

SUCCESS STORY REVITALIZING INHERENT ALIGNMENT TAOS PUEBLO



Why not 100%?

The Taos Pueblo Division of Health & Community Services (DHCS) is the tribe's largest division with ten programs serving individuals and families throughout the lifespan. Key priorities of DHCS are to:

- Foster stable, safe, nurturing, and culturally-rooted home environments that promote optimal health.
- Provide prevention and intervention services addressing the root causes and adverse consequences of addiction.
- Help community members achieve and sustain physical wellness while integrating healthy lifestyle practices into every aspect of their lives.
- Build relationships with Tribal and non-tribal partners to improve access to health-related programs, information, education, and services.

All DHCS programs support community members with high-quality services, such as early childhood home visiting, social services, public health nursing, diabetes prevention, transportation, youth outreach, behavioral health, elder care and meal service, and drug and alcohol prevention programming.



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THE SITUATION

In 2018, the DHCS Early Learning Committee engaged the community to develop a plan focusing on early childhood. Community feedback helped us recognize the significance of adverse childhood experiences (ACEs), such as trauma, substance misuse, violence, school dropout rates, and underachievement, and its impact on the health of community members of all ages.

In response, DHCS launched the 100% Community Taos Pueblo initiative: a data-driven community health improvement plan with collective impact. The initiative hypothesizes that if 100% of members have access to vital services, the community will see a reduction in ACEs and an increase in family households self-sufficiency, higher educational achievement, job readiness, and healthy residents across all age groups.

In order for 100% Community Taos Pueblos to be a data-driven approach with collective impact, the tribe conducted a community health assessment. The assessment included over one hundred health indicators to better understand the social determinants of health for community members of all ages. When the findings were shared with the community, they were overwhelmed by the amount of information. Tribal divisions discussed how the data were often “out of sight, out of mind” and only considered important when a grant deadline was approaching or a report was needed. Lastly, the Taos tribal government is appointed annually and are not always aware of the data available to them to inform their decision-making.

DHSC realized that before it could create a community health improvement plan it needed a data sharing system that did not exist. Multiple community partners already work together; a system for data sharing will help strengthen these partnerships. We knew we could better target programs if we looked more comprehensively at our data. Setting up this system was our first step to addressing this issue, and will allow the foundational knowledge to bring results to our tribal government for future expansion and support.



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IMPLEMENTATION HIGHLIGHT

DHSC partnered with Seven Directions, A Center for Indigenous Public Health at the University of Washington, and Red Star International, Inc. on the Indigenous Systems Alignment Project to resolve some of these issues. We established a Transformation Team to achieve the following goals: 1) to collectively decide on data analysis and data sharing systems based on community feedback and research recommendations, 2) to receive training on the data system with each Transformation Team member adding relevant data to the chosen system, and 3) to create a system of reporting for our group to make data-driven decisions and communicate findings with tribal leaders. In achieving these goals, DHSC would be able to develop a fluid community health improvement plan towards our 100% Taos Pueblo vision.

DHSC hired a consultant to guide our team discussions, to identify our clients' and our team's collective objectives, and to demonstrate various platforms based on those discussions. Transformation Team meetings revealed varying layers of need regarding data. From this project, an off-shoot was created to consider a client management software to better break down the silos between our public health, home visiting, medical transport, social service, youth behavioral health, and victim services programs in addition to the population-level data management our project hoped for at the onset.

Our team members began to think about data in many ways – its use, purpose, and timing. Our discussions centered around the audience and population who would benefit from the story our data told. We talked about how our community might feel with presenting data using a deficit-based approach as is often used to make a case for the community's needs. In searching for a data system, we were concerned about security and protection. We wanted the data to be accessible by our tribal community members, but guarded against non-tribal individuals and entities. We talked about the impact of gaps in data while simultaneously not collecting data for the sake of filling a gap without purpose.



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SUCCESSSES

Our Transformation Team decided on a data management system called Clear Impact Scorecard to monitor our community health improvement plan. Clear Impact Scorecard was developed to supplement a results based accountability approach to measure improvements in both health and the DHSC's performance. We are excited to have a system that helps with data management, organizing information, and providing an electronic dashboard visible to the community. The learning curve appears to be manageable in comparison to other platforms, and we are eager to have an accessible data dashboard for our community.



"I am excited that we will be able to easily access the data our programs need and at any given point find out the state of health for our tribe," says Ezra Bayles, Taos Pueblo Division Director. The system allows us to express the relationship between population-level outcomes and program performances contributing to these outcomes. The idea behind a collective impact model is that no one agency or entity is wholly responsible for a community issue; and therefore, it takes a layered approach with multiple partners and strategies to positively affect that issue.

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LESSONS LEARNED

Multiple epidemics collided during COVID-19. Despite our best efforts to evaluate the bigger picture, the Transformation Team members' attention was diverted elsewhere with waves of new variants and surges around holiday weekends. The strain of unemployment, resignations, virtual learning, acts of violence, and lack of resources within families in the community constantly pulled our staff away from the project so they could help with more urgent matters. This project taught us the importance of consistency, especially in meeting to discuss these big-picture projects. It also taught us about the importance of crisis-proofing our community with more efficient processes. We learned to be open to responding to other needs outside of our project, like the need for client management. This helped us understand how streamlining data can help the well-being of our providers by eliminating redundancy and improving effective communication.

Working together also taught us about taking care of each other as humans. Our team consists of many of the first responders in our community. Some people burned out and many others were at risk of burning out. There was a point during our collaborative work when we collectively worked to emphasize self-care among our staff.



KEY RESOURCES USED

A key document we continuously checked our work against was the Taos Pueblo Priority Planning Process. This document contains summaries and a thematic organization of feedback from our community members about what matters to us as a whole. Community health was one of four priority objectives. The work of this project will also contribute to the goals of the continuing process and will help organize the overlapping objectives of community health into those goals. The Community Health Assessment was in use constantly throughout this project, as it helped our consultant understand the types of data we had available.

DHSC intends to pursue public health accreditation from the Public Health Accreditation Board (PHAB). PHAB Standards and Measures were used as a resource to provide guidance on community health assessments, community health improvement plans, and performance management systems, all of which are accreditation requirements.

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NEXT STEPS

In the immediate future, our community will decide which indicators are the most important. Our community health assessment organized our indicators into nine outcome areas. However, not all indicators are treated equally. We will present the findings of the Community Health Assessment with updated data over multiple sessions and try to garner the communication power, proxy power, and data power of our many indicators so they can accurately reflect the values of the community.

We would also like to introduce the Clear Impact Scorecard platform to program managers, tribal leaders, and community members and begin to increase their capacity and interactions with data in our community. We want our community to get excited about the information we have, help us to fill in gaps, and make decisions with these data in mind. We not only want community members to see themselves in the data, but we also want to encourage them to offer their solutions as contributors and active community members. Community engagement in our health improvement efforts are needed to help address the issues and highlight our strengths.

Sometimes we hear that 100% Community Taos Pueblo is too lofty, unrealistic, or optimistic of a goal. However, the most emotionally moving response we received to the community survey we conducted during the community health assessment was to a question asking who people were most worried about not having enough food in our community. Although a majority of respondents said they were not worried, the number of people who are concerned is alarming. It is heartbreaking to know that anyone in our community could experience hunger. This does not represent who we are as Pueblo people. That's why we believe 100% of the Community Taos Pueblo should have food security, stable housing, and access to the services they need.

This type of work is meant to be longlasting. Our community intends to continue on this long journey to 100% with an electronic community health improvement plan as a helpful tool.

FOR MORE INFORMATION

Ezra Bayles
Division Director
Division of Health and Community Services
ebayles@taospueblo.com



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Led by Seven Directions, A Center for Indigenous Public Health at the University of Washington, ***Indigenous Systems: Revitalizing Inherent Alignment*** is a practice-based research study of how health care delivery, public health, and social services sectors work together to achieve shared goals.

Red Star International, Inc. collaborated with the Taos Pueblo Tribe by administering a small grant and providing support to work across sectors to strengthen communication, collaboration, and service coordination for its communities.



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