



## THE HARVARD PROJECT ON AMERICAN INDIAN ECONOMIC DEVELOPMENT

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John F. Kennedy School of Government • Harvard University

### HONORING NATIONS: 2000 HONOREE

#### **Coeur d'Alene Tribal Wellness Center Coeur d'Alene Tribe (Plummer, Idaho)**

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*Created in 1998, the Coeur d'Alene Wellness Center promotes healthy lifestyles by offering programs in fitness, aquatics, physical rehabilitation, childcare and community health to over 2,500 Indian and non-Indian clients. Utilizing a whole-life approach to health and focusing on preventative care, the Center complements acute and chronic illness care provided by the Benewah Medical Center, which was created in 1990 through a joint venture between the Tribe and the City of Plummer, Idaho. Together with the Medical Center, the multi-purpose Wellness Center is the culmination of the Tribe's goal to provide reservation residents with affordable health care.*

Until the 1990s, the Coeur d'Alene Tribe's health care services were clearly inadequate. The Tribe was served only by a small Indian Health Service (IHS) satellite clinic, which was located in a semi-condemned building. Additional barriers to quality health care included the long distance tribal members had to travel to access more comprehensive services and higher quality facilities, poor continuity of care, and the IHS's poor financial management, which resulted in tribal members' bills being turned over to collection agencies. Further, none of the ambulatory care facilities in the four surrounding counties provided services on a sliding fee schedule, which would allow for low-income users to pay lower medical fees.

In 1987, the Tribe began searching for ways to improve health care services offered on-reservation to its more than 6,000 resident members. The Tribe's efforts led to an innovative joint venture with the City of Plummer, in which the Tribe and the City together developed a rural outpatient health care delivery system for both Indians and non-Indians. Not only were the partners able to collectively secure construction funds from the state and federal governments for a new medical facility – the Benewah Medical Center (BMC), which opened in 1990 – but they also gained federal classification as a “Medically Underserved Population Area,” a designation that increases BMC's operating revenues through additional cost reimbursement. These revenue gains have enabled BMC to bill its non-Native clients on a sliding fee scale, an important service given that approximately one-third of the eligible non-Native users in Benewah County qualify for reduced fees. Because of strong demand, BMC's 6,750 square foot building was expanded to 17,000 square feet in 1994, and medical exam rooms, a dental wing, pharmacy services and community health programs were added.

With its improved health care system in place, the Tribe began to think about how it could move the BMC toward a prevention and wellness focus. Of particular concern was the fact that community members had no access to a recreation or fitness facility. Therefore, the

Tribe and the City of Plummer expanded the scope of their joint venture and opened the Tribal Wellness Center in July 1998. The 43,000 square foot, \$5 million Wellness Center was built debt-free, using funding from a variety of sources, including federal, state, and private funds and BMC equity (tribal gaming revenue was not used). Today, the Wellness Center serves 2,500 users and provides a host of programs designed to improve mental, spiritual, emotional and physical health.

The Wellness Center's success is evident on several fronts. First, the Center addresses an important need in the community by enabling the BMC to complement its acute and chronic care services with preventative, wellness-based services. Programs and services are offered in aquatics, childcare, fitness, nutrition, physical therapy, cardiac rehabilitation, and community health. To promote these activities, the Wellness Center publishes a quarterly newsletter that informs the community about its programs and provides fitness and health tips. To improve the continuity of care between the Medical Center and the Wellness Center, staff members at the two organizations are encouraged to cross-train and to communicate regularly with each other. This way, care providers at the BMC can work cooperatively with experts at the Wellness Center on the best ways to meet specific patient needs. Given disproportionately higher incidence of chronic illness and preventable hospitalizations in the American Indian population (for example, American Indians' diabetes mortality rates are three times higher than the rates for whites), the various activities and initiatives offered through the Wellness Center have considerable potential to improve many individuals' lives.

Second, the Wellness Center's operations are impressive. Its Olympic-size recreational pool, therapy pool, gym, track and classrooms are state-of-the-art. The equipment is well maintained, and the Center's members and 30-member staff take great pride in keeping the facility as clean and functional as possible. In addition, the staff of both the BMC and Wellness Center has been proactive in making quality improvements: a full-time quality improvement director oversees safety, accreditation standards and other quality related matters. In fact, the BMC's and Wellness Center's leadership chose to conform to rigorous accreditation standards as a means of maintaining superior service. This choice underscores the Tribe's commitment not just to having a wellness center, but to having one with high operational standards.

Moreover, the Wellness Center is well governed. A nine-member Health Board (comprised of two Tribal Council members, two tribal members, two non-Indian community members and three clinicians) oversees both the BMC and Wellness Center. The Board operates under its own by-laws and is autonomous from tribal politics – distance that has allowed its members to make important decisions about hiring, budgeting, and facility priorities in response to user needs, not political pressures. Interestingly, the Tribal Council is looking at the BMC/Wellness Center's board as a model for some of its other tribal departments. Such attention is well deserved.

In terms of the Wellness Center's operational funding, the Tribe has chosen to rely primarily on third party reimbursements rather than gaming revenues. While this choice may only be possible in service areas that possess a sufficient number of users with private insurance, it should be encouraging to non-gaming tribes to know that such impressive facilities can be established without significant infusions of casino revenues and without compromising quality. Further, this choice is a source of pride for the Wellness Center's management, and it is committed to ensuring the financial stability of the Center in this funding environment. The Wellness Center's response to the tribal government's request that it continue to offer childcare (because no other childcare services exist on the reservation) is an inspirational example of the management's commitment. They found a way to maintain the Wellness

Center's childcare services, despite the fact that this service is expensive to sustain.

Health care service in the United States is steadily shifting toward a more preventative focus, and the Coeur d'Alene Wellness Center's focus on preventive health care and positive lifestyle behaviors is consistent with these trends. It is a critical shift in Native health care because of the importance of chronic disease management in American Indian communities. Clearly, the Coeur d'Alene Tribe realized the importance of building a healthy, fit community and of offering services that have long been available to non-Indians, and in so doing, it has begun to build a healthier society. Yet the tribal government deserves recognition not only for the size, quality and comprehensiveness of the facility it created, but also for its commitment to finding innovative solutions to potential organizational and funding barriers. Both the idea and its implementation warrant replication throughout Indian Country.

Lessons:

- Indian nations can complement acute and primary health care services with broader approaches that seek to promote healthy lifestyles. Such approaches are especially important given that American Indians suffer disproportionately from chronic diseases that can be ameliorated by behavioral change.
- Tribal medical and wellness centers should focus on quality of care. One way to ensure high quality services is to empower a board to make decisions based explicitly on user needs; another is to institutionalize quality control mechanisms.
- Wellness centers can operate without significant infusions of tribal revenue when a sufficient proportion of their clients possess private insurance. If neighboring communities have similar health care needs, tribes may consider joint ventures as an attractive option.

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