Natives also show the highest rate of smoking (41%) compared to other races (27% among blacks, 20% among whites).

> "[We need] programs for drug & alcohol rehab. Support for families raising grandkids etc. Healthy food pantries."
>
> *-Big Cove Community Member, Community Clubs Report, 2014.*

Percentage of adults who currently smoke by race and sex (REACH)

	AI/AN Total	AI/AN Men	AI/AN Women	NC Men	NC Women
	% (sample size)	% (sample size)	% (sample size)	%	%
2002	43.7% (952)	45.0% (422)	42.7% (530)	28.4%	23.9%
2010	38.8% (944)	39.2% (404)	38.5% (540)	23.1%	17.7%
2011	39.0% (897)	38.7% (403)	39.2% (494)	23.4%	16.4%
2012	40.5% (906)	38.7% (408)	42.5% (498)	24.5%	19.2%

*A person who smokes cigarettes everyday or some days now is defined as a current smoker.

Patients with at least one visit in the last year with a drug-related diagnosis code

(Indian Health Service RPMS, CIHA)

Year	# of Visits
2001	1109
2002	1128
2003	1117
2004	1126
2005	1138
2006	1121
2007	1145
2008	1132
2009	1395
2010	1365
2011	1471
2012	1530
2013	1763
2014	1741
% Change:	**57%**

Background Information: Depression

Depression within the EBCI has been associated with the tumultuous history of social, economic and political injustices; injustices including forced relocation, assimilation and many broken treaties throughout history. Over time, this historical trauma has led to major concerns that are often seen along with depression. These major concerns include a lower life expectancy, higher poverty rate, a suicide rate that is 1.5 times higher than the national average, and a higher rate of psychological distress.[7] Depression is one of the top diagnoses within CIHA, and often is present in people who have other health concerns, such as diabetes and substance abuse.

Research regarding the prevalence of depression in Indian Country is lacking. We have to rely on more broad national data because not enough research is being conducted on the prevalence of depression specifically within the EBCI community. Several studies of different American Indian/ Alaska Native communities have found prevalence of depression ranging from 10-30%. Compare this rate to 6.9% within the U.S. population aged 18 years or older, and it is very concerning.[8]

Across the United States, the treatment of depression has been difficult because of stigma and a lack of effective treatments. People struggling with depression may think that they should not let others know how they are feeling or what their diagnosis is. They are often left to work through the depression themselves. Today, many programs are working to help people feel comfortable seeking treatment, and to enable them to get their treatment despite any difficulties they might have with transportation or paying for care. In 2015, many more Tribal members who need it are receiving treatment than in the past.

The EBCI behavioral health program, Analenisgi, is a program that can help people with depression. Analenisgi became part of CIHA in 2013.

CIHA operates with an innovative structure of primary care teams. Behavioral Health staff members are now included in each CIHA primary care team. This allows for better connections between primary care practitioners and mental health professionals, and results in more referrals. Though much is being done to prevent depression and to treat individuals with depression, depression still remains one of the Tribe's top health concerns.

Assessment Data: Depression

Depression

2013 Tribal Health Assessment (THA):

- 13.4% of the EBCI population had been diagnosed with a type of mood disorder. (Nashville area: 9%)
- Recent data within the THA found that there were 965 behavioral health visits by American Indian/Alaska Natives in Indian health care delivery systems in the 5-county Contract Health Services Delivery Areas (CHSDA).
- Intentional self-harm by discharge of firearm made up 2% of deaths of American Indian/ Alaska Natives in 5-county CHSDA from 2003-2010.

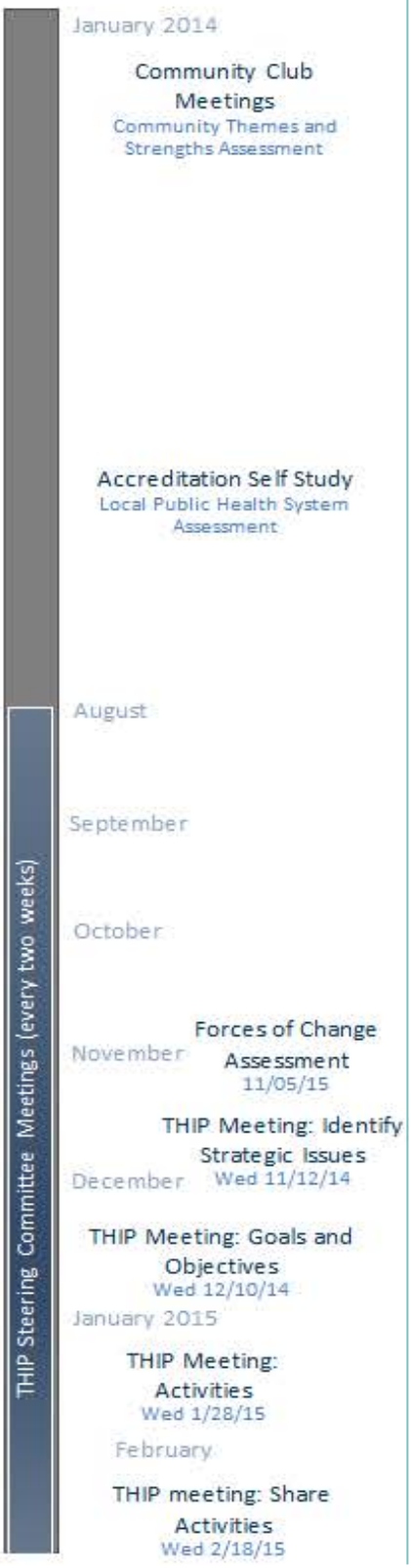
Number of behavioral health visits by AI/AN in Indian healthcare delivery system in 5-county CHSDA

(Indian Health Service RPMS, CIHA)

Year	# of Visits
2006	486
2007	785
2008	1001
2009	1057
2010	965
2011	3705
2012	3761
2013	3992
2014	4739
% Change:	**875%**

*It is important to note that the observed increase in number of behavioral health visits may reflect an increased capacity of Cherokee behavioral health programs.

Creating the Tribal Health Improvement Plan



After completing the visioning process and the assessments, the THIP Organizing Committee analyzed the assessments through the lens of the vision to brainstorm an inclusive list of community health issues.

The Team looked at community input from:

- The Community Survey in the 2013 Tribal Health Assessment, with nearly 800 respondents,
- The Forces of Change Assessment, with participation by over 100 PHHS staff, and
- Feedback and comments from attendees at 9 community clubs in early 2013.

From the survey results, data analysis of the themes in the THA, and community input, the THIP Organizing Committee identified a short list of major community health strategic issues that were coming up again and again:

- Chronic disease prevention and management, including heart disease, diabetes, obesity (including childhood obesity) and cancer
- Mental health
- Physical abuse
- Addiction/substance abuse

The THIP Organizing Committee generated a list of partners in the community to invite to join the THIP process as part of the THIP planning and implementation group.

The Team planned a series of four workshops to gain consensus on strategic issues, choose the priority issues for the next three-year cycle, determine strategic goals and define objectives and activities for the THIP.

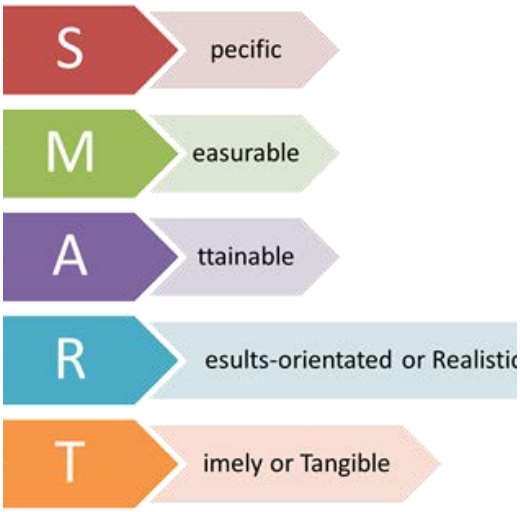
At the first workshop, participants got a thorough orientation to 1) the purpose of the THIP process and 2) status of past and current health improvement projects and activities. Led by a facilitator, they then had a vigorous discussion, which led to consensus on three priority issues: diabetes, substance abuse and depression.

At the second workshop, participants divided into three teams by interest and expertise, one for each issue. Large pieces of paper were placed on the walls around the room showing the following questions. Participants were not required to stick with their team; they moved about to brainstorm with other teams as well.

Questions

☐ What current work is focused on this issue?
☐ What resources are currently available to address the issue, if any?
☐ Who in the community would support work on this issue? What is their level of support?
☐ What potential barriers are there to addressing this issue?
☐ What are your initial thoughts about goals or strategies that may be developed around this issue?
☐ What do we already measure?
☐ What are the cultural implications that we need to consider?

Next, each team narrowed the scope of their priority issue, developed an overall strategic goal and generated objectives for each goal. Presenters shared the importance of SMART objectives and roving facilitators assisted each team in crafting their SMART objectives.



Characteristics of a "SMART Objective"

Each team chose a team leader and the THIP Steering Committee was formed. The THIP Steering Committee consists of these three team leaders and the THIP Organizing Committee members. (A complete list can be found on p. 9.)

During the third workshop, the three teams met to determine key activities for each objective. Three to five activities, including interventions and programs, were chosen for each of the four team objectives. Each activity was then delegated to group members to work on over the next three years to make a significant impact on the community in the issue area.

Facilitators and resource staff helped clarify the importance of measurable objectives and activities with the potential for real impact. In particular, participants were asked to think about how to they could build on existing community health efforts.

The Steering Committee assigned a PHHS resource staffer to assist each of the three teams with documentation, research and organization throughout the THIP process.

The fourth workshop allowed teams to shape and finalize the activities. Back at their offices, workshop participants continued to think about the plan for activities. Some wrote valuable analyses of strengths and weaknesses, while others filled in necessary details about how activities can be carried out. The teams noted that many activities and objectives shared characteristics or requirements, so they realized teams could partner to accomplish some objectives. For example, the Substance Abuse Team and the Depression Team planned to work together on ways to incorporate traditional Cherokee beliefs and values in work on substance abuse and depression.

The goals, objectives and activities can be seen on the next pages.

Defining Priorities

At the second THIP workshop, the three teams were asked to narrow the scope of each priority. These descriptions capture that discussion.

Diabetes

Issue:
High rate of Type 2 diabetes among Tribal members

Focus: Prevention

- Address obesity
- Decrease stress
- Increase physical activity
- Improve nutrition

Success: A decrease in incidence of Type 2 diabetes within the Tribe.

Substance Abuse

Issue:
Overindulgence or dependence on an addictive substance that is harmful to individual, family and/or friends.

Focus: Prevention

Success: Lower incidence of addiction in community.

Depression

Issue:
Lack of understanding of signs and symptoms associated with depression among children and adults

Focus: Awareness

Success: People in the community able to identify when they are depressed and know where to go for help.

The Three Year Plan

"If you do what you've always done, you'll get the same results."
-author Tony Robbins

The THIP steering committee believes that through a combination of community member involvement, using current assessment data, bringing the right partners to the table, working together and on-going evaluation, this collaboration can demonstrate improvements in Tribal health.

EBCI PHHS and the THIP are committed to using evidence-based interventions. Evidence-based interventions are programs and activities that have been demonstrated to have a measurable impact. In the process of putting this plan together, THIP team members staff collected online databases of evidence-based options. The teams will continue to draw on these sources as we select methods for various activities.

We have selected certain objectives in order to be able to track our success and we have endeavored to select metrics that move in the same direction as other positive outcomes we might have chosen. However, we know that our activities are likely to have positive impacts on many other conditions and health metrics.

Although this plan was written with a three-year time frame in mind, the THIP recognizes that improvement is a continuous, cyclical endeavor and that the effects of this plan will ripple forward in time much beyond 2017.

County Community Health Improvement Plans (CHIPs)

The majority of the EBCI population in western NC lives in either Jackson or Swain County. Therefore, when those counties implement their own Community Health Improvement Plans (CHIPs), their actions will affect EBCI members. (Similarly, our actions in carrying out the EBCI THIP will affect the people of Jackson and Swain counties.)

Jackson County's CHIP has set the following priorities:

- Healthier food options
- Adult physical activity, including fall prevention
- Adolescent substance abuse

These priorities overlap with the priorities of our THIP, so EBCI PHHS will work with the Jackson County Department of Public Health to obtain crucial data and to implement activities. For example, EBCI PHHS will survey EBCI residents 12-18 years of age in 2015; the results may be helpful to Jackson County in their effort to combat adolescent substance abuse.

Swain County's CHIP has identified two priorities:

- Obesity prevention
- Tobacco use

Obesity prevention is a good fit with the EBCI Diabetes Team's objectives and activities. Swain County has selected a number of obesity prevention activities that are similar to what EBCI is currently doing, such as their School Health Advisory Committee and the "Walk and Talk" program. EBCI will work with Swain County to compare initiatives and learn from each other's experiences.

As we implement our THIP, EBCI will work with all our partner counties to coordinate health improvement processes, but will focus on working with Jackson and Swain counties.

Diabetes: The Three Year Plan (2015-2017)

Goal: Decrease Type 2 diabetes among the Eastern Band of Cherokee Indians	
Objective 1: To decrease the number of individuals newly diagnosed with Type 2 Diabetes among members of the EBCI from 2014 baseline by 1% or more within 3 years	
Development and promotion of Tribal Wellness activities	**EBCI PHHS**
Encourage the availability of healthy food choices in local businesses	**Cherokee Choices**, EBCI PHHS & Women's Wellness
Objective 2: To increase the number of youth aged 5-18 that meet the recommended 60 minutes of moderate to vigorous physical activity per day by 25% within 3 years	
Liaison with Cherokee Central Schools and other local schools to determine current level of in-school activity	**THIP Education Committee, Cherokee Choices & EBCI PHHS**
Identify age groups not meeting 60 minute goal and survey those students to determine how much activity they get outside of school	**EBCI Economic and Community Development**
Strengthen partnership between community organizations to expand or enhance after school activities and summer programming	**Cherokee Choices**, Community Health & Education and Recreation
Objective 3: To increase the number of adults aged 19+ that meet the recommended 150 minutes of moderate physical activity per week by 25% within 3 years	
Obtain baseline data from Tribal Health Assessment	**EBCI PHHS**
Develop a community fitness challenge promoted through social media	**EBCI PHHS, Dora Reed Tribal Child Care**, Healing and Wellness Coalition & Junaluska Leadership Council
Promote an increase in utilization of community recreation centers by EBCI members	**Education and Recreation** & Cherokee Life Center
Objective 4: To increase the number of individuals diagnosed with Type 2 Diabetes within the EBCI with a controlled A1C level of less than 8 by 5% within 3 years	
To decrease the amount of sugar-sweetened beverages consumed per day by the members of the EBCI from the current level	**Community Health** & EBCI Legal Office
Conduct pilot study on chronic disease self-management	**Cherokee Choices** & EBCI PHHS
Collaborate with local partners to strengthen and support diabetes self-management education	**Cherokee Choices** & Tsali Care Center

Bold indicates the person or agency who will coordinate each activity

Diabetes Team

The Diabetes Team is composed of:

- Tribal youth
- Tribal elders
- Members from the Tribal communities that make up the Qualla Boundary
- Employees of various Tribal programs
- Doctors, nurses and others with strong backgrounds in diabetes prevention and treatment and nutrition

The Diabetes Team selected four objectives. Three objectives focus on prevention and one objective focuses on managing diabetes. The team developed activities to support our selected objectives.

GPRA measures

Cherokee Indian Hospital Authority is required by law to benchmark performance to GPRA (Government Performance and Results Act) performance measures. GPRA measures that apply to THIP objectives and activities include glycemic control in diabetics; alcohol screening; depression screening; and suicide surveillance. The EBCI THIP will be able to use GPRA information and benchmarks through CIHA to assist in monitoring progress on the THIP objectives.

To increase physical activity among Tribal members

We will work to increase physical activity within local schools, community clubs and other EBCI programs to make sure our community get the recommended daily amount of physical activity.

We will conduct a social media campaign aimed to increase healthy habits such as increased physical activity and healthier food choices.

To help people consume fewer sugar-sweetened beverages

We will make these beverages less readily available through economic incentives.

We will make sure that healthier beverage options are available.

We will make sure that healthier beverage options are easier to get than sugar-sweetened options.

To support management of diabetes

We will study ways to improve both diabetes self-management and self-management education.

We will support programs that currently work to lower the blood sugar and manage associated complications of Tribal members diagnosed with diabetes.

Kids Yoga at Dora Reed Tribal Child Care. *Photo Credit: Robin Callahan.*

Substance Abuse: The Three Year Plan (2015-2017)

Goal: Reduce the burden of substance abuse on the Tribal community.	
Objective 1: By 2017, increase participation of Tribal members in sharing traditional native beliefs and values in wellness, measured by at least three substance abuse programs which incorporate recommendations from the Cultural Identity Task Force.	
Form Cultural Identity Task Force	**Analenisgi** & Cherokee Healing and Wellness Coalition
Produce recommendations for activities below	**Cultural Identity Task Force**
Objective 2: Middle School or High School substance abuse prevention programs in 2 of the 4 school systems (Cherokee Central, Swain, Smoky Mountain and Robbinsville), by 2016-2017 school year.	
Start conversation with school systems	**Cherokee Central Schools Nursing,** Cherokee Choices, Swain High School, Junaluska Leadership Council, & EBCI PHHS
Research and evaluate curriculum options	**Cherokee Central Schools,** Swain High School**,** Junaluska Leadership Council, & Cherokee Choices
Implementation	**<Depends on above>**
Objective 3: 5% increase in the number of EBCI individuals participating in substance abuse treatment by the end of 2017.	
Get baseline data	**Analenisgi** & EBCI PHHS
Add SA to CIHA screening	**Analenisgi**, Cherokee Indian Hospital Authority Nursing
Research school-based screening tools and options	**Cherokee Central Schools,** Swain High School & Cherokee Choices
School screening implementation	**<Depends on above>**
Develop local residential treatment program	**Analenisgi &** Cultural Identity Task Force
Educate/inform community about treatment options, including information about services	**Dora Reed Tribal Child Care,** EBCI PHHS, Analenisgi, Cherokee Choices & Junaluska Leadership Council
Objective 4: By the end of 2017, 5% increase in the number of EBCI individuals maintaining 90 days sobriety after treatment.	
Get baseline data	**Analenisgi** & EBCI PHHS
Develop halfway houses on the Qualla Boundary	**Analenisgi** & Cultural Identity Task Force
Milestone celebrations	**Swain High School** & Junaluska Leadership Council & Cherokee Choices

Bold indicates the person or agency who will coordinate each activity.

Substance Abuse Team

Members of the Junaluska Leadership Council, Analenisgi, CIHA, Swain and Cherokee Central school system and EBCI PHHS are represented on the Substance Abuse team.

The four objectives in the Substance Abuse team plan progress from foundational, to prevention, to screening, to treatment, and finally to maintaining sobriety.

Assisting an elder to sign up for services. *Photo Credit: Manuel Hernandez*

The depression and substance abuse teams each identified cultural identity as essential. The two teams agreed that a Cultural Identity Task Force could be formed to make recommendations. These recommendations will help Tribal substance abuse programs provide culturally conscious treatment.

To ensure that we achieve the best outcomes, we must ensure that our programs, treatment models, training and language are appropriate for this community. We have long known that a sense of purpose, connectedness and self-efficacy are crucial to recovery and wellness.

The second objective will fill the essential need for prevention education. Multiple partners have committed significant resources to help achieve this ambitious objective.

The THIP had very good timing for objective 4, and builds on previous work. At the request of Tribal Council in 2014, CIHA and Cherokee Healing and Wellness Coalition formed a task force to make recommendations to address the problem of substance abuse in the community. Their recommendations were received and endorsed by Tribal Council.

The THIP SA Team uses the following definitions:

Substance Abuse (SA): The use of alcohol, prescription or illicit psychoactive drugs in a manner which causes harm to the individual or others.
Substance Abuse Treatment: Participation in a formal outpatient, residential or inpatient treatment.
Sobriety: No use of alcohol or psychoactive substances not prescribed by a qualified physician. Sobriety will be measured by client and staff reports, drug tests, and other information as available.

Cherokee Indian Hospital Authority is developing a comprehensive substance abuse service continuum. The benefits of gaining additional partners via the THIP will include:

- Input on program design from the Cultural Identity Task Force
- Additional staffpower
- Increased publicity for new services through the media outlets used by the partners

Depression: The Three Year Plan (2015-2017)

Goal: To improve mental health by recognizing the impact of depression on the community.	
Objective 1: Increase awareness of depression among the EBCI community from baseline over the next 3 years.	
Explore and analyze current baseline of community awareness of depression in available data.	**EBCI PHHS** & Western Carolina University
Develop and analyze EBCI-specific baseline data on community awareness of depression in ages 12-17 (middle and high school) and adults.	**EBCI PHHS**, Western Carolina University, & local school systems
Based on data from Activities 1 and 2, develop education and outreach on depression awareness.	
Objective 2: Increase the number of visits to behavioral health providers in all programs and agencies that serve EBCI by 5% from baseline over the next 3 years.	
Determine baseline number of visits per time period for EBCI clients of all ages.	**EBCI PHHS**, Analenisgi, Cherokee Indian Hospital Authority, & local school systems
Increase follow-up for depression screens and diagnoses, including behavioral health visits, referrals and other follow-up options.	**Analenisgi**
Objective 3: Increase the number of service providers in the community who use screening tools for depression from baseline over the next 3 years.	
Identify and analyze baseline data on which providers currently screen and what tools are in use.	**EBCI PHHS** & Analenisgi
Make formal evidence-based recommendations on depression screening tools and processes for use.	**Analenisgi**
Identify and target specific groups for screening.	**Analenisgi**
Objective 4: Increase participation of Tribal members in sharing traditional Cherokee beliefs and values in wellness over the next 3 years.	
Identify and assess programs and individuals who are involved currently in sharing traditional Cherokee wellness beliefs and values.	**PHHS**, Western Carolina University, local schools, & community clubs
Work with individuals and groups to gain and share a better understanding of the Cherokee wellness worldview through stories and other means.	

Bold indicates the person or agency who will coordinate each activity.

Depression Team

The Depression Team's members include representatives from PHHS, Analenisgi, CIHA, the Education and Recreation Division, Junaluska Leadership Council, and Western Carolina University. The team used resources from the Tribal Health Assessment and evidence-based standards to define the goal: to improve mental health by recognizing the impact of depression on the community by addressing awareness and education, diagnosis, and access to care.

Depression is a widespread problem that interacts with other health issues dramatically, and can lead to long-term disability or even death. Many people are unclear about what depression is, what the many symptoms of it are, and how to get care for oneself or a loved one. Many people do not seek care because of fear or shame. The Depression Team will addresses these issues in the objectives and activities on the opposite page.

Drummers performing for elders at Tsali Care.
Photo Credit: Tara McCoy.

First, the team will research how the EBCI youth and adults understand depression; learn how many community members are in care for depression and how providers screen for depression; and identify community members who are already sharing Cherokee traditional wellness values.

Then, the team will work with the other THIP teams and community groups to increase understanding of what depression is and how it affects individuals and families, to increase the number of people screened and in treatment, and to build on the foundation of traditional Cherokee values and beliefs to work together toward better health for all.

Healthy People 2020 Indicators

Healthy People provides science-based, ambitious yet achievable objectives for improving health across the United States. The HP2020 indicators were released by the U.S. Department of Health and Human Services in 2010 to set a 10-year national agenda.

As part of the THIP process, we looked at HP2020 indicators for inspiration and comparison. Here are the ones that directly relate to EBCI's THIP issues and objectives:

- Decrease number of newly diagnosed Type 2 diabetes cases; baseline: 8.0/1000; target: 7.2 new cases/1000;10% improvement. —**Diabetes Team Objective 1**
- Increase proportion of adolescents who meet current guidelines for aerobic physical activity; baseline: 28.7%; target: 31.6%; 10% improvement; —**Diabetes Team Objective 2**
- Increase the percent of adults who meet the objectives for aerobic physical activity; (baseline 43.5%; target: 47.9%)
- Targets for time allotted to physical activity in schools (daily PE, regularly scheduled recess)—**Diabetes Team Objective 3**
- Decrease the number of individuals diagnosed with Type 2 diabetes; baseline 17.9% adults with A1C less than 7; 10% improvement)—**Diabetes Team Objective 4**
- Increase percentage of adults with a Type 2 diabetes diagnosis who have A1C scores less than 8 (baseline 53.5% adults < 7; 10% improvement)—**Diabetes Team Objective 4**
- Increase percentage of adults with a Type 2 diabetes diagnosis who get A1C measurements at least twice a year; baseline 64.6%, 10% improvement; target 71.1%)—**Diabetes Team Objective 4**
- Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based Alcohol Screening and Brief Intervention (SBI)—**Substance Abuse Team Objective 3**
- Increase the proportion of persons who received specialty treatment for abuse or dependence in the past year (12 yr.& older); (baseline: 9.9%, target: 10.9%; 10% improvement)—**Substance Abuse Team Objective 4**
- Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment; target: 72.3%; 10% improvement; baseline 66.7%)—**Depression Team Objective 2**
- Increase the proportion of primary care physician office visits where adults 19 years and older are screened for depression; target 2.4%; 10% improvement; baseline 2.2%—**Depression Team Objective 3**
- Increase the proportion of primary care physician office visits where youth aged 12-18 years are screened for depression; target 2.3%; 10% improvement; baseline 2.1%)—**Depression Team Objective 3**

Evaluation Plan and Timeline

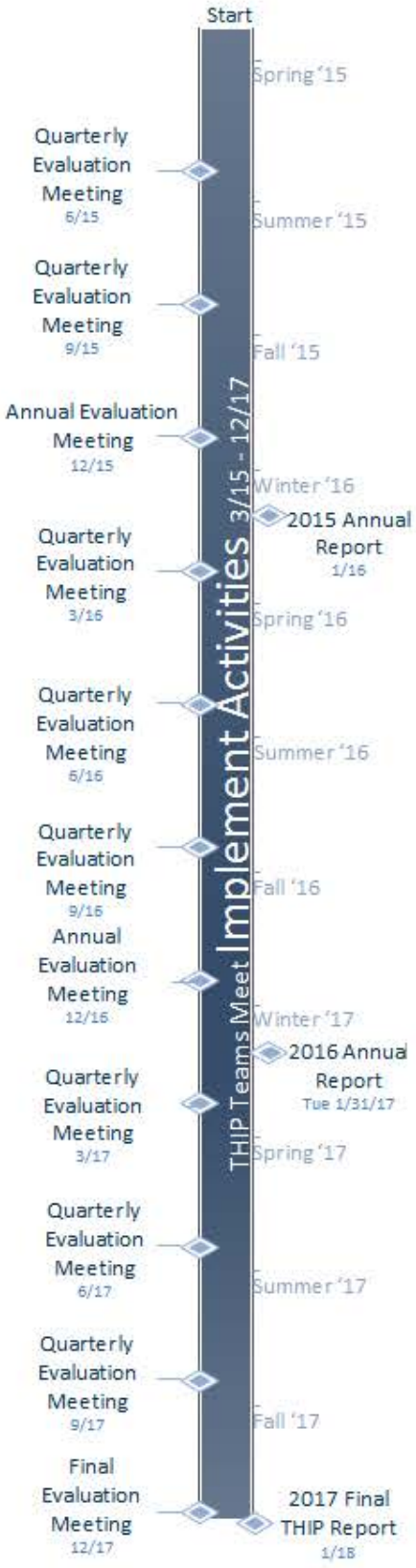
Four times a year, members of all three THIP teams will meet to evaluate our progress, and the annual evaluation meeting will be held each December. These quarterly meetings will be held on the second Wednesday of every third month. (See timeline to the right). All teams will be able to ask for input and resources from their colleagues on other teams.

Cycle of Assessment, Planning and Evaluation

The annual evaluation meeting will mark the deadline for team members to report accomplishments to be listed that year's THIP report.

After three years, a final report will assess and comment on the degree to which the THIP teams have been able to complete the objectives stated in this plan. Teams may choose to set interim targets, or they may find that they have met the THIP objectives before the full three years has gone by; in this case, they will strive to surpass those targets.

The THIP is intended to be a recurring, iterative process, so as we approach the end of the three year process, we may begin planning another round of Tribal Health Improvement planning.



Community Resources

Diabetes

Your primary care doctor

Whether at CIHA, Women's Wellness, or another practice your physician can diagnose, treat, manage, and make referrals for diabetes prevention or management.

Cherokee Indian Hospital
Phone: 828.497.9163

Women's Wellness Program
Phone: 828.359.6240

Diabetes Program/Healthy Heart/Wound Care

Diabetes management, wound prevention and treatment.

Phone: 828.497.1991

Cherokee Choices

Chronic disease prevention, education, and nutritional support for the whole lifespan, with an emphasis on elementary school age children.

Phone: 828.359.6782
Website: http://cherokee-phhs.com/cherokee-choices/index.html

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Cherokee Fitness Complex, Community Rec Centers

Exercise services include: weights, machines, women-only work-out room, pool, basketball court, indoor track, personal trainers and group fitness classes.

Phone: 828.497.1964
Website: https://nc-cherokee.com/cherokeelifecenter/

American Diabetes Association (ADA)
http://www.diabetes.org/

Centers for Disease Control and Prevention (CDC)–Division of Diabetes Translation
http://www.cdc.gov/diabetes/home/

Indian Health Service (IHS)–Diabetes Treatment and Prevention
http://www.ihs.gov/MedicalPrograms/Diabetes/

Community Resources

Depression

Analenisgi
Mental health and substance abuse counseling and treatment services for the EBCI community.

Phone: 828.497.9163 x7550

Cherokee Fitness Complex
Exercise services include: weights, machines, women-only work-out room, pool, basketball court, indoor track, personal trainers, and group fitness classes.

Phone: 828.497.1964
Website: https://nc-cherokee.com/cherokeelifecenter/

Your church or place of worship
Many religious groups offer counseling, emotional support and spiritual guidance either from a leader or lay community members.

Your primary care provider or team
Whether at CIHA, Women's Wellness or another practice, your physician can diagnose, treat and manage your condition and provide referrals.

Cherokee Indian Hospital
Phone: 828.497.9163

Women's Wellness Program
Phone: 828-359-6240

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/

American Academy of Child & Adolescent Psychiatry – Depression Resource Center
http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Depression_Resource_Center/Home.aspx

Anxiety and Depression Association of America (ADAA)
http://www.adaa.org/

Community Resources

Substance Abuse

Analenisgi

Mental health and substance abuse counseling and treatment services for the EBCI community, including opioid replacement (suboxone) therapy.

Phone: 828.497.9163 x7550

Narcotics Anonymous/Alcoholics Anonymous

Support group

Nar-Anon/Al Anon group

Support group for loved ones of those struggling with addictions.

Contact Analenisgi for current meeting times and locations
Phone: 828.497.9163 x7550

UNITY

Live-in drug abuse treatment program for native youth located on the Qualla boundary and operated by Indian Health Service.

Phone: 828.497.3958

Your primary care provider or team

Whether at CIHA, Women's Wellness or another practice, your physician can diagnose, treat and manage your condition and provide referrals.

Cherokee Indian Hospital Authority
Phone: 828.497.9163

Women's Wellness Program
Phone: 828.359.6240

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/

North Carolina Department of Health and Human Services (NC DHHS)
http://www.ncdhhs.gov/MHDDSAS/services/sa-services/index.htm

References/Sources

- More information on the Mobilizing for Action through Planning and Partnerships (MAPP) framework can be found at: http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm
- For a copy of the entire THA document, please visit: http://cherokee-phhs.com/pdfs/THA-full-report-2013.pdf.
- For more information about Healthy People 2020 see: https://www.healthypeople.gov/
- Diabetes Data (page 20)

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2.Indian Health Service-Division of Diabetes Treatment and Prevention 2012, Factsheet-*Diabetes in American Indians and Alaska Natives: Facts at a Glance*. Viewed March 17, 2015. <http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/FactSheets/2012/Fact_sheet_AIAN_508c.pdf>

3.Pettitt, David J., et al. *Prevalence of diabetes in US youth in 2009: the SEARCH for Diabetes in Youth study.* Diabetes Care 37.2 (2014): 402-408.

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4. The Indian Health Service fact sheets. (2011, January). Retrieved July 3, 2012, from http://www.ihs.gov/PublicAffairs/HSBrochure/Profile2011.asp

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6. Compton, W. M., Thomas, Y. F., Stinson, F. S., & Grant, B. F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Archives of general psychiatry*, *64*(5), 566-576.

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8. Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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Get Involved

If you are a community member or a local or regional partner, we invite you to join us as we work on the issues and activities in this plan.
We also invite you to connect with us in the next round of Health Improvement Planning, beginning in 2018.
Contact us using the information below.

Let's see how big an impact we can make on health in the Tribe if we work together!

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S-gí!
Thank you!

Tribal Health Improvement Plan
2015-2017

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