

## I. EXECUTIVE SUMMARY

**Date:** October 11, 2006

**Contact Persons, and Titles:**

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**Organization:**

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**Purpose of Funding Request:** The Coeur d'Alene Tribe / Benewah Medical Center proposes the development and implementation of the How is Your Heart program. The program will incorporate: (1) tobacco cessation; (2) nutritional assessment, counseling and support; (3) physical activity/exercise; and (4) heart health education. It will be a community-based program held at the Coeur d'Alene Tribal Wellness Center. This program, using the Honoring the Gift of Heart Health Program (a CDC Best Practice Program), will enhance efforts to reduce chronic disease by focusing on the avoidance of the use of tobacco, alcohol, and other unhealthy addictive substances, improving nutrition to support a healthier community, and increasing physical activity. One of the major concerns for cessation is gaining weight after quitting tobacco. This program will assist the patient to address that issue and provide cessation in a broader perspective.

The expected outcomes for the participants will include:

- Maintenance of a tobacco free lifestyle;
- Understanding strategies for slowing the progression of cardiovascular disease; and
- Adopting a physically active lifestyle.

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Benewah Medical and Wellness Center

**Geographic Area / Population / Target Population:** The target area is BMC's immediate service area, which includes Benewah County and Census Tract 21 of Kootenai County. The total population of BMC the target area is 11,257. The total number who received health care services at BMC during 2005 was 3,056. The program will focus intervention efforts primarily on those residing in Benewah Medical Center's immediate service area, which use its services, have been identified as being smokers, and those who have been diagnosed with, or at high risk, for chronic diseases (e.g. cardiovascular disease. CY 2005 data indicate the smoking rate of 30%, double the state of Idaho rate, 341 patients were diagnosed as having high blood pressure, 366 with high cholesterol levels, and 1,234 were diagnosed with cardiovascular disease.

Total Project Budget = \$62,736

Total Amount Requested = \$49,128

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## II. PROPOSAL

### A. Organizational Background

#### 1. History, Mission, and Goals

The Coeur d'Alene Tribe opened Benewah Medical Center in 1990 with the goal of providing comprehensive outpatient health services to both American Indian and Non-Indian residents. Construction of the medical center was financed by a combination of tribal and community resources including federal, community, and grant funds. While the tribe owns and operates the facility, it is governed by the Tribal Health Authority (Board of Directors) consisting of both tribal and non-tribal community representatives. This collaboration between the Coeur d'Alene Tribe and the City of Plummer is believed to be the first venture in the United States by a tribe and city municipality to provide health care for all residents.

The Tribe's commitment to building a healthy community led to a 1994 expansion of services and facilities. New dental, urgent care and outpatient medical services, mental health counseling and community health services were added increasing the clinic from 6,750 to 17,000 square feet.

In July of 1998, the Tribe dedicated a 43,000 square foot Wellness Center to expand its focus from acute and chronic illness to include prevention and wellness. The Wellness Center includes the latest in fitness equipment, aquatic recreation with a five-lane swimming pool, the Physical Therapy Department with a therapy pool, a large gym with full-sized basketball court, aerobic area and conference rooms. The Community Health Department in an adjacent building performs home health nursing, public health surveillance, nutrition counseling, and health education. Currently, the Wellness Center has 3,223 registered members.

**Mission** – To provide holistic healing and preventive medicine practices to all members of the community as intended by the Creator. This mission takes into consideration the Coeur d'Alene Tribe's traditional values of (1) sharing, (2) respect, and (3) care and compassion.

#### **Goals**

- #1 - Position the Benewah Medical & Wellness Center to meet the short-term and long-term needs of the CDA Tribe and surrounding communities
- #2 - Provide quality primary health care services to the Coeur d'Alene Tribe and all residents of the BMC service area.
- #3 - We will continue to be the national model of a successful tribally owned and operated community-based health and wellness center
- #4 - Organizational and operational systems will exist that ensure quality care in a cost effective and efficient manner.
- #5 - Revenue streams exist to provide funding to accomplish operational goals.
- #6 - We will value our employees and provide opportunities for them to grow and maximize their potential.

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Benewah Medical and Wellness Center

Benewah Medical Center's success can be attributed to the willingness and ability of the Coeur d'Alene Tribe and the community, through the Tribal Health Authority, to secure project funding from many alternative **sources including:**

- The Health Resources and Services Administration/Bureau of Primary Health Care (Public Health Service Act 330 (e) funding)
- IHS PL 93-638 compacting program
- Department of Housing and Urban Development Block Grants
- Fee-for-service revenue
- BIA Indian Business Development grant
- Corporate support for specialized projects and equipment
- Private Foundations, particularly the Robert Wood Johnson Foundation and the Murdoch Foundation.

2. Current Programs, Activities, and accomplishments

- Community Health Center (CHC) – Funded by the Bureau of Primary Health Care under the provisions of U.S.P.H.S. Act 330(e), community health centers are considered safety net health care providers. The purpose of CHCs is to provide for primary and preventive health care services in medically underserved areas throughout the United States and its territories.
- After-School Physical Activity and Peer Mentoring Program – Funded by the U.S. Dept of Justice / Office of Juvenile Justice and Delinquency Prevention provides funds for an after-school program at the Wellness Center for children/youth ages 6 – 18.
- Special Diabetes Project for Indians – Funded by IHS. Special diabetes program for Indians focusing on primary, secondary, and tertiary prevention strategies. A diabetic support group and a case management group are funded under the provisions of this program
- Competitive Diabetes Grant for Indians – Funds are being used to establish a diabetes prevention program for eligible Americans Indians residing in the BMWC service area and are users of its facilities.
- Tribal Management Grant – Funds cover expenses associated with the purchase and installation of new IS components.

The Office of Juvenile Justice and Delinquency Prevention funded After-School Physical Activity and Peer Mentoring Program is in its fourth year of operations. Participants in the program include children and youth ages 6 – 18 who participate in supervised physical activities and home work tutoring sessions after school four days per week throughout the school year. During the summer months, the program operates eight hours / day, 4 days per week. Several special programs (e.g. teen dances, pizza parties) are held each year that provide the opportunity to present health education topics, including smoking alcohol and substance abuse prevention. During the last project period (10/01/05 – 09/30/06) a cumulative total of 435 children and youth participated in this project's Youth Sports Program; 224 actively participated in the summer program; and 686 attended tobacco, drug, alcohol and violence prevention education programs.

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

Since its inception the Benewah Medical Center has received glowing evaluations from accreditation bodies and federal agencies, and a number of awards for the quality of services provided. For example, on May 1, 2005, there was a presentation, in a formal ceremony at the Smithsonian Institute in Washington, DC, for the prestigious Johnson & Johnson Company, *Leadership Award for 2005*.

### 3. Board and Staff Members

The Coeur d'Alene Tribal Health Authority (Board of Directors) members are representative of the communities served. They all live within BMC's service area, and are users of BMC services. Following are their names, occupations/areas of expertise, and the length of continuous service:

- Leta Campbell (Board Chair), Tribal Government, Medical Records Mgmt, 6 months
- Matthew Stensgar (Vice Chair), Business Management, six years
- Norma Peone, Education, 6 months
- Janice Jordan, Nursing, 2 years
- Bernadette LaSarte, Social Services, 2 years
- Rose Goddard, Community Health, 11 years
- Wilma Bob, Education, 6 months
- Michael Meagher, Fire Chief, 6 months

Staff: Benewah Medical and Wellness Center staff includes 105 FTEs, which includes health care professionals (physicians, nurse practitioners, RNs, LPNs, dentists, pharmacists, dietitian, Physical Therapists, and mental health / substance abuse counselors), administrative and support personnel, and fitness personnel.

### 4. Budget / Current Sources of Funding

- See attached organizational budget for FY 2007.
- In addition to the funded programs identified above (II, A2), the organization has an annual funding agreement with Indian Health Service, and third party revenues (Medicare, Medicaid, private insurance).

## **B. Purpose of Request: Goals/Outcomes**

### 1. Issues to be addressed

Based on Benewah Medical Center user medical needs, three areas of focus have been identified for the How's Your Heart program: 1) tobacco, alcohol, and drug prevention, 2) weight loss/management, and 3) cardiac health. The health education component of the program will take advantage of existing programs (previously identified), and the Coeur d'Alene Tribe's Tobacco Program, as avenues by which to reach youth and adults with healthy lifestyle messages.

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

2. Overall Purpose

The aim of this program is to bridge the gap between medical or therapeutic services and general fitness programs and provide a catalyst for tobacco cessation, incorporate maintenance of healthy weight and improved cardio-pulmonary function. The How's Your Heart program will be a community-based, multi-disciplinary health promotion/disease prevention program that will be able to demonstrate an improvement in the overall health status of the target population.

a. Short-term objectives

Develop and implement a community-based multidisciplinary, culturally sensitive health promotion/disease prevention program that will address tobacco cessation and help improve the health of adults and elders at risk for, or diagnosed with, cardiovascular disease

Provide the participants with the knowledge, skills, and motivation to help them make healthier lifestyle choices.

b. Long-term objectives

Through the multi-faceted approach of the program, the applicant intends to bring about, among the participants:

Enhanced quality of life by being tobacco free, reduced cardiovascular disease progression, personal ownership of health and wellness, improved physical health and mental outlook

**C. Organizational Capacity**

1. This organization's mission and strategic objectives (as previously presented) challenge us to provide health and wellness services for our residents, and to continue to be a national model of a successful tribally owned health and wellness center in addition to an FQHC, Federally qualified health center.
2. Related Programs/organizational accomplishments

In addition to the programs and accomplishments identified in Section A2, Benewah Medical Center has, throughout its history, been highly successful in organizing and mobilizing the target population. A recent example of this success was the Enhancing a Community through Physical Activity Program. The goal of this program was to increase the numbers of community residents who are participating in regular physical activity. This two year project, funded by the Robert Wood Johnson Foundation, became known as the 1+1 = 1 program (one foot in front of the other + one step at a time = one community moving together). The program's primary objective was to get 50% of two local communities (approximately 750 individuals) to walk a total of one billion steps during the project period. By the end of the first year greater than 1,500 people had registered for participation. Each participant received a pedometer with which to measure steps, and most conscientiously reported their steps on a weekly basis. By the end of the demonstration period, the communities had logged one billion, 500 thousand steps. Anecdotally, for several months after the end of the funded

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

period, numerous participants continued to report their steps to Wellness Center personnel.

3. The applicant is the primary provider of health and wellness activities in the target area.
4. Project Staff / Responsibilities
  - a. Project Coordinator – Lanette Higgins, LPN, will devote 40% effort in the coordination of all project components. She will work collaboratively with the BMC Department of Patient Care Services, Community Health, Counseling Services, and fitness staff and will function as the lead educator in the Honoring the Gift of Heart Health educational sessions. Additionally, she will assist the Director of Funded Programs with maintaining data files, the evaluation of data, and the preparation of marketing and advertising activities
  - b. Fitness Specialist – The individual selected for this position will devote 10% effort to the project. The FS will assist the team in performing clinical assessments at the beginning of each exercise class, will assist the Fitness Manager in individualizing exercise routines, and will supervise and monitor the participants while they are exercising. This individual will also assist with data/info collection and documentation.)
  - c. Community Health Nurse – An RN assigned to the Community Health Department will devote 10% effort to the project. She will assist with the collection and documentation of baseline physical information, the clinical assessments prior to each exercise / physical activity session, monitoring the participants during exercise sessions, and assist the project coordinator, as requested with *Honoring the gift of Heart Health* classes.
  - d. Mental Health Counselor – This individual will be responsible for administering, scoring, and evaluating quality of life surveys, and will provide ongoing support for each participant. The MHC will devote 2.5% effort to the project.
  - e. Director of Funded Programs – Ray Spradling, BSN, MBA, will devote 5% effort to the project. He will be responsible for project oversight (direction, supervision, and budget control), monitoring progress, preparing and submitting all mandated reports and continuation applications, and participating in project evaluation and dissemination of information.
  - f. Fitness Manager – Eva Windlin-Jansen, MS, will devote 10% effort to the project. She will function as a member of the Planning and Evaluation Committee, will assist with the clinical assessments prior to each exercise session, for monitoring participants while exercising, and will assist with data collection and evaluation.
5. Target Population Involvement in the Organization

As previously mentioned, BMC's Board of Directors is composed of residents of its service area and users of its services. Additionally, from the onset of each of its community-based programs an advisory committee is developed and implemented. These advisory panels are composed of individuals who are actively involved in the community.

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

**D. Process**

1. Summary of workplan

The How's Your Heart program, as previously indicated, will model the *Honoring the Gift of Heart Health* program. This ten-week curriculum includes half hour of classroom and one hour of supervised exercise per week. It has been adapted for use in diverse culture settings, particularly American Indian communities. Upon notification of award, the Director of Funded Programs and the Project Coordinator will establish a community Advisory Committee and a Planning and Evaluation Committee (key project staff, health care professionals and fitness personnel). These two committees will remain in place throughout the project period and will meet at least quarterly.

Conduct the initial meetings of the Advisory and Evaluation committees; will determine outcome measures and prepare educational and fitness schedules; and the Project Coordinator will lead participant recruitment efforts.

Project staff, will conduct sessions in accordance with established *Honoring the Gift of Heart Health* modules. Four 10-week sessions, to be held Tuesdays and Thursdays at 10am and 2pm will be conducted during the project year.

The Project Coordinator, in collaboration with the Director of Funded Projects, will be responsible for evaluating the process and outcome of each 10-week session (See Evaluation Plan Section). There will be a two week break between each session to allow for evaluation and final recruitment activities for the subsequent session. There will, by necessity, be an extended break during the Christmas and New Year holidays. Participation in such programs has historically dropped off dramatically during this time of year.

The Planning and Evaluation committee in collaboration with the Advisory Committee will be responsible for completing the final evaluation. The Project Coordinator and Director of Funded Projects will lead this effort.

2. Tasks and timelines for key organizations involved in the project.

The applicant is the primary provider of health and wellness services in the target area. As such, the Benewah Medical and Wellness Center will be the only organization directly involved in the project.

3. Community Resources to be utilized

The 43,000 square foot Coeur d'Alene Tribal Wellness Center provides an ideal site with highly qualified personnel to assist participants in the initiation and maintenance of healthy life style changes. While it is necessary to request funding for some project personnel, the applicant will be able to provide support from its professional staff without cost to the project. Such support will provided by, among others, medical providers, nurses, and fitness personnel.

4. Activities that will occur on a day-to-day basis

Although only one hour per week of exercise is scheduled, it is anticipated that program participants will take advantage of the availability of the Wellness



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Benewah Medical and Wellness Center

Center and exercise several times each week. Fitness personnel are on duty seven days per week to recommend individual exercise routines and to supervise those needing assistance.

Additionally, the dietitian and mental health counselors are available for consultation as needed.

5. As previously mentioned, an Advisory Committee, representative of the target community, will convene upon notification of award, and will remain in place throughout the project period.

#### **E. Evaluation Plan**

A detailed plan will be followed regarding smoking cessation with documentation of individual interventions for a successful quit. It is expected that those participants who complete each of the 10 sessions and continue to follow program guidelines post graduation, over the short term will have the knowledge and skills with which to make healthier lifestyle decisions, and will measurably improve their fitness and mental outlook. Over the long term, it is expected that the participants who embrace the concepts taught will drastically improve their health as evidenced by improved cardiovascular health and fewer visits to their health care provider for exacerbation of existing chronic health conditions.

1. Questions expected to be answered
  - Did the participants' knowledge of strategies for smoking cessation improve?
  - Did the participants' feelings of health and well-being improve?
  - Were the participants able to affect changes in diet and exercise habits?
2. Assessment Methods/Strategies
 

The following methods will be utilized to answer these questions:

  - a. Pre/post questionnaires and timed walk administered at the beginning and end of each 10-week session, and at the beginning and end of each educational session.
  - b. Pre/post quality of life surveys administered at the time of participant registration and at the end of the 10-week session.
  - c. Compare the beginning/ending weight, waist circumference and exercise duration/intensity of each participant.
3. Involvement of Stakeholders in Evaluation Process
 

Review findings of pre and post testing with participant's to emphasize the positive changes made and reinforce the validity of smoking cessation and physical activity.
4. Use of Information
 

The information gleaned during this project period would help to determine the program's efficacy, and if so what revisions would be necessary to improve participation and to more effectively bring about long-term lifestyle changes. Presentations will be made at the local and regional level to showcase this intervention and further model a cessation program which is more comprehensive with addition of physical activity and emphasis on heart health.

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

## F. Sustainability

BMC has a strong history of sustaining programs for significant periods of time post-funding. For example, the organization has an exercise program primarily attended by older adults and seniors that utilized federal funding to cover start up costs. This program is in its third post-funding year. In fact, during the past year, there has been increased interest and participation in this program. The program is conducted for a two-hour period, three times weekly, with an average of fifteen participants per session. The Coeur d'Alene Wellness Center's fitness staff assigned to this program is supported by membership receipts, and support personnel (e.g. Community Health Nurses, Dietitian, and Diabetes Case Manager) whose salaries are covered by receipts from BMC operations. The Coeur d'Alene Tribe pays the Wellness Center membership fees for all Tribal members and all Tribal employees; all others (American Indian and non-Indian) pay initiation and monthly fees. Fee schedules vary according to established criteria: student (below 18 years of age); adult (over 19); couples, family, senior (over 60); and senior gold (over 70 years of age). There are specials throughout each year that accept memberships without initiation fees, and low cost participation fees for time limited programs. This model will also serve the How's Your Heart program. During the funding period, the applicant will seek additional funding from federal and private sources. In the long term, it is expected that the costs will be borne by Wellness Center membership receipts and BMC receipts from operations. Determinations will be made whether or not to maintain the program in its original form post-funding; whether or not to revise the program, without changing its focus, to better address the identified needs; and how to most efficiently and cost effectively expand the program.

## I. BUDGET

<b>Total Project Costs</b>	=	<b>\$62,736</b>
<b>Total Millennium Fund Request</b>	=	<b>\$49,128</b>
<b>Percentage of total BMC budget</b>	=	<b>0.37%</b>

Expenses	Income Sources		Total Expenses	Timeline
	Millennium Fund	BMC		
<b>Personnel:</b>				
Salaries	21,556	9,720	31,276	07/01/07 – 06/30/08
Benefits	8,622	3,888	12,510	
<b>Supplies:</b>				
Office	3,450		3,450	As above
Program	4,000		4,000	
<b>Other:</b>				
Marketing/Adver	4,000		4,000	As above
Facility Use	7,500		7,500	
<b>TOTAL</b>	<b>49,128</b>	<b>13,608</b>	<b>62,736</b>	<b>Project Period</b>

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

### BUDGET NARRATIVE

#### I. Personnel:

##### A. Salaries

1. **Project Coordinator** – Lanette Higgins, LPN, will devote 40% effort in the coordination of all project components. Salary = \$31,200 x 40% effort = **\$12,480 (Millennium Fund)**
2. **Fitness Specialist** – (10% effort to project) Salary = \$24,960 x 10% = **\$2,496 (MF)**
3. **Community Health Nurse** – (10% effort to the project) Salary = \$45,000 x 10% = **\$4,500 (IHS)**
4. **Mental Health Counselor** – (2.5% effort to the project) Salary = \$60,000 x 2.5% = **\$3,000 (MF)**
5. **Director of Funded Programs** – (5% effort to the project) \$67,000 x 5% = **\$3,500 (BMC)**
8. **Fitness Manager** – (10% effort to the project) \$53,000 x 10% = **\$5,300 (BMC)**

**Total salaries = \$31,276 (MF = \$21,556; BMC = \$9,720)**

##### B. Fringe Benefits:

Tribal fringe benefits include medical, dental, vision, and life insurance, long/short-term disability, FICA, FUTA, Workmen's Compensation, and 401K with employer matching. Fringe benefits average 40% of salary. \$31,276 x 40% = **\$12,510 (MF = 8,622; BMC = \$3,888).**

#### II. Other Direct Costs

##### A. Supplies (All expenses covered by MF)

1. Office operations
  - a. Tablets, pens/pencils, copy paper, printer supplies, toner, card stock, etc. will cost an estimated \$75/month x 12 = **\$900.**
  - b. Duplication
    - 1) Program-specific brochures will be developed, produced in-house, and distributed throughout the service area at least three times during the project year. 1,000 brochures x \$0.15/copy x 3 = **\$450.**
    - 2) It will also be necessary to copy curriculum classroom materials for each of the ten sessions. It is estimated that such duplication will be \$20/participant. 20 participants x 3 sessions x \$20 = **\$1,200**
  - c. Software licensure – For use of Ophelian software, the Wellness Center pays an annual support charge of \$4,000, but this software can be added to any number of computers within the organization without additional cost. However, in order to use the SF-36 Quality of Life Survey, BMC will have to pay additional licensure fees for each computer on which it is being used. It is anticipated that this software will have to be loaded on a minimum of 6 computers. 6 computers x \$150/year = **\$900.**
2. **Program supplies**
  - a. Portable pulse oximetry unit to measure blood oxygen levels of participants prior to exercising. This is a non-invasive device that simply clips on a person index finger to take a reading. The cost of a reliable

Coeur d'Alene Tribe  
Benewah Medical and Wellness Center

basic unit is **\$450**.

- b. Nutritious snacks – Fresh fruit, fruit juice, whole grain cereal, skim milk, and bottled water will be available during each exercise class to guard against dehydration and hypoglycemia. The cost will be \$2 / participant x 20 participants x 10 weeks x 3 sessions = **\$1,200**
- c. Refreshments for classroom breaks will cost \$2 / participant x 20 participants x 10 weeks x 3 sessions = **\$1,200**
- d. Classroom materials – the following items will be required for classroom sessions:
  - 1) Pens, pencils, tablets will be needed for each participant. \$100 has been budgeted for each 10-week session. \$100 x 3 sessions = **\$300**
  - 2) Arts and crafts supplies (construction paper, markers, tape). \$150 has been budgeted for each 10-week session. \$150 x 3 sessions = **\$450**
  - 3) Portable dry erase board for classroom presentations - **\$400**

**C. Other (All expenses covered by MF)**

1. Marketing / Advertising –

In addition to local advertising, on the community's electronic bulletin board, and through the distribution of pamphlets and brochures, and community outreach efforts, it will be necessary to conduct informational meetings at least quarterly.

a. Refreshments = 50 attendees x 4 sessions x \$2/person = **\$400**

b. Promotional items:

- 1) Coeur d'Alene Tribal logo and program name embossed t-shirts. 200 T-shirts x \$7.00 = **\$1,400**
- 2) Pedometers = \$9.50 x 200 = **\$1,900**
- 3) Pens embossed with project name = 500 pens = **\$300**

2. Facility Use – Classroom, exercise, and equipment usage costs = \$25/hour x 300 hours = **\$7,500**

**TOTAL PROJECT COSTS = \$62,736 (MF = \$49,128; BMC = \$13,608)**