Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Redesigning Health and Social Systems for the Cheyenne River Sioux Tribe Using Community-Engaged Decision-Making

Research In Progress Webinar
Wednesday, July 11, 2018
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

College of Public Health
Center for Public Health Systems and Services Research

Funded by the Robert Wood Johnson Foundation

Agenda

Welcome: **Anna Hoover, PhD**
Co-Director, RWJF Systems for Action National Coordinating Center
University of Kentucky College of Public Health

Presenters:

Barbara Quiram, PhD
Professor & Director
Office of Special Programs & Global Health
School of Public Health
Texas A&M University

David Washburn, ScD
Assistant Professor
Health Policy and Management
School of Public Health
Texas A&M University

Commentary: **Alexandra Little**
Hospital Preparedness Program Coordinator
Office of Public Health Preparedness and Response
South Dakota Department of Health

Q & A: Moderated by Dr. Anna Hoover

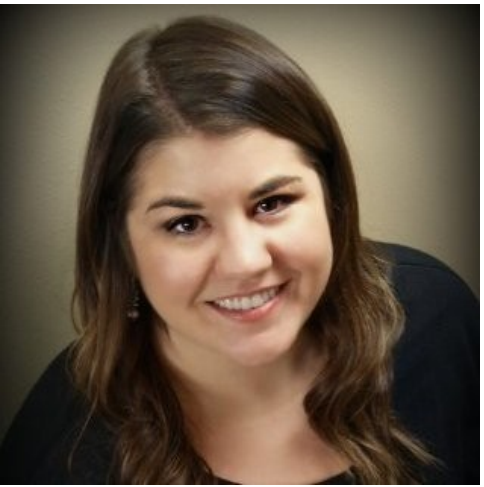
Presenter

Barbara Quiram, PhD
Professor & Director
Office of Special Programs & Global Health
School of Public Health
Texas A&M University

Presenter

David Washburn, ScD
Assistant Professor
Health Policy and Management
School of Public Health
Texas A&M University

Commentary Speaker



Alexandra Little

Hospital Preparedness Program Coordinator

Office of Public Health Preparedness & Response

South Dakota Department of Health

Weaving the Tasina Luta: a Community-Based Participatory Research Approach to Implementation and Engagement with a Tribal Public Health Plan

PUBLIC HEALTH
TEXAS A&M UNIVERSITY

Collaborators

- Margaret Bad Warrior - Cheyenne River Sioux Tribe (CRST) - author of Tasina Luta
- Harold Tiger (CRST)
- Kay Carpender (Texas A&M)
- Brandy Sebasta (Texas A&M)
- Barbara Quiram, PhD (Texas A&M co-PI)
- David Washburn, ScD, SM (Texas A&M co-PI)

Today's Presentation

- The Tasina Luta public health program
- Background – the Cheyenne River Sioux Tribe
- Methods
- Preliminary results – quotes from the field
- Next steps

Tasina Luta – the four pillars

- Annual health reviews for every member of Tribe
- Healthwise handbooks
- 24-hour ask-a-nurse hotline
- Annual health summit of providers

Access, Engagement, and Collaboration

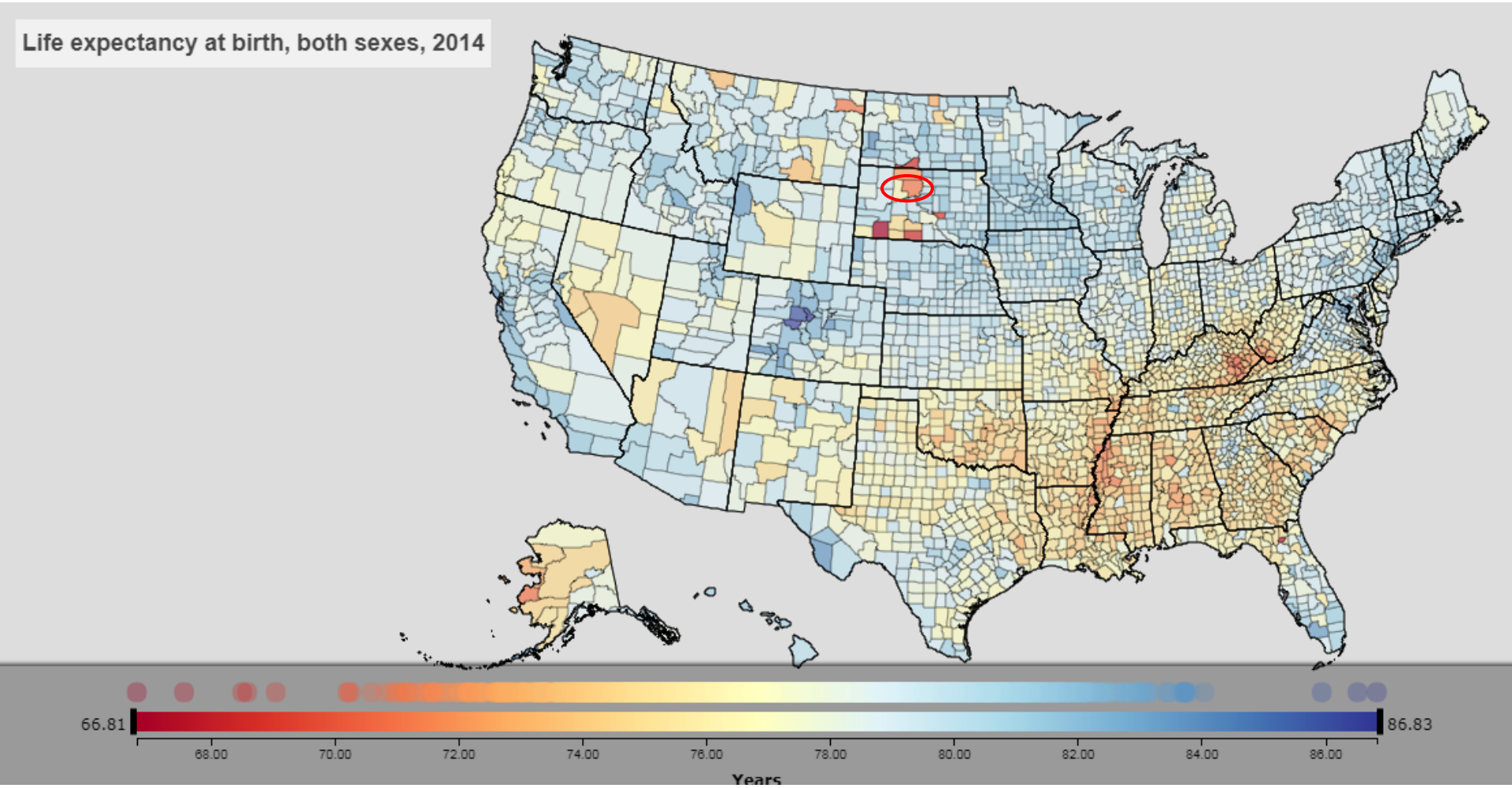
Origins of Tasina Luta and CRST/A&M Collaboration

- The Tasina Luta was developed by Margaret Bad Warrior and signed off on as a new initiative by the Cheyenne River Sioux Tribal Health Council

- Tribal Health asked A&M to help facilitate the first annual health summit in 2017 after A&M researchers had been working with CRST on public health and emergency preparedness for ~12 years

- A&M offered to help with a collaborative community-based participatory research effort to assist implementation efforts of the Tasina Luta

Part of the challenge



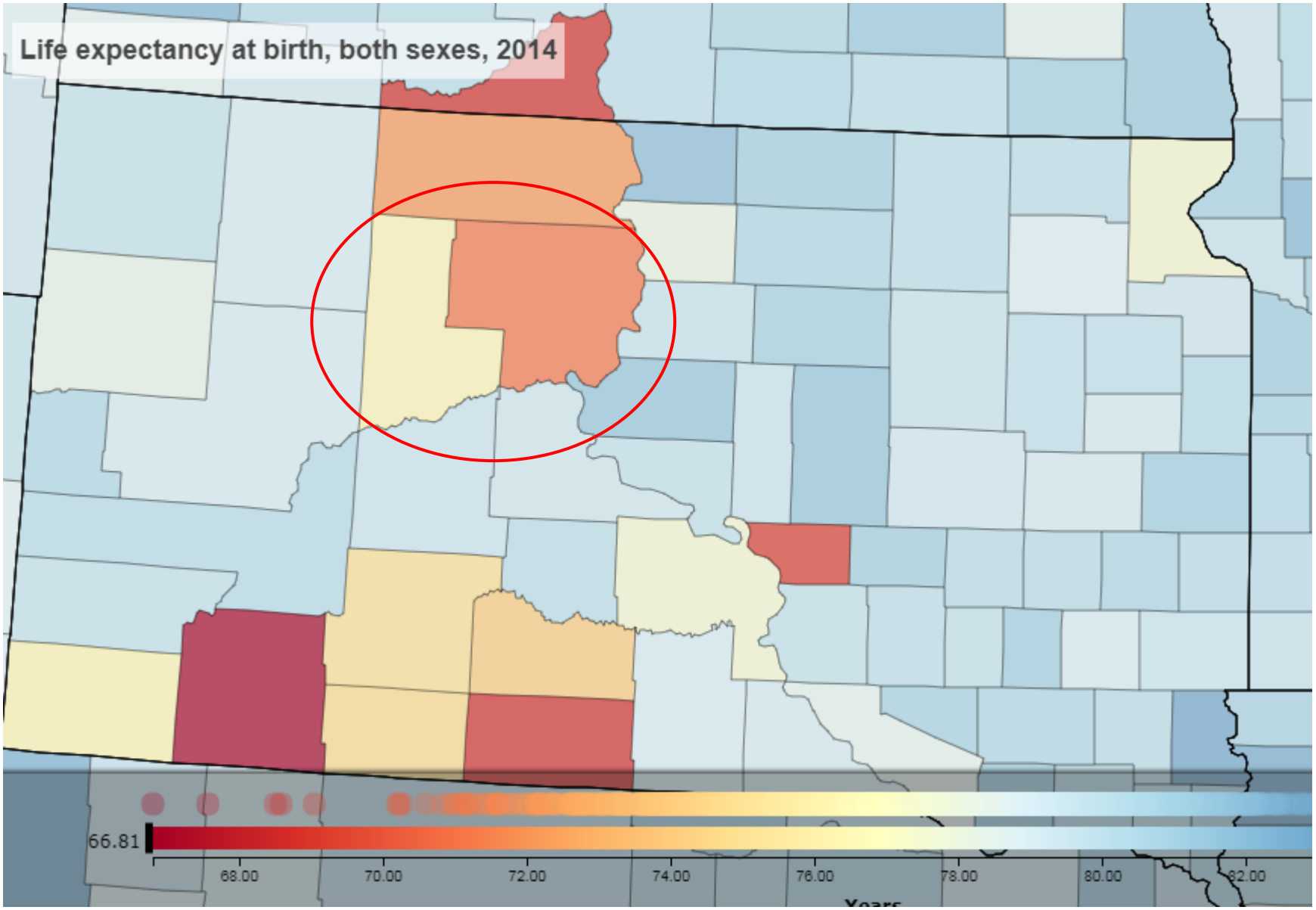
Institute for Health Metrics and Evaluation, University of Washington https://vizhub.healthdata.org/subnational/usa

Low life expectancy and endemic poverty

- The two counties on the Cheyenne River Sioux Tribe reservation had LE rates of 71.02 (Dewey – 12th lowest LE in US) and 76.39 (Ziebach – 2nd lowest per capita income in continental US), both lower than the US average LE of 79.08 in 2014.[1]

- Dewey county's LE of 71.02 falls between Turkmenistan and North Korea.

[1]Institute for Health Metrics and Evaluation, University of Washington https://vizhub.healthdata.org/subnational/usa



Institute for Health Metrics and Evaluation, University of Washington https://vizhub.healthdata.org/subnational/usa

Cheyenne River Sioux Tribe

- Population of ~8,000
- Slightly smaller in land area than Connecticut
- Eagle Butte, the administrative center, has approximately ~1,350

Health Services on/near the CRST

- Indian Health Services (Eagle Butte Hospital)
- Tribal Health (Clinics and outreach)
- Private Providers
- Larger hospitals in Rapid City, SD; Pierre, SD; & Bismarck, ND

Research focus

- Gather information from local experts and tribe members regarding strategies for the implementation of the Cheyenne River Sioux Tribe's first locally driven public health plan – the Tasina Luta (or red blanket)
- Community based participatory research model where community members provide guidance for the implementation of the plan
- Team is responsible for gathering market research to help push implementation forward

Methods

- 14 key stakeholder interviews (~1 hour each) with community leaders & public health professionals

Issues covered included:

- critical success factors for program implementation,
- effective marketing and promotion methods for this and other programs,
- prioritization of implementation efforts, and
- how to encourage individuals to engage with the program

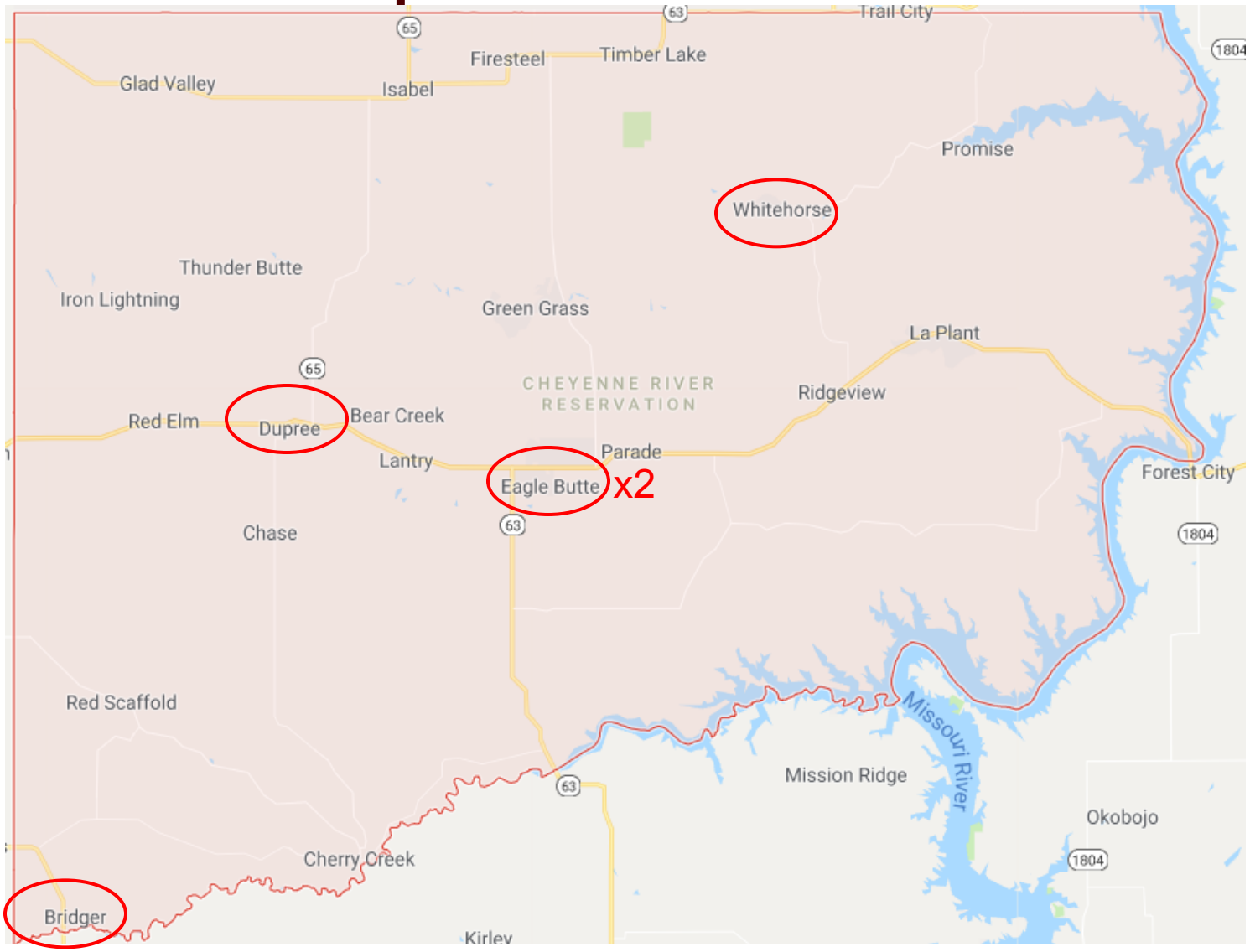
Methods

- 5 focus groups (4 with community members, 1 with Community Health Representatives, ~1 hour each)

Issues covered included:

- effective outreach methods on the reservation,
- why and when people choose to access medical care,
- barriers to access commonly encountered, and
- how to encourage people to become more involved in their health

Focus Groups



Themes

- Getting people to access care before it's too late

"where I work at there are a lot that disregard their health even if there is a existing or pre-existing medical condition and they cover it with alcohol and drugs so by the time they do decide to sober up it's already in bad stage… we don't get them here until like I said middle three-fourths or end stage of the sclerosis."

"We have a huge no show rate on just our diabetics that need to come every 3 months or our cardiac patients that need to come every 6 months to a year depending on what they are for their annual EKG or whatever. It's not easy to get people in to their appointments."

Themes

- Divisions between health systems

"There's at times been a division in providing health care between our private sector, tribal and IHS and it's widely known that it happens."

"Some people just refuse to come to even tribal health or IHS. They want to go to [private providers] because something happened here that they didn't like and we don't have consistent providers at IHS."

Themes

- Incentives are very important

"to get them there or sometimes to get people to participate you may have to offer an incentive. I hate to say that we are incentive driven but it is what may make a difference between somebody participating and somebody not participating… I look at it in two different ways. One that we are incentive driven but we are also trying to survive."

"we kind of got into this rut where you have to either offer food or incentives… I shouldn't probably say a rut but it seems like when we do have functions and we don't offer that we are not getting as good a turn out. And then maybe you know with our addictions and people on a fixed income coming to eat. In the Lakota culture alone if you feed then that's an honor."

Themes

- Communication and connectivity is limited and expensive

"I have to drive 2 miles to go up to get internet. So we do have a hill that they call cell phone hill where you will see a lot of people parked and accessing and if somebody is on a fixed income, cause I could tell you right now, I personally have internet at my home, but I pay over $100 a month, so if they are on a fixed income, they are not getting it. "

Themes

- Persistence matters – and it has a bad track record

"We have to be consistent because one of the biggest complaints is that we try to introduce something and then it never follows through."

Themes

- Elderly engagement strategies will differ

"They are a little bit private and you really kind of have to listen to them to see what they are really telling you. It's not always black and white. Sometimes you may have to hear what they are saying and then ask another question and then ask another question to get a full answer. If you look at our culture historically they are story tellers and a lot of our elderly kind of are like that. They tell a story to get their point across or they go a round about way to give you an answer… Our elders are probably still going to come to us at clinics or come to us personally because they like the face to face."

Themes

- Outreach into communities

"our population here are a lot of hands on. If you see a piece of paper like this and they don't understand it then they will just push it to the side… a lot of visual and if somebody talks about it that would be the best. And then going to each district. That is where maybe [the Community Health Representative] program and health education can help…"

Themes

- Encouraging use of healthwise handbooks

"Our CHRs [Community Health Representatives] are going to be a wonderful resource because they are already out in those communities. I don't see our younger generation having a problem with it because they are already used to googling things if they have the means to do that. But it is going to be that generation that is maybe elderly to almost elderly that isn't as used to electronics or doesn't have it or they're limited income keeps them from having that, but once we get into those ages then our CHRs are supposed to be targeting those homes anyways to do home visits so I think they can be utilized a little bit more when they stop in. Pull it off the shelf. Do you have your healthwise book? Do you have any questions about it?"

Themes

- Communication methods have changed

"When I was kid we went on weekends on Saturday or Sunday afternoons you would go and visit your neighbor and have coffee and play cards. And you don't see as much of that anymore, it seems like people are to busy or maybe because of social media they value their privacy a little more. So it's not as acceptable anymore to just drop in on somebody… we don't gather like we did."

Themes

- Cultural awareness = foundation of outreach

"She [a Caucasian preacher] came right up to me and she was right in my face and I was like whoa whoa whoa *laughs* you don't do that in our culture *laughs* and you don't try to match eye for eye. I'm comfortable with it off and on but here its taught as being very rude that to really stare someone right in the face. And on the outside they say you're not being honest because you're not looking me right in the eye."

Themes

- Approach and style matter especially when trust has broken down with vulnerable groups

"I even did this exercise with some young people… I said I'm going to walk through this door. Tell me when to stop [when you're uncomfortable]… there was a young lady in the corner over there and I was about half way step in and she said stop. So that was her comfort zone. And with the male who is the ultimate gangster and da da da da I got three steps in and he said stop… [when asking] the consensus of the room where would you be at? And they said probably in between those two."

Themes

- The importance of Medicaid (SD is a non-expansion state)

Bridger is on the SW corner of the reservation, closer to healthcare in Phillip (off the reservation – 45 minutes away when Eagle Butte is 1.5 hours)

Approximately 70-80% of Bridger have Medicaid. They go to Phillip for care. Others without Medicaid go to Eagle Butte, but might go straight to Bridger or Rapid City for emergencies in the hopes that IHS will pay for their care retroactively. This was considered risky.

Other Important Themes

- Transportation is a challenge for many, it may be necessary to do annual health reviews in the communities.
- Targeting those that are already engaged with their health will be easier, getting others (especially many people over 18) will be difficult.
- Social media is widely used among youth and the working class who have connectivity. The radio reaches a broader audience. Elders communicate more face-to-face or at community events.

Going Forward

- Finalize coding and analysis
- Prepare final report and presentation for the Tribal Health Council
- Publish
- Examine/determine resources for kick-starting implementation efforts

Upcoming Webinars

Archives

http://systemsforaction.org/research-progress-webinars

Upcoming

Wednesday, July 25, 2018, 12 p.m., ET

Systems for Action Individual Research Project

Integrating Health and Social Services for Veterans by Empowering Family Caregivers

Megan Shepherd-Banigan, PhD, MPH, Department of Veteran Affairs and Duke University

Wednesday, ~~August 8, 2018, 12 p.m., ET~~ (Rescheduled for October 3, 2018)

Systems for Action Individual Research Project

Testing a New Terminology System for Health and Social Services Integration

Miriam Laugesen, PhD, and Sara Abiola, PhD, JD, Columbia University Mailman School of Public Health

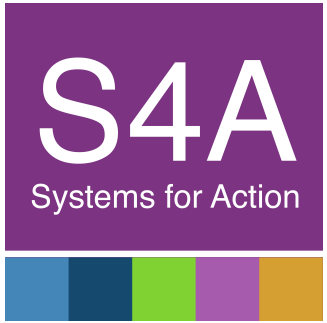
Wednesday, September 19, 2018, 12 p.m., ET

Systems for Action Intramural Research Project

Rural-Urban Differences in Delivery Systems for Population Health Activities

John Poe, PhD, Systems for Action National Program Office, University of Kentucky College of Public Health

Questions?



www.systemsforaction.org

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Center for Public Health Systems and Services Research in the College of Public Health, and the Center for Poverty Research in the Gatton College of Business and Economics, administered by the University of Kentucky, Lexington, Ky.

College of Public Health
Center for Public Health Systems and Services Research

and

Gatton College of Business and Economics