



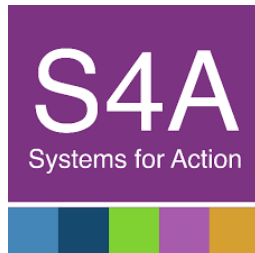
Implementing the **Tasina Luta**: A Public Health Foundation for Cheyenne River

*Strategies to Achieve Alignment, Collaboration, and Synergy
Across Delivery and Financing Systems*

Research-In-Progress Webinar

March 18, 2020

12- 1pm ET



colorado school of
public health

Agenda

Welcome: Chris Lyttle, JD

Deputy Director for Systems for Action

Presenters: David J. Washburn, ScD

School of Public Health Texas, A&M University

Commentary: Kay Carpender

Office of Special Programs & Global Health, A&M University

Q&A: Moderated by Chris Lyttle, JD



David Washburn, ScD is an Assistant Professor in the Department of Health Policy and Management at the Texas A&M School of Public Health. Dr. Washburn has a Doctorate of Science and a Masters of Science from the Harvard School of Public Health. He has conducted a variety of health services research projects focusing on access to care particularly for vulnerable populations. Employed research methods include focus groups, key-stakeholder interviews, surveys, analysis of large datasets, and the use of qualitative and quantitative analytical software. Dr. Washburn served as a hospital strategic planner, a Peace Corps volunteer, and he speaks Spanish. Through his work as a hospital administrator and as a researcher, he has studied Community Health Workers, mobile health applications, Tribal health programs, risk-adjusted payment mechanisms, health reform implementation, emergency department utilization, patient trust and perceptions of hospital quality, and alternative models of care provision.



Kay Carpender

Assistant Director of both the Office of Special Programs & Global Health and the USA Center for Rural Public Health Preparedness at the Texas A&M School of Public Health (SPH)

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

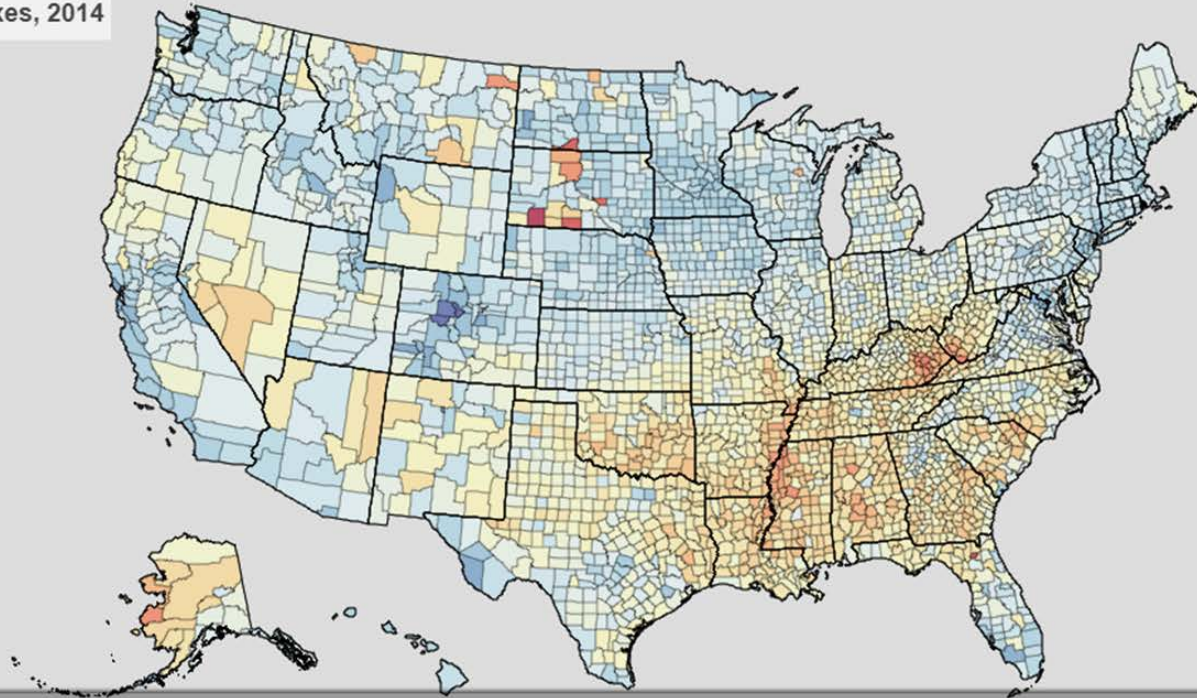
Access, Engagement, and Collaboration

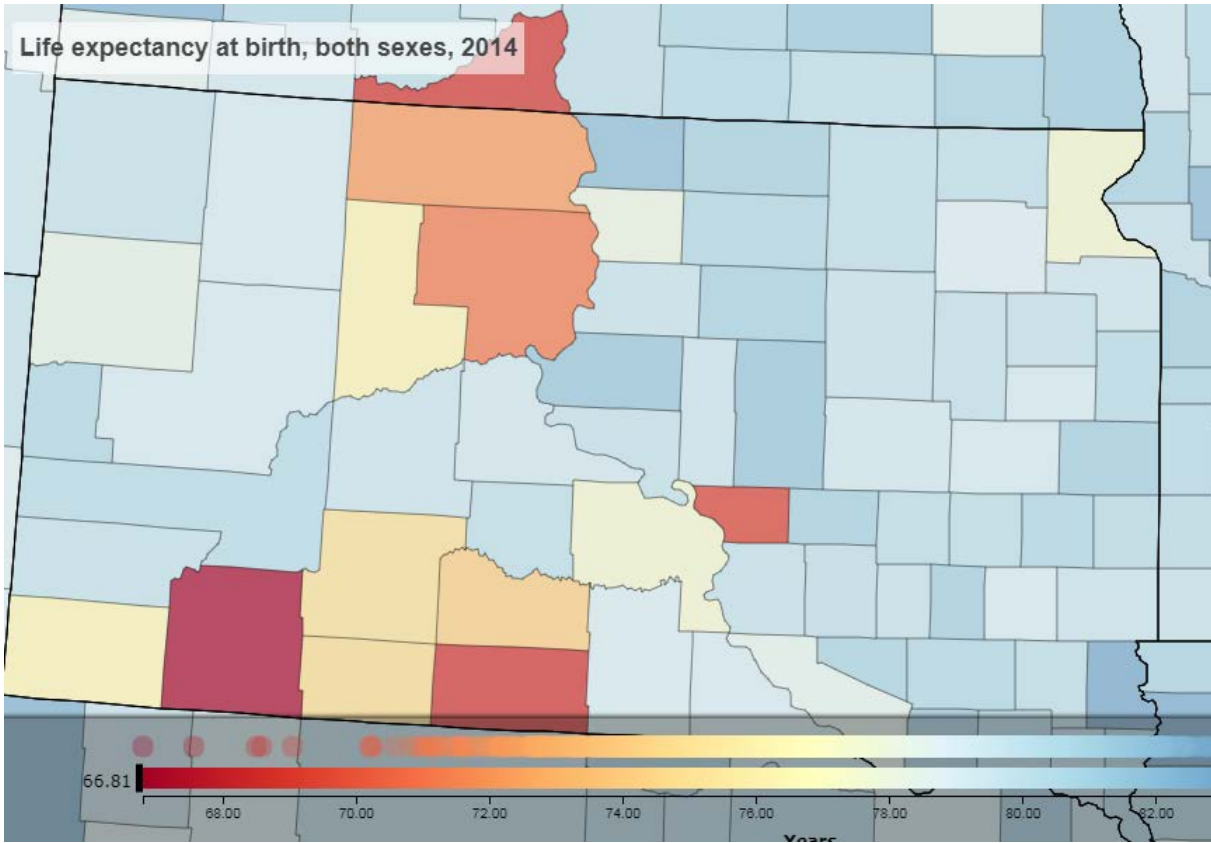
Tasina Luta & CRST/A&M Collaboration Origins

- 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

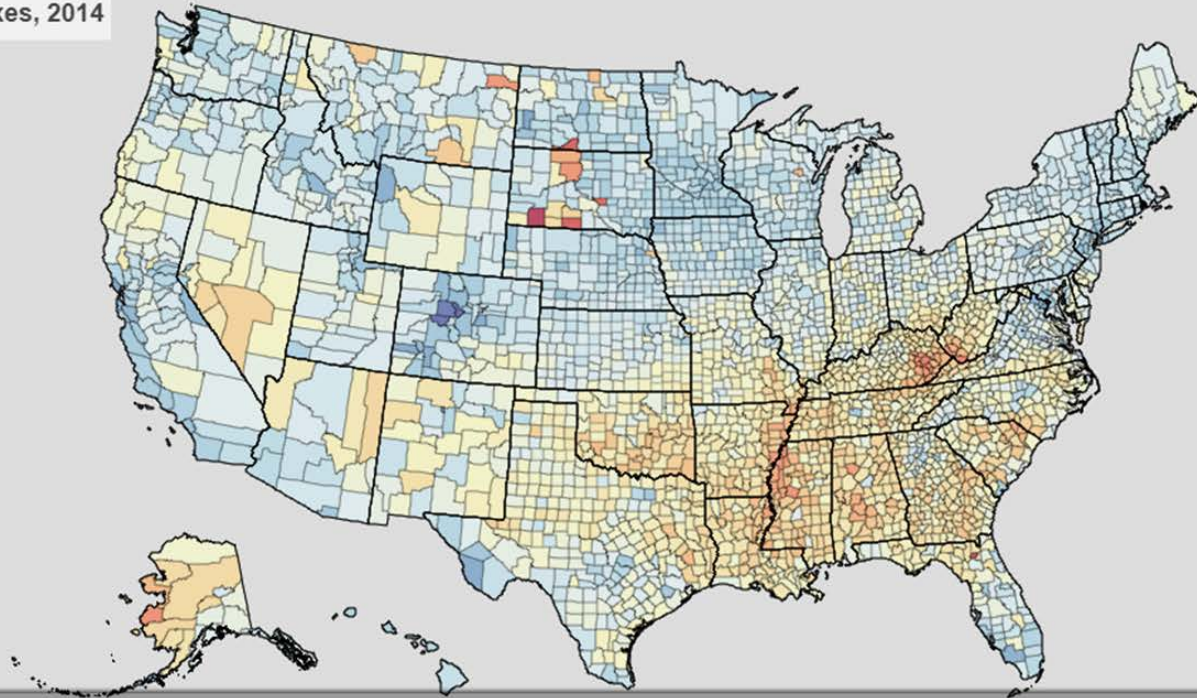
Life expectancy at birth, both sexes, 2014





Part of the Challenge

Life expectancy at birth, both sexes, 2014



SOUTH DAKOTA HEALTH RANKINGS

County	Median Household Income	Percent Unemployed	Life Expectancy	Percent Food Insecure	Percent Poor or Fair Health	Percent Diabetic	Percent Obese	Percent Smokers	Percent Excessive Drinking
Dewey County	\$37,621	10.2%	67.6	19%	23%	16%	37%	28%	18%
SD Percentile Rank	13.6%	3.1%	15.1%	10.6%	13.6%	4.5%	12.1%	10.6%	60.6%
US Percentile Rank	11.6%	1.1%	0.3%	10.6%	12.6%	6.0%	10.9%	0.9%	43.7%
Ziebach County	\$29,985	5.2%	74.2	21%	28%	17%	45%	32%	16%
SD Percentile Rank	4.5%	9.1%	24.2%	7.6%	7.6%	1.5%	1.5%	7.6%	86.4%
US Percentile Rank	1.6%	28.1%	13.5%	6.6%	2.4%	2.2%	0.3%	0.4%	64.0%
SD Average	\$56,871	3.3%	79	12%	12%	9%	31%	18%	20%
US Average	\$60,300	4.4%	79.1	13%	16%	10%	29%	17%	18%

Cheyenne River Sioux Tribe

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



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

- 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

- 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

- 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



Focus Groups

KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUPS

Demographics	Focus Group 1	Focus Group 2	Focus Group 3	Focus Group 4	Focus Group 5	Health-Related Professional Interviews	Non-Health Professional Interviews
Location	Bridger	Dupree	Eagle Butte	Eagle Butte - CHRs	White Horse		
Male	2	6	4	2	6	5	3
Female	7	8	6	6	3	5	1
Number of Respondents	9	14	10	8	9	10	4
Percent on Reservation	100%	100%	100%	100%	100%	80%	100%
Tasina Luta Pillars							
Annual Health Summit							10
Healthwise Handbooks							0
24-Hour Ask-A-Nurse Hotline							1
Annual Health Reviews							2
							21

Focus Groups

HEALTH VISITS				
	Bridger Focus Group	Dupree Focus Group	Eagle Butte Focus Group	White Horse Focus Group
How many of you saw a health care provider during the last year?	5	7	5	3
At IHS	3	7	4	1
Tribal Health	4		0	3
Private Clinic	2	1	1	0
Traditional/Spiritual	1	0	0	2
How many of you had a physical or health review in the last year?	1	4	1	2
Number of Respondents	9	14	10	9

- 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.”

- 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.”

- 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.”

- 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.”

- 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.

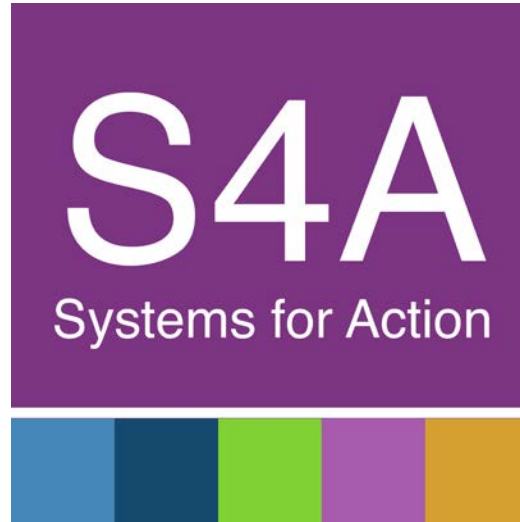
- Transportation is a challenge for many. It may be necessary to do annual health reviews in the communities.
- Targeting those that are already engaged with their health will be easier; getting others (especially many people over 18) will be difficult.
- Social media is widely used among youth and the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

Thank you!

Kay Carpender

Assistant Director of both the Office of Special Programs & Global Health and the USA Center for Rural Public Health Preparedness at the Texas A&M School of Public Health (SPH)

Questions?



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 @Systems4Action

April 1 | 12 pm ET

Financing and Service Delivery Integration for Mental Illness and Substance Abuse

Systems for Action Collaborating Research Center

William Riley, PhD, Michael Shafer, PhD, & Kailey Love, MBA, School for the Science of Health Care Delivery, Arizona State University

April 15 | 12 pm ET

Optimizing Governmental Health and Social Spending Interactions

Systems for Action Individual Research Project

Beth Resnick, DrPH, MPH, & David Bishai, MD, MPH, PhD, Johns Hopkins Bloomberg School of Public Health

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



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