NPSG – IMPROVE HEALTH CARE EQUITY

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IMPROVE HEALTH CARE EQUITY (NPSG. 16.01.01)



EVERYONE HAS THE SAME CHANCE TO ACHIEVE THEIR BEST HEALTH REGARDLESS OF THEIR CIRCUMSTANCES



WAS ORIGINALLY A LEADERSHIP STANDARD BUT WAS ELEVATED TO A NATIONAL PATIENT SAFETY GOAL BECAUSE THEY WANT TO IMPROVE PATIENT SAFETY



IT WILL BE IMPLEMENTED IN VARIOUS WAYS.



GOVERNMENT SERVICES

TRENDS IN INDIAN HEALTH 2014 EDITION

INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES REPORT

Summary – A statistical analysis of the U.S. Census Borough country data, the IHS National Data Warehouse, State birth and death certificates.

IHS Structure

Population Statistics

Natality and Infant/Maternal Mortality

General Mortality Patient Care Statistics Community
Health
Statistics



TANGLED PASTS, **HEALTHIER FUTURES:** NURSING STRATEGIES TO IMPROVE **AMERICAN** INDIAN/ALASKA NATIVE HEALTH **EQUITY**

Review Article

Historical inequities - Summary

1) Historical

- Doctrine of Discovery 15th Century Genocide
- Assimilation and Reform –20th Century

(2) Provider-Patient Relationship

- Poor Health Outcome microaggression and bias
- Diabetes, malignant neoplasms, infant mortality, TB, AIDS/HIV, DV, traumatic injuries, suicide, stroke and heart disease
- Nursing Retention in Rural area

(3)21st Century – Policy and geographics

- HC spending \$3100 vs. \$8097
- 25% lack insurance
- Tribal Councils determine eligibility for IHS funding

ASSESSING THF STRATEGIES OF STATE OFFICES **OF MINORITY HEALTH TO** REDUCE **HEALTH** DISPARITIES



Summary: State offices of minority health are used to help minority citizens, however, due to the lack of funding, resources are limited.



Study: It was a survey with all states and 41/50 responded to it.



Why this article? – This article focused on health disparities and health equity on a national level.

(Diehr et. al., 2017)

INCLUSIVE AND INTERSECTORAL: COMMUNITY HEALTH IMPROVEMENT PLANNING OPPORTUNITIES TO ADVANCE THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

Summary: Assessed quality of various Community Health Improvement Plans (CHIPs) to improve health care quality.

Study: Reviewed 13 CHIPs and their implementation on addressing 5 social determinants of health

Many of the plans fell short in education access and quality, economic stability, and social and community context.

The article provided suggestions to improve goals and implementation to directly address local health disparities.

(Hatton et. al., 2024)



TRANSCULTURAL CARE THEORY

- Culturally congruent care
- Multi-factorial approach

Cultural care worldview Cultural and social structure dimensions Cultural values and lifeways Kinship and social factors Political and legal factors Environmental context language and ethnohistory Religious and Economic philosophical factors factors Influences Care expressions, patterns, and practices Technological Educational factors factors Holistic health (well being) Individuals, families, groups, communities, and institutions Diverse health systems Generic Nursing Professional or folk system(s) systems Nursing care decisions and actions Cultural care preservation/maintenance Cultural care accommodation/negotiation Cultural care repatterning/restructuring Code Influences Culturally congruent nursing care

(Nursing Theory, 2020) (Gümüşhane University, 2023)

PLAN OF IMPLEMENTATION

Educate medical professionals on cultural awareness and the of effects and signs/symptoms of historical trauma.

Public awareness of stigma and inequities of the American Indians.

Inclusion of American Indians as separate racial group on censuses reporting and hospital/clinical reporting to improve monitoring of health disparities and risks.



MARKETING PLAN:

- Creation of a CEU course, with the assistance of Tribal leaders, on the cultural needs and traditions of the American Indians
- Work with IHS and Public Health to create North Dakota advertisements for health promotion
- Work with local universities and conduct live educational lectures by local Tribal leaders about American Indian unique health needs

INTERDISCIPLINARY MEMBERS INVOLVED



Social worker: what do you have, what can we address, resources



Case manager: Informatics, data review & retrospective review



Nurse manager/educator: ensuring clients are receiving appropriate care, implementing education to the unit, ensuring completion of CEUs



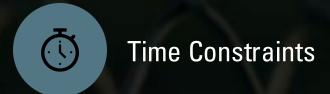
Informatic: create the survey in the chart, updates online resources, create CUE for recognizing historical trauma

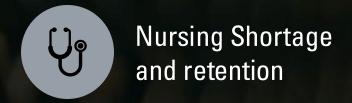


Community healthcare workers, Public Health and partnership with Tribal Leaders

POTENTIAL BARRIERS







HOW TO OVERCOME BARRIERS:



Build trusting relationship between patient and nurse



Create space and increase time for visits to allow Al to speak at their pace and needs



Offer compensation benefits for nursing in rural areas



Utilizing multimodal learning to promote engagement and knowledge retention

EVALUATION: IMPACT







CULTURALLY CONGRUENT CARE



INCREASE KNOWLEDGE & ENGAGEMENT

EVALUATION: ASSESSMENT

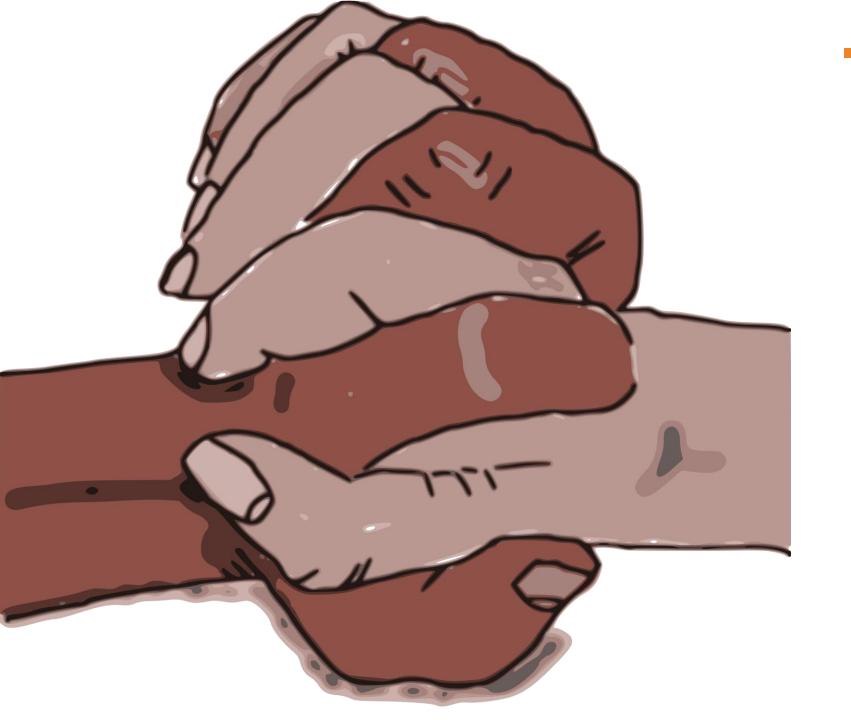
- Surveys
- Internal review
- Official reports
- Monitoring utilization of resources





EVALUATION: REVISION

- Implementing assessment tool
- Revise CEU modules
- Additional opportunities for cultural competence & addressing underserved populations



FUTURE IMPLICATIONS

- Continue implementation & revision efforts
- Integrated, multisectoral approach
- Patient-centered care

CONCLUSION

Health Care Equity

Steps for Change

Evaulation

Everyone deserves access to equitable care.

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