

BACKGROUND

Supported by funding from the Office of Minority Health, the Urban Indian Health Institute launched the Health Equity Project in 2010. This project aims to identify and disseminate models of successful care related to cardiovascular disease, depression and a third community-selected topic. We thank the many UIHO who have already assisted in this project by participating in a survey regarding the availability of cardiovascular disease (CVD) and behavioral health services.

Understanding the scope of services currently available for CVD and behavioral health will strengthen opportunities for collaboration among UIHO. These partnerships are crucial in supporting healthy Native communities. Full reports of the survey results, along with highlights from select programs, will be released for both CVD and behavioral health services this summer. This brief provides the preliminary results of the survey and outlines what to expect from this project over the next four years.

CARDIOVASCULAR DISEASE SERVICES

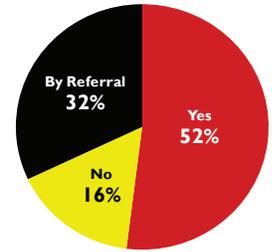
Availability of programming is key to access to care. The graph below displays the scope of CVD related services currently available at responding sites*.

CVD Program Influences

Community- and evidence-based care is crucial to successful programming and securing funding. According to survey results, sites are drawing on a number of resources and stakeholders in the development and design of CVD programming including but not limited to:

- input from staff (81%)
- literature (77%)
- national programs, activities or models (77%)
- input from clients and community members (73%)

Incorporation of AI/AN culture into CVD services

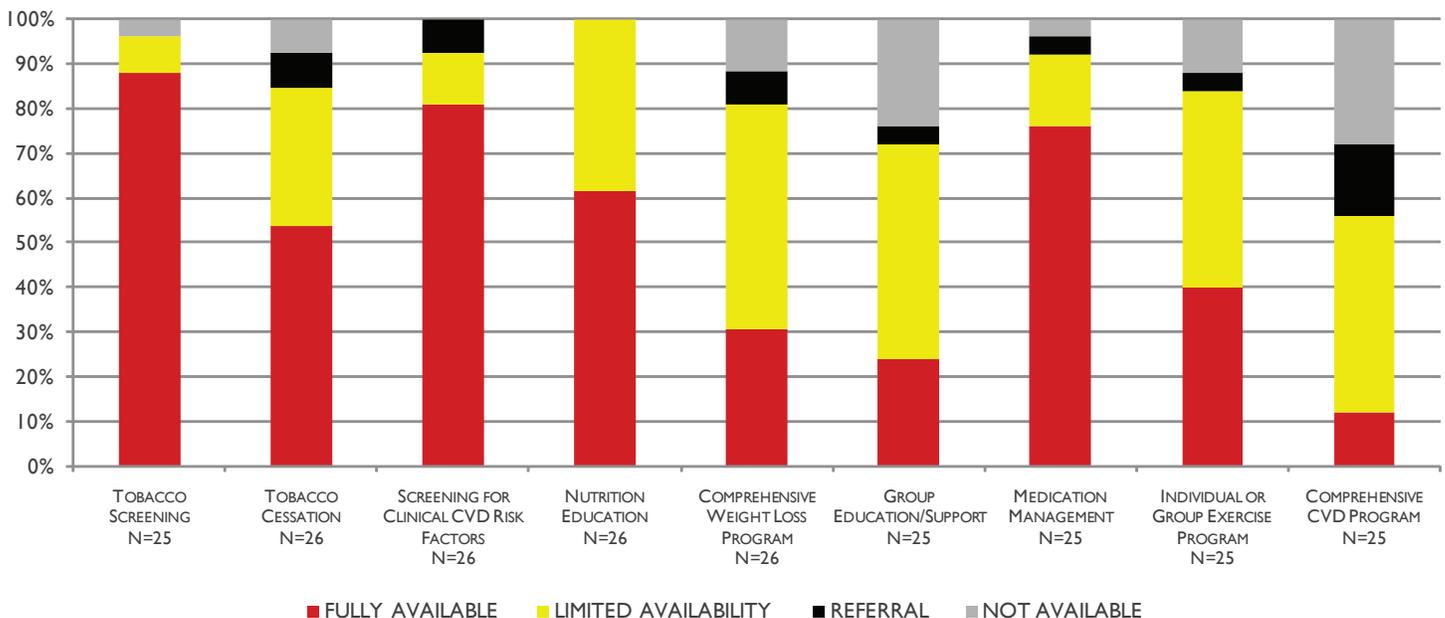


Coordination of Care for CVD Services

Coordination of care enhances patient access to comprehensive services and community resources.

- Nearly 77% of responding sites coordinate patient care between departments within the organization.
- Over 73% coordinate patient care with referral sites or other community providers.
- 54% of respondents do both internal and external care coordination.

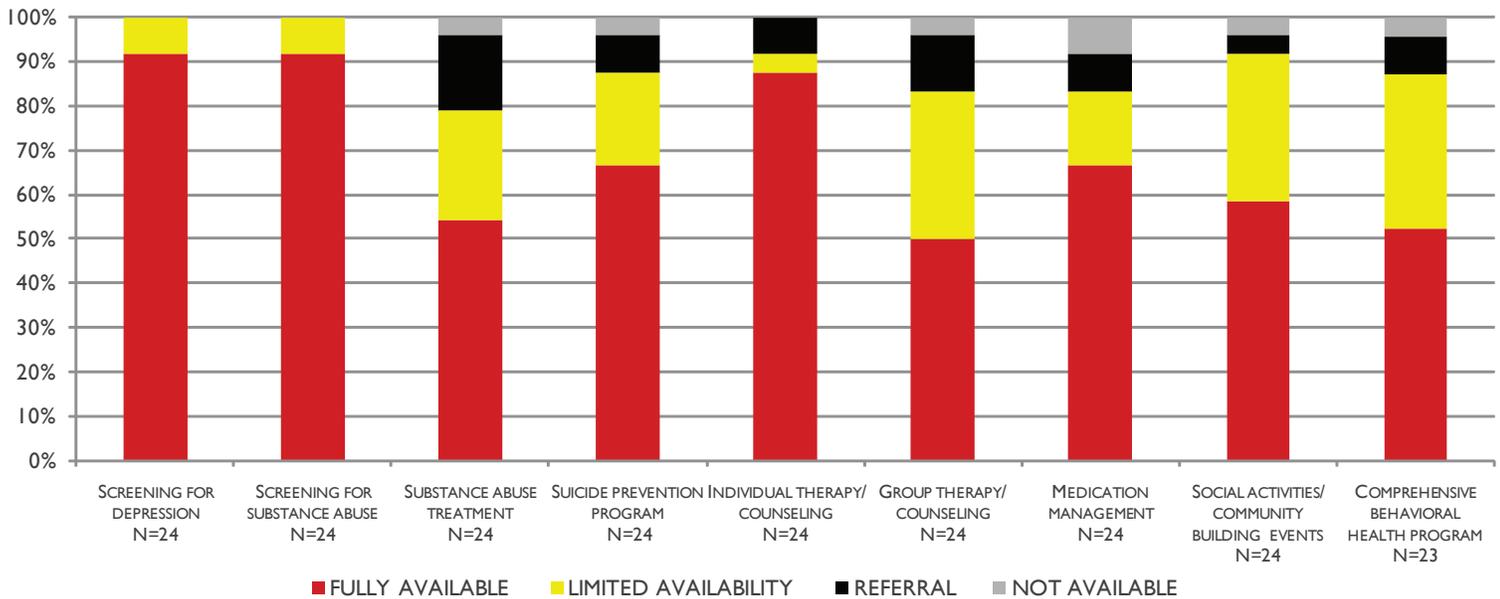
Services currently provided in prevention, treatment or management of cardiovascular disease
UIHO Survey, 2011



* All 32 currently operating UIHO were invited to participate as well as one satellite site. 26 (79%) organizations responded.

BEHAVIORAL HEALTH SERVICES

Services currently provided in prevention, treatment or management of depression
UIHO Survey, 2011



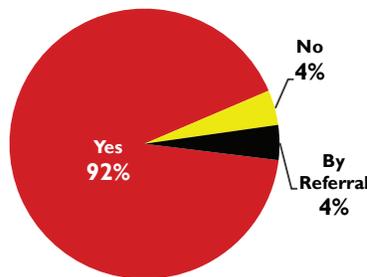
In addition to the types of services offered, the level of availability is an important aspect of patient access. The graph above displays the scope of behavioral health services available at responding sites.

Behavioral Health Program Influences

According to survey findings, sites are drawing on a number of resources and stakeholders in the development and design of behavioral health programming including but not limited to:

- literature (83%)
- input from staff (79%)
- national programs, activities or models (79%)
- input from clients and community members (75%)
- guidance from funding sources or legislative mandate (75%)

Incorporation of AI/AN culture into behavioral health services



Coordination of Care for Behavioral Health Services

Coordination of care is a collaborative, on-going process that assures smooth transitions between systems and services.

- Over 91% of responding sites coordinate patient care between departments within the organization.
- Nearly 74% coordinate patient care with referral sites or other community providers.
- 65% of respondents do both internal and external care coordination.

ACTIVITIES OVER THE NEXT 4 YEARS

Community Input:

- Interviews with select UIHO on successes with CVD and behavioral health care
- UIHO will identify a third health topic based on community priorities and UIHI will provide similar reports and resources to those described below

Reports:

- UIHO Capacity Reports on CVD and behavioral health with discussion of survey results and spotlighted programs
- Environmental Scans of efforts to address CVD and behavioral health in Indian Country

Resources:

- A template for Memorandum of Agreement to support community partnerships
- Factsheets on: CVD best-practices, behavioral health best-practices, and establishing and maintaining effective partnerships
- Assessing Community Readiness tool

Trainings:

- Webinars on designing logic models for program planning, grant writing, and evaluation
- Building on the logic model, subsequent webinars will center on focusing the evaluation design

Support:

- Facilitation of partnerships between select UIHO to promote peer learning around CVD and behavioral health programming
- Facilitation of Community Readiness Assessment at UIHO in partnerships
- Individualized technical assistance on logic models for webinar participants

CONTACT US

We welcome your feedback, questions, thoughts and suggestions. Please contact Julie Loughran, Project Coordinator, at juliel@uihi.org or 206-812-3042.