



STRATEGIC PLAN

2024-2027



i SAMPLE WITH EXCERPTS,
NOT THE COMPLETE REPORT

Executive Summary

Denver Indian Health and Family Services (DIHFS) stands as Colorado's sole Urban Indian Health Program, dedicated to delivering culturally tailored care for the Native community. The nearest alternative for those seeking culturally tailored services accessible to tribal members is six hours away. Denver has a long history as an urban center between many reservations in the region and serves people from over 160 different tribes. The American Indian and Alaska Native population in Denver doubled from 2010 to 2020. For nearly 50 years, DIHFS has been an indispensable lifeline, uniquely positioned to cater to this community for miles around.

From April 2024 to June 2024, Confluent assessed organizational aspirations and capacity, including 10 external stakeholder interviews, a comprehensive staff survey, a series of workshops with the DIHFS Board of Directors and key staff members to craft a robust four-year strategic plan. A communications plan will be delivered in the fall of 2024 based on this strategic plan.

While strategic plans often rely heavily on statistical data, Confluent opted for a different approach, recognizing the profound impact of data on Native communities. Sterling HolyWhiteMountain, hailing from the Blackfeet Nation in Montana, poignantly remarked, "1 in 3 Native Americans will be assaulted by statistics in their lifetime." Instead, Confluent will introduce this study with the story of one individual, Katherine Goodlow, a member of the Lower Brule Sioux Tribe. Katherine is twenty years old and has lost six friends and acquaintances to suicide, two more to car crashes, and one to appendicitis. Four of her relatives died in their 30s or 40s, from causes such as liver failure and COVID-19, and she lost a 1-year-old nephew.¹ This story demonstrates the impact of a system in desperate need of change. DIHFS seeks to restore health for Native people living in the Denver area and beyond by providing access to prevention and healthcare services.

"In Colorado," reports Rachel Bryan-Auker, Tribal Liaison for the Colorado Department of Public Health and Environment, "American Indians and Alaska Natives are the only group, by race and ethnicity, that have had increasing death rates in the past twenty years." "And" she continues, "that doesn't tell you anything about our resilience. It doesn't tell you about the Native-serving organizations that have held our community together." DIHFS is one of these fixtures in the Denver community. Relative to other urban clinics serving large Native communities, DIHFS is small in size. But, in Colorado, the impact and reputation of DIHFS is unmatched and the urgency of providing high-quality healthcare to this population is without question.

DIHFS has made remarkable progress in recent years in managing chronic conditions, providing eye care, and administering COVID-19 vaccinations. As the premier healthcare provider for American Indians and Alaska Natives in Colorado, DIHFS excels in diabetes care. The

"Spirit Within" diabetes and disease prevention project is a unique initiative that integrates traditional protective factors and cultural practices to combat and prevent disparities such as obesity, diabetes, and heart disease. In 2022, DIHFS secured a Memorandum of Understanding (MOU) with the Indian Health Service (IHS) to acquire a retinal camera, crucial for diabetes care. Understanding the challenges patients face in accessing external ophthalmologists, DIHFS recognized the need for in-house medical equipment to deliver such essential services. Since implementing in-house eye exams, patients have seen a significant improvement in their health outcomes.

During the COVID-19 pandemic, DIHFS distinguished itself as the first vaccination site in Colorado, achieving one of the highest patient vaccination rates in the state. DIHFS consistently seeks innovative ways to enhance and provide critical services, demonstrating an unrelenting commitment to the health and well-being of their patients.

Against the backdrop of this strategic planning process is the ambitious initiative to relocate DIHFS to "901 Navajo," a transformative housing project designed to better serve the Native Community in Denver. This endeavor not only promises to deepen existing community partnerships but also to bolster DIHFS' capacity to serve a larger segment of the Native population. Throughout the interviews, a recurring theme emerged—the exceptional effectiveness of DIHFS in delivering culturally sensitive care, juxtaposed against the pressing need for expanded infrastructure to meet the ever-growing demand. Many stakeholders expressed concern that DIHFS would outgrow its new clinic location before moving in.

Essential to any patient-serving strategic plan is the collection of the patient voice, with clear expressions about how to address their unique health needs. Coronalnsights, a Denver-based consulting firm, conducted a Community Health Needs assessment in 2021 and the organizational capacity assessment included herein relies on that data. The same team will provide a follow-up assessment in 2024.

Throughout a series of three sessions, the steering committee decided to revise the mission, vision and values statements to reflect the organization's growth, evolution, and future plans. Together the group also identified five strategic pillars and developed a roadmap indicating which activities to accomplish in which years for each pillar. The pillars include: growth, structural competency, financial sustainability, culture of excellence, and partnerships.

Thank you for the honor of serving this essential mission-driven and future-shaping organization.

Shana Yatchew



CONFLUENT CONSULTING LLC
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VISION, MISSION & VALUES

Our **VISION** is the restoration of full health and wellbeing - physically, emotionally, socially and spiritually - to all American Indian and Alaska Natives.

Our **MISSION** is to provide a center of health and healing rooted in Native culture and community for all American Indian and Alaska Native People across Denver.

Our **VALUES**

COMMUNITY + CONNECTION

DIHFS is a center of healing for all Native People. While our staff and community come from diverse lineages, we operate as one interconnected community. We are guided by culture, tradition, and ancestry in service of the restoration of the health of our people.

VISION + PERSEVERANCE

Despite all odds and obstacle, we will always find a way to nourish and strengthen our community as we look to the future with optimism and determination.



PRIDE + JOY

We take great pride and joy in what we do. We strive to provide the very best health care experience and outcomes tailored to the unique and integrated needs of American Indian and Alaska Native People. We do this every day so that we, and future generations, can heal and live proudly and joyously.

COLLABORATION

We approach learning, problem solving and decision making by inclusively collaborating honestly and transparently both internally and externally. Our community and future grow strongest when everyone's voice is welcome, and we work together towards common ground.

Strategic Pillars

The strategic pillars were developed based on the comprehensive organizational assessment and SWOT analysis.



GROWTH



STRUCTURAL COMPETENCY



FINANCIAL SUSTAINABILITY



CULTURE OF EXCELLENCE



PARTNERSHIPS

GROWTH

This pillar recognizes the increasing demand for DIHFS services which currently outpaces supply. Growth involves enhancing physical and staff capacities, as well as broadening the scope of services, geographic reach, and the very definition of healthcare.

STRUCTURAL COMPETENCY

This fundamental pillar focuses on acknowledging the historical and current contexts of the Native community and their aspirations for the future. It emphasizes integrating Native wisdom and perspectives into healthcare provision to enhance impact and improve outcomes, ensuring that services are culturally congruent and deeply impactful.

FINANCIAL SUSTAINABILITY

This pillar is essential in supporting the organization's growth. It includes launching a capital campaign, devising strategies to stabilize grant-funded programs, and enhancing insurance reimbursements to decrease dependency on grant funding.

CULTURE OF EXCELLENCE

Representing the continual focus on people and culture, this pillar is the core of the organization. It advocates for the maintenance of recognition and training programs, the development of new incentives, and the strengthening of internal communication channels.

PARTNERSHIPS

This pillar involves fortifying existing partnerships and fostering new ones to extend the reach and effectiveness of DIHFS. It aims to ensure that collaboration is sustained beyond individual relationships through strategic organizational ties, a critical component of effective succession planning.



2024-2027 Roadmap by Year and by Strategic Pillar

	GROWTH	STRUCTURAL COMPETENCY	FINANCIAL SUSTAINABILITY	CULTURE OF EXCELLENCE	PARTNERSHIPS
2024	Capital Campaign Communications Plan Mobile Unit Expansion Complete productivity study	Develop staff training plan	Increase third party revenue collection (contracts with insurers, enrollment team, communications to patient with insurance)	Maintain team-building, recognition, training Build out HR team (evaluate the needs)	
2025	Capital Campaign Create communications department Mobile Unit Expansion Increase productivity Start hiring for new building	Train staff on structural competency Increase political advocacy	Increase third party revenue collection (contracts with insurers, enrollment team, communications to patient with insurance) Analysis of grants and grant sustainability strategy	Maintain team-building, recognition, training Build out HR team (hire) Improve onboarding	Create coalition to increase communication with existing partners
2026	Construction of new building Continue hiring for new building	Train staff on structural competency Increase political advocacy Increase patient navigation resource Improve patient navigator feedback loop	Endowment policy and management	Maintain team-building, recognition, training Comp, benefits and retention	Create coalition to increase communication with existing partners Create partner succession plan to formalize coordination
2027	Continue hiring for new building	Improve patient navigator feedback loop Train next generation of providers Create patient advisory group Offer community events as protective factor	Endowment policy and management	Maintain team-building, recognition, training Succession plan	Develop new partnerships through the vehicle of the coalition

External Perceptions

Confluent interviewed ten external stakeholders who coalesced around six themes that were identified through carefully crafted open-ended questions. The themes of Native Centrality and Expansion were mentioned by all ten stakeholders and the other themes met the minimum threshold of inclusion by being mentioned in at least three separate interviews.

NATIVE CENTRALITY

- ▶ Core Elements Defined
- ▶ Cultural Sensitivity within Native Diversity
- ▶ Native-Specificity

INTEGRATION

- ▶ Native Centrality
- ▶ Collaboration
- ▶ Expansion

EXPANSION

- ▶ Capacity
- ▶ Physical Expansion
- ▶ Services
- ▶ Funding
- ▶ Definition of Healthcare

SUCCESSION

- ▶ Succession Plan
- ▶ Board Development

REPUTATION

- ▶ Fixture of the Community
- ▶ Instability of Grant Funding
- ▶ IHS vs. DIHFS
- ▶ Is DIHFS for Insured Patients?
- ▶ Tribal Enrollment Requirement
- ▶ Old Impressions
- ▶ Seat at the Table

COLLABORATION

- ▶ Coordination and Cooperation
- ▶ Outreaching New Partners
- ▶ Collaboration with Non-Native Partners



Internal Perceptions

SUMMARY OF QUANTITATIVE SURVEY RESULTS

SHINING STARS

- ▶ Mission
- ▶ Prevention & outreach
- ▶ Customer service
- ▶ Printed and online materials
- ▶ High performing organization
- ▶ Know how to do job and measure success

VARIATION

- ▶ Sense of belonging
- ▶ Professional development
- ▶ Knowledge of strategic plan
- ▶ Decisions are communicated
- ▶ Time to complete work
- ▶ Compensation and benefits
- ▶ Revenue and funding opportunities
- ▶ Partners have what they need to promote DIHFS
- ▶ Patients access to appointments
- ▶ Training in cultural competency

OPPORTUNITIES

- ▶ Filling vacancies
- ▶ Sharing workload

Qualitative Analysis of Staff Survey

The survey included six additional write-in questions which have been analyzed here. Staff were asked what DIHFS should start, stop, and continue doing to improve the patient experience and to improve the staff perspective. The results reflect the independent thinking of staff, free from the pressures of “group think” or “leading questions.” The analysis below focuses on themes that were repeated the most frequently. A more detailed report is available in the appendix.

	PATIENT EXPERIENCE	STAFF EXPERIENCE
Maintain	▶ Patient at the center ▶ Cultural humility ▶ Health education & outreach	▶ Team building ▶ Recognition ▶ Training
Start	▶ Patient input ▶ Patient education ▶ Social determinants of health, case management, and navigation	▶ Internal communication ▶ Compensation ▶ Meetings
Issues	▶ Staff turnover ▶ Hiring and retaining when not the right fit	▶ Workplace culture ▶ HR liaison ▶ Onboarding

Improvements to the Patient Experience

Maintain

1. Patient at the center

Staff take pride in the way that DIHFS puts the patient first. Staff indicated that DIHFS has caring providers, that DIHFS offers patience and understanding, that staff develop connections with the patients, and that meeting discussions always return to what’s best for the patient. In a few cases, staff felt others were not putting the patient first. *“Let’s focus on what is best for pharm, providers, staff and think of the patient FIRST. Do not treat “difficult” patients as difficult. Be more inclusive to all by outreaching to hard-to-reach areas (houseless, etc.)”*

2. Cultural humility

Many clinics are patient-centric, but what stands out about DIHFS is the patient-centeredness through a Native-specific cultural lens. Staff shared that DIHFS offers culturally driven care and makes patients feel at home.

3. Health education, outreach, and participation in community events

Staff are proud to work for a healthcare provider that prioritizes reaching patients outside of the exam room. This was one of the most cited topics for an area in which DIHFS should continue to invest. It is important to staff that DIHFS continue to have a presence at community events, to teach patients about their health, and to outreach potential new patients.

SWOT Analysis

STRENGTHS

- ▶ First choice for Native health
- ▶ Community network
- ▶ Cultural Responsiveness
- ▶ Financial sustainability
- ▶ Longevity
- ▶ Resilience
- ▶ Health education, outreach and participation at community events
- ▶ Staff are highly aligned with the mission and understand how their roles contribute
- ▶ Internal culture of team building and recognition
Team building, recognition and training

OPPORTUNITIES

- ▶ New building, hire more staff
- ▶ Train more Native providers
- ▶ FQHC status
- ▶ Specialty care and referral partnerships
- ▶ New community partners
- ▶ Expand mobile services
- ▶ Deepen cultural humility training and trauma-informed care
- ▶ Lead cultural restoration as healing
- ▶ Flex to patient needs (longer appointments, transitory patients)
- ▶ Create a cash reserve / endowment
- ▶ Create patient advisory group or other opportunities for patient input
- ▶ Develop HR and create HR liaison role or engage external ombuds
- ▶ Accept more insurance
- ▶ Do a better job of telling the story, communications department?
- ▶ Participate more visibly in advocacy
- ▶ More patient navigation support

WEAKNESSES

- ▶ High staff turnover and challenges filling positions with qualified staff
- ▶ Provider salaries & employee benefits
- ▶ Limited scheduling, long-waitlists, no online-scheduling
- ▶ Inconsistent customer service
- ▶ Small size relative to the demand
- ▶ Patients have to come to us
- ▶ Overly centralized decision-making
- ▶ Stringent about tribal enrollment
- ▶ Succession plan
- ▶ Internal communication to staff
- ▶ Weak onboarding process
- ▶ Productivity
- ▶ Staff onboarding

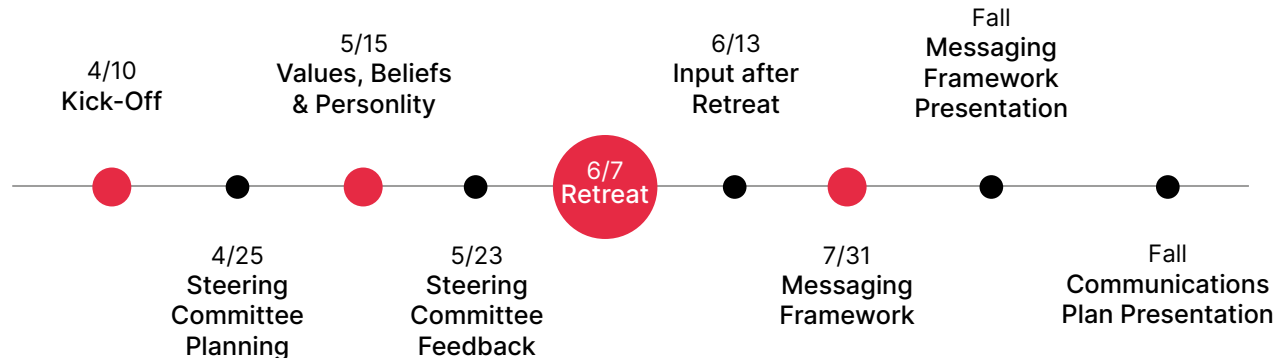
THREATS

- ▶ Lack of coordination with partners
- ▶ ARPA cliff
- ▶ Misperceptions or lack of awareness of DIHFS in the community
- ▶ Dependence on grant funding
- ▶ Government shutdowns
- ▶ Impacted by political shifts
- ▶ Resources and attention have shifted to refugees
- ▶ Precarious business model (programs disappear when provider or funding is lost)
- ▶ Competing health centers?
- ▶ NIMBYs?

Notes on Strategic Planning Process

This report summarizes the learnings and idea generation that followed from a series of strategic planning investigations and workshops led by Confluent from April 2024 to June 2024.

Timeline



Confluent relies on a steering committee to guide the process by defining options to present to the larger group and approving the final road map. The steering committee was identified by Adrienne Maddux and Auri Tacala. The steering committee met three times and included the following participants:

- Adrienne Maddux, Executive Director
- Auriela Tacala, Deputy Director
- Jolene King, Operations Manager
- Jennifer Teague, Accreditation Coordinator
- Madison Homuth, Program & Grants Administrator
- Kimberly Blackhorse, Board Member

Phase I: Organizational Learning

Prior to embarking on future planning, it was important to take stock of current state and to level set across the board, staff, and consulting team. Confluent examined documents provided by DIHFS as well as publications online. After reviewing secondary sources, Confluent continued to learn about the organization through primary data collection.

To understand the perception of the organization in the community, we conducted a series of confidential individual interviews with leaders identified by the Steering Committee as key partners and players. We interviewed ten individuals representing the following:

- Leaders of partner non-profits serving the Native community
- Former and current DIHFS employees
- Employees of two funder organizations
- Representative from Safety Net Collaborative
- Former DIHFS board member
- Three government liaisons to tribes, representing different agencies (current and former)

We used a semi structured interview guide that included a series of sub-questions to assess three main areas, listed below. Through these questions, themes originated organically from the stakeholders.

- How is DIHFS known in the community?
- Where do you see DIHFS going in the future?
- What could get in the way of the success of DIHFS?

The document review, weekly conversations with Adrienne Maddux and Auri Taczala, and external interviews informed the design of the staff survey. The survey was conducted during the second half of April 2024 and enjoyed a high response rate of 81 percent. The staff survey was organized into six subsections, which included organization structure, patient engagement, business development, external communications, partnerships and people and culture.

Phase II: Mission, Vision and Values

The Steering Committee, joined the board and key staff, on May 15th to revise the mission, vision, and values statements within the new context of the organization. Important changes since the last strategic plan include the addition of a mobile unit, the planned move to 901 Navajo, the 2024 Accreditation Association for Ambulatory Health Care (AAAHC) and the addition of new board members.

We started the process at the kick-off meeting in which we asked board and steering committee members to explain what the language in the current mission and vision statement means to them. We asked the following questions:

- What does “health and wellness” mean to you?
- What does “healthcare grounded in indigenous culture” mean to you?
- What does “excellent and high quality healthcare” mean to you?
- Which elements of “health and wellness” are most important for DIHFS to provide?
- What does “culturally competent healthcare” mean to you?

In the May 15th session Confluent facilitated an “image sort” activity in which small groups worked together to select images that define the personality, beliefs, and values of DIHFS. Participants were also asked to vote on the language from the previous session that resonated most with them. We used this information to develop some options for Mission and Vision statements that were then presented to the larger group on June 7th and received final approval by the Steering Committee on June 14th.



Phase II: Mission, Vision and Values

The objectives of the strategic planning retreat were multi-faceted:

Firstly, to garner broader buy-in for the newly formulated mission, vision, and values, fostering a sense of collective ownership and alignment across the organization.

Secondly, to present a comprehensive analysis derived from the organizational assessment, highlighting key insights and opportunities identified through external stakeholder interviews, internal staff surveys, and focused workshops.

Thirdly, to collaboratively prioritize efforts for each of the years of the strategic plan, ensuring a focused and strategic approach to implementation.

Additionally, the retreat served as a platform to cultivate camaraderie and commitment among new board members, providing them with essential training on the pivotal role they play as brand ambassadors for DIHFS.

Furthermore, we laid the groundwork for a robust brand identity and messaging framework that will underpin the upcoming capital campaign and communications surrounding the new facility's opening.

Lastly, the retreat aimed to infuse participants with renewed vigor and enthusiasm for the organization's mission, future trajectory, and collective journey.

During the retreat, internal stakeholders were presented with a succinct summary of findings from various sources, including external stakeholder interviews, internal staff surveys, workshops on mission and vision, and SWOT analysis.

The SWOT analysis underwent meticulous revision by Confluent, incorporating new insights gleaned from recent interviews and survey data. The refined SWOT analysis formed the basis for generating a comprehensive list of potential strategies and actions.

In a facilitated session, participants collaboratively prioritized initiatives derived from this exhaustive brainstorming exercise, conducting a thorough feasibility and impact analysis to identify the top five priorities for DIHFS.

Following the retreat, the leadership team will advance the work by writing specific project plans for the near-term projects and will report on the progress to the board, who will provide ongoing oversight of the strategic plan. The workplan is carefully constructed so that progress is made evenly across pillars, with the right amount of work per year so as not to overwhelm staff and following the necessary sequences to optimize productivity.





CONFLUENT
BETTER IDEAS TOGETHER