

## SWEETGRASS

Native American Health Center  
Oakland, California

Contact information:

Serena Wright

Project Director

510-434-5421

[serenaw@nativehealth.org](mailto:serenaw@nativehealth.org)



## Population(s) of Focus

The Native American Health Center (NAHC) is a safety net community health clinic located within the neighborhoods of the Fruitvale District in Oakland and the Mission District in San Francisco. Both of these clinics serve a diverse population that includes a high proportion (20%) of American Indians/Alaska Natives (AI/AN). NAHC provides specialty mental health services targeting AI/AN (85%).

- Focus on AI/AN because of the long 40 year history in this community and disproportionate health disparities.
- Native population is self identified.
- Relocation history, historical context, health center as community gathering point – makes urban AI/AN unique.
- Target: 210 AI/AN (600 clients total).



## Implementation Practices

Strategies to engage identified sub-populations:

- NAHC provides services from a holistic framework that includes integration of individual spiritual practices, traditional consultants and cultural community gatherings/classes (pow wow, drumming, beading, traditional foods, dance).
- Wellness programs are open to all and the target population has a history of utilizing these services.
- Outreach is being conducted directly by current mental health provider.
- The workforce already provides services to this population and is well prepared. Additional and on-going training is needed that is specific to new workflows required to support objectives of this grant and overall integration.
- NAHC has established and is continuing to establish appropriate goals, policies, and management accountability related to serving the Native American population and also those with serious mental illness. and embed them throughout the organization.



## More On Implementation Practices

Strategies to engage identified sub-population:

- Bilingual and/or multilingual staff are now hired for all positions. Signage is in both English & Spanish as are health literacy materials. Outreach materials also retain visual cues connected to traditional Native American culture while being broad enough to reach a wider population. Additional work is underway to reach CLAS standards.
- NAHC integrates peer voice through Community Advisory Boards, use of focus group data, plan-do-study-act cycles, quick studies including clients, and input of Native staff and peers.
- As part of agency intake into services, all clients are screened for eligibility into Medicaid/Medicare. In addition, staff will be trained (Sept 2013) to enroll clients into Covered California, the State's HIE under ACA.



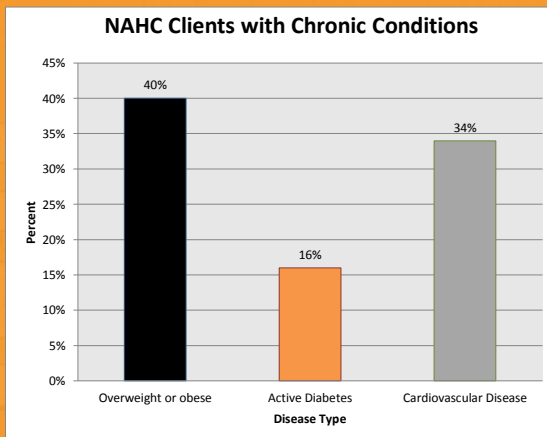
## Challenges and Barriers

- Initial challenges: finding space in schedules to bring together a steering committee, developing a coordinated Health Disparities Statement, maintaining momentum on integration while implementing Electronic Health Records (EHR), creating access to PCP.
- Steps to address: Carved out time, worked more closely between behavioral health and medical department to create disparities statement, implemented EHR through structured and engaged management structure, worked with member services desk to define and expand access.
- Technical assistance has included training on care management and support with analysis of workflow processes.



## Goals for Utilization and Outcomes

AI/AN have higher rates of diabetes and CVD than other Americans, as well as a lower quality of life for those with these diseases. AI/AN die at a higher rate from diabetes (177% higher).



### Utilization Goals

- 100% of AI/AN clients will have HgA1c completed yearly
- 20% increase in number of clients using in-house nutritional programs
- Outreach to 100% of AI/AN clients with SMI to Sweetgrass health integration program

### Proposed Outcomes

- Lower blood pressure to 140/90 by 10% of those with higher rates at baseline
- 80% of clients will be reassessed on an annual basis
- 10% of clients will show controlled HgA1c levels ( $\leq 8$ )



## Data Collection

Physical Measures will be collected every 3 months, including:

- Blood Pressure
- Carbon Monoxide
- Waist Circumference
- Body Mass Index

National Outcome Measures (NOMs) & Laboratory Measures will be collected every 6 months. Labs include:

- A1c
- Lipid Panel
- Cholesterol

Data collected will be entered into NAHC's Electronic Health Record System (NextGen) and outcomes will be monitored & assessed using i2i population management database

Develop Individualized "Wellness Reports" for each client to track progress & suggest recommendations and set goals



## Successes to Date

- Improved communications provider-to-provider as well as administratively, discussions about how to improve outcomes for most ill, increased training, greater consistency agency-wide in processes and systems, implementation of Electronic Health Records.
- Unprecedented level of data access to allow us to focus population-based services and identify those with greatest need.



## Looking Ahead

- Sustainability:
  - Examine population outcomes and assess improvements over time to prepare for alternate payment models under ACA;
  - Increase and expand 3<sup>rd</sup> party billable services;
  - Diversify revenue streams;
  - Analyze and adjust revenue cycle;
  - Work with external partners to expand billable services;
  - Strengthen internal and external referrals.
- Next 6 months:
  - Roll out integrated services by site & sub-populations;
  - Continue improvement and integration of services across and between sites;
  - Cross training; increase number of staff conducting eligibility screening; increase billable providers.

