NATIONAL COUNCIL of URBAN INDIAN HEALTH

Paths to Vaccine Equity:
Mobile Vaccine Clinics

NCUIH Hosts: Tiffani Stark, MHA

Myca Grant Hunthrop, MPH

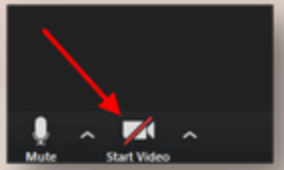
Presenters: Shelly Solopow, Denver Indian Health and Family Services

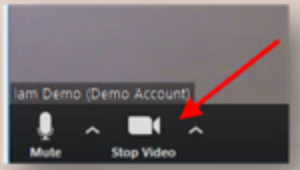
Amber Martinez, Native Health

Welcome

Housekeeping

- Turn on video



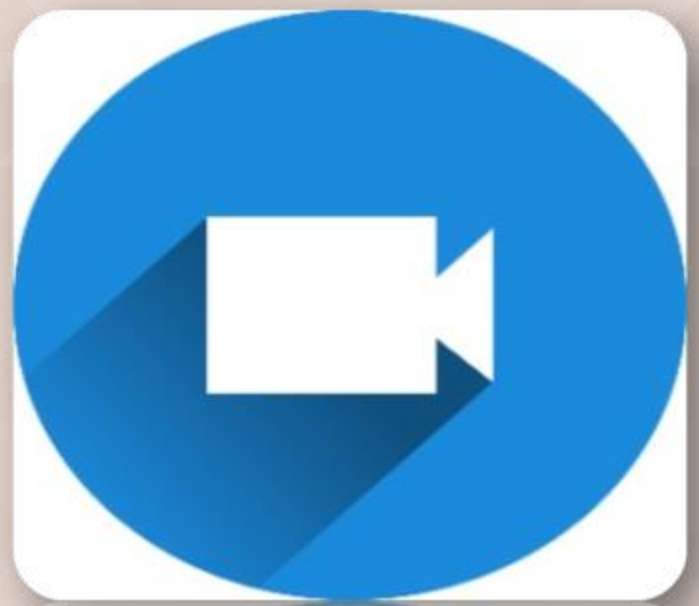


- Mute your microphone when not speaking

- Enter your name and organization into the chat box

Audio and Video Recording

- Please note that this session will be recorded for educational and quality improvement purposes.



Acknowledgement

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ABOUT

NCUIH

NATIONAL COUNCIL of URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.

Evaluation

- https://ncuih.qualtrics.com/jfe/form/SV_0U7ylTb87ei80ei

Agenda

- Welcome
- Housekeeping items
- Introductions
- Presentations
- Open-Floor for Questions/Comments
- Conclusion

Shelly Solopow, Denver Indian Health and Family Services

Shelly is Little Shell Chippewa, originally from Montana, but has lived in Colorado for over 20 years. She has worked with the Native community in positions in Indian education and behavioral health since 2005. She worked at Denver Indian Health and Family Services (DIHFS) from 2015 – 2018, managing the behavioral health department. For the last five years, Shelly has been the Tribal Liaison for the Colorado Behavioral Health Administration, and she has been able to meet many people all over the state who work with Native Americans and help support behavioral health services overall. She has since returned to DIHFS to help address the systemic barriers to healthcare and the effects this has on Native People.

Addressing Health Inequities with the Mobile Health Service: Background and Plan

How we can approach disparities with the community at heart.

How did we get here?

Some facts that fill in the background:

- **Higher rates of underinsured and uninsured**
- **Higher rates of many chronic diseases**
- **More severe presentation for many chronic diseases**
- **Limitations/exclusion from quality and specialty health care or serious barriers**
- **Transportation, Distrust and Historical Trauma with the fields of medicine.**
- **Migration from the days of Federal Indian Policy of Relocation.**
- **Requests from community to help with barriers related to transportation and access**
- **More than 90% of AI/ANs in Colorado are outside Southern Ute and Ute Mountain Ute current lands.**
- **Urban Clinics affected by COVID**

How Did We Get Here?

Why are we looking at this issue?

<u>Social Drivers of Health (or *Determinants*)</u>

People have decided there are 5 categories.

Education

Health Care Access and Quality

Economic Stability

Social and Community Context

Neighborhood and Built Environment

Brief Colorado Background

Colorado was a state of many interactions and crossroads between many peoples. Relocation, physical location and estimates of more than 50 Tribes with historical toes to this land.

<u>Federally Recognized Tribes:</u>

Southern Ute Indian Tribe

Ute Mountain Ute Tribe

Census Data: 194,000 – 208,000 American Indians/Alaska Natives Alone OR IN COBINATION with other races.

Approximation of 150K potential Native persons eligible overall.

More than 90% of AI/ANs in Colorado (above definition), are not from the Ute Mountain Ute or Southern Ute Indian Tribes. Presents two major issues:

1. **Must always align with sovereignty and support where possible**
2. **Must consider the massive variability in Nations, in needs, cultures, customs, etc. of all the other AI/AN relatives in the state that may have health disparities.**

The Mobile Unit

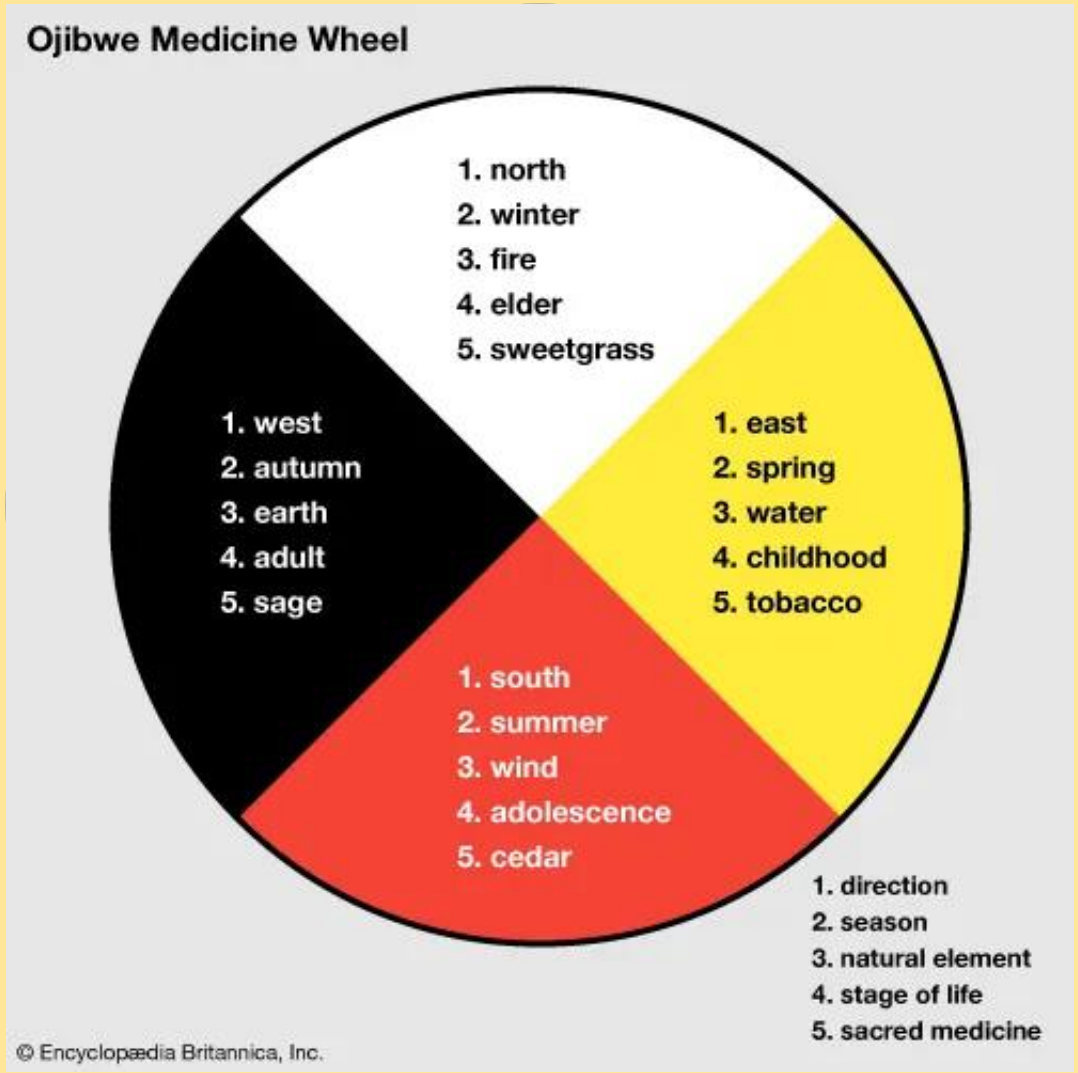
https://www.dihfs.org/mobile-health.html

Conceptual Framework

Community-Based Participation Model

Medicine is a Community Practice

- Tied into the entire community and should include holistic aspects
  --Prevention, Direct Care, Postventions
  --Social Needs, Cultural, Spiritual
- Should align with DIHFS visions and goals overall
- Should be designed with Community Participation and Influence (Comm. Participation model if possible)
- Must include *Structural Competency and specific to Native-experience

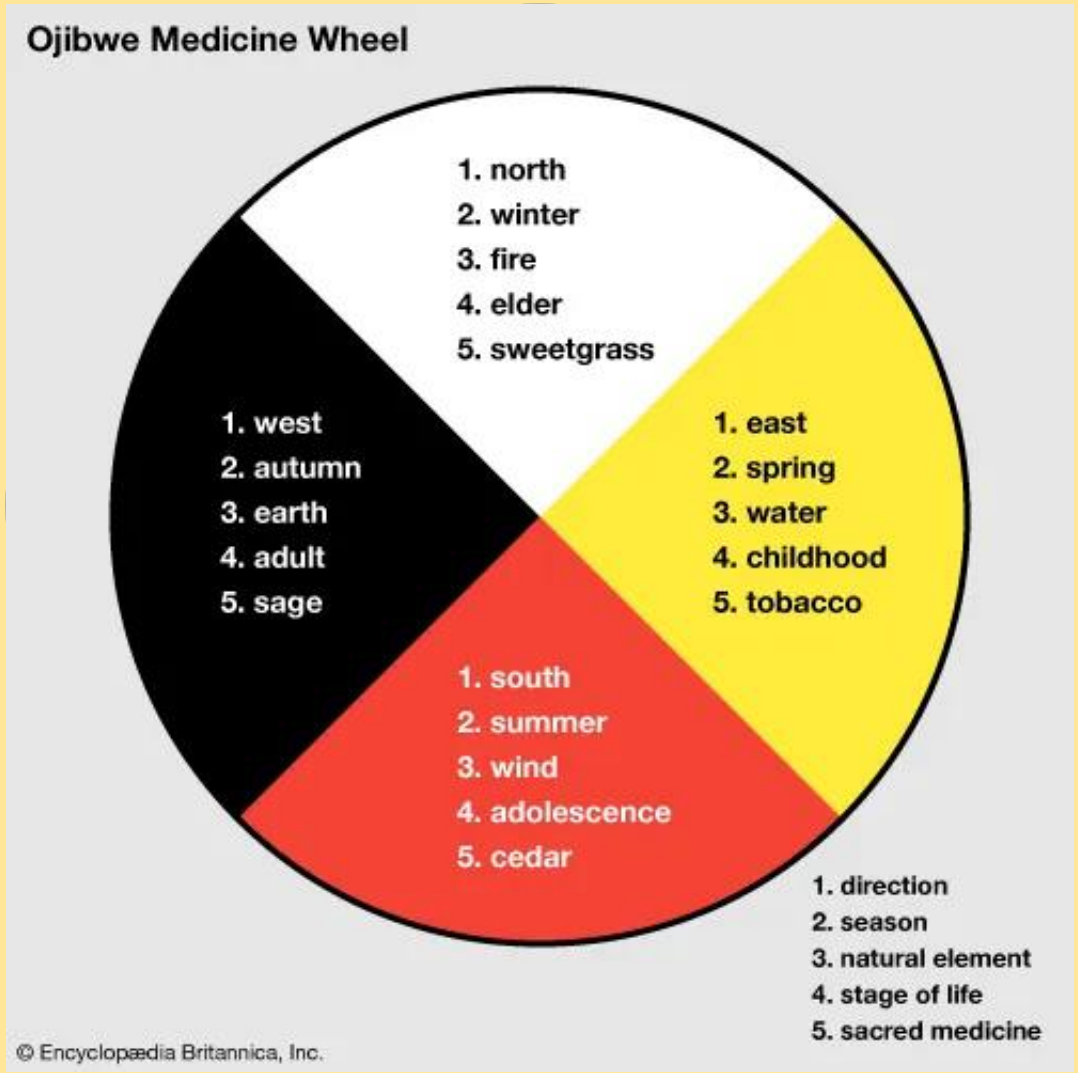


For the Model

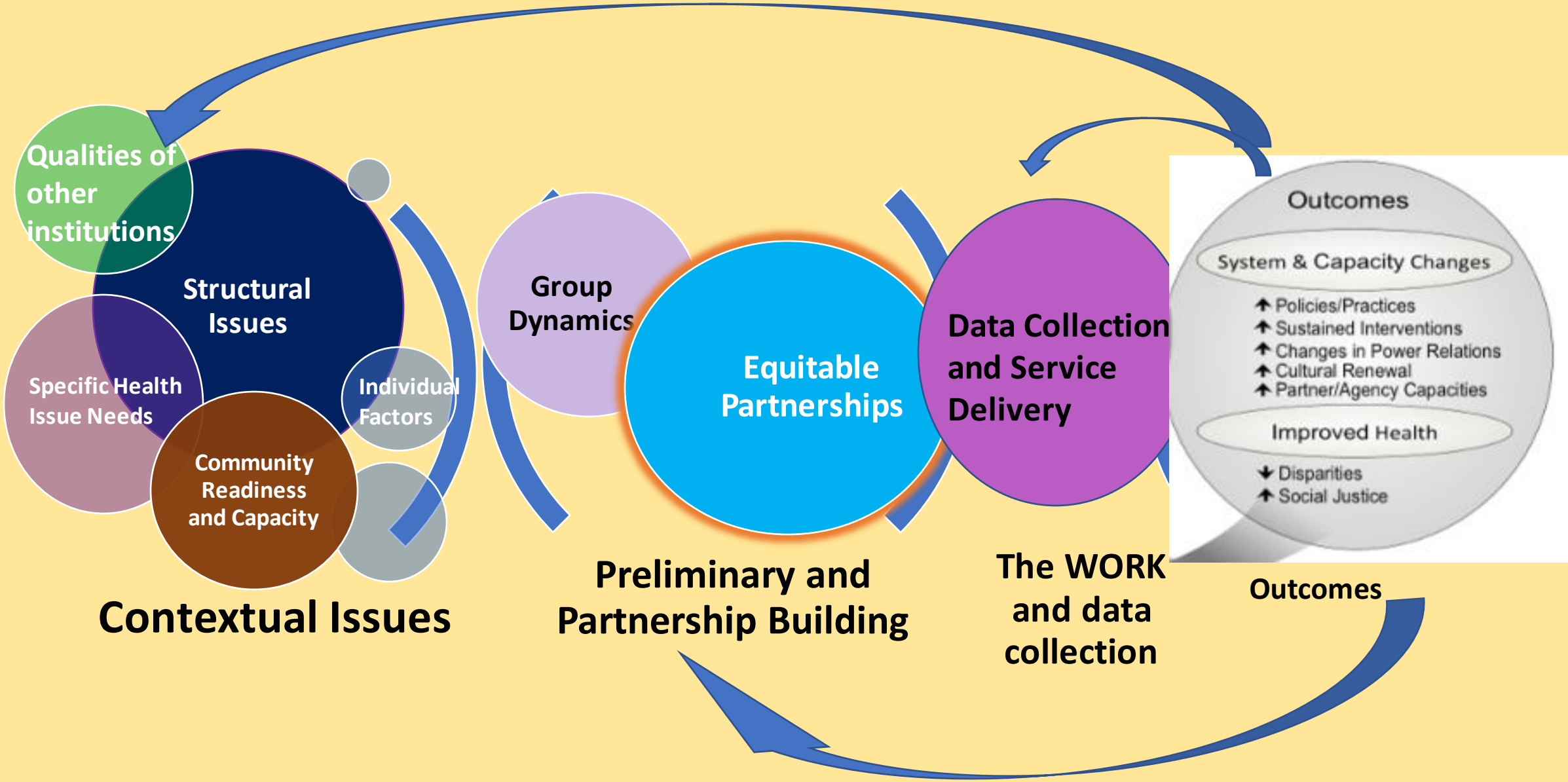
What is included in Structural Factors?

What causes "Social Drivers of Health"…

Policies, laws, institutions and their attributes, historical trauma as a whole, educational, financial and related systems' design and subsequent marginalization, cultural misalignment with systems of care, mechanisms of historical partnerships or lack thereof, mechanisms for lack of food access, social supports, disenfranchised workforce, mechanisms of persistent poverty, community connection, spiritual oppression, Federal Indian Policy, cumulative effect of past harms, and more.



Conceptual Framework



Mobile Health Strategy

Goal?

Short-Term: (Measurable)

Increase the number of equitable partnerships.

Increase the input from the community.

Increase the potential pathways for the predicted needs of the pop. (referrals, etc.).

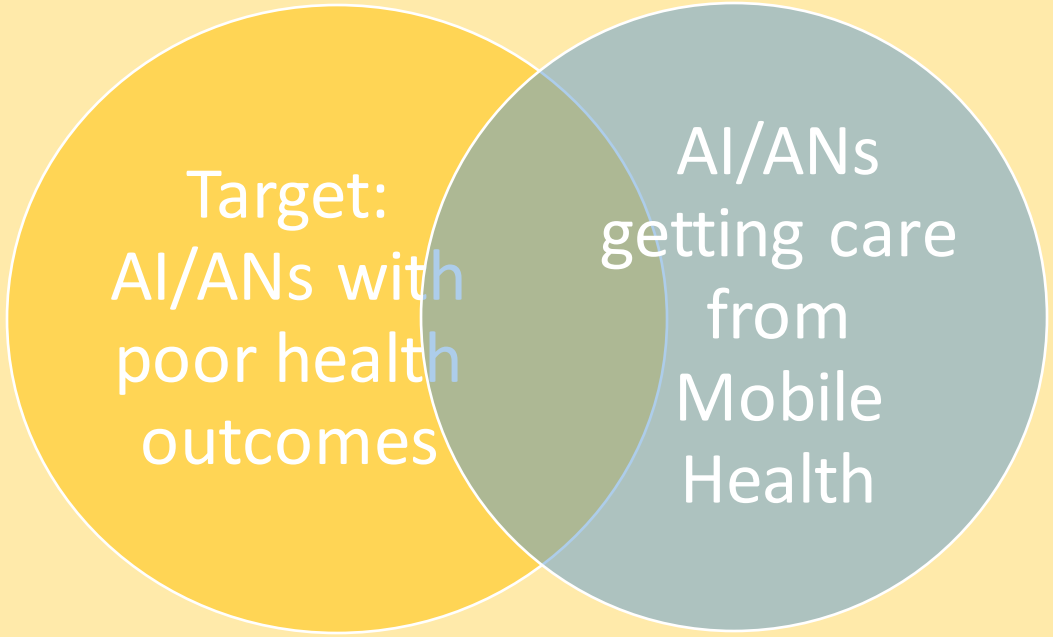
Long Term:

Increase the amount of high-quality, culturally-sensitive health care for AI/ANs that are a part of the group with disparities. (several ways to measure)

To Target Disparities: Who Are The People in the Group With Disparities?

We need two things. Good estimates and Good interventions.

We are missing data, however, we can make a good estimate with a few factors.

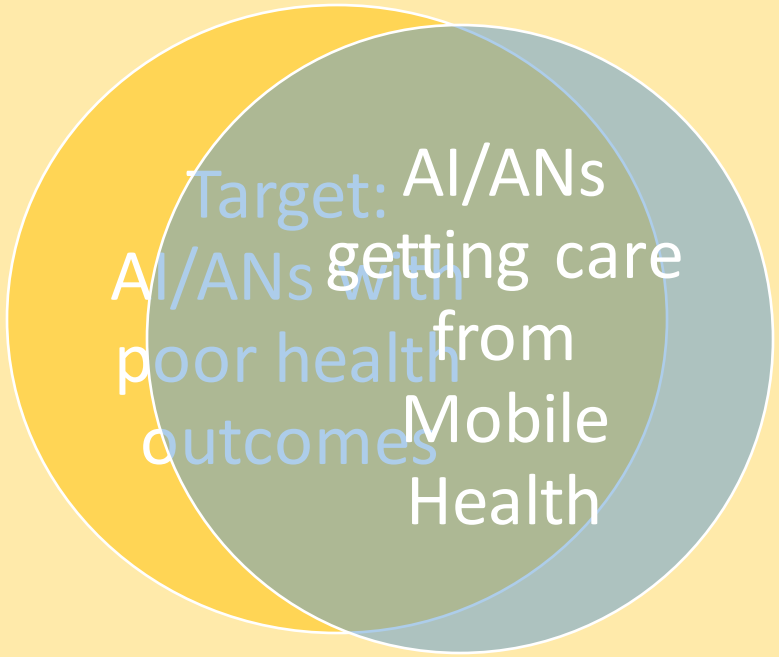


Vulnerability Maps/data sources

Census/population by race/ethnicity

Strong Community voice

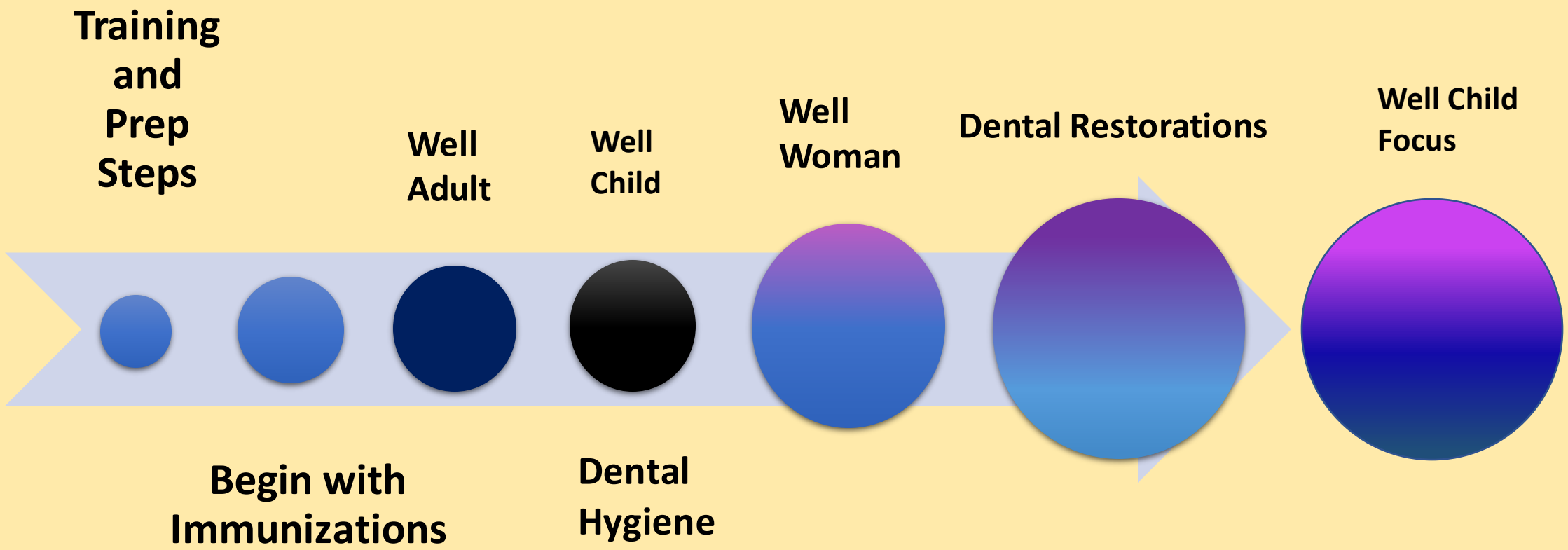
Who Are The People in the Group With Disparities?



Decided on Key Factors:

- **Quality Care that addresses actual needs**
- **Equitable Relationship-Building**
- **Sustainability, Strategy and Goals**
- **Structurally Competent Care with Culturally relevant approach**
- **Method for Ongoing Feedback Loop (data affects design – such as CQI)**

Projected Timeline



Timeline With Flexibility

We Have Moved the Rollout a Few Times (If We Knew Then What We Know Now)

We underestimated the potential setbacks (unexpected losses, other issues)

Hiring can be related to other national and state-level factors

Relationships take time to build

Training of staff is very important for appropriate care

Learned Lessons

Readiness: may need more persons/staff members for key roles

Leadership Support is very important

Have a clear model/strategy for the approach and delivery

May need phases of a rollout

Make sure to use a model with Community Voice (existing partners and new relationships)

Allow for ongoing changes (be flexible)

Long term systems change may need to be part of the goals

Monitor/watch state-level changes and climate

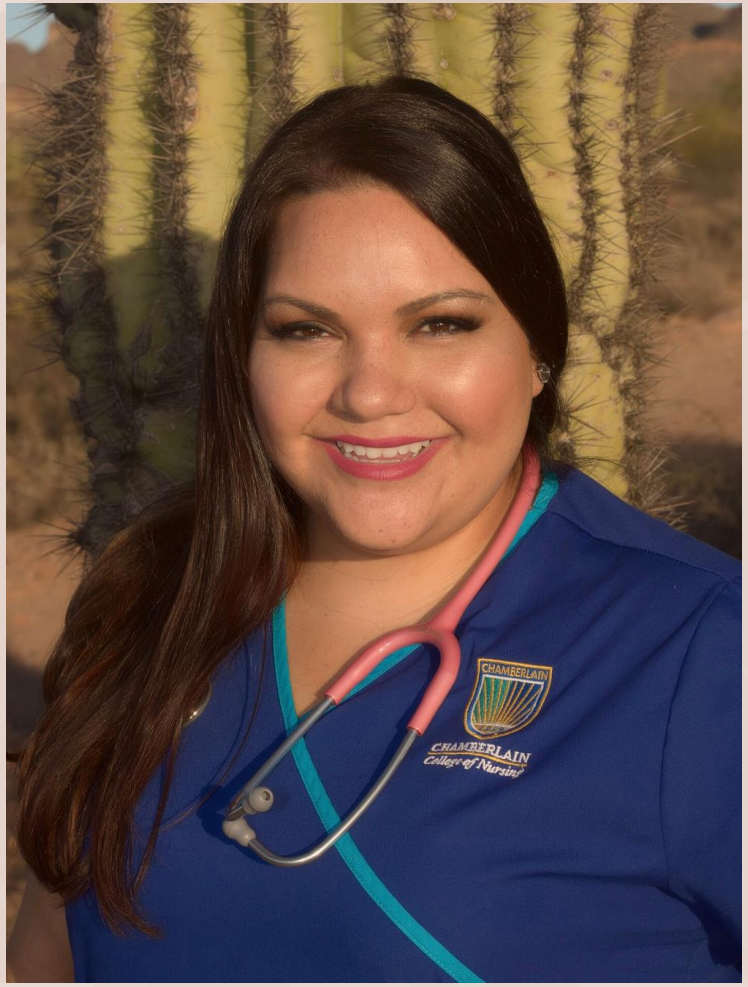
Balance between needs, and vocal demand (highest needs or vulnerability vs. largest populations)

<u>Create Equity in Relationships</u>

Citations

- Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. Am J Public Health. 2010 Apr 1;100 Suppl 1(Suppl 1):S40-6. doi: 10.2105/AJPH.2009.184036. Epub 2010 Feb 10. PMID: 20147663; PMCID: PMC2837458.
- Dedmon D, McElravey T, Beasley L. Addressing health inequities in rural and underserved communities through community partnerships (PDF). 2023 MHA Conference . University of Tennessee Health University of Tennessee Health Science Center.
- Neff J, Holmes SM, Knight KR, et al. Structural competency: curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities.MedEdPORTAL.2020;16:10888.https://doi.org/10.15766/mep_2374-8265.108884.
- Ojibwe Medicine Wheel, Encyclopedia Britannica Image 2023.
- Medicine Wheel Conceptual Framework , See National Institute of Health, Native Voices Webpage, https://www.nlm.nih.gov/nativevoices/exhibition/healing-ways/medicine-ways/medicine-wheel.html

Amber Martinez, Native Health



Amber has been a registered nurse for over five years. She has worked at Native Health for the past four years and is currently the RN Manager at NH Mesa. During the pandemic, she led NH's community outreach team providing much-needed COVID-19 testing, vaccines and health services in the community. She lives in Queen Creek with her husband and rescue dog, Kiki.

Paths to Vaccine Equity: Mobile Vaccine Clinics

Amber Martinez, BSN, RN

Nurse Manager

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NATIVE HEALTH

your healthcare home

Federally Qualified Health Center

(HRSA)

and

Title V Urban Indian Health Program

(Indian Health Service)

Accredited by

AAAHC

NATIVE HEALTH

your healthcare home

MISSION

To provide accessible holistic patient centered care, to empower our community to achieve the highest quality health and well-being.

VISION Healthy People in Healthy Communities

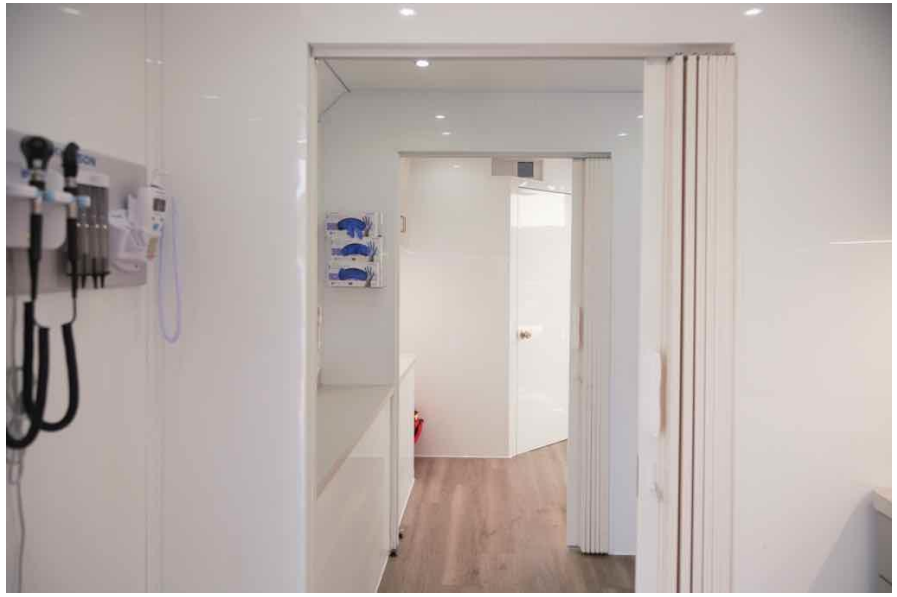
Mobile Health Care Unit

Mobile Health Care Unit

Mobile Health Care Unit

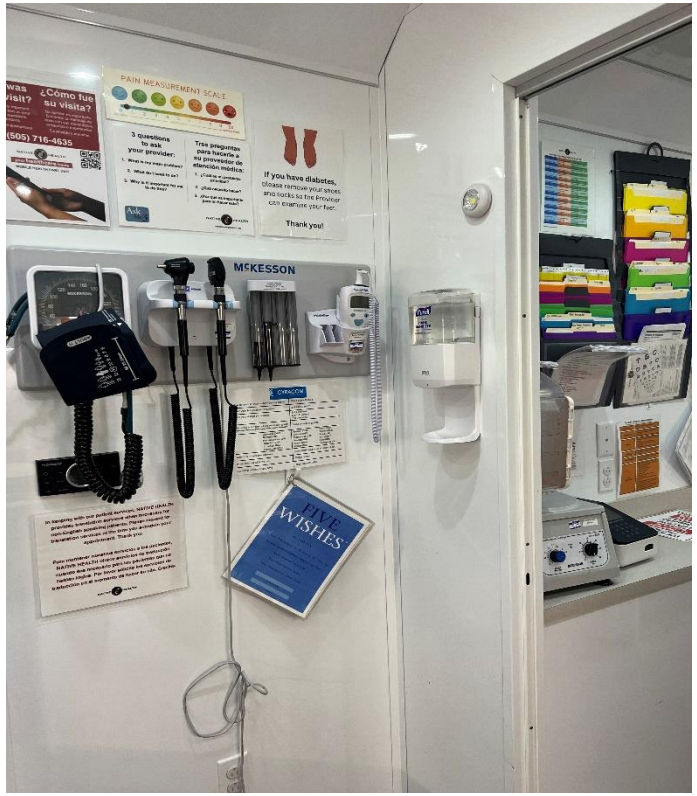
- Manufacturer- CGS Premier, based in Wisconsin
- 30ft X 10ft Drop Trailer
- 2 Exam Rooms
- 1 Bathroom with incinolet toilet
- Lab/documentation area in between exam rooms
- 2 Exit/Entry Doors
- 2 Canopies

Mobile Health Care Unit



Mobile Health Care Unit
Restroom

Mobile Health Care Unit
Treatment Room



Mobile Health Care Unit

Funding:

- American Rescue Plan Act (ARPA)
- Mitigate the spread of the virus- focus on areas disproportionately impacted by COVID-19
- Approx $40,000 over budget

Planning:

- Planning for arrival started in September 2021
- Arrival of mobile health unit in January 2022
- Continued collaboration into May 2022
- First event, soft launch June 27, 2022

Mobile Health Care Unit

Staffing:

- RN Manager- Clinical resource, service provider
- Community Event Coordinator- Planning/coordinating community events, community/agency liaison
- Medical Assistants- Patient care and health promotion
- Medical Provider- Expansion of services, service provider

Operations:

- Team approach- 2 to 3 staff to set up/take down
- Towing company
- Storage of mobile health unit
  - Indoor, temperature controlled, secure

Event Promotion:

- Agency website, social media, event signage
- Outside organizations, County, State

Lessons Learned
Challenges

Planning/timeline- allow for unforeseen items to be completed

- Title/registration
- Notifying organizations such as HRSA, Accrediting agency

Operations/Staffing-

- Relying on outside agency for towing/transportation
  - Delayed pick up/drop off times
  - Towing expenses, long term planning
- Adjusting for changes in use, services, storage
- Staffing before and after the Public Health Emergency
  - Transitioning roles, responsibilities
- Regulations/safety
  - Emergency drills, clinic look-alike
- Prioritizing events most impactful to the underserved community

Lessons Learned
Successes

Collaboration

- Bringing together all departments, showcases strengths and expertise
- Outside agencies/organizations, County, State

Soft Launch event

- Allowing extra time for first time for execution

Funding & Operations

- Allocating funds from grants to help support public health efforts
- Expanding services to the community

Be safe and work together for a healthy community!

Open-Floor for Questions/Comments

Be A Good Relative

https://ncuih.org/research/public-health-campaigns/

You're Covered

- You're Covered - COVID-19 Vaccine Education and Equity Project (covidvaccineproject.org)
- CVEEP_Youre-Covered_Poster_8.5x11_EN-FIN (covidvaccineproject.org)
- PowerPoint Presentation (covidvaccineproject.org)

Upcoming NCUIH Events and Funding Opportunities

- 1/19/2024 – Mental Health First Aid for Urban Indian Organizations
- 2/13/2024 – Building Bridges, Building Trust: An Open Forum on COVID-19 Insights
- 2/25/2024 – NCUIH 2024 Urban Indian Health Policy Review
- 4/29-5/2/2024 – NCUIH 2024 Annual Conference

- eCR Application Link:
  - 2023-2024 Application for eCR (Year 3/Additional Funding) (jotform.com)

https://ncuih.org/events/

Contacts and Evaluation

NCUIH

- **Tiffani Stark**
  - Public Health Program Manager
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- **Myca Grant Hunthrop**
  - Public Health Project Coordinator
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Evaluation link and QR Code:

https://ncuih.qualtrics.com/jfe/form/SV_0U7ylTb87ei80ei

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