

Oneida Nation Community Health Improvement Plan

2023 - 2028




ONEIDA



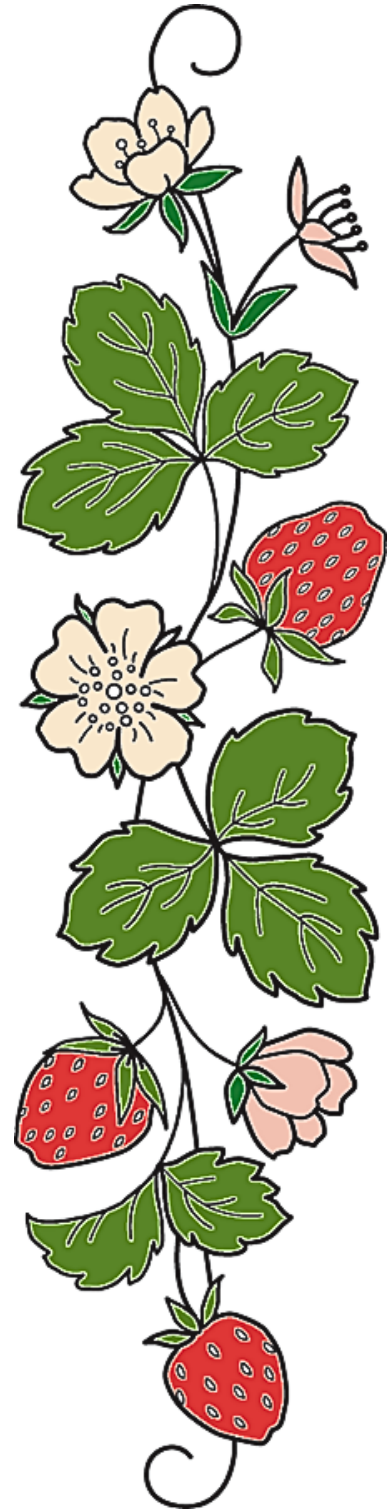
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Partners & Acknowledgments

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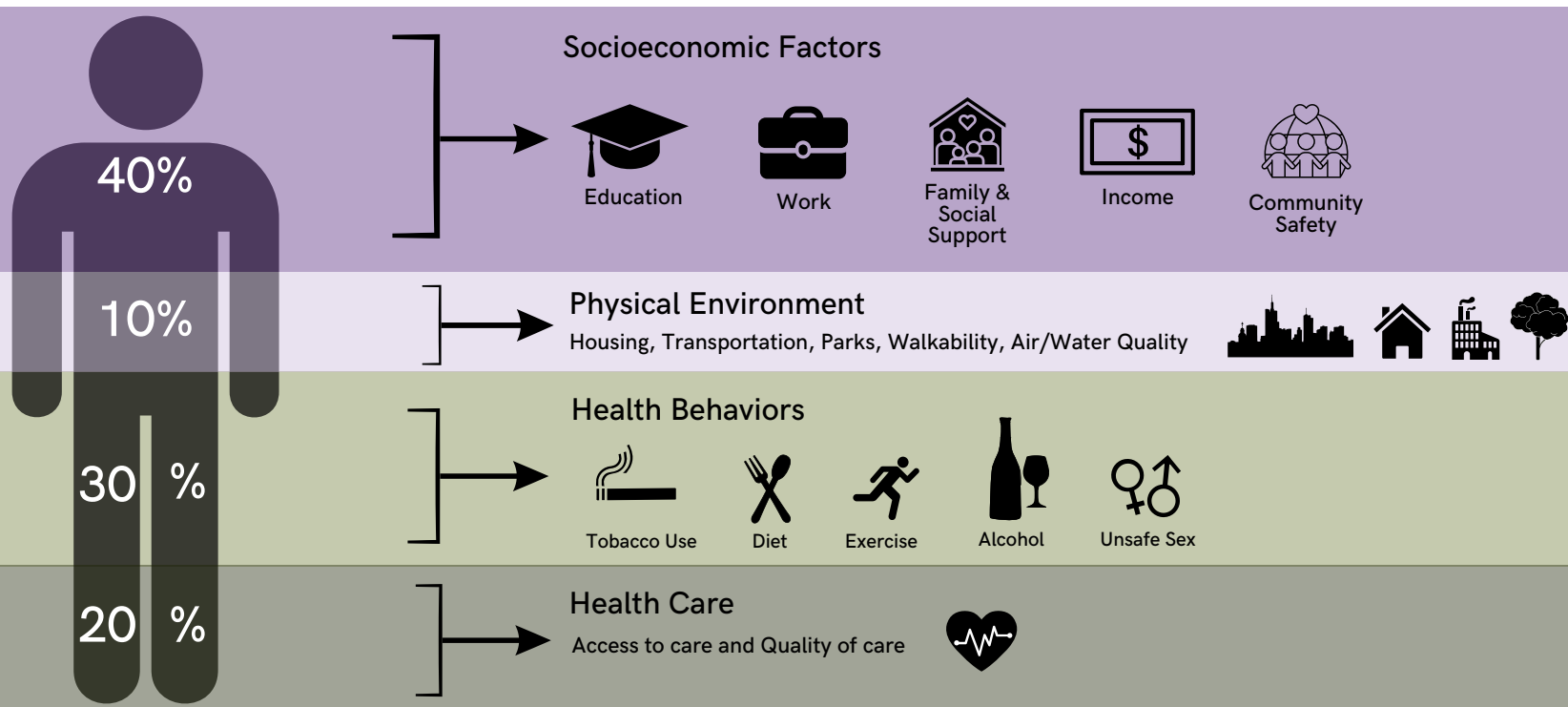
Introduction

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan, or CHIP for short, is a 5-year long plan that serves as a guiding framework for health improvement initiatives within a community. The CHIP is collaborative effort and is developed from community feedback and input. It's goal is to provide positive change in the communities health.

What Makes a Community Healthy?

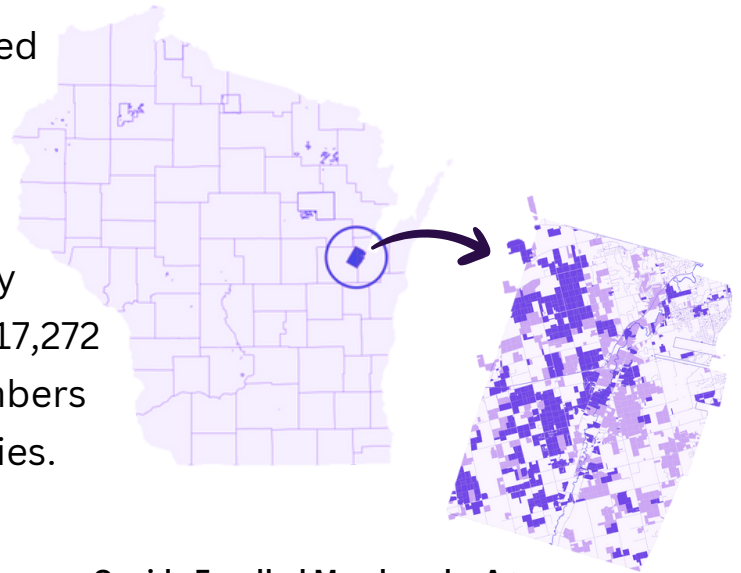
"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹ Rather than treating an illness once someone is sick, disease prevention uses upstream efforts to reduce someone's chances of getting sick. Holistic health addresses all areas of wellness and is important to build a healthy community. Our health is impacted by more than our daily behaviors and choices. The health of the community is impacted by where people work, live, and play.



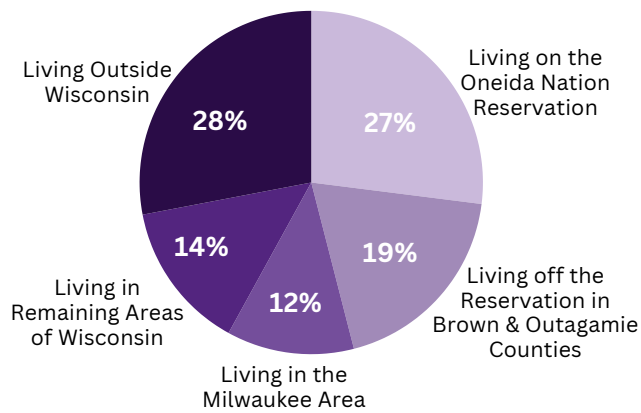
Adaptation of County Health Rankings Model (2014).

Oneida Nation Community Profile

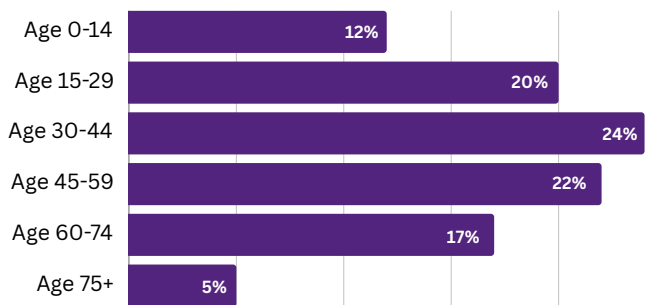
The Oneida Nation Reservation is located within the boundaries of Brown and Outagamie Counties in Northeast Wisconsin. It covers 65,400 acres, with approximately 27,589 being tribally owned. The Nation has approximately 17,272 citizens, with about 7,881 enrolled members living within Brown & Outagamie Counties.



Oneida Enrolled Members by Location



Oneida Enrolled Members by Age



Source: Oneida Enrollments (1/2023)

The Oneida Community Health Services Department is apart of the broader Oneida Comprehensive Health Division and serves Oneida Nation members and descendants, as well as members and/or descendants of a Federally recognized tribe or Alaska Native Group.

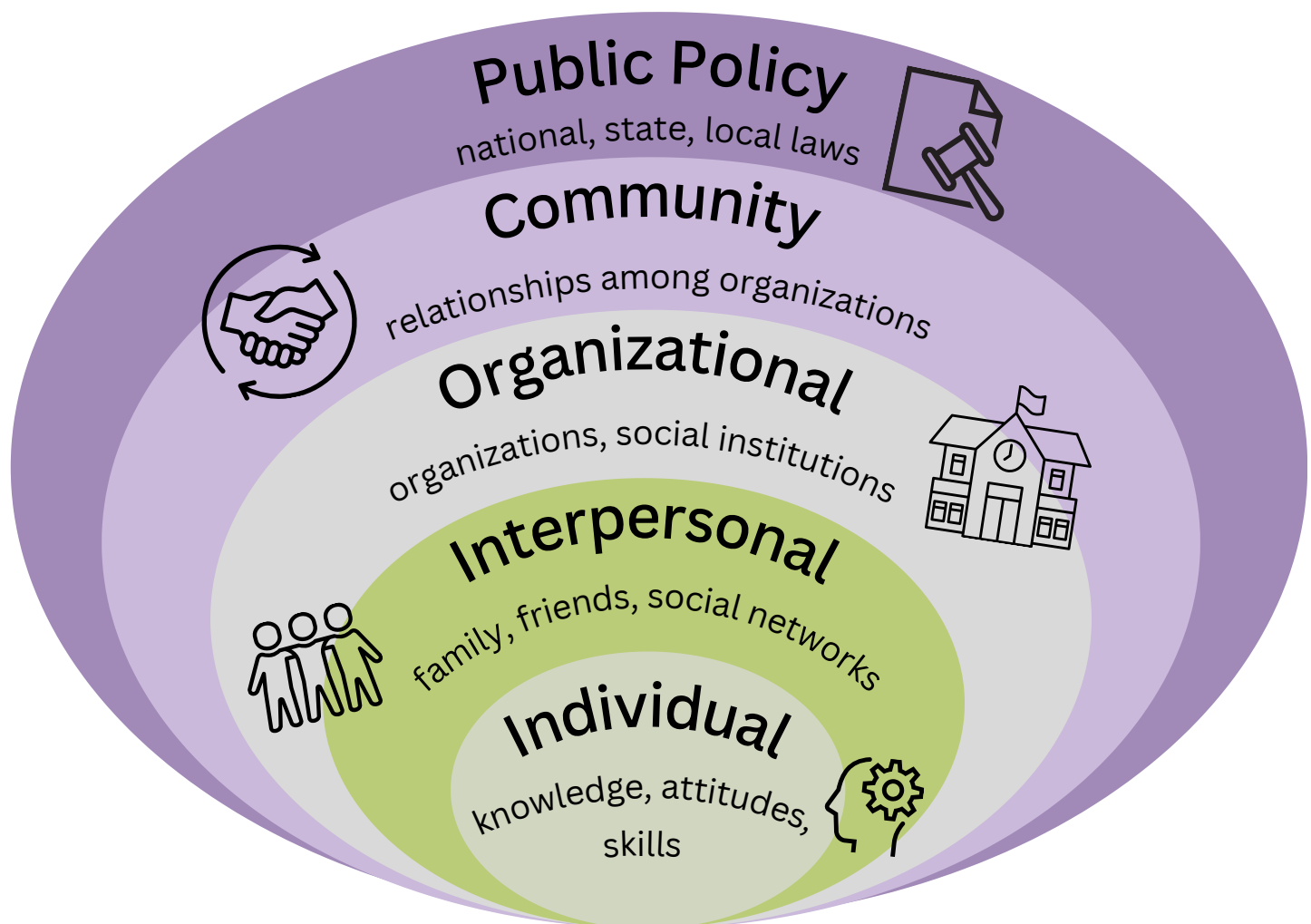


Photo: Oneida Community Health Center

Health Improvement Model

Socio-Ecological Model

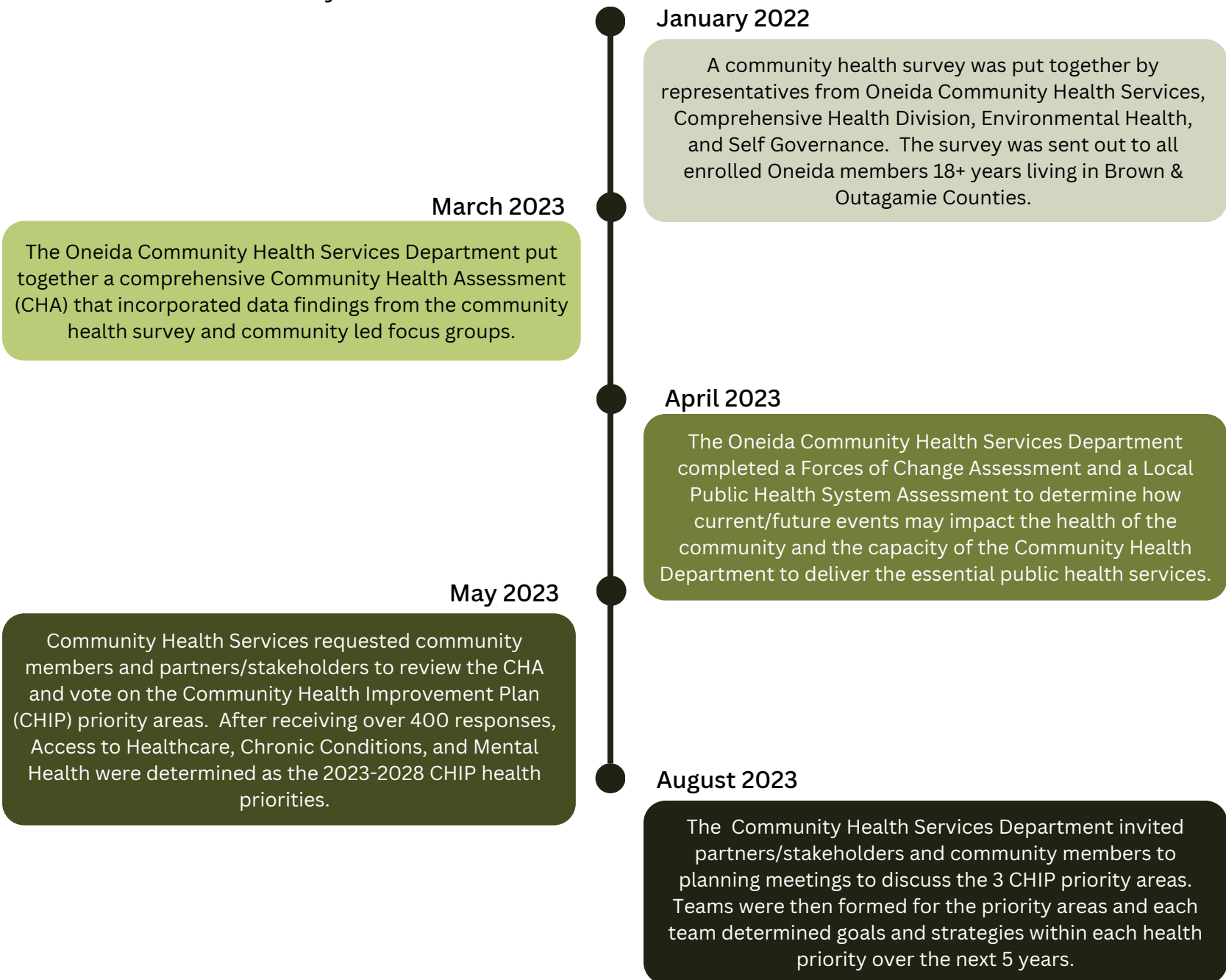
The socio-ecological model is used as a framework for the Oneida Nation CHIP's strategies and initiatives. The socio-ecological models recognizes that there are multiple levels of influence on health behaviors, and highlights the importance of working across levels to address the factors that influence both individuals and populations. The Oneida Nation CHIP aims to target each level to improve health at individual, interpersonal, organizational, community, and public policy levels.



Adaptation of McLeroy, Bibeau, Steckler & Glanz (1988).

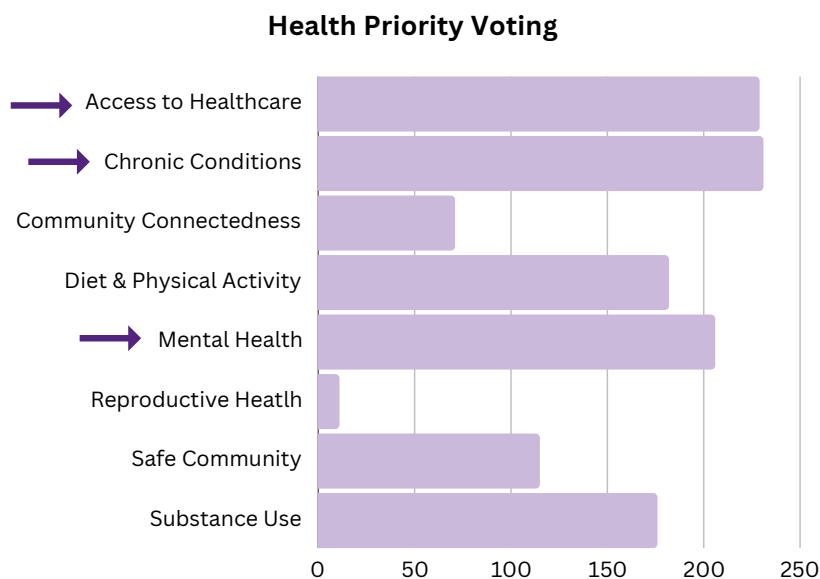
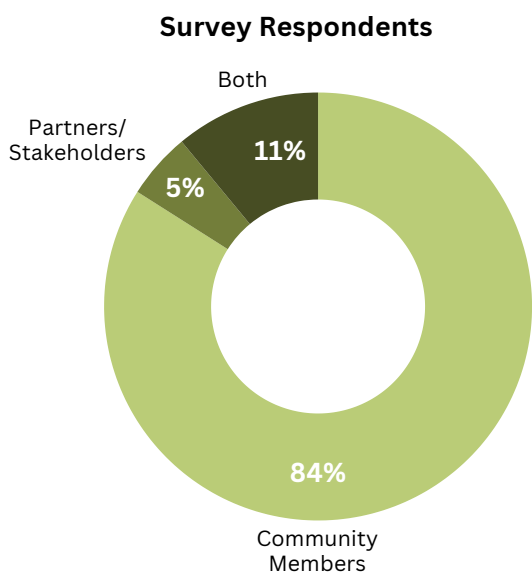
Process & Timeline

The Oneida Community Health Service Department utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process to guide their CHIP work. The MAPP planning process is a framework for communities to prioritize health issues, identify resources to address them, and take action. There are a total of six phases in MAPP, which are Organizing, Visioning, Four MAPP Assessments, Identify Strategic Issues, Formulate Goals & Strategies, and the Action Cycle.



CHIP Priority Areas

To help determine which areas of health should be prioritized over the next 5 years, the Oneida Community Health Services Department sought out community and partner feedback through a brief survey. The Community Health Assessment was posted online and shared through multiple communication channels to reach both Oneida Community Members and partners/stakeholders. At the end of the assessment, a link to a survey was provided for participants to vote on which health priorities they felt should be an area of focus for the next 5-year CHIP. In addition, booklets of the 2022 Community Health Assessment were mailed to all Oneida Enrolled Members 55+ years living in Brown & Outagamie Counties along with a paper version of the survey for them to mail back.



After receiving just over 400 survey responses, it was determined that Access to Healthcare, Chronic Conditions, and Mental Health would be the 3 CHIP priorities over the next 5 years.



Access to Care



Chronic Conditions



Mental Health

Vision & Mission



Vision:

Oneida Nation Community Members will live healthy lifestyles through:

Improved Access to Care



Chronic Condition Management & Prevention



Strong Mental Health



Mission:

The Oneida Nation Community Health Improvement team will connect the work and initiatives of the CHIP to the Oneida Culture.

Access to Healthcare



Access to healthcare is the ability to obtain health services such as prevention, treatment, and management of diseases or illness. Having access to care allows individuals to seek out necessary care or treatment and have their health needs met. Access to affordable, quality health care is critical for overall health; however, many people face barriers that impact their ability to receive access to care and increase their risk of poor health outcomes.

Why is Access to Care a CHIP Priority?

80%

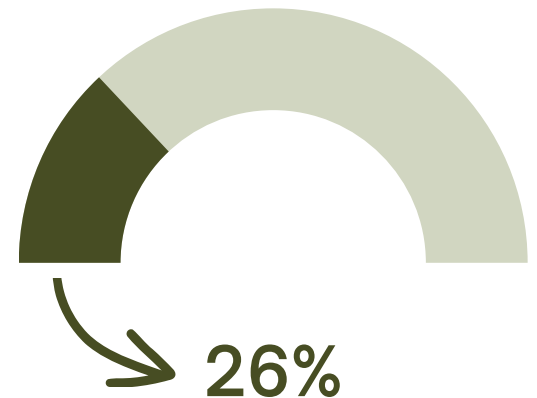
of Oneida respondents reported having health insurance coverage

92%

of all Wisconsin residents had health insurance coverage in 2020

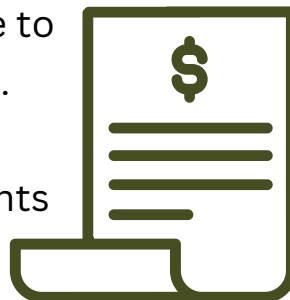
76%

of AI/AN in Wisconsin have health insurance coverage in 2020



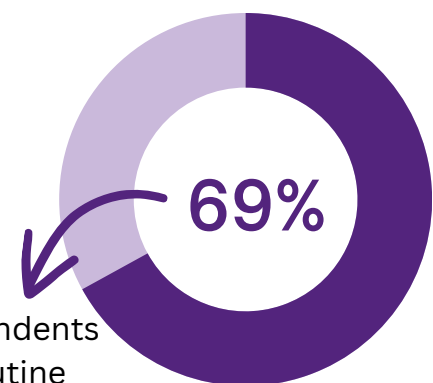
of Oneida respondents had to delay medical care because they were unable to get an appointment soon enough.

5% of Oneida respondents were unable to see a doctor due to cost in the past 12 months.



8% of all Wisconsin residents delayed care due to cost

8% of AI/AN in Wisconsin delayed care due to cost.



of Oneida respondents have had a routine checkup in the past year

Access to Healthcare Data from the 2022 Community Health Assessment (CHA)

Access to Care Improvement Plan

Goal #1: Improve Care Coordination Services

Objective #1:

Create a roadmap to care for Oneida Nation services/resources and share widely with community members and staff.

Objective #2:

Map out the current care coordination to gain an understanding of what it currently looks like.

Objective #3:

Gather updated program/services annually and share with Division Directors to distribute

Socio-Ecological Model Targets: Individual, Interpersonal, Organizational, Community

Partners: Behavioral Health, Dental, Community Health Services, Governmental Services, Oneida Nation Commission on Aging (ONCOA), Optical, Transit

Access to Care Improvement Plan

Goal #2: Coordinate Communication and Outreach

Objective #1:

Work towards developing an Oneida Comprehensive Health Division marketing plan.

Objective #2:

Coordinate an annual service fair for patients and community member to highlight program services/resources.

Objective #3:

Provide a bulletin board/digital presentation space in the Oneida Community Health Center that provides education, and upcoming event information for community members.

Objective #4:

Review website twice annually and make recommendations on updates to appropriate departments/areas.

Objective #5:

Create and share an article that highlights a departments services to the community on a quarterly basis.

Socio-Ecological Model Targets: Individual, Interpersonal, Organizational, Community

Partners: Behavioral Health, Dental, Community Health Services, Governmental Services, Oneida Nation Commission on Aging (ONCOA), Optical, Transit

Access to Care Improvement Plan

Goal #3: Identify Gaps in Access to Care through Community Feedback

Objective #1:

Develop and disseminate a community wide survey on gaps in access to care at least annually.

Objective #2:

Organize community focus groups to collect feedback at least annually.

Objective #3:

Make recommendations based on community feedback to leadership twice annually.

Objective #4:

Analyze Oneida Comprehensive Health Division social media data twice annually.

Socio-Ecological Model Targets: Individual, Interpersonal, Organizational, Community

Partners: Behavioral Health, Dental, Community Health Services, Governmental Services, Oneida Nation Commission on Aging (ONCOA), Optical, Transit

Access to Care Progress Tracking

Short Term Outcomes

- A wide variety of roadmaps to care will be created and available for Oneida Community Member
- Available services and resources will be promoted more throughout the organization.
- The Oneida Nation Website will be more consistently up-to-date with accurate information about programs, services, resources, and events.

Long Term Outcomes

- The Oneida Access to Care CHIP team will have a increased understanding of current access to care gaps in the community through survey and data collection.
- Community Health Assessment data will show a decrease in Oneida Community Members that have had to delay care due to cost, insurance, or appointment availability.
- Community Health Assessment data will show an increase in the number of Oneida Community Members that received a routine checkup in the past year.



Chronic Conditions



Chronic conditions are health problems that are long-lasting and tend to get worse over time. These conditions require continuing medical care and can lead to death or disability. Heart disease, cancer, and diabetes are chronic diseases which are among the leading causes of death and disability in the United States.² Eating healthy, exercising, sleeping well, not smoking, and avoiding alcohol are ways chronic conditions can be prevented. Preventing these conditions can ensure we live long healthy lives.

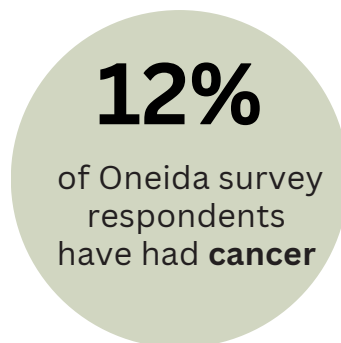
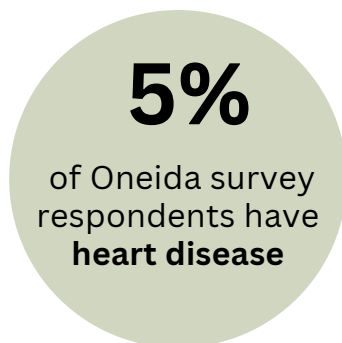
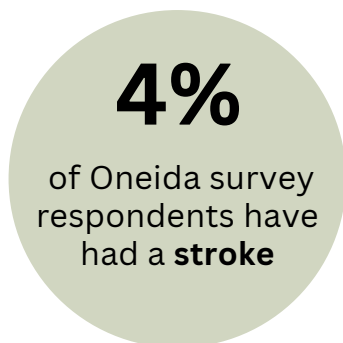
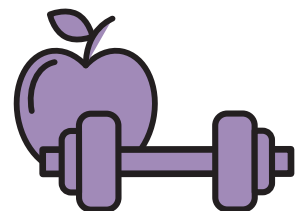
Why are Chronic Conditions a CHIP Priority?

Percentage of people who rated their health as Excellent or Very Good	
Oneida Respondents	Wisconsin Respondents
32%	57%

- **85%** of patients associated with the Oneida Comprehensive Health Division are Overweight or Obese
- **54%** of patients associated with the Oneida Comprehensive Health Division are Obese
- **67%** of Oneida survey respondents exercised during the past month



1 in 4 of Oneida respondents have diabetes



Chronic Condition Data from the 2022 Community Health Assessment (CHA)

Chronic Conditions Improvement Plan

Goal #1: Identify Chronic Conditions to Focus On
Objective #1: Collect and analyze data on prevalent chronic conditions from various data systems to help focus efforts.
Objective #2: Develop an inventory of programs and services that work to reduce/manage chronic conditions.
Objective #3: Create and disseminate a needs survey on chronic conditions for Oneida Community Members.
Social Ecological Model Targets: Individual, Interpersonal, Organizational, Community
Partners: Community Health Services, Environmental Health, Food Distribution, Governmental Services

Chronic Conditions Improvement Plan

Goal #2: Advocate for Awareness of Chronic Conditions

Objective #1:

Participate in at least 4 events per year to promote health around chronic conditions.

Social Ecological Model Targets: Individual, Interpersonal, Organizational, Community

Partners: Community Health Services, Environmental Health, Food Distribution, Governmental Services

Chronic Conditions Improvement Plan

Goal #3: Promote Healthy Lifestyles

Objective #1:

Create a map that shows the locations of healthy lifestyle activities throughout the Oneida Reservation.

Objective #2:

Create videos/interviews highlighting programs and services that focus on chronic conditions quarterly.

Social Ecological Model Targets: Individual, Interpersonal, Organizational, Community

Partners: Community Health Services, Environmental Health, Food Distribution, Governmental Services

Chronic Conditions Improvement Plan

Goal #4: Increase Provider Knowledge of Programs and Services Related to Chronic Conditions

Objective #1: Coordinate monthly presentations of programs/services focused on chronic conditions for the Oneida Comprehensive Health Division (OCHD) providers.

Objective #2: Develop a road map of care/resources by chronic condition.

Social Ecological Model Targets: Individual, Interpersonal, Organizational, Community

Partners: Community Health Services, Environmental Health, Food Distribution, Governmental Services

Chronic Conditions Progress Tracking

Short Term Outcomes

- The Chronic Conditions CHIP team will have a better understanding of prevalent chronic conditions and various services/resources available in the community.
- The Chronic Conditions CHIP team will participate in a variety of 4 events each year, increasing awareness and promotion of chronic condition prevention and management.
- Oneida Community Members will have greater awareness of healthy lifestyle activities to participate in throughout the Oneida Reservation.
- The providers at Oneida Comprehensive Health Division will have a greater understanding of services and resources that focus on preventing/managing chronic conditions in the community.

Long Term Outcomes

- Community Health Assessment data will show an increase the number of Oneida Community Members that rate their health as “Excellent” or “Very Good.”
- Community Health Assessment data will show an decrease in diabetes amongst Oneida Community Members.
- Community Health Assessment data will show an increase in physical activity amongst Oneida Community Members.
- Community Health Assessment data will show an increase in Oneida Community Members who eat more fresh fruits and vegetables



Mental Health

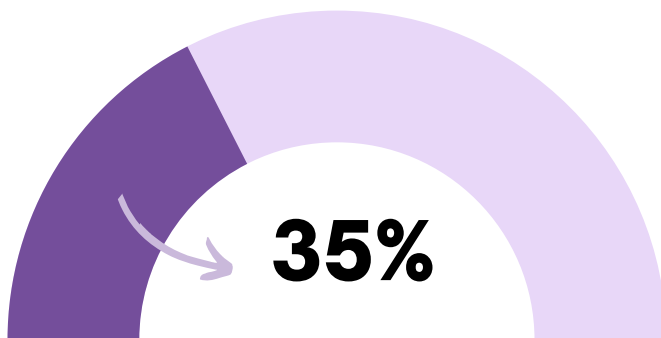


Mental Health is our emotional and social well-being. It is important for all ages as it effects how we think, feel, and act.³ Poor mental health can increase the risk for other problems, including chronic conditions, like diabetes and heart disease. Mental illness is very common, especially in the Native American population, yet it often goes untreated. Improving mental health can improve quality of life to ensure the community lives happy healthy lives.

Why is mental health a CHIP priority?

32% of Oneida respondents have an Anxiety Disorder

32% of Oneida respondents have an Depressive disorder



of Oneida respondents are limited in activities due to physical, mental, or emotional problems



3%

of Oneida Survey respondents have seriously considered suicide in the past 12 months

Mental Health Improvement Plan

Goal #1: Create a Healing Centered Workforce

Objective #1: Create a resolution to implement a trauma-informed care culture across the organization.

Objective #2: Update exercise at work resolution to be “Wellness at work” and include mental health breaks into policy.

Objective #3: Develop educational materials that inform patients on client-provider confidentiality and work to enforce providers verbal statements on patient confidentiality rights during appointments.

Objective #4: Create education on mental health benefits for employees to promote self-care in wellness in the workforce.

Social Ecological Model Targets: Interpersonal, Organizational, Community, Public Policy

Partners: Behavioral Health, Community Health Services, Governmental Services, Recreation, Tribal Action Plan (TAP)

Mental Health Improvement Plan

Goal #2: Identify Mental Health Gaps in the Community
Objective #1: Develop & disseminate a survey on mental health gaps and barriers in the community at least yearly (or as needed).
Objective #2: Analyze the Youth Risk Behavior Assessment data every 2 years.
Objective #3: Analyze the annual patient satisfaction survey data every year and ensure survey is being sent out when appropriate.
Objective #4: Work to add question related to patient mental health on medical patient satisfaction survey.
Objective #5: Work with Youth Enrichment Specialists (YES) to disseminate a survey on mental health for youth in schools and work to address needs identified following data collection.
Social Ecological Model Targets: Individual, Interpersonal, Organizational, Community, Public Policy
Partners: Behavioral Health, Community Health Services, Governmental Services, Recreation, Tribal Action Plan (TAP)

Mental Health Improvement Plan

Goal #3: Improve Mental Health Promotion and De-Stigmatization in the Community

Objective #1: Develop a mental health de- stigmatization campaign that focuses on specific audiences

Objective #2: Be present at minimum 1 community event per quarter to promote mental health services available in the community.

Social Ecological Model Targets: Individual, Interpersonal, Organizational, Community, Public Policy

Partners: Behavioral Health, Community Health Services, Governmental Services, Recreation, Tribal Action Plan (TAP)

Mental Health Progress Tracking

Short Term Outcomes

- The Oneida Nation workforce will be more trauma informed and able to implement trauma informed care principles into their daily work.
- Oneida Nation employees will have the ability to utilize “Wellness at Work” time that includes mental health activities.
- The Mental Health CHIP team will have a greater understanding of gaps in mental health care within the Oneida Community & organization.

Long Term Outcomes

- Community Health Assessment data will show a decrease in Oneida Community Members who report being limited in activities due to physical, mental, or emotional problems will decrease.
- There will be less stigma surrounding mental and behavioral health.
- Community Health Assessment data will show a decrease in Oneida Community Members who have considered suicide in the past 12 months.
- Community Health Assessment data will show an increase in Oneida Community Members who report receiving the social and emotional support they need.



Next Steps



The Oneida Nation CHIP is an ongoing plan that may be updated and revised as needed throughout the next 5-year cycle. The CHIP team strives to best meet the needs of the community and is prepared to evolve with the communities needs.

The three CHIP workgroups will meet separately on monthly basis to continue work, and as group on a quarterly basis to assess their progress on their team's CHIP goals. The Community Health Assessment and Improvement Plan are repeated every 5 years to best fit the Oneida Community's health needs.

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**Community Health
Services Department**
