

Cherokee Nation Public Health
Prevent. Promote. Protect.



STATE OF THE CHEROKEE NATION HEALTH REPORT AND PLAN 2014

*By Cherokee for all. People living happy
and healthy for this and future generations.*

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PREPARED BY





Our Vision for Those We Serve

Cherokees have long demonstrated their ability to face adversity, survive, adapt, prosper and excel. Despite the hardships endured, Cherokee people have maintained a complex system of governance, society and culture. Acknowledging the perseverance, strength and foresight of our ancestors, we move forward with this vision:

By Cherokee for All. People living happy and healthy for this and future generations. Happy Healthy Cherokees.

Our Vision for Our Public Health System

Good public health practice is one that includes a systems approach. A systems approach is one where multiple stakeholders are working together to assure conditions for a healthy Cherokee Nation. Our vision is to maintain:

A well-coordinated, collaborative and self-sufficient Cherokee Public Health System.

Our Mission

Public health is often defined as promoting, protecting and improving the health of communities through education, promotion of healthy lifestyles, and disease prevention, detection and response. Together, we will:

Promote health and quality of life among our communities and families through culture, collaboration, community engagement and empowerment.

Our Guiding Principles

Cherokee Nation Public Health partners identified key principles that are essential for us to work together effectively.

- Advancing Cherokee Nation's self-determination by focusing on high performance and quality services.
- Demonstrating strength and leadership through partnership, coordination and communication among all of our partners.
- Engaging our communities by being inclusive and maintaining a profound respect for our culture.
- Promoting health equity, social justice and safety within our communities.



GWYD DDP
CHEROKEE NATION®
Health Services
Public Health
www.cherokeepublichealth.org

CN Health Services
Connie Davis
Executive Director
Lisa Pivec
Senior Director of PH

Dear Public Health Partners:

It has been our privilege and honor to lead the public health efforts that has resulted in the development of the *Cherokee Nation Tribal Health Assessment, Cherokee Nation 2013-2017 Tribal Health Improvement Plan and Cherokee Nation 2013-2017 Tribal Public Health Strategic Plan*. These three documents collectively make up the *State of the Cherokee Nation Health Report & Plan*.

Cherokee Nation's desire to advance our delivery and utilization of public health practice led way for CN Public Health (CNPH) to undertake the transforming process of public health accreditation. The development of these informative documents was a direct result of Cherokee Nation taking this uncharted journey of public health accreditation. Public health accreditation is currently taking America by storm and looks to be the way of the future in terms of identifying public health agencies that are meeting the gold standard of delivering high quality public health services as defined by the Public Health Accreditation Board (PHAB). We invite you to learn more by visiting PHAB's website at phaboard.org. By becoming accredited, CNPH demonstrates our commitment to continuously strive to improve and protect the public's health. The accreditation process has stimulated CNPH programs to function more efficiently and effectively while solidifying an infrastructure that provides CNPH the ability to be more accountable and transparent to you - our stakeholders and the people we serve.

We are honored to work with a dedicated and talented group of people from various departments/programs throughout Cherokee Nation. We are also very grateful to the contribution and commitment of CN's Public Health Committee to assuring the advancement of public health in Cherokee Nation. We would like to acknowledge the numerous tribal and non-tribal people from various groups such as health care, academia, non-profit public health organizations, state, local & tribal public health departments and community members representing various community based organizations that graciously partnered with us to assist with the completion of our precedential tribal public health endeavors.

This has been a long time in the making and therefore we are so very excited to formally present the *State of the Cherokee Nation Health Report & Plan*. This plan was created for everyone interested in improving the health and well-being of our friends, family and our communities that comprise our great tribe the Cherokee Nation.

The *State of the Cherokee Nation Health Report & Plan* provides a snap shot of where we currently are as well as provides us a roadmap of how to get to where we need to be to achieve optimal mental, physical, environmental, and social well-being for all Cherokee Nation. These documents focus on several key health priorities, as well as several key system improvements that, when achieved, will significantly impact the health and well-being of Cherokee Nation leading to a healthier, more productive, more vibrant and more prosperous Tribe.

It is the hope and intent of Cherokee Nation Public Health that each and every tribal public health system partner identifies the role you want to play and the contribution you want to make toward achieving the plan outlined in these documents. No single organization or entity has the capacity or depth of resources needed to improve health and well-being to an optimal level alone - it takes all of us coming together working as one to achieve this goal. The *State of the Cherokee Nation Health Report & Plan* is founded on the premise that together, Cherokee Nation Public Health and our Tribal Public Health System partners can come together and achieve success for the betterment of this generation and all future generations. Wado!

Lisa Pivec, MS
Senior Director of Public Health

Laura Sawney-Spencer, MPH, CPH
Supervisor of PH Policy & Performance



Cherokee Nation Public Health
Prevent. Promote. Protect.

FOREWORD

CHEROKEE NATION IS DEDICATED TO PROMOTING AND IMPROVING HEALTH IN ORDER TO ENSURE HEALTHY COMMUNITIES FOR THIS AND FUTURE GENERATIONS.

The Cherokee Nation Public Health Programs work with a variety of partners, including tribal, public, private and community organizations to assure healthy conditions for the community. With more than 300,000 citizens, Cherokee Nation's public health system and health care service delivery span across the nation's jurisdiction, covering fourteen counties in northeast Oklahoma. Leading the largest tribally-managed health care system in the United States, Cherokee Nation is dedicated to promoting and improving health in order to ensure healthy communities for this and future generations.

Cherokee Nation Public Health Programs has pursued opportunities to strengthen its ability to address the health and wellness of our citizens for over twenty years. One such opportunity was to seek public health accreditation, a new national initiative to advance quality and performance within tribal, state and local public health departments. Cherokee Nation is among the first tribes in the nation to seek accreditation, which will allow Cherokee Nation Public Health Programs to measure our performance against a set of national standards and raise the quality of our public health services.

Public health accreditation has three prerequisites: 1) Tribal Health Assessment; 2) Tribal Health Improvement Plan; and 3) a Tribal Public Health Organizational Strategic Plan. To complete these prerequisites, Cherokee Nation Public Health Programs led a community-driven improvement process to enhance the



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overall work of Public Health Programs and positively affect the overall health and wellness of Cherokee citizens. Such a process can help ensure that our:

- Public health services lead to better health outcomes
- Health priorities align with tribal, state and national priorities
- Public health department provides quality services and is performing at the highest level
- Policies support our health improvement objectives
- Partners and leadership are engaged in improvement efforts

The State of the Cherokee Nation Health Report and Plan 2014 summarizes the results of this process. In this report, you will find a brief description of Cherokee Nation's health status, our health improvement priorities, and our strategic goals to strengthen our public health infrastructure. Our hope is that our efforts to strengthen our public health services will lead to improvements in health and wellness for our Cherokee citizens, families and communities.

BE THE CHANGE



CHEROKEE NATION PUBLIC HEALTH



Public health is often defined as promoting, protecting and improving the health of communities, and preventing disease through detection and response. Cherokee Nation believes good public health practice is one that includes a systems approach. A systems approach is one where multiple stakeholders, including tribal, public, private and community organizations, work in partnership to assure conditions in which people can be healthy. Such conditions often include, but are not limited to, social, economic, educational and environmental factors that contribute or influence a community's health.

Cherokee Nation's public health programs are multifaceted. They include a broad array services, including, but not limited to, school and community-based health education and prevention programs, youth and elder care, violence prevention, public safety, chronic disease surveillance and reporting, behavioral health, and access to clinical care. A critical public health activity is the implementation of a community-driven and strategic process aimed at improving community health. In 2011, Cherokee Nation Public Health Programs engaged a number of partners and key stakeholders in such a process using a national model called Mobilizing for Action through Planning and Partnerships (MAPP). Using MAPP as a guide, Cherokee Nation convened a Public Health Committee comprised of Health Services, Public Health Programs staff and community representatives to guide the improvement planning process in order to address the three public health accreditation prerequisites: 1) Tribal Health Assessment; 2) Tribal Health Improvement Plan; and 3) Tribal Public Health Organizational Strategic Plan. Multiple meetings were held with Cherokee Nation programs and departments, as well as Cherokee citizens,

community organizations and schools from across the Tribal Jurisdictional Service Area. This process helped Public Health Programs to explore the following questions:

- What is the health status of Cherokee Nation? What are the disparities, trends, needs, and opportunities for change within the community?
- What is the financial picture within the economic climate within Cherokee Nation, Oklahoma, and the United States? What are the Cherokee public health system's resources, assets and opportunities?
- How well are we working with our partners? What are our strengths and weaknesses? Are internal processes efficient and meeting needs of Cherokee communities?
- What is happening legislatively at the tribal, state, and national level that may impact Cherokee communities and our public health services?
- What opportunities for learning and growth are important for Cherokee public health? How well is the Cherokee Nation able to do the work needed now and in the future?

The results of this process led to the development of health improvement priorities and strategic directions to strengthen our public health system over the next four years. The strategic goals, strategies and measures are presented here to focus our attention and to help us monitor progress. Cherokee Nation Public Health Programs will continue to review and update the plans to meet the changing needs of the community. As more information is gathered and learned, we will continue to implement evidence-based practices, evaluate short and long-term outcomes and make adjustments to achieve the desired results. Our hope is that a stronger, well-coordinated public health system will lead to better health outcomes for all!

Understanding Our Health

Community Health Assessment is often defined as collaborative process that includes regular and systematic collection, analysis and dissemination of information on community health. The information and data collected through a community health assessment is used to set priorities and conduct health improvement planning. Cherokee Nation Public Health Programs began a comprehensive assessment to better understand the health of our citizens. Data and information were collected from a variety of sources, including tribal, federal, state and local data. Community stakeholders and partners were engaged in the planning and implementation of the assessment. Together, the Public Health Committee and partners identified more than 40 health indicators, which are used to measure an individual, population or environmental characteristic that can be used to describe one or more aspects of health.

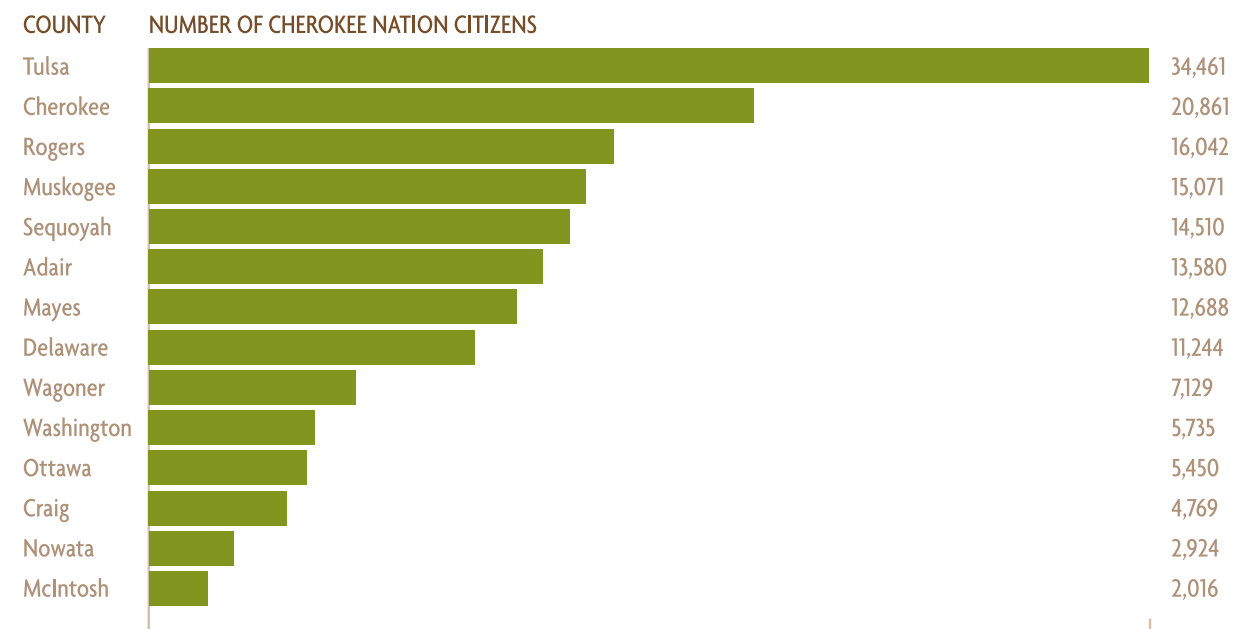
A copy of the Cherokee Nation Tribal Health Profile 2013 is available to the community and is a compilation of health information about Cherokee and American Indians/Alaska Natives residing within the 14 county Tribal Jurisdictional Service Area. The assessment report provides a complete overview of our health and wellbeing and was the basis for setting priorities to improve our health. Below is a summary of the key health issues impacting our communities.

Cherokee Nation Tribal Jurisdictional Service Area Demographics

Cherokee Nation is the second largest Tribe in the U.S. with more than 300,000 citizens, of which nearly 63 percent reside within the Tribal Jurisdictional Service Area (TJSA). With over 35,000 people, Tulsa and Cherokee Counties have the largest Cherokee populations in the state, followed by Rogers, Muskogee and Sequoyah. Figure 1. Cherokee Nation Citizens by County, lists the number of Cherokee citizens residing within the TJSA by county in 2013.

Many of the services within the Cherokee Nation's public health system are available to Native Americans, as well as non-Native Americans, residing within the TJSA. Just over 200,000 Native Americans (including Cherokees and citizens of other Tribes) live in the Cherokee TJSA, making up nearly 18 percent of the total population (more than 1.1 million people of all races and ages, according to the 2010 U.S. Census). While Tulsa County may have the largest number of Cherokee citizens, Native Americans only represent 9 percent of this county's entire population. Adair County, with the fifth largest number of Cherokee citizens, has the largest percentage of Native Americans residents (53 percent of the county's population).

Figure 1. Cherokee Nation Citizens by County, 2013.



(Source: 2011 Oklahoma Indian Nations Pocket Pictorial Directory. Oklahoma Indian Affairs Commission. Retrieved March 20, 2013.)



Cherokee Nation understands that “place” matters when addressing health status. Where a person lives, levels of income, and education attainment can impact a person’s health and influence how he or she accesses health services. Over the past several years, the median household income for Native Americans residing in the Cherokee Nation TJSJA fell

below the state average of nearly \$44,300. The percentage of Native Americans over 25 that completed high school is lower compared to all races in Oklahoma and in the U.S. Nearly 18 percent of Native American adults in the Cherokee TJSJA had less than a high school education or equivalent, while only 8 percent of U.S. adults had the same education level.

Figure 2. Native American Population living within the Cherokee Nation TJSJA, 2011.

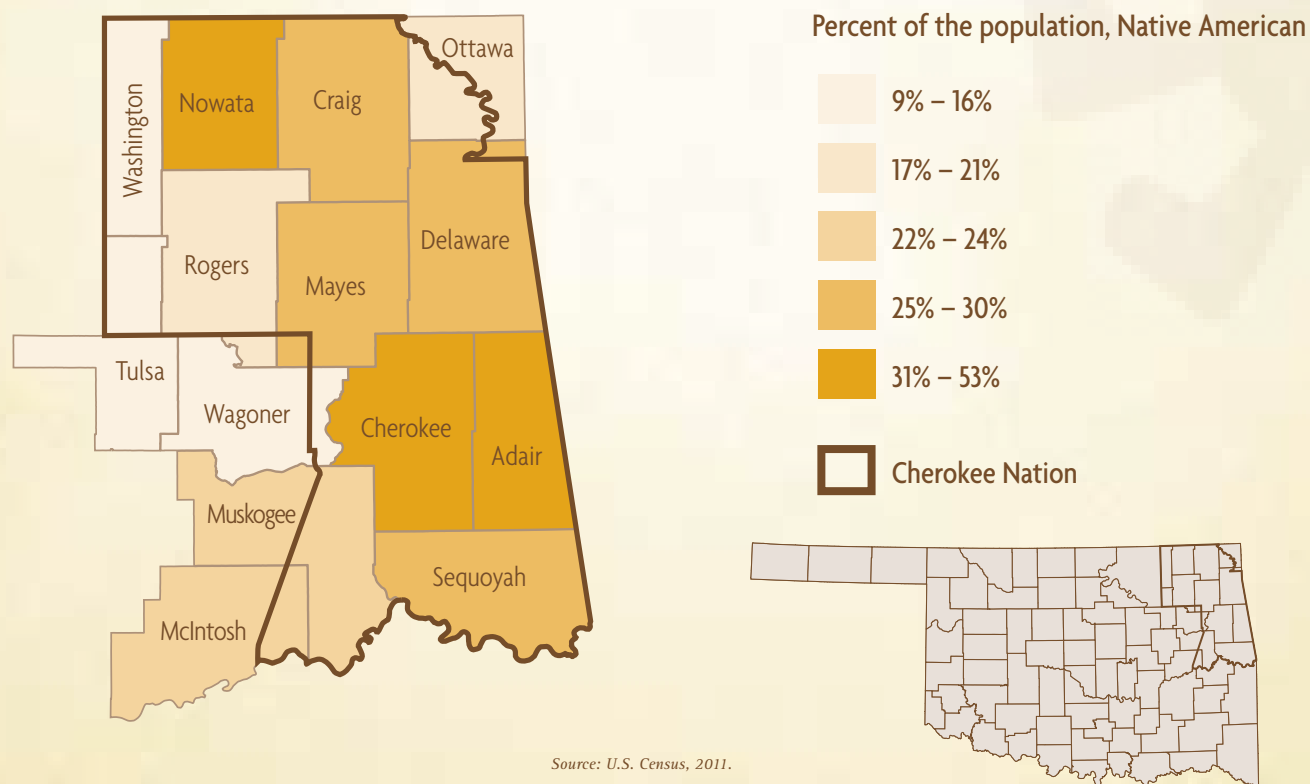
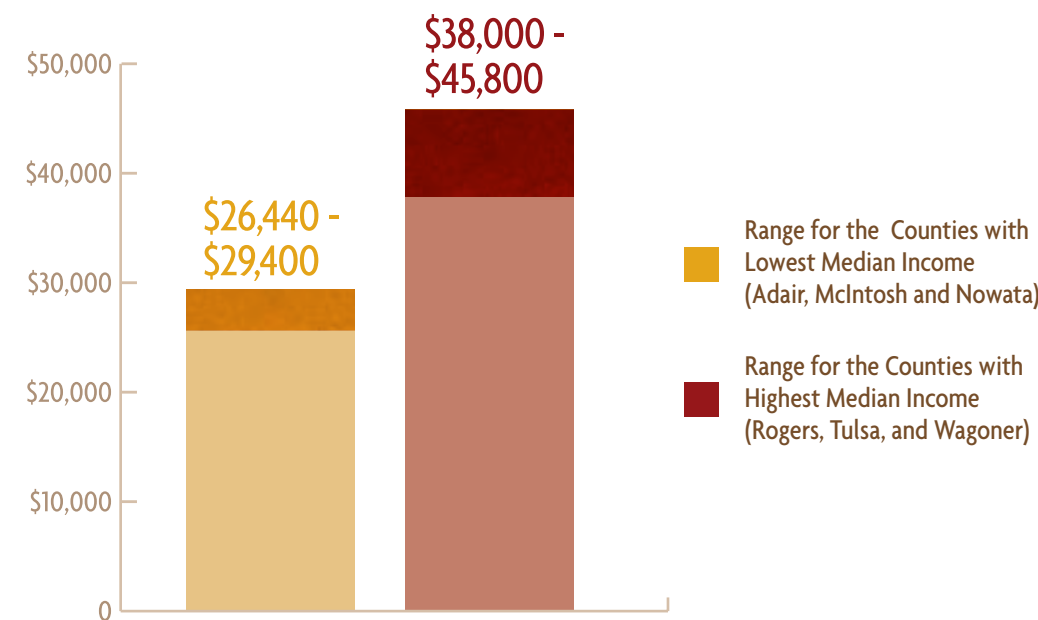


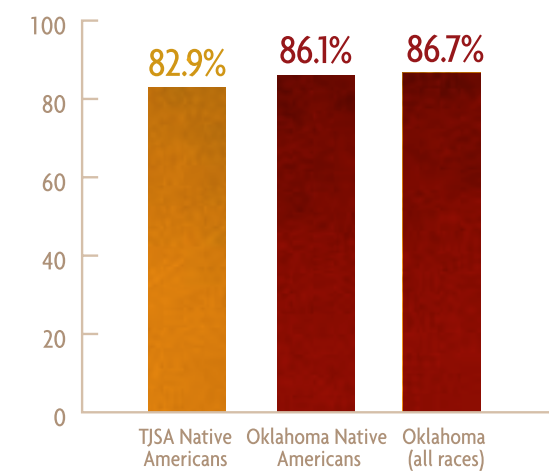
Figure 3. Median Household Income for Cherokee Nation Native Americans, 2011.



(Source: U.S. Census, 2011.)

[Note: Ranges presented are approximate. Actual ranges for median household income of Native Americans were \$26,439 – 29,395 for Adair, McIntosh and Nowata counties, and \$37,997 – 45,804 for Rogers, Tulsa and Wagoner counties.]

Figure 4. High School Education Level or Higher, Cherokee Nation, Oklahoma Native American and Oklahoma All Races, 2005–2009.



(Source: Oklahoma State Department of Health (OSDH) Behavioral Risk Factor Surveillance System (BRFSS), on Oklahoma Statistics on Health Available for Everyone [OK2SHARE])

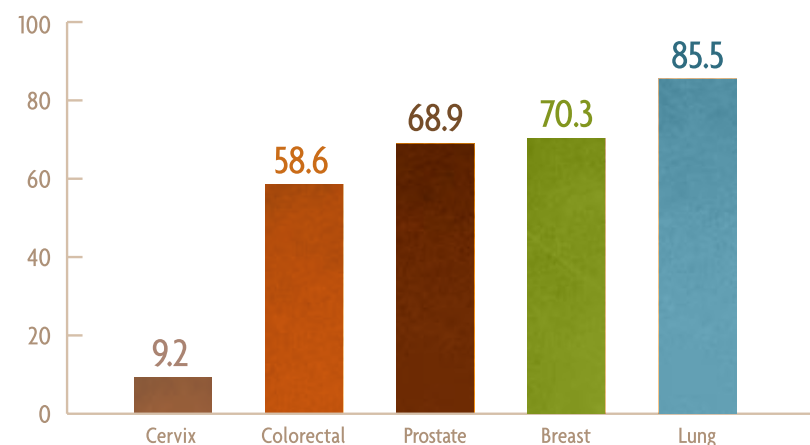
[Note: This table shows the percent of adults over 25 years that have a high school education or G.E.D, some college or college graduate.]



Cancer

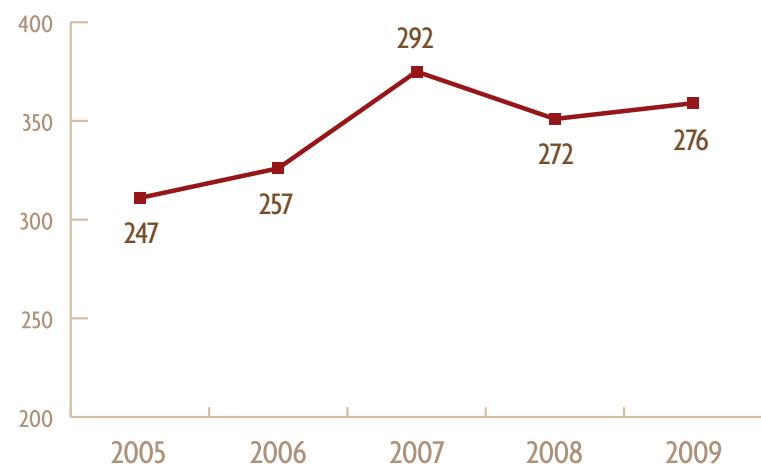
Cancer is a major illness and is the second leading cause of death in Cherokee Nation. Cherokee Nation TJSA Native Americans continued to have higher incidence rates than the state population for some of the most common types of cancer. Lung cancer is a leading cancer for Cherokee Native Americans. Its incidence rate, was higher than colon, prostate, breast and cervix cancers during 2004-2008. Figure 5. shows the breakdown for these cancers from 2005-2009. Oklahoma State Department of Health cancer data suggests that incidence rates for these preventable, and screenable, cancers among Native Americans residing in the TJSA have increased in recent years. In 2009, the age-adjusted rate (per 100,000 population) of newly diagnosed breast, colon, cervical, and prostate cancer among Native Americans was 276, up from 247 cases in 2005. From 2005-2009 a total of 1,722 breast, cervical, prostate, lung and colon cancer cases were diagnosed among Cherokee Nation TJSA Native Americans. Figure 6. shows the age-adjusted cancer rates per 100,000 population from 2005-2009.

Figure 5. Incidence rates for breast, cervical, colon, lung and prostate cancer sites, 2009.



(Source: Surveillance, Epidemiology and End Results (SEER), Accessed November 2010)
 [Note: The rate for colorectal and lung is cancer per 100,000 population. The rate for breast cancer is per 100,000 females. The rate for prostate cancer is per 100,000 males.]

Figure 6. Age-adjusted cancer incidence rates for breast, cervical, colon, lung and prostate cancer combined, Native Americans in the TJSA, 2005-2009.



(Source: Surveillance, Epidemiology and End Results (SEER), Accessed November 2010)
 [Note: Rate per 100,000]

Lung, colon and breast cancers were among the top ten causes of death for Native Americans in the TJSA. With an average of about 130 deaths per year, the number of deaths for these preventable cancers remained relatively stable among TJSA residents. The preventable cancers include breast, cervical, prostate, lung and colon. During 2004-2008, there were total of 522 deaths due to these cancer sites combined. Figure 7. shows the mortality rate from all cancers among Cherokee Nation TJSA residents, 2005-2009.

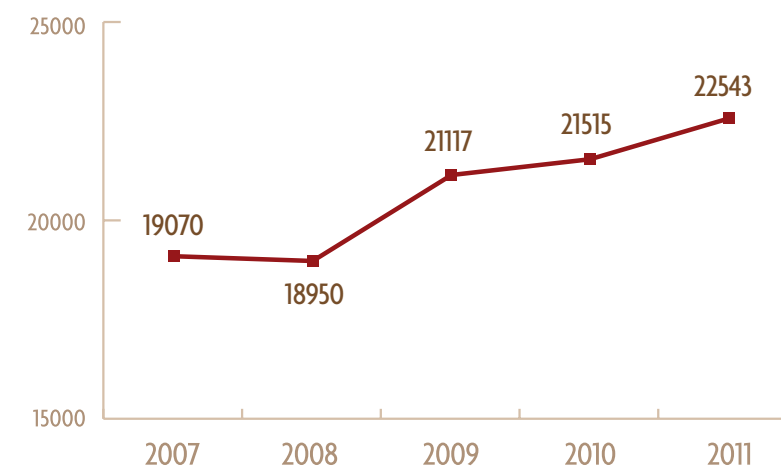
Cherokee Nation Health Services conducted over 22,500 screenings for breast, cervical, and prostate cancer. Of these, more than one-third of the screenings were pap tests. The number of screenings has increased since 2008, as shown by Figure 8.

Figure 7. Mortality rate for breast, cervical, prostate, lung and colon cancer sites combined, 2004-2008.



(Source: Surveillance, Epidemiology and End Results (SEER), Accessed November 2010)

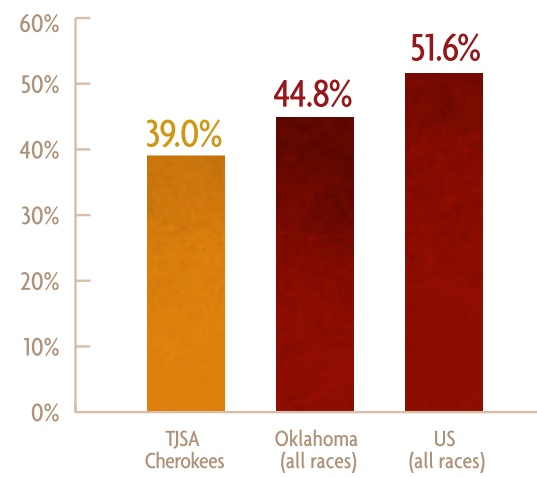
Figure 8. Preventable cancer screenings, 2007-2011.



(Source: Cherokee Nation Health Services)

OKLAHOMA STATE DEPARTMENT OF HEALTH CANCER DATA SUGGESTS THAT INCIDENCE RATES FOR THESE PREVENTABLE, AND SCREENABLE, CANCERS AMONG NATIVE AMERICANS RESIDING IN THE TJSA HAVE INCREASED IN RECENT YEARS.

Figure 9. Percent of People Who Exercise Vigorously 150 minutes or More Per Week, 2011.



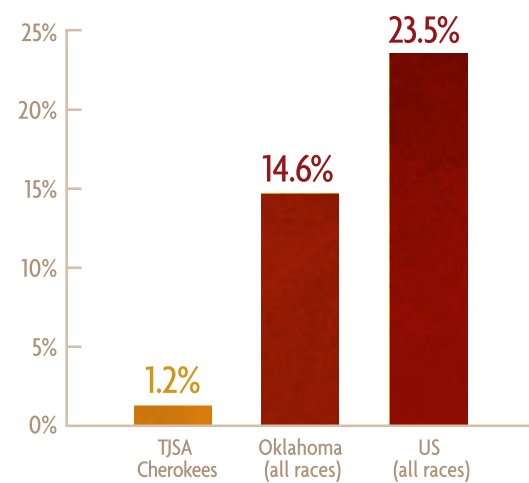
(Source: 2011 Behavioral Risk Factor Surveillance System)



Obesity and Related Diseases

Obesity, a recognized national epidemic, leads to a whole range of severe health effects and will cause serious and costly complications for individuals, families and communities. “Overweight” and “obesity” are both terms used to describe ranges in weight that are greater than what is generally considered healthy based on a person’s height. Cherokee Nation Public Health Programs receives body weight information for students and is developing a system that monitors obesity rates among our children. A healthy diet and physical activity are key in combatting excess weight and obesity. According to a 2011 health survey conducted by Public Health Programs, almost 40 percent of Cherokee adults reported that they exercise vigorously for at least 150 minutes per week, which was lower than the Oklahoma and U.S. populations as shown by Figure 9. Healthy eating and nutrition is an important part of good health. Less than 2 percent of Cherokee adults reported eating 5 or more fruits and vegetables per day (Figure 10).

Figure 10. Percent of People Who Eat 5 or More Servings of Fruit or Vegetables a Day, 2011.



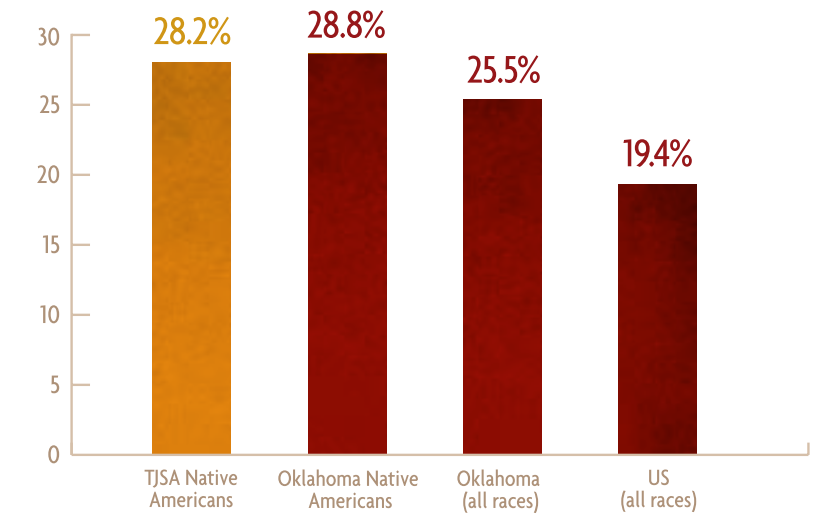
(Source: 2011 Behavioral Risk Factor Surveillance System)

Violence and Unintended Injuries

Violence and unintended injuries are a serious public health problem, and impact people at all stages of life, from infants to our elders. Violence includes, but is not limited to, child and elder abuse, intimate partner violence, sexual violence, bullying, and self-harm. The Oklahoma Violent Death Reporting System documents deaths due to suicide, homicide, legal intervention and unintentional firearm injuries in the state. During 2005-2009, Native Americans in the Cherokee TJSA had a higher violent death rate than that for all races in Oklahoma and the U.S. Figure 11. shows these comparisons, including death rates for Native Americans in Oklahoma.

Violence and injuries are leading contributors to premature death, shown through Years of Potential Life Lost (YPLL) measurements. YPLL estimates the average time a person would have lived if they had not died prematurely. Motor vehicle crashes and intentional self-harm (suicide) had the second and third highest YPLL for Cherokee TJSA Native Americans during 2004-2008, respectively. Figure 12. shows the top three causes of YPLL, which includes suicide and motor vehicle crash fatalities.

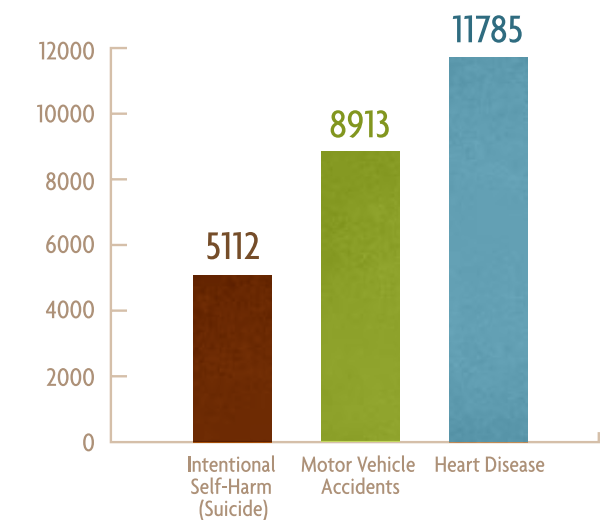
Figure 11. Violent deaths rates in Cherokee TJSA and Oklahoma, 2005-2009.



(Source: The Oklahoma Violent Death Reporting System)

[Note: Rate per 100,000 from 2005-2009]

Figure 12. Top three causes of Years of Potential Life Lost for Cherokee TJSA Native Americans, 2004-2008.



(Source: Oklahoma State Department of Health (OSDH), on Oklahoma Statistics on Health Available for Everyone [OK2SHARE])

[Note: Years of Potential Life Lost is calculated to age 75.]

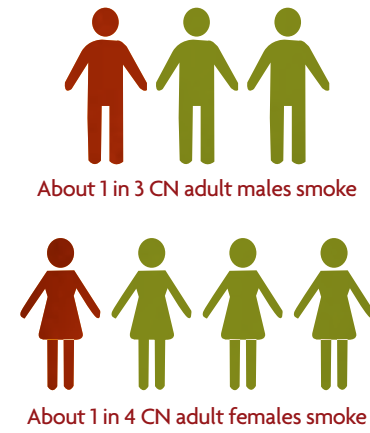
Commercial Tobacco Use

Smoking rates among Cherokee Nation adults are consistently higher than the national average. Data from the 2011 Cherokee Nation American Indian Adult Tobacco Survey show that nearly 30 percent of adult respondents were smokers, about 33 percent of men and 27 percent of women. On average, Cherokee smokers had their first cigarette before turning 16 years old. Tobacco use is a particular concern among women of childbearing age; nearly 1 in 4 of these women use commercial tobacco. When Cherokee adult smokers were asked about how tobacco is used, only 13 percent of reported using it for ceremonial, prayer, or traditional reasons (Figure 14).



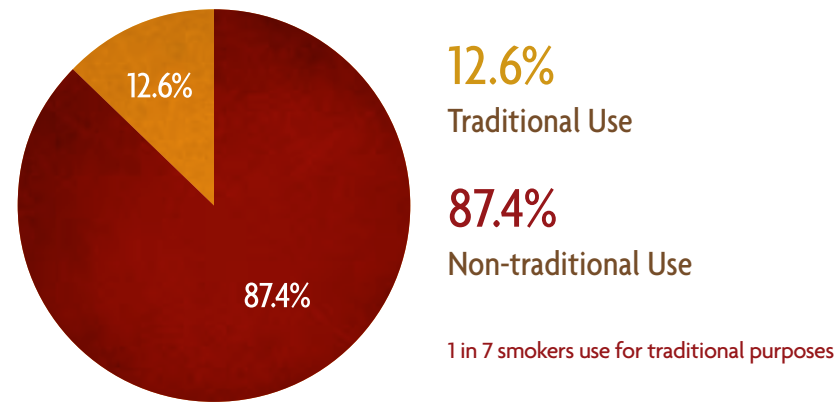
DATA FROM THE 2011 CHEROKEE NATION AMERICAN INDIAN ADULT TOBACCO SURVEY SHOW THAT NEARLY 30 PERCENT OF ADULT RESPONDENTS WERE SMOKERS, ABOUT 33 PERCENT OF MEN AND 27 PERCENT OF WOMEN.

Figure 13. Cherokee Nation Adult Smokers, 2009



(Source: 2011 American Indian Tobacco Survey)

Figure 14. Non-traditional and traditional use of tobacco among Cherokee Nation smokers, 2009.



(Source: 2011 American Indian Tobacco Survey)

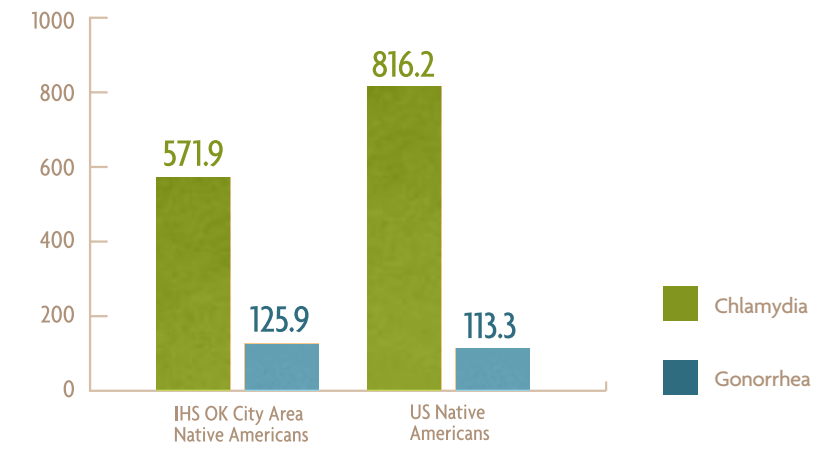
Sexual Risk Behaviors Among Youth and Young Adults

Sexual risk behaviors can result in unintended health outcomes such as HIV, sexually transmitted diseases (STDs), and unintended pregnancy. Data on STDs that are specific to Cherokee Nation are not available. Data are available for Native Americans receiving services from the Indian Health Service (IHS) in the Oklahoma Service Area and the U.S. Consistent with the national trend, rates of chlamydia cases were higher than gonorrhea rates. Compared to U.S. Native Americans, the Oklahoma IHS Service Area experienced a lower rate of chlamydia but a higher rate for gonorrhea, as shown in Figure 15. Native Americans had the second highest rate of chlamydia and gonorrhea among all racial groups, approximately 2 times higher than Whites in Oklahoma. Adolescents and young adults of all races aged 15-19 and 20-24 years experienced the highest reports of chlamydia and gonorrhea.

On a national level, AI/AN teens experience some of the highest rates of teen pregnancy. For AI/AN teens in Cherokee TJSAs, the 2008 birth rate for women ages 15-19 (41.4 per 1,000 women) was similar to the national teen birth rate of 41.5 per 1,000 women. However, the Cherokee TJSAs birth rate was higher compared to the Oklahoma rate. Figure 16 shows the 2008 teen birth rates for these groups.

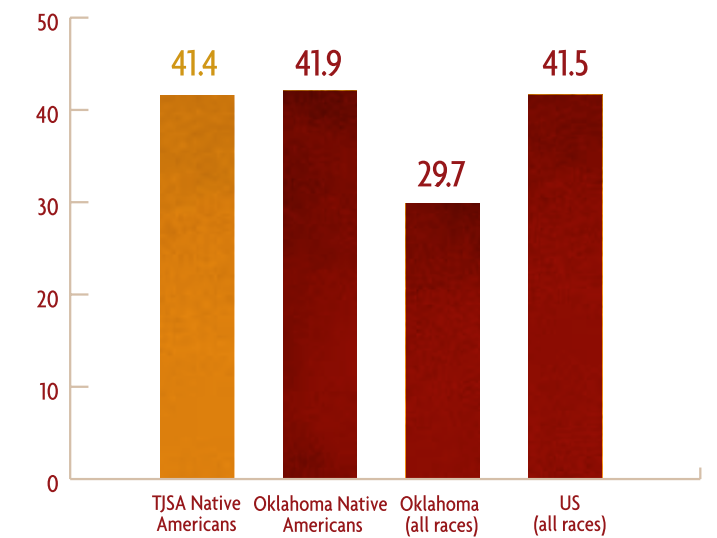
For more information about the Cherokee Nation Tribal Health Profile 2013, contact Cherokee Nation Public Health at (918) 453.5600 or (800) 256,0671, or visit www.cherokeepublichealth.org.

Figure 15. Case rates for STDs, Chlamydia and Gonorrhea, 2009.



(Source: 2010 Oklahoma HIV/STD Comprehensive Epidemiologic Profile Update, Website: http://www.ok.gov/health/Disease_Prevention_Preparedness/HIV_STD_Service/HIV_STD_Hepatitis_Statistics/)

Figure 16. Teen birth rates for Cherokee TJSAs, Oklahoma, and the U.S., 2008.



(Source: Oklahoma State Department of Health Vital Statistics)

[Note: Rate per 100,000 female population]

Planning for Health Improvement

Cherokee Nation Public Health Programs convened the Public Health Committee to guide a health improvement planning process to address important health issues of our community. The Public Health Committee, made up of Cherokee Nation Health Services staff and community stakeholders, met on a monthly and were instrumental to process. They reviewed health assessment data, guided and participated in community engagement efforts, identified strategic priorities, and contributed to the development of this Tribal Health Improvement Plan.

Tribal health assessment data were presented to community groups and public health system stakeholders for input and priority setting. Multiple community meetings were held in Tahlequah and in Tulsa, Oklahoma, with broad representation, including Cherokee Nation programs and/or departments, tribal members, community organizations, schools and other community groups from across the Tribal Jurisdictional Service Area. Using a consistent approach and consensus-building techniques, participants identified the following health concerns as priorities to be addressed in the plan:



A Healthy Cherokee Nation is a Cultural Value

Promoting and supporting healthy families and communities is a cultural value of the Cherokee Nation. While our Tribal Health Improvement Plan addresses specific health priorities and strategies, it is important to acknowledge that the health of all of our Cherokee citizens, families and communities is a priority. Cherokee Nation recognizes that the strength of our public health system relies upon the partnerships and mutual contributions of Cherokee communities. The Cherokee Nation public health system is a network of Cherokee programs and services provided in partnership with schools, faith- and community-based organizations, law enforcement, state and local governments, and many other groups. The prevention programs and services provided expand well beyond the priorities, objectives and strategies listed in this plan. The purpose of the Tribal Health Improvement Plan is to highlight and focus on the health concerns that have the greatest impact on Cherokee Nation, so we can make measureable improvements on the overall health and wellness for all our Cherokee citizens. Together we will ensure a healthy future for this generation and generations to come. For Cherokee, By Cherokee.



The Cherokee Nation Tribal Health Improvement Plan provides a roadmap to improving health and quality of life among our communities and families through culture, collaboration, community engagement and empowerment. While all health issues are a priority, the Tribal Health Improvement Plan focuses on the following goals and objectives:

REDUCING CANCER RATES

Promote cancer screening to increase early stage detection of detectable, and treatable cancers	<ul style="list-style-type: none"> - Increase the proportion of women ages 42 years and older who have received a mammogram - Increase the percentage of adults age 51-75 years who receive colorectal cancer screening examinations
Increase cancer surveillance activity	<ul style="list-style-type: none"> - Routinely utilize and report cancer surveillance data

PREVENTING AND REDUCING OBESITY AND RELATED DISEASES

Increase healthy food access and improve food procurement policies	<ul style="list-style-type: none"> - Increase self-reported daily consumption of fruits and dark green vegetables for adults and children
Increase physical activity among Cherokee adults and children	<ul style="list-style-type: none"> - Increase the percentage of adults in the Cherokee Nation who self-report engaging in exercise several times per week - Increase the number of schools who participate in Safe Routes to School programs - Increase the percentage of high school students who attend physical education classes
Increase early detection and prevention of childhood overweight and obesity	<ul style="list-style-type: none"> - Conduct BMI screening with students and refer all youth with a BMI greater than 85% to a health care provider - Implement best practices school health model curricula in elementary schools - Implement best practices in Cherokee Nation health care facilities for the prevention and treatment of childhood obesity

PROMOTING SAFE COMMUNITIES

Decrease the incidents of violence and self-harm among our Cherokee citizens, families and communities	<ul style="list-style-type: none"> - Decrease the percentage of high school students who have attempted suicide - Increase the number of screenings for depression and risk of suicide
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REDUCING AND PREVENTING COMMERCIAL TOBACCO AND ALCOHOL USE

Promote Tobacco-free and prevention policies to protect people from secondhand smoke exposure	<ul style="list-style-type: none"> - Increase the number of school 24/7 Tobacco-Free policies within the TJSA - Monitor commercial tobacco use and prevention policies
Decrease access to commercial tobacco products among youth under the age of 18	<ul style="list-style-type: none"> - Decrease the non-compliance rate of retail tobacco outlets who sell tobacco to youth under the age of 18 in Adair, Sequoyah, Wagoner, and Cherokee Counties
Decrease access to alcohol among youth and adults under the age of 21	<ul style="list-style-type: none"> - Decrease the non-compliance rate of retail alcohol outlets who sell alcohol to youth under the age of 21 in Adair, Sequoyah, Wagoner, and Cherokee Counties - Increase the number of alcohol outlets that adopt policy for all new employees to receive Responsible Beverage Service training

PREVENTING SEXUAL RISK BEHAVIORS AMONG ADOLESCENTS AND YOUNG ADULTS

Reduce rates of teen pregnancy	<ul style="list-style-type: none"> - Increase the percentage of high school students who use any form of birth control
Reduce rates of STDs among individuals 15-29 years	<ul style="list-style-type: none"> - Increase the screening rates for STD's - Increase the percentage of sexually active high school students who use condoms - Decrease the percentage of Native American high school students who engage in sexual activity

Strategic Directions

Cherokee Nation public health partners reviewed a variety of information to better understand the broader context of the system's overall performance and internal capacity to provide efficient and effective services that address community needs. Cherokee Nation Public Health partners reviewed information and data collected from the following assessments and plans:

- Cherokee Nation Tribal Health Assessment – a collaborative process of collecting and analyzing data and information to understand the health status of Cherokee Nation.
- Cherokee Nation Tribal Health Improvement Plan – a systematic plan to address priorities identified in the Tribal Health Assessment.

- Cherokee Nation Public Health System National Public Health Performance Standards Program Assessment – An assessment designed to identify the public health system's current activities and capacities, and to assess how well the system is providing the 10 Essential Public Health Services.
- Public Health Accreditation Self-Study – capacity assessment based on the Public Health Accreditation Board's standards and measures.

Tribal public health system partners identified strategic priorities to chart our course and provide direction to the partnership.

STRATEGIC GOALS	OBJECTIVES
1. Strengthen the tribal public health infrastructure based on the 10 Essential Public Health Services and in response to community needs.	1.1. Improve public health performance based on national standards leading to public health accreditation.
	1.2. Develop a Workforce Plan based on the competencies identified by the Council on Linkages.
2. Build an environment that promotes Cherokee Nation Public Health Programs to be transparent and accountable while demonstrating its effectiveness.	2.1. Develop a Quality Improvement Plan based on public health performance assessments.
	2.2. Develop a culture of quality improvement with the implementation of a comprehensive performance management system.
	2.3. Develop a protocol for tracking public health performance and reporting results.
3. Develop Cherokee Nation's leadership in public health.	3.1. Better define partnerships through formal mechanisms.
	3.2. Ensure representation of Cherokee Nation on state and national public health initiatives.
	3.3. Develop leadership in public health by institutionalizing public health in the Cherokee Nation organizational chart.
4. Establish sustainable funding for public health.	4.1. Increase revenue for public health.
	4.2. Conduct a financial analysis of the return on investment in public health for Cherokee Nation.
5. Increase access to quality public health data that is current and accurate.	5.1. Create an information bank of public health data for internal and external use.
	5.2. Increase capacity to collect and analyze data.
	5.3. Increase public health surveillance to monitor and evaluate Tribal Health Improvement Plan activities.
6. Strengthen public health communications.	6.1. Develop a comprehensive Communications Plan.



Cherokee Nation Public Health Programs is committed to working in partnership with individuals, families and our communities to make positive changes that will lead to improvements in our health and wellness. This State of the Cherokee Nation Health Report and Plan 2014 is the result of community-driven and strategic assessment and improvement process to build on strengths of the Cherokee Nation. Through this process we have celebrated our achievements and carefully examined areas requiring greater attention and enhancement.

The health improvement priorities identified in this report emphasize the need for greater expansion and quality improvement of services, access, and long-range planning,

and the strategic priorities demonstrate role as a fundamental contributor in advancing Cherokee Nation health and wellness. We recognize the health status of communities impacts those priorities measurably and our performance is reflected in the overall progress of the Cherokee Nation toward achieving our mission. Cherokee Nation Public Health will continue to review and update our improvement plans to meet the changing needs of the community. As more information is gathered and learned, we will continue to implement evidence-based practices, evaluate short and long-term outcomes and make adjustments to achieve the desired results. We will continue to examine our internal processes to ensure we build a stronger, well-coordinated public health system that will lead to better health outcomes for all!



This State of the Cherokee Nation Health Report and Plan was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support, under the National Public Health Improvement Initiative (NPHII) – Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance Grant 5U58CD001321-04.

The information presented in this State of the Cherokee Nation Health Report and Plan is that of the Cherokee Nation and does not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.



Cherokee Nation Public Health
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