



**YELLOWHAWK**  
TRIBAL HEALTH CENTER



# COMMUNITY HEALTH

# IMPROVEMENT PLAN



## ABOUT

Located on the Confederated Tribes of the Umatilla Indian Reservation, Yellowhawk Tribal Health Center is 7 miles east of Pendleton, Oregon.

**Phone:** 541.966.9830

**After Hours Nursing Telephone Advice:** 541.966.9830

If you have a life-threatening emergency, call **911** or visit the nearest emergency room immediately.

Other service providers available when Yellowhawk is closed are urgent care or walk-in clinics.



*find us!*



**YELLOWHAWK**  
TRIBAL HEALTH CENTER

**FOR AFTER HOURS ASSISTANCE WITH A MENTAL HEALTH  
CRISIS, PLEASE CALL OR TEXT**

**988**

Suicide & Crisis Lifeline

**COMMUNITY COUNSELING SOLUTIONS AT 541.240.8030**

**NON-CRISIS COMMUNITY WARM LINE AT 541.969.0010**



1

**WWW.YELLOWHAWK.ORG**

# Core Values

## TAMÁNWIT

*Indian Law – How we live; our lifestyle; our responsibility.*

## BALANCE

*Create and maintain a healthy work-life balance.*

## INTEGRITY

*Work with honesty and honor without compromising the truth.*

## RESPECT

*Demonstrate high regard for patients and one another. Value differences and allow others to express themselves.*

## EQUITY

*Exercising fairness and being impartial in decision making.*

## COMPASSION

*Understanding pain or suffering of others and being able to help or do something about it.*

## EXCELLENCE

*Working together as a team to create and implement unique strategies to improve workflow.*

## Our Vision

Our Tribal Community achieves optimal health through a culture of wellness.

## Our Mission

Empower our Tribal Community with opportunities to learn and experience healthy lifestyles.



## **BACKGROUND & HISTORY**

Before European contact, the members of the Cayuse, Umatilla, and Walla Walla people were 8,000 members strong. The three tribes spent most of their time in the area that is now northeastern Oregon and southeastern Washington. They had lived in the Columbia River Region for more than 10,000 years. There were no buffalo in this area. The most plentiful foods were salmon, roots, berries, deer, and elk. Each of these foods could be found in different places and each was available in different seasons. This meant that the Indian people had to move from place to place from season to season to get their food and prepare it to be eaten and to be saved for the winter.

Until the early 1900s, our ancestors moved in a yearly cycle, from hunting camps to fishing spots, to celebration and trading camps. They followed the same course from year to year in a large circle from the lowlands along the Columbia River to the highlands in the Blue Mountains.



In the spring, the tribes gathered along the Columbia River at places like Celilo Falls to fish for salmon and trade goods with other tribes. They dried the salmon and stored it for later use. In late spring and early summer, they traveled from the Columbia to the foothills of the Blue Mountains to dig for roots which they also dried. In late summer, they traveled to the upper mountains to pick berries and to hunt for deer and elk. In the fall, the Tribe would return to the lower valleys and along the Columbia River again to catch the fall salmon run. All would stay in winter camps in the low regions until spring when the whole cycle would start all over again.

Every food the Indian people needed was provided by the earth. Ceremonies were held in the spring to honor the new foods. One of those, the Root Feast, is still celebrated today on the Umatilla Reservation. Although salmon is not as plentiful as it was before the dams were built in the Columbia, many of the Indian people of the Umatilla Indian Reservation still eat traditional foods like roots, berries, deer, elk and salmon as part of their everyday diet.

In 1855, the Cayuse, Umatilla and Walla Walla tribes and the U.S. Government negotiated a treaty in which 6.4 million acres were ceded in exchange for a reservation homeland of 250,000 acres. As a result of federal legislation in the late 1800s that reduced its size, the Umatilla Reservation is now 172,000 acres -- 158,000 acres just east of Pendleton, Oregon plus 14,000 acres in the McKay, Johnson, and McCoy Creek areas southeast of Pilot Rock, Oregon.

Also reserved within the treaty are inherent rights to fish in usual and accustomed sites, and to hunt and gather traditional foods and medicines on public lands within the ceded areas. Today, the three tribes of the Confederated Tribes of the Umatilla Indian Reservation have an enrollment of nearly 3,000 members.

While our lands and way of life have changed in the years since European contact, we hold strong to our ancestry and culture. Our traditional religion Washat, or Seven Drums, is still practiced by some tribal members. In the way of our elders who came before us, we worship, dance, drum, sing and continue to gather foods, treading along some of the same paths they did to find food for our families and tap into our rich heritage.



# THE COMMUNITY HEALTH ASSESSMENT PROCESS

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As the Oregon Health Authority states, “Community health assessments (CHAs) identify key health needs and issues through systematic, comprehensive data collection and analysis.”

Every 3-5 years, Yellowhawk gathers input and data from the community about our health and wellness needs. The shared data is then collected into a Community Health Assessment (CHA), which allows organizations and individuals within the community to get a large and broad view of the key health needs and issues we face.

After the CHA is completed, Yellowhawk then begins to develop a Community Health Improvement Plan (CHIP) in response to the needs of our community, and to attempt to address the roots of our health issues in partnership with other vital Tribal and community organizations. Together, the CHA and CHIP represent a dedicated and community-based effort to achieve optimal health.

Historically, the CTUIR service area was included in Umatilla and Morrow county’s community health assessment process. However, with the award of Public Health Accreditation in 2020, Yellowhawk has led an independent CHA process in order to get the most accurate reflection of our community.

Our most recent CHA was completed in December of 2022 (though the data was collected in the summer of 2021), and 414 individuals participated in the survey. For more information about the CHA process, or to see the data from the CHA, please visit our Community Health Planning webpage at [www.yellowhawk.org/chp](http://www.yellowhawk.org/chp).

For more information about Public Health Accreditation, please visit the Yellowhawk website.



## WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN?

A community health improvement plan (CHIP) is developed by and for the community to address key health issues and social determinants of health that are identified by the community as priorities. The CHIP cycle goes hand in hand with the CHA process and as such, is redone every 3-5 years.

The CHIP is made up of 2-4 health priorities that are identified by the community, but it doesn't stop there. For each priority, the community and partner organizations identify goals, strategies, actions, and timelines that are the basis for the plan. For instance, if a selected health priority was to increase healthy eating, Yellowhawk might work with public schools to set a goal for healthy food in vending machines and within the school cafeteria. The organizations that agree to be a part of the CHIP track their progress on the goals and monitor and report on how the goals are progressing.

The CDC states that "social determinants of health (SDOH) ... are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." The process of community health improvement planning is to work within the community to make changes to the systems that affect our health, as well as our individual behaviors.

The CHIP is not something Yellowhawk alone can accomplish. Though we steward the process, we rely on our community partners and community members to work with us in our efforts to improve. Our planning process is propelled by the data and desires within our area of service, so that we may better serve our patients and each other.

# THE 2024-2028 CHIP PROCESS



After the Community Health Assessment was completed and presented to the General Council in December of 2022, Yellowhawk began the early stages of the Community Health Improvement Planning Process. The goal of the CHIP is to assess what health priorities the community sees as most pressing, to work with partners to identify strategies for improving these priorities, and to continually measure and evaluate how we are doing on our progress toward our objectives. For the purpose of our CHA and CHIP, we define community as all enrolled members of the CTUIR and other American Indians and Alaska Natives living in the CTUIR service area.

In February 2023, Yellowhawk formed a partnership with the CTUIR Community Wellness Improvement Collaborative (CCWIC) to begin cross sector planning for the upcoming CHIP cycle. CCWIC is composed of members from: Yellowhawk Behavioral Health Department, CTUIR Department of Child & Family Services, CTUIR Education Department, CTUIR Office of Legal Counsel, CTUIR Planning Department, and is chaired by the Director of the CTUIR Housing Department. As a group, we began to evaluate the data from the CHA and break it down into possible priority categories. From there, we presented these categories to the community through a survey, event outreach, and two community planning sessions.

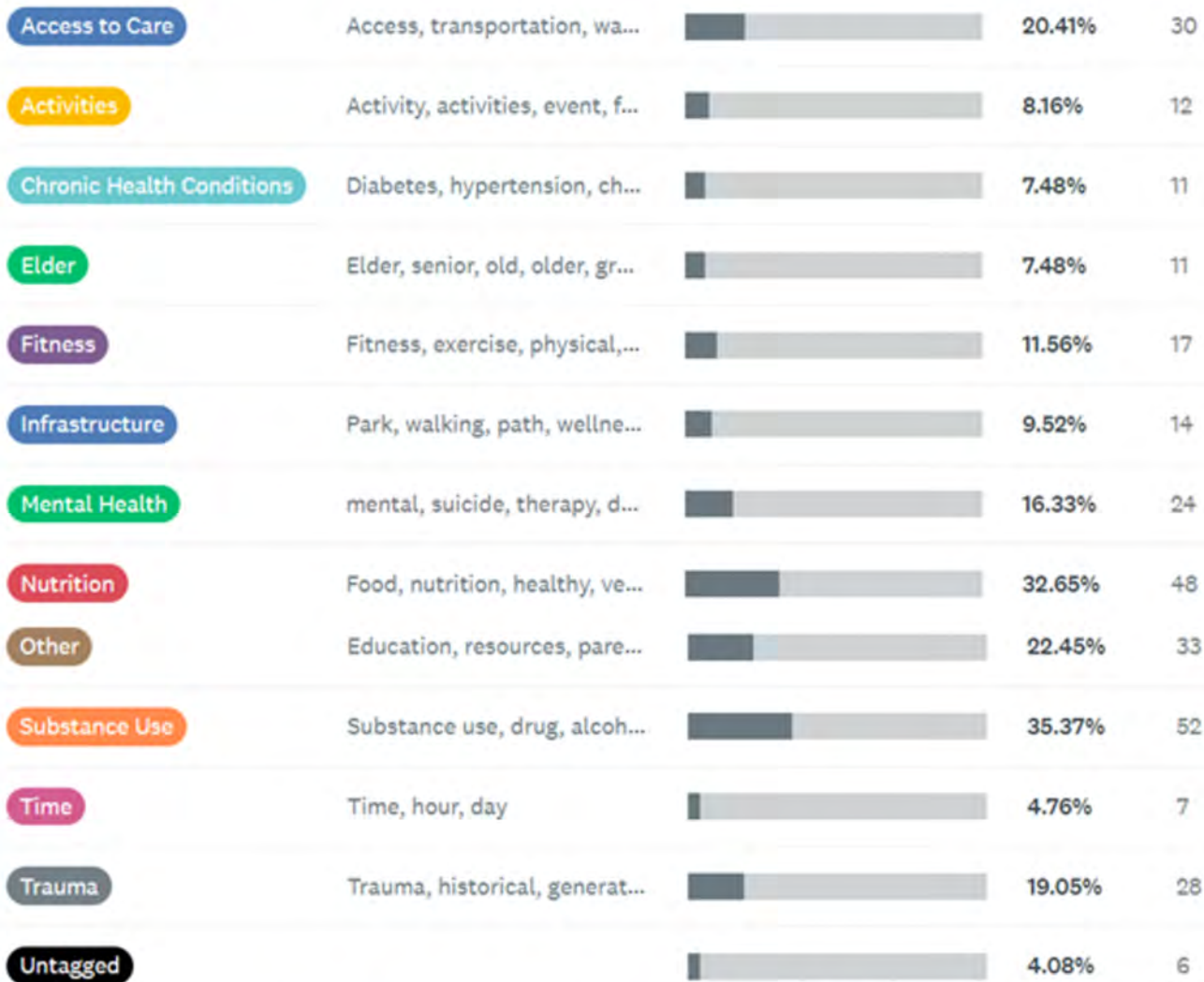
From June – September of 2023, we participated in a variety of community outreach efforts aimed at embedding community voice within our CHIP. The various outreach efforts also asked the community to assess what they believed the root cause of many of these health issues were, and what our organizations and leadership could do to address them. In response, the community identified Physical Activity, Nutrition, and Mental Health as the three main health priorities, though the categories of Chemical Dependency and Social Health were not far behind. We also received a lot of suggestions regarding increasing fitness and nutrition options, strengthening access to care, providing a larger range of services for substance use, and increasing infrastructure to support wellness.



# EXAMPLES

## FROM THE CHIP COMMUNITY SURVEY

### WHAT DO YOU THINK ARE THE ROOT CAUSES OF THE HEALTH ISSUES YOU SEE IN OUR COMMUNITY?



# EXAMPLES

FROM THE CHIP COMMUNITY SURVEY

BASED ON YOUR RATINGS, WHAT STRATEGIES, ACTIVITIES, OR EVENTS WOULD YOU LIKE TO SEE IN YOUR TOP THREE PRIORITY AREAS?



IN RESPONSE TO THE COMMUNITY FEEDBACK WE RECEIVED, CCWIC DECIDED TO COMBINE THE HEALTH PRIORITIES INTO THE FOLLOWING THREE

**1 PHYSICAL ACTIVITY & NUTRITION**

**2 BEHAVIORAL HEALTH**

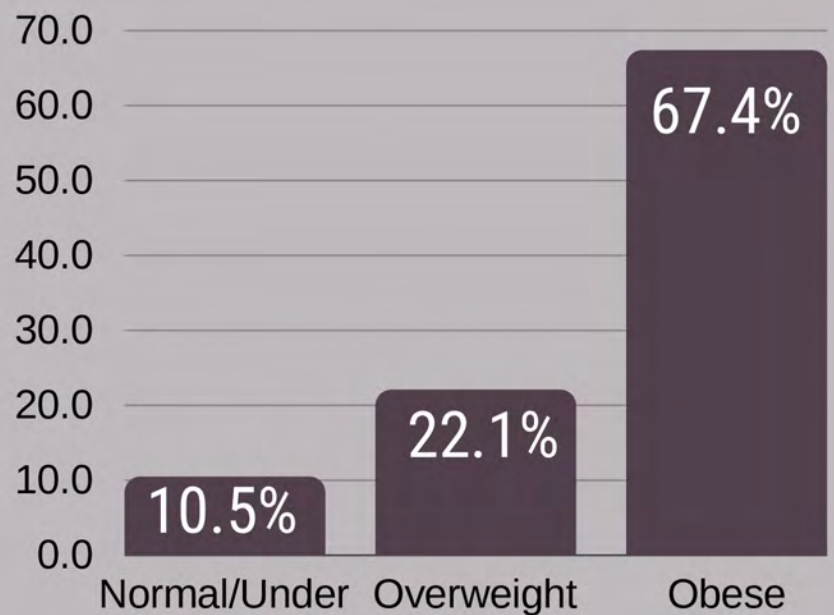
**3 COMMUNITY ENGAGEMENT**



## DATA FROM THE CHA

OUR PRIORITY AREAS WERE INFORMED BY THE COMMUNITY AND DATA FROM THE CHA

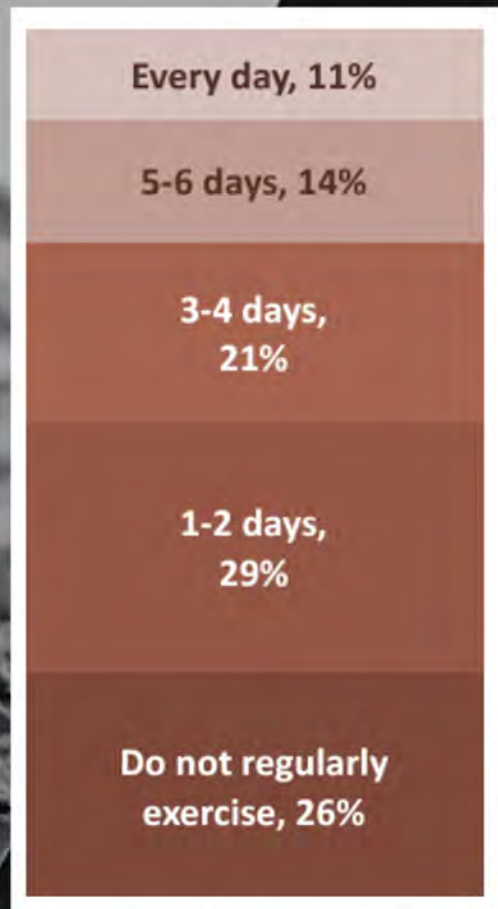
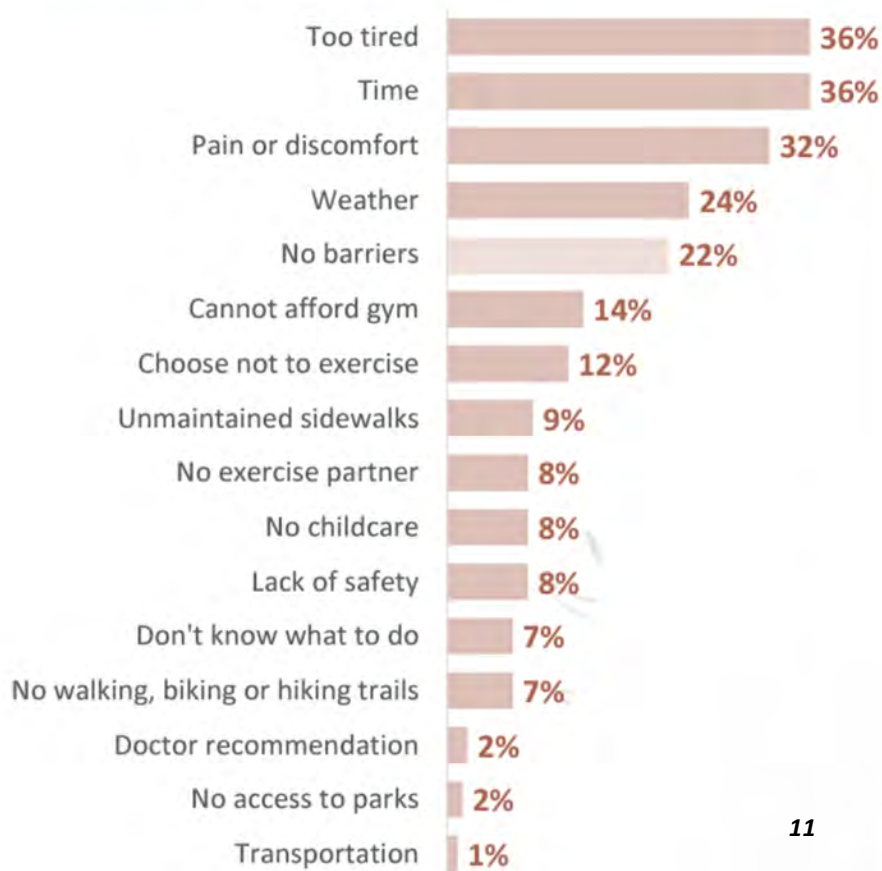
**89%** of respondents were **overweight** or **obese**.





**26% of obese respondents do not regularly exercise.**

**The primary barriers to exercise are being too tired, time, and pain or discomfort.**

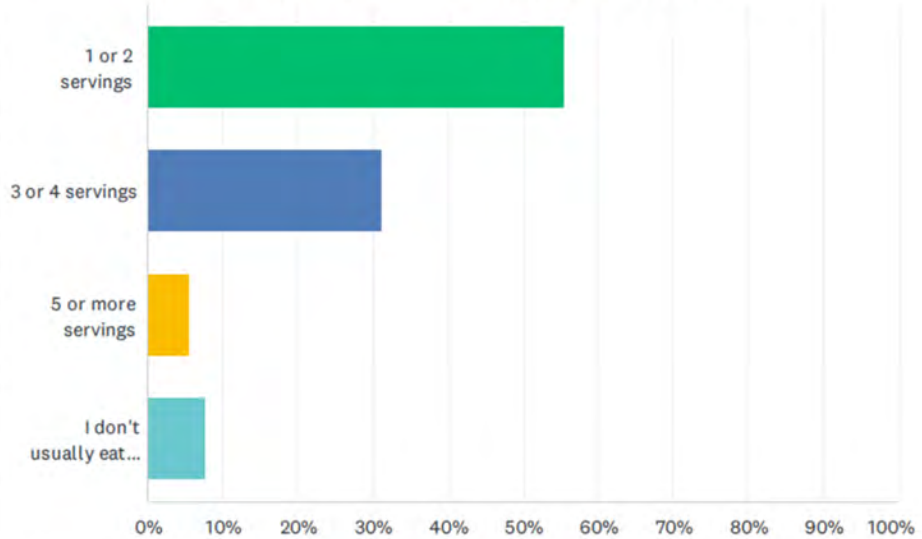


**26% of respondents were limited from participating in activities due to physical, mental, or emotional issues.**



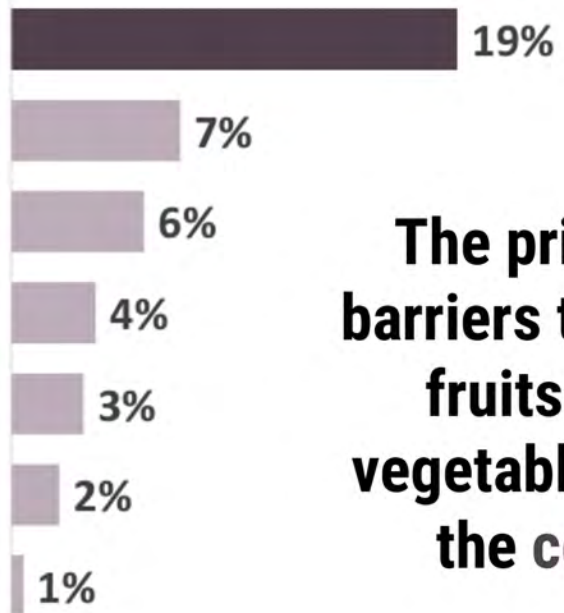
## On average, how many servings of fruits and vegetables do you eat each day?

*fresh, canned, frozen, dried, raw or cooked*



**Answered: 301 Skipped: 113**

- Too expensive
- Unable to grow my own produce
- Don't know how to prepare them
- Not enough variety
- I don't like the taste
- Unable to use Food Assistance Programs
- No transportation to get them

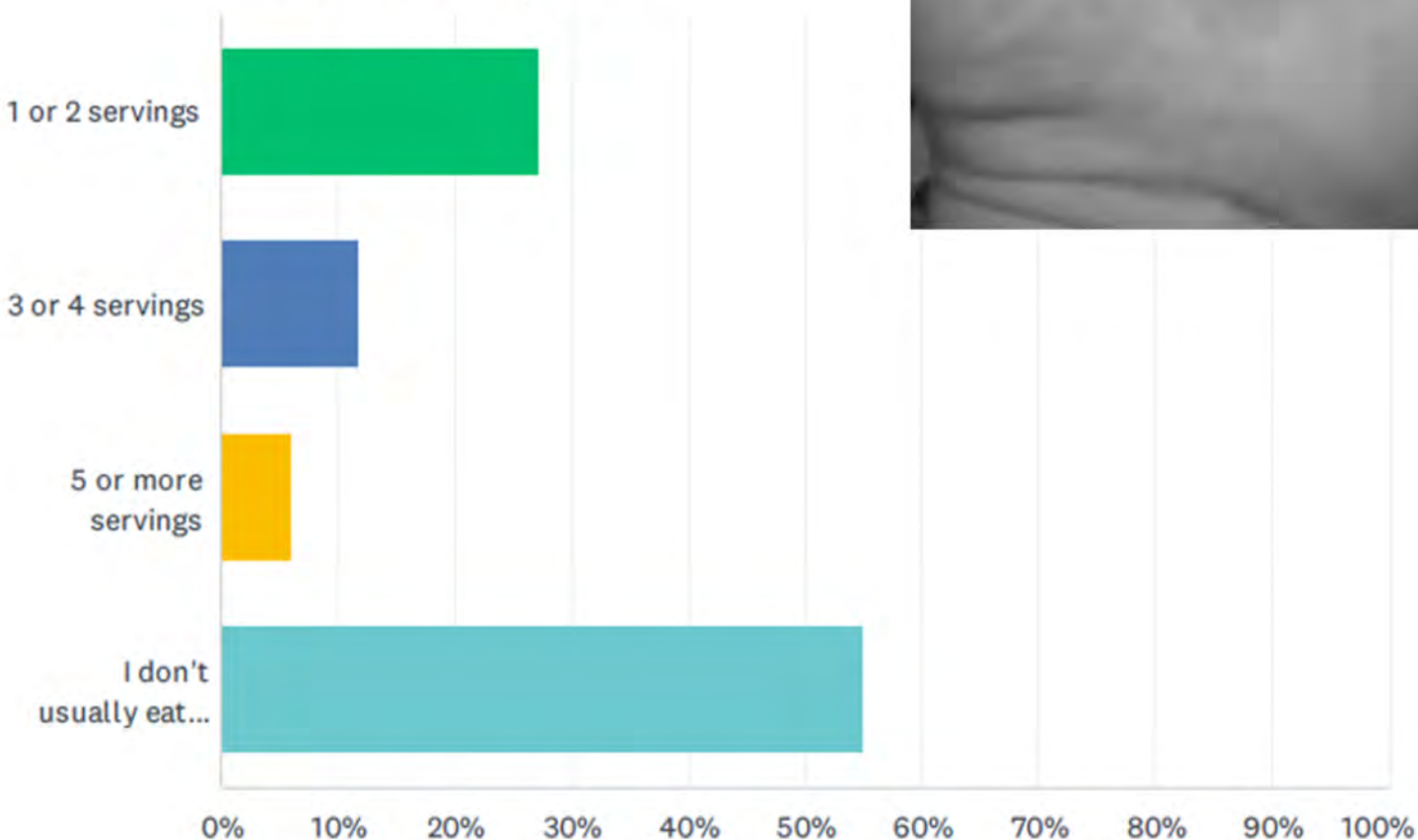


**The primary barriers to fresh fruits and vegetables was the cost.**

# During a regular week, how many servings of First Foods or traditional Indigenous foods do you eat?



Answered: 300 Skipped: 114





**82% OF RESPONDENTS USED  
NO COMMERCIAL TOBACCO.**



**Among the 18% who used tobacco:**

- **79% used tobacco daily**
- **43% had attempted to quit smoking for at least one day in the past year.**

**55% of respondents consumed no alcoholic drinks in the past month.**

**Among those who do drink, one third had 2+ drinks a day.**

**Yellowhawk clinical data:**

- **14% patient tobacco usage rate**

**From Jan. 2021-Dec. 2022**

**Yellowhawk saw an estimated:**

- **373 patients with alcohol disorder**

**10% of respondents reported driving after drinking or using drugs in the past 6 months.**

# NEXT STEPS



Once the health priorities had been decided on, the next step was to initiate more in-depth and collaborative planning across departments and organizations. Beginning in November 2023, meetings were held internally with Yellowhawk and externally with partner agencies to begin discussing the objectives and strategies that we could implement or were already implementing to address the priority areas. These conversations happened through both large, collaborative meetings, and focused one-on-one meetings to help in developing and aligning the objectives across organizations. Based on the discussions and work that was completed from November 2023-August 2024, the CHIP was finally finished and ready to be published, distributed, and implemented.

As part of developing the objectives and strategies for the CHIP, organizations and departments were responsible for setting measures and deadlines. As the CHIP is implemented over the next three years, there will be meetings and check-ins about the progress on our objectives and strategies as determined by the timelines departments set. The following sections will show in detail each priority area and the subsequent objectives, strategies, and timelines that fall under each priority area. As we implement and evaluate our progress in improving community health, you can view any updates or feedback we have on our website, at our CHIP page:

**[www.yellowhawk.org/chp/communityhealthimprovementplan](http://www.yellowhawk.org/chp/communityhealthimprovementplan)**.

An annual report will be put out each year to detail the progress made on each objective. As we review our data and activities, revisions may be made in the future if we identify needed improvements and changes. Ultimately, the goal of a CHIP is to be informed by the community, and to live with it.



## Priority 1: Physical Activity & Nutrition

**Goal:** Increase opportunities for physical education and access to safe places to exercise across all ages and ability levels.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
By the end of 2027, increase the number of individuals who are physically active at least 150 minutes a week from 15.1% to 25%.	<ul style="list-style-type: none"> <li>• Increase physical fitness offerings, vary location and times classes are offered, and tailor offerings to specific populations (i.e. elder fitness classes).</li> <li>• Encourage physical fitness for youth by partnering with local school districts and identifying opportunities to supplement school sport enrollment costs for families.</li> <li>• Pay for physical fitness opportunities for patients engaged in Behavioral Health programming as a bridge between mental health and physical health.</li> <li>• Identify and apply for funding opportunities to build a health promotion program geared toward physical fitness and nutrition.</li> </ul>	Yellowhawk – Public Health	Number of individuals who are physically active at least 150 minutes a week by December 2027.
Install 8 video cameras and security equipment in Tribal housing neighborhoods to increase safety.	<ul style="list-style-type: none"> <li>• Identify locations for security cameras within Tribal housing neighborhoods.</li> <li>• Install security cameras.</li> </ul>	CTUIR Housing Department— Housing Director	Number of video cameras installed in Tribal housing by January 2026.
Continue planning efforts to construct a Community Wellness Center.	<ul style="list-style-type: none"> <li>• Identify opportunities or solutions to fund a CTUIR wellness center.</li> <li>• Based on community input, identify services and activities that will be offered through the wellness center.</li> <li>• Identify organizational structure and oversight of a future CTUIR wellness center.</li> </ul>	CTUIR Finance/Economic Development	Number of meetings and feasibility studies completed regarding CTUIR Wellness Center by December 2027.



**Goal:** Improve access to nutritional education, healthy foods, and opportunities to engage in healthy eating.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
By the end of 2027, increase the fruit consumption in individuals aged 2 years and over from 0.51 cups to 0.56 cups.	<ul style="list-style-type: none"> <li>• Offer at least 1 healthy cooking class per quarter for all ages and abilities.</li> <li>• Collect baseline data regarding the number of unduplicated individuals provided services addressing food insecurity, hunger, and access to resources.</li> </ul>	Yellowhawk – Public Health	Number of cups of fruits and vegetables consumed by individuals aged 2 years and over by December 2027.
By the end of 2027, increase the vegetable consumption in individuals aged 2 years and over from 0.76 cups to 0.84 cups.	<ul style="list-style-type: none"> <li>• Identify policies and grants to expand education opportunities regarding healthy eating and access to healthy foods.</li> </ul>		
Assess and increase the community’s knowledge and exposure to First Foods.	<ul style="list-style-type: none"> <li>• Identify baseline of community knowledge and exposure to First Foods by providing pre assessments through DCFS and collaborative programming.</li> <li>• Offer events and trainings around food preservation, First Foods, gathering, and processing.</li> <li>• Increase access to First Foods and local foods through food distribution handouts.</li> </ul>	CTUIR – Department of Children and Family Services	Community knowledge and exposure to First Foods as measured by assessment by December 2027.

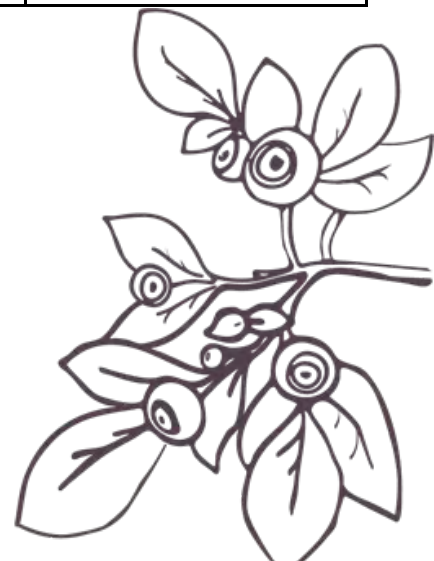
Assets/Resources:	Partnerships with Oregon State University for food preservation, local businesses and food distributors for First Foods, and collaboration between programs such as Yellowhawk Public Health and CTUIR Department of Children and Family Services to host nutrition programming. Community awareness and desire to improve physical activity and nutrition, as identified through CHIP feedback and other programming.
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## Priority 2: Behavioral Health

**Goal:** Improve access and engagement to client centered, strength based, trauma-informed and culturally grounded mental health services.

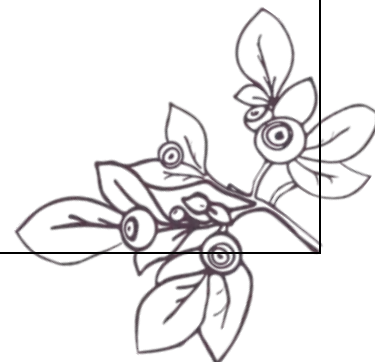
Objective	Strategy	Lead Agency Responsible	Measures/Timeline
<p>Yellowhawk staff will complete/attend a minimum of two culturally appropriate or trauma-informed trainings per calendar year.</p>	<ul style="list-style-type: none"> <li>• Identify frontline staff who should receive training.</li> <li>• Implement a tracking system to ensure staff are trained appropriately and timely.</li> <li>• Ensure all frontline staff attend 2 culturally appropriate or trauma-informed trainings per calendar year.</li> <li>• Offer CTUIR agencies and community members at least one culturally specific and/or trauma informed training annually.</li> </ul>	<p>Yellowhawk – Behavioral Health</p>	<p>Number of staff who completed a minimum of two culturally appropriate or trauma informed trainings each year by December 2027.</p>
<p>Reduce barriers to behavioral health care by reducing wait lists and/or out of agency referrals by 50% by the end of 2026 by being fully staffed.</p>	<ul style="list-style-type: none"> <li>• Utilize grant funding to provide sign on bonuses for new BH staff.</li> <li>• Visit no less than two local colleges per calendar year to promote services BH provides to students in the field.</li> <li>• Utilize grant funding to offer scholarships/loan pay off assistance to enrolled tribal students in Master Programs in social service fields (with signed contract of employment upon graduation)</li> </ul>	<p>Yellowhawk – Behavioral Health</p>	<p>Number of individuals on waiting lists or referred to outside agencies by December 2026.</p>
<p>Expand the mental health workforce by hiring and/or training ten Traditional Health Workers, Peer Support Mentors, and/or Community Health Representatives by 2026.</p>	<ul style="list-style-type: none"> <li>• Identify staff who qualify for additional certification and training.</li> <li>• Create and fund additional THW, Peer Support Mentor, or CHR positions as needed.</li> </ul>	<p>CTUIR – Department of Children and Family Services</p>	<p>Number of staff hired and/or trained as THWs, Peer Support Mentors, or CHRs by January 2026.</p>



**Priority 2: Behavioral Health Continued**

**Goal:** Improve access and engagement to client centered, strength based, trauma-informed and culturally grounded mental health services.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
<p>Implement a training program related to decreasing stigma/increasing awareness related to behavioral health disorders and gender affirming care for YH staff and identified community partners.</p>	<ul style="list-style-type: none"> <li>• Identify staff partnerships between YH Departments, Family Engagement (DCFS), Nixyáawii Community School and Behavioral Health to begin implementing necessary trainings such as: MH 1st Aid, ASIST, QPR and LGBTQ+ Awareness.</li> <li>• Develop pre and post surveys to measure staff responses to reducing stigma in the identified areas.</li> <li>• Ensure staff are trained and assessed following the given timeline:               <ul style="list-style-type: none"> <li>○ By the end of 2025, reduce stigma related to mental health as evidenced by survey data.</li> <li>○ By the end of 2025, reduce stigma related to SUD as evidenced by survey data.</li> <li>○ By the end of 2025, reduce stigma related to gender affirming care as evidenced by survey data.</li> </ul> </li> </ul>	<p>Yellowhawk – Medical</p>	<p>Reduction in stigma associated with mental health, SUD, and gender affirming care as measured by assessment by January 2026.</p>
<p>By 2027, increase the proportion of primary care visits where adolescents and adults are screened for depression from 37.5% to 49.5%.</p>	<ul style="list-style-type: none"> <li>• Continue collecting and tracking data regarding depression screenings for patients.</li> <li>• Ensure staff screen adults and adolescents during medical visits.</li> <li>• Meet the following screening goals:               <ul style="list-style-type: none"> <li>○ By end of year 2024, have a 3% increase in depression screening over the 2023 GPRA Measure %</li> <li>○ By end of year 2025, have a 4% increase in depression screening over the 2024 GPRA Measure %</li> <li>○ By end of year 2026, have a 5% increase in depression screening over the 2025 GPRA Measure%</li> </ul> </li> </ul>	<p>Yellowhawk – Medical</p>	<p>Number of adolescents and adults screened for depression during a primary care visit by January 2027.</p>



**Goal:** Promote chemical dependency programming and services and eliminate barriers to services.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
<p>Reduce barriers to substance use disorder care by increasing awareness and breaking down stigma to receive treatment.</p>	<ul style="list-style-type: none"> <li>• Conduct a community-wide chemical dependency/mental health needs assessment by 2026.</li> <li>• Minimum of five substance use prevention events/activities per year</li> <li>• Minimum of two Narcan Distributions for community partners/members per year</li> <li>• Utilize peer recovery mentors to engage community members providing outreach and resources of available services BH offers</li> <li>• Monitor and collect data regarding number/type of calls that the CTUIR Community Warm Line receives annually.</li> </ul>	<p>Yellowhawk – Behavioral Health</p>	<p>Completion of chemical dependency/mental health needs assessment by January 2027.</p> <p>Number of prevention events offered and Narcan distributions held by December 2027.</p>
<p>Decrease in number of active clients who are diagnosed with Alcohol Abuse/Alcohol Dependence by at least 10% compared to 2023 numbers.</p>	<p>In 2023 there were approximately 145 active YH clients diagnosed with Alcohol Abuse/Dependence. The goal is to reduce that number by a minimum of 10% by the end of 2026.</p> <ul style="list-style-type: none"> <li>• Community awareness campaign (posters and visuals) of effects on the body consuming large amounts of alcohol.</li> <li>• Local community events geared at breaking stigma on addiction promoting health, wellness and togetherness with handouts on statistics of alcoholism.</li> </ul>	<p>Yellowhawk – Behavioral Health</p>	<p>Number of active clients who are diagnosed with Alcohol Abuse/Alcohol Dependence by December 2026.</p>
<p>Reduce the rate of individuals who use commercial tobacco products from 18% to 13% by the end of 2027.</p>	<ul style="list-style-type: none"> <li>• Expand and continue cultural tobacco prevention initiatives such as the community sweathouse remodel, weaving classes, and the BAAD tournament.</li> <li>• Implement tobacco education and prevention classes such as Second Wind and Project SUN.</li> <li>• Identify policies regarding tobacco sales on the Reservation and work to reduce access to commercial tobacco through written recommendations.</li> </ul>	<p>Yellowhawk – Public Health</p>	<p>Percentage of individuals who use commercial tobacco products by December 2027.</p>



**Goal:** Provide opportunities for the community to engage in self-growth, healthy lifestyles, and prosocial activities.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
Assess, inventory, and increase the number of opportunities for community members to receive technical, career, or skills-based trainings.	<ul style="list-style-type: none"> <li>• Inventory current Workforce Development training offerings and create a calendar.</li> <li>• Collaborate with other departments and organizations to diversify training options for the community.</li> <li>• Based on inventory, set a measurable goal to increase training opportunities by the end of 2025.</li> </ul>	CTUIR – Workforce Development	Number of opportunities offered to community members to receive technical, career, or skills-based trainings by December 2027.

Assets/Resources:	Funding for commercial tobacco prevention and substance use prevention through State, Federal, and local resources. Community awareness of and support for addressing substance use and alcohol use.
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## Priority 3: Community Engagement

**Goal:** Increase community awareness of relevant health issues and how social drivers of health play a role in community wellbeing.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
<p>By 2027, create and implement a community-wide educational campaign centered on social drivers of health including a community-led resolution addressing the health-related social needs (HRSN) of the community.</p>	<ul style="list-style-type: none"> <li>• By the end of year 2024, Medical/PH/BH will collaborate in creating a referral process to be used to address HRSN by internal and external partners (CAPCP, DCFS, VA, Etc.) to provide wraparound services to our patients.</li> <li>• By the end of year 2025, have referral process in place, Yellowhawk staff trained on utilizing referral process, and baseline established for number of referrals placed by Yellowhawk to community partners.</li> <li>• By end of year 2026, baseline from year 2025 will be utilized to improve referral process by 5% and a quality improvement project will be initiated to ensure referrals are being utilized for patients in need.</li> </ul>	<p>Yellowhawk – Medical</p>	<p>Number of referrals provided for health-related social needs by December 2027.</p>



**Goal:** Work across Yellowhawk departments and CTUIR organizations to offer high-quality, collaborative, and well-planned community health events.

Objective	Strategy	Lead Agency Responsible	Measures/Timeline
<p>Create two digital media campaign(s) each year promoting patient centered, strength-based, trauma-informed and culturally grounded services offered at Yellowhawk.</p>	<ul style="list-style-type: none"> <li>• Departments will work with Public Relations to identify significant health priorities within the community or inspiring individual stories.</li> <li>• Specific partners/programs will work with Public Relations to develop media campaigns.</li> <li>• Public Relations will oversee posting and distribution of digital media campaigns and track the number of views.</li> </ul>	<p>Yellowhawk – PR</p>	<p>Number of digital media campaigns created by December 2027.</p>
<p>Provide opportunities for relationship building within the Tribal community by ongoing collaboration between Yellowhawk, Tribal, and community organizations at least once a month.</p>	<ul style="list-style-type: none"> <li>• Meet with relevant community partners at least once a quarter to increase communication and efficiency.</li> <li>• Plan at least one event per quarter in collaboration with outside organizations or key partners.</li> <li>• Provide health education opportunities to the community at least once a week and ensure that 50% of all health education opportunities are offered in collaboration between programs, departments, or organizations.</li> <li>• Increase collaboration and participation within Pamanaknúwit to ensure cross-departmental event planning.</li> <li>• Implement a QI project within Pamanaknúwit to track and evaluate the events offered, the community engagement, and the amount of collaboration.</li> <li>• Identify ways to increase community input and agency in program planning and implement strategies to include greater community participation and voice.</li> <li>• Yellowhawk will offer at least two wellness tables per month based at community locations and in partnership with another department or organization.</li> </ul>	<p>Yellowhawk</p>	<p>Number of collaborative community events, activities, and meetings conducted by December 2027.</p>
<p>Assets/Resources:</p>	<p>The State of Oregon and local health authorities are planning, implementing, and prioritizing health-related social needs programs. Yellowhawk and CTUIR departments will be able to use other healthcare policies/procedures for reference when building our own program. The CTUIR Board of Trustees has prioritized building collaboration between departments and various interdepartmental committees, such as the CTUIR Community Wellness Improvement Collaborative (CCWIC) which exists as a structural and policy-based strategy to build collaboration.</p>		



# Q'EYCI YEW YEW

Yellowhawk gives gratitude to the organizations, departments, and community members who helped to build this CHIP. May we all come together for the health and wellness of one another.

*Thank You*



**YELLOWHAWK**  
TRIBAL HEALTH CENTER



# COMMUNITY HEALTH

# IMPROVEMENT PLAN



*find us!*



**YELLOWHAWK**  
TRIBAL HEALTH CENTER

