

**PASCUA YAQUI TRIBE - HEALTH DEPARTMENT
STRATEGIC PLAN 2016-2020
PUBLIC HEALTH PERFORMANCE**

MISSION STATEMENT

The mission of the Pascua Yaqui Tribal Health Programs is to provide the highest possible standards of care for the health and well-being of tribal members and their families within all Yoeme communities.

VALUES

- We respect and dignify individual choices and Yoeme cultural values and traditions.
- Using a holistic wellness approach, we support healing the mind, body, and spirit. We affirm the use of traditional healing herbs and prayer.
- We are committed to the prevention and treatment of disease and to the restoration of health in our Yoeme communities.
- We are dedicated in bringing about emotional and spiritual unity within our Yoeme families.
- We encourage a healthful lifestyle through support and education of the benefits of balanced nutrition, moderate exercise and freedom from addiction.
- We acknowledge the strength of the Yoeme communities and endeavor to honor and share our elders' wisdom for the future of our children.
- Through the service of our Health Programs, the Yoeme Nation shall live in balance and harmony within the sacred circle of life.

PURPOSE

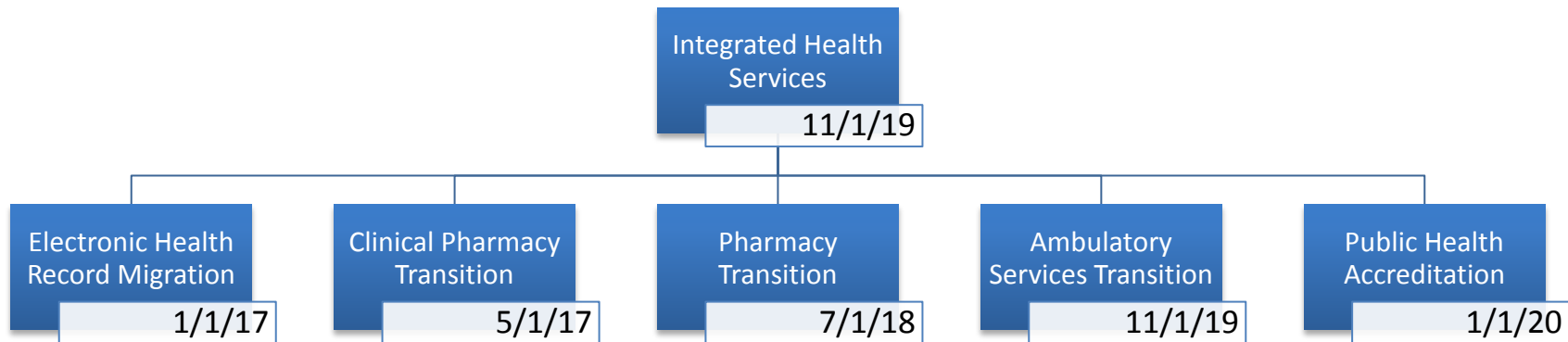
We serve Tribal Members and their families in all Yoeme Communities by providing and promoting health services to achieve longevity, wellness and healthy lifestyles. By doing this we help our Community live in balance and harmony within the sacred circle of life.

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HEALTH DEPARTMENT STRATEGIC PRIORITIES

The Pascua Yaqui Tribe Health Department offers a wide range of services, including, but not limited to, community health nursing, alternative medicine, youth wellness programs, prevention programs (diabetes, tobacco, HIV/AIDS and violence), Women Infant and Children, behavioral health and a dental clinic. To achieve its mission, the department’s overall strategic priority is to integrate services by November 1, 2019. Integrated health services occur when programs deliver services collaboratively, they share data, leverage resources, assess performance, and evaluate impact on health outcomes. Service integration will be achieved through five main strategic priorities listed below in diagram 1.

Diagram 1. Health Department Strategic Priorities



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STRATEGIC PRIORITY: PUBLIC HEALTH ACCREDITATION

Public Health Performance Strategic Planning Process

Since 2012, the PYT Health Department has been seeking ways to improve public health performance, and exploring the benefits and requirements of public health accreditation. After attending trainings and information sessions on accreditation and quality improvement, the health department made the decision in 2014 to pursue public health accreditation. The department formed an accreditation team and designated two accreditation coordinators to lead the effort.

Public health accreditation is a voluntary process that seeks to advance performance and improve quality within health departments. It is a process by which a health department can measure its performance against a set of national standards. The three prerequisites for public health accreditation are: 1) community health assessment, 2) community health improvement plan, and 3) organizational strategic plan.

In January 2016, the PYT Health Department began a strategic planning process by conducting an environmental scan of the internal and external factors that affect a health department. Data collected through two primary assessments were used to determine the department's strengths and areas for improvement:

- *Internal factors* – health department performance assessment based on the Public Health Accreditation Board's standards and measures.
- *External factors* – an assessment of current policy, systems, and environmental change strategies using the Centers for Disease Control and Prevention's Community Health Assessment and Group Evaluation (CHANGE) tool.

On March 14-15, 2016, Health Department managers and supervisors participated in a strategic planning session. Health Department administration presented management and supervisors with the data and outcomes from the assessments described above. Management were given time to consider the performance data and discuss the key support functions required for efficiency and effectiveness.

After the data from the environmental scan was presented and discussed, management conducted an analysis of internal strengths and areas for improvement, as well as external opportunities and threats (SWOT analysis) that may impact community health and the health department. Emerging themes are listed in the table on the following page.

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SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis:

| STRENGTHS | WEAKNESSES |
|--|--|
| <ul style="list-style-type: none"> • Communication, collaboration and innovation • Engaged community, strong community voice • Environmental supports • Resources; outside support (i.e. ITCA) • Health education is a priority • Supportive programs and information sharing • Dedicated and driven staff; tribal representation • Encouragement from leadership • Vision to grow • PHAB Team has staff who are knowledgeable and skilled • Language and culture; knowledge of community and culture • Strong infrastructure; sovereignty | <ul style="list-style-type: none"> • Lack of qualified personnel; salary structure • Space • Fear and resistance to change • Technology challenges; equipment; data • Resources – funding allocation; technical assistance • Cultural barriers to health • Lack of cultural understanding • Lack of system development – consistent policies and procedures; need review • Lack of interest from other departments • Time – competing priorities; inconsistent support from outside department • Lack of appreciation/awareness of strengths; resources |
| OPPORTUNITIES | THREATS |
| <ul style="list-style-type: none"> • Increased funding growth; AHCCCS, CDC, other funding • Opportunities to develop high standards; identifying gaps • Improving health outcomes; access to health care • Develop workforce, performance measures, EOP; training • Networking with other agencies and internal departments • Collect better data; improved technology • Electronic Health Records/Health Information Management – information sharing • Team collaboration; strong management staff • Structural and legal guidelines • Upcoming elections | <ul style="list-style-type: none"> • Changes in leadership – national and tribal • Limited funding – restrictive • Compliance with structural and legal guidelines • Time • Resistance/behavior/change • Low morale/burnout/self care • Staff turnover/lack of competitive pay • Lack of standardized process • Accountability • High cost of health care • Availability of resources; use/misuse of funds |

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PUBLIC HEALTH STRATEGIC PRIORITIES, GOALS AND OBJECTIVES

After completing the SWOT Analysis, Health Department management and supervisors prioritized the key issues that must be addressed in the next 3-5 years. Objectives and measureable time-framed targets are provided for each goal. The purpose for the public health performance strategic plan is:

To achieve quality and consistency in our processes, while facilitating collaboration, communication, community engagement and understanding across all programs.

With this purpose in mind, participants identified the following strategic public health priorities to chart our course and provide direction through eight goals.

| STRATEGIC PUBLIC HEALTH PRIORITIES | GOALS |
|--|--|
| Improve Performance Management and Accountability | GOAL 1. Create and implement a performance management process. |
| | GOAL 2. Standardize quality improvement processes. |
| Recruit and Retain Qualified and Culturally Competent Staff | GOAL 3. Improve the recruitment and retention of qualified staff in the health department. |
| | GOAL 4. Increase cultural competency of staff, programs, and services. |
| Generate Revenue and Leverage Resources in Alignment With Health Programs | GOAL 5. Develop our administrative capacity and infrastructure to support and sustain public health programs. |
| Maintain Consistent Communication Across the Health Department | GOAL 6. Develop and implement a branding strategy to communicate the value, programs and services of the HD. |
| | GOAL 7. Finalize and implement the HD Emergency Response Plan. |
| Improve the Data Management System | GOAL 8. Increase access to quality public health data. |

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STRATEGIC PRIORITY: IMPROVE PERFORMANCE MANAGEMENT AND ACCOUNTABILITY

GOAL 1. Create and implement a performance management process.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|---|---|--|-------------------------|
| 1.1. By November 2016, the health department will establish a public health performance management system. | 1.1.1. Engage Health Department (HD) leadership in establishing a performance management system by April 2016. | Leadership approval to establish performance management system | PHAB Team |
| | 1.1.2. Establish a performance management committee to develop the system by May 2016 | Performance Management (PM) Committee Roster | PHAB Team HD Leadership |
| | 1.1.3. Identify and approve a performance management model July 2016 | PM Model | PM Committee |
| | 1.1.4. Host a series of meetings with HD managers and staff to determine system processes, July through September 2016. | Documented leadership and staff engagement | PM Committee |
| | 1.1.5. Adopt a written performance management system, including a written description of performance goals and targets by October 2016. | Written PM System | PM Committee |
| 1.2. Beginning 2017, monitor performance goals and targets as identified in the PM system. | 1.2.1. Annually, or as determined in established PM system, monitor progress towards performance targets beginning January 2017. | Annual report of progress every January | PM Committee |
| | 1.2.2. Annually, or as determined in the PM system, analyze progress and identify improvement areas, including opportunities for QI beginning February 2017. | Completed capacity assessment | |
| | 1.2.3. In January 2020, complete a performance management assessment. | Assessment results | |

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GOAL 2. Standardize quality improvement processes.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|--|--|-------------------------|-------------------------|
| 2.1. By October 2016, a Quality Improvement (QI) Advisory Committee will be established to oversee a QI Plan. | 2.1.1. Hire a QI Project Leader by October 2016. | QI Project Leader Hired | HD Administration |
| | 2.1.2. Establish a QI Committee to develop and monitor a QI Plan by October 2016. | QI Committee Roster | PHAB Team HD Leadership |
| | 2.1.3. Develop a QI Plan to support performance goals by October 2016. | QI Plan | QI Committee |
| | 2.1.4. Convene monthly QI meetings to review departmental QI projects and provide technical assistance beginning July 2016. | Monthly meetings | QI Committee |

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STRATEGIC PRIORITY: RECRUIT AND RETAIN QUALIFIED AND CULTURALLY COMPETENT STAFF

GOAL 3. Improve the recruitment and retention of qualified staff in the health department.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|---|---|---------------------------------------|--|
| 3.1. Develop an overall workforce development plan for the health department by August 2016. | 3.1.1. Conduct an assessment of staff knowledge and aptitudes against a core set of competencies by April 2016. | Assessment Results | PHAB Team Leader |
| | 3.1.2. Identify training and workforce development needs based on assessment results by July 2016. | Training topics and schedules | PHAB Team Leader |
| | 3.1.3. Finalize a public health workforce development plan by August 2016. | Workforce Development Plan | PHAB Team Leader |
| | 3.1.4. Implement and monitor the implementation of the workforce development plan annually beginning January 2017. | Report on progress. | QI Coordinator |
| 3.2. Recruit and retain qualified staff to ensure less than 10% vacancies by October 2018. | 3.2.1. Identify current and ideal staff vacancy rate by July 2016. | Current and ideal staff vacancy rates | Health Administration and Human Resources |
| | 3.2.2. Update salary scale by December 2016. | New pay scale | Health Administration, Human Resources, and Tribal Council |
| | 3.2.3. By January 2017, review and update job descriptions to reflect the level of skills, training, experience, and education required by the position. | Updated job descriptions | Health Administration and Human Resources |
| | 3.2.4. Meet quarterly with Human Resources and health administration by July 2016. | Quarterly meeting minutes | Health Administration and Human Resources |

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GOAL 4. Increase cultural competency of staff, programs, and services.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|--|--|--|---------------------------------------|
| 4.1. Increase staff cultural competency by December 2016. | 4.1.1. Review existing CSP cultural competency policy and adapt for entire HD by June 2016. | Cultural competency training | Centered Spirit Program and PHAB Team |
| | 4.1.2. Review existing CSP cultural competency curriculum and adapt for the entire HD (including assessment and reassessment) by June 2016. | Adapted curriculum | Centered Spirit Program and PHAB Team |
| | 4.1.3. Provide cultural competency and health equity training to all HD staff annually beginning October 2016. | Training schedule | Centered Spirit Program and PHAB Team |
| | 4.1.4. Collaborate with Human Resources to provide cultural competence training during new employee orientation by October 2016. | Cultural competence component in orientation | Centered Spirit and Human Resources |
| 4.2. Ensure programs are socially, culturally and linguistically competent by January 2017. | 4.2.1. Identify staff to form a cultural competence committee who will lead this initiative by April 2016. | Cultural Competence Committee | Cultural Competence Committee Leader |
| | 4.2.2. Identify cultural competence policies, programs and process that already exist within the Tribe by October 2016. | Inventory of cultural competence policies | Cultural Competence Committee |
| | 4.2.3. Develop and implement policies and procedures for the HD by October 2016. | HD Cultural Competence Policy | Cultural Competence Committee |
| | 4.2.4. Partner with the Language and Culture Department to develop, modify or adapt program materials by October 2016. | Culturally competent materials | Cultural Competence Committee |
| | 4.2.5. Identify staff who can assist with interpretation services by January 2017. | Staff roster | Cultural Competence Committee |

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STRATEGIC PRIORITY: GENERATE REVENUE AND LEVERAGE RESOURCES IN ALIGNMENT WITH HEALTH PROGRAMS

GOAL 5. Develop our administrative capacity and infrastructure to support and sustain public health programs.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|---|--|---|---------------------------------------|
| 5.1. By June 2016, identify funding and resources to support health priorities identified in the CHA and CHIP. | 5.1.1. Annually identify funding through grants and 3 rd party billing resources for health priorities, space needs and equipment by June 30, 2016 | Increased revenue | Health Administration |
| | 5.1.2. Pursue 2-3 grant opportunities as identified in 5.1.1 to support health priorities. | 2-3 grant applications | Health Administration |
| 5.2. By June 2016, review and update policies and procedures to ensure financial decisions are informed and ethical. | 5.2.1. Meet monthly to address clinical and operational policies and procedures. | Updated policies | Policy and Procedures (P&P) Committee |
| | 5.2.2. Create policies and procedures to address cultural, ethical practices and health equity to meet the needs of the tribal community. | Cultural competence and ethics policy | P&P Committee |
| 5.3. By the end of fiscal year 2016, increase revenues from grants and 3rd party billing by 10%. | 5.3.1. Prepare a budget matrix of all health funding and accounts by June 2016. | Budget matrix | HBO |
| | 5.3.2. Develop a program description for each program account. | Program descriptions for each program account | Program Managers and HBO |

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STRATEGIC PRIORITY: MAINTAIN CONSISTENT COMMUNICATION ACROSS THE HEALTH DEPARTMENT

GOAL 6. Create a branding strategy that will be utilized by the entire health department.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|--|---|---------------------------------|-----------------------------------|
| 6.1. Develop and implement a branding strategy to communicate the value, programs and services of the HD by Jan 2017. | 6.1.1. Develop a branding strategy and protocol to create consistent department-wide communications by October 2016. | Branding strategy | Health Administration and Nursing |
| | 6.1.2. Provide training on branding strategy to ensure HD staff have a clear understanding and commitment to the brand by November 2016. | All staff trained | Health Administration and Nursing |
| | 6.1.3. Integrate the HD logo into the organizational strategy by November 2016. | Logo displayed on all materials | Health Administration and Nursing |
| | 6.1.4. Implement the branding strategy by December 2016. | Consistent branding | Health Administration and Nursing |

GOAL 7. Improve risk communications in case of crisis or emergency.

| | | | |
|---|--|----------------------------------|----------------------------|
| 7.1. Finalize and implement the HD Emergency Response Plan by December 2016. | 7.1.1. Approve final HD Emergency Response Plan by June 2016. | Tribal Council Approval | Health Administration |
| | 7.1.2. Develop and introduce a mandatory ERP training for management and staff to be held quarterly starting July 2016. | All staff trained | Emergency Planning Program |
| | 7.1.3. Implement the Emergency Response Plan by December 2016. | Plan implementation | Emergency Planning Program |
| | 7.1.4. Conduct annual risk communication drills beginning December 2017. | Annual risk communication drills | Emergency Planning Program |

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STRATEGIC PRIORITY: IMPROVED DATA MANAGEMENT SYSTEM

GOAL 8. Increase access to quality public health data.

| OBJECTIVES | STRATEGIC ACTIVITIES | PERFORMANCE TARGET | RESPONSIBLE |
|--|--|------------------------------------|--|
| 8.1. By January 2018, Develop and implement a documentation improvement plan throughout the HD. | 8.1.1. Identify program documentation requirements to meet standards by July 2017. | List of documentation requirements | Health Management Information & QI Committee |
| | 8.1.2. Determine timeframe requirements for completion by August 2017. | Timeline requirements | |
| | 8.1.3. Create a universal data policy by October 2017. | Universal policy | |
| | 8.1.4. Train end users and supervisors on policy reports by January 2018. | All end users trained | |
| | 8.1.5. Deploy the documentation improvement plan by January 2018. | Deployment | |
| 8.2. By January 2018, develop and implement a process or policy to provide health data reports to programs. | 8.2.1. By October 2017, develop a process or policy to systematically generate health data reports to inform program development. | Process or policy | Health Management Information |
| | 8.2.2. Develop a data distribution protocol, including a distribution list and timetable for data report distribution, by October 2017. | Distribution protocol | |
| | 8.2.3. Distribute data reports to department and programs to address health issues and risks by January 2018. | Data report distribution | |

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