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Comparative evaluation of health delivery projects serving the Navajo population.

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OCA IHS ADVISORY BOARD, INC.

Evaluation of CHR Program FY 75

OKLAHOMA CITY AREA INDIAN
HEALTH SERVICE ADVISORY BOARD, INC.

2500 South Broadway, Room 4A

Edmond, Oklahoma 73034

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FINAL SUMMARY AND RECOMMENDATIONS FOR EVALUATION 1975

Perspective is all. It not only determines what we are able to see but also the way we think. If you study learning theory you find that there are as many different points of view as there are theorists. If you study philosophy you find the same to be true. In sports, whether or not an official has a good eye depends on whether the call is for or against you.

The perspective used in this evaluation is tribal. When reviewing the proposal for FY 75 there were two points that were stressed: (1) This was to be a self evaluation, a means for self improvement. (2) A method of looking at the program impact rather than at program measures. It is in this light that the evaluation was carried out.

There is an area in which there is complete agreement, both by Indian Health Service as well as the tribes, and that is that the program is necessary and that it is the best thing to happen in an age.

Another thing to remember is that we are not talking about a homogenous whole but of a program consisting of 21 different parts, each of which has to operate under different circumstances. There are small tribes, large tribes, intermediate sized tribes as well as inter-tribal groups. There are also tribes who have a long history of working closely with the Government and Tribes who are just beginning.

There are tribes who get along well with each other and tribes that don't. There are also nine Service Units, each of which has its own philosophy as well as different circumstances with which to contend.

Times change, circumstances change, we gain experience and we change. When you consider the history of the program and compare it with the present, one thing is clear, we are much more sophisticated now than we were then. When you consider the changes in philosophy for the future that are even now taking place, there can be no other outlook than optimism.

This is not to say that all is "sweetness and light", what is being said is that given the above named type of clay, we have built a pretty good pot.

One of the benefits of such an evaluation is the exposure to new or different ideas by the evaluation team. Some say this interchange of ideas was worth the price of the contract alone. Be that as it may there are recommendations to follow.

RECOMMENDATION TO I.H.S.

1. There needs to be a clear cut statement of policy as it concerns the CHR program. This statement of policy needs to be understood and followed area wide.

There are some Service Units who work well with the CHR's. Others express doubt as to what their Service Unit role is and others who seem to "care less". Communication is an ever present problem and one of the reasons is this lack of "what" to communicate.

It is suggested here that this area wide policy be worked out in conjunction with the Service Unit Directors and the Executive Committee of the Advisory Board. It is suggested also the Project Officers and CHR Coordinators have their input and be present at this meeting or meetings. We need to know what to expect from each other and we need to know that we know.

2. It is recommended that all S.U.D.'s attend the quarterly Area Board meetings and be ready to give a report to the board covering the Program Plans of their Service Unit - (Blueprint for the year) and the progress made at carrying out this plan.

This should be carried out on a rotating basis, three (3) at one meeting, etc. These reports should be concise and to the point, not to exceed 15 minutes. This will keep the board members informed about other sections of our area and perhaps allow for an indepth question and answer session after the meeting for those who are seeking solutions to a particular problem. This would also give the board members insight into the extenuating circumstances existing in other parts of the area which may need overall support. It was the observation of the evaluators that only a few of the S.U.D.'s were familiar with the CHR contracts and fewer still who took an active part in working with the tribes in this regard. This situation is in part why Recommendation No. 1 was made.

3. It is recommended that the health professional staff of each Service Unit be familiar with the CHR contract or contracts within their Service Unit. It is further recommended that with in a reasonable time that they become familiar with each CHR and with the tribal contract that CHR represents.

There are a number of reasons for the above recommendation not the least of which is to advise Tribal Leaders of who has special aptitudes in certain areas. This will avoid sending someone to train in an area where the individual has two left feet. When this happens, we all lose.

4. The S.U.D.'s should be responsible for seeing that all CHR's receive the following type of information:

a. The Emergency Room Policy of the Service Unit.
b. The Dental Program and all priorities.

c. The Eye Glass Program.
d. The Hospital Admitting Policy
e. The Contract Health Program.
f. The Service Unit personnel
g. The Program Plans of the Service Unit. (Blueprint for the year)
h. The Outpatient Clinic hours.

There should be a three-way flow of information between S.U.D.'s, the M.D.'s, and the CHR's and the people should be informed of changes as they occur.

5. The S.U.D. should be responsible for improving the attitudes of his (her) staff.

There are some professional staff that refuse to recognize that the CHR's have any expertise whatsoever. It is a law of nature that you either use your skills or you lose them.

A lot of money has been spent on training these individuals both here and at the Desert Willow Training Center. It seems timely to realize the worth of the CHR's.

6. The S.U.D. should be responsible for the Contract Health Program.

There is nothing so frustrating as to be refused services (ambulances, medicines, admittance, etc.) when you are a CHR and you have an emergency on your hands, to be refused because the ambulance driver hasn't been paid in the past. With improved communications (Recommendation No. 4) this type of situation should change or be eliminated altogether.

7. The Area Office should avail itself of an outside P. R. Firm. He should be given complete freedom to tell the IHS story to the public.

It is in the nature of man to dwell on the negative, to remember the one slight, real or imagined, the one botched job and forget or not even notice the thousands or positive things going on around him. I doubt if anyone ever realizes, for instance, that if you go to a private M.D. that you often sit in the waiting room for four or five hours before being seen ... and to top it all off you have a huge bill to pay.

8. It is recommended that as soon as Recommendation No. 1 is implemented that IHS print copies to be distributed to the CHR offices. This will allow the CHR's (coupled with a list of CHR Do's and Don'ts) to inform the people of just what their duties are. Old ways die hard, if the image of the CHR's is to be improved and brought up to date this recommendation is a must.

9. It is recommended that there be consistency in the contracts as it relates to Social Security (FICA) Federal Withholding Taxes, State Withholding Taxes, Social Security (matching) and Unemployment Compensation.

10. It is recommended that some way be worked out, either in conjunction with the Tribes, or with IHS personnel for the Services of full time Project Officers.

Presently the Project Officers wear too many hats. It isn't fair to anyone to expect two full time jobs from them. It isn't fair to the Indian people either.

11. It is recommended that after each election year, that new Tribal Leaders and their assistants be given an orientation session by IHS bringing them up to date as to IHS projects and the organizational structure from Headquarters on down to the clinic level.

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RECOMMENDATIONS TO THE TRIBES

1. Know what's in the contract.

One of the major surprises the evaluation team had was of the number of people involved in the CHR program that didn't know what was in their contract. Everyone involved should know what they have contracted to do.

2. Contracts should be written to meet specific needs.

Again everyone involved should have an input into the contract, especially the CHR's. The way it seems now, those who have a knack for writing get carried away with words that have no relationship with reality.

3. The management of the CHR Program should have top priority in all Tribal Governments.

We are, at base, a health organization and the health of the people is all important. This is the one area where politics should not be played.

If we are ever to be self sufficient and to benefit to the fullest from the programs available to us, we must first become good managers. This means hiring the best person we can find and not overloading this person with the burden of wearing too many hats. When this happens we all lose, the good

person is neutralized and we stand a good chance of losing them permanently. We simply cannot afford this.

Another result of a manager wearing too many hats is poor morale. When a new CHR is hired it isn't long before this CHR is affected by the attitudes of fellow workers. This poor morale problem has prompted such comments by the people of why don't they rehire, start afresh but this seems like throwing the baby out with the bathwater.

We also have the opposite end of the scale, where a manager (Director) is hired and not given any authority. Oh yes, he has the responsibility but who listens.

A direct result of all of the above is a breakdown in communications. Confusion can only last for a little while before anyone begins to lose interest. In some areas interest is dying.

Things just don't run themselves, they have to have attention.

4. It is recommended that each CHR serve a probationary period of three months before being sent to Desert Willow Training Center.

This would eliminate a number of things not the least of which is sending someone who is not cut out to be a CHR. It would also eliminate these one and two day notices for people with families.

It would allow for a thorough orientation of the CHR into the particular Service Unit or Units with which the CHR will have to deal as well as the territory they will be expected to serve.

5. It is recommended that all CHR Coordinators (Directors, if they are to be in charge of the program.) be required to complete the training course at Desert Willow Training Center.

If you are to be effectively in charge of the CHR Program, you must have the backing of the CHR's. The tail should not wag the dog but great care should be taken when considering a person for leadership, without the respect of the people you supervise you have no program.

6. Great care should be given to the selection of Tribal Health Committee members.

Everything rests on the decisions of these people, therefore they should be people who have time to devote to the position. They should be people who are up-to-date in their thinking and are current in their information. We as Indian people deserve the best there is and this best is an ever changing thing.

7. It is recommended that the CHR emblem be reproduced and that each CHR have it displayed in the same prominent place on his (her) automobile.

Law enforcement agencies, hospitals and clinics should be able to immediately identify these automobiles.

8. It is recommended that uniforms and CHR "patches" be worn by all CHR's.

9. It is recommended that consideration be given the CHR's special needs.

This should include a program for tires, wear and tear on automobiles, phone bills, insurance, etc.

10. It is recommended that the Tribes avail themselves of the services of the "Tribal Health Resource Specialist" employed by the Advisory Board and now ready to be of service on a first come first served basis.

This position is a direct result of the Evaluation Committee's finding earlier in the year. We didn't wait until the end of the year to get in gear. In essence (Information is being prepared now for dissemination and you will receive it shortly), what the position was created for was to help the tribes in the areas of proposal writing, management and needs assessment, etc. If you have a problem, Mr. Penoi will help you with the solution.

We have (but not available for six months) a Training Specialist to better enable us to meet the needs of the people also. (Mr. Martin Oberly)

11. It is recommended that a list of CHR Do's and Don'ts be printed and carried by each CHR.

This list should be mailed or handed to as many of the people as possible. This should eliminate the confusion in philosophy now in existance.

12. It is recommended that in the area of training that a "testing program" be initiated when considering long term training.

We have available to us Dr. John Quenton who is tops in the field, let's take advantage of this once in a lifetime opportunity.

13. It is recommended that steps be taken to bring the CHR Program (Directors, Coordinators, and CHR's) into the mainstream of Tribal activity.

Nothing works better than recognition. A pat on the back when it is deserved works wonders. It is in the nature of man to want to feel that he belongs and that what he is doing is useful. This doesn't cost a cent and money couldn't buy the rewards of this type of approach.

14. It is recommended that an "anti-politics" clause be placed in each contract and violations be dealt with uniformly.

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Finally, it is recommended that the above recommendations be given serious thought for in them are the seeds for improvement.

It goes without saying that not all programs need all of the above recommendations but all programs need some of them.

It is the opinion of the Evaluation Committee that the majority of the CHR's are a dedicated group of individuals. They have a very trying job and deserve all our thanks.

I would like to thank each member of the Evaluation Committee for their efforts this past year. The committee was made up of individuals who have had extensive experience in the program and I personally learned much from them.

OKLAHOMA CITY AREA INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: CHEYENNE-ARAPAHO TRIBES OF OKLAHOMA'S COMMUNITY HEALTH REPRESENTATIVE PROGRAM. (Clinton Service Unit)

Date of Evaluation: October 15, 16 and 17, 1974.

Evaluation Committee Members:

Chief Edwin Tanyan (Seminole)
Chairman Austin Realrider (Pawnee)
Willie Fletcher (Cheyenne)
Raymond V. Arkeketa, Executive Director
Ms. Carolyn Jones, Secretary
Rufus Bell, IHS CHR Consultant
Gerald Ahpeatone, IHS CHR Project Officer

The Evaluation Committee met at the Clinton Service Unit at 10:00am on October 15, 1974 where we were welcomed by the Service Unit Director Mr. Leon Robison. An all day orientation session was conducted by Mr. Rufus Bell who gave the committee the Indian Health Service philosophy as it concerns the CHR contracts. Assisting in this orientation session were the SUD Mr. Leon Robison and the Health Educator, Mr. Gerald Apheatone. The Committee was briefed on what were the major problems confronting the CHR's and the Service Unit and how they were going about solving them. The relationship with other Health organizations in the area was discussed and in the Clinton area this relationship is one of cooperation.

The Committee was informed that there were approximately 4,000 C&A's in the Area; almost all of whom use the Service Unit. There are clinics in the following communities: Hammon - Canton - Seiling - Kingfisher - Watonga - El Reno and Clinton. The Area served is approximately one-fourth of the State of Oklahoma in the northwest quadrant of the state plus the panhandle.

The major problems are: Trauma; that is beating, suicide attempts, ect., Drug Abuse, Alcohol, Glue Sniffing, VD and TB.

This was a very enlightening orientation session and it set the stage for our talks the next day with key Service Unit personnel.

On October 16, 1974 the Evaluation Committee met at 9:00 am at the Clinton Service Unit. In addition to the Evaluation Committee were Rufus Bell, Leon Robison and Gerald Ahpeatone of Indian Health Service.

The first person interviewed was Ms. Betty Iddings, Public Health Nurse Coordinator who had little contact with the CHR's.

The second person interviewed was Bernard Albaugh, Social Services Director. Mr. Albaugh described his activities and we were impressed by this very dedicated individual. Mr. Albaugh is active in case work, group work, community organization as well as Education and Administration.

The third person interviewed was Arthur Rowlodge, Mental Health Services. Mr. Rowlodge is Arapaho, he knows the area (18 counties) as well as the people. Mr. Rowlodge has expressed the need for more CHR's to cover this large area. He also is a very dedicated individual who knows the interlationship between the CHR's and the Service Unit.

The fourth person interviewed was Ron Cleveland, Pharmacy Services. Mr. Cleveland was familiar with the CHR Contract and assured the committee that at no time was anyone (other than an RN) allowed access to a patient's chart when prescriptions were being refilled.

The Evaluation Committee was treated for lunch by the Tribal Leader Mr. Howard Goodbear and then the committee continued the interviewing.

Mr. Bob Gaston, M.D. (Medical Records) and Tecumseh Jackson, Physician Assistant, were interviewed and both were familiar with the CHR contract. Dr. Gaston expressed a need for more interplay between the CHR's and IHS Doctors. He also expressed a need for the tribes to make their Doctor feel more at home. The committee was impressed by both these fine people. Mr. Jackson is a Creek Indian. Dr. Gaston assures us that no one other than the SUD or a physician has access to the Medical Records.

Ms. Helen Bostwick, Director of Nursing, was interviewed next. She expressed a need for more in house training for the CHR's. She suggests a half-day a month. Ms. Bostwick has been at the Service Unit for 16 years and is another person who we can all be proud of. Among other things she has requested a CHR to be an assistant in the Out-Patient Clinics.

The next person interviewed was Darryl Barnett, O.E.H. Sanitarian. He is familiar with the contract and the CHR's and uses them to keep abreast of where the problem areas are. They have rabies clinics - water, sewer, insect type problems and the CHR's serve as liason people between the tribes and O.E.H. people.

Also interviewed were Ms. Jobena Topah, Clerk, Mr. Willie Bearshield, Maintenance Department and Dorothy Howlingwood, L.P.N.

Interviewed last were the SUD, Leon Robison and the Health Educator Mr. Gerald Apheatone the results of which will appear later in the form of recommendations.

The Committee adjourned and traveled to Concho, Oklahoma where they were guests at a "supper" held at Concho Indian School.

The Committee met at 9:00am on October 17, 1974 at Concho, Oklahoma. Here the Organizational structure was discussed. The GSA's are restructing their organizational chart with the following changes. Mr. Willie Fletcher is no longer the coordinator but is now moved up to become the Director of several programs. Mrs. Tallbull is now the Assistant Director (formally the CHR Coordinators position).

The line of authority is clearly spelled out and is understood by all employees.. The Policie governing employment is also understood by all and is clearly spelled out.

The section number 2 in the methodology was postponed for a while to allow time for more reports to be gathered. The Evaluation officer will return later and will go over the operating reports with the IHS CHR Project Officer.

The section number 3 in the methodology was followed by obtaining statements from the following CHR's.

Bertha Little Coyote - Cheyenne
Anna Coher - Arapaho
Verna Hamilton - Arapaho
Albert Hamilton - Cheyenne
Violet Scraper - Cheynne
Naomi Howlingwolf - Cheyenne
Also Listed were:
Jessie Mae Hoffman - Cheyenne
Elsie Welborne - Cheyenne (In Training)
Harvey Bearback - Cheyenne (In Training)
Alta Pawnee - Cheynne (Waiting for Training)
Blossom Youngbear - Cheyenne (Maternal Child Health)
Rosaline Orange - Arapaho (Maternal Child Health)
Samuel Haat - Cheyenne (Audio Technician)

Each CHR spoke freely,their contract is flexible and each feel they are doing what they were hired for. Each CHR is important in the over all scheme of the C&A Tribes and much was learned and recommendations will follow.

The Evaluation Committee was treated for lunch by the CHR's and for this we publicly thank them for their hoppitality.

The CHR's feel their stated objectives are realistic if only there were more CHR's. There are still complaints by some of the people who wish the CHR's to do more taxi work. The CHR's are aware of the Policy of IHS and each CHR is "orientated" by IHS before they go to work as CHR's.

The CHR contract is made by the Tribal Organization and as such is structured to their needs. Indian Health Service is satisfied.

The CHR Director was new but by no means naive and the IHS personnel gave a positive report. Again recommendations will follow later in this report.

The Evaluators feel they have gained much knowledge about the CHR program through this evaluation and are looking forward to future evaluations. The Evaluators listened to comments by all who were involved in this contract.

The Evaluation was closed by a Report on how IHS breaks down the CHR Budget. This breakdown was presented by Mr. Rufus Bell of IHS and was very informative.

The Evaluation Committee was very impressed with the three (3) days we spent with the C&A's and each Evaluator learned much that he hopes to incorporate "back-home".

The following recommendations are taken from the comments made during the preceeding three (3) days and are the results of all the input by each of the people named above.

1. All CHR's must know:

   a. The Emergency Room Policy of the Service Unit.
   b. The Dental Program and all priorities.
   c. The Eye Glass Program
   d. The Hospital Admitting Policy
   e. The Contract Health Program
   f. The Service Unit Personnel
   g. The Program Plans of the Service Unit (Blue print for the year.)
   h. The Out Patients Clinic hours.

2. There should be a three-way flow of information between the S.U.D., the M.D's and the CHR's and the people should be informed of changes as they occur.

   These first two recommendations are for all Service Units and are being followed at the Clinton Service Unit.

   There is a need for:

   3. More Mental Health workers in the field.
   4. A Psychiatrist at the Service Unit.
   5. More encourgement by Service Unit Personnel toward the CHR's.
   6. An Allowance for tires.
   7. More Milage
   8. Indian Police in the area working with local authorities.
   9. A Central meeting place for CHR's
   10. Blood Pressure Equipment for CHR's to carry.
   11. A Sticker on automobiles for emergency right of way.
   12. Allowances for Uniforms and CHR insignas.
   13. More training in areas of need expressed.
   14. More CHR's for such a big area
   15. Group Therapy meetings for the CHR's on a regular basis.
   16. More Alcoholic Counselors
   17. Telephone bills to be taken care of
   18. Paid Insurance on selves and automoblies.
   19. An emergency "Bag" with first aid equipment.
   20. More stable hours for the CHR's.

Some of these recommendations are goals to be attained in the future but most of them should be considered both by Indian Health Service as well as the Tribes when negotiating for a new contract.

SUMMARY

The Evaluation Committee met at the Clinton Service Unit on October 15,and 16 where they were briefed by Rufus Bell, Leon Robison and Gerald Aphpeatone of Indian Health Service. The Committee interviewed IHS Service Unit Personnel and learned much from them concerning the interaction between Service Unit Personnel and the CHR's.

On October 17 the Evaluation Committee conviened at Concho, Oklahoma for interviews with the C and A CHR's. This was a very rewarding experience for all concerned, IHS, the evaluators and the CHR's. As Mr. Willie Fletcher expressed it, "This is the first time the CHR's have had a chance to express themselves publicly and to tell it like it is."

The Evaluation Committee was impressed with both the Clinton Service Unit and the C and A CHR's. Here we met dedicated people who work together for a common cause. Recommendations were made which it is hoped will be considered in future contract negotiations.

EXECUTIVE OFFICE
Of The
OKLAHOMA CITY AREA INDIAN HEALTH SERVICE
ADVISORY BOARD, INC.

American General Bldg.
Room 523
Oklahoma City, Okla. 73102

Phone: 405/239-7535

Evaluation: UNITED TRIBES OF KANSAS & S.E. NEBRASKA
AND THE KICKAPOO TRIBE OF KANSAS

Date of Evaluation: November 13-14-15, 1974

Evaluation Committee

Members: Mrs. Cecelia Blanchard (Kickapoo of Oklahoma)
Mr. James I. Greenfeather (Cief Eastren Shawnee)
Mr. Joe Nioce (Pottawatomi of Kansas)
Mr. Raymond V Arkeketa, Executive Director
Ms. Marilyn Scott, Secretary
Mr. Rufus Bell, IHS, CHR Consultant
Ms. Laura Bickerstaff, IHS, CHR Project Officer

The Evaluation Committee met at the Holton Service Unit at 9:00am on Wednesday, November 13, 1974. After being introduced to the staff the committee moved to another building where there was more room. The Evaluation began with Mr. Rufus Bell who gave a run down of IHS policy as it relates to the CHR Program.

The committee first met with PHN Laura Bickerstaff, the IHS Project Officer. PHN Bickerstaff was very informative and made many suggestions for improvement. PHN Bickerstaff is a very dedicated person who does an outstanding job but her situation is a classic example of what appears to be a common problem with many CHR Project Officers - She is over worked and needs clerical help, in short, She is forced to wear too many hats.

The committee next met with Clinical Nurse Phyliss Vega, who is a fairly new member of the Service Unit Staff. She began work in August of this year. Nurse Vega explained her role as it relates to the CHR Program and talked at length on the Mobil Units value to the people in the area.

The committee met next with Dr. Waymer Strahm, Psychiatrist. Dr. Strahm is a gem, and we are very fortunate to have a man of his ability aboard. Dr. Strahm talked at length about the problem areas and explained his approach on how to solve them.

The committee next met the SUD Vestina Durham. The SUD Durham said that the Kansas Service Unit has gained much from their relationship with the CHR's. SUD Durham expressed a need for a Health Educator. SUD Durham mentioned the Clinic at White Cloud, Kansas which is open twice a month and a problem of transportation. She stated that among other things the CHR's are working with the Senior Citizens and they are in the process of developing a weight watchers program.

SUD Durham introduced Rogers Barton of the O.E.H. Office. Mr. Barton related that his contract with the CHR's comes primairly in the summer time when they hold their Pow-wows and conduct their rabies clinics. The O.E.H. Officer says the CHR's are most helpful as his eyes and ears to the community. When problems arise they contact the O.E.H. Officer and steps are taken immediately to solve them- for instance spraying for insects - O.E.H. provides the equipment and the CHR's do the work. The O.E.H. Officer expressed a need for a male CHR as there are some jobs that require more muscle than women can muster.

The Holton Service Unit serves an estimated 2,900 people plus 1,500 Haskell Junior College students. The combineded number of CHR's (United Tribes of Kansas and S.E. Nebraska and the Kickapoo Tribe of Kansas) working with the Service Unit is four (4) They are working on a training grant to determine an accurate count as the population is widely scattered.

Diabetes is the number one problem compounded by the fact that the people need education in this area - most don't realize the seriousness of the problem. The major problems at Haskell Junior College are pregnancies and alcohol. Another major problem here is reaching the Topeka Area people. Another problem, excluding the Kickapoo CHR who has a radio in her car, is communication. $15.00 a month doesn't cover the total bill. D.r Strahm said that another major problem is Mental Health. He is advocating preventive measures to alleviate or attack the problem. Of course, Trnsportation, in another problem as well as a shortage of Service Unit Staff and a need for more CHR's.

The Service Unit is all "Contract Health" as there is no Indian Hospital there - They use the local hospital and when possible use Pawnee and Claremore Indian Hospitals. Because of this there is another problem, that of the local hospital collecting their bills from the local Indian who sometimes forget to pay them.

The Holton Service Unit uses the appointment system and they say it works well for them. There is a problem with the White Cloud clinic because of its geographic location.

The Serivce Unit Director says that the CHR's are doing a fine job but that there just arn't enough of them. The training they receive from the Service Unit as well as local resource people is good but there is a need for more of it and of more depth.

The Service Unit will move to a brand new facility soon which was much needed.

The next day, Thursday November 14, 1974 the committee met at the United Tribal Office in Horton, Kansas. The only person we talked to on this day was the Director, Ms. Janis Edwards, RN. She has more title then is health, for any organization as she is spread too then for her or the tribes own good. This is no reflection on her but...

The committee explained our function as evlauators and we proceeded with our converstation with Ms. Edwards. She was quite cooperative and with the exception of several interruptions (other pressing duties) things went well.

The United Tribes have 3 CHR's, 1 with the Iowa & Sac & Fox Tribes and 2 with the Pottawatomie Tribe of Kansas who are distributed "Geographically". (see appendix 1)

The nature of the territory to be covered is a major problem there, one on which they are exploring was to solve it, that is radios in their cars or a bepper system, etc.

Ms. Edwards mentioned that the CHR's attended a two week training course on Diabetes and Nutrition recently. She also is helpful in setting up training for the CHR's as well as being able to instruct them herself.

The CHR's meet with the Director every two weeks but that there is no regular meeting place.

Ms. Edwards is working with Dr. Marsden on a hearing program. Dr. Marsden is with the University of Kansas and is instrumental in getting hearing aids for the Indian people of the area.

Ms. Edwards is working on a needs assessment program for the CHR's evaluation and will be ready in about 3 months. Ms. Edwards writes the CHR proposals and checks them with the local health board for changes. This is fine but again we find the local CHR's are unfamiliar with their contract. (we talked with them the next day.)

Ms. Edwards and PHN Bickerstaff are working on a check-list for the CHR's to carry and be familiar with which cover things like Strep-throat, Diabetes, etc. They are also working to get medallions for the diabetic patients to wear.

The CHR's have ample audio-visual equipment which they use to show films or slides on a number of areas, family living, etc.

Ms. Edwards says the relationship with the CHR's is good. They are invited to functions and made to feel a part of the team. The CHR's in this contract make $499.06 a month with a raise coming in January to $526.91 a month.

The CHR's according to Ms. Edwards, works well with the local and state agencies from which they receive much help. The CHR's attended weekly meetings at the Service Unit.

Ms. Edwards says that there is a need for another Doctor and a Dentist in the area. Another need is for more training programs as well as more CHR's.

Ms. Edwards says another problem is the number of people working the Haskell area when the need is greater away from there where the older people with more problems live. She says also that she over-loaded with work and needs more help. All agreed. She also says she is not impressed with what the CHR's learn at Desert Willow Training Center. It needs to be more practical.

The next day we met with two (2) CHR's from this contract and was appalled that they were unfamiliar with the contract. They do a decent job and they know the area and people but have no idea of whats in their contract. The committee had the feeling that all was not well here and the probable cause was lack of communication due to Ms Edwards over-loaded circumstance. When you have too many irons in the fire something is bound to suffer. The same applies to the Project Officer, both good people but overloaded.

The next day, Friday, November 15, 1974, we met at the Tribal Offices of the Kickapoo Tribe of Kansas where wewere introduced to the CHR, Norma Jean Whitebird. She stated that she is overloaded, needs help and cannot meet all her obligations. She has been a CHR for five (5) years and likes her work and gets along well with the people but.....she also is unfamiliar with her contract.

CHR Whitebird stated that her mileage had dropped from 1,000 miles to 800 miles in July and that was just not enough. She has training in management and in counseling in addition to the usual family planning program and alcohol.

CHR Whitebird works with Dr. Albit of Topeka State Hospital on multi-family groups and that Dr. Albit has two (2) counselors which work with Indian people. CHR Whitebird conducted a first aid course where 26 students passed with high scores. She works with NYC Workers and had literature that people can read on a number of subjects.

CHR Whitebird has regular office hours each morning where she can be reached between the hours of 8:00-9:00 a.m. She also stated that transportation is a problem, she has already gone through two sets of tires this year.

The committee felt that here was a very fine person who works untiringly at her job. She is what the CHR Program is all about and there are many just like her around and we all are the benefactors of such dedication.

The committee was guests at a luncheon prepared by the CHR and tribal people. We enjoyed it very much and thank the Kickapoos of Kansas for their hospitality.

The committee sees the need for an additional CHR which they will be getting but feels that there is more at stake here and with the other contract. The need for more communication between the CHR's, the Service Unit, but most of all with

their tribal governments. Administration wise there is a lot to be desired. There is a need for a full time Project Officer and a full time Director of the programs. The committee feels that with these implementations the whole program will improve and a greater utilization of the CHR's will ensue.

The United Tribes CHR's work out of their homes, it is felt this is practical but it does allow for loss of communication. The CHR's also need to have their input into the local health board and to be more familiar with it.

Because of their unfamiliarity with the contract they have no way of knowing what the "rules" are and while it is felt they are doing what is needed they do need to be better informed as to what they are contracting to do. They have no way of knowing either about the organizational structure and tribal policy as well as what their rights and obligations really are.

SUMMARY

The Evaluation Committee met at the Holton Service Unit where we were introduced to the staff. The first day was spent talking with key staff members. Many problems were discussed and each member contributed to our understanding.

The next day the committee met at the United Tribal Offices in Horton, Kansas. We talked at length with the Director, Ms. Janis Edwards. She informed us of the situation and had many suggestions for improvement. Chief among the changes needed is more tribal help on management side - Janis has to wear too many hats.

Because of the above the CHR's are left too much on their own. Communications becomes a problem because of their widely scattered territory and report writing and reality becomes two distinct and separate things. Recommendations were made to improve the situation.

The third say was spent with the Kickapoo CHR. She was very informative and we were impressed by this dedicated worker. However, she too was unfamiliar with the contract as was the IHS Project Officer. It is understandable in the IHS Project Officer's case but needs to be attended to anyway for the good of all concerned.

These two contracts have many positive things going for them and the committee feels the CHR's are doing as good a job as could be expected, given their unusual situation.

November 19, 1974

Raymond V. Arkeketa
American Gen. Bldg. Rm. 523
621 No. Robinson
Okla. City, Okla

Sir:

First I would like to thank you for the invitation to be a part of the recent evualuation team that went to the United Tribes of Kans. and Southeast Neb. To me it was a very informative experience.

I got the impression that the C.H.R.'s are doing a pretty good job but have a lot of breakdown in communication between the tribes, Director, and C.H.R.'s.
Apparently, the Director has never set up a meeting to go over the contracts step by step with her employees. I also find or think that they are somewhat a little shorthanded (both Adminstrative and C.H.R.'s). I think they are utilizing what they have(outside resources) to the utmost. With the wide range they are now covering. I think they could have a better communication system with the main office.

I think I can understand a little of the problems from the standpoint of the differences between the tribes. I thinkMs. Janis Edwards needs a little help so she can concentrate her best efforts to the main problem we are all concerned about most (Indian Health)

Overall I think with a little more training and continued use of U.SU Public Health Services. I feel that the United Tribes of Kans. and Southeast Neb. can and will have a firm and solid program. All of this can come about with more tribal input from all the tribes. I was pleased to know that the C.H.R.s have a pretty good communication at all levels with most of their people. Also Dr. Strahm's method of approach to mental health, family education, and parent-teacher training will be good with the smaller children. There again it comes from teamwork from all concerned, tribes, C.H.R.s and the Director. I find this area in dire need of a dentist.

Sincerely,

James I. Greenfeather

James I. Greenfeather
Chief Eastern Shawnee
Box 812
Quapaw, Okla 74363

OKLAHOMA CITY AREA INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: CHICKASAW NATION OF OKLAHOMA'S
COMMUNITY HEALTH REPRESENTATIVE PROGRAM
(Tishomingo Service Unit)

Date of Evaluation: November 19 and 20, 1974

Evaluation Committee Members:
Mrs. Cecelia Blanchard (Kickapoo, Oklahoma)
Chairman Harry Guy (Caddo)
Mr. Kirk Perry (Chickasaw)
Mr. Raymond V. Arkeketa, Executive Director
Mr. Rufus Bell, IHS, CHR Consultant
Ms. Rhyliss Roller, IHS, CHR Project Officer

The Evaluation Committee met at the Tishomingo Service Unit at 9:00 a.m. on Tuesday, November 19, 1974. The committee was introduced to the Service Unit Director, Mr. Ed Kruger, who in turn introduced us to his staff.

The morning was spent with the Service Unit Director, the Project Officer, the PHS Nurse, Ms. Gladys Dodd, and a member of the local Health Board, Mr. Kirk Perry. After explaining our function as evaluators, we proceeded to have a lengthy dialogue with each of these individuals who expressed their view of the CHR Program. The committee felt pleased with this open exchange.

The afternoon was spent in like manner. The Project Officer introduced in turn: Mr. Russ Vizina, Environmental Health Coordinator, Mr. Wayne McMullen, Mental Health Consultant, and Dr. Lazona. Each expressed their relationship wit the CHR Program and each had suggestions for improvement of the program.

Many points of view were expressed during the day as each discipline came into focus and the committee felt they were "Hearing it like it is". As a resul of this type of exchange, the committee feels that a clear picture has emerged and for the Tishomingo Service Unit cooperation in making our job more meaningfu we thank them publicly.

Recommendations for both the Service Unit and the CHR Program will be cover later in this report.

The Evaluation Committee met at the Chickasaw Motor Inn at 9:00 a.m. on Wednesday, November 20, 1974, where we were welcomed by the CHR Director, Mr. Jerry Imotichey.

The committee was introduced to the following CHR's and Field Supervisors:

Eastman John, CHR
Lillian Fowler, CHR
Ollie Hook, CHR
Cynthia Watson, CHR

Betty Johnson, CHR
Andy Anderson, CHR Field Supervisor
Joe Pershica, CHR Field Supervisor
Wayne Cravatt, CHR
Larry Wood, CHR

The committee explained their function as evaluators and opening statements were received from each CHR. This was followed by an open discussion where we felt we received much forthright information. Throughout this evaluation the committee had the benefit of the expertise of Mr. Rufus Bell of IHS who we called on frequently for clearification of IHS Policy.

After lunch we resumed our evaluation which lasted until 2:30 p.m. when we adjourned. The committee met briefly with Teresa Blue, the CHR Secretary, who types the narrative report to IHS for her comments and suggestions.

Diabetis and its related syndrome heads the list of major problems followed closely by depression and anxiety. The area is roughly one-seventh (1/7) of the State of Oklahoma covering Grady, McClain, Garvin, Pontotoc, Stephens, Murray, Johnston, Jefferson, Carter, Love, and Marshall counties. There are ten CHR's and two (2) field supervisors covering this area. The field supervisors report to Mr. Jerry Imotichey, the Project Director, who in turn reports to Governor James.

In this report I am going to deviate from the methodology a bit for a number of reasons: 1) The CHR's have never seen the contract and are therefore unfamilar with it. 2) They were not consulted when the contract was written, and 3) Most of the methodology will be covered at one point or another. Because of the above situation I do not mean to imply that the CHR's aren't doing a fine job; they are. Just as one can do an evaluation without following a step-by-step outline, so can a CHR be aware of the needs of the people and meet them. As a matter of fact there are many excellent things to be said for these dedicated and conscientious people. An example of note, (see 1974-1975 Chickasaw Census in back of report) is their thoroughness in data collection. I must admit though that I would be interested in seeing anyone who is one-third (1/3) anything.

The following recommendations are the result of both days conversations and reflect the input we received:

1. The CHR's need access to their contract and to know what's in it.

2. The CHR's need to have an input into any future CHR proposals written.

3. The CHR's need a longer orientation period and one which includes the Service Unit.

4. The CHR's need to be kept up-to-date on IHS Policy as well as what goes on their Health Board.

5. The CHR's need to be aware of the different perspectives held by each discipline represented at their Service Unit.

6. The CHR's need better communication all the way around, that is, with the Service Unit, their Tribal Government, and with each other.

7. The CHR's should be given more credit for the fine job they are doing - publicize reports via newsletter, etc.

8. The CHR's (like most other places) need a full time Project Officer from IHS and a full time Director on the tribal side - there are too many hats being worn by these people through no fault of their own.

9. The CHR's need some written personnel policies as well as some kind of merit system.

10. The CHR's need to establish a closer relationship with outside resources to insure more cooperation from them.

11. The CHR's need to publish a pamphlet explaining their duties for all the people to read.

12. The CHR's need more training in Health Education and Guidance and Counseling.

13. Future CHR's need to specialize in areas of greatest need.

14. The CHR's need to know the priorities established by their Health Board.

15. The CHR's need a raise in pay. They are good ones.

SUMMARY

The Evaluation Committee met at the Tishomingo Service Unit on Tuesday, November 19, 1974, at 9:00 a.m. The day was spent talking with key Service Unit personnel and the committee was pleased with their cooperation.

The following day was spent in the Tribal Offices in Sulphur, Oklahoma. The evaluation got under way at 9:00 a.m. and lasted until 2:30 p.m. Much information was gathered and the committee met a fine bunch of CHR's.

Recommendations were made, some of which can be implemented immediately and others for future consideration.

THE OKLAHOMA CITY INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: COMANCHE INDIAN TRIBE OF OKLAHOMA'S CHR PROGRAM
(Lawton Service Unit)

Date of Evaluation: December 3 and 4, 1974

Evaluation Committee Members:
Chairman Harry Guy (Caddo)
Mr. William Fletcher (Cheyenne-Arapaho)
Mr. Raymond Arkeketa, Executive Director
Ms. Marilyn Scott, Secretary
Mr. J. Edward Washburn, C.H.E., Project Officer

The Evaluation Committee met at the Lawton Service Unit on December 3, 1974 at 9:00 a.m. We were greeted by Mr. Washburn who doubled for Mr. Rufus Bell of IHS who was ill. After introductions the Executive Director gave an opening address in which he explained the functions of an Evaluation Committee.

The day was spent in meaningful dialogue. The Committee had mixed emotions when it had time to reflect on what it had seen and learned. The following individuals were instrumental in our enlightenment: Mr. Eddie Washburn; Mr. John Chaino; Mr. Alvin Deer, Business Manager of the Kiowa Tribe, Yvonne Monatache, R.N., Assistant Director of Nursing, Mr. Ed Yellowfish, Administrative Officer, Ms. Baugh, R.N., Out-patient supervisor and Mr. Dan Hausman, Chief Pharmacist.

The concensus was that there is a need for improved communications at the Lawton Service Unit. As it stands now certain individuals on both sides of the fence, i.e. IHS as well as tribal CHR's, do all of the communicating and others are not informed, again, on both sides. The reason for mentioning this here is that it represents a situation that isn't anyones fault per-se but perhaps is the fault of an outmoded system in dealing with Tribal contracts by the Indian Health Service. It is a recurring phenominia seen at all but one Service Unit. (The probable reasons it was not reflected at the one Service Unit are: 1) The Service Unit deals with but one contract; and 2) Exceptional personnel and leadership of the S.U.D.). This is in no way a slap of the wrist to any one individual elsewhere, for each Service Unit differs from the others, and each had dedicated people but when you give a "good man" the workload of 8 to 10 men to accomplish plus his own full time job, situations are bound to be less than ideal, again on both sides of the fence. In short, the bulk of responsibility lies with too few people. This type of arrangement can work only when all are involved and each individual has a reasonable work load.

This is the major problem at the Lawton Service Unit, there are others of course but they will follow in the section that covers recommendations. I wish to state here that we believe the untireing efforts of Mr. Eddie Washburn is in a large part responsible for the overall "success" that the interworking relationship between the tribal contracts and IHS now has. The committee wishes we had a dozen just like him working on our behalf.

The day was closed with a tour of the Service Unit.

The Evaluation Committee met at the Comanche Tribal Office at 9:00 a.m. on December 4, 1974. After an opening statement by the Executive Director as to what an Evaluation Committee does we proceeded by listening to each of the CHRs. They gave a brief history of their career as a CHR and told the committee the problems they faced in their daily contact with the community.

The following are Comanche CHRs:

1. Eva Riddles - Supervisor, CHR since June 1970
2. Esther Brace - CHR for 5 years
3. Mable Seyfarth - CHR for 3 years
4. Beatrice Samis - CHR for 3 months
5. Juanita Nelson - CHR for 2 months

Attending on behalf of the Comanche Tribe was Mr. Ned Timbo who was quite helpful in answering the committee's questions as to internal tribal policies. Mr. Timbo stated that the contract manager, Mr. James Cox consults with the CHR's when writing each new contract and that their internal communication system works well. Mr. Timbo spoke well of the Indian Health Service programs and of the CHRs who together are an asset to all Indian people.

The Comanches are in the process of bringing up-to-date the Comanche Roll and have at the present time 5,608 which I am told represents approximately 90% of the tribe - they expect to have around 6,000 when completed.

The major problems are as follows:

1. Hearing problems in the very young
2. Eye problems in school age children
3. Drug abuse in the young
4. Alcohol abuse in adults
5. Arthritis
6. Diabetes
7. Heart problems
8. Dental
9. A need for more Health Education

In the area of training these CHRs would like some long term training of all kinds - they also would like for these training costs to be paid, they say $150.00 is too much for the CHRs to pay.

These CHRs are cast in the mold of most CHRs, that is they are dedicated people. They all speak their native language and know their people and now are in the process of becoming acquainted with their new areas.

They have no merit system but with the one year contracts they work under the tribe hesitates to initiate one.

These CHRs meet regularly on the first Friday of each month. Most of these people do attend the Service Unit Board meetings and try to keep posted and up-to-date.

The section on recommendations shall be placed at the end of all the CHR contracts served by the Lawton Service Unit as what applies to one usually applies to all.

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Evaluating: KIOWA TRIBE OF OKLAHOMA'S CHR PROGRAM
(Lawton Service Unit)

Date of Evaluation: December 5, 1974

Evaluation Committee Members:
Chairman Harry Guy (Caddo)
Mr. William Fletcher (Cheyenne-Arapaho)
Mr. Raymond Arkeketa, Executive Director
Ms. Marilyn Scott, Secretary
Mr. J. Edward Washburn, C.H.E. Project Officer

The Evaluation Committee met at the CHR office in Carnegie, Oklahoma, at 9:00 a.m. After introductions the Executive Director explained the functions of an Evaluation Committee and we heard opening statements from each of the following CHRs:

1. John Chaino - Coordinator, CHR for 6 years
2. Jack Quetone - CHR for 5 years
3. James Doyebo - CHR for 5 years
4. Roselle Romick - New CHR
5. Thelma Hair - New CHR

The major point that Mr. Chaino wanted to make, he is the oldest CHR in the Lawton Service Unit area in length of time on the job, was that there has been improvement over time in the awareness and attitude of the Indian people since he first started to work and now. He felt that in the beginning the guidelines were unrealistic compared with what the people were used to (They were use to a field nurse.)

Mr. Chaino has had adequate training over the years but feels the need to keep abreast of the times, that training should be an ongoing process. It was noted that while there was access to the CHR contract, no one had read it. This situation will be corrected. It was noted that no one bothered to consult with the CHRs when the contract was written - a situation which needs to be corrected - it might be said here that the contract writer had checked with the Service Unit.

CHR Jack Qutone expressed a common complaint about the training one receives at Desert Willow. He felt that it was a waste of time because of the differences between Arizona and Oklahoma. He was discouraged in the beginning because of this. Needless to say he now is a very dedicated CHR.

CHR James Domebo stated that he has noted a change of attitude in the IHS employees at the hospital since he first started to work - this change is for the better.

CHR Rosella Romick is a new CHR and will attend Desert Willow some time in January or February. She is enthusiastic as was Thelma Hair who falls in this same category. CHR Hair is an LPN.

The CHRs meet monthly on the second Wednesday of each month in the morning. They have no regular meeting with the tribal health committee but the coordinator does meet with the business committee the first Saturday of the month. There seems to be room for better communication between these groups. These CHRs attend the Service Unit Board meetings regularly.

These CHRs have no fringe benefits but they each carry their own insurance - the Kiowa Business Manager, who is new, is working on remedying this.

The areas of major concern are:

1. Diabetes
2. Hypertension
3. Alcohol abuse
4. Drug abuse, in the youth
5. Heart trouble
6. Communication with the people of their roll as CHRs.

These CHRs are to be congratulated for their efforts in overcoming the prejudices of the City Council. They have a fine meeting place and are an accepted part of the community. This is no small feat considering what they had to overcome.

Again I will state that the problem areas and recommendations will follow the final tribal contracts as they all have a common problem and what applies to one applies to the others - these contracts are broken down into areas and not by tribes.

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Evaluating: CADDO INDIAN TRIBE OF OKLAHOMA'S CHR PROGRAM
(Lawton Service Unit)

Date of Evaluation: December 17, 1974

Evaluation Committee Members:
Mrs. Cecilia Blanchard (Kickapoo of Oklahoma)
Mr. Ned Timbo (Comanche)
Mr. Raymond Arkeketa, Executive Director
Mr. J. Edward Washburn, C.H.E., Project Officer

The Evaluation Committee first heard from CHR Virginia Coffey who has been a CHR for four (4) years. She stated that the CHR program still suffers from the original concept of the CHR program. People still look at it as a taxi service. She stated that the program suffers because the Coordinator is too busy with other business and has no time for the CHRs. She also stated that the Business Committee was not all that aware of the CHR program or of the Health needs of the area. All this causes frustration within the program. The concept is fine but lacks in practice. She stated that political pressure is a problem.

CHR Sadie Nelums has been a CHR for one (1) year. She stated that she needs more training in all the health areas. Transportation is still a problem. She has found in her area that the people resent being told to clean up - a need for subtle Health Education.and literature from the office of Environmental Health.

CHR Laura Tahbonemah has been a CHR for two and a half years. She, like all the others, is working in a new area. She noted that there is a need for updating the concept of what the CHRs are supposed to do and that this literature should be made available to all the people in order to make their task smoother. She stated that she has known several people who would have applied as CHRs if they had only known more about the program. There is a problem working with other tribes which is to be expected for a while - communication is the main problem with all the contracts at the present time due to redistricting.

This evaluation was fruitful in that a number of points were brought up to the coordinator and the chairman, Mr. Harry Guy.

Needless to say, anytime there are complaints, it helps to air them. It is felt by the committee that while these are internal affairs that steps are being taken that may relieve the bulk of them. It is felt that the coordinator suffers the fate of most coordinators who also serve as business manager. Each is a full time job but there is the problem of money.

The CHRs have no official meeting place at the present time, their records are a problem. How to keep them out of the hands of a different secretary every few months who may not keep their material confidential.

Mr. Washburn made the suggestion that meetings should be held, not to discuss problems, but to talk about needs before they become problems. Mr. Washburn suggested that the contracts may be too flexible in that they do not spell out who will do what and when. This "shaping up" is the responsibility of the Coordinator who simply hasn't the time to devote to the program to the extent he should.

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Evaluating: APACHE TRIBE OF OKLAHOMA'S CHR PROGRAM
(Lawton Service Unit)

Date of Evaluation: December 18, 1974

Evaluation Committee Members:
Chairman Harry Guy (Caddo)
Mr. Ned Timbo (Comanche)
Mrs. Cecilia Blanchard (Kickapoo of Oklahoma)
Mr. Raymond Arkeketa, Executive Director
Mr. J. Edward Washburn, C.H.E., Project Officer

The Evaluation Committee met at the conference room in the Anadarko sub-agency building on the north part of town at 9:30 a.m. The Evaluation was opened by prayer by Chairman Frank Redbone followed by opening statements by the Executive Director and Mr. Eddie Washburn.

The Evaluation Committee began with statements from Mrs. Cleo Flute, a CHR for 3 years. Mrs. Flute has been quite active as a CHR with many programs to her credit. She states that when she has a problem she goes to Mr. Washburn for answers. Among her credits are working with school children in Apache, Boone and Broxton, where they are checked for glasses, teeth and speech therapy. Wood is a problem in her area, not enough of it, She also started a Drug Abuse program at Boone and Apache as well as a family affection program.

There is a problem of communication expressed by Mrs. Flute with the Chairman and Business Committee and the Coordinator which leave a credibility gap between the CHRs and the people. This is being worked on, again the value of clearing the air with informative dialogue. She feels that the mileage has been cut too drastically to be realistic. She also stated that she spent all her monthly check to get her transmission fixed. She would like to have more training in the area of maternal child care and diabetes. She works closely with Mrs. Sanders, PHS Nurse who specializes in diabetes at Lawton. She also hands out literature on this subject.

She like others, has a problem with the new redistricting where language is the major stumbling block. She also has a problem of TB in one family in that they are never all together.

The next CHR was Howard Soontay, a CHR for 3 months. He, like others, has been redistributed to another area where he is in a learning process. Housing is major problem in his new area, who to see, etc. (Mr. Wahsburn answered his questions). Trash disposal is also another major problem in his rural homes, as well as in the homes of non-Indians. It is hard to talk of Health Education when there is no place to put the trash.

CHR Kenneth Wetselline has one (1) year on the job. He states that three (3) weeks of training is simply not enough. CHR Wetselline has worked with people before, he as an Indian policeman. He states that the city of Anadarko is responsive to the needs of the Indians.

CHR Wetselline had a narrow escape after being on the job for one (1) month when an expectant mother called and he got her to the hospital with less than an hour to spare. He says he needed and needs more training in this type of situation where peoples lives depend on his knowledge. He does hand out literature on cancer or any other subject when he has them - needs more to educate the people.

CHR Wetselline has attended meetings with the state cancer society in Lawton and has given talks to females on the dangers of breast cancer.

He too has a problem with redistricting, he says that each tribe still prefers their own CHRs. (An over-all problem of communication.)

Next we heard from the CHR Coordinator Mr. Philemon Berry. Mr. Berry is relatively new on the job and has a fine grasp of the duties of a coordinator. He is an administrator who should bring much needed contact with other tribal coordinators as well as with the Service Unit. He states that he needs training in the routines of the CHRs. He works closely with the tribal counsel and with the chairman. He thinks they should all receive

training together. He suggested more interaction with other coordinators so that each will have a better grasp of the overall situation.

These CHRs meeting every 3rd Saturday at the CHR office in Anadarko, Oklahoma. They have a need for unemployment compensation and matching funds for Social Security.

These CHRs are dedicated individuals of which we can all be proud but they along with all the others suffer from a need to modernize the philosophy of the CHR program. More will be said about this later in this report.

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Evaluating: DELAWARE TRIBE OF WESTERN OKLAHOMA'S CHR PROGRAM
and
WICHITA INDIAN TRIBE OF OKLAHOMA'S CHR PROGRAM
(Lawton Service Unit)

Date of Evaluation: December 19, 1974

Evaluation Committee Members:
Chairman Harry Guy (Caddo)
Mr. Ned Timbo (Comanche)
Mrs. Cecilia Blanchard (Kickapoo of Oklahoma)
Mr. J. Edward Washburn, C.H.E., Project Officer

The Evaluation Committee started by hearing comments by Thamar Boyiddle a CHR for 3½ years. She, like many others in this large area, works out of her home and works a 40 hour week but is on call at any time.

She feels the need for more training in Mental Health. She attended a class in this subject for 2 weeks at Weatherford and has had a class in Drug Abuse. She states that the class in diabetes was very helpful.

She has been quite active in setting up classes in Drug Abuse at Fort Sill Indian School and now Riverside Indian School is asking her help in Drug Education. She is active in all phases of her job and goes beyond the second mile.

Last year she sponsored a weight group but stopped because of lack of funds and because Mr. Downing thought it a waste of his time. She purchased inexpensive make-up kits for the teenagers and had a good attendance. She holds health meetings once a month. The response from the Clinic and Service Unit is not all it could be.

Mr. Edgar French verified this by stating that he had asked for a printout of the Clinic's schedule and was handed one that was used as scratch paper.

There is a problem with Betty Scott's attitude toward the CHRs plus there is a communication gap with the Lawton Service Unit as well. "No need to mail out appointments because the patient will only break them anyway". Dr. Holms has such a heavy workload that he does not always get the proper prescription filled in eyeglasses - he would be in agreement to set aside one day a week just for taking time to fit eyeglasses."

would like to see a better system!

She claims the Hospital has no clear idea on just what the CHR duties are! She has requested a meeting with the Hospital staff and CHRs to communicate but so far no meeting.

She has worked in the Hospital at Lawton for two days as a nurse's assistant. She has wonderful relations with the Ft. Cobb Vo-Tech nurses, they are very helpful. She recommends that the CHRs attend training at the Hospital once a year to familiarize themselves with all the responsibilities involved.

She states problems with redistricting - is involved in getting a head count of her new area. She made up the forms herself - all in all a very dedicated individual.

Jonathan Hoag, a CHR for 3 months. He likes his work. Right now is spending time taking the census of his area. Poor housing is a problem in his area and getting the people to do something about it is another.

Some common complaints were registered such as he goes way over on mileage. The need for a van to haul patients. Redistricting cause people to try to use people outside of the area - "It's just six blocks, why can't you take me?". When asked about training he stated 3 weeks wasn't enough. The training is not practical. He states they need more environmental health training and training in communications and Health Education.

Environmental Health is the biggest problem - nutrition is another. They are working on this, there is a nutritional meeting every second Tuesday of each month at 7:30 p.m. There is a Drug Abuse meeting the first Thursday of each month at 7:30 p.m. and attendance is fair at both. They held a mental health class and it was well attended. They also hold classes on protection of rural homes with the cooperation of the local fire department.

A complaint was that non-Indians do not participate in programs started by Indians.

Eleanor Standing a CHR for 2½ years. She likes her job and likes working with Indian people. She feels there is room for improvement in communications. Everyone seems to "not have the time". The county is better but needs improving. Would like training in social services. Her main problem areas are diabetes and general medical.

County Welfare is not very good - no cooperation - cannot get an explanation. The family car is usually the reason people cannot receive help. Income should be the criteria but they are seeking answers. Food stamps another problem. There is a problem with the aged - all their lease money goes for their care.

Thamar Goombi a new CHR - She has no problem with the Clinic or the Hospital - "They have been helpful to me". Complaint - uses up mileage in two weeks!

Betty Wauahdooah a CHR for 2½ years - likes her job. In the process of taking census and has picked up a few that were missed in the 1970 census.

She gets along fine with County Welfare people - One of her people was getting $42.00 a month, now she gets close to $300.00 for food! It was agreed that the county welfare is more beneficial than the BIA in this area.

Some other complaints were:

1. Improve attitudes of IHS
2. Doctor works well with the young but not the old
3. Mileage
4. Lawton pharmacy hands out pills without really studying the situation
5. There have been some adults on the eyeglass list for over two years.

Each CHR knew their duties and were familiar with the contract.

Mr. Edgar French, CHR Coordinator remarked that the redistricting is still a problem. Some CHRs are not carrying their load - they try to put it off on to someone else thereby compounding the busy CHRs problems.

Mr. Timbo stated that during the last three (3) years there had been progress and that we need to hang in there, keep trying and we'll make it.

Mrs. Blanchard commented that each CHR had responded well. All were concerned about people and their health problems. Reach out and use all resources. Cultivate a good relationship with all agencies. Keep doing the very best you know how and things will improve for all, the staff, the CHRs, the resource people and most of all the patients - for all are a part of this CHR program.

* * * * * * * *

Recommendations

1. That the Lawton Service Unit Personnel become familiar with the Tribal CHR contracts.

2. That the Lawton Service Unit initiate steps to improve communications with the CHRs.

3. That IHS make immediately available all clinic schedules and changes in policy to the CHR Coordinators.

4. That IHS take steps to publish a comprehensive list of the duties of a CHR and a list of the don'ts of a CHR for the education of the Indian people.

5. That literature on the various illness be made available as hand outs by the CHRs for the continuing education of the Indian public.

6. That all Tribal CHRs have a regular meeting place and a regular time to meet.

7. That all CHR Records be kept at a central location and that every means possible be made to keep these records confidential. This means that only the Coordinator or his designate have access to these records along with the individual CHR who gathered the information.

8. That the CHR contracts be written with input by the CHRs and that this should be an ongoing process - that is that notes should be kept over the year on problems that need addressing as they arise so as not to be overloaded at contract writing time. This will insure a realistic contract.

9. That the CHRs become familiar with their contracts and that these contracts be discussed at every meeting held by the CHRs.

10. That steps be taken to get some "unity" in the fringe benefits of the CHRs.

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Summary

The Evaluation Committee met at the Lawton Service Unit on December 3, 1974 at 9:00 a.m. The day was spent talking with key Service Unit personnel and the committee gained much insight into a different type of IHS - Tribal relationship. Here a Service Unit serves more than one contact. In this case six (6).

The next day the Evaluation Committee met with the Comanche CHRs. The meeting started at 9:00 a.m. and lasted all day.

The following day was spent with the Kiowa CHRs in Carnegie, Oklahoma. This was a very good meeting and we learned much. The Kiowas have the longest tenured CHR and his observations of the program were very informative.

After skipping a week to allow the Executive Director to attend the National Health Board meeting we resumed the evaluation. We started with the Caddo tribal CHRs and spent the day.

The following day, December 18, 1974, we spent with the Kiowa-Apache tribal CHRs. This was followed the next day with the Wichita/Delaware Tribal CHRs. The reason for taking these two together is that they have a mutual CHR coordinator.

Recommendations were made to cover all these Tribal/IHS relationships as represented by the Lawton Service Unit.

OKLAHOMA CITY INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

DATES OF EVALUATION: Jan. 7-8,

Evaluating: Choctaw Nation of Oklahoma's CHR Program
(Talihina Service Unit)

Evaluation Committee Members: Ms. Cecelia Blanchard (Kickapoo of Oklahoma)
Mr. Jon Penoi, CHR Resource Specialist
Mr. Raymond Arkeketa, Executive Director
Mr. Floyd Anderson, SUD, Project Officer

The Evaluation Committee met at the Talihina Service Unit on January 7, 1975 at 9:00 a.m. We were greeted by the SUD, Mr. Floyd Anderson. After brief introductions, the Executive Director explained the functions of the Evaluation Committee.

The morning was spent conversing with Mr. Anderson and Mrs. Lynch, the Public Health Nurse. Both of these individuals were very informative as both were long time IHS employees. Mrs. Lynch was new, two weeks at this Service Unit, but has had extensive experience with the CHR Program in another area. The Evaluation Committee was impressed with their input and broke for lunch feeling we had all gained from this exchange.

The afternoon was spent with members of the Service Unit Staff having their input. This was a large gathering and reflected all levels. The range of understanding was as varied as the group - some working closely with the CHR's and others not at all. The day was ended by a tour of the Service Unit and the Evaluation Committee was amazed by the size of the unit and of the progress that is being made.

The area covered by the Choctaw Nation of Oklahoma's CHR's is a ten (10) county area in the extreme southeast section of Oklahoma. It includes the following counties: Haskell, Latimer, Pittsburg, Le Flore, Coal, Atoka, Pushmataha, McCurtain, Choctaw, and Bryan.

The Evaluation Committee met at the CHR Office located a few miles west of Talihina, Oklahoma at 9:00 a.m. on January 8, 1975. There was a large number of CHR's present as was their Director, James E. Jones. After opening remarks by the Executive Director the session began.

The morning was spent as each CHR gave their input. The group ranged in experience from six years as a CHR all the way down to eight months. The afternoon was spent with input from Mr. Anderson and Mrs. Lynch who aimed their conversation on the philosophy of the CHR Program toward Mr. James E. Jones, the CHR Director.

The Evaluation Committee felt this was a well spent day as it had all the ingredients for a closer relationship between these two groups; i.e., the CHR's and the Service Unit. The Evaluation Committee felt that there was room for attitudinal improvement on both sides which in turn would lead to better communication.

These CHR's were well versed in what they were doing and were able to present their specialities with assurance. They told of the usual problems such as transportation, etc. but not withstanding these the committee felt these CHR's knew their jobs and were dedicated employees.

The following are recommendations based on what the committee heard from both groups; i.e., the CHR's and the Service Unit.

First and foremost, there is a lack of communication between these groups. While this is not true of all of each group it is true as a rule. The probable reason is the personalities involved, attitudes could change on both sides. Expectations should be spelled out and discussed openly and often until each knows what to expect from the other and exactly what each expects from the other.

There should be regularly scheduled meetings between the CHR Director and the SUD and mutual problems discussed. The CHR's should continue and even increase their efforts at "educating" the people in health education to reduce the fears of diagnosis. First aid kits should be issued to all CHR's.

It is felt by the committee that if the above recommendations are followed this should become asgood a working team as any because both groups are independantly excellent and the problems not unsurmountable.

SUMMARY

The Evaluation Committee met at the Talihina Service Unit on January 7, 1975 at 9:00 a.m. Much valuable information was gathered as the committee interviewed Mr. Anderson and Mrs. Lynch in the a.m. and a large representation from the Service Unit in the afternoon.

The next day the committee met at the CHR Office west of Talihina. We felt this was a meaningful meeting and recommendations were made for improvement.

OKLAHOMA CITY AREA INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: The North Central Inter-Tribal Health Council's CHR Program (Pawnee Service Unit)

Dates of Evaluation: January 21-22, 1975

Evaluation Committee Members: Chairman Harry Guy (Caddo)
Mr. Harvey Homeratha (North Central Inter-Tribal Board Member)
Mr. William Fletcher (Cheyenne-Arapaho)
Mr. Raymond Arkeketa, Executive Director
Ms. Julia Tah, Secretary

The Evaluation Committee met at the Pawnee Service Unit on January 21, 1975 at 9:00 a.m. We were greeted by the SUD, Mr. Calvin Dailey and treated to coffee in the Conference Room where we held the interviews.

The purpose of the Evaluation Committee was explained to each interviewee as they appeared and each was quite candid in their response. Much information was gathered and brief summary of each follows. This will be followed by relevant information of a negative nature which will leave the source unnamed.

Dorothy Brandt, Health Records - This department has undergone a vast improvement over the last two years, it is growing and growing well. She recommends that the CHR's remember to put dates on the referral charts and that they remember to bear down when writing as there are many copies.

Mrs. Jiron, Director of Nurses - She has little contact with the CHR's but knows them and their duties and their Director.

Dr. Don Samson, Psychologist - He has observed that ever since the management office came into being the Service Unit has been losing ground, they no longer have the contact with the CHR's that they use to have. He feels the program is still a good program but there needs to be better communication.

Frank Monks, Social Worker - His contacts have all been good but the CHR's are sometimes too hard to find. He feels transportation is still a problem.

Jean Boese, PHN - She used to be familiar with their contracts, she was a former Project Officer, but now that "management" has taken over she feels that contact has been lost between her office and the CHR's. She has much to offer and due to the large area she has to cover she needs the CHR's.

Ruth Simmons, Medical Technician - Lab. - She has little contact with the CHR's but the nature of her work doesn't warrant it.

Mr. Gene Burke, EH Specialist - A very willing person who would like to work closer with the CHR's. He says they used to have meetings once a month but lately have drifted apart. He works well with the Housing Authorities and HIP. He feels the program to be beneficial and would like to work closer with it. Mr. Harvey Homeratha felt the reason for the drifting apart was that a new director was given full control. There is a need for better relations between the Service Unit and the Management Office.

Mrs. Adeline Matlock, Administrative Officer - The CHR Program as such is fine, they work well in the hospital in whatever capacity they are assigned. The people's understanding of the CHR Program is the biggest problem. She feels that problems of the past are being overcome and that the program is on the upswing.

Dr. B. DeLaPaz, Medical Staff - Has no contact with the CHR's but has had patients complain that the CHR's arbitrairly change the patient's appointments for them to suit the CHR's own convenience. This causes ill feelings all the way around. He would like to work with the CHR's and has plans if and when..... When asked what he thought of the Indian Health Service, Dr. DeLaPaz had "no comment".

Ms. Virgina Primeaux, Dietary Supervisor - All she sees of the CHR's is on Monday mornings when they serve a diabetic breakfast. She has asked why the CHR's could not teach the diabetics about their diets and was told by the Area Consultant that they were not knowledgeable enough.

Calvin Dailey, Service Unit Director - Mr. Dailey has been here throughout the life of the CHR Program. He feels the problem is inadequate funding of the program resulting in a number of other problems, a sort of domino effect. He feels it is important for the CHR's to visit in the homes and there to instruct. If transportation is a problem then it should be attended to and funded. Mr. Dailey said that he was not directly involved anymore with the CHR's now that they have gone under their own management system. He would like to see more of the people involved and the CHR's would be a great help in bringing this about. Mr. Dailey said that even with the above being true they were still a valuable asset to the Service Unit. He would like more meetings to bring the problems out in the open so they can be solved.

Sandy Albert, Project Officer - Mr. Albert pointed out the good and the not so good. He says they have good staff training specializing in three or four areas. They are zeroing in on some special health problems but there is a need for a career development plan. He says the community is not aware of all the good things the CHR's are doing.

The following are things that need attention, observation of some of the people interviewed above:

1. The CHR's need to wear uniforms or some form of ID to let the people know who they are while working at the hospital. It would be more professional and gain greater respect.

2. The CHR's need to inform the people of the long hours that the hospital staff works, especially the medical staff to help in understanding them.

3. The Health Advisory Board has too many duties and does not have adequate time to devote to health matters.

4. The CHR's need to be more objective and less political.

5. The CHR's need to coordinate with the Public Health Nurse.

6. The CHR's need to work more closely with the Service Unit.

7. The CHR's need to be utilized better to enable them to function up to their potential.

8. There are too many programs going on for tribal leaders own good, they spread themselves too thin.

Some philosophical thoughts from the above people. Who controls the CHR's - Bates Shaw or the Tribal Leaders? What kind of security do the CHR's have? Should the CHR's be mixed with IHS staff in the future? How does community development conflict with the CHR Program? Have Advisory Boards outlived their usefulness on the local level?

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The following day the Evaluation Committee met at the North Central Inter-Tribal CHR Office in Fairfax, Oklahoma at 9:00 a.m. In addition to the Evaluation Committee the following people were present: Bobby Kihega, Otoe-Missouri CHR, Elsie Green, Ponca CHR, Melvin Allen, Tonkawa CHR, Barbara Allen, Tonkawa CHR, Alma Faw Faw, Otoe-Missouri CHR, Wanda Kenuho, Pawnee CHR, Mary Botone, Pawnee CHR, Eunice Lane, Osage CHR, Lewis Cunningham, Osage CHR, Clara Roughface, Ponca CHR, Bronson Roughface, Ponca CHR, and Cecelia Lemon of the North Central Inter-Tribal Office.

After an opening statement by the Executive Director, each CHR introduced themself and gave a brief rundown on how long they had been a CHR and what their main concerns were as it related to the program. This was followed by a general discussion where everyone made suggestions of what was needed from their (CHR) point of view. These suggestions will be summarized after a paragraph devoted to suggestions from the management side of the picture.

Cecelia Lemon (Management), Cecelia was hired under the CHR Program and loaned to the Community Development Program. Her duties are keeping books for five organization writing reports, and narratives, working with the CHR's, planning for the CHR Programs

Cecelia says there is definitely a communications breakdown. She feels she doesn't know what's going on at the Service Unit. Cecelia says that the CHR's are confused, they don't know who is their boss, the Inter-Tribal Organization or their Tribal Chairman or Business Manager. She says there is no set standard when the CHR's are hired, sometimes its the Council and sometimes its the tribe that hires, whichever is more convenient. Cecelia says that there is a need for a Coordinator to plan for an overall attack on their health problems.

On the positive side the Committee noted that the CHR's have an excellent record on improving their education. Of 24 CHR's, 15 have gained at least 15 hours of college credit at N.O.C. in Tonkawa and some are going this semester. Their goal is for each to have an associate degree and to be able to move up to IHS if and when the opportunity presents itself. Two CHR's are goint to Corpus Christi for training in Maternal Child Health Care and will return to teach the people.

When asked what they would like to see done to improve the CHR Program, they all suggested that they needed to work harder. They would like to work closer and get along better with IHS. When asked about the training at Desert Willow they felt that three weeks was too short a time to absorb all that was being offered them. The material was fine but too condensed. They felt that they needed to wear their uniforms for better identification, they wear pins at present.

Each CHR has some special relationship with IHS where they work well but hardly anyone knew the overall plan of IHS and probably because there is none.

There is a breakdown in communication here as elsewhere and this is caused by a number of circumstances. First and foremost the committee heard conflicting stories up and down the line. Management has its point of view, as does the CHRs, Health Board and IHS. Recommending these people resolve their problems by working together is just so many words. The problem is deeper than that. The attitudes of civil servants need changing - from Washington to the smallest Service Unit. The philosophy of the CHR program needs to be looked at and brought uptodate. The health board concept needs looking into as does any intertribal organization. Also, the contract itself, as it is now administered, is suspect.

Each of the above needs to be considered and adjusted to meet present day realities.

Let's take an example, transportation. It has been suggested by some CHRs that they get out of the transportation business all together. They look upon transportation as to be done "only in emergencies". Emergencies mean ambulances, ambulances means getting the approval of the Service Unit or the bill goes unpaid. The Doctors word and we all know they are human and do make mistakes, is all that is needed to negate an ambulance charge. This causes ill will in the community, both from the ambulance company and the CHR's patient as well as the CHRs themselves. The CHRs feel that the system as it now stands is stacked against them. They would like to see IHS pay their bills sooner, some go unpaid for months or even years. The CHRs feel they have been trained to know an "emergency" yet it requires the approval of the system; they say accept their word or relieve them of this absurd burden.

Another example is the attitude of some civil servants. Mrs. Virginia Primeaux Dieting Supervisor, desired the CHRs to go out and teach diabetics about their diets. She was told by the Area Consultant that the CHRs did not have enough training to teach this. Permeating the whole system are "professionals" who never will accept any amount of training as adequate, even if these CHRs were to go on to become a bonefied, genuine dyed-in-the-wool "professional" in that discipline. There is an old truism that you use a skill or you lose it.

The committee thinks its time to utilize the CHRs to their full potential or accept the fact that a lot of money is being wasted on training that will never be allowed to come to fruition. Attitude is also responsible for the apathy we saw - it is not my responsibility, it is theirs, theirs and theirs.

Concerning the health board Harvey Homeratha, a health board member said, "The trend changes when the Jackson Bill came out and all was turned back to the tribal leaders. This was the reason they quit having these meetings. They would be interferring with tribal politics. It all boils down to tribal management. We as tribal leaders are falling down."

Recommendations

1. That everyone stay loose and remember why they are where they are.

2. Every effort should be made to resume communications.

3. The CHRs should be given an orientation period at the Service Unit and be advised of policy changes.

4. The Advisory Board and Tribal offices be put on the Pawnee Health Service mailing list.

5. That the MDs have a chance to initiate a training session to suit the times and the place in which we find ourselves.

6. That the CHRs be recognized for the good that they are doing.

7. That the past is the past and should be left there.

8. That all concerned make every effort to work closely with each other for the good of the people.

Summary

The Evaluation Committee met at the Pawnee Service Unit on January 21, 1975 at 9:00 a.m. The day was spent interviewing key personnel and much insight was gained into a very complext system. The next day was spent at the CHR office in Fairfax, Oklahoma, where we received "the other side of the coin". The Evaluation Committee learned much which will be of great value when we issue our final report at the end of the evaluation period. Recommendations were made that should start the concerned parties to thinking.

THE OKLAHOMA CITY INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: THE CHEROKEE NATION OF OKLAHOMA'S CHR PROGRAM
(Tahlequah Service Unit)

Dates of Evaluation: February 4 and 5, 1975

Evaluation Committee Members: Mr. Harvey Homeratha (Oteo-Missouria)
Mr. William Fletcher (Cheyenne-Arapaho)
Mr. Raymond Arkeketa, Executive Director
Mr. Goodlow Proctor, Project Officer

The Evaluation Committee met at the Tahlequah Service Unit on February 4, 1975, at 9:00 a.m. We were met by Mr. John Boren the acting Service Unit Director. Mr. Boren is (was) the Chief Pharmacist. After introductions the Executive Director explained what the Evaluation Committee's function was and we settled down to business.

Mr. John Boren, the acting Service Unit Director, spoke highly of the CHR Program. He explained their reorganization plan and how it has enabled the CHRs to become more involved with the Service Unit and vice versa. Mr. Boren says the Service Unit and the Health Board works well with each other.

The Committee next interviewed the Director of Nursing, Ms. Pauline Nichols. She was familiar with the program but had very little contact with the CHRs. In her opinion the CHR program was a "must" program as it helped everyone concerned.

Ms. Melvina Stevens, Processing Out-Patient Nurse, works with all the CHRs and depends heavily upon them. Four alternate every three months through her office and it allows her to process many more patients than she could otherwise. It also allows the CHRs to utilize more of their training.

The Committee spoke next to the Dentist, Darrell Hazel, a career employee. The Dentist was familiar with the program and he uses the CHRs. Under his tutalige he hopes all the CHRs will have a better understanding of the Dental Program: that they will carry this information to the people; that they will understand the financial limitations and that they will teach preventive dental education. The Committee was pleased to hear of his interest and involvement in the program. We feel we are fortunate to have individuals like him aboard.

Next was Ms. Margaret S. Allen, PHN Coordinator. She feels there is a need for clarification of roles, who supervises the CHRs when they are assigned to the Service Unit? She says the Service Unit is hesitant because they are unsure and that they do not want to over step their bounds since it is a tribal program but feels the program would run better if this question were clarified to everyones satisfaction. The reason this uncertainty exists, as expressed by several, is the uncertainty or lack of a permanent Service Unit Director. This has been a factor for too long a time and as a result the CHR program has been left to run as

it would. Programs go on but with uncertainty. This results in a number of things but the number one result is a loss of communication. Once the new Service Unit Director settles into his position this should clear itself up. Ms. Allen views the CHR program as being preventive in nature and that the "team approach" should be considered.

The Committee next met with Dr. Rick Olsen, Internal Medicine. The Committee was impressed by this man's dedication, we learned much from him. One of the insights was his opinion of the way IHS recruits its Doctors. He says that at base, they are only recruited for two (2) years and that nothing is done later to make them want to stay longer. The recruitment for two (2) years may create a "set" in the Doctors minds which could be hard to overcome. This may be food for thought for our recruiters. The part about nothing being done to make them want to stay is variable with each Service Unit, there are several who not only greet their Doctors but make sure that they are "encultured" in a number of different ways, i.e. by holding "feeds" etc.

The Committee talked at length with Mr. Bill Chuculate, Social Worker, who spoke highly of the CHR Program. He has conducted workshops on all social services in the area.

Issac Christie, Mental Health Specialist, gave us further insight into the program. Lack of communication was at base on the negative side. His claim is that too many CHRs are in the same place, that they don't let anyone know when they are going on leave, when they are assigned to the hospital. In general that the right hand doesn't know what the left hand is doing. He stated that there was a dire need for "special education" teachers in his area.

The concensus of the Committee was that here was a potentially fine Service Unit but that the lack of a permanent Service Unit Director (there have been serveral acting in the past year or so) was at base the cause of the communication problem. The staff is a fine one with people we can all be proud of and now that there is a new Service Unit Director things should start to fall into place. One of the issues that plague all CHR programs was addressed and that is transportation - the concensus of the Service Unit was that if it is a problem we should address ourselves to it - hire some people for transportation only.

# # #

The Evaluation Committee met at the BIA office in Tahlequah, Oklahoma, at 9:00 a.m. We were greeted by Ms. Louella Coon, the director of the CHR program. After introductions the Executive Director explained the function of the Evaluation Committee and the evaluation began.

The Evaluation Committee listened to each CHR as each introduced themselves and stated how long they had been in the program. Each gave their impression and offered suggestions for improvement of the program. There were sixteen CHRs present, the male CHRs were attending a "school" in Joplin, Missouri during this time.

This program seems to be well managed but there were areas where communication was opened up and opinions expressed that should clear the air. One of the problem areas is where they touch other Service Unit CHRs. There are complaints from the Delaware tribe of Eastern Oklahoma

that could be worked out by the Directors of each program.

Each felt that their training was adequate but expressed the wish for more specialty areas such as alcohol and counseling.

They have three (3) levels of CHR pay - and each progresses up the ladder to the top grade. Each CHR has a credit card for their phoning, each has insurance and now each has a uniform along with a name plate that they wear.

The overall program could be improved by communications being opened up with the tribal organization - they feel they are not "in" on the overall picture. Each has worked at the Service Unit and each seems to be dedicated to helping the Indian people.

Each CHR is given a CHR handbook which spells out the objectives and achievements to be accomplished, their position description, their tribal policies and a list of Cherokee Nation programs. It also lists their code of ethics, the hospital's priorities and CHRs names and addresses. They are also given a sheet "handout" to be given to the people that spell out the CHR duties so that everyone will know what to expect of them. With the exception of a few minor communication problems this is a well run organization.

# # # # #

SUMMARY

The Evaluation Committee met at the Tahlequah Service Unit on February 4, 1975, at 9:00 a.m. The day was spent interviewing key staff members. The Evaluation Committee gained insight into the Service Unit personnel as well as the CHR program. Outside of a communication gap caused by the unstable Service Unit Directorship over the past several months everything appeared to be in excellent shape.

The Evaluation Committee interviewed the CHRs the next day at the BIA offices and gained much insight into their CHR program. This is a well managed program - with few if any flaws.

THE OKLAHOMA CITY INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: THE NORTHEASTERN INTER-TRIBAL COUNCIL'S CHR PROGRAM (Claremore Service Unit)

Date of Evaluation: February 11 and 12, 1975

Evaluation Committee Members:
Mr. Henry Secondine, Business Manager, Delawares of Eastern Oklahoma
Mr. Harry Guy, Chairman, Caddo
Mr. Harvey Homeratha, Business Manager, Otoe-Missouria
Mr. Raymond Arkeketa, Executive Director
Ms. Patricia Frejo, Secretary
Mr. Dan Drew, Project Officer, Claremore Service Unit

The Evaluation Commiittee met at the Claremore Service Unit at 9:00 a.m. on February 11, 1975. We were greeted by the Service Unit Director, Mr. Tom Talimins and Mr. Dan Drew, the Project Officer.

The Evaluation Committee was given a history of the Service Unit and the area covered by Mr. Drew. Most important among the things we learned was the fact that the Service Unit serves approximately 70,000 Indians. The official census is 35,000, but they have the type of Indians who are Indians when they enter the Service Unit and cease to be when they leave - thereby fouling the census. The Service Unit deals with 44 CHRs which belong to three (3) different contracts. The Northeastern Inter-Tribal, the Delaware tribe of Eastern Oklahoma and the Creek Nation of Oklahoma. They also have 13 CHRs who come to the Claremore Service Unit from other areas such as Tahlequah, Pawnee and Shawnee. In addition they have from 20-25 tribal employees such as the Alcohol Program, Family Planners, Otitis Media, etc. All told there are from 60 to 80 people that go to the Service Unit for direct services.

Claremore has the largest area (population wise) than any other Service Unit. Mr. Drew put in a plug for some secretarial help as he at present has none. Mr. Drew also explained that there are several grey areas where the people are not often served such as north Tulsa county, Wagoner county, southern Rogers county and southern Mays county. It is recommended that each group think about these areas and decide who should cover them.

Mr. Drew spoke highly of the program but pointed out some areas that need attending, chief amoong them is the lack of coordination between the 3 groups and between the groups and the Service Unit. Each has a tendency to go their own way. The Service Unit is hesitant to direct them, because of their tribal status. This is an area that needs to be worked out among all the tribes. IHS and the tribes need to get together and work out an updated policy to cover this grey area.

Mr. Secondine pointed out another problem in that when a CHR is hired they need to work in the area for a while before being sent to Desert Willow. This will give the new employee a taste of what is expected of him, also there should be more notice of when you are to go for training. Some CHRs said they have had their application in for over a year and when they were notified to report to DWTC the interval was only a day or two. This works a hardship upon them when the notice

The Committee spent the day interviewing key Service Unit personnel and we were left with but a single impression - everyone is willing to help but there needs to be an orientation period for the CHRs to be introduced to all of the services available at the Service Unit. For instance Mr. Tanimoto, OEH Project Engineer, said that many times the CHRs come to him with no idea of his program but that he is always ready to help. This of course is when the CHRs are relatively new - the older ones in the program find out by osmosis.

Some of the other things the committee learned was that each employee felt the CHR program to be worthwhile but that the training at Desert Willow was shock treatment which should be followed up by some local training relevant to our own area.

Another suggestion that was made was that IHS should publish a "resource book" listing all the resources in the area and that this book should be kept up to date and given to each CHR.

Another suggestion was that as a CHR leaves the program that he pass on to the new CHR all the family files he has accumulated over time so the new CHR could study them, thus saving considerable time.

Among the more pleasant things we learned was the manner in which the CHRs and Service Unit works together to make the new Doctors and nurses feel welcomed to the Service Unit. This is the fourth year in which the new people are encultured into Oklahoma tribal customs. This type of festivity needs to be used by all Service Units if we are to make an impression upon those who serve us and we wish to keep in IHS.

After an all day session the committee left the Service Unit to go to Miami where the Northeastern Inter-Tribal offices are located.

# # # # #

The Evaluation Committee met in the Dining Room of the Townsman Motel at 9:00 a.m. on February 12, 1975. Present were all the Northeastern Inter-Tribal CHRs. After the Executive Director explained the function of the Evaluation Committee we were given a comprehensive rundown on the history of the Inter-Tribal Council by Mr. Jake Whitecrow.

The eight (8) tribes composing the inter-tribal group are the Seneca-Cayuga, Quapaw, Modoc, Wyandotte, Miami, Ottawa, Eastern Shawnee and Peoria. All of these tribes are small in number but with a singleness of purpose are gaining strength and they have a high goal. They have 12 contracts which total one million dollars and plan to go to two million this year. They plan on 2000 jobs for Indian people within five (5) years. Mr. Whitecrow said that there is very little attrition in all their programs, once an employee is hired they pretty well stay with them.

All of this is made possible with the efforts of each of the eight tribes. They have created a unity among themselves in so far as tribal operations, contracts and affiliations are concerned. They have as their goal to be equal to any other organization anywhere, not better than but equal. From what the Committee was able to observe they are off and running.

The Committee heard from each CHR and was given a rundown on each of the areas. The only problem that arose was human problem, communication. This can happen to any program at any time no matter how well organized. The thing that should be in the back of all our minds is am I communicating, have I been understood? There should be a time for airing gripes where each CHR has the freedom of expression without fear of retribution. It isn't a problem in this area but in another area the CHRs are afraid to speak up because you are apt to be fired or labeled a trouble maker.

The committee was impressed with this group of CHRs. We were treated to lunch where each continued to chat with the CHRs. After lunch we held a short rap session and adjourned to Seneca School and the Clinic.

After we returned to the Inter-Tribal business office we were given another tour, this time of the Inter-Tribal Alcohol program.

The Committee felt we had learned much from this encounter and we believe that their program is one of the best. The only recommendation we could think of was to keep the communication lines open at all levels.

The Committee then left for Bartlesville where we were to evaluate the Delaware Tribe of Eastern Oklahoma's CHR program.

# # # # #

The Evaluation Committee met at the Delaware tribe of Northeastern Oklahoma's tribal office in Bartlesville, Oklahoma on February 13, 1975 at 9:00 a.m. After introductions were made the Executive Director explained the committee's function to the CHRs and the evaluation began.

The Delware tribe of Northeastern Oklahoma has seven CHRs under contract at the present time. Each was heard from and each expressed appreciation of the program. All expressed appreciation of Desert Willow but one has yet to go. Several CHRs have had previous medical training. One had been a nurse for 19 years, the secretary had been a medical secretary and one had worked in mental health at Vinita, Oklahoma. The director, Mr. Don Wilson, has had some college courses related to the health field. All in all a fine group of CHRs.

All these CHRs were familiar with their contracts. They all carried their contracts with them to show the people when asked about their duties. Mr. Wilson writes the proposals and Mr. Henry Secondine writes the budget. Information is posted on their bulletin board daily and pertinent information is called to the CHRs by phone.

Transportation is a problem here also. With the energy shortage the people try to use the CHRs and save their own gas. The CHRs hold community health meetings but have a hard time getting people to attend. Mr. Wilson said another problem is inept housing. The HIP and 121 Program needs to shape up. He says he had reported some of these homes four years ago and so far only 3 homes have been worked on. They don't have their own housing authority and they will look into this possibility soon. Another problem is a communication gap between the Area office and the CHR office. There was a training session scheduled at Central State Hospital that the CHRs would have liked to attended but they were unaware that it was going on.

CHR Jerlene Brown would like some training on the side effects of drugs - people ask what to expect and they don't know what to tell them. Another complaint was contract health, no hearing aids, eyeglasses or dentures for several years to these CHRs. Still another problem is the resource people in the area. The Welfare Department asked if there wasn't some place else they could go before coming to them. Vinita is another area where this has been reported.

There are some areas not covered by the CHRs where families need their help but the area isn't in their contract. They are in north Tulsa, almost all of Rogers county and parts of Wagoner county.

One of the things that surprised CHR Swigart was that the people could not use Claremore as an emergency resource. She had sent a family there for aid and they couldn't get it. The clerk (Anita Valliere) told the family to send their CHR in and she would "straighten her out".

These CHRs are in the process of getting uniforms. They enjoy working at the Claremore hospital and in doing their jobs. The area could use a few more CHRs to cover some of the grey areas. The areas now covered include southern Washington county - 1365 people, Nowata county - 479 people, southern Craig county - 949 and norhtern Rogers county - 1848 people.

The Evaluation committee adjourned and went to Okmulgee, Oklahoma to the Creek Nation of Oklahoma.

# # # # #

The Evaluation Committee met at the Public Service Building in Okmulgee, Oklahoma at 9:00 a.m. on February 14, 1975.

The evaluation began with a question of how familiar the CHRs were with their contracts? They did not know. Mrs. Wood, the CHR Director, said she had informed them that the contract was available to them at any time they wished to read it or if they wanted a copy they could get one.

Mr. John Tiger asked about the advancement of a CHR. He wanted to know if they stay a CHR forever. This reflected many things. The CHRs have no input. Communication is the main thing missing here. It was suggested that the CHRs need to be included in the monthly meetings with the tribal officials so that they might have their say.

Mrs. Wood asked if it would be permissable to let people go to work before training at Desert Willow? Mr. Secondine thought it a good thing to proceed in this manner as it would give the CHR some background of what to expect. He might not like the program and the training would be wasted otherwise.

The main problem here is a lack of communication. If reflects a lot of fear within the CHRs. Those that are in are okay and those that are not have clammed up for fear of being fired.

The CHRs seem to be as dedicated as any of the other groups. Each knows the resources in their areas and have a good relationship with the people.

Some complaints are that there was too short a notice to report to Desert Willow. Some of the CHRs felt left out when new (better) jobs are offered, they felt that they should be given a chance at thos better jobs. They have no uniforms or no name plates and they claim favoritism in the hiring practices. They also claim no contact with Mr. Mouss and that their Director has never attended Desert Willow. These of course reflect this lack of communication. The CHRs are a fine a group as possible but with improved relations with front office things should smooth themselves out.

One CHR stated that the Director (Mrs. Woods) should teach the CHRs to take blood pressure and pulse. That they once knew how but it had been too long since they had had their training in that area.

# # # # # # #

SUMMARY

The Evaluation Committee met at the Claremore Service Unit at 9:00 a.m. on February 11, 1975. The day was spent interviewing key Service Unit personnel. The committee learned much about the CHR program as it relates to the Claremore Service Unit.

The following day was spent with the Northeastern Inter-Tribal group. The session was held at the Townsman motel and we were impressed by this wonderful organization. Only a minor communication problem was evident.

The following day, February 13, was spent in Bartlesville, Oklahoma, at the Delaware tribal office. We felt this to be a fine session with much insight gained from their standpoint.

The next day was spent in Okmulgee, Oklahoma with the Creek Nation. The main problem there was communication, which resulted in a morale problem. Once this is addressed their program will be as good as anybodys.

OKLAHOMA CITY AREA INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: CITIZEN BAND POTTAWATOMIE'S CHR PROGRAM
(Shawnee Service Unit)

Date of Evaluation: March 4 and 5, 1975

Evaluation Committee Members:
Mr. Willie Fletcher, (Cheyenne)
Mr. Harvey Homeratha, (Otae-Missouri)
Mrs. Cecelia Blanchard, (Kickapoo of Oklahoma)
Mr. Alfredo Matiella, (IHS Project Officer)
Mrs. Patricia Frejo, Secretary
Mr. Raymond V. Arkeketa, Executive Director

The Evaluation Committee met at the Shawnee Service Unit at 9:00 a.m. on March 4, 1975. We were welcomed by the Service Unit Director, Mr. Arleigh Rhoads, who took the committee to his office where we were to conduct the evaluation. After the introductions the Executive Director explained the function of the evaluation committee and we had a very informative dialogue with the Service Unit Director. The committee was impressed with Mr. Rhoads and many of the suggestions he spoke of will appear later in the form of recommendations.

The committee was introduced to Mr. Alfredo Matiella, the Project Officer who is also the Chief Pharmacist for the Service Unit. Mr. Matiella works closely with each tribal CHR contract, but notes that communication is a problem. He suggests that the Service Unit needs one (1) overall administrator of their CHR contracts who could devote full-time to the job as one solution to their communication problems plus maximizing the service to the Indian people. He realizes the complications involved, but this same theme was echoed throughout the day. It was almost in a pleading fashion that several others expressed these same sentiments. The reason these sentiments came up was because of bad experiences with "incompetent individuals" both in the past and "one or two" who are still with us. A sort of "not everyone who says Lord, Lord is a Christian, or as we used to say in the Marine Corps, not everyone who wears the uniform is a Marine. The question asked was "can't something be done about this?" These questions were asked about several categories of tribal employees in addition to the CHR's. Another request by several people was for a position statement concerning authority over the CHRs. The same question has been asked at other Service Units and will be put in the form of a recommendation later in order to clarify this issue for all Service Unit Personnel who obviously have not read the contracts.

The committee, then met Georgene Hale, Social Worker. She is a very informed individual, a long time Civil Servant both with IHS and the BIA, who is throughly familiar with that section of the country, having worked at length here as well as at Wewoka, and Okmulgee, Oklahoma. She impressed the committee with her knowledge and understanding and the Shawnee Service Unit is very proud of her as we are. She also contributed to the comments made above.

The social worker was followed briefly by the Chief of Staff, Dr. Caplin. He views the CHR Program as a preventative arm of IHS. He expressed lack of communication as the main problem among the Service Unit, Indian Health Service and the tribes. Before he could comment further he was called away so we adjourned for lunch.

After lunch the evaluation proceeded. The committee talked with Dr. Grossman, the Orthodontist, who related some of the problems with which he has to contend. He also related to us the positive side and the committee learned a great deal from him.

Earl Grinnel of OEH was next to be interviewed and he gave us his version of the CHR program. He has a good working relationship with the CHR's but noted that over a time some lose their enthusism. Others have noted this also and give as the probable reason that each CHR has different interests. Each CHR shows interest in what they have an aptitude for, which is only natural, and this interest should be the area for which training is directed. This would avoid the kind of situation referred to earlier where an individual has two left feet. A sort of "you can't make a silk purse. . ." The suggestion was made that training should be coordinated with the tribal leaders all the way through the system before a CHR is sent to any specialty area and that some method other than "catch as catch can" be used when this selection is made. The planned approach would only work if all, Tribal Leaders, coordinator, Service Unit and individual CHR, agreed before hand on all aspects of the plan. They say that now, while plans are made, the CHR's are "never" at the training sessions, because they are being sent elsewhere at the time. This leads to frustration all the way around and no one is happy.

The last person the committee talked with was Louiselle McElroy, Health Records Supervisor. She informed us that no CHR handles any of the records. She thinks the program is a good one. She said that they have about 18,000 active records; in February they had 159 people a day and in March 135 people a day. The committee called it a day.

As the committee looks back, after having exposure to theCHR contracts served by the Shawnee Service Unit, we see a dynamic Service Unit with excellent leadership and staff. The problems encountered, frustrations, communciation gaps, etc., are not the result of failure on anyones part but of "the system" which is still in the process of unfolding. Once the system stabilizes, proper adjustments can be made.

The committee met at the Citizen Band Pottawatomie CHR office at 9:00 a.m. on March 5, 1975. We were met by the coordinator Mr. Norman Kiker and intorduced to the CHR's. The Executive Director explained the function of the evaluation committee and Mr. Kiker began by giving us the history of their program.

Mr. Kiker informed us that the CHR's not only are familiar with their contract but have an active part in writing the proposal. This seems to be a very active unit as well as being well managed. They serve all the tribes in their area but complain that the other CHR groups don't reciprocate. Mr. Kiker would like to see all of the Shawnee Service Unit CHR contracts combined into one contract so that the problem of who servs who would be eliminated.

The CHR's have a priority of working with the Senior citizens and the very young. They initiated the Mayors Council on aging and work well with the city of Shawnee in a number of areas.

These CHR's have recently completed a state Ambulance drivers training program. They work well with the schools in their area, Grade, High School and the two institutions of higher learning located in Shawnee. They have a good working relationship with the OEH at the service unit and aften take picutures of homes needing attention.

There are about 1400 or 1500 Pottawatomies living in the area. The Service Unit has TV equipment they can use but it is too heavy for the CHR's to carry about. They have used it to advantage in the past but its a hassel.

This group has a communication gap with the local health board. Their member lives in Oklahoma City and they claim they never get the "word" on what the priorities are. They would like for the Service Unit to have a print-out which would be given directly to their coordinator.

They also claim that local training is not planned well-- they were looking forward to a training session which was supposed to be held by a member of "Professional People" from Shawnee but the people never showed up. They say that Dr. Caplin is a good man, but that he wears too many hats.

These CHR's are given three (3) CHR's. The committee was impressed with their knowledge and with the things they are doing. They stated that they would recommend that a CHR work two or three months before being sent to Desert Willow to get the maximum results of that training.

Diabetes, hypertension and dental problems are their top priorities. They told of trouble with "contract health care" but Mr. Rhoads explained the situation and that should not be a problem in the future.

This may sound strange but the only recomendations we could make was that the CHR's wear some form of indentification that would readily identify them as CHR's.

S U M M A R Y

The evaluation committee met at the citizen Band Pottawatomie CHR office at 9:00 a.m. on March 5, 1975. We were introduced to the CHR's by the coordinator Mr Norman Kiker. The committee was impressed by this well managed program and by the working relationships they have established in the community. One thing lacking is the bug-a-boo everywhere and that is lack of communication with the Service Unit and the Health Board. The only recomendation we could make was that the CHR's wear some form of easily recognizable identification.

THE OKLAHOMA CITY INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: ABSENTEE SHAWNEE - SAX&FOX - IOWA TRIBES OF OKLAHOMA'S CHR PROGRAM (Shawnee Service Unit)

Date of Evaluation: March 6, 1975

Evaluation Committee Members:
Mr. Willie Fletcher (Cheyenne)
Mr. Harvey Homeratha (Otoe-Missouri)
Mrs. Cecelia Blanchard (Kickapoo of Oklahoma)
Mr. Alfredo Matiella (IHS Project Officer)
Mrs. Patricia Frejo, Secretary
Mr. Raymond V. Arkeketa, Executive Director

The evaluation committee met at the Absentee Shawnee, Sac & Fox, Iowa tribes of Oklahoma's conference room at 9:00 a.m. on March 6, 1975. The Executive Director gave an explanation of what the evaluation committee's function was and we were introduced to the CHRs by their director, Mr. Joe Clay.

The committee was "shocked" by what we found here. There evidently has been quite a turnover in this group as only one (1) CHR has any tenure at all. The rest are all fairly new and still learning their resources. One recent addition stated that she did not know what she was getting into and that she only had four (4) days notice before being sent to Desert Willow. The complaint expressed by all was that Desert Willow didn't prepair them for work in their areas- It was reservation oriented.

No one, not even the Director, was familiar with the contract. He claims that the books were in such terrible shape that he has been spending his time straightening them out and that left no time for directing or finding out about the contract. He has no contact with Rufus Bell of IHS. In fact, as far as we were able to tell, he has no contact with anyone. All of which is to say that they can use all the help we can give them in the immediate future.

They did express the desire for more security as CHRs. They evidently turnover with each new tribal leader.

The CHRs themselves seem to be doing their jobs but there is a lot of room for improvement. The atmosphere is not conducive to optimum working relationships. For instance, they jumped hard on the Service Unit Advisory Boards CHRs as not being CHRs at all but "transporters" which makes their jobs tougher as the people think they are transporters also. This complaint was expressed by all the CHRs in the Shawnee Service Unit area incidently.

The Project Officer suggested that Rufus Bell, the Health Board and himself needed to sit down and orient themselves in all facets of the contract.

One reason for having an evaluation is to find the contracts that need help and this is one that can use all the help it can get. They need to become familiar with their Health Board and have access to them. They need to be oriented in such a way that they can see how they fit into the overall scheme of things. There are so many needs it would be hard to know where to start.

RECOMMENDATIONS

It is recommended that they hire an auditor to straighten out their books. This would free their director and allow him to direct. We recommend that the director become familiar with and attend the Health Board meetings and that communication be established; two (2) way communication. We recommend that the director and the CHRs write the CHR proposal so that they will know what's in the contract. We also recommend that the director become more knowledgeable about IHS and the CHR Program. We recommend that the director contact Rufus Bell of IHS and that he avail himself of the services of our "Resource Specialist" at the earliest possible opportunity.

- S U M M A R Y -

The Evaluation Committee met at the Absentee Shawnee - Sac & Fox - Iowa tribes of Oklahoma's conference room at 9:00 am on March 6, 1975. The committee met some fine people but the program itself needs help. We feel that once the program gets untracted it will become a viable force in their area. Recommendations were made which should bring this about.

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The evaluation committee met at the Shawnee Service Unit at 9:00 am on March 7, 1975. We were to evaluate the Shawnee Service Unit Advisory Boards CHR contract but due to emergency runs by their CHR transporters we were unable to meet with them. We talked further with Mr. Rhoads and decided to reschedule this evaluation. The date set was one week later, March 13, 1975. With this the committee left for home base at noon.

OKLAHOMA CITY AREA INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating:	SHAWNEE SERVICE UNIT ADVISORY BOARD'S CHR PROGRAM (Shawnee Service Unit)
Date of Evaluation:	March 13, 1975
Evaluation Committee Members:	Mr. Willie Fletcher (Cheyenne) Mr. Harvey Homeratha (Otoe Missouria) Mrs. Cecelia Blanchard (Kickapoo of Oklahoma) Mr. Alfredo Matiella (IHS Project Officer) Mrs. Patricia Frejo, Secretary Mr. Raymond V. Arkeketa, Executive Director

The Evaluation Committee met in the conference room at the Shawnee Service Unit at 9:00 a.m. on March 13, 1975. We were greeted by the Service Unit Director, Mr. Arleigh Rhoads and after intorductions the evaluation began.

Mr. Matiella, the project officer, said that he was the one who wrote the contract and that he had in mind three priorities.

1. Long range transportation, that is from 100 to 200 miles, while the local CHRs handled the short range.

2. Better communication with the local resource people. These two Advisory Board CHRs would be a liaison between the resource people and the Indian people. These CHRs are more aggressive and seem better suited to this task then regalar CHRs.

3. To provide better communication with the tribes in the field and better communication with Indian patients at the clinics.

The Shawnee Service Unit Advisory Board has two (2) CHRs at present plus two (2) Medical Resource Specialists. The CHRs are familiar with the contract and expressed the opinion that they didn't see any need to go to Desert Willow since they were basically transporters. Their contract dosen't require them to go to Desert Willow. Mr. Bennie Walker, a CHR is an LPN.

The Advisory Board CHRs are allowed 2,400 miles a month at 12¢ a mile. On occasion they go over this amount.

They help out at the Service Units while they are waiting on patients to be processed. They in general do what other CHRs do and for this reason one of the Evaluation Committee suggested that they ought to go to Desert Willow. Especially since there is so much "feeling" against these "so called CHRs" by the regular CHRs. The other CHRs don't mind the Advisory Board having these "transporters" but resent then being called CHRs. There is a espre de corps feeling which is good, among all CHRs, who have gone to Desert Willow. It might be wise to change the titles of these two workers or send them on out to Desert Willow to keep feeling in line and avoid possible trouble in the future.

These girls have guite a bit of typing to do but do not have a typewriter of their own. They use the Service units typewriter which is inconveinent. The Service Unit lets them use their envelopes since their mail pertains to appointments, etc. of the patients.

These people do speek their native language, one is Seminole and the other Kickapoo. These two tribes have more older people in them that do not speak english as well as do the others.

Mr. Matiella feels that they will recieve better training here at the Service Unit than they would at Desert Willow, thatis their trainig would be more relevant to what they actually do.

The CHRs were asked if they felt "short changed" since ambulance drivers received more money-the reply was that each knew before hand what she was doing and that each had no regret because they were being of service to the Indian people. If a patient is immobilized they would call an ambulance.

The Medical Resource Specialists have had extensive experience in there fields and were selected by results of tests they took and the high grade they made. They deal with people and their problems.

These people have no knowledge of their contract but desire to have an input into it. They know what they are to do but want to know more about contracts in general.

Communication is still a problem but should be eliminated over time. These are all "new" employees. They are eagar to learn about their new would but this takes time.

- RECOMMENDATIONS -

It is recommended that a thorough orientation slession be held periodically to coincide with these emplwyees growing knowledge. It is realized that when you are new you don't have enough knowledge of a system to even ask the right questions.

It is recommended that pamplets be printed explaining the duties of each of these groups, where they can be reached in case of emergencies and any otherrelevant information about them that the people should know.

It is recommenended that, when ever possible, appointments should be set up in a realistic time frame, that is no 8 a.m. appointments. This will eliminate their getting up at 4:30 a.m. or 5:00 a.m in order to meet these appointments.

It is recommended that they wear "unifroms" and have identification for their automobiles to avoid being stoped by the highway patorl in cases of emergency.

It is recommended that they have an unput into their cntracts and they are funded for the supplies that they need. There is nothing so frustratiog as to have a job to do and nothing to do it with.

- S U M M A R Y -

The Evaluation Committee met at the Shawnee Service Units conference room at 9:00 a.m on March 13, 1975. The day was spent with this relat--ively new contract. The people were eagerly asking questions concerning their contracts. Recommendations were made that should lead to their enlightenment.

THE OKLAHOMA CITY INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating:	THE KICKAPOO TRIBE OF OKLAHOMA'S CHR PROGRAM (Shawnee Service Unit)
Date of Evaluation:	March 11, 1975
Evaluation Committee Members:	Mr. Willie Fletcher (Cheyenne) Mr. Harvey Homeratha (Otoe-Missouri) Mrs. Cecelia Blanchard (Kickapoo of Oklahoma) Mr. Alfredo Matiella (IHS Project Officer) Mrs. Patricia Frejo, Secretary Mr. Raymond V. Arkeketa, Executive Director

The Evaluation Committee met at the Kickapoo Tribal Community House at 9:00 a.m. on March 11, 1975. After introductions the Executive Director explained the function of the evaluation committee and we began the interviews.

The CHRs present were:

Mrs. Cecelia Downs, CHR for (3) years
Mr. Joe Neash Jr., CHR for (1) year and (3) months
Mrs. Mary White, CHR for (1) year
Mrs. Helen Patterson, Director, (2) years

This was a pleasant contract to evaluate. The CHRs were knowledgeable and dedicated. They all speak their tribal language which is a big help to the Service Unit as a lot of their alder members don't speak english. They are helpful in explaining to the elderly what this shot is for or what this medication will do and they are located throughout their area so as to be able to reach their people with the least amount of time.

They all spoke well of Desert Willow but did think the courses were too condensed, that is too much at once. The thought that a longer period would be better or perhaps a refresher course periodically would help. They all said that they had had ample time to get ready to go to Desert Willow.

They noted that there had been changes in their tribal policies over the last few years and that these changes had all been for the better.

They informed us that the people in their area were informed of the duties of a CHR and that they have a nice relationship with the Service Unit. They also get along well with the other CHRs in the area.

One CHR, Mr. Joe Neash Jr., has a dual role. One day a week he he performs maintenance duties. This is some what of a problem because on the other four days he wears his nice clothes but sometimes gets called for further maintenance work anyway.

These CHRs meet once a month on every third Thursday. They attend a class once a week at the Service Unit. They have various subjects such as Nutrition, Mental Helath, etc. These classes are conducted by Dr. Caplan or some one he calls in for that purpose.

All is not "sweetness and light" however. There are a number of problems, but roads, not enough milage, wear and tear on their automobles, concern about additional insurance in case of a serious accident, all these and more are a concern of each CHR.

The CHRs would like the training being offered by IHS to be scheduled as far ahead as possible and these schedules given to the director so they can adjust their schedules to attend. The way it is now, they miss out on a lot of courses because they have commitments to fulfil on those days.

The suggestion was made that each CHR should go through a probationary period before being sent to Desert Willow. They thought this period should be mandatory because it would elininate those who didn't really want to be CHRs.

Some major health problems are: Upper respiratory infections; about 60% diabites patients; some cancer patients, poor nutrition and the home envirooнment. (no proper garbage collection, insects and rodents). Helath Education is stressed. The water in this area is bad.

The CHR's report to the office every morning unless they have something scheduled or an emergency run. The Director heels a schedule of everyone's activities for the day which she keeps locked up when not in use. The Director collects daily reports are sent from the Director to Mrs. Blanchard.

One complaint was being docked for being late. The complaintant stated that CHRs aften work long hours, both before and after hours and to be docked for being late was more than they could understand.

Another point brought up was for an ongoing evaluation by the supenisor to let the CHRs know how they are doing. Everyone needs to feel they are doing something constructive, praise where praise is dur is not a bad idea.

These CHRs have uniforms and seem to be well suited for their jobs. Outside of the salrie and milage bug-a-boo I would say this is a well run program.

- RECOMMENDATIONS -

The committee, along with these CHRs feels that a refresher course should be provided at least once a year to keep up with current information relevant to their jobs.

It is recommended that some form of identification be placed on each CHR's automobile so that it can readily be identified by the public as well as by the police and health facilities.

It is recommended that in the future no CHR should play a dual role. If a maintenance man is needed, hire a maintenance man and vice versa.

It is recommended that the CHRs have an imput into their contracts. This will accomplish two major things: 1. It will insure that each CHR knows whats in the contract and, 2. it will give them understanding of the budget; the whys and wherefores of milage, salarie,etc.

It is recommended that the tribes place in the budget monies for adequate insurance both for themselves and for the CHRs-This would be for protection from being "wiped out" if and when a major accident happens.

It is recommended that the CHRs have an "annual day" in which to meet, to exchange ideas and have fellowship with one another. This could be Service Unit wide at first and perhaps area wide later.

- S U M M A R Y -

The Evaluation Committee met at the Kickapoo Tribal Community House at 9:00 a.m. on March 11, 1975. The evaluation went smoothly and by the end of the day the committee felt we had "heard it like it was". Recommendations were made that should make a good program even better.

OKLAHOMA CITY AREA INDIAN HEALTH
SERVICE ADVISORY BOARD, INC.

Evaluating: THE SEMINOLE NATION OF OKLAHOMA'S CHR PROGRAM (Shawnee Service Unit)

Date of Evaluation: March 12,1975

Evaluation Committee Members:
Mr. Willie Fletcher (Cheyenne)
Mr. Harvey Homeratha (Otoe-Missouria)
Mrs. Cecelia Blanchard (Kickapoo of Oklahoma)
Mr. Alfredo Matiella (IHS Project Officer)
Mrs. Patricia Frejo, Secretary
Mr. Raymond V. Arkeketa, Executive Director

The Evaluation Committee met at the Seminole Nation of Oklahoma's CHR office. The date was March 12, 1975 and the time 9:00 a.m. After introductions and an opening statement by the Executive Director the evaluation began:

The CHR's present were:

Mrs. Bertha Tilkins, CHR Director 2½ years-Seminole
Mrs. Joan Lang, CHR 2 years-Seminole
Mrs. Hattie Haney CHR 2 years-Seminole
Mrs. Leah Emarthale, CHR 10 months-Seminole

Also present at the evaluation was Mr. Thomas Coker, Chairman of the Seminole Nation Health Board, Mrs. Joanna Morris, Tribal Treasurer and Mr. Billy Miller, CETA Maintenance Personnel.

The Evaluation began by a statement from Mr. Coker. He stated that when the CHR program began some members of the tribe were against it. He said the people who started the program did what could be expected of them. He described Desert Willow as a dude ranch and wonderd why the CHR's hat to go there for training. He felt like these training sessions should be held on Indian owned land so the Indians could profit from monies spent in training. He also considered three weeks spent there as too much training time. He feels like OB patients and the lady of the house should be treated locally and that only the younger Indian males should be sent to the Service Unit. He further stated that the CHR 's should be used as a buffer between the young OB patient and the young doctors because the shyness of the young OB patients. He feels the need of a clinic here in Wewoka to cut down on the milage that the CHRs drive. Sickness can happen at any time, in emergencies a patient should be admitted to the nearest hospital & IHS should pay the bill. A merchanism should be set up to take into consideration those patients who are unable to report to IHS at a given time when ill.

Gasoline prices effect working people, salaries and mileage should be on a sliding scale to reflect the cost of living. With a clinic here there would be less driving around, people want to be driven around even when they have good cars of their own. This causes trouble because if the CHR doesn't drive them around the people complain to the council and the CHR is then in trouble. They can always say that they haven't seen a CHR in their area and wonder outloud as to what they are doing. Mr. Coker says he thinks that two years is long enough for a CHR to be on the tribal payroll after that they should make way for more tribal people to work, especially now that times are hard. He would double the mileage covered but cut down on the 14¢ being paid because not all cars burn the same amount of gas.

Mr. Coker is one of three Health Board members who are appointed by the Chief and confirmed by the general council. There is no time limit as to how long a member sits on the Health Board.

The Tribal Treasurer, Mrs. Joanna Morris, praised the CHR Program. She says she has seen the results of their work and now that the program has a full time secretary the program is even better.

Mrs. Bertha Tilkins, Director, said that communication is a problem. The tribe has grown by leaps and bounds and she needs to be involved more in the tribal organization. She has plans but they often go awry but with closer coordination a lot of the problems would be resolved. She said the people should contact the CHR office first before going to the council because the program had definitely helped the people. She said the way it is now, the left hand does not know what the right hand is doing. She sometimes has scheduled one thing but another comes up and no one can be in two places at the same time. She feels that a closer working relationship with the other tribes in the area would help everyone, especially the CHR Program.

At this time the committee broke for lunch. We were treated to a dinner at a downtown cafeteria by the CHRs and while there we met other tribal employees. It was a most enjoyable meal and the committee was pleased to make many new acquaintainships.

After lunch the discussion continued. It was stated that the Project Officer, Alfredo Matiella, is a good dedicated person but that due to his full time job at the Service Unit as Chief Pharmacist, his time is limited and they need some one who can devote full time to the Program.

The tribe has asked the Service Unit staff to come over for a get acquainted visit but to date no staff member has shown up. They need to see that each tribe is different. As a result the Chief of Staff does not always realize what is and is not a tribal matter. They claim the CHR Program is a catch-all for areas that IHS or the tribe does not know what to do with.

The Director said that she was given the responsibility of running the CHR Program but was not given the authority. Everyone wants a hand in the management of the CHR Program and as a result she does not know to whom she is directly responsible.

The CHRs are on duty 24 hours a day, seven days a week and some expressed a reluctance to leave their homes because they have no private lives of their own.

They expressed the desire for the Service Unit to print a sheet of the DO's and DON'ts of a CHR, this needs to be coordinated with the Director. This would help to create the same expectations of the CHR Program from all concerned, the people, the Service Unit and the CHRs.

Some training programs are very good but others are a rehash of what they have had before-training needs to be coordinated with the Director and the Service Unit in order to insure the maximum results.

The appointment system was discussed. It was stated that some appointments are made for 9:00 am but the staff meetings last until 10:00 am and patients are left cooling their heels in the waiting rooms.

Mr. Rhoads stated that the maximum waiting time is two hours but the average time between stations is two minutes. The average time to process a patient now is twenty minutes. He also informed the group that he is the one to authorize contract health care. In the past, where most of the complaints originated, the control wasn't what it should have been but now that point has been brought under control. Unfortunately, people have long memories.

At this time the discussion came back to the two year limit for a CHR's employment. This type of situation poses a problem for the Executive Director who is placed in a position of being damned if he does and damned if doesn't. First, I am a believer in tribal control, any tribe can do as it wished but in the CHR Program, where the Health and Welfare of Indian people are at stake and where there are so many intangible things to be learned before a CHR becomes really efficient, two years is just a starting point. We are not talking here about "putting people to work" but of keeping the tribe as "healthy as possible." For this we need professional people at the Service Unit and we need well trained CHRs otherwise we start from scratch with people having to learn their resources all over again when they could be functioning as well trained para-professionals. The Executive Director pointed out that in private business the biggest bug-a-boo was turnover.

It is hoped that these comments will be taken in the spirit in which they were given, that is to help a tribal program.

These CHRs are in the mold of other CHRs, exceptional individuals, dedicated to their cause and they have a fine Director. I think their needs are obvious and their frustrations easily understood.

RECOMMENDATIONS

It is recommended that steps be taken to include the Director of the CHR Program into the mainstream of tribal activities. This will open up communications and improve the image of the program.

It is recommended that the CHR Director be given the authority that goes with the responsibility of her job and that guidelines be spelled out as to whom she is responsible.

It is recommended that the CHRs have an input into the writing of their contract to insure a document that is meaningful to all concerned.

It is recommended that in as far as possible, tribal politics be removed from the CHR Program, and that every effort be made to actively support these hard working individuals.

It is recommended that the CHRs draw up a pamphlet explaining their function and who covers what areas so the people can see for themselves what activities are going on. Without giving names, a report of the total mileage traveled and the number of home visits, people taken to the clinic, the number of follow-ups - things of this nature. It should help to sell the program to those who are not too familiar with the program.

It is recommended that the CHRs put in for funding for uniforms and identification for their cars.

It is recommended that all CHR activities be channeled through the director and that she (as well as all other directors) be urged to attend the local Health Board meetings to insure better communication.

- S U M M A R Y -

The Evaluation Committee met at the Seminole Nation of Oklahoma's CHR Office at 9:00 am on March 12, 1975. The evaluation was begun by a philosophic statement by a member of the Health Board, Mr. Thomas Coker. The evaluation proceeded with everyone having an input and the committee felt we were informed about their program. Recommendations were made which should improve this program.