



A PROJECT OF **Community Health Center, Inc.** and the **weitzman institute**

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Click links below to view summaries of Spring 2024 webinars focused on:

- ▶ [Preparedness for Emergencies and Environmental Impacts on Health](#)
- ▶ [Advancing Team-Based Care](#)

Advancing Health Equity Summary

Data-Driven Health Equity: Strategies for Collecting Patient Data in Health Centers

Overview: This webinar discusses key strategies for using identity data in population health management. Our expert faculty, Chief of Diversity, Equity, and Inclusion, highlights the importance of gathering data to address health disparities, with a focus on utilizing Electronic Health Records (EHR) for both internal and patient-focused justice, equity, diversity, and inclusion (JEDI) purposes.

View webinar at: <https://bit.ly/3JCSMhv>

Takeaways:

- **Collecting Key Identity Data for Health Equity:**
 - Collecting key identity data is crucial for addressing health disparities and improving patient outcomes.
 - Enables organizations to develop interventions precisely aligned with patient needs.
 - Report key identity data to the Uniform Data System (UDS) if FQHC/FQHC look-alike, and to other entities that require such data.
- **Developing Effective Data Collection Strategies:**
 - Establish clear goals and objectives, including assessing existing plans, conducting needs assessments, and defining measurable objectives.
 - Determine key identity factors by referencing regulatory requirements, incorporating common demographic elements, and considering target audience needs.
 - Develop appropriate messaging to communicate the importance of data collection and providing staff training.
- **Continuous Improvement:**
 - Incorporate ongoing evaluation, feedback, lessons learned, and evolve best practices to enhance the data collection process.
 - Involve departments and roles, such as Data Team, Operations, IT, and all employees in the data collection process.
- **Key Data Point Examples** (See Figure 1)

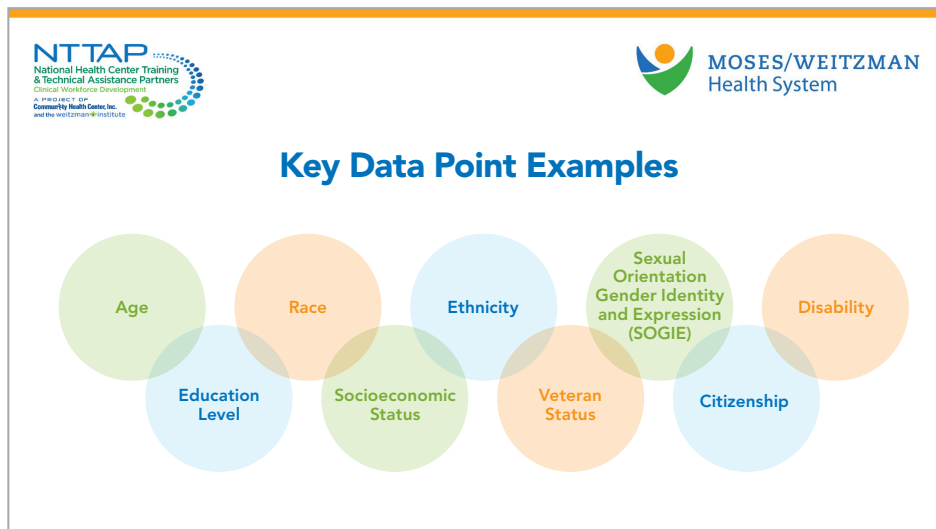


Figure 1. Key Data Point Examples

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Takeaways:

- Comparative Analysis of Black/African American Patient Identification Based on Race Reporting (See Figure 2)

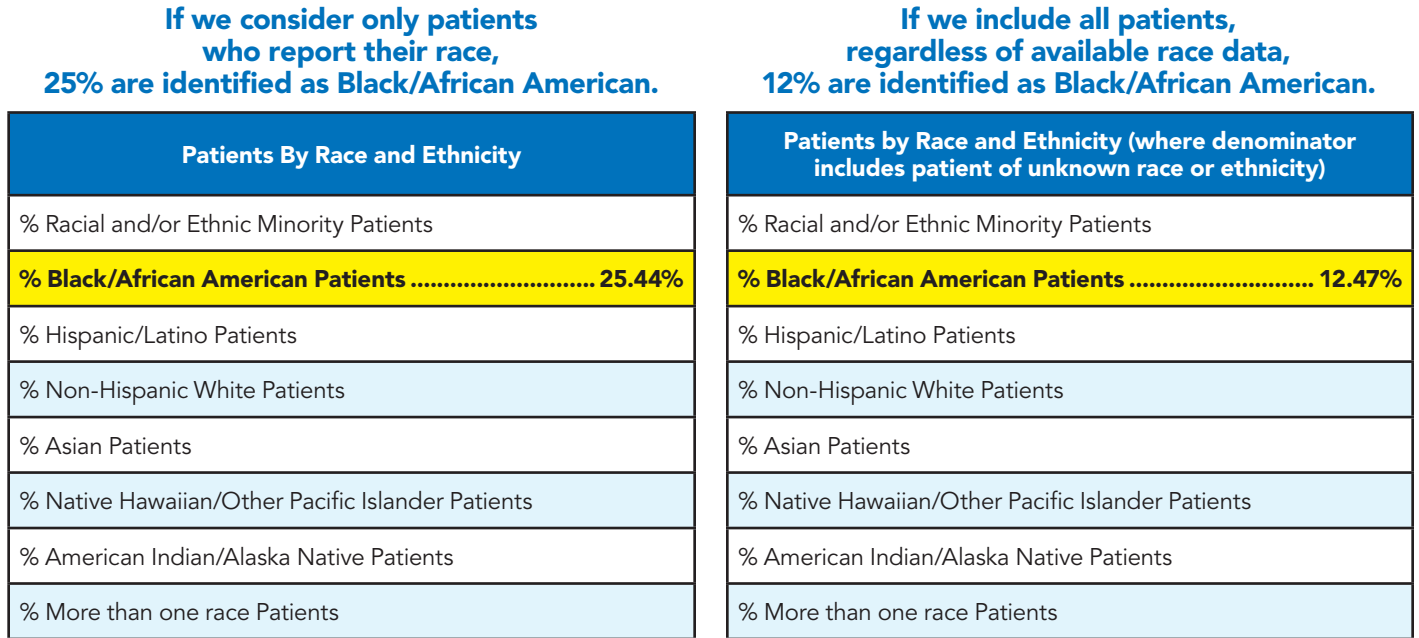


Figure 2. Comparative Analysis of Black/African American Patient Identification Based on Race Reporting

- Data Analysis and Reporting (See Figure 3)

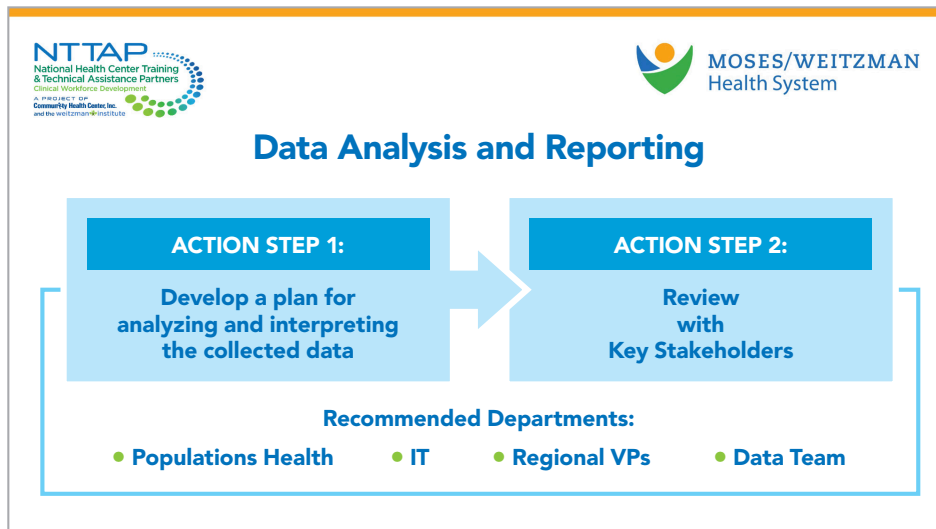


Figure 3. Data Analysis and Reporting

Notable Participant Live Feedback:

- *“I appreciated the variety of examples shared during the session, showcasing diverse perspectives and practical solutions for improving data collection practices.”*
- *“The polling activities provided valuable perspectives on staff challenges and opportunities for improvement.”*
- *“The information offered during the session enhanced my understanding of optimizing data collection practices.”*

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Strategies for Advancing Health Equity within Health Centers

Overview: This webinar discusses strategies for advancing health equity within health centers, including utilizing Community Health Center, Inc.'s (CHCI) best practices as a framework for developing a health equity plan (HEP). The webinar also addressed how to create a health equity team, champions, and partners, and how to establish priorities and goals to guide health equity work.

View webinar at: <https://bit.ly/4dsf1or>

Takeaways:

● Health Equity Plan (HEP):

- Your organizations roadmap to address health disparities.
- MWHS recognizes health equity as the shared responsibility of the entire organization.
- The Health Equity Plan is a joint initiative, fostering collaboration between the Justice, Equity, Diversity, and Inclusion (JEDI) office and clinical teams.
- Encompasses various sectors including: HR, JEDI, clinical teams, and operations; the plan ensures a comprehensive approach to health equity across the entire organization.

● Identify HEP Priorities:

- Analyze chronic illness rates and patient data to pinpoint health disparities.
- Engage in focus groups with patients and clinical teams to understand challenges and areas needing improvement.
- Look at broader healthcare issues and decide which areas need the most attention.
- Gather input through surveys and interviews to understand community perspectives and priorities.

● Utilize Goals to Guide Health Equity Work:

- The established team is instrumental in implementing strategies to achieve the goals through effective communication.
- Consistently refer to set goals for ongoing health equity work; regularly assess progress, learn from insights, and adjust strategies as needed.
- Implement metrics and data collection to monitor progress over time; document and report this progress for transparency and accountability.
- Periodically revisit and adjust goals based on work progress and changing priorities.
- Foster a culture of continuous learning and adaptation within the team.

● Identifying JEDI Terms (See Figure 4)

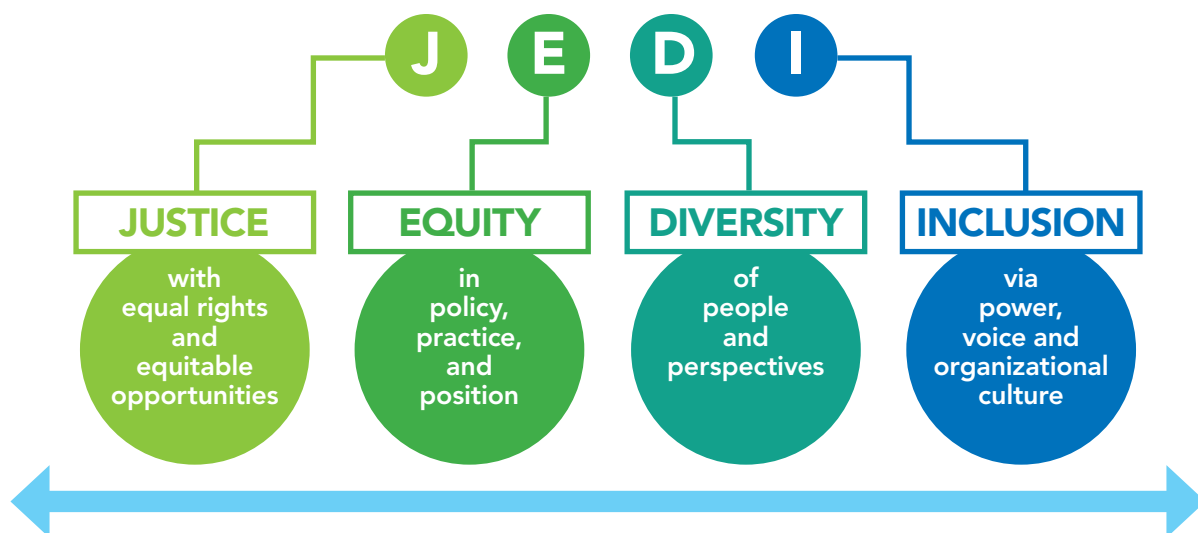


Figure 4. Identifying JEDI Terms

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Takeaways:

- Steps for Developing a HEP (See Figure 5)

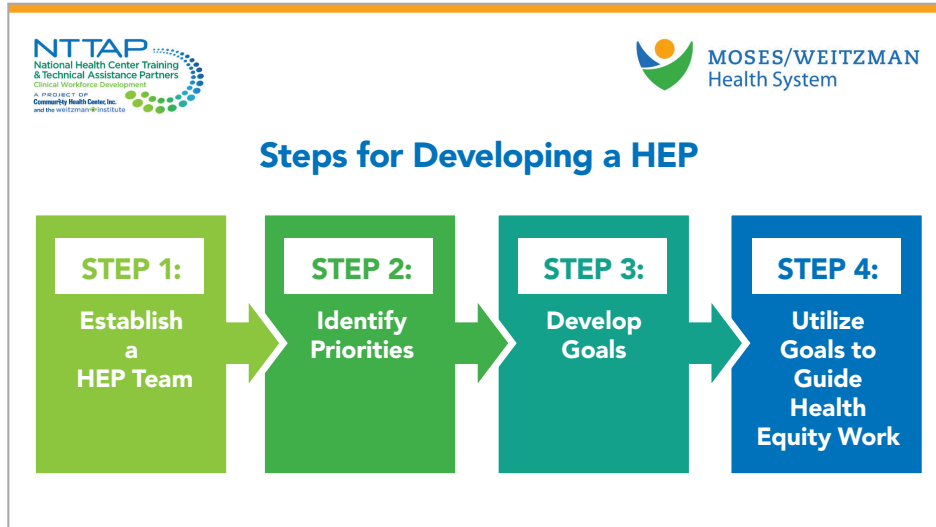


Figure 5. Steps for Developing a HEP

- Champions and Partners at CHCI (See Figure 6)

	CHAMPIONS: The role of the HEP "Champion" is to drive the efforts within their designated priority.	PARTNERS: The role of HEP "Partner" is to collaborate with champions, and other partners, in support of the efforts within their designated priority.
PRIORITY 1	Chief Diversity, Equity and Inclusion Officer	Vice President Human Resources Manager of Talent Acquisition
PRIORITY 2	Regional Vice President Medical Director of the Center for Key Populations	Director of Business Intelligence Senior Quality Improvement Data Manager
PRIORITY 3	Chief Medical Officer Clinical Director of the Child Guidance Clinic Chief Dental Officer	Director of the Center for Key Populations Medical Director of the Center for Key Populations VP/Chief Quality Officer Senior Quality Improvement Data Manager
PRIORITY 4	Weitzman Institute Vice President and Director	Director of Research

Figure 6. Champions and Partners at CHCI

Notable Participant Live Feedback:

- *"I loved all the examples and breakdowns that were shared. I look forward to using this to help break down our initiatives into more bite-sized chunks so we can make progress!"*
- *"The interactive polls were a lot of fun and a good way to get responses from everyone without being afraid to be judged."*
- *"The presenter was clear and easy to follow, and the provided examples were just perfect."*

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- ▶ [Advancing Team-Based Care](#)

Preparedness for Emergencies and Environmental Impacts on Health Summary

▶ Foundational Strategies for Emergency Preparedness within Health Centers Webinar

Overview: This webinar explores strategies for emergency preparedness and addressing environmental impacts on health within health centers. The expert faculty, Director of Community Engagement and Relations, guides participants in understanding the purpose of implementing an emergency preparedness plan and developing an emergency preparedness committee. The webinar provides foundational knowledge on best practices for ensuring patient safety during disruptions, as well as a case study on power outage response.

View webinar at: <https://bit.ly/4aSaABn>

Takeaways:

● **Key Reasons for Prioritizing Emergency Preparedness:**

- Site-specific plans based on roles, responsibilities, and training levels.
- Integration of external resources for comprehensive responses.
- Ensuring safety for patients, visitors, and staff during emergencies.
- Rapid restoration of essential services and property protection.

● **Best Practices for Preparing for Emergencies:**

- Implementing regular training programs to ensure all staff are well-prepared for various emergency scenarios.
- Conducting drills and simulations to practice emergency response procedures.
- Maintaining an updated and comprehensive inventory of emergency supplies and resources.
- Establishing clear communication protocols within the health center and with external partners.

● **Developing Strategic Plans for Building Healthier Communities:**

- Collaboration with local community organizations.
- Participation in community health initiatives.
- Establishment of partnerships with educational institutions.

● **Principles of Emergency Management (See Figure 7)**

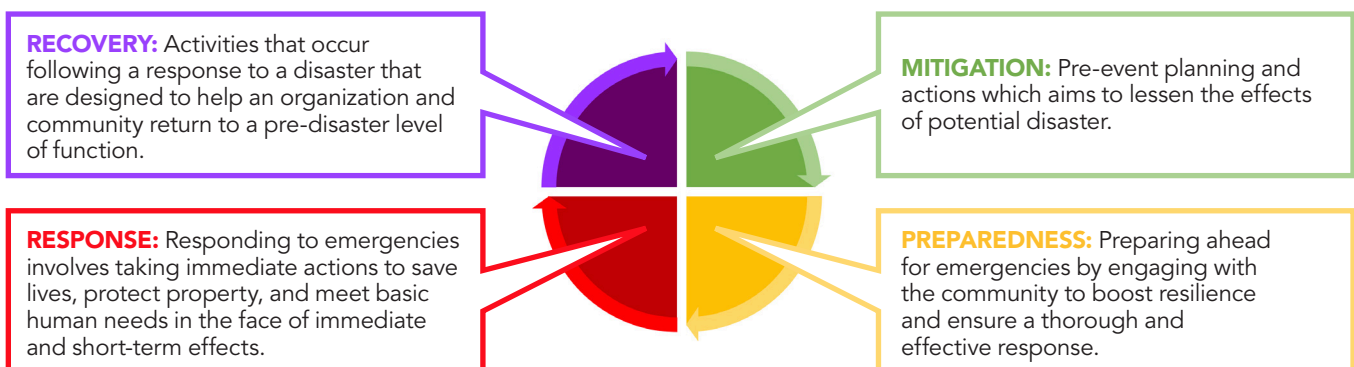



Figure 7. Principles of Emergency Management

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Takeaways:

- Hazard Vulnerability Analysis (HVA) Tool Example (See Figure 8)



Hazard and Vulnerability Assessment Tool

Date: _____

Location: _____

Naturally Occurring Events

EVENT	SEVERITY = (MAGNITUDE - MITIGATION)				PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT				
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	1	1	2	2	1	1	1	15%
Tornado	1	1	2	2	2	2	1	19%
Severe Thunderstorm	3	1	1	1	1	1	1	33%
Snow Fall	2	1	1	2	1	1	1	26%
Blizzard	2	1	2	2	1	1	1	30%
Ice Storm	2	1	2	1	1	1	1	26%
Earthquake	1	1	1	1	2	2	1	15%
Temperature Extremes	1	1	1	1	2	2	1	15%
Drought	1	1	1	0	2	2	1	13%
Flood, External	2	1	2	2	2	2	1	37%
Epidemic	1	1	1	1	2	2	1	15%
AVERAGE SCORE	1.06	0.69	1.00	0.94	1.06	1.06	0.69	11%

*Threat increases with percentage

RISK = PROBABILITY * SEVERITY		
0.11	0.35	0.30

Figure 8. Hazard Vulnerability Analysis (HVA) Tool Example; [emsa.ca.gov](https://www.emsa.ca.gov) ; Kaiser-Permanente-HVA-For-Electronic-Distribution

- Emergencies in Health Center Context (See Figure 9)

Health centers are vulnerable to a wide range of emergencies that can disrupt normal operations and compromise patient care.

<p>Natural Disasters</p> <ul style="list-style-type: none"> ● Hurricanes ● Earthquakes ● Wildfires 	<p>Public Health Crises</p> <ul style="list-style-type: none"> ● Pandemics ● Disease Outbreaks ● Biological Attack 	<p>Human-made Emergencies</p> <ul style="list-style-type: none"> ● Power Outages ● Chemical Spills ● Acts of Violence 	<p>Infrastructure Failures</p> <ul style="list-style-type: none"> ● Water Supply Interruption ● Gas or Electrical System Malfunction ● Building Structural Issues
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Figure 9. Emergencies in Health Center Context

Notable Participant Live Feedback:

- *“The instructor was experienced and cited practical examples.”*
- *“Learning about the Hazard and Vulnerability Tool for risk evaluation, as well as having an outline of what to be looking at, was helpful. I feel this course could definitely give the ability to start working on this even without any experience. It gave great direction on how to look at everything.”*
- *“The examples and the opportunity to participate without attaching our names to comments were great. The presenters encouraged us to participate no matter our knowledge level and were kind about what people stated. It was really nice to see. Also, the pace of the class was great.”*

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Advancing Team-Based Care Summary

▶ Addressing Maternal Health Disparities Utilizing an Advanced Team-Based Care Model



Overview: This webinar, serving as part one of a two-part series in partnership with a fellow NTTAP, **Health Outreach Partners**, discusses an advanced model of team-based care that can be used for addressing maternal health disparities. It dives into the application of team-based care strategies and the roles within the interdisciplinary team for maternal health, including the primary care provider, certified nurse midwife, registered nurse, behavioral health, and more. Expert panelists presented three separate patient case studies to highlight the importance of team-based care for maternal health.

View webinar at: <https://bit.ly/4dxKchQ>

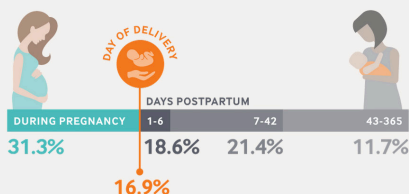
Takeaways:

- **Maternal Health Disparities:**
 - Racial and social disparities significantly affect maternal health outcomes, particularly among black individuals in the U.S.
 - Social determinants like education, income, and healthcare access strongly influence maternal health outcomes.
- **The Role of the Interdisciplinary Team:**
 - Advanced team-based care models improve access, quality, and outcomes for individuals with chronic conditions, including during pregnancy.
 - Comprehensive prenatal care emphasizes early entry, thorough screening, and timely visits to support pregnancy.
 - Primary care nursing during and after pregnancy includes personalized care, routine visits, education on contraception, and coordination with other providers.
 - Integrated behavioral health services address common mental health conditions during and after pregnancy, offering assessment, treatment, and referrals.
- **How Healthcare Providers Can Support Maternal Health:**
 - Community health workers, nutritionists, lactation consultants, and others play key roles in supporting maternal health through education and referrals.
 - Educating patients and families on maternal warning signs, seeking timely care, and managing chronic conditions is essential.
- **Maternal Health Risks Persists After Childbirth** (See Figure 10)

Maternal Health Risks Persists After Childbirth

More than half of pregnancy-related deaths occur in the postpartum period, and 12 percent are after the standard six-week postpartum visit.

When deaths occur:¹



- Among black women, a greater proportion of deaths occurred in the period between 43 days to a year after giving birth than for white women.²
- Last year, the American College of Obstetricians and Gynecologists issued **new guidance** indicating that the postpartum period should involve greater oversight, with an initial visit no later than three weeks after delivery.
- More than half of maternal deaths occur after birth, yet people in the U.S. typically only have a single office-based visit with their care team within this period, or do not have one at all.³
- Around one in seven people who have given birth will develop postpartum depression (PPD).⁴
- Only 20% of affected people are detected in the perinatal period and around 10% of those receive adequate treatment and support for PPD.⁵



Figure 10. Maternal Health Risks Persists After Childbirth

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Takeaways:

- **Interprofessional Care Teams** (See Figure 11)

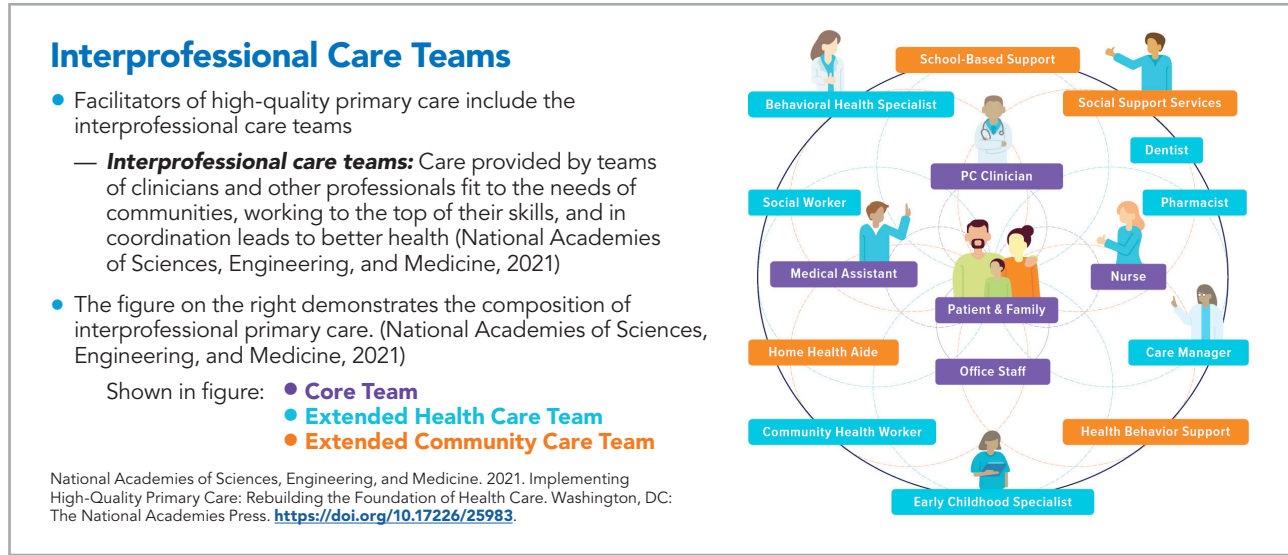


Figure 11. Interprofessional Care Teams

- **Primary Care Nursing During and After Pregnancy** (See Figure 12)

Primary Care Nursing During and After Pregnancy				
Personalized relationship with patient	Carrying out elements of care plan	Initial history and assessment	Routine prenatal care	Ensuring labs, immunizations and screenings are up to date
Ongoing connections with patients	Follow-up at postpartum visit	Education on contraception	Child birth education	Routine primary care—screening, immunizations, labs, and education

Figure 12. Primary Care Nursing During and After Pregnancy

Notable Participant Live Feedback:

- *“I appreciated the different case scenarios and how the team model is utilized in those situations.”*
- *“I really liked the individual patient cases and discussions; it was very interesting to see the differences in care and outcomes.”*
- *“The session provided valuable information.”*
- *“I learned more about the impactful care ahead of and during pregnancy.”*

1, 2, 3. The Commonwealth Fund. (2019). *Increasing Postpartum Medicaid Coverage*. Retrieved from <https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage>
 4. Mughal S, Azhar Y, Siddiqui W. “Postpartum Depression.” [Updated 2022 Oct 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519070/>
 5. Haßdenteufel, K., Lingenfelder, K., Schwarze, C. E., Feisst, M., Brusniak, K., Matthies, L. M., Goetz, M., Wallwiener, M., & Wallwiener, S. (2021). “Evaluation of Repeated Web-Based Screening for Predicting Postpartum Depression: Prospective Cohort Study.” *JMIR Mental Health*, 8(12), e26665. <https://doi.org/10.2196/26665>

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