



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Using Community Health Assessments and Leveraging Community Resources to Improve Health Equity and Reduce Health Care Disparities

*American Indian Alaska Native Healthcare Quality Initiative (AIANHQI)
Partnership to Advance Tribal Health (PATH)*

CMS Quality Conference 2024



Session Speakers



Linda Griskell, MHA

Moderator

PATH Task Order
Director
Comagine Health



**Carrie Howard,
MA, CPHQ, CPPS**

Panelist

PATH Quality
Improvement Advisor
(QIA)
Stratis Health



**Tasha Peltier,
MPH, CPH**

Panelist

PATH QIA and
Community Engagement
Advocate
Quality Health Associates
of North Dakota

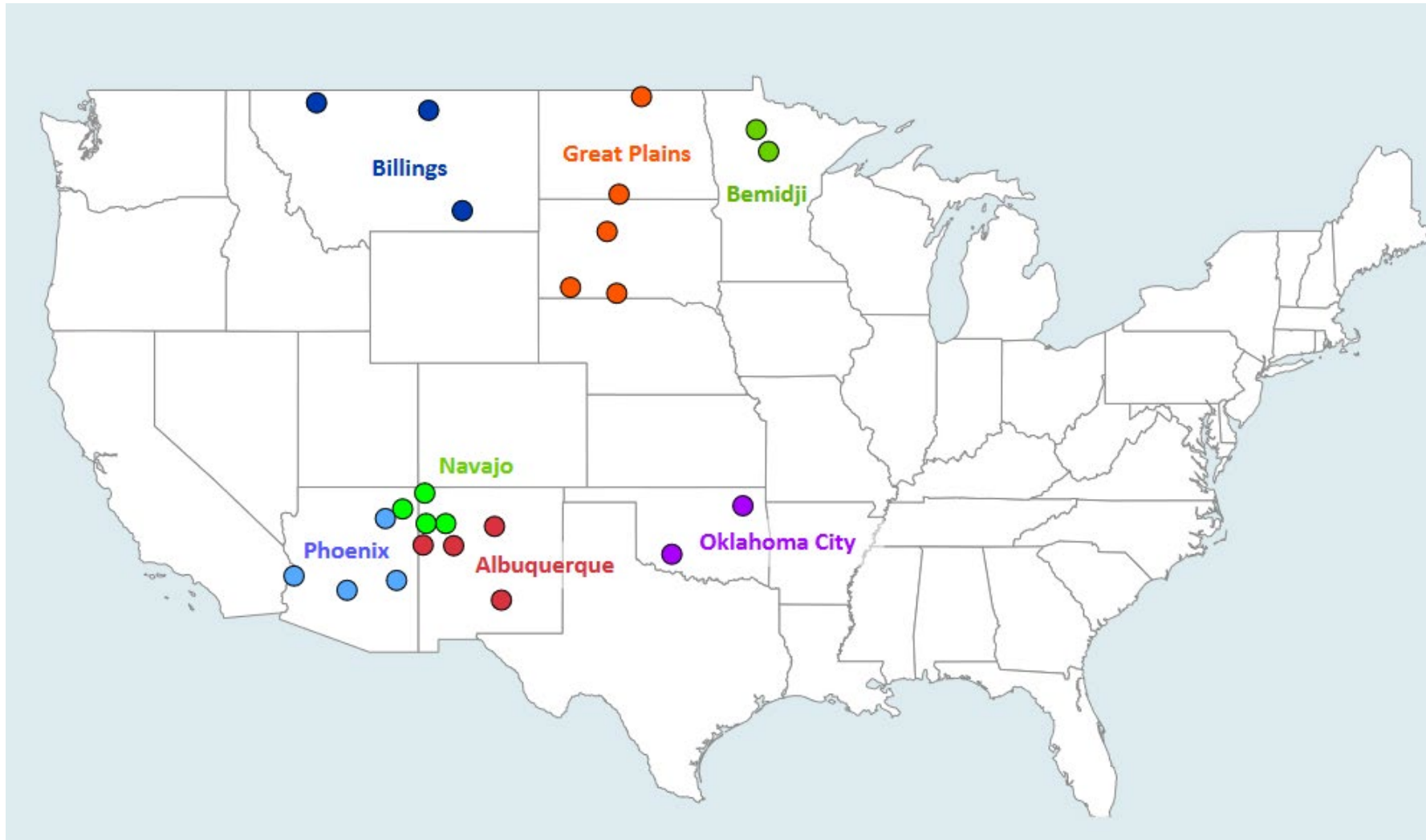


**Julia Drishinski,
RN, CPHQ**

Panelist

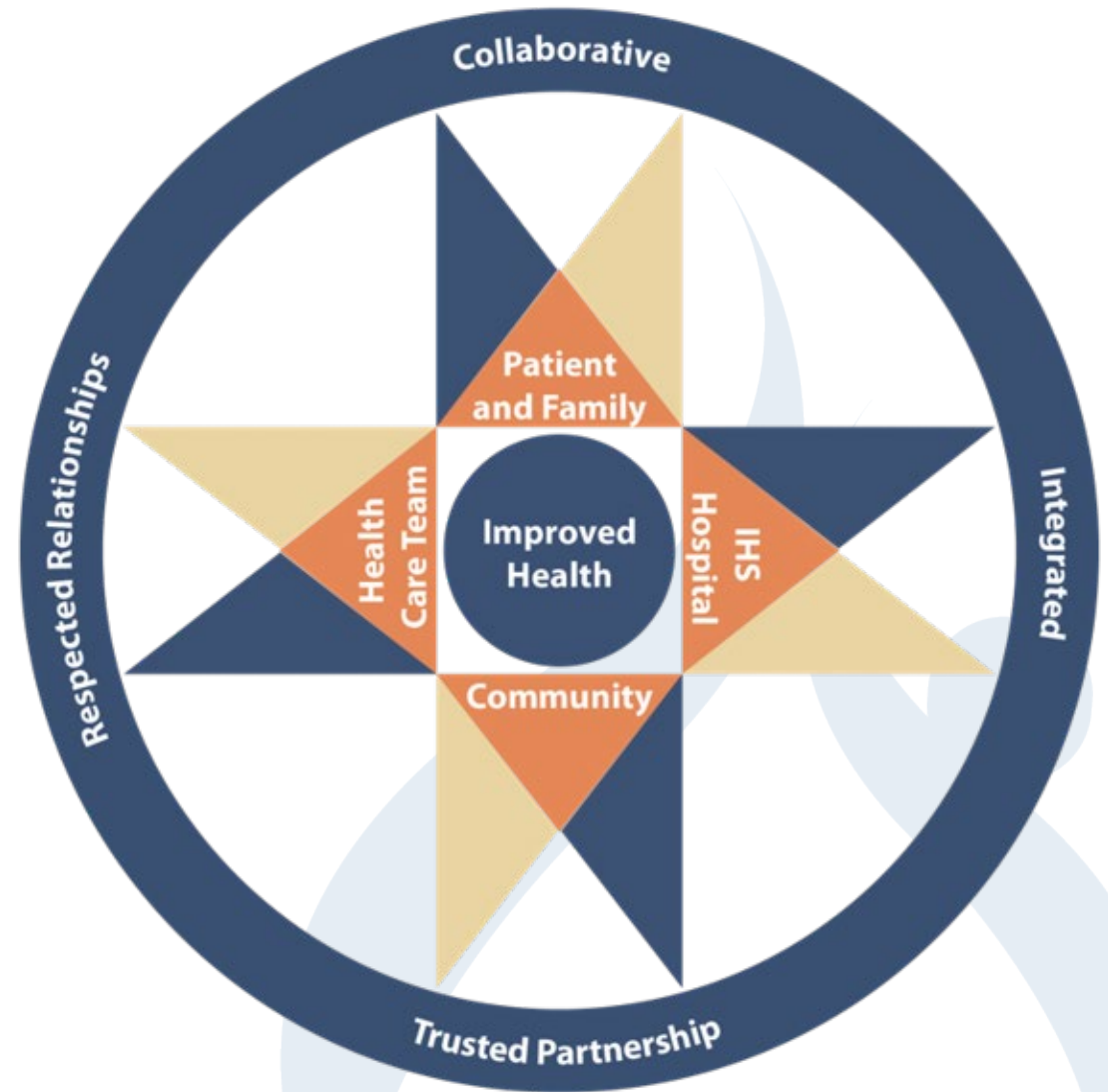
PATH QIA
Mountain Pacific
Quality Health

Partnership to Advance Tribal Health (PATH) Participating Hospitals by Indian Health Service (IHS) Area



PATH aims to:

- Improve health of American Indian and Alaska Native (AI/AN) communities
- Transform patient care
- Use patient-centered, evidence-based, culturally appropriate resources
- Address unique health care quality challenges
- Leverage trusted relationships

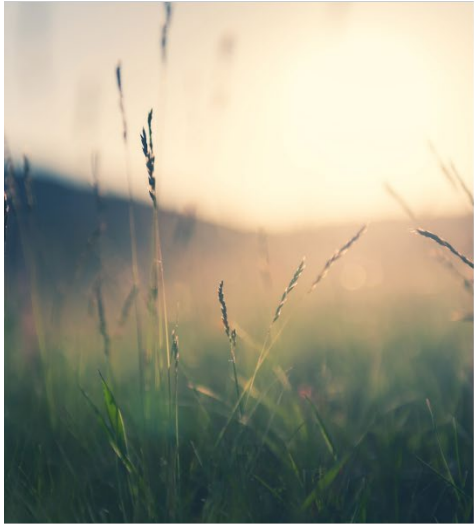


Today's Objectives

As a result of participating in this session, attendees will be able to:

- ✓ Describe opportunities to collaborate with organizations and community members to better understand and address social and cultural drivers of health
- ✓ Examine how a community health assessment (CHA) can be used to identify key community health strengths and concerns
- ✓ Examine methods to assess individual needs and connect patients to community resources and support services to reduce disparities in health outcomes and access to care

Community Health Assessment (CHA) in Standing Rock



Tasha Peltier, MPH, CPH

- PATH Quality Improvement Advisor and Community Engagement Advocate
- Quality Health Associates of North Dakota
- North Dakota



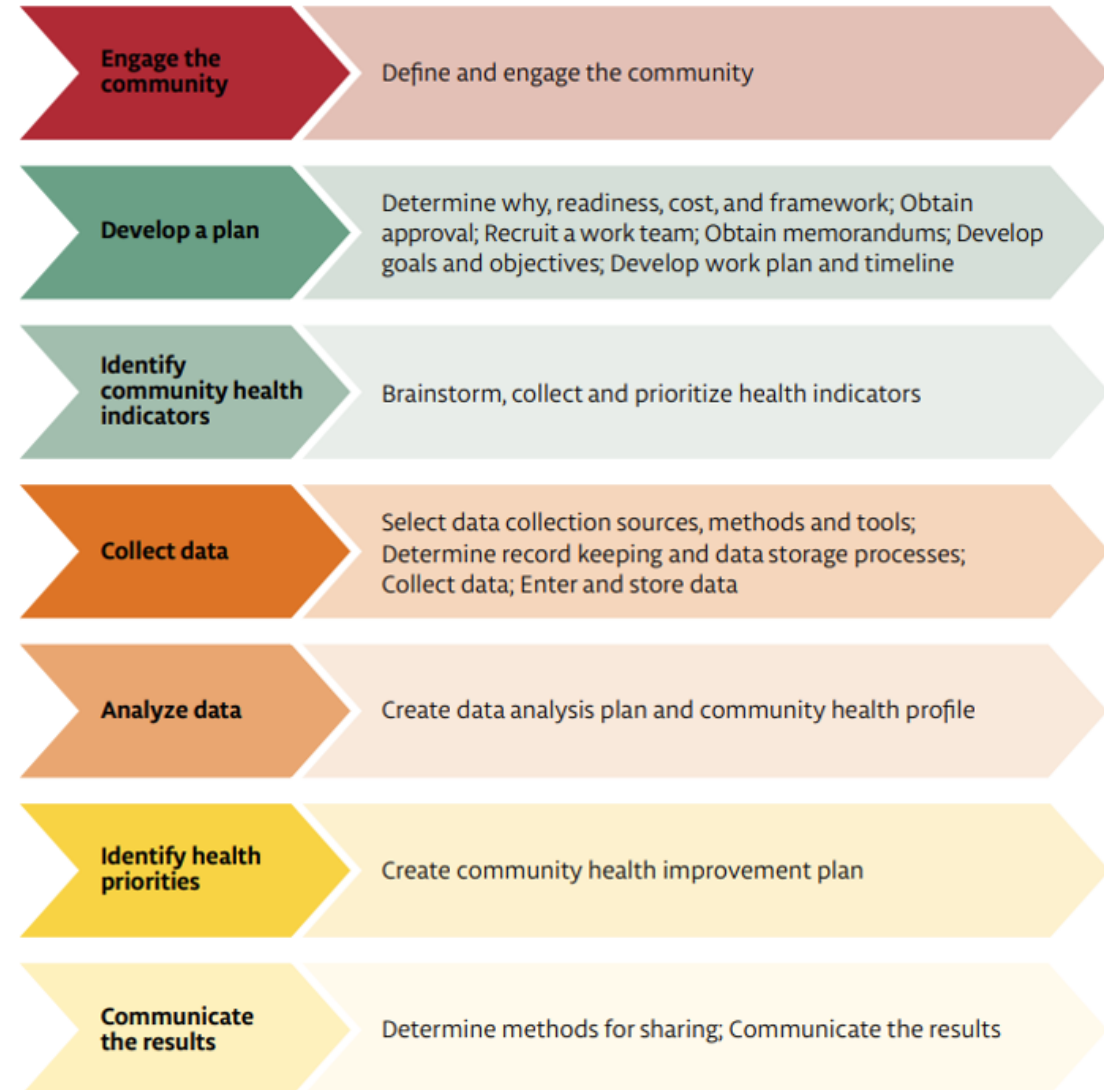
Community Health Assessment (CHA)

A state, tribal, local or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis

- Various reasons/drivers
- Multiple models
- Common goals
 - Identify community's current health status, needs and issues
 - Develop health improvement plan
- Key part of Tribal self-determination
- Many benefits!

Image source: Engaging Tribal Nations of North Dakota in Conducting Community Health Assessments
[PHAR 8910 Community Health Book FINAL.pdf \(ndsu.edu\)](#)

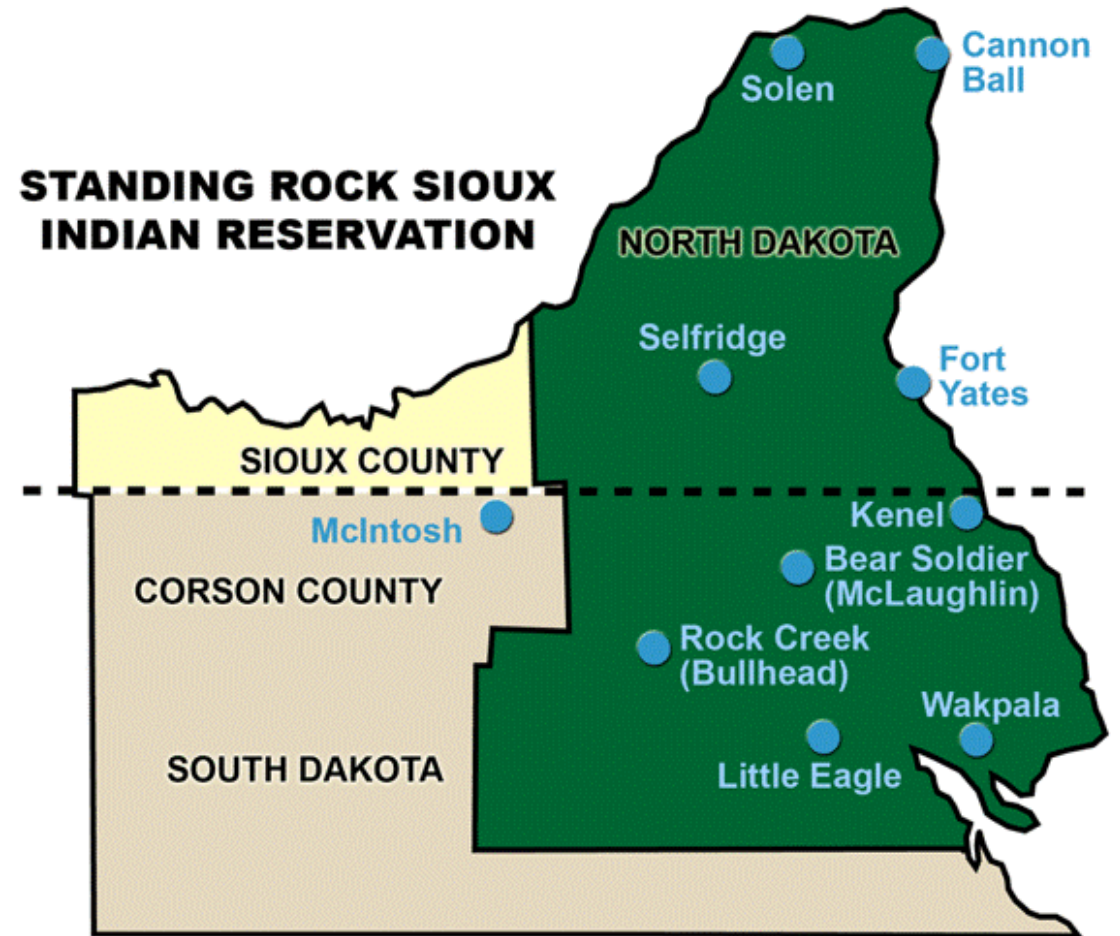
COMMUNITY HEALTH ASSESSMENT PROCESS STEPS



Standing Rock

- Home to Lakota and Dakota people
- 2.3 million acres
- Spans across 2 states (8 districts)
- Members:
 - 16,000+ enrollees
 - 8,000+ live on reservation

Image source: North Dakota Studies
<https://www.ndstudies.gov/curriculum/high-school/standing-rock-oyate/data-standing-rock>



Partnerships

- Standing Rock Sioux Tribe (SRST)
- American Indian Public Health Resource Center (AIPHRC)
- Standing Rock Tribal Health Department
- Alcohol Tobacco and Other Drugs (ATOD) program
- Community Health Representatives (CHRs)
- Health Education program
- Alcohol and Drug Treatment Program
- Early childhood programs
- Community nonprofits
- Indian Health Service (IHS)
- Local Public Health Unit
- State of North Dakota Tribal Liaison
- Women, Infants and Children (WIC) program
- Tribal Diabetes Program
- Alzheimer's Association
- Tribal Aging Services Program
- Great Plains Tribal Epidemiology Center (GPTEC)

Standing Rock Sioux Tribe (SRST)

Drivers

- No centralized location for program data
- Develop baseline for community health
- Funding opportunities
- Desire to build Tribal Public Health Infrastructure (Tribal Sovereignty)
- Partnership with AIPHRC

Problem:
SRST lacks urgency, infrastructure, data, funding, and inter-agency collaboration to determine and resolve community health issues

Current Status

Foundational to each step is acknowledgment of tribal preferences, priorities and needs.

1. Assessment plan developed

- Questions developed and refined by partners
- Assessment completed and rate goal set
- Engagement activities determined

2. IRB submitted

- Tribal data uniquely considered
- Tribal and university IRB process
- Respect promoted and Tribal sovereignty acknowledged

3. Data sharing agreement in progress

- GPTEC partnership

4. Funding secured

- Incentives
- Survey equipment

5. 14 months into 18-month process

- Delays impacting timeline (competing priorities; Tribal leadership election)

Community Health Assessment on the Leech Lake Reservation



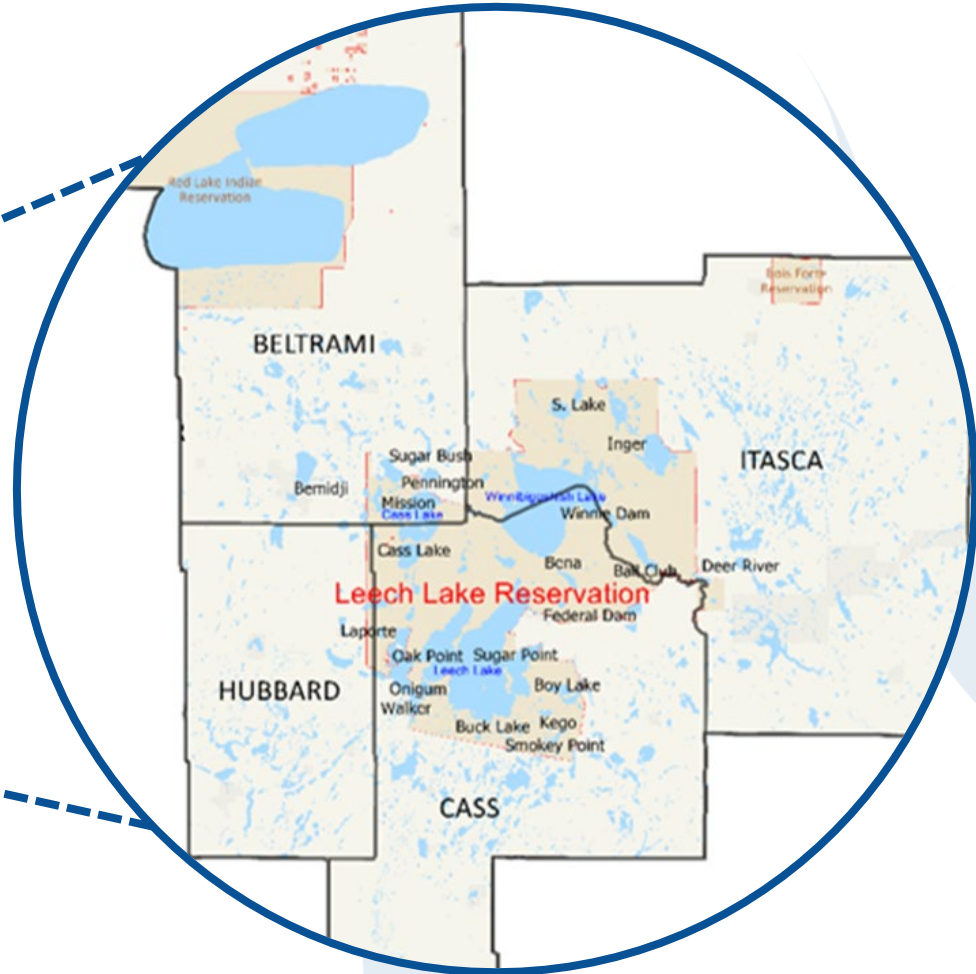
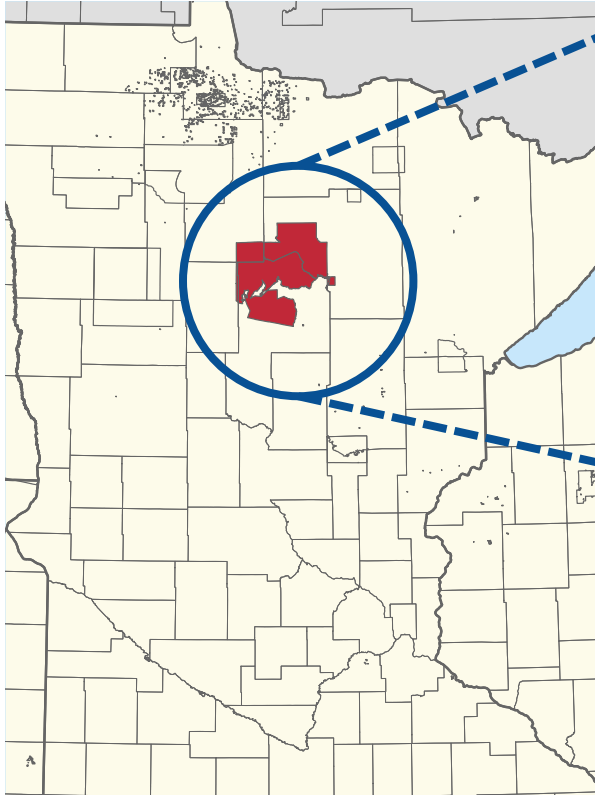
Carrie Howard, MA, CPHQ, CPPS

- PATH Quality Improvement Advisor
- Stratis Health
- Minnesota



Leech Lake Reservation

Home of the Leech Lake Band of Ojibwe

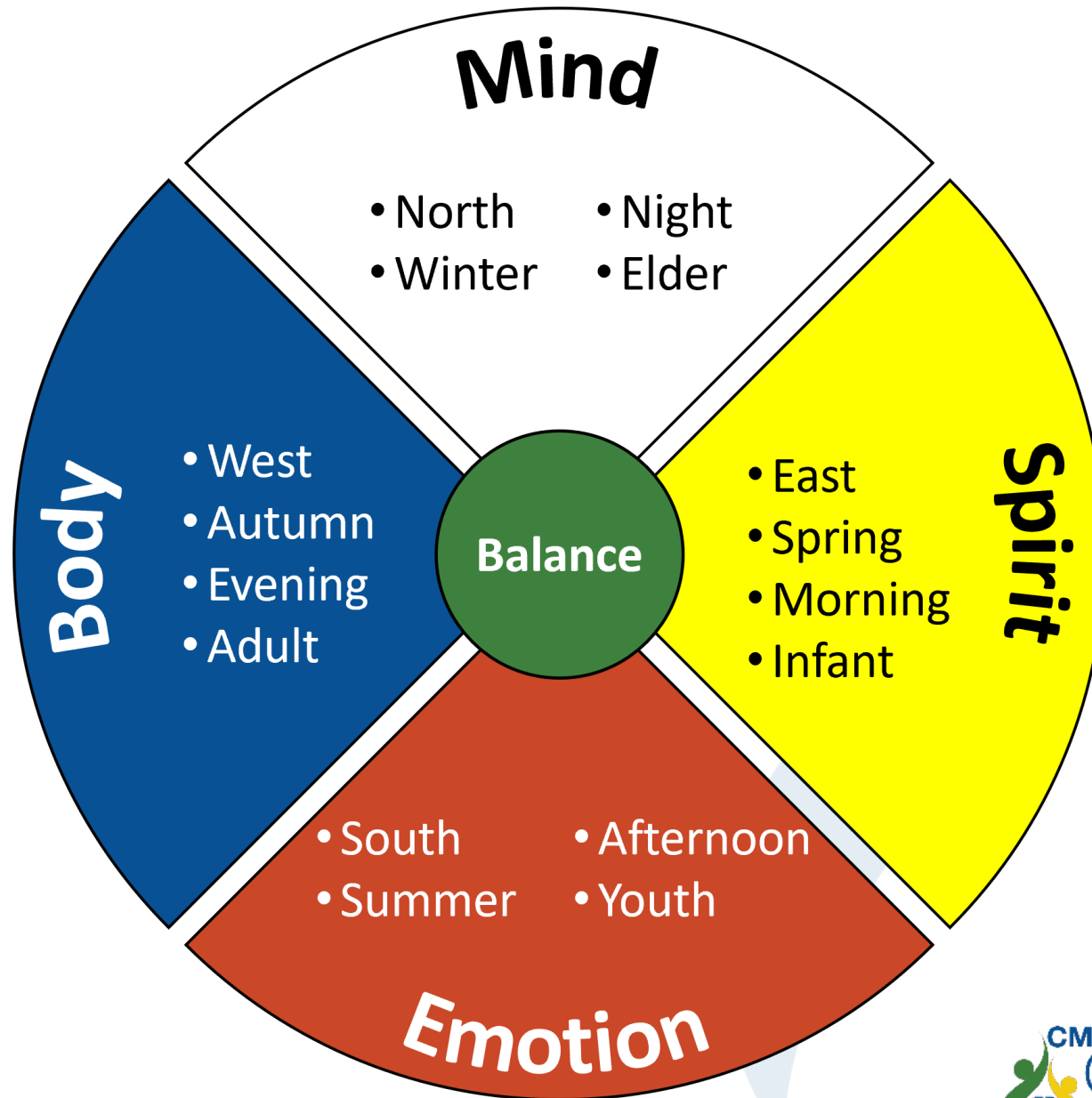


Triad Leadership in Community Partnership



Whole Person Wellness

Ojibwe Medicine Wheel



Outcomes



Community survey participation increased significantly with QR code and Tribal incentives



Working relationships built through CHA process set up community for success in responding to COVID-19



90+ page comprehensive report



Results used for improvement action planning by facility and Tribal services

Health Equity and Disparities Gap Analysis: Blackfeet and Crow



Julia Drishinski, RN, CPHQ

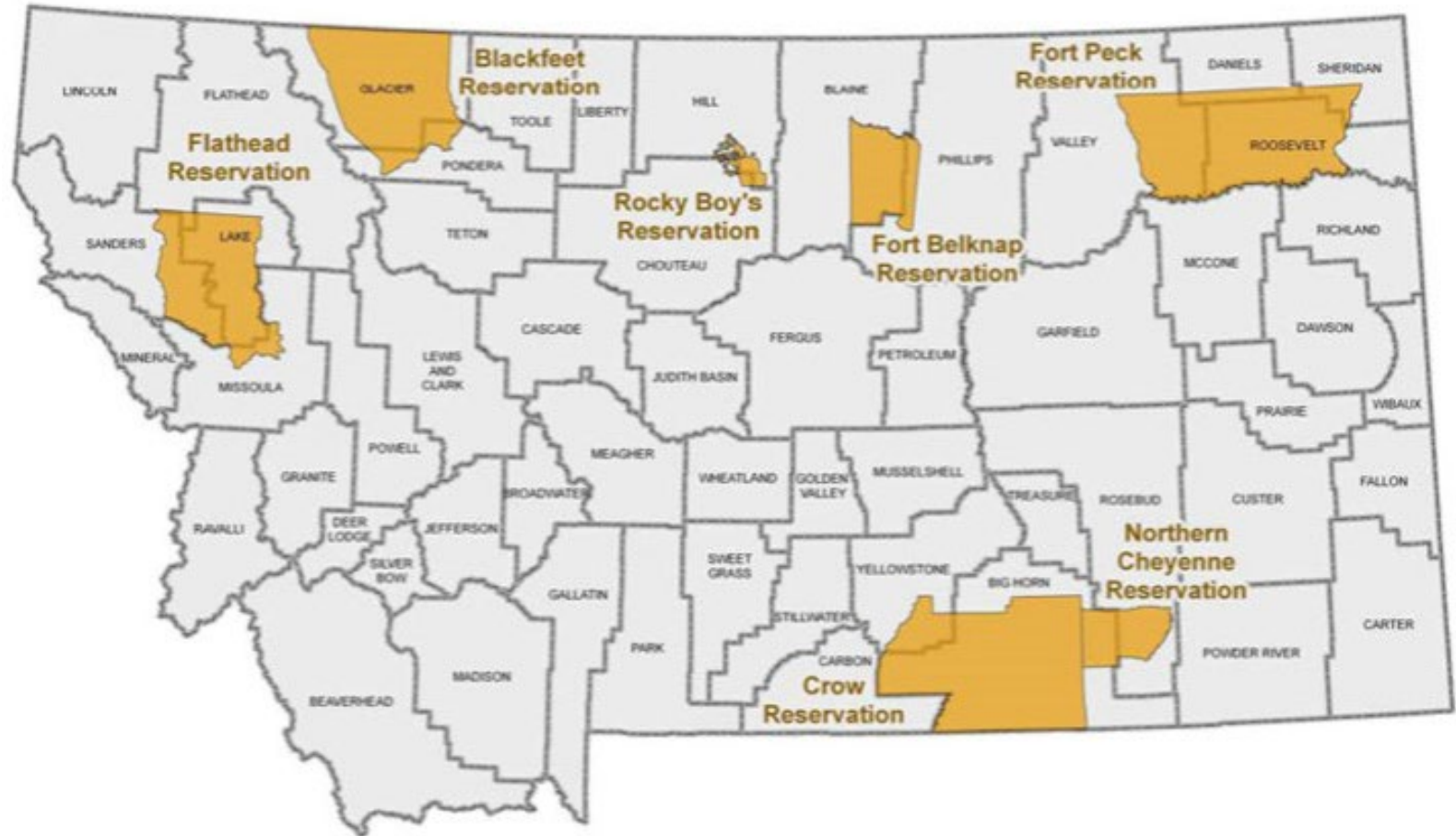
- PATH Quality Improvement Advisor
- Mountain Pacific Quality Health
- Montana



Tribal Partners in Montana

The Blackfeet Reservation

- Northwestern Montana along Rocky Mountains
- 1.5 million acres
- Home of Siksika, Kainai, Pikuni peoples
- 15,560 enrolled members



The Crow Reservation

- Southcentral Montana
- 2.2 million acres
- Home of the Apsáalooke
- 14,500 enrolled members

Image source: Office of Public Instruction
<https://opi.mt.gov/Educators/Teaching-Learning/Indian-Education-for-All/Indian-Education-General-Information>

Why conduct a gap analysis?

Evolving standards in health care equity

Joint Commission Health Care Disparities Requirements

- The Joint Commission updated LD.0403.08: reduce health care disparities, effective January 1, 2023
- 6 new elements of performance
- Standard elevated to NPSG.16.01.01, effective July 1, 2023

National Patient Safety Goal to Improve Health Care Equity

- 6 elements of performance
- Elements provide flexibility of organizations at different stages in equity work

Where to begin?

1. Develop gap analysis.
2. Assist with a gap analysis to identify priorities.
3. May use adjunct to CHA efforts.

PATH: Health Equity and Disparities Gap Analysis

- Definitions and health equity framework
- Collaboration with regional facilities
- Components:
 - 6 elements of performance and description
 - Guidance for implementation of each element
 - Implementation status (full, partial, none)
 - Action plan
 - Corresponding resources

ELEMENT	Guidance for Implementation	IMPLEMENTATION STATUS			ACTION PLAN/NEXT STEPS List specific activities your team will seek to accomplish to fully implement each practice recommendation.	PATH-Identified Resources
		FULLY	PARTIALLY	NONE		
NPSG.16.01.01						
EP 1. The hospital designates an individual(s) to lead activities to reduce health care disparities for the hospital's patients. Note: Leading the hospital's activities to reduce health care disparities may be an individual's primary role or part of a broader set of responsibilities.	Health equity leaders are designated and held accountable for disparities reduction with established roles and responsibilities to champion equity and improve quality of care. Designated leaders actively engage hospital staff, patients and families and create linkages with community stakeholders to support health equity improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		https://equity.aha.org/ https://www.youtube.com/watch?v=HRxP_y0-dBA https://healthequitynetwork.org/

Image source: PATH Health Equity and Disparities Gap Analysis
https://comagine.org/sites/default/files/resources/PATH_TJC_Disparities_Health_Equity_Gap_Analysis_20231005.pdf

Co-identify and Collaborate

Improvement opportunities

1. Complete analysis.

- Right people in the room
 - Integrate Tribal perspective and priorities
 - Include informatics
- Walk through processes
- Garner leadership support

2. Build action plans.

- Coordinate department workgroups
- Involve patient and family advisory council (PFAC) members
- Collaborate with IHS regional facilities and area office(s)
- Consider CHA results

3. Incorporate into Quality Assurance/Performance Improvement (QAPI)

- Momentum forward
- Measure success; find opportunities

Co-develop and Connect Improvement opportunities

4. Connect with community resources.

- Resource guide development
 - Assess current availability and formats
 - Cross reference options
 - Assist with adding resources to applicable formats
 - Health literacy review
- Optimize resource dissemination
 - Easy access for staff
 - Build template into electronic health record

5. Establish next steps.

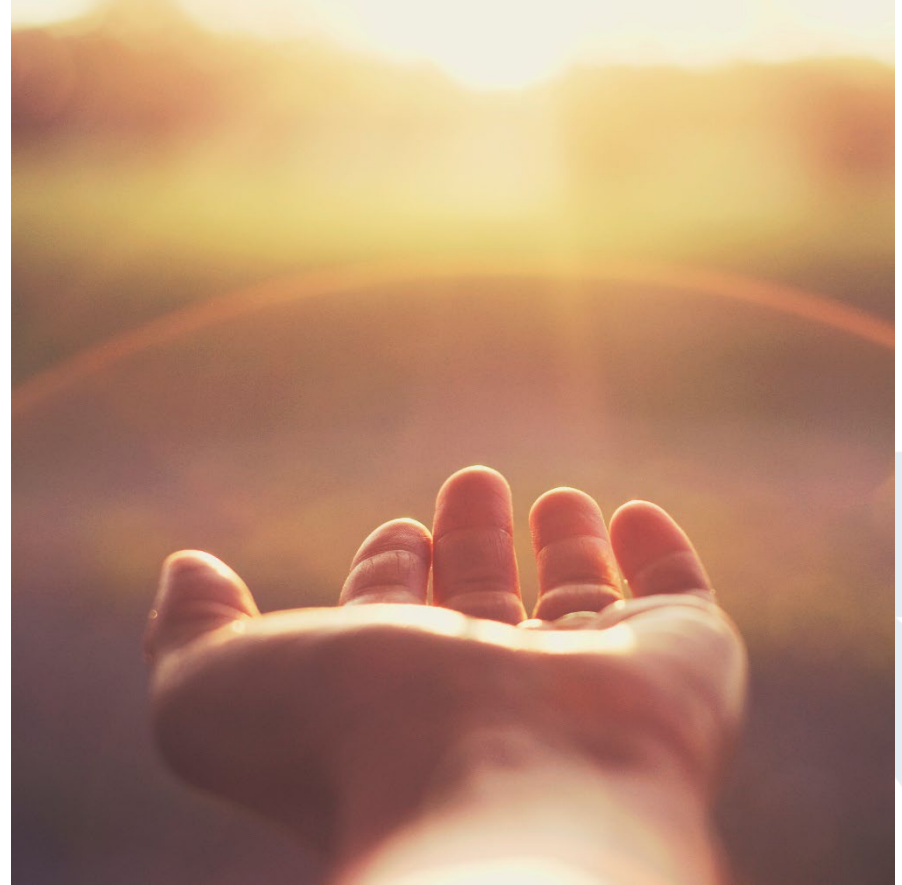
- Pilot changes
- Disparities plan and policy updates
- Revisit gap analysis and CHA, as they are dynamic, living documents

CHA and Collaboration

- Affirm need for resource development
- Identify from own resource gaps
- Recognize other applicable data

Key Takeaways

- Collaboration with Tribal community, acknowledgement or Tribal sovereignty and integration of Tribal knowledge are key to meaningful CHA.
- Not all CHA successes/impacts are measured through CHA report metrics.
- Recognize, celebrate and grow; spread what is going well!
- Ensure all services are represented when assessing gaps in equity work; walk processes with staff doing the work.
- Having a plan is important, but flexibility is necessary.
- Remind yourselves that sometimes these things are requirements, but that should not be a primary driver.



CMS 2024
Quality
Conference
Resilient and Ready Together

Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Questions and Reflections



COMMUNITIES



FAMILIES



INDIVIDUALS



RESILIENT



READY



Resources

- [CDC - Home - Community Health Assessment - STLT Gateway](#)
- [The Joint Commission R3 Report 2022](#)
- [The Joint Commission Healthcare equity standard now NPSG](#)
- [The Joint Commission 2024 Hospital National Patient Safety Goals](#)
- [The Joint Commission National Patient Safety Goals® Effective January 2024 for the Hospital Program](#)
- [PATH Health Equity and Disparities Gap Analysis](#)