CONFEDERATED TRIBES OF CHEHALIS

Tribal Specific Health Plan

DEVELOPED AND AUTHORIZED BY

Chehalis Tribal Council

Virginia Canales, Chairwoman

Jerrie Simmons, Vice-Chairwoman

Marjorie McCloud, Secretary

Magdalena Medina, Treasurer

Joan Cayenne, Council member

STAFF

Jerrie Simmons, Business Manager

Joan Cayenne, Community Health Representative

Ben Hicks, Community Health Representative

COSAMCO LTD.

Vanette Chase, Team Leader

Rudolph C. Ryser, Writer & Editor

Marvin O'Quinn, Research Assistant

Mary Sheetz, Composition

Susan M. Sawicki, Composition

Iris Jaffee, Graphics

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Introduction

The Chehalis Tribal Government has developed many plans, but no plan will have the significance of the Chehalis Tribal Specific Health Plan. This is so because no plan has looked at the tribes with the intent of rebuilding the tribal community from the home. The Chehalis Tribal Government has seen that the strength of the tribes is in its people and its natural resources. Both must be protected and made secure for the generations to come.

The Chehalis Tribal Specific Health Plan is both a map for delivering services to Chehalis service area residents (from the Tribal Health System, Indian Health Service System and General Health Service System) as well as a description of a process for strengthening the tribal community and tribal government. The plan depends upon "community will," creativity and a commitment to self-reliance instead of massive financial solutions and U.S. government intervention.

Tribal Community Health is described in the Chehalis Tribal Specific Health plan as a process of family interdependence, family health and self-reliance. "Bush medicine" is the term that describes the spirit that the plan urges. The goal of a strong and healthy Chehalis people is the paramount focus of the planning process.

Background:

Since the Chehalis Reservation was recognized by the United States in 1864 the Chehalis peoples had been virtually ignored by

the U.S. national government. The provision of aid and services was not provided directly until 1970 over one hundred years after the United States assumed its "trust responsibility." For an extended period of nearly fifty years the United States sought to reduce the lands occupied by Chehalis peoples to what is now just a little more than 2000 acres within a reservation of over 4000 acres.

Over the years, many of the life supporting natural resources on which Chehalis depended had been lost to over use, depletion due to non-Indian commercial exploitation and natural consequences. With the rapid depletion of local resources, many of the reservation's original landholders were forced to leave the area in search of other means for economic survival.

Since the late 1960's the Chehalis Tribes have begun a resurgence of community consolidation and strengthened tribal government. Tribal members have returned to Chehalis soil and still others are looking to rebuilding the tribal fabric. A part of this rebuilding of tribal community is the Chehalis Tribal Specific Health Plan. Self-reliance and strong family confidence is a part of the Chehalis future and restored strength.

Chehalis Tribal Culture and Traditions:

The Chehalis people are members of the Salishan language group. The Salishan occupied the northern reaches of Willapah Bay and the Chehalis particularly occupied the interior lands near Grays Harbor and east along the Chehalis River. Slave trade, inter-marriage and political amalgamation (as discussed below) led to the formation of

the Chehalis Confederated Tribes now occupying the Chehalis Reservation.

The Tribes developed a major trading route for tribal groups along the Coast and the interior. Along with neighboring tribal groups the Chehalis peoples had participated in an active commercial slave market and the trade of fish, clams, oysters and furs. The Chehalis peoples in all the bands and tribes enjoyed a prosperous social, economic and cultural existence even as trading relationships shifted to dealing with European traders. The wealth of tribes temporarily grew in a variety of favorable ways and then two major factors emerged to reduce and then devastate tribal economic growth. White traders tended to over-use resources and over-compete with tribal communities for the abundant resources. They introduced new diseases against which tribal resistance was pitifully small. New trade markets had been found by the white traders. They no longer needed to depend on the tribal populations for resources. The tribes were left with a massive economic depression. The economic devastation combined with alcohol, diphtheria, small pox and even the common cold to ruin a growing and prospering culture.

Despite the full commitment of the tribal people to their spirit religions, the "white mans'" diseases decimated whole villages. No amount of prayer, herbal medicines and guidance from Tamahnous (as the Great Spirit was known by some) could stop the affects of the economic and social chaos that wrenched the tribes. The only escape was to leave the dead and flee for safety. Even

in flight, many people carried the disease with them and were lost. Through the remainder of the 1800's the Chehalis peoples continued to practice their traditional rites of healing, potlaches, and herbal medicines.

In the early 1900's, a new religion began to appear among the tribes of the Northwest. The Shaker faith was founded on Mud Bay near Olympia following a revelation from God to John Slocum of the Squaxin Island Tribe. The Shaker faith (not to be confused with the Shaker religion of the eastern U.S.) combined traditional tribal religion and Roman Catholicism. Followers of the Shaker faith believe that the healing power of the individual when combined with the use of bells and the special rhythm of songs, could lead to dramatic healing. The power of the Shaker people to bring about healings is responsible for many "miraculous" healings even today in many tribal communities including the Chehalis.

Chehalis tribal members continue traditional cultural practices and they use "modern" technology as a part of daily life. Tribal politics, economics, social relations and medical care are bound together as a rich culture among the Chehalis peoples. As before, tribal people have adapted to new influences for their collective survival. Traditional practices remain a major part of the Chehalis peoples' lives and livelihood.

U.S. and Chehalis Relations:

"Chehalis" is a collective name for several Salishan Tribes on the Chehalis River and around Grays Harbor. The name "Chehalis" belongs strictly to a village that was historically located at the

entrance of what is now known as Grays Harbor - the word means sands.

There were five principle villages located on the Chehalis River, and seven more on the north, and eight on the south side of the bay. The population of 700 (1806 Lewis & Clark) was distributed among the villages and these villages embraced several peoples that were called by different names. Today's Chehalis people take their heritage from the Hoquiam, Hooshkal, Humptulips, Klimmin, Nooskhom, Satsop, Wynooche and Wishkah among others.

In 1854 the Acting Commissioner of Indian Affairs notified Governor Isaac Stevens that he should "endeavor to unite the numerous bands, the fragments of tribes into tribes and provide for the concentration of one or more of such tribes upon the reservations which may be set apart for their future homes."

In February of 1855 a U.S. Treaty Commission led by Governor Isaac Stevens commenced negotiations with the Upper Chehalis and Lower Chehalis, Lower Chinook, Cowlitz and Quinault tribes. The tribal delegates to the Chehalis River Treaty Council each came to the council prepared to cede most of their lands, but they all wished to keep certain lands in their own home areas. Governor Stevens made it clear that he would not agree to reservations in the territory of each group. During the course of the negotiations, the Cowlitz, Chehalis, Satsop, Kwalioquas, and the Indians from the north side of Grays Harbor all agreed to share a single reservation on the Chehalis River at the mouth of the Black River. Despite this genuine offer of compromise, Stevens refused to budge. The impasse created over the number and location of the reservations offered in the Chehalis River Treaty (see Appendix A) led to

the failure of the Council.

The southwest portion of what is now the State of Washington has remained a non-treaty area to the present day. Despite the lack of a treaty, Indians and non-Indian residents in the area pressed U.S. government officials to formally recognize a reserved territory for the several tribes.

Since the establishment of relations between the U.S. and the Chehalis people (the reservation order representing the formal existence of such relations) the tribal residents of the Chehalis Reservation have been dealt with by the United States as if there had been a treaty. Though the Chehalis Confederation of tribes occupy an "executive order reservation" the practice has been to treat the tribes as a sovereign under the protection of the United States.

The Chehalis Tribes had been largely dependent upon U.S. technical assistance and services through indirect agents, but began to establish direct ties with the various agencies of the national government beginning in 1970. The Chehalis Tribal government has assumed greater responsibility for directly representing and serving the Chehalis people as the technical aid has been provided. Yet with the increased aid the tribes remain short of independent governance.

The Chehalis Tribes have assumed greater responsibility for directly planning, developing and implementing tribal projects designed to solve many pressing community needs.

The Tribes have established an "Indian Action Team" which has been responsible for major construction projects. The Reservation Fisheries Enhancement Project focused on clearing rivers and streams that have become obstructed by debris, weatherization of all reservation homes, as well as establishing and maintaining a small fish hatchery on the Willamette Creek. The hatchery is an experimental program at this time. Day care and Headstart programs have been initiated. The Tribes have operated a Day Care and Medical Dental Health Center since 1978.

Through this facility on-site medical services are provided by a physician assistant (HHSC) for 2 hours twice a week, and a licensed practical nurse. (These are private practitioners under contract.) Dental services are provided by a private practitioner on contract one day each week and a public health nurse from Grays Harbor County visits the reservation each week to serve the Headstart Program. A mental health social worker visits the reservation weekly while a sanitarian is available on an "as needed" basis. The contracted services are provided through the Taholah Service Unit. The tribes employ two community health representatives and operate a Woman-Infant-Children Program (WIC) which functions as a community nutrition program.

The Chehalis Tribes have placed special emphasis on improved health care and social program delivery. The Tribal Health Service Delivery System has expanded rapidly in just two years. The consequence of this growth is that the Chehalis Tribal Government has become the primary health service coordinator and provisioner for Indian households within the Chehalis Tribal Service Delivery area.

Section I: Chehalis Tribal Specific Health Plan

Scope:

The Chehalis comprehensive health and social services plan will encompass all services presently and potentially available within the service area. Emphasis will be placed initially on the integration of health programs with the Chehalis Business Council acting as central coordinator, the eventual new position of nurse/administrator being responsible for overall program operations in the new Chehalis Health Center facility.

Purpose:

The purpose of the health plan is to set forth achievable goals and objectives which when implemented will improve the health and quality of life of the Chehalis tribal service population.

Goal:

The basic goals are to prepare an integrated tribal health program that will link the three primary health delivery systems:

Tribal Health System

Indian Health Service System

General Health Care System, and

incorporate the health program into a comprehensive community services plan. The objectives are outlined in Section III, below, under Health Plan Implementation.

Service Area:

The service area that has been defined by the Chehalis tribe will include portions of three counties in southwest Washington: Southeastern section of Grays Harbor County from Montesano to McCleary to Oakville; Southwestern section of Thurston County from Highway 8, south of Tumwater to Chehalis on Interstate-5; the northwest corner of Lewis County, including Centralia and Chehalis west on State 6 to the border with Pacific County (see Figure 1). The area encompasses a large portion of the Chehalis River which links the traditional area of the several tribes in the Confederated Tribes of the Chehalis. The major shopping area used by the reservation residents is Centralia. Specialty purchases and services are obtained in Olympia and Aberdeen.

Service Population:

The general service population for the service area is approximately 25,000 with about 629 Chehalis and non-Chehalis Indians living within the proposed service area boundary. (Tribal services available to non-Indians include: Day Care program, Headstart, housing, Elderly program, school physical exam.)

Section II: Chehalis Tribal Health Service Area Characteristics.

Geographic, Topographic and Climatic Features of the Chehalis Health Service Area.

The Chehalis Reservation is located in Southeastern Grays Harbor County and Southwestern Thurston Cty along the Chehalis River (see Figure 1) in the State of Washington. Land on and near the Reservation rises as high as 2,500 feet above sea level and as low as 20 feet below sea level. The area tends to experience extensive flooding in the low lands (see Figure 2). The climiate is primarily a "marine-type" with cool summers and mild but rainy winters. Temperatures at their extreme reach a high of 80° and lows in the 20's. The mean annual precipitation is 54.55 inches (inclusive of the mean annual snow and sleet of 7.7 inches).

Chehalis Service Area Transportation Routes.

The principle roadways on and near the Chehalis Reservation are maintained county roads (see Figure 2). They are paved with generally narrow shoulders. Moon Road, Lover's Lane and Reservation Road within the reservation are in generally poor repair.

Access to the interior of the Chehalis Reservation is generally good though roadside markings are not always clear. One narrow bridge, located on Anderson Road, possesses a traffic hazard. When floods occur on the Chehalis River, the bridge and road become impassable. At the same time when the flood plain is inundated, the high level becomes stranded. Roads from the Reservation to Highway 12 connect in four separate places. Highway 12 permits 55

mile per hour speeds and is in excellent condition year round except in the months of December, January and early February when icy conditions prevail. Highway 12 connects with Interstate 5, which is open year round.

The roads are typically older county roads with ten foot wide lanes. These roads tend to flood over in the fall and spring, limiting access to Highway 12. The nearest location served by regularly scheduled buses, trains, trucks and a small airport is Centralia, Washington seventeen miles distance from the Reservation.

Chehalis Service Area Housing and Sanitation Conditions.

There are eighty-five (85) Indian residences on the Chehalis Reservation and an estimated one-hundred-forty Indian households off-reservation, but within the Chehalis service area.

Most of the houses are served (on-reservation) by four small community water systems, and by two community sewer/septic tank systems and the remaining households are served by individual septic tanks. Though there exists a commercial waste disposal system, illegal refuse dumping on and near the Chehalis Reservation is widely practiced.

Chehalis Service Area Economic Conditions.

The Chehalis Reservation is located thirty-five miles south-west of Olympia, Washington near the communities of Oakville and Rochester. The reservation and its service area lies surrounded by Grays Harbor County to the west and Thurston County to the east. The

city of Aberdeen which has been developing as a significant seaport lies approximately 34 air miles to the west.

Highway access to the Service Area is from Highway 12 which runs in a northwest/southeast direction between Interstate 5 and Highway 8. Highway miles from major population centers and ports are:

Seattle/Tacoma	90 miles
Portland, Oregon	109 miles
Aberdeen/Hoquiam	41 miles
Olympia	35 miles

The service area derives its economic support from small farming activities, logging and forest related industries and tree farming. Farming activities include poultry/egg facilities, dairy farming and a mix of vegetable produce and silage crops.

The Chehalis Reservation includes two distinct areas: the lowlands and the higher bluffs. The lowlands are along the Black and Chehalis River courses and are primarily used for farming activities. These lowland areas are subject to periodic flooding. The bluff areas are used for tree farming and poultry activities. Much of the upland reservation area was logged-off many years ago and is now covered with scrub oak and other small nonproductive woods. (See Figure 2 - Chehalis Indian Reservation.)

The general condition of the service area economy is sluggish and depressed. Because the area is removed from direct market sources and because it lacks both energy and service utility development existing economic activity produces few year-round jobs. Seasonal employment in fisheries and forest products industries tend to contribute most to service area household incomes. The Satsop

Nuclear Power Plant being developed on the fringe of the Chehalis Service Area provides few employment opportunities.

Political Structure of the Chehalis Tribes.

The Confederated Tribes of the Chehalis Reservation adopted a Constitution on July 15, 1934 and ammended on April 16, 1973. The official title of the governing body is the Chehalis Business Committee. The Committee consists of five members: Chairman, Vice Chairman, Secretary, Treasurer and Councilman. All members of the Committee serve concurrent two year terms. The structure is diagramed in Figure 3.

Chehalis Tribal Political and Administrative Structure

March 1, 1978

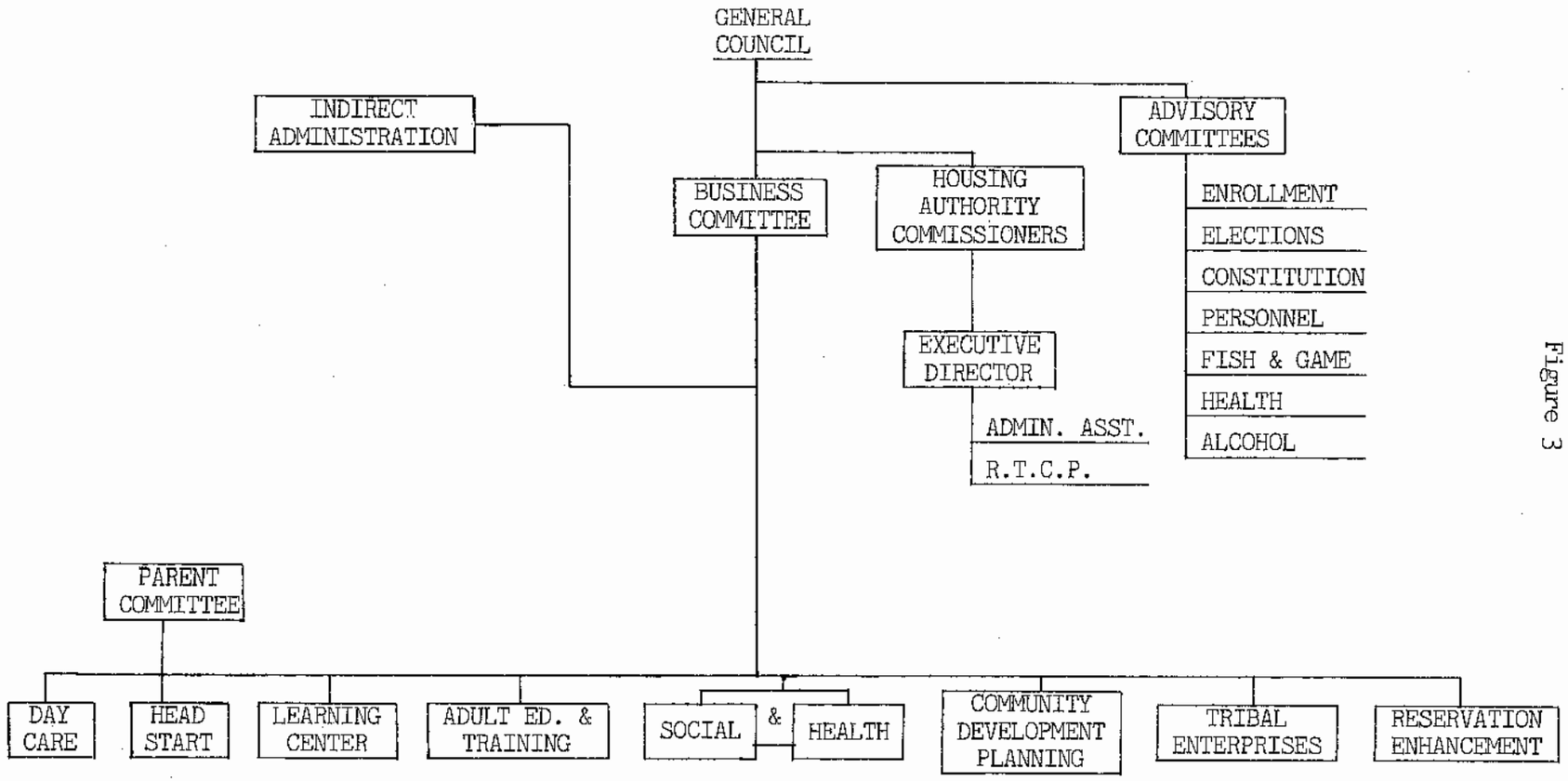


Figure 3

Section III : Chehalis ServicePopulation Demographics and Health Characteristics

Service Population Characteristics

Information on the current and projected population has been derived from a 1977 Demographic Survey conducted by the tribe, a 1976 BIA Labor Force Report, and a 1978 Demographic Survey conducted by tribal planners. The recent data indicates that in1978 there were 390 enrolled Chehalis Indians. The service area as described by the 1977 survey included a population of 629 Indians who maintain close association with the tribe. Of this population there were 185 families with an average size of 3.4. The total population living on the reservation in 1977 was 232. Since 1977 some 17 familis have moved onto the reservation.* In addition to the 629 in the service area, there are 142 additional Chehalis Indians who live away from the reservation.

The projected service population for 1985 has been determined by tribal planners to be 645.

1. Age and Sex Distribution

Tables 1 and 2 and Figures 4 and 5 show age distributions of samples of the Chehalis service population takenin 1977 and 1978. Although there are some small changes in the cumulative distributions

*Current update being done now by the tribe

(due to sample size) there are no major changes in the percentages. The 1977 survey indicates that 54.2% of the population is under the age of 25 and 73.3% is under the age of 35. The 1978 survey shows slightly higher percentages for these age groups which is probably

TABLE 1

Age and Sex Distribution

Age	Males	%	Females	%	Total	%	Cumulative %
0-5	22	8	28	7.9	50	7.9	
6-15	92	33.4	120	33.8	212	33.7	41.6
16-24	45	16.5	166	18.6	111	17.6	54.2
25-34	44	16	45	12.7	89	14.1	73.3
35-44	40	14.5	51	14.3	91	14.4	87.7
45-64	22	8	33	9.3	55	8.7	96.4
65 +	9	3.3	12	3.3	21	3.3	100
	274		365		629		

Source: Tribal Demographic Survey 1977
W = 629

TABLE 2

Age and Sex Distribution

Age Group	# Male Respondents	%	# Female Respondents	%	Total	%	Cumulative %
1-5	19	14.4	18	13.2	37	13.8	
6-15	22	16.6	38	28	60	22.3	36.1
16-25	41	31.2	32	23.8	73	27.2	63.3
25-34	21	15.9	24	17.6	45	16.8	80.1
35-44	14	10.6	9	6.6	23	8.6	88.7
45-54	8	6.1	6	4.4	14	5.2	93.9
55-64	4	3.0	5	3.6	9	3.4	97.3
65-over	3	2.2	4	3.0	7	2.7	100
	132	100.0	136	100.0	268	100.0	

Source: 1978 Demographic Survey, South Puget Intertribal Planning Agency
W = 268

due to the small sample size. However, the conclusion that can be drawn from these surveys is that the clear majority of the population is under the age of 35.

FIGURE 4

Percentage Distribution by Age Group

W = 629

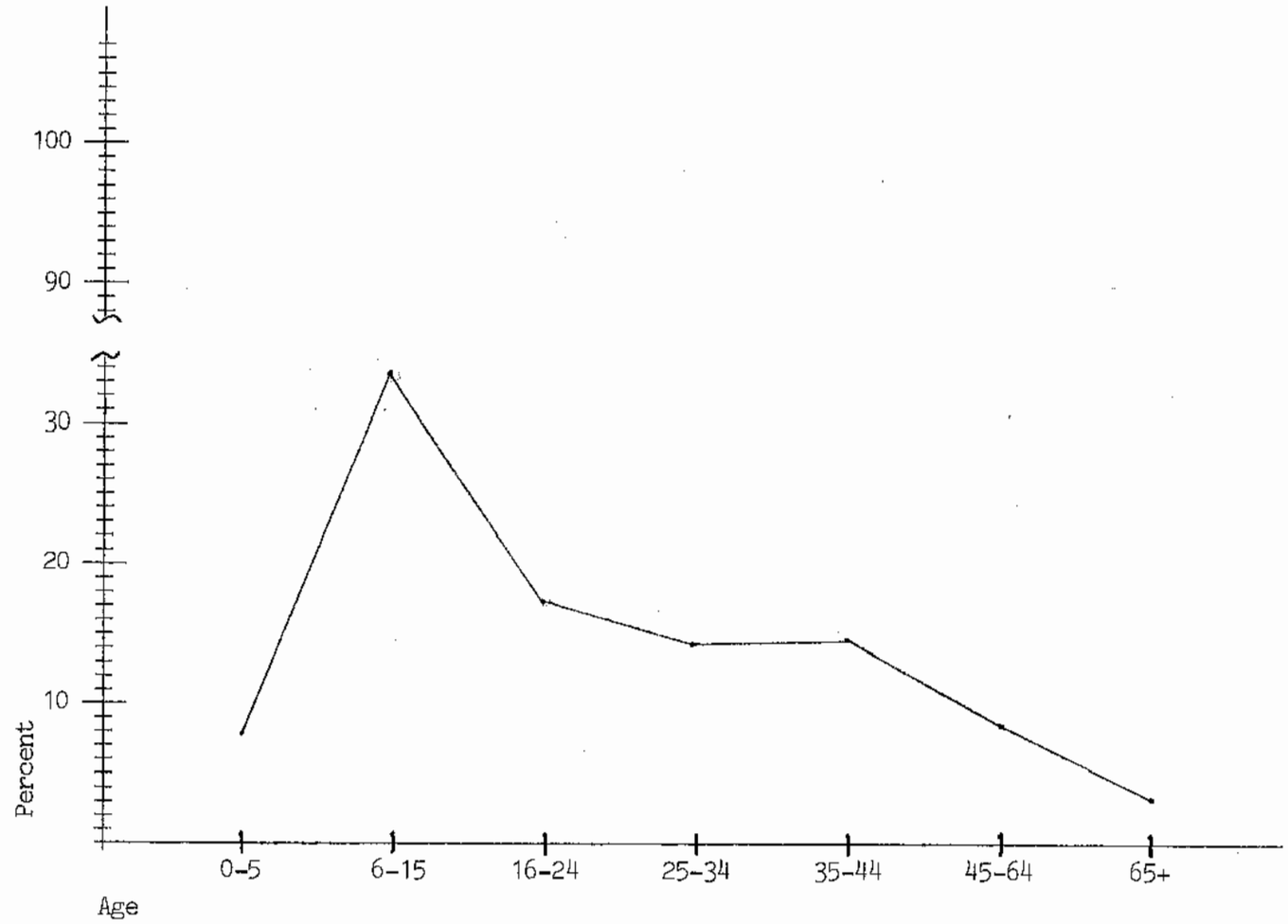
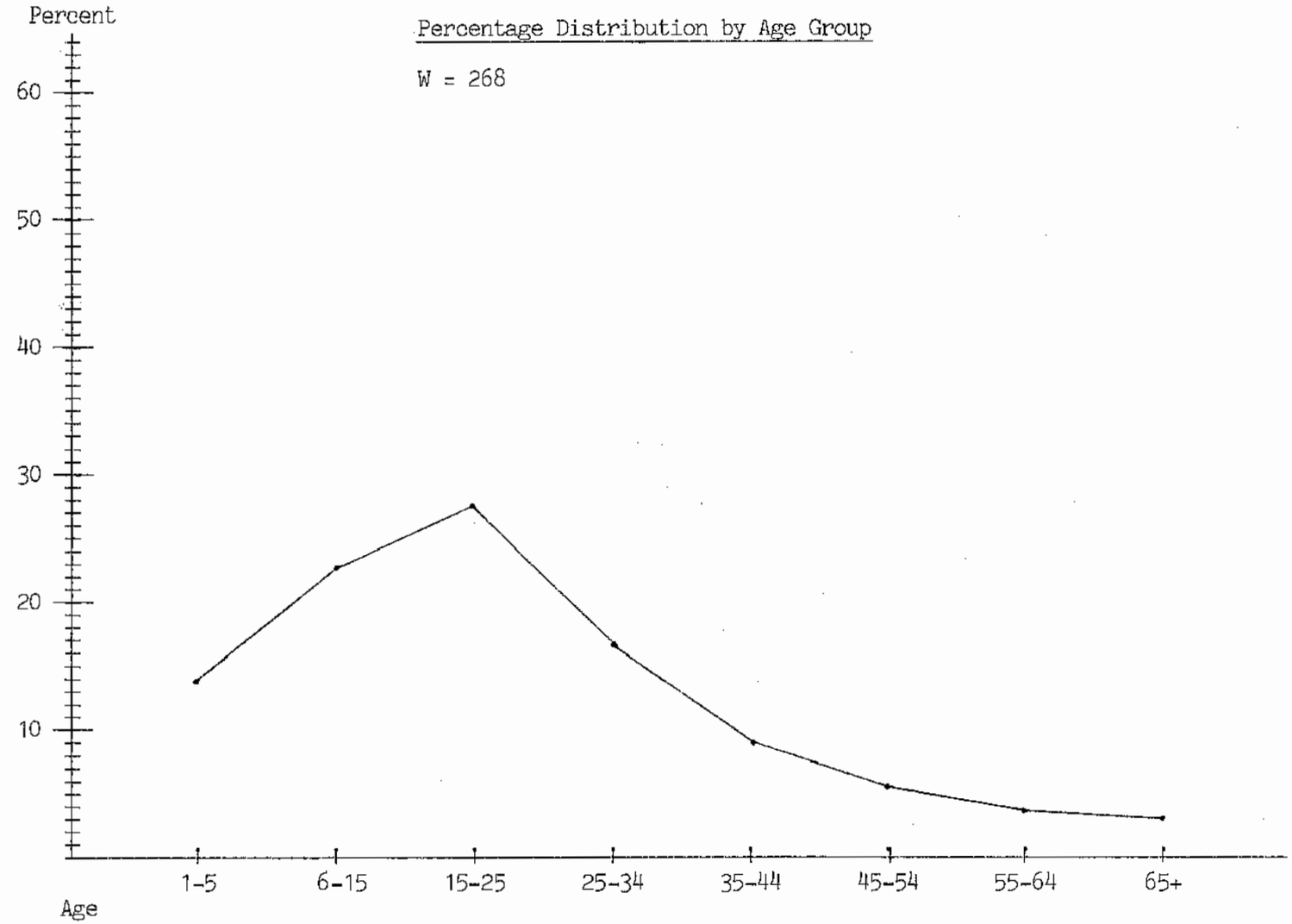


FIGURE 5

Percentage Distribution by Age Group

W = 268



In both surveys the percentage of females in the population is larger than the male population. In the 1977 survey females comprised 56% and in 1978 they comprised 51%. The young population would indicate that there will be a continuation of an increased birth rate over the next several years.

2. Educational Achievement.

The Chehalis Service area population has achieved a relatively high level of education. Of those in the population over 16 (W = 173) 6.4% completed a fourth year of college, and 34% have completed high school. The data indicates that approximately 49% of the population dropped out before reaching the twelfth grade. Although this drop-out rate is a rough estimate it is considerably lower than the state wide Indian drop-out rate of 60%. The drop out rate for males is 64% and 47% for females.

TABLE 3

Years of School Completed

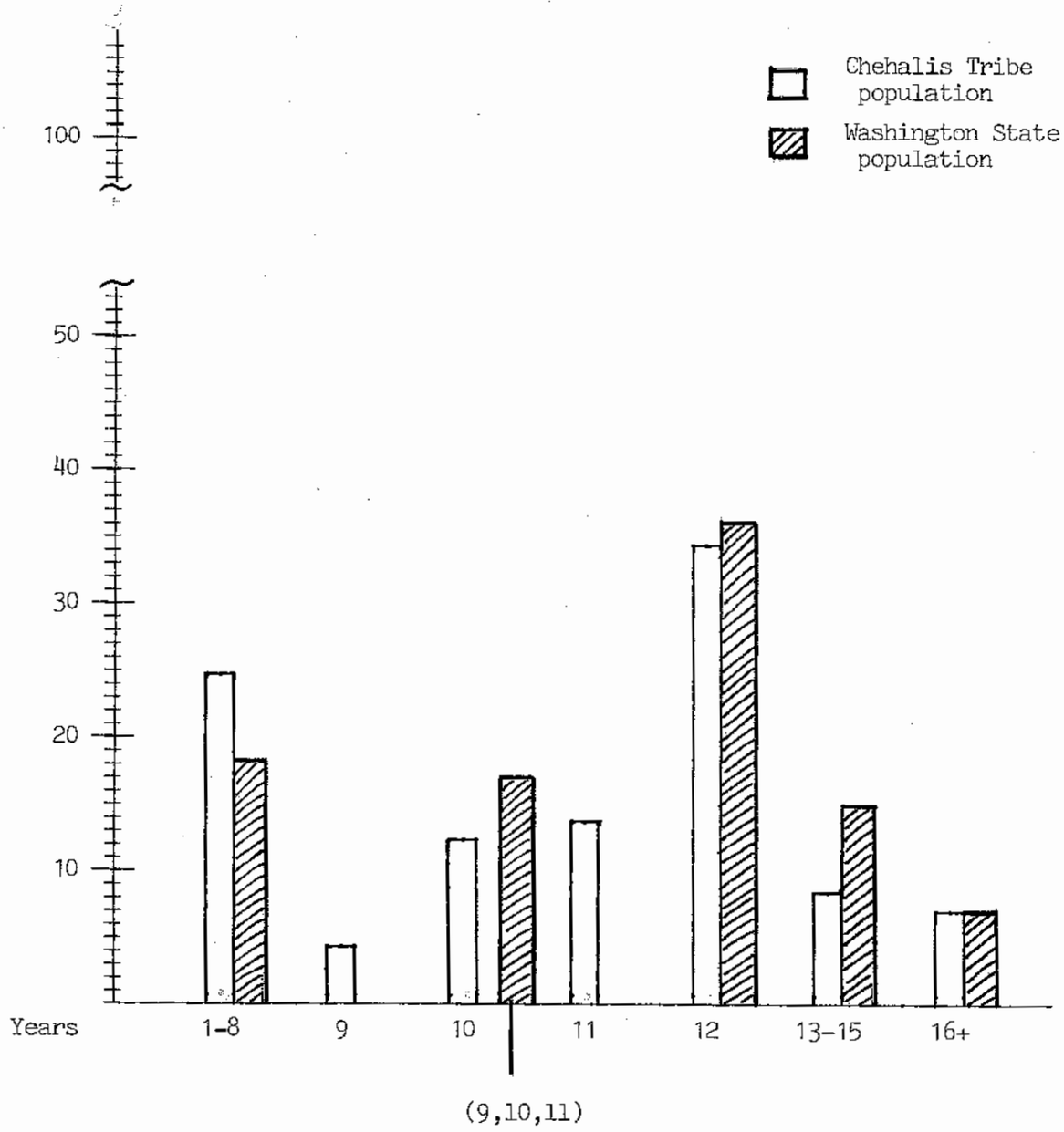
Grade	9	%	12	%	16	%	Total
Male	1	25%	26	45%	6	56%	33
Female	3	75%	33	56%	5	44%	41
Total	4		59		11		74

Total did not finish high school: 85
Total males interviewed: 91
Total females interviewed: 80
Total sample: 173

1978 Demographic Survey [Tribal Planner]

FIGURE 6

Years of School Completed



SOURCE: 1978 Demographic Survey (Tribal Planner)

3. Chehalis Service Area Economic Conditions.

The information provided in Table 4 is based on the 1977 BIA Labor report using the service population volume of 629. The most significant fact shown here is that fully 1/3 of the potential labor force is unemployed. Another important statistic is that of those employed only 45% earn above $5,000 per year. The average

TABLE 4

Indian Labor Force (1978)
16 Years of Age and Older

	Male	%	Female	%	Total	%
Potential Labor force	130	48.5	138	51.5	268	
Employed	86	66.2	93	67.4	179	66.8
Earning $5,000 per year	43	50	46	49.5	89	49.7
Earning $5,000 per year	43	50	47	50.5	90	50.3
Unemployed	44	33.8	45	32.6	89	33.2
Seeking work	44	100.0	45	100.0	89	100.0

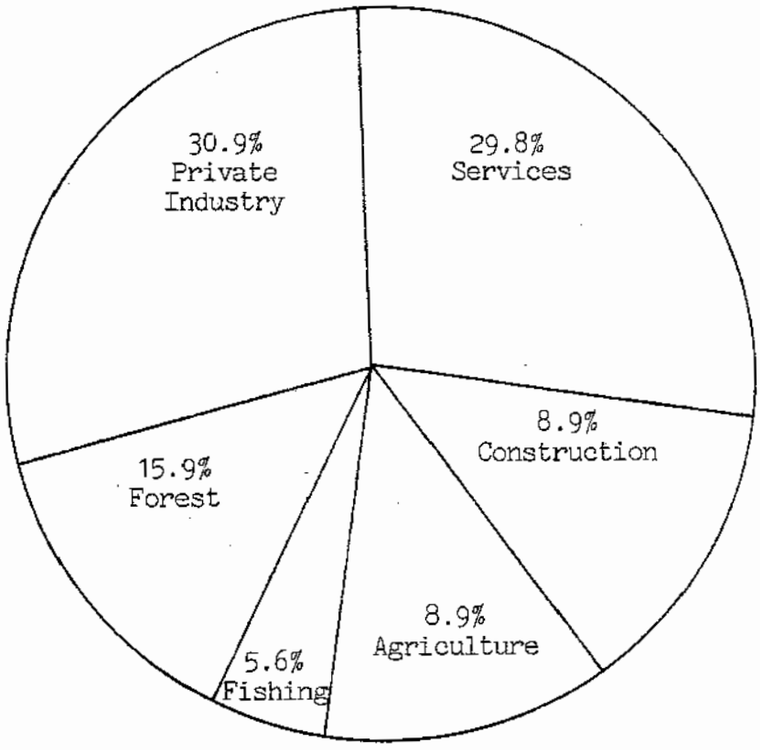
% Poverty 60%
Median Income: $5,250
Per Capita Income: $1,549
Tribal Unemployment Rate 33.2 %
Source: 1977 BIA Labor Force report.

per capita income for Chehalis tribe members is $1,549 with the median family income being $5,250. Some 66% of the service area are below the U.S. prescribed poverty level. The large degree of underemployment is indicative of the seasonal nature of much of the work available.

Figure 7 illustrates the major sources of employment utilized by service area members. Although these percentages are based on a small sample they give a good indication of the types of jobs available. Table 5 illustrates the various skill levels of the service population which in part explains the low median income.

FIGURE 7

Occupations.



Source: 1978 Tribal Planner Demographic Survey

TABLE 5

Skill Type

Skill Type	# of Persons listing Skill Type	% of Persons listing Skill Type
Skilled Labor	34	46.5
Management/Professional	11	15.2
Clerical/Secretarial	10	13.6
Para-Professional	10	13.6
Unskilled Labor	5	6.9
Sales	3	4.2
	73	

Source: 1978 Demographic Survey [Tribal Planner]

4. Service Population Migration Dynamics.

Availability of employment opportunities is an important factor for individuals and families considering whether to remain on or move to the reservation or the adjacent vicinity. In this context with the relatively high unemployment rate one would expect a migration away from this area, however this has not occurred. Although there are no exact statistics available it is estimated that 17 households have moved on to the reservation since 1977, which equals roughly 56 people or about 24% increase in persons living on the reservation. It has also been projected that the total service population will increase by 2% each year until 1990. Such increase raises important questions as to the availability of housing facilities in and around the reservation and availability of health and social services.

There does not appear to be a strong migration out of the area, but it is believed that there is a fair amount of movement within the service area due to the availability of employment opportunities. Such movement would be especially prevalent during the winter months.

Population Health Characteristics

1. Major Health Problems

Tables 6 and 10 describe the major health problems according to standard diagnostic groupings for ambulatory care for the Chehalis Reservation for fiscal year 1977 and fiscal year 1978. This data is constructed in such a manner as to illustrate "location epidemiology"

TABLE 6

Frequency and Percent Distribution of 10 Leading Diagnostic Groupings
Ambulatory Patient Care
Chehalis Reservation
Fiscal Year 1976-77

Health Classification	First	Total	Percent
Supplemental	56	142	21%
Respiratory Disease	67	139	20.9%
Disease of the Ear	21	73	10.75%
Disease of the Circulatory System	14	49	7.2%
Skin and Subcutaneous Tissue	15	47	7.1%
Symptoms of Ill-defined illness	25	43	6.4%
Musculaskeletal system & Connective Tissue	7	36	5.9%
Accidents, Poisoning and Violence	24	31	4.6%
Endocrine, Nutritional and Metabolic	3	30	4.5%
Disease of the Eye	8	17	2.5%

Source: Portland Area Indian Health Service

rather than tribal epidemiology, thus it is representative of the Chehalis Service population area. Of the total ambulatory visits, supplemental care and respiratory disease were cited as most frequent disorders, however, diseases of the ear were also prominent. Supplemental care, the largest single cause of an ambulatory care visit is a catch-all phrase which encompasses a wide range of problems, many of which are non-medical. Frequently visits may be arbitrarily listed as supplemental care depending upon the provided type, attitude, and

experience. Therefore, because of the range that the problem area encompasses and the potential arbitrariness of its categorizations, its impact as the most frequent cause for seeking ambulatory care is significant.

Table 7 (Sections 1-4) illustrate a break down of the leading diagnostic groupings causing ambulatory visits. This analysis separ-

TABLE 7

Leading Diagnostic Grouping by Age Group
Ambulatory Care
Fiscal Year 1977

SECTION 1
Age 25 Days - 11 Months

Health Classification	Percentage
Supplemental	41%
Respiratory System	37.5%
Ear Disease	16.6%
Symptoms of Ill-defined conditions	4.1%

SECTION 2
Age 1-14

Health Classification	Percentage
Supplemental	26%
Ear Disease	18.5%
Respiratory Disease	17.7%
Skin and Subcutaneous Tissue	9.7%
*Accidents, Poisonings and Violence	8.0%

SECTION 3
Age 15-44

Health Classification	Percentage
Respiratory System	22.3%
Supplemental	18.7%
Symptoms of Ill-defined conditions	9.2%
Ear Disease	7.1%
**Circulatory System	4.3%
Eye Diseases	3.9%

SECTION 4
Age 45-

Health Classification	Percentage
Circulatory	38%
Endocrine, Nutritional and Metabolic Disorders	14%
Respiratory System	14%
Supplemental	7.6%
Skin and Subcutaneous Tissue	7.6%

*None before age 5
**None before age 24

Source: Portland Area Indian Health Service

ates conditions by age grouping, thus highlighting the leading diagnostic problems for each age group. Here again supplemental care is the most frequent cause of ambulatory care visit for age groups 20 days - 14 months and 1 - 14. At age group 15 - 44 disease of the respiratory system becomes the most prominent and above age 45 diseases of the circulatory system are the most frequent. Close analysis will indicate that as the age group progresses supplemental health care problems become more specific. This is maybe due to more careful diagnosis of very specific and identifiable problems.

Tables 8 and 9 illustrate the leading causes of hospitalization for the Chehalis Reservation. The most important figures here are

TABLE 8

Frequency of Leading Causes of Hospitalization Contract Health Services
Chehalis Reservation
Fiscal Year 1976-77

Health Classification	Numbers	Percentage
Digestive Tract	7	28%
Pregnancy, Childbirth and the Puerperium	6	24%
Mental Disorder	4	16%
Accidents, Poisoning and Violence	3	12%
Ill-defined Conditions	2	8%
Other	3	12%
	25	

Source: Portland Area Indian Health Service

the breakdowns by sex. Whereas the most frequent cause for hospitalization for females was due to women specific problems (OB/Gyn), the most prominent factor for males was accidents, poisonings and violence.

The total number of hospitalizations is small; however, thus only limited initial conclusions can be drawn from this data.

TABLE 9

Leading Causes of Hospitalization by Sex

Males

	Percentage
Accidents, Poisonings and Violence	40%
Digestive Tract	40%
Mental Problems	20%

Females

	Percentage
Pregnancy & Child Birth & Puerperium	28%
Digestive Tract	23%
Mental Problems	14%
Ill-defined Conditions	9.8%
Neoplasms	9%
Other	16%

Source: Portland Area Indian Health Service

In 1978 (Table 10) the leading causes of ambulatory care visits to the Oakville Health Station for the Chehalis Service area were

TABLE 10

Frequency and Percent Distribution of 10 Leading Diagnostic Groupings
Ambulatory Patient Care
Chehalis Reservation
Fiscal Year 1978

Health Classification	First	Total	Percentage
Supplemental	27	262	34%
Respiratory system	15	175	23%
Skin and Subcutaneous	13	76	9.9%
Circulatory System	--	33	4.3%
Immunization	--	31	4.0%
Musculaskeletal System and Connective Tissue	7	29	3.8%
Ear Diseases	1	28	3.6%
Endocrine, Nutritional & Metabolic	--	26	3.4%
Symptoms of Ill-defined Disease	11	27	3.5%
Mental Disorders	1	13	1.7%

Source: Annual Statistical Summary - Portland Area 1978

supplemental care and diseases of the respiratory system. However, there are some changes in the overall rankings. Immunizations are rated highly and mental disorders move into the top ten. It is suspected that immunizations were also high in 1977, but data to support this assumption was not available. However, as previously mentioned the Chehalis service area is very young, which would indicate a high number of immunizations for the population under 15. The largest changes occur in the age analysis, Table 11 Section 1-4. Although the basic makeup of the leading diagnostic groups and consistent the most prominent causes for ambulatory visits by age group for 1978 and different than those of 1977 except for age 28 days to 11 months. However, the changes that are evidenced are small and do not indicate a major change.

There are some consistencies which transverse both fiscal years. For example, for both years and in all age groups respiratory diseases are listed as a major cause for health visits. Other problems which are present with great regularity are diseases of the ear and skin and subcutaneous tissue problems. Also in both fiscal years circulatory system problems became prominent in the older age groups.

To determine if the above trends are specific to the Chehalis Service unit, a comparison was made in Figure 8 between the leading diagnostic cause of ambulatory care visits for the Chehalis Service area and the Taholah Service unit, for fiscal years 1977 and 1978. The bar graphs are arranged in the rank order for the leading cause of ambulatory care visits for the Chehalis Service area. The ranking of the diagnostic group relevant to the Taholah

Service unit are identified above stripped bars. Several points are immediately apparent: 1) The number one and two diagnostic groups are the same for both years and both service levels; 2) The basic

TABLE 11

Leading Diagnostic Grouping by Age Group
Ambulatory Care
Fiscal Year 1978

SECTION 1
Age 28 Days - 11 Months

Health Classification	Percentage
Supplemental	44%
Respiratory System	26%
Immunizations	17%
Ear Diseases	6.5%
Skin and Subcutaneous Tissue	3.8%

SECTION 2
Age 1-14

Health Classification	Percentage
Supplemental	46%
Respiratory System	27%
Skin and Subcutaneous Tissue	10%
Ear Disease	6.3%
Immunization	6.3%

SECTION 3
Age 15-44

Health Classification	Percentage
Supplemental	32%
Respiratory System	21%
Skin and Subcutaneous Tissue	12.5%
Connective Tissue	5.2%
*Circulatory System	4.6%

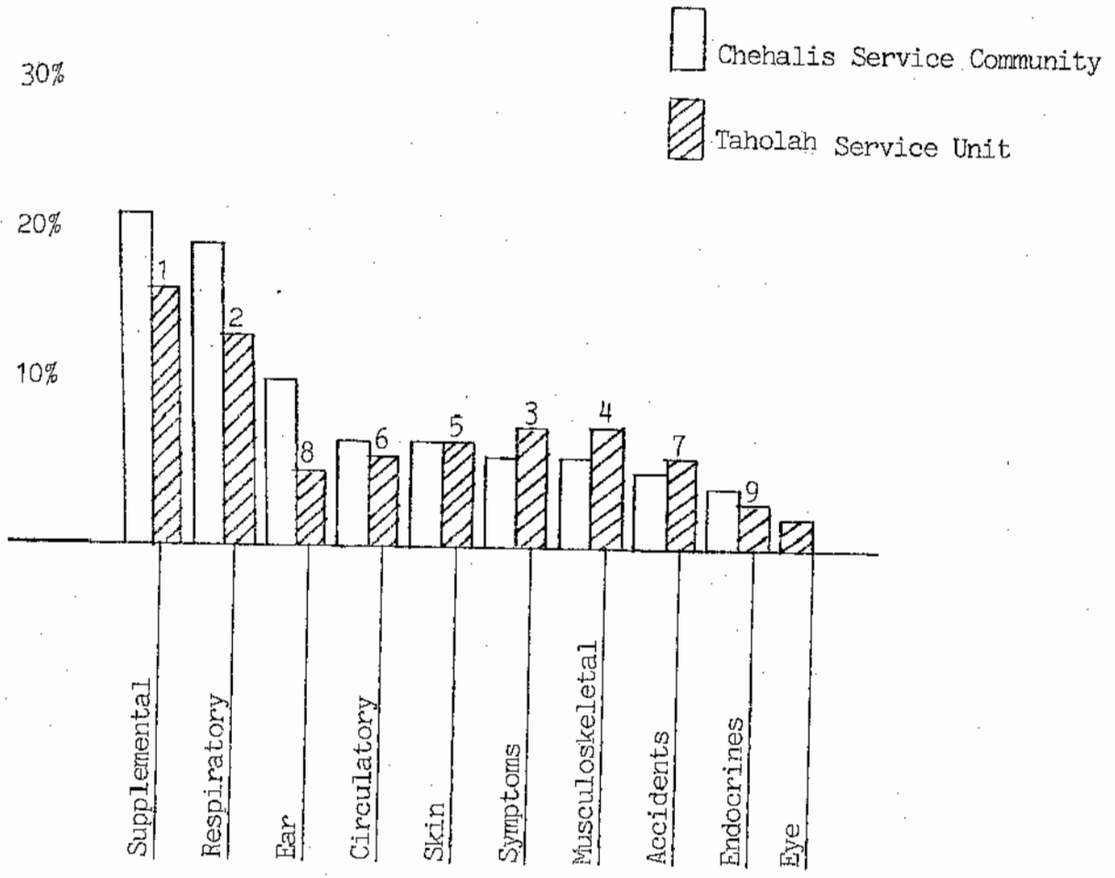
SECTION 4
Age 44 +

Health Classification	Percentage
Respiratory System	19.7%
Circulatory System	14.1%
Supplemental	12.5%
Endocrine, Nutritional and Metabolic Disorders	10%
Skin and Subcutaneous Tissue	7.1%

*None before age 25.

Source: Annual Statistical Summary - Portland Area 1978.

FIGURE 8, Ambulatory Care Visit Type Comparison, FY 1977



Source: Annual statistical Summary, Portland Area, 1977

Portland Area Indian Health Service 1977.

make-up of the leading causes are the same at both service levels, although the internal rankings are different; 3) The emphasis at the two levels are different, especially in 1978, where there is a marked difference between the percentage of supplemental care problems and respiratory problems indicated between the two levels. It appears that the Taholah Service unit deals with more chronic problems and the Health station more acute and Health maintenance types of problems, (see Figure 9).

Provider utilization at the Oakville Health Station is indicated in Table 12. The vast majority of services are provided by physicians, although that violence in percentage value decreased. The single

TABLE 12

Provider Utilization
Oakville Health Station

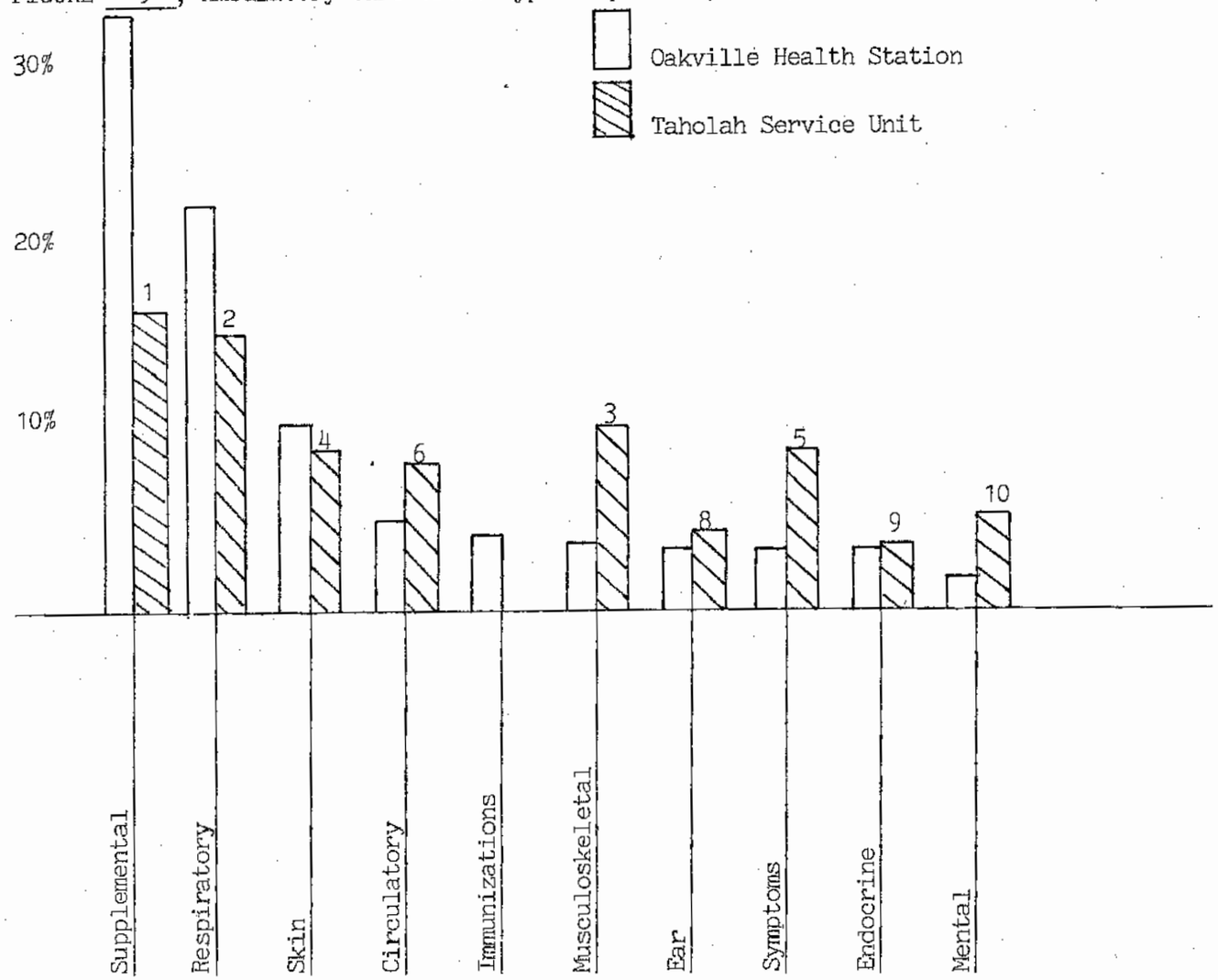
Provider	1977	%	1978	%
Physician	551	93.5%	669	89.8%
Physician Assistant	19	3.2%	13	1.79%
Pharmacist	7	1.3%	30	4.0%
Clinic RN	5	.89%	20	2.68%
Nutritionist (Quinault Tribal employee)	6	1.1%	--	----
All other	-	---	13	1.74%
Total	588		745	

Source: Annual Statistical Survey - Portland Area 1977-1978.

largest increase in provider utilization was experienced by the clinic RN who's volume increased by 219%.

The total Ambulatory Care visits to the Oakville Health Station have been very erratic as illustrated in Figure 10. It is believed that the early varience in volume is due to the type of facilities available and that with the new facilities the volume will stabilize.

FIGURE 9, Ambulatory Care Visit Type Comparison, FY 1978



Source: Annual Statistical Survey - Portland Area 1978

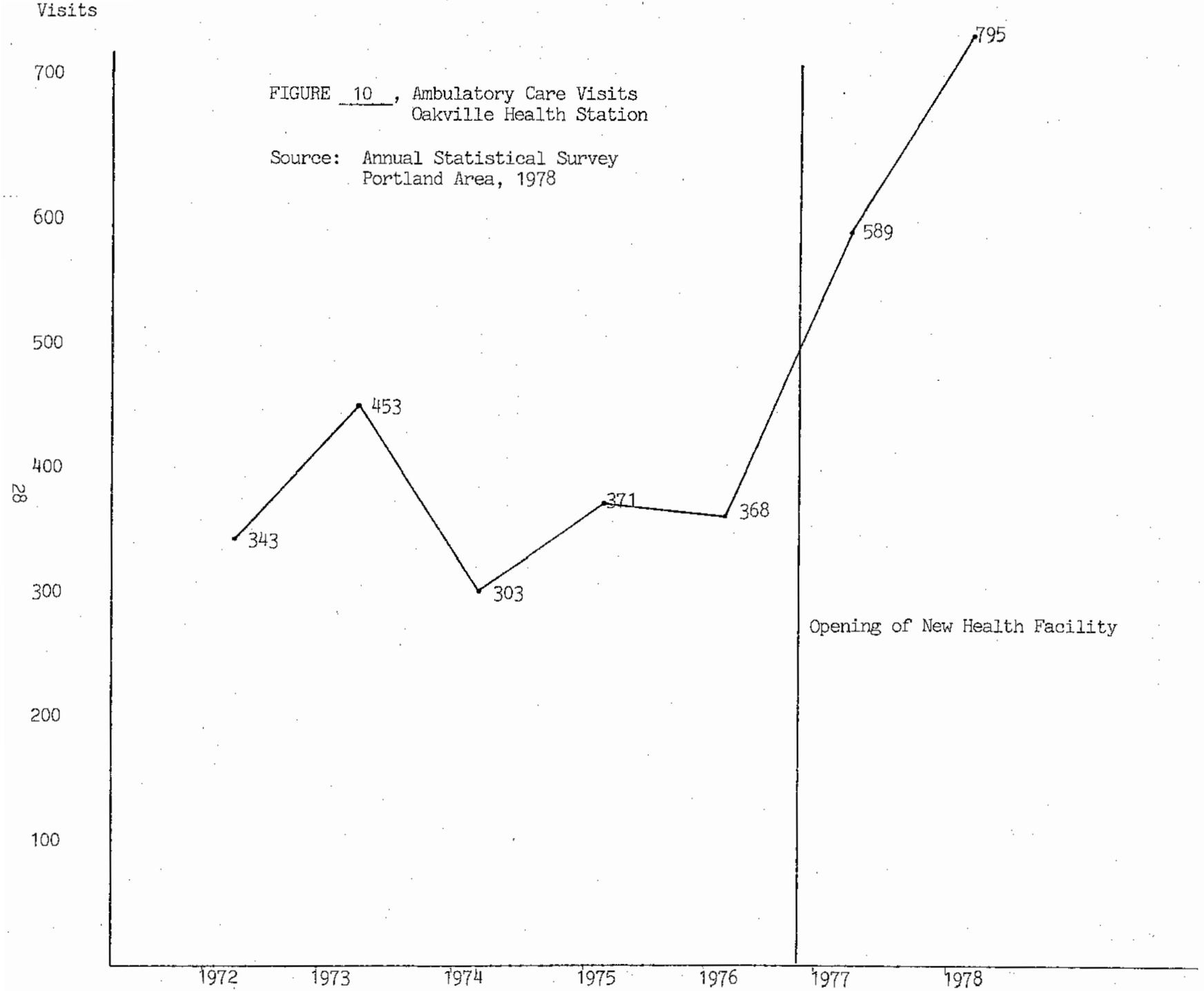


FIGURE 10, Ambulatory Care Visits
Oakville Health Station

Source: Annual Statistical Survey
Portland Area, 1978

Within this context projections of future utilization should be conservative. The volume increase between 1977 and 1978 was 26%, but the average increase since 1972 has been 18%. Future projections here will be made using the more conservative number. Thus, through 1984 the volume projections (assuming past trends are observed) are; 879, 1037, 2010, 1224, 1444 and 1704. Although these are conservative estimates, they still may be high given the relatively low growth rate of the population. However, one of the goals of the Health station will be to increase the utilization by the service population, thus making those volume projections somewhat baseline.

Summary Conclusions:

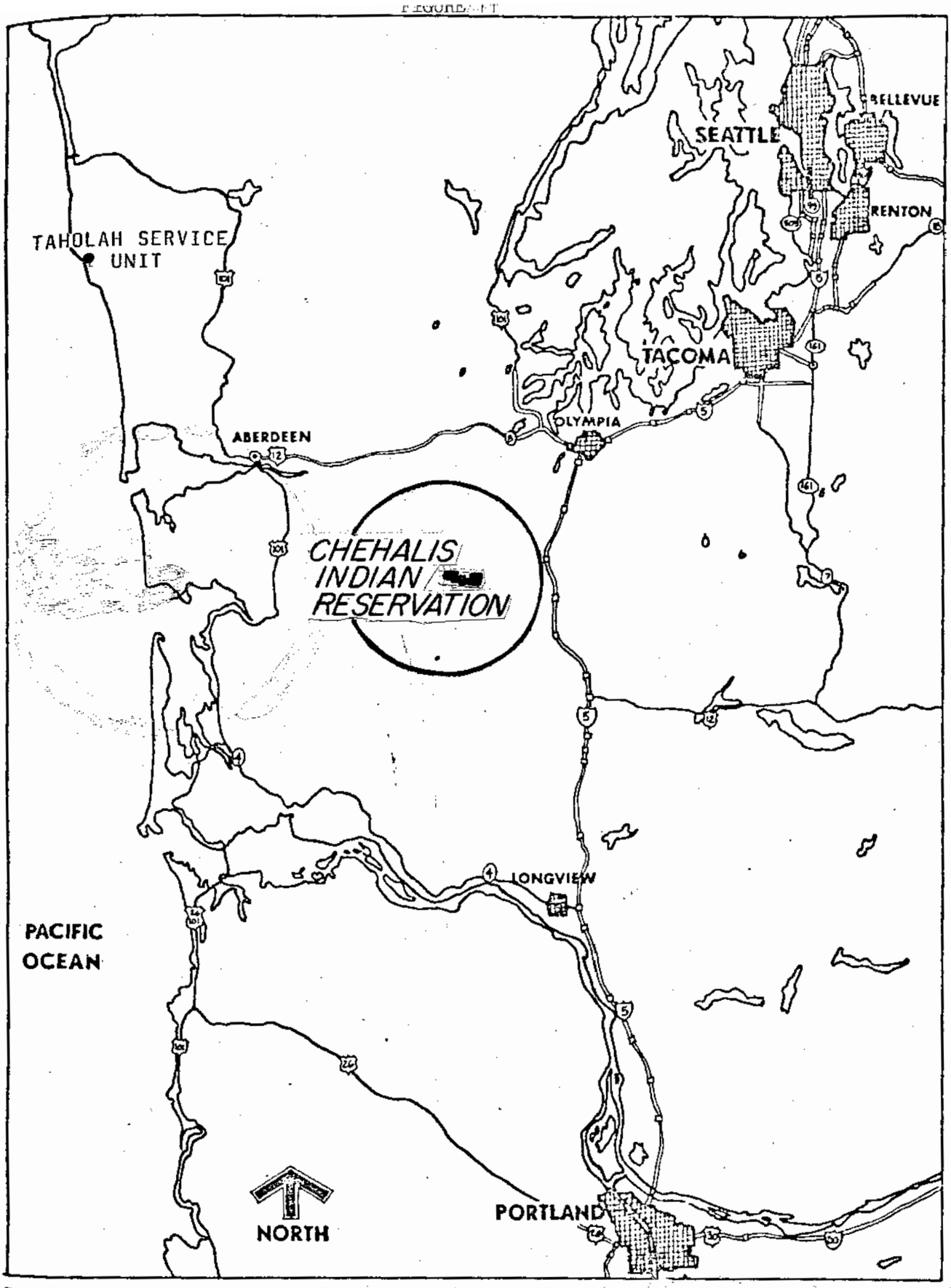
The data presented in this section indicates that there are two primary diagnostic problems of the Chehalis Service area which cut across age groups. These are Supplemental care problems and Respiratory Disease problems. Another problem which appears in the older age groups are circulatory diseases and to a smaller extent endocrine, nutrition and metabolic disorders. As previously mentioned Supplemental care problems encompass a wide range, thus it is recommended that this large grouping method be carefully subdivided in order to more adequately describe all health services used in the future. Digestive disorders is a frequent condition cited for both men and women .

SECTION IV: Chehalis Tribal Health Plan

Three overlapping health service delivery systems operate within the Chehalis Tribal Service Area (tribal, Indian Health Service and general - see Appendix B for details). Each of these systems include program elements which are not fully used by the Chehalis service area population. Each system includes a complex network of public and private services that are partially developed, and therefore available on a limited basis. Various programs are lacking in all three systems. The Chehalis Tribal Specific Health Plan is designed to systematically piece together a Chehalis Tribal Service Delivery System which relys on existing capabilities within each of the three defined systems. The role of the Chehalis Tribal Government is emphasized as the principle contractor and coordinator for the Chehalis Tribal health system. Decentralization and local options for medical care serve as the rationale for "bringing the health system to the users". Central to the purpose of this plan is the linking of service elements between the three defined service delivery systems and the integration of service delivery systems into the Chehalis Tribal Community.

Statement of Barriers to Service Delivery

The Chehalis service area population has access to three major health delivery systems, though the extent of access is dependent upon a host of factors. The most significant factor influencing service use is familiarity and "cultural acceptability". The primary health systems used by service area residents are the tribal system (including community health representatives, and traditional medical practitioners) and the Indian Health Service system through facilities on the Quinault Reservation (Taholah Service Unit). Use of Indian Health Service capabilities is handicapped by the significant distances (75 - 100 miles from service area points to Taholah Service Unit). (See Vicinity Map - Figure 11)



VICINITY MAP • CHEHALIS INDIAN RESERVATION

Services to Service Area residents are extensively contracted, but the provision of services by private practitioners is not extensively monitored, so the quality of health services cannot be determined.

Insurance Systems Not Integrated in Tribal Health System

Many of the Chehalis Service Area residents have health insurance of various kinds, but their use of these financial supports to access the tribal health system is non-existent. The inability to use insurance supports to gain access to the tribal system constitutes a significant barrier to effective health care delivery.

County Boundaries Cross Through Service Area

The Taholah Service Unit (I.H.S.) provides services to tribal members living within the counties of Jefferson, Grays Harbor and Pacific. The Chehalis Reservation is bisected by a north-to-south county line that separates Grays Harbor county from Thurston County. The Chehalis Tribal Government has designated its service area to include the Chehalis Reservation and nearby areas in the three counties of Grays Harbor, Thurston and Lewis. Within the Chehalis tribal service area, an estimated 55% of the residents live in the Grays Harbor County, 20% live in the Thurston County area and 25% live in the Lewis County area. Nearly half of the Chehalis service population do not have direct access to Taholah Service Unit contract assistance. Moreover, Service Area residents living in different counties have the potential of not receiving medical care because of cross jurisdictional conflicts.

The county lines and separate jurisdictions pose a significant potential barrier to health care. This is particularly true as the Chehalis Tribe seeks to coordinate and direct the provision of health services within the Service Area.

Overlapping Systems:

The three systems defined in this plan (tribal, I.H.S. and general)

tend to overlap and sometimes duplicate one another. While each of these systems overlap, they are not formally linked to maximize the potential for comprehensive health services. The extent of cooperation between the systems exists mainly through a contract system of the I.H.S. or through informal emergency situations. No systematic cooperation exists to serve the Chehalis service area residents. The lack of formal links represents a substantial barrier to effective health service delivery to Indian residents and contributes to a higher cost for services.

Centralized Service Unit Personnel & Distance

Indian Service Unit personnel work totally from a centralized location. This contributes to the existence of attitudinal barriers to the provision of health services. This barrier is further compounded by the distance Chehalis service area residents must travel to gain access to the Service Unit programs in Taholah. Effective communications are limited in a number of program areas which should be available to the Chehalis service population.

Records & Data Systems Inadequate & Fragmented

The tribal health system, Indian Health Service system and the general health system all operate records and data systems with varying degrees of sophistication and varying degrees of consistency and accuracy. Because of the diversity among systems, consistent and accurate information about health trends within the service population is impossible to determine. The lack of such data represents a significant barrier to providing present day and future health care.

Unmet Health Needs of the Chehalis Tribal Service Population

Following a detailed examination of "existing" and "needed" services available in one or more of the three service delivery systems, it is pos-

sible to describe general unmet needs within the service area. The following is a summary of the unmet needs of the Chehalis tribal service area as they are categorized by I.H.S. criteria:

1. Patient Care
   * Emergency Medical Services
   * Contract Health
   * Chronic Disease Detection
   * Licensed Practical Nurse Activities
   * Inpatient Follow-up
   * Home Health
   * Physical Medicine
2. Ambulatory Care
   * Outpatient
   * Contract
   * Direct
3. Preventive Health & Field Medical Services
   * Optometric Services
   * Men's Health
   * Drug Abuse
   * Maternal & Child Health
   * Alcoholism Services
   * Dental
   * Audiology
   * Mental Health
   * Veterinary Medical Services
   * Health Education
   * Nutrition
   * Environment Health
4. Tribal Health Plan
   * CHR Services

* Traditional Indian Practitioner

* Rural Health Clinic

* Tribal Education

5. Health Management

* Health Records

* Tribal Health Facilities Management

* Health Facility Property Management

6. Other Needs

* Public School Program

* Safety, Education & Accident Prevention

* Occupational Health & Safety

Planning Goal

The Chehalis Tribal Health Plan will provide a systematic process for the development of an integrated social and health care service delivery system for the Chehalis tribal service population. This integrated system will combine elements of the three service delivery systems already defined to establish the Chehalis Tribal Health System.

Planning Objectives

Phase I:

1. To develop a professional/management system and administrative capability for the social and health services division of tribal administration.
2. To develop nutrition counseling, menu planning and present scheduled dietary clinics for W.I.C., Head Start, Day Care, Senior program and alcoholism programs.
3. To develop, advertize and implement a variety of primary care clinics in the Chehalis health facility.
4. To develop an Emergency Medical Services program for the reservation which will be an immediate response program and provide transport

services around the clock for the service area.

5. To develop a data-base medical records program, to organize all tribal records according to I.H.S. criteria, coordinate with the Service Unit and to train medical records personnel.
6. To develop the CHR program into more specialized areas of direct health care for the service area; included in current CHR modifications.
7. To develop a comprehensive program in counseling, referral and educational materials for Indian people experiencing changes in their life situation.
8. To develop a position in our health facility to review contract health services utilization.
9. To integrate aproposed alcoholism intern program into a comprehensive tribal program of counseling, referral and education.
10. To increase the use of the Service Unit dental program to serve all service area residents.

Phase II:

1. To identify, plan and provide in-service training for community members, and clinic and tribal staff in the fields of health care delivery, records maintenance, data collection, new progrms development and patient-staff relations.
2. To develop a Chehalis Indian Tribal Enterprises (C.I.T.E.) safety program for workers and clinic staff.

Phase III:

1. To develop an elder's health maintenance and disease detection program.
2. To develop a property management program for maintenance, standardization and operations of all property associated with the health facility.
3. To expand the health care activities of a Licensed Practical Nurse (LPN) to provide more direct services, health maintenance, monitor-

ing and medical outreach.

4. To develop a comprehensive drug abuse program, including counseling referral, education and staff training on the needs of the Chehalis service area.
5. To plan a comprehensive safety program for all age groups of the Chehalis service population.
6. To develop a capability in the CHR program to do follow-up on recently discharged inpatients.
7. To develop a "pilot" program in preparing informational health care materials for the male members of the service population.
8. To develop a tribal specific home health care plan in providing medical and social services to service area homes.
9. To develop hearing clinics at the health facility focusing on younger tribal members in screening and referral.
10. To develop a screening capability in optometric services.
11. To develop a physical medicine capability for the health program in conjunction with the school athletic programs and other tribal therapy programs.
12. To initiate a working relationship with school programs and IHS, so they will give information on health careers and science programs.
13. To initiate a community program in animal control and disease prevention.
14. To develop and implement a health education program for individual patients and for the service area generally.
15. To request Service Unit personnel to prepare an environmental health program for the Chehalis Reservation.

PhaseIV:

1. To develop a program on awareness of and use of traditional medicine.
2. To develop the option of becoming certified as a rural health clinic.

Planning Process

The Chehalis Tribal Health Plan is divided into four separate phases which begin in 1979, 1980 and 1982. Each phase includes four parts: Planning, Design, Implementation and Evaluation, and the phases tend to overlap to ensure continuity and consistency. The Chehalis Tribal Council, Community Health Representatives and tribal planners will work with the tribal health advisory committee to function as the planning and organizing instrument during the planning period. The service population will be directly involved in the planning and development activities as a result of a series of public council meetings. Each objective listed in this plan will be reviewed and scheduled for development during the phasing-in process (see Figure 12). Where cooperation between health service delivery systems can be defined, efforts will be initiated to formalize inter-system linkages as a first step.

Each of the following elements in Phase I has a checklist which depicts resources available or not available. The list shows graphically linkages that are existing or those that can be developed.

Priority:

Phase I

1.

Tribal Health Program

Tribal Health Facility Management

Objective:

To develop a professional/management system and administrative capability for the Social and Health Services Division of Chehalis Tribal administration.

Justification & Approach:

The Chehalis Tribe has planned, designed and constructed a primary health care facility with capacity of serving 25-40 patients per day. As the tribal programs are expanded, a professional provider/administrator will be required. The remote location of the rural clinic facility fits well into the potential for a central program of health services that could serve non-Indians as well under rural health initiatives.

Systems Links:

The administrator will develop all links to the various systems and services. As well as integrate all tribal health programs and services.

Resources Needed:

Primary Care Provider/Administrator
Administrative Assistant
Medical Records Technician/Trainee
Secretary/Receptionist

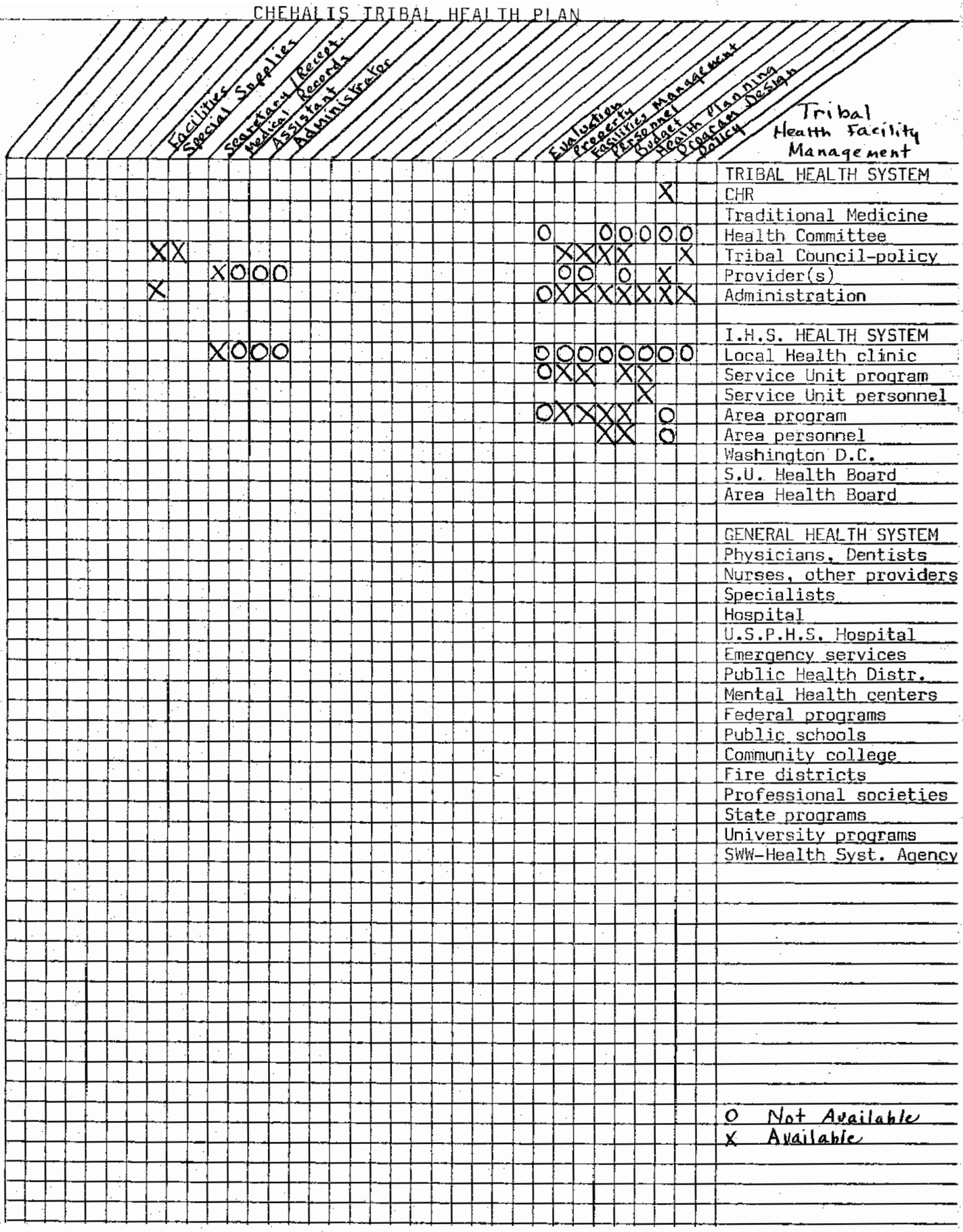
Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

The development of administrative capability for clinic operation in budgeting, personnel supervision, program coordination and alternative resources utilization will distinguish the Chehalis Health Facility as a primary care clinic. As a result of this capability, the clinic can be a training site for health administration field placement.

CHEHALIS TRIBAL HEALTH PLAN



Priority:

Phase I

2.

Tribal Health Program

Nutrition Program

Objective:

To develop nutrition counseling, menu planning and present scheduled dietary clinics for W.I.C., Head Start, Day Care, Senior program and Alcoholism Programs.

Justification & Approach:

All of the above programs are functioning in the health facility and require a well structured nutritional program to accompany.

Systems Links:

The county health departments, school districts and community colleges will be approached to see what services can be shared or utilized.

Resources Needed:

Nutritionist

Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

All too often the dietary needs of various age groups are ignored. The preventive programs will cause the young people to be more aware of their eating habits and health.

CHEHALIS TRIBAL HEALTH PLAN

Nutrition

Nutritionist	Public Health Programs	Special clinics	Home Gardening	School lunch - Headstart	M.C.H	W.I.C.	Geriatric Nutrition	Dietetic Services	
									TRIBAL HEALTH SYSTEM
									CHR
									Traditional Medicine
									Health Committee
									Tribal Council-policy
O		O	X	X	X	X	X	X	Provider(s) - limited
									Administration
									I.H.S. HEALTH SYSTEM
O	O		X	X	X	X	X	X	Local Health clinic
							X		Service Unit program
									Service Unit personnel
									Area program
									Area personnel
									Washington D.C.
									S.U. Health Board
									Area Health Board
									GENERAL HEALTH SYSTEM
									Physicians, Dentists
			X	X	X		X	X	Nurses, other providers
									Specialists
									Hospital
									U.S.P.H.S. Hospital
									Emergency services
	X			X		X		X	Public Health Distr.
				X	X				Mental Health centers
			X						Federal programs
				X					Public schools
									Community college
									Fire districts
				X					Professional societies
									State programs
									University programs
									SWW-Health Syst. Agency

Priority:

Phase I

3.

Tribal Health Program

Ambulatory Patient Clinics

Objective:

To develop, advertise and implement a variety of primary care clinics in the Chehalis Health facility.

Justification & Approach:

Once a primary care team has been developed it will be necessary to prepare a schedule of clinics to be offered to the service area (next page for examples).

Systems Links:

Volunteers, professional associations, fraternal clubs, etc. used in a variety of ways - transportation, advertising.

Resources Needed:

Primary health team -

PCP (RNP, PAO)
LPN
Pharmacist/Lab. team
Medical Records Clerk
2 CHR's

Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

As the variety of clinics are determined and scheduled, it will cause the entire community to view the Chehalis health facility as a functioning service program to the whole area.

CHEHALIS TRIBAL HEALTH PLAN

Ambulatory Patient Care

Medical Records
Pharm-Tech
LPN
CHR-Medical
Primary Care Provider
Cruises (Intervention)
Direct care
Contract care
X-ray Services
Lab Services
Follow up
Referral
Prosthetic Device
Drugs / Medicines
Emergency
Screen-triage
Health Maintenance
Preventive
Episodic
Specialty Care

	Medical Records	Pharm-Tech	LPN	CHR-Medical	Primary Care Provider	Cruises (Intervention)	Direct care	Contract care	X-ray Services	Lab Services	Follow up	Referral	Prosthetic Device	Drugs / Medicines	Emergency	Screen-triage	Health Maintenance	Preventive	Episodic	Specialty Care
TRIBAL HEALTH SYSTEM				O		X			O	X				O	O	O	O	O		
CHR						O	O			O				O			O	O		
Traditional Medicine																				
Health Committee																				
Tribal Council-policy																				
Provider(s)																				
Administration																				
I.H.S. HEALTH SYSTEM																				
Local Health clinic	O	O	X	O	X	X	X		O	O	X	X		X	X	X	O	X	X	O
Service Unit program	X	X	X	O	X	X	X	X	X	X		X		X				X		
Service Unit personnel																				
Area program																				
Area personnel																				
Washington D.C.																				
S.U. Health Board																				
Area Health Board																				
GENERAL HEALTH SYSTEM																				
Physicians, Dentists						X						X							X	
Nurses, other providers						X	X												X	
Specialists							X												X	
Hospital									X	X				X					X	
U.S.P.H.S. Hospital						X			X	X	X	X		X					X	
Emergency services																				
Public Health Distr.																				
Mental Health centers						X														
Federal programs																				
Public schools																				
Community college																				
Fire districts																				
Professional societies																				
State programs																				
University programs																				
SWW-Health Syst. Agency																				

Scheduled Clinics: rehabilitation and prevention

diabetes/nutrition/diet

obesity/weight control

hypertension

cardio-vascular (CAPRI)

relaxation/exercise

immunization

well child, neonatal

maternal health, pre and post natal

men's health program

adolescent health

elders program

family health

Annual clinics:

athletic physicals/growth charting

eye/ear screening

home surveillance/safety inspection

animal immunization

food preservation - home canning

pest control

And Others as Needed

Priority:

Phase I

4.

Tribal Health Program

Emergency Medical Services

Objective:

To develop EMS program for the reservation that will be an immediate response program and provide transport service around the clock for the service area.

Justification & Approach:

There are no EMS services in Rochester and Oakville - first aid only. Patients have to wait for an ambulance from Centralia and be transported to St. Peters in Olympia. Transport problems include waiting, lack of immediate response to certain types of trauma.

Systems Links:

The Tribe will tie in with the fire districts in Rochester and Oakville. The Tribe will obtain an ambulance for the service area. It will be important to develop emergency links with the Washington State Patrol.

Resources Needed:

EMT's - volunteers
Ambulance
Emergency supplies

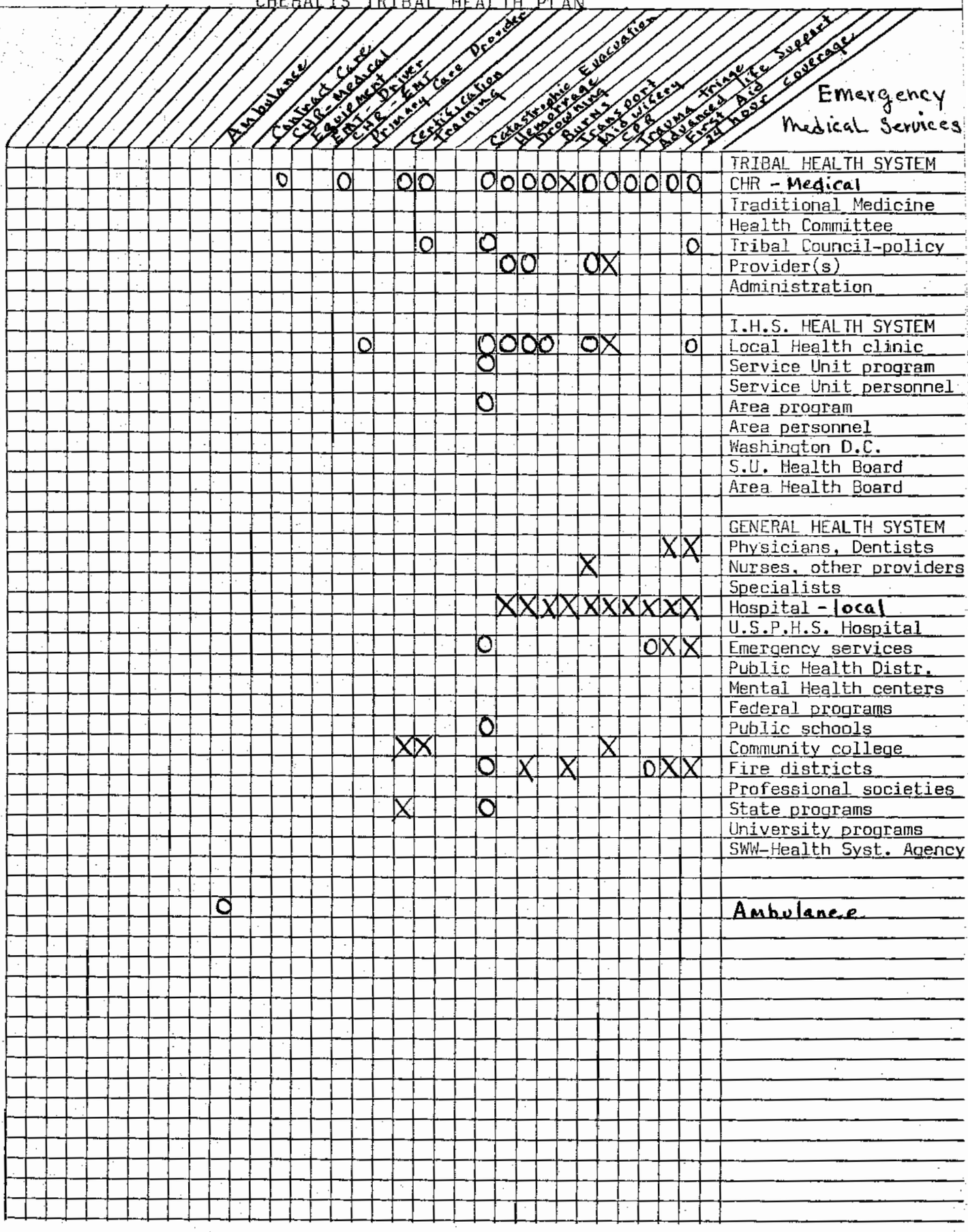
Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

This service area, both Indian and non-Indian, will have available an EMS that will be a 24 hour service.

CHEHALIS TRIBAL HEALTH PLAN



Priority:

Phase I

5.

Tribal Health Programs

Health Records

Objective:

To develop a data-base medical records program; to bring all tribal records to I.H.S. criteria, coordinate with Service Unit; and to train medical records personnel.

Justification & Approach:

Patient records are scattered all over. Some are at the Service Unit, a few at the Chehalis health facility and records with the various counselors. Educational programs also maintain health records. Contracting clinics and physicians also have records.

Systems Links:

Work directly with Service Unit records personnel to accomplish either physical transfer or copy of files to the Chehalis health facility.

Resources Needed:

Medical Records Technician
Training for tribal member to pursue
Storage - patient files

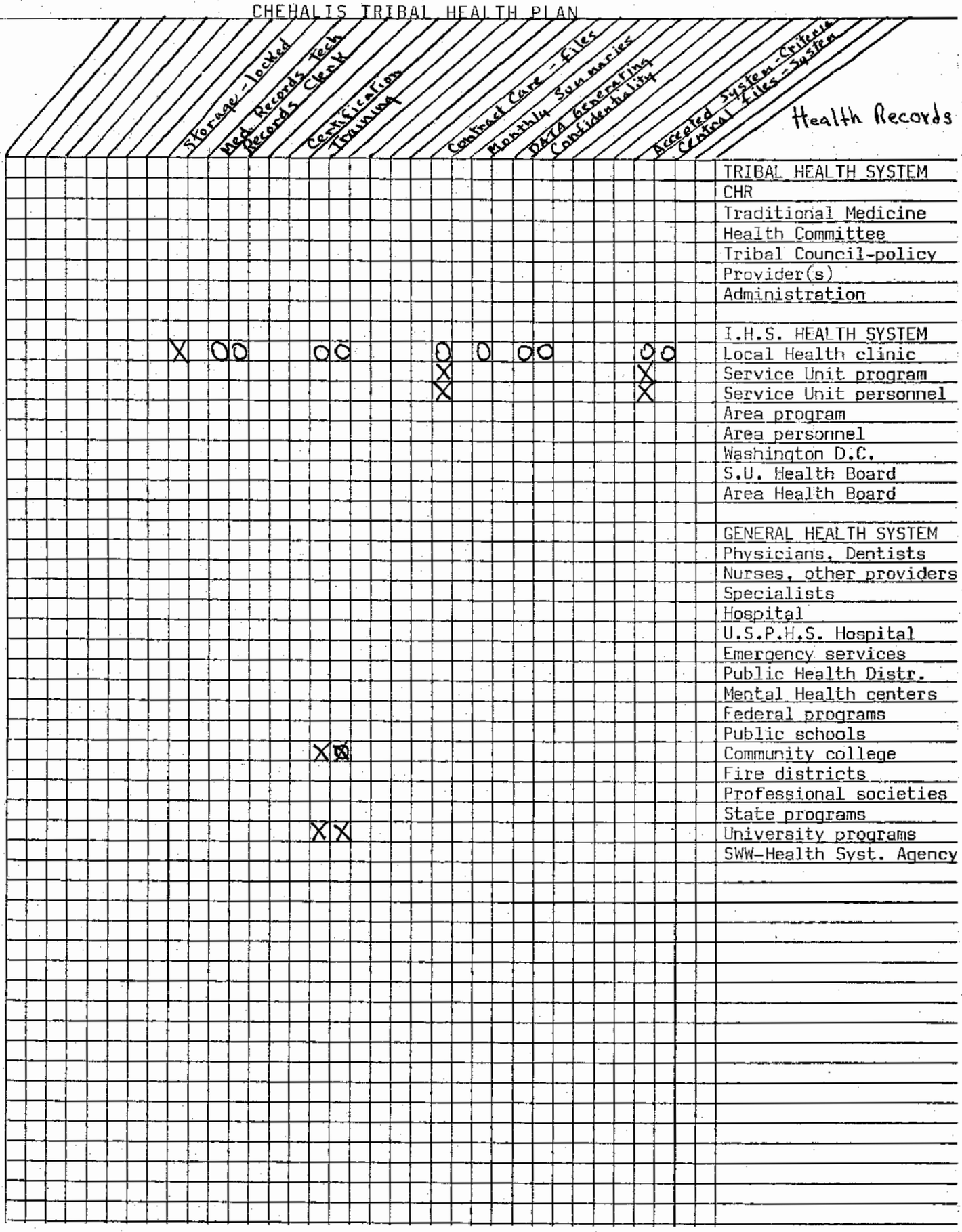
Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

The records department is the major central program that provides information on patient utilization and health surveillance.

CHEHALIS TRIBAL HEALTH PLAN



Priority:

Phase I

6.

Tribal Health Program

Community Health Representative Program

Objective:

To develop the CHR program into more specialized areas of direct health care for the service area.

Justification & Approach:

The two CHR's now employed are generalists. It would be essential to hire two more CHR's, one a medical care specialist and the second experienced in housing and to be an environmental aide.

Systems Links:

Submit a proposal to I.H.S./Area Office for two additional CHR positions.

Resources Needed:

CHR position 1 - Social Service/Mental Health Technician
CHR position 2 - Medical Service/Triage
CHR position 3 - Housing/Environmental Aide
CHR position 4 - Generalist/Transportation

Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

With specialties of medical care, mental health and housing/environmental aid, the CHR program will become a comprehensive outreach program for the service area. Skills in counseling, home health, information will expand the direct services to the community.

CHEHALIS TRIBAL HEALTH PLAN

Ambulance - driver	CHR - Housing Env. H.	CHR - Social Service	CHR - Medical	Continuing Educ In-Service training	Home visits	Clinics - Scheduled	Medical Screening	Geriatrics Program	Environmental Health	E.M.S.	Trans for tation	Direct Services	First Aid	Mental Health Counseling	Community Health Representative
															TRIBAL HEALTH SYSTEM
O	O	O	O	O	X	X	X	O	X	O	O	X	O	O	X	CHR
															Traditional Medicine
															Health Committee
															Tribal Council-policy
															Provider(s)
															Administration
															I.H.S. HEALTH SYSTEM
						X	X	O	X	O	O	X	X	O	X	Local Health clinic
								X	X						X	Service Unit program
															X	Service Unit personnel
																Area program
																Area personnel
																Washington D.C.
																S.U. Health Board
																Area Health Board
																GENERAL HEALTH SYSTEM
																Physicians, Dentists
																Nurses, other providers
															X	Specialists
X												X				Hospital
																U.S.P.H.S. Hospital
O																Emergency services
					X		X								X	Public Health Distr.
															X	Mental Health centers
																Federal programs
																Public schools
																Community college
O												X	X			Fire districts
																Professional societies
																State programs
															X	University programs
																SWW-Health Syst. Agency

Priority:

Phase I

7

Tribal Health Program

Mental Health

Objective:

To develop a comprehensive program in counseling, referral and educational materials for Indian people experiencing changes in their life situation.

Justiification & Approach:

There does not exist a mental health program for the Tribe. All ages of the community are experiencing stress - school age through the elders. Family units are likewise feeling the strain causing members to abandon their families. Crisis intervention should be made available for this remote community.

Systems Links:

All public health programs in Thurston and Grays Harbor/ Pacific will be contacted. The community colleges, universities will also be utilized. The Service Unit professional mental health provider will be the leader in developing and staffing this program.

Resources Needed:

Mental Health Technician - CHR
Service Unit mental health provider

Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

Age specific programs, therapeutic services and materials will be available for tribal use whenever such services are needed.

CHEHALIS TRIBAL HEALTH PLAN

CHR-Social Services	Youth Programs Foster Care	Information Referral Program Development	Resources / Agencies Personal problems	Socio-legal problems	Medical liaison	Social Adjustment	Economic Adjustment	Mental Retardation	Family Relations	Suicide	Alcohol + Drug Abuse Counseling-general	Mental Health	
													TRIBAL HEALTH SYSTEM
O	O O	X O	X	O	O	O	O	O	O	O	O	O	CHR
													Traditional Medicine
													Health Committee
													Tribal Council-policy
													Provider(s)
													Administration
													I.H.S. HEALTH SYSTEM
	O O	X O	X	O	O	O	O	O	O	O	O	O	Local Health clinic
													Service Unit program
													Service Unit personnel
													Area program
													Area personnel
													Washington D.C.
													S.U. Health Board
													Area Health Board
													GENERAL HEALTH SYSTEM
													Physicians, Dentists
													Nurses, other providers
													Specialists
													Hospital
													U.S.P.H.S. Hospital
													Emergency services
	X	X		X	X	X	X	X	X	X	X	X	Public Health Distr.
													Mental Health centers
													Federal programs
											X		Public schools
		X							X				Community college
													Fire districts
													Professional societies
													State programs
													University programs
		X											SWW-Health Syst. Agency

Priority:

Phase I

8.

Tribal Health Program

Administrative Assistant

Objective:

To develop a tribal position in our health facility to review contract health services utilization, monitor and administer contract care funds for our service area.

Justification & Approach:

The Service Unit states that the Chehalis Tribe uses two-thirds of the contract dollars. It is imperative, then, to know how those dollars are being used. It is also important to know where our service population obtains health care.

Systems Links:

The Service Unit contracting officer will set up this sub-regional component and train a tribal member with a business background to assume these duties.

Resources Needed:

CHS Administrative Assistant, under supervision of Service Unit Contract Officer

Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

With a sub-regional contracting capability, the health care utilization, monitoring and disbursement functions can be better controlled and reported.

Priority:

Phase I

9

Tribal Health Program

Alcoholism Training

Objective:

To integrate a proposed alcoholism intern program into a comprehensive tribal program of counseling, referral and education.

Justification & Approach:

A variety of alcoholism programs exist in the service area that are not used. The Tribe wants to train some tribal members who will eventually begin the comprehensive alcoholism program. It is important now to provide training for these counselors.

Systems Links:

Community colleges, university programs will be contacted to train and place students in the outreach program in the health facility. The Seattle Indian Alcoholism Program will be used to provide specific Indian training.

Resources Needed:

Traineeships - 2 per year for five years

Time Schedule:

Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

The Tribe's concern is to have well trained counselors aware of the Chehalis needs in alcoholism program development. The alcoholism program will be implemented as the counselors become available.

Priority:

Phase I

10.

Tribal Health Programs

Dental Program

Objective:

To increase the use of the Service Unit dental program to serve all of service area residents.

Justification & Approach:

The Chehalis health facility has two dental operatives at this time. The backlog for services is over 200. We have one dentist who comes in one day per week. It will require two additional days per week to provide adequate care. Preventive care will be a priority.

Systems Links:

Use of Service Unit dentist will continue with increased minutes of service.

Resources Needed:

Service Unit dentist - 3 days per week
CHS for emergencies

Time Schedule:
Plan - 1979-80
Design - 1979-80
Implement - 1979-80
Evaluate - 1979-80

Conclusion & Impact:

Dental hygiene and preventive care will be available for all ages of our service population. Dental health education will also be a priority.

CHEHALIS TRIBAL HEALTH PLAN

Dental

Records	Hygienist Dentist	Contract care Direct care	Referral Xrays-Dental Corrective Intercceptive Consultation Prevention Program	Laboratory Emergency care Oral Surgery Specialty care General care	
					TRIBAL HEALTH SYSTEM
					CHR
					Traditional Medicine
					Health Committee
					Tribal Council-policy
					Provider(s)
					Administration
					I.H.S. HEALTH SYSTEM
O	XX	XO	XXOXOX	OOOOX	Local Health clinic
		XX	X X	XX X	Service Unit program
	XX				Service Unit personnel
					Area program
					Area personnel
					Washington D.C.
					S.U. Health Board
					Area Health Board
					GENERAL HEALTH SYSTEM
		X	X XXX	XXXXX	Physicians, Dentists
					Nurses, other providers
					Specialists
					Hospital
		X	XXX X	XXXX	U.S.P.H.S. Hospital
					Emergency services
					Public Health Distr.
					Mental Health centers
					Federal programs
					Public schools
					Community college
					Fire districts
					Professional societies
					State programs
		X	X XXX	XXX	University programs
					SWW-Health Syst. Agency

Priority:

Phase II

1.

Tribal Educational Programs

In-Service Training

Objective:

To identify, plan and provide in-service training for clinic and tribal staff and community in various aspects of health care delivery, records maintanance, data collection, new programs development and patient-staff relations.

Justification & Approach:

In a remote health facility, much is dependent on stimulating the on-going interests of the staff in keeping them up to date in new techniques in health services delivery.

Systems Links:

Internal, tribal, business council and appropriate skilled professional from other agencies.

Resources Needed:

Health team

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

Staff motivation towards an efficiently run facility requires a variety of useful workshops and conferences to be planned throughout the year. This also provides a means of on-going staff satisfaction in their respective positions.

Tribal Educational Programs

Occupational Health & Safety

Priority:

Phase II

2.

Objective:

To develop a C.I.T.E. safety program for workers and clinic staff

Justification & Approach:

There does not exist a program for occupational health and safety at this time. Logging, chicken farming, fish hatchery and other diverse industries are being planned. It would be important to establish early in development OSHA criteria for a safe work environment in these industries.

Systems Links:

Industrial, public health, federal contacts will be made to assist in developing safety programs.

Resources Needed:

Environmental Health Technician

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

Both workers, tribal staff and health providers should participate in the design, implementation and up-dating of safety in tribal enterprise planning.

Tribal Health Program

Elderly Chronic Disease Detection

Priority:

Phase III

1.

Objective:

To develop an elders' health maintenance and disease detection program.

Justification & Approach:

Elders do not always maintain a proper exercise or activity program because of limiting physical conditions. Seasonal health changes of the elderly are of special concern.

Systems Links:

Public health department senior citizens programs;
Institute of Aging at the University of Washington
other state and county programs
Community College programs.

Resources Needed:

CHR - Health Advocate

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

Surveilance and maintenance of chronic conditions of the elderly will expand the quality and comfort of life for Chehalis elders.

Tribal Health Program

Tribal Health Facility Property Management

Priority:
Phase III
2.

Objective:

To develop a property management program for maintenance, standardization and operations of all property associated with the health facility.

Justification & Approach:

As a clinic is established,new, used, reconditioned property accumulates and must be maintained. Electronics equipment will require particular maintenance as will emergency gear and smoke detectors.

Systems Links:

Neary laboratories, scientific supply outlets and hospitals will be called upon to help establish a maintenance program.

Resources Needed:

Skilled electrician or experienced electronics technician with management skills.

Time Schedule:

Plan - 1979-80
Design - 1980
Implement - 1980-81
Evaluate - Ongoing

Conclusion & Impact:

Well maintained facility and equipment will help create a professional attitude towards special technologies utilized in providing health care.

Tribal Health Program

Expansion of LPN Activities

Priority:

Phase III

3.

Objective:

To expand the health care activities of an LPN to provide more direct services, health maintenance, monitoring and medical outreach.

Justification & Approach:

The LPN with specialized skills can be used as skilled aides in health surveilance in the home and community.

Systems Links:

The public health district's community health nurse program will be contacted to providetraining; some supplies.

Resources Needed:

LPN - fulltime.

Time Schedule:

Plan - 1979
Design - 1979-80
Implement - 1980
Evaluate - Ongoing

Conclusion & Impact:

An LPN can extend the activities of a health facility to the community thus relieving the primary care provider of routine duties.

Tribal Health Program

Drug Abuse Program

Priority:

Phase III

4.

Objective:

To develop a comprehensive drug abuse program including counseling, referral, education, and staff training on needs of Chehalis Service Area residents.

Justification & Approach:

Young Chehalis people have increased their experimenting with drugs and they are now suffering bad results and are not using regular counseling programs. It is necessary to have a sensitive tribal program that will provide the support and services.

Systems Links:

Available local drug abuse programs, staff and resources (See Appendix B).

Resources Needed:

Director
Counselor - for youth specifically
2 Trainees

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

The health of our young people is our most important resource and should be protected. Through health educational efforts, drug abuse will be curtailed.

Tribal Health Program

Safety Education and Accident Prevention

Priority:

Phase III

5.

Objective:

To plan a comprehensive safety program for all age groups of the Chehalis tribal service population.

Justification & Approach:

Accidents, environmental hazards, fire and water hazards create an increasing problem on the Chehalis reservation. Especially automobile accidents are the number one non-health problem we are all concerned about.

Systems Links:

State and local law enforcement agencies, School Districts, Fire Districts, Community Colleges, and local business and industry.

Resources Needed:

Tribal Environmental Health Technician

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

Making safety a routine activity throughout the daily life will cause individuals to be aware of the environmental hazards and methods for avoiding accidents. Such prevention will reduce the incidence of accidental health conditions requiring medical assistance.

Tribal Health Program

In-patient Follow-up

Priority:

Phase III

6.

Objective:

To develop a capability in the CHR program to do follow-up on recently discharged in-patients, to develop a liaison with the local hospital.

Justification & Approach:

Convalescent services and follow-up care are not available for residents in the Chehalis Service Area. There are many patients who are discharged who need daily follow-up services until time of clearance by the physicians.

Systems Links:

CHRs will develop links with all hospitals used by the Chehalis Service population.

Resources Needed:

CHR - Social Service.

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

Daily contact with discharged patients will assure them of provider interests and interaction during the healing process.

Tribal Health Program

Mens' Health Care

Priority:

Phase III

7.

Objective:

To develop a "pilot" program in preparing information health care materials for male members of the service population.

Justification & Approach:

Frequently male health concerns are overlooked in health maintenance, especially that of the young adolescent male. Since the Chehalis Population is very young it is necessary to provide useful services to the age group 12-25.

System Links:

Adolescent clinics at University of Washington, Puget Sound Health Service Agency Health Educator.

Resources Needed:

Life and Family Counselor

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

This will be a first effort of the Chehalis Tribe to identify, counsel and deliver a health program for the adolescent male. Since this component tends to focus on prevention as well as maintenance it will increase popular understanding of male medical problems while decreasing the incidence of ill-defined conditions among males.

Tribal Health Program

Home Health Care

Priority:

Phase III

8.

Objective:

To develop a tribal specific home health care plan which provides medical and social services to service area homes.

Justification & Approach:

Family and individual self-health care are important factors in maintaining optimal health. Self-reliance and home methods and remedies are fundamental to rural living. There does not now exist a well structured program for self-care.

Systems Links:

Public Health departments, Service Unit, Community Health nurse to train CHRs.

Resources Needed:

CHR - Social Service
CHR - Medical Service
CHR - Housing/environmental aid

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

A structured program in Health maintenance, prevention and information exchange will help the family understand its part in the whole health care system of the Chehalis service area.

Tribal Health Program

Audiology

Priority:

Phase III

9.

Objective:

To develop hearing clinics at the health facility with emphasis on the younger tribal members in screening and referral.

Justification & Approach:

There does not now exist a screening program in Audiology in the service area. Since ear infections, hearing loss and related conditions are major health problems in all age groups, it is important to develop an on-going screening and referral program for the Chehalis service population.

System Links:

Contract health services, Hearing Specialist for scheduled clinics in the Tribal facilities.

Resources Needed:

Contract Health services

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

All age groups will have baseline hearing tests and will be followed on an annual basis to detect any changes.

Tribal Health Program

Optometric Program

Priority:

Phase III

10.

Objective:

To develop a screening capability in optometric services.

Justification & Approach:

The only services available are referred to contract vendors in Aberdeen. Screening could be done at the health facility on a scheduled basis.

Systems Links:

All primary care provider, LPN, or CHR/medical will do basic screening, all vision problems will be referred to nearby eye specialists or to USPHS facilities.

Resources Needed:

Contract Health Services

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

Routine vision checks and referral programs can be implemented without much difficulty. Yearly checks will detect any vision changes.

Tribal Health Program

Physical Medicine

Priority:

Phase III

11.

Objective:

To develop a physical medicine capability for the health program in conjunction with the school athletic programs and other tribal programs needing therapy.

Justification & Approach:

Rheumatoid arthritis is a major problem for the older Chehalis members. Industrial accidents and strains also pose constant problems. Athletic and recreational strains also commonly occur. It would be important to have a therapy program that could address some common muscular ailments that could be followed-up with home care.

Systems Links:

University of Washington Physical Medicine Unit, Athletic Departments.

Resources Needed:

CHR - Medical

Time Schedule:

Plan - 1980
Design - 1980
Implement - 1980
Evaluate - 1980

Conclusion & Impact:

Many work days are lost because of minor physical injuries which could be prevented. With a physical medicine program available injuries of this type could be reduced substantially and therapy would be available for long-term injuries. It is estimated that 10 cases per month would be the demand level.

Tribal Health Program

Public School District Program

Priority:

Phase III

12.

Objective:

To initiate a working relationship with the School district whereby they will give information on health careers, science programs and available school health programs as they are available.

Justification & Approach:

There are visiting public health nurses available on an irregular basis in the school districts. This plan is designed to provide an active interest among Chehalis children while they are attending public school.

Systems Links:

Public Health Districts and School Districts

Resources Needed:

CHR - Social Servites
Health Educator

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusions & Impact:

The school health activities are of basic interest to the Chehalis people. The need for interaction with the school district administrators, faculty and staff will begin to open up positive communications so that we will always be aware of health/school problems experienced by Chehalis children.

Tribal Health Program

Veterinary Medical Services

Priority:

Phase III

13.

Objective:

To initiate a community program in animal control and disease prevention.

Justification & Approach:

There are many pets in the Chehalis homes. Often it is the case that these pets are not immunized; animal waste attracts other pests - fleas and rodents; and basic animal hygiene is not practiced.

Systems Links:

Local veterinarians, extension programs at Washington State University or County programs.

Resources Needed:

Environmental Health Technician
CHR - Environmental Aid

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

The eradication of pests and unsanitary conditions in and around the home is an important factor in health maintenance.

Tribal Health Program

Health Education

Priority:

Phase III

14.

Objective:

To develop and implement a health education program for individual patients and for the service area generally.

Justification & Approach:

Preventive medicine, self help, self diagnosis and self-reliance are all essential elements of a useful health education program. Confidence in relating meainingful material to one's self and to the larger group requires a well balanced program.

Systems Links:

Indian Health Service Service Unit Health Educator, School District Health Nurses, Professional associations, community colleges, Public Health Programs.

Resources Needed:

Health education Associate - CHA
IHS - Service Unit Health Educator
Tribal Health Educator

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

Tribal specific material relevant to particular age groups will make the sense of "wellness" and sickness more understandable to the community.

Tribal Health Program

Environmental Health

Priority:

Phase III

15.

Objective:

To request Service Unit Personnel to prepare an environmental health program for the Chehalis Reservation and its service area.

Justification & Approach:

There does not now exist an environmental health program in the service area. Land use management, sanitation needs, water standards, industrial development all require full-time surveilance, impact statements and follow-up inspection.

Systems Links:

Service Unit and IHS Area Office, Sanitarian and Engineer.

Resources Needed:

Environmental Health Technician
CHR - Housing/environmental aid

Time Schedule:

Plan - 1980-81
Design - 1980-81
Implement - 1980-81
Evaluate - 1980-81

Conclusion & Impact:

As the reservation comprehensive plans are developed it is important to include environmental considerations throughout. Health Planning must take the initiative in assurance of environmental quality control.

Tribal Health Program

Traditional Medicine

Priority:

Phase IV

1.

Objective:

To develop a program on awareness of and use of traditional medicine.

Justification & Approach:

There is a definite revival in the use of traditional healers, medicines and ceremonies in the treatment of health problems. It is important to have the traditional medicine man as part of the Health system.

Systems Links:

Encourage and identify local and distant Chehalis tribal elders to share their medicinal knowledge. Indian Health Service and Private Practitioners should be advised of the role traditional medicine plays in the Chehalis service area so that proper referrals can be made.

Resources Needed:

IHS contract support for traditional medicine
Local tribal medicine practitioners

Time Schedule:

Plan - 1981
Design - 1982-83
Implement - 1984
Evaluate - Ongoing

Conclusion & Impact:

Recognizing the usefulness of traditional ways of healing will help create and restore tribal values and improve the general community health. It will also establish tribal medicine as an important part of the health system.

Priority:

Phase IV

2.

Tribal Health Program

Rural Health Clinic Certification

Objective:

To develop the option of becoming certified as a rural health clinic.

Justification & Approach:

The service area does not have a primary care clinic. There is a great need for health services for the rural population. Having a rural health clinic classification would make available non-IHS providers to the area.

Systems Links:

Eastern Grays Harbor Rural Health Project

Resources Needed:

Basic information only.

Time Schedule:

Plan - 1982
Design - 1982-83
Implement - 1984
Evaluate - Ongoing

Conclusion & Impact:

This would be a long range plan whereby alternate provider resources can be obtained to serve this rural area.

Tribal Plan Implementation Schedule

The following schedule presents all elements of the Chehalis Tribal Specific Health Plan and the projected times for four activities of program implementation, planning, program design, implementation and evaluation.

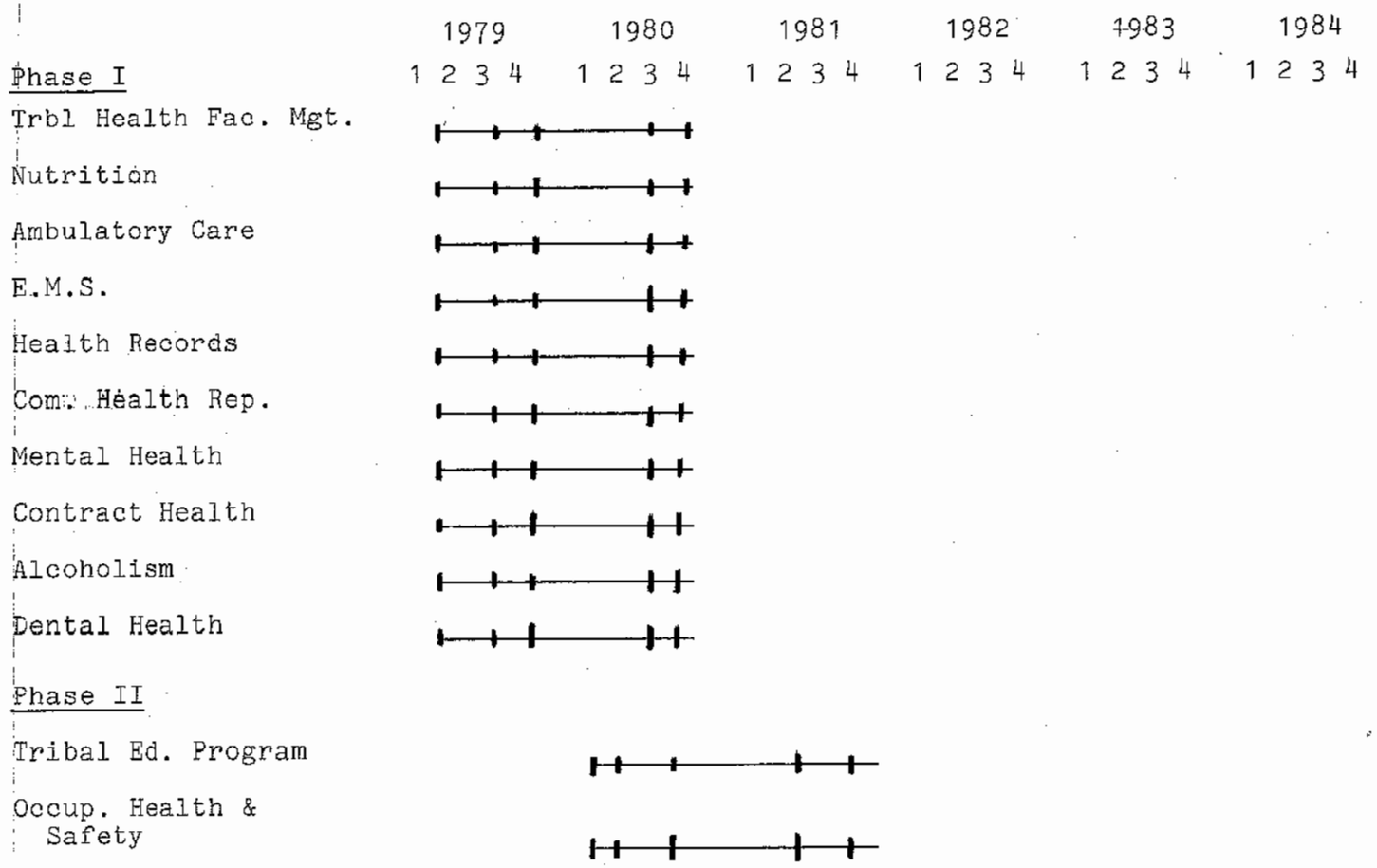
Phase I programs can be initiated at the present time and possibly be in service by the end of 1980. The required personnel needed would be the provider/administrator and the current CHR's.

Phase II programs can start early in 1980 and be functioning by 1981. These would be dependent on the availability of an Environmental Health Technician.

Phase III programs would be implemented in late 1979 through 1981. The more specific tribal health programs could be designed and implemented in late 1981 through 1984 as funds become available and the Primary Health Care Team is developed.

Phase IV programs are those programs requiring further tribal identification as possible extension of the ambulatory care and social services capability.

FIGURE 12: TRIBAL PLAN IMPLEMENTATION SCHEDULE



KEY: Plan — Design — Implement — Evaluate

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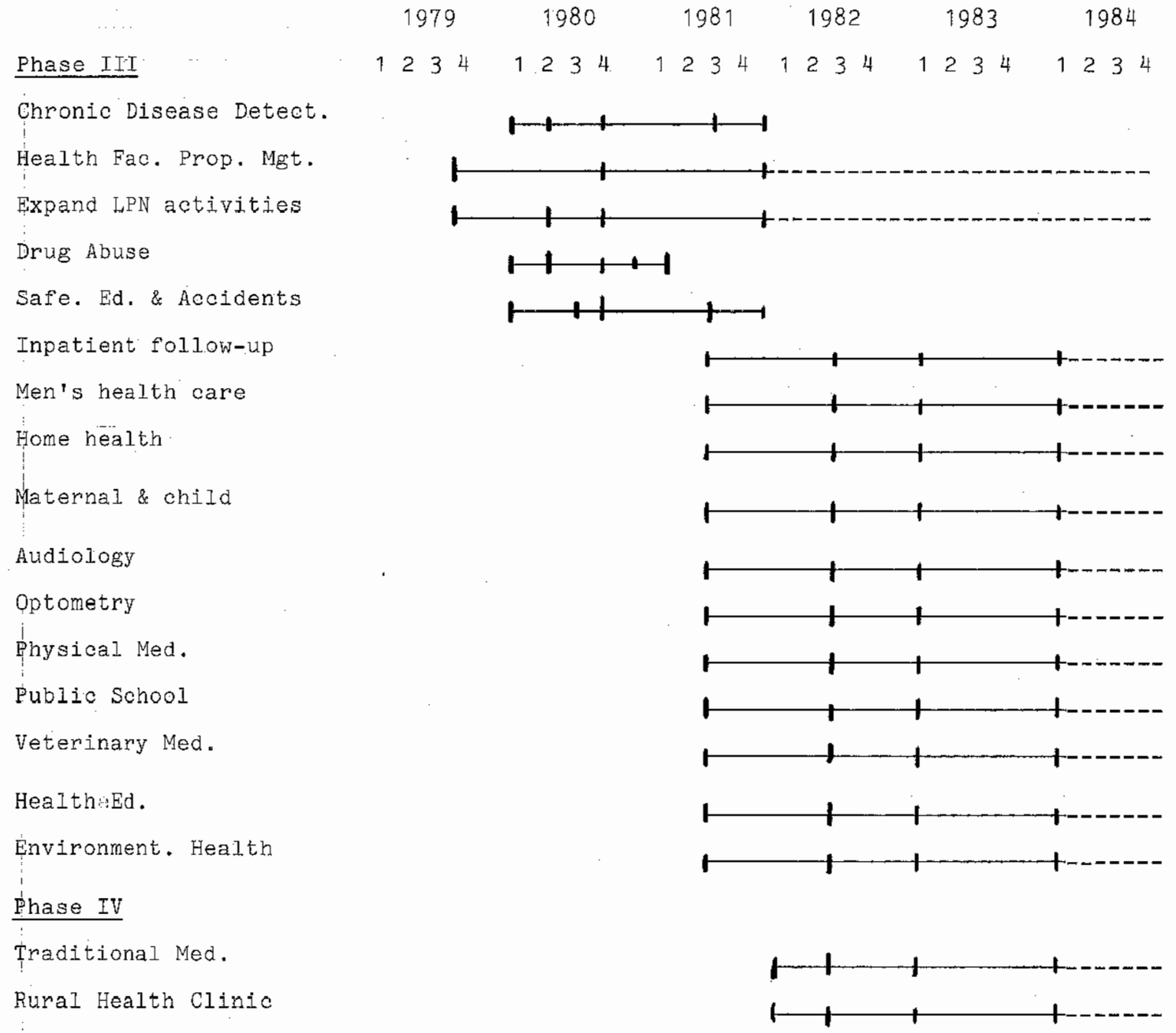

1979
1980
1981
1982
1983
1984
1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4
Phase III
Chronic Disease Detect.
Health Fac. Prop. Mgt.
Expand LPN activities
Drug Abuse
Safe. Ed. & Accidents
Inpatient follow-up
Men's health care
Home health
Maternal & child
Audiology
Optometry
Physical Med.
Public School
Veterinary Med.
Health Ed.
Environment. Health
Phase IV
Traditional Med.
Rural Health Clinic
--------- Continuing evaluation

Potential Impact of Chehalis Tribal System (C.T.H.S.)

The most important impact of the C.T.H.S. will be on the level of health awareness among tribal officials and service residents. This impact will influence the timing and extent of inter-system linkages and expand positive relations between Indian and non indian officials.

Other significant affects that should evolve are improved management of health resources, more efficient operations and a decrease in health morbidity and mortality. Table 13. illustrates the impact of individual programs. It is evident that these programs address a wide range of health and health related problems. The implementation of these programs should produce positive results, thus a general increase in tribal welfare, health and self pride.

Table 13

Program Impacts

Program	Impact
Priority 1:	
Tribal Health Facility Management	Management control over health facilities, efficient operation
Nutrition	Improved diet and health
Ambulatory care	Early disease detection, establishment of a service program
Emergency medical service	Decreased mortality and morbidity due to late treatment of emergency cases
Health Records	Better planning, increased management control
Community Health Representative	Tribal specific comprehensive health care
Mental Health	Better management of mental health problems
Contract Health	Management and control of contract health funds
Alcoholism	Management and control of alcoholism and related programs
Dental Health	Early detection and treatment of dental problems
Priority 2:	
Tribal Education Program	Self help and determination, increased staff satisfaction
Occupational Health & Safety	Decreased occupation related health problems

Priority 3:	
Elderly-Chronic Disease Detect.	Decreased elderly mortality and morbidity
Tribal Health Facility Property Management	Improved physical plan and physical capabilities
Expansion of LPN Activities	Increased ability of primary care provider to treat complex problems
Drug Abuse	Decreased drug adiction and abuse
Safety Ed. & Accident Prevention	Decreased health problems due to accidents and environmental hazards
Traditional Medicine	Retention of cultural aspects of health care
Rural Health Clinic Certification	Increased number of health providers and other health resources
Inpatient follow-up	Continuity of care
Men's Health Care	Increased utilization of health facilities by young males
Home Health	Increased understanding and utilization of health maintenance by rural families
Optometric Program	Early detection of vision problems
Physical Medicine	Reduction in morbidity and disability due to physical illnesses.
Public School District Program	Increased awareness of available health careers
Veterinary Medical Services	Decreased rate of health problems due to poor animal control
Health Education	Increased awareness and understandin

	of tribal specific health problems within the community
Environmental Health	Improved community living enrichment

Chehalis 638 Management Plan for Social and Health Services

The Chehalis Confederated Tribes have a wide diversity of administrative units with the tribal government. The Social and Health Services Division includes eleven components (see Figure 13). This management plan contemplates the establishment of a sophisticated organization which employs technically professional staff. Major portions of the social and health services division will be contracted under 638 provisions.

Personnel Requirements:

To complete the Chehalis Tribal Health Plan, the following positions will be needed at the Chehalis facilities:

Chehalis - Primary Health Care Team Personnel

1. Primary Care Provider/RNP, PA, Clinic Administrator
2. LPN - medical outreach
3. Administrative Assistant/Program planning
4. Medical Records Technician
5. Secretary/Receptionist
6. CHR's - Social Services/Mental Health Technician
7. - Medical Services/Triage
8. - Housing/Environmental Aide
9. Nutritionist
10. Pharmacist Tech./Lab. Tech.
11. Environmental Health Technician

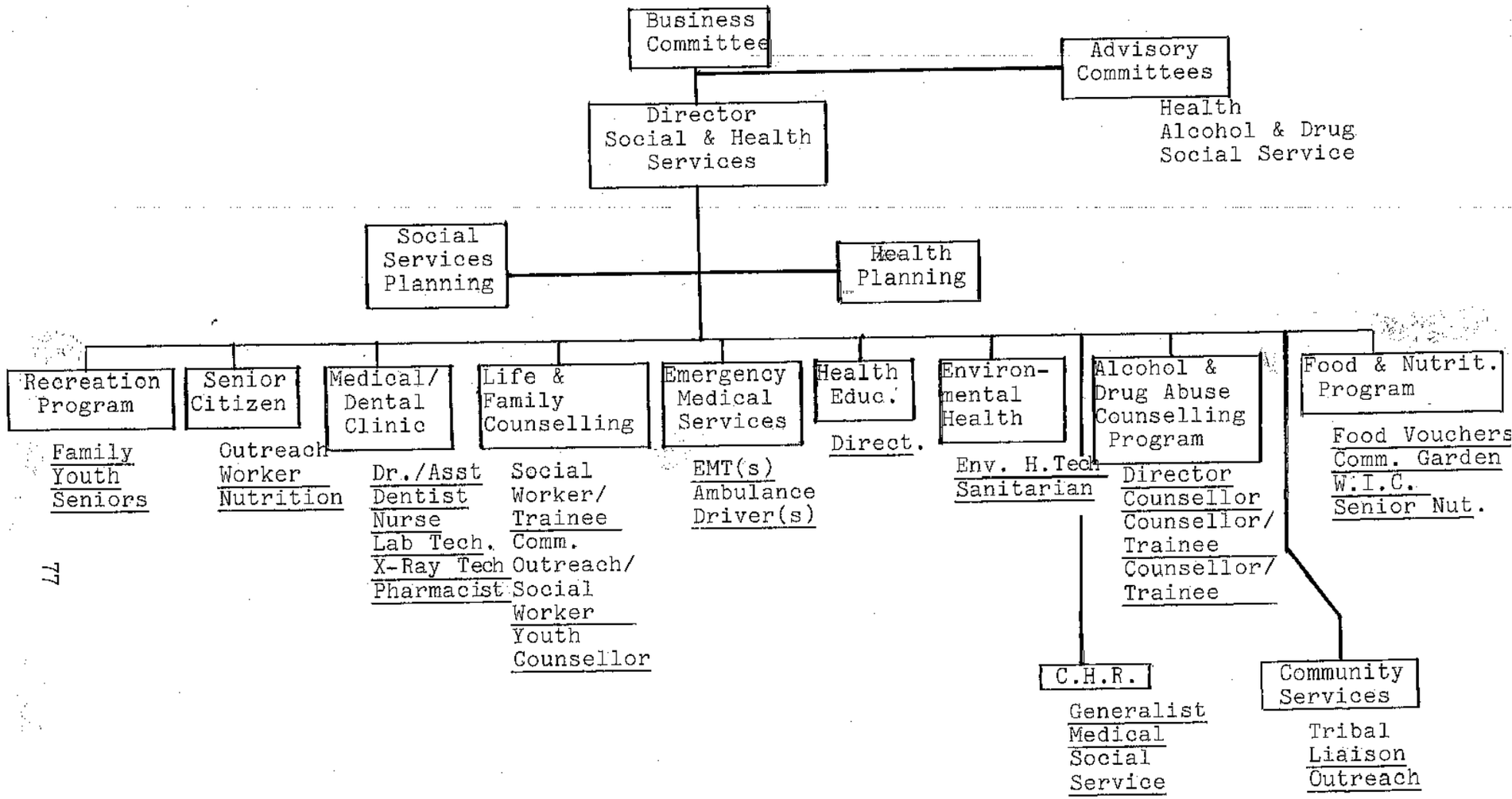
The following personnel will be needed on an occasional, but scheduled basis:

Taholah Service Unit - Personnel

1. Mental Health professional
2. Sanitarian
3. Community Health Nurse
4. Health Educator
5. Pharmacist
6. Dentist
7. Dental Hygienist
8. Electrician

CHEHALIS SOCIAL & HEALTH 638 MANAGEMENT PLAN

Figure 13.



Resources Allocation Criteria Formulation

The four programs, Inpatient Care,Audiology, Optometry and Sanitation Facilities Construction and Enviromental Engineering Services, are described below using the Resources AllocationCriteria (RAC). These are the only programs that were available at final printing.

It must be noted that the population projected number being used is 289, which is considerably lower than the 1979 population of 629.

DETERMINATION OF UNMET NEED

Inpatient Care

Goal: To ensure that there is adequate funding to support the Inpatient Care needs of the Chehalis community.

Justification and Approach: There are no Indian Health Service Hospitals in the Northwest, therefore, we must rely almost exclusively on private hospitals for Inpatient Care. The one exception is the U.S. Public Health Service Hospital in Seattle. However, due to distance factors and transportation expenses, it use is limited to long-term care or elective procedures which cannot be financed by Contract Health Care.

Urgent and life-threatening conditions are financed by Contract Care dollars. In addition, the Indian Health Service has aggressively sought third party involvement, e.g., medicare and medicaid and private insurance, to assist with inpatient costs in order to obtain the maximum service within the limits of appropriations. However, it is important to point out that unless substantial increases are made in Contract Health Care dollars, services will become more restrictive due to inflationary pressures.

The hospital admission rate for the entire Taholah Service Unit during FY '78 was 147 per 1,000 population. This is considerably less than the national average of 181 per 1,000 population and tends to demonstrate the current limits of contract care support. Assuming the statement above to be accurate, the national rate is being used to make future projections giving an estimated FY '84 admission potential of 52 based on the official census figure of 289 for the Chehalis tribe.

Average length of hospital stay over the past three years has been 5.5 days throughout the Service Unit giving us a projected need for 286 general medical and surgical hospital days in FY '84. The Indian Health Service has computed the average cost of a hospital day in FY '81 to be $385. (This is an all inclusive cost which takes into account hospital costs, attendant physician, and other ancillary services.) Therefore, total FY '81 Inpatient Service Needs compute to $ 110,110.

DETERMINATION OF UNMET NEED

Audiology

Goal - Ensure that all individual hearing deficiencies among the Chinle community are detected and that appropriate remedial measures are taken to correct these deficiencies.

Justification and Approach - Acute and chronic ear conditions has been identified as major problems within the Chinle community. (See Section III). Agressive treatment of the acute forms of these diseases has had some impact, and rigorous follow-up of chronic ear conditions has prevented further deteriorization. However, a truly comprehensive ear program must include regularly scheduled screening activities and adequate financing of rehabilitation services (primarily hearing aides.)

Assuming these services will be built into the health program on the basis of Contract Health Service dollars, the following needs are projected.

1. Given a per capita incidence rate of .005, annual need for hearing aides would be Two units. Total CHS cost based on the Indian Health Service projected cost of $548. per unit is $ 1,096.

2. The Indian Health Service has estimated a need for 8.4 minutes of audiology tech time per capita at a cost of $0.24 per minute. Applying this rate to a FY '84 population of 289 gives a need for 2 428 minutes at a total cost of $ 583.00.

3. Estimated need for audiologist services are 2.62 minutes per capita. This gives a total requirement of 757 minutes. At a projected cost of $0.49 per minute total cost equals $ 371.00.

Total costs for an audiology program would be $ 2,050.

DETERMINATION OF UNMET HEALTH NEEDS

Optometry

Goal: Ensure that all members of the Chehalis community have access to optometric service.

Justification and Approach: This critical area of health service has not been offered consistently due primarily to funding limitations. This is especially true in tight money cycles when optometry services tend to be among the first cut from the budget. The result is especially felt in the school-age population where the ability to compete in the educational system suffers for those whose need for corrective eyewear has not been served as well as in the working population where job performance is directly related to visual deficiencies.

According to Indian Health Service Criteria, there is an average need for 12 minutes of eye examination time per capita. Applying this average to the official FY '84 Chehalis population figure of 289 results in a service need of 3468 minutes. The cost per minute projected for FY '81 is $2.14, resulting in a total need of $ 7422. for optical exams.

The incident rate for single vision lenses is 0.232. Based on the projected population cited above there would be an annual need for 67 pairs of single lens glasses. The Indian Health Service estimated FY '81 cost per pair is $31.67 giving a total need of $ 2122.

The incident rate for bifocals is 0.098 with an FY '84 need for 28 units. Given an estimated average cost per unit of $46.55, total need for bifocals will be $ 1,303.

The total cost for optometric services to the Chehalis Tribe is $ 10,847.

CHEHALIS TRIBE
DETERMINATION OF UNMET NEEDS
SANITATION FACILITIES CONSTRUCTION
AND
ENVIRONMENTAL ENGINEERING SERVICES

OBJECTIVE

To provide a safe and sanitary means of water supply, waste water removal and treatment, and solid waste disposal for the Indian people through a continuing program of sanitation facilities construction and environmental engineering assistance.

JUSTIFICATION AND APPROACH

The quality of the environment would be upgraded through the provision of sanitation facilities to meet the unmet needs of the existing Reservation population as well as the continuing flow of Indian families to the Reservation. Additional environmental engineering assistance is needed relative to land use planning and development, meeting the requirements of the Safe Drinking Water Act, performing sanitary engineering studies and assisting in grant applications, providing training and technical guidance for the operation and maintenance of sanitation facilities, reviewing construction plans for facilities provided by the Tribe or other government bodies, improving the solid waste disposal practices, providing assistance in Clean Air Act compliance, and providing emergency planning and assistance for environmental health related matters.

These environmental engineering services could be provided by the District Engineering Office of Indian Health Service located at the Puget Sound Service Unit, on a consulting basis. Sanitation facilities construction projects are usually associated with housing development projects funded through other agencies. With the number and size of projects highly variable in any given year, maximum flexibility for the utilization of engineering services is necessary which resulted in the District Engineering Office in Seattle, Washington.

UNMET CONSTRUCTION NEEDS FOR THE NEXT FOUR YEARS:

Facility	Estimated Cost
Community Water System Expansion	$215,000
Community Drainfield System	$ 30,000
Water Main Extension	$100,000

In order to assure adequate environmental engineering support for planning, design and construction of the above sanitation facilities, we have determined an annualized average need for 44,580 service minutes. An additional 5,933 service minutes would be necessary to provide other technical services of an environmental engineering nature. The projected staffing requirements, as determined according to the RAC document, to implement this program 0.31 environmental engineers and 0.31 engineering technicians.

Presently engineering services are provided by one engineer from the District Engineering Office in Seattle, WA.

APPENDIX A

(The following is a copy of the Treaty prepared with the expectation of its being adopted and was signed by Governor Stevens, and the Kwinaiutl Chief, but which was not finally concluded.)

Articles of Agreement and Convention, made and concluded at Ki-sah-lunsh, near the mouth of the Chihalis river, in the Territory of Washington, this _____ day of February Eighteen hundred and fifty-five, by Isaac I. Stevens, Governor and Superintendent of Indian Affairs of said Territory on the part of the United States, and the Undersigned, Chiefs, Headmen, and Delegates of the different tribes and bands of Cowlitz, Lower Chinook, Upper and Lower Chihalis and Quinaiutl Indians, on the part of said tribes and bands and duly authorized thereto by them.

Art. I. The said Tribes and Bands hereby cede, relinquish and convey to the United States all their right, title and interest in and to the lands and country occupied by them bounded and described as follows: Commencing on the Pacific Coast at a point dividing the waters of the Kwehtsa and Hooch rivers; thence running eastwardly between the same and along the line of lands occupied by the Quillehyute tribe of Indians to the summit of the Coast Range of Mountains; thence southwardly and along the line of lands lately ceded by the Chemakum and Skokomish tribes,

to the forks of the Satsop River; thence southeasterly and along lands lately ceded by the Nisqually and other Tribes of Indians to the summit of the Black Hills and across the same to the Coal Bank on the Skookum Chuck Creek; thence up said Creek to the summit of the Cascade range; thence southwardly along said range to the Divide between the waters of the Cowlitz and the Cathlapootl Rivers, thence southwestwardly along said divide and along the line of lands claimed or occupied by certain bands of Upper Chinooks to the Columbia River; thence down the main channel of said river to the sea, and thence northwardly following the Coast to the place of beginning.

Art. II. There shall however be reserved for the use and occupation of the said Tribes and Bands a tract of land on the Coast of the Pacific between Gray's Harbor and Cape Flattery, sufficient for their wants, to be selected by the President of the United States, and hereafter surveyed or located and set apart for their exclusive use, and no white man shall be permitted to reside thereon without permission of the tribe and of the Superintendent or Agent. And the said tribes and bands agree to remove to and settle upon the same within one year after the ratification of this Treaty or sooner if the means are furnished them. In the meantime it shall be lawful for them to reside upon any ground not in the actual claim and occupation of citizens of the United States, and upon any ground claimed or occupied if with the permission of the owner or claimant. If necessary for the public convenience roads may be run through said reservation on compensation being made for any damage sustained thereby.

Art. III. The right of taking fish at all usual and accustomed grounds and stations is secured to said Indians in common with all citizens of the Territory, and of erecting temporary houses for the purpose of curing; together with the privilege of hunting, gathering roots and berries, and pasturing their horses on all open and unclaimed lands. Provided however that they shall not take shellfish from any beds staked or cultivated by citizens, and provided also that they shall alter all stallions not intended for breeding, and shall keep up and confine the latter.

Art. IV. In consideration of the above cession, the United States agree to pay to the said tribes and bands the sum of forty Thousand Dollars in the following manner that is to say: For the first year after the ratification hereof Four thousand Dollars. For the next two years three thousand two hundred Dollars each year. For the next three years two thousand seven hundred Dollars each year. For the next four years two thousand dollars each year; for the next five years fifteen hundred Dollars each year, and for the next five years twelve hundred dollars each year. All which sums of money shall be applied to the use and benefit of the said Indians under the direction of the President of the United States who may from time to time determine at his discretion upon what beneficial objects to expend the same: And the Superintendent of Indian Affairs or other proper officer shall each year inform the President of the wishes of said Indians in respect thereto.

Art. V. To enable the said Indians to remove to and settle upon their aforesaid reservation, and to clear, fence and break up a sufficient quantity of land for cultivation, the United States further agree to pay the sum of four Thousand (4000 $)

Dollars, to be laid out and expended under the direction of the President and in such manner as he shall approve.

Art. VI. The President may hereafter, when in his opinion the interests of the Territory shall require, and the welfare of the said Indians be thereby promoted, remove them from said reservation to such other suitable place or places within said Territory as he may deem fit on remunerating them for their improvements and the expenses of their removal, or may consolidate them with other friendly tribes and bands. And he may further at his discretion cause the whole or any portion of the lands to be reserved, or of such other land as may be selected in lieu thereof, to be surveyed into lots, and assign the same to such individuals or families as are willing to avail themselves of the privilege, and will locate on the same as a permanent home, on the same terms and subject to the same regulations as are provided in the Sixth Article of the Treaty with the Omahas, as far as the same may be applicable. Any substantial improvements heretofore made by any Indians, and which they shall be compelled to abandon in consequence of this Treaty, shall be valued under the direction of the President and payment made accordingly therefor.

Art. VII. The annuities of the aforesaid tribes and bands shall not be taken to pay the debts of individuals.

Art. VIII. The said tribes and bands acknowledge their dependence on the Government of the United States, and promise to

be friendly with all citizens thereof, and pledge themselves to commit no depredations on the property of such citizens. And should any one or more of them violate this pledge, and the fact be satisfactorily proven before the Agent, the property taken shall be returned, or in default thereof, or if injured or destroyed, compensation may be made by the Government out of the annuities. Nor will they make war on any other tribe except in self defence, but will submit all matters of difference between them and other Indians to the Government of the United States, or its agent for decision and abide thereby; and if any of the said Indians commit any depredations on any other Indians within the Territory the same rule shall prevail as that prescribed in this Article in cases of depredations against citizens. And the said tribes and bands agree not to shelter or conceal offenders against the laws of the United States, but to deliver them up to the authorities for trial.

Art. IX. The above tribes and bands are desirous to exclude from their reservation the use of ardent spirits, and to prevent their people from drinking the same, and therefore it is provided that any Indian belonging to said tribes who is guilty of bringing liquor into said reservation or who drinks liquor, may have his or her proportion of the annuities withheld from him or her for such time as the President may determine.

Art. X. The United States further agree to establish at the General Agency for the District of Puget Sound within one year from the ratification hereof, and to support for a period of

twenty years, an Agricultural and Industrial School, to be free to children of the said tribes and bands in common with those of the other tribes of said District and to provide the said school with a suitable instructor or instructors, and also to provide a Smithy and Carpenter's Shop, and furnish them with the necessary tools, and to employ a blacksmith, carpenter and farmer for the term of twenty years to instruct the Indians in their respective occupations. And the United States further agree to employ a Physician to reside at the said Central Agency, who shall furnish medicine and advice to their sick and shall vaccinate them: the expense of the said school, shops, employees and medical attendance to be defrayed by the United States and not deducted from the annuities.

Art. XI. The said tribes and bands agree to free all slaves now held by them and not to purchase or acquire others hereafter.

Art. XII. The said Tribes and bands finally agree not to trade at Vancouver's Island, or elsewhere out of the Dominions of the United States, nor shall foreign Indians be permitted to reside in their reservations without consent of the Superintendent or Agent.

Art. XIII. This Treaty shall be obligatory on the contracting parties as soon as the same shall be ratified by the President and Senate of the United States.

In testimony whereof, the said Isaac I. Stevens, Governor and Superintendent of Indian Affairs, and the Undersigned, Chiefs, Headmen, and Delegates of the aforesaid tribes and bands of Indians have hereunto set their hands and seals, at the place and on the day and year hereinbefore written.

"signed"

Isaac I. Stevens
Gov. & Supdt. Ind. Affairs

Executed in the presence of us. the word "four" being written over an erasure in Article V & the words "tribes and bands" interlined in Art. VIII before Execution.

Tahola his mark
Head Chief of Kwinai-utl

Heht-litetl or John
Sub chief of do.

Kepp
Sub chief of do.

Captain
Sub chief of do.

Kla-wal-it-low
Sub chief of Kwehts band

Hoo-yalt-see
Sub chief of Kwehts band

True Copy Compared
George Gibbs
Secretary

DEPARTMENT OF THE INTERIOR,

Washington, D. C., July 8, 1864.

Sir: I return herewith the papers submitted with your report of the 17th May last in relation to a proposed reservation for the Chehalis Indians in Washington Territory.

I approve the suggestion made in relation to the subject, and you are hereby authorized and instructed to purchase the improvements of D. Mounts, which are on the lands selected for the reservation, if it can now be done for the price named for them, viz, $3,500, including the crops grown or growing this season upon the premises.

Very respectfully, your obedient servant,

J. P. Usher, Secretary.

William P. Dole, Esq.,

Commissioner of Indian Affairs.

Note. - D. Mounts was paid for his improvements by Superintendent Waterman, January 6, 1865.

APPENDIX B

Health Care Resources

The following section provides a general summary of medical providers and services in the Chehalis Service area. A General Directory ofServices does not exist. As the tribe begins to develop relationships with these providers, a Providers Inventory will be developed.

The total health care system is divided into three sub-systems:

General System,

Indian Health Services System,

Tribal Health System.

Each system is described below.

A. General System

1. Providers

	Grays Harbor/Pacific Number	Lewis/Mason/Thurston Number
Licensed Physicians (MD)	57	217
Licensed Physicians (DO)	56	180
Physicians in Primary Care Specialties	38	105
Nat'l. Health Service Corps Physicians	3	0
Dentists	35	101
Chiropractors	8	27
Optometrists	13	18
Podiatrists	1	4
Psychologists	1	4
Physician Extenders, (PA's/ Nurse Practitioners	8	12
Registered Nurses, RN	344	978
Practical Nurses, LPN	332	590
Physical Therapists	7	29
Dental Hygienists	8	37
Certified Emergency Medical Technicians	136	332
Optometrists	---	3

2. Hospitals:

Name	Location	Distance from Chehalis Reservation
Grays Harbor	Aberdeen	45 miles
St. Joseph's	Aberdeen	45 miles
St. Helen's	Chehalis	18 miles
Mark E. Reed	McCleary	25 miles
Centralia General	Centralia	15 miles
St. Peter's	Olympia	30 miles

3. Grays Harbor/Pacific County Public Health Programs:

	Grays Harbor/ Pacific	Lewis	Mason/ Thurston
Venereal disease	x	x	x
T.B.	x	x	x
Other Communicable Diseases	x	x	x
Diabetes (Clinics)			x
Hypertension (Clinics)	x	x	x
Family Planning	x	x	x
WIC Program	x		x
Crippled Children	x	x	x
Well-child (Clinics)		x	x
Immunizations	x	x	x
Hearing-screening	x	x	x
Vision-screening	x	x	x
Dentistry - preventive	x		
Health Education	x	x	x
Seniors Health	x	x	x
Home Health Care	x		x
Voc.-Reh.			x
Mobile Health Care Unit	x	x	x

Address		
223 Finch Building	Same	8-5 M-F
Aberdeen, Wa., 98520		
206-532-8631		
Mobile Unit	McCleary	1 day/Month

PRIMARY CARE PHYSICIANS BY SPECIALTY, 1977								
County	A	B	C	D	E	F	G	H
Grays Harbor	19	2	2	3	0	½	1	27½
Pacific	5	1	0	0	0	½	4	10½
Lewis	19	1	1	1	0	0	1	23
Mason	6	3	0	0	3	1	0	13
Thurston	33	15	8	10	1	1	1	69
Cowlitz	23	5	4	6	7	½	1	47½
Wahkaikum	2	0	0	0	0	½	0	2½
Clark	31	26	13	10	2	1/3	1	86-1/3
Skamania	2	0	0	0	0	1/3	0	2-1/3
Klickitat	9	0	0	0	0	1/3	0	9-1/3
Subarea								
1. Grays Harbor-Pacific	24	3	2	3	0	1	5	38
2. Lewis-Mason-Thurston	58	19	9	11	4	2	2	105
3. Chehalis Service Area	82	22	11	14	4	3	7	143

Key:
- A General/Family Practice
- B Internal Medicine
- C Obstetrics/Gynecology
- D Pediatrics
- E Emergency Medicine
- F Public Health
- G Osteopaths
- H Total Primary Care Physicians

SPECIALTY CARE PHYSICIANS, 1977														
County	A	B	C	D	E	F	G	H	I	J	K	L	M[a]	N
Grays Harbor	0	0	1	0	2	2	2	1	2	5	4	1	0	20
Lewis	1	0	0	0	2	2	0	0	0	2	1	2	0	10
Mason	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thurston[b]	8	2	4	4	4	5	3	4	4	9	10	4	4	65
Cowlitz	4	2	3	1	4	5	4	0	3	3	6	2	1	38
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clark	10	2	4	4	6	5	4	1	3	4	8	4	1	56
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Klickitat	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subarea														
1. Grays Harbor-Pacific	0	0	1	0	2	2	2	1	2	5	5	1	0	21
2. Lewis-Mason-Thurston	9	2	4	4	6	7	3	4	4	11	11	6	4	75
3. Chehalis Service Area	7	2	5	4	8	9	5	5	6	16	16	7	4	96

Key:
- A Anesthesiology
- B Dermatology
- C Ear-Nose-Throat
- D Neurology/Neuro-Surgery
- E Ophthalmology
- F Orthopedics
- G Pathology
- H Plastic Surgery
- I Psychiatry
- J Radiology
- K Surgery
- L Urology
- M Other
- N Total

[a]Includes Allergy (1), Arthritis & Rheumotology (1), Diabetes & Endocrinology (1), Mesabolic Disease (1), Nephrology (1), Oral Surgery (1).

[b]Does not include physicians in administrative positions in Olympia.

Source: SWW - MSA Data Base

Hospital	Type of Control	Classification	Geographic Location	JCAH Accredited	Licensed Beds	Set-up Short Stay Beds	Admissions FY 1977
	HOSPITAL CHARACTERISTIC,						
Centralia General (Centralia)	Non-Profit	General	Urban	X	47	47	3,025
Columbia View (Vancouver)	Proprietary	Psychiatric	Urban		23	23	644
Grays Harbor (Aberdeen)	Non-Profit	General	Urban	X	96	96	4,853
Klickitat Valley (Goldendale)	District	General	Rural	X	38	38	1,225
Mark E. Reed (McCleary)	Non-Profit	General	Rural		26	24	760
Mason General (Shelton)	District	General	Rural	X	66	56	2,275
Monticello Med. Center (Longview)	Non-Profit	General	Urban	X	120	110	5,023
Morton General (Morton)	Proprietary	General	Rural	X	20	20	1,138
Ocean Beach (Ilwaco)	District	General	Rural		25	25	1,140
Skyline (White Salmon)	District	General	Rural		40	27	854
Southwest Wash. Hosp. St. Joseph-Vancouver (Vancouver)	Non-Profit	General	Urban	X	451	393	16,447
St. Helen (Chehalis)	Non-Profit	General	Urban	X	99	58	2,291
St. John (Longview)	Non-Profit	General	Urban	X	222	144	7,008
St. Joseph (Aberdeen)	Non-Profit	General	Urban	X	147	89	2,980
St. Peter (Olympia)	Non-Profit	General	Urban	X	210	210	11,694
VA Hospital (Vancouver)	Federal	General	Urban	X	371	320	4,200 Est.
Willapa Harbor (South Bend)	District	General	Rural		39	34	1,594

Source: Directory of Licensed Hospitals, Dept. of Social And Health Services, 1977
Washington State Hospital Commission

HOSPITAL SERVICE CENTER MEDICAL STAFF TO POPULATION RATIO

	Centralia St. Helen	Grays Harbor St. Joseph	Klickitat Valley	Mark E. Reed	Mason General	Monticello St. John	Morton General	Ocean Beach	Skyline	St. Joseph Vancouver	St. Peter	Willa Harb
Family Practice	5	3	4	1	6	14	3	0	5	8	17	1
General Practice	11	12	0	2	5	20	2	4	1	0	17	3
Internal Medicine	5	2	0	0	1	5	0	0	1	17	14	1
OB/GYN	1	4	0	0	0	4	0	0	0	6	8	0
Pediatrics	1	5	0	0	0	6	0	0	1	5	10	1
Total Primary Care Physician	23	26	4	3	12	49	5	4	8	36	66	6
General Surgery	7	5	0	0	3	5	0	0	1	8	8	1
Psychiatry	0	0	0	0	0	4	0	0	1	3	7	0
Podiatry	0	0	0	0	0	0	1	0	0	1	0	0
Dental	0	0	0	0	0	1	0	0	0	0	15	0
All Other	9	26	5	0	5	34	0	0	5	42	57	0
Total Physicians	39	57	9	3	20	93	6	4	15	90	153	7
Primary Care * Physician/Population Ratio	.52 / 1000	.49 / 1000	.50 / 1000	.40 / 1000	.58 / 1000	.63 / 1000	.60 / 1000	.67 / 1000	1.09 / 1000	.27 / 1000	.85 / 1000	.60 / 10
Total Physician/Population * Ratio	.89 / 1000	1.08 / 1000	1.14 / 1000	.40 / 1000	.97 / 1000	1.19 / 1000	.72 / 1000	.67 / 1000	2.05 / 1000	.67 / 1000	1.97 / 1000	.70 / 10
Population	43,960	52,988	7,923	7,429	20,540	78,193	8,349	5,984	7,331	134,024	77,592	10,016

* "Physicians" refers to hospital medical staff physicians.

Source: Washington State Hospital Commission
Population Trends 1977, Office of Fiscal Management

FACILITIES AVAILABLE WITHIN & REPORTED BY SOUTHWEST WASHINGTON HOSPITALS, 1977

HOSPITALS	1. Postoperative recovery room	2. Intensive cardiac care unit	3. Intensive care unit	4. Open-heart surgery facilities	5. Pharmacy with FT registered pharmacist	6. Pharmacy with PT registered pharmacist	7. X-ray therapy	8. Cobalt therapy	9. Radium therapy	10. Diagnostic radioisotope facility	11. Therapeutic radioisotope facility	12. Histopathology laboratory	13. Organ bank	14. Blood bank	15. Electroencephalography	16. Respiratory therapy department	17. Premature nursery
Grays Harbor Comm.		X	X		X		X			X		X		X		X	
St. Joseph (Aberdeen)	X		X		X							X		X	X	X	
Mark E. Reed						X									X	X	
Willapa Harbor			X			X								X		X	
Ocean Beach			X			X								X		X	
St. Helen	X		X		X					X				X	X	X	
Morton General						X										X	
Centralia General	X		X			X				X						X	X
Mason General	X		X		X					X	X				X	X	
St. Peter	X	X	X		X		X					X			X	X	X
Vancouver Memorial	X	X	X		X		X	X	X	X	X	X		X	X	X	X
St. Joseph Comm (Vanc.)	X	X	X		X					X		X		X	X	X	
Klickitat Valley	X					X								X			
Skyline	X					X								X		X	
Monticello Med. Center	X	X	X		X											X	X
St. John's	X	X	X		X					X		X		X	X	X	
Columbia View																	
VA Hosp. Vancouver	X		X		X					X		X			X	X	

HOSPITALS	18. Self-care unit	19. Skilled nursing or long-term care unit	20. Hemodialysis (inpatient)	21. Hemodialysis (outpatient)	22. Burn care unit	23. Physical therapy department	24. Occupational therapy department	25. Rehabilitation inpatient unit	26. Rehabilitation outpatient services *	27. Psychiatric inpatient unit	28. Psychiatric outpatient services	29. Psychiatric partial hospitalization program	30. Psychiatric emergency services	31. Psychiatric foster and/or home care	32. Psychiatric consultation and educational services	33. Clinical psychology services	34. Organized outpatient department
Grays Harbor Comm.						X											
St. Joseph (Aberdeen)						X											
Mark E. Reed																	X
Willapa Harbor						X											
Ocean Beach						X											
St. Helen						X											
Morton General						X											
Centralia General						X											
Mason General						X										X	X
St. Peter			X			X				X			X				
Vancouver Memorial						X							X				
St. Joseph Comm (Vanc.)						X	X										
Klickitat Valley						X				X							
Skyline						X											
Monticello Med. Center		X				X	X			X							
St. John's						X	X			X	X		X				
Columbia View							X				X	X	X		X	X	
VA Hosp. Vancouver						X	X		X	X	X		X		X	X	X

HOSPITALS	35. Emergency department	36. Social work department	37. Family-planning service	38. Genetic counseling service	39. Abortion service (inpatient)	40. Abortion service (outpatient)	41. Home care department	42. Dental services	43. Podiatric services	44. Speech pathology services	45. Hospital auxiliary	46. Volunteer services department	47. Patient representative services	48. Alcoholism inpatient unit & chemical dependency	49. Alcoholism outpatient services & chemical dependency *	50. TB and other respiratory disease unit	51. Neonatal intensive care unit
Grays Harbor Comm.	X										X	X	X				
St. Joseph (Aberdeen)	X											X					
Mark E. Reed	X										X						
Willapa Harbor	X				X				X		X			X			
Ocean Beach	X				X						X						
St. Helen	X										X	X					
Morton General	X																
Centralia General	X										X						
Mason General	X										X						
St. Peter	X	X						X		X	X	X					
Vancouver Memorial	X				X			X	X	X	X						
St. Joseph Comm (Vanc.)	X				X					X	X		X	X			
Klickitat Valley	X	X						X									
Skyline	X				X						X						
Monticello Med. Center	X									X	X	X					
St. John's	X	X									X	X					
Columbia View		X															
VA Hosp. Vancouver	X	X						X	X		X	X		X	X		

Source: AHA Guide to the Health Care Field, American Hospital Association, 1977

* Indicates ambulatory care services.

Health District - Personnel

Grays Harbor-Pacific	Full-Time No.	Part-Time No.	Contract No.
Health Officer	1		
Physician			4
Nurse Administrator	1		
Public Health Nurse	11	2	
Nurse Practitioner			1
Registered Nurse	2	2	
Licensed Practical Nurse		1	
Home Health Aide		1	
Community Health Worker			1
Physical Therapist			1
Nutritionist			1
Environmental Health Spec.	7		

4. Ambulatory Services:

	Grays Harbor/ Pacific	Lewis/Mason/ Thurston
Mental Health Centers	1	6
Alcoholism Centers	7	8
Drug Abuse Centers	1	6

5. Northwest Indian Alcohol and Drug Certification Program, Seattle, WA

S.W.A.R.F. Treatment Center, Vancouver, WA

K.C.A.R.P. Treatment Center, Port Orchard, WA

Thurston-Mason Alcoholism Recovery Program

Thunderbird Fellowship House, Seattle, WA

Cedar Hills Alcoholism Treatment Center, Maple Valley, WA

Nisqually Indian Tribe Alcoholism Program, Yelm, WA

Quinault Indian Nation Alcoholism Program, Taholah, WA

Schick Shadel Hospital, Seattle, WA

Grays Harbor/Pacific

HEALTH DISTRICT SERVICES

Type of Service:	Primary care diagnosis and/or treatment	Non-therapeutic preventive and/or restorative services	Information & referral services	Service not available
MCH - MATERNAL				
Family Planning	X	X	X	
Prenatal		X	X	
Delivery Services				X
Postnatal				X
Other				
CHILD				
Infant - High Risk		X	X	
Preschool		X	X	
Child Health Conference	X	X	X	
EPSDT	X	X	X	
Adolescent		X	X	
SPECIALTY				
Child Study Service	X	X	X	
CCS	X	X	X	
Rheumatic Fever			X	
Child Abuse			X	
Poison Control			X	
Hearing Conservation		X	X	
Vision Conservation		X	X	
Dental Health		X	X	
NUTRITION				
Surveillance			X	
WIC		X	X	
PKU		X	X	
Other				
CDC - IMMUNIZATION				
Prevention for Common Childhood Dis.		X	X	
Mumps		X	X	
Influenza		X	X	
International Travel		X	X	
Other				
CONTROL OF INFECTIOUS DISEASES				
Enteric				
Salmonellosis			X	
Shigellosis			X	
Typhoid			X	
Hepatitis A		X	X	
Hepatitis B		X	X	
Respiratory				
Streptococcicosis	X	X	X	
Tuberculosis	X	X	X	
Venereal				
Syphillis	X	X	X	
Gonorrhea	X	X	X	
Other				
Chicken Pox		X	X	

(continued)

	Primary care diagnosis and/or treatment	Non-therapeutic preventive and/or restorative services*	Information & referral services**	Service not available
SCHOOL				
Public		X	X	
Private		X	X	
Other				
Headstart		X	X	
Preschool		X	X	
Day Care Centers		X	X	
Special Ed		X	X	
ADULT - ADULTHOOD				
Family Life Effectiveness			X	
Occupational Health			X	
MENTAL HEALTH				
Mental & Emotional Illness			X	
Substance Abuse				
Alcohol			X	
Drugs			X	
Smoking			X	
Crisis Intervention			X	
Suicide Intervention		X	X	
Mental Retardation			X	
Accident Prevention			X	
NUTRITION				
Weight Control			X	
Hearing Conservation		X	X	
Vision Conservation		X	X	
CHRONIC DISEASE CONTROL				
Adult General Clinic		X	X	
GERIATRIC				
Blood Pressure Screening	X	X	X	
OTHER				
Certified Home Health	X	X	X	

* Includes health supervision, immunization, screening, individual assessment, after care, teaching.

** General education, counseling, referral, epid, survey, surveillance.

Source: SWW-HSA Data Base

6. Emergency Services:

	Grays Harbor/ Pacific	Lewis/Mason/ Thurston
Hospital Emergency Depts.	5	5
Emergency/Ambulances	18	34

EMS near Reservation - First aid only in Rochester and Oakville.

7. Long Term Care:

Agency	Location (Area Served)	Services Provided
Grays Harbor/Pacific	(Grays Harbor Pacific Counties) Aberdeen	Nursing Care Physical Therapy Med. Social Service
Thurston/Mason Health District	(Thurston/Mason Counties	Nursing Care Physical Therapy Home Health Aide
Assured Home Health Agency	(Lewis County)	Nursing Care Physical Therapy Home Health Aide

8. Pharmacies:

Hall's Drug Center	Centralia
Smiths Pharmacy	Chehalis
Elma Pharmacy	Elma
Olympia Drug	Olympia
Garrison's Pharmacy	Centralia
Brewer Pharmacy	Centralia
Yard Birds Drug	Chehalis

9. STATE OF WASHINGTON

Department of Social and Health Services

421 West State Street

Aberdeen, Washington 98520 (206) 532-9118

10. NATIONAL HEALTH SERVICE CORPS

Mark E. Reed Hospital

Ms. Karen Allen/Jerry Hansen (PA)

McCleary, WA

11. SOUTHWEST WASHINGTON HEALTH SYSTEMS AGENCY

320 West Bay Drive, Suite 102

Olympia, WA 98502 (206) 695-1354

12. WN. INDIAN COMMISSION ON ALCOHOLISM/DRUG ABUSE

c/o Mr. Dick Jones

D.S.H.S.

Olympia, WA

13. WASHINGTON STATE DIVISION - VOCATIONAL REHABILITATION

Mr. Allan Wood - Liaison with Reservation

Capitol 5000 Bldg.

P.O. Box 2487, KR-12

Olympia, WA 98504 (206) 753-2767

B.

Indian Health Services
PORTLAND AREA INDIAN HEALTH SERVICE EMPLOYEES

To call the Portland Area Office - Commercial: 503-221 + Extension
FTS: 423 + Extension

Bill K. Nestas (206) 442-0432

Skills, Area of Interest	Portland	Service Unit
Family Practice; Medical Care Admin.	x	
Statistics; Program Analysis	x	
Legislation; Planning; Public Relations, Tribal Communications	x	
EEO; Environmental Health, Service Unit Admin.	x	x
Sanitary Engineering; Inter-Agency Comm.	x	x
Community Development; Contracting, Granting, Dentistry	x	x
Health Planning, EEO, Congressional Relations	x	x
Program Analysis; Health Planning; Service Unit Admin; Pharmacy	x	x
Quality Assurance; Quality Assessment; Pharmacy; Health Planning/Administration	x	
Community Dentistry; Dental Research; Health Admin; Quality Assurance	x	
Environmental Health; Quality Assurance	x	
Health Education; Planning, Quality Assurance	x	x
Pediatrics; Maternal and Child Health Programs	x	x
Mental Health Programs	x	x
Nursing; Public Health Programs; Health Admin.	x	x
Nutrition	x	x
Pharmacy; Health Admin; Quality Assurance	x	x
Social Work; Mental Health Counseling	x	x
Psychiatry; Epidemiology; Geology	x	
Service Unit Admin; Area Administration	x	x
Accident Prevention; Safety	x	x
Occupational Health & Safety Program	x	x
Property Management; Procurement; Contracting	x	x
Property Management; Procurement; S.U. Admin.	x	x
Procurement; Contracting	x	x
Contracting	x	
Construction; Maintenance	x	x
Construction; Maintenance	x	x
Medical Equipment Maintenance & Repair	x	
Contract Health Services; Service Unit Admin.	x	x
Contract Health Service; Third Party Payment	x	x
Personnel Management	x	
Personnel Management; Staffing	x	x
Civil Service Job Classification	x	
Training	x	
Financial Management	x	x
Sanitary Engineering	x	x
Environmental Health; Organization & Maint.	x	x
Administration; Environmental Health	x	x
Drafting	x	
Medical Records Management	x	x
Laboratory/X-Ray Technology	x	x

C. Tribal Services Available:

During the past five years, the Chehalis Tribe has experienced an unprecedented growth in Tribal facilities and programs. The completion of the Day Care Center/Health Clinic in 1976 was especially significant because it provided the facility needed to expand programs in the health and social services.

Although a significant portion of medical services are provided through contract care, the Health and Social Services Division now offers the following:

a) A fully-equipped two-chair dental operatory, and dental laboratory. Dental services are provided one full day each week.

b) A well-child clinic.

c) The services of a Physician's Assistant twice each week for a total of approximately five hours.

d) A community Health Representative program which currently employs two C.H.R. generalists.

e) Weekly visits by the County Health Nurse.

f) Weekly visits (and office hours) by the Mental Health Counselor from the Taholah Service Unit.

g) W.I.C. Program.

h) Community Food and Nutrition Program.

i) Senior Nutrition Program.

j) Senior Outreach Services.

k) Day Care Center.

l) Head Start Program.

New Programs/applications pending

a) Family Alcoholism Program.

b) Two additional C.H.R. positions - Environmental Health Specialist and Aging Specialist.*

c) Emergency Medical Training.

d) Ambulance Service.

* Position approved for August 1, 1979