Our Stratis Health Board of Directors and staff worked throughout 2023 on refreshing our organizational strategies, which were last updated in 2019. The focus on strategies was timely and necessary. The health care and community ecosystem and Stratis Health’s work have changed significantly in the past three years. The COVID-19 pandemic dramatically altered health and care and illuminated and exacerbated health disparities, even as a racial justice crisis was launched in our home community in the wake of George Floyd’s murder. These external factors accelerated changes already underway at Stratis Health, including a significant organizational shift to incorporate Implementation Science into our work, a broader emphasis on health (not just health care), and a deepening connection to community as the driver of health.

Given all of this, it was no surprise that our Board challenged themselves, me, and our team to think differently and boldly about strategies! Over the past year, we worked together to identify the big problems in health and health care for which Stratis Health can truly make a difference.

Our strategies exist within the context of our mission (why we exist), vision (where we are going and what we want to be), and values (what we believe in). We re-affirmed these as foundational to our planning process.

(Strategic Direction... continued on page 2)
Stratis Health Establishes Strategic Objectives

(Continued)

An organizational strategy is a long-term plan that allocates how a company plans to use its resources to support business activities. Boards develop strategies as guidance for how an organization can achieve its objectives. Organizations use these strategies to help them meet their goals and develop action plans. They are not a document or report that sits on a shelf, but an active, nimble guide, prioritizing Stratis Health’s decision making and work in living our mission, achieving our vision, and doing so in ways which align with our values. I’m excited to introduce our new strategies and invite dialogue and collaboration.

The three strategies are not in priority order, nor are the priority populations; and we do not intend that every one of our initiatives addresses all strategies or includes every group. We will work flexibly and recognize the intersection of identities.

As we look ahead, you’ll see us taking action in our projects and initiatives, exerting thought leadership, and more intentionally informing and influencing policy. We invite continuous collaboration with the many partners we already work with, and new collaboration with those for whom our strategies resonate and align.

With these strategies, we prioritize improvement efforts that empower those who have been historically marginalized. In implementation, we work in ways that are inclusive, systems oriented, and centered on equity. Our work is broad and inclusive, while highlighting:

- People who are age 65 and older.
- People living in rural places.
- People experiencing substance use disorders.
- People experiencing health disparities.
A Passion for Geriatric Care as an Expression of Health Equity

Ruby Schoen, DNP, APRN, A-GNP-C
Nurse Practitioner, Genevive, and Stratis Health Board Member

Editor’s Note: Dr. Schoen is chair of the Stratis Health Board of Directors and a clinical education specialist and geriatric long-term care nurse practitioner at Genevive. Genevive delivers primary care services to residents in transitional care units, long-term care, and assisted living facilities, in addition to care management. Dr. Schoen has worked across the care continuum with the geriatric population for more than two decades. Her interests include healthy aging, functional health, chronic condition management, palliative care, and end-of-life planning. Dr. Schoen serves on the Minnesota Association of Geriatrics Inspired Clinicians (MAGIC), and the Minnesota Provider Orders for Life Sustaining Treatment (MN POLST) Committee.

Q: How did you choose a career in geriatric care?
In a way, it chose me. In high school, I had an opportunity to exchange going to class for hands-on work to become a nursing assistant and discovered a natural affinity for geriatric care. I subsequently obtained my diploma as a licensed practical nurse (LPN), associate in science degree in nursing, and a Bachelor of Science degree in nursing. I am a first-generation college graduate and the first in my family to earn a bachelor’s degree. As an RN starting in long-term care and moving on to hospital emergency care, I gravitated toward working with geriatric patients. In 2010, I finished my master’s degree as an adult geriatric nurse practitioner. Eventually, I earned a doctorate from St. Catherine University.

As the clinical education specialist at Genevive, I onboard new medical doctors (MDs) and nurse practitioners (NPs), providing leadership in education and support of clinical practice consultation, research, and interdisciplinary collaboration for education and practice.

Q: Was there a personal theme driving this hard work?
Yes. I saw myself as empowering older adults whom I felt often were marginalized. Geriatric providers must acknowledge the influence of social determinants of health on marginalized geriatric patients. Appropriate, patient-centered, anti-oppressive care for these individuals depends on recognizing the intricacy of their needs during assessment and treatment.

Q: In what ways do you observe this marginalization in health care?
Although things are improving for many older adults, I see it every step of the journey. A few examples of marginalization are when health care providers may assume all elderly people are cognitively compromised and incapable of relaying their medical concerns. Or when an older patient is accompanied by a loved one, the health care provider directs questions and comments to that person instead of the patient, causing exclusion from medical decision-making. Another example is that the care system sets unrealistic expectations for the patient to get to clinic appointments, even if mobility is extremely difficult, instead of providing care onsite. These are perfect examples of how ageism can manifest.

Q: How is this a health equity issue?
Ageism, like all types of prejudice, affects societal status based on age and creates divides and hierarchies in society. Age-based health disparities and poor health outcomes are just two of the many adverse effects, inequalities, and disadvantages that ageism causes. Treating the person like they aren’t even present is not acceptable.

Q: How else can the care experience be improved?
Provide geriatric-friendly health care services prioritizing an older adult’s strengths and well-being over their illness. We tell our providers to think of each patient as if they were your family member. Say, in effect, I see you! I hear you! I care about you! We know what’s in your chart, but now we want to listen to your story. These are amazing people with extraordinary lives. I take combating ageism very seriously. I have deafness, so I also consider ableism in the equation. It’s personal to me.
Q: In what other ways are you addressing health equity issues?
Our entire care delivery model at Genevive is reversing this age discrimination. We see patients in their homes or in their care settings at long-term care, transitional care, assisting living, memory care, and even some independent living. We ensure that each step of the person’s journey aligns with their desired outcome while providing meaningful care.

Q: How do you keep the complexities of care from overwhelming patients?
The system is complicated for all of us at any age. We function as advocates and encourage the patient and their loved ones to ask questions and talk about the care plan and goals of care. There is so much to understand. We include the interdisciplinary team in patient medical care: The patient, the patient’s family, social workers, and the therapy, and care coordinators. The best thing we do is show up and take the necessary time with those in our care. We spend as much time as it takes.

Q: Has the pandemic resulted in care changes for older adults?
I think the pandemic and the disproportionate effect, particularly on those in long-term care facilities, has drawn needed attention to the health disparities they face. Coming out of the pandemic, we’re also paying more attention to the mental health of older patients. Not all patients will admit to feeling sad, depressed, or lonely, and some may only describe somatic symptoms. Therefore, it is important to routinely ask about these symptoms. When we pay attention to the upheaval they’ve experienced in transitioning to new living environments and the whole person, we improve their care and lives.

Q: Amid all the positive changes you are advocating, are there concerns?
Of course. I’d say the biggest concern is the high turnover in the long-term care workforce; the pandemic only worsened the problem. The work is rewarding but it’s hard work. If you don’t have a passion for it, it’s easy to find far less demanding jobs that pay more, and that is a problem. Overall, the long-term care industry lacks adequate funding.

Q: How does your work experience translate to your vision as the new Board chair for Stratis Health?
I want us to keep digging into diversity and making sure all voices are heard. I know I have support for this because Stratis Health has a passion for getting people with multiple perspectives to the table and then taking action and doing the work, rather than just continuously discussing the challenges. As the saying goes, “People who say it cannot be done should not interrupt those who are doing it.” It’s rewarding to be part of this board of doers!
Health equity has a presence in so many aspects of the organizations we serve. When valued by an organization, an equitable approach to health leads organizations to strive for:

- Structural decisions that combat racism, ageism, sexism, homophobia, and xenophobia
- An unbiased organizational culture
- Cultural and linguistically appropriate services
- Care delivery devoid of biases and unconscious limitations
- Eliminating disparities in health care access, provision, and outcomes

As central as health equity is to quality health care, many organizations have yet to discuss it. In training and facilitating groups on health equity, it's helpful to begin by examining data to understand who is being served and what the outcomes are. From there, the organization can start naming and defining upstream problems with downstream consequences.

While the work must be progressive, it must also be respectful about where people are on their journey. Stratis Health utilizes an organizational maturity matrix to reveal the depth of topic understanding, enabling a focus on creating appropriate applications that drive people to action. From there, organizations develop an action plan, prioritizing areas of need and in greatest alignment with their strategic goals. Stratis Health supports and facilitates organizations through this journey.

Stratis Health exemplifies and lives its commitment to health equity by prioritizing it in all programs, expanding the diversity of lived experiences among our staff, embedding it in our proposals, and continually learning and training.

Stratis Health's Health Equity Focus
Of the more than 25 health improvement projects that Stratis Health is implementing, 75% have a focus on health equity.

Priority Populations and Communities
- People age 65 and older
- People living in rural places
- People experiencing substance use disorders
- People experiencing health disparities
- Women
- People who are incarcerated
- LGBTQ+ individuals
- Racial and ethnic groups

Levels of Health Equity Focus
- Community
- County
- State
- Regional
- National

Our Training Starts by Naming It
Stratis Health exemplifies and lives its commitment to health equity by prioritizing it in all programs, expanding the diversity of lived experiences among our staff, embedding it in our proposals, and continually learning and training.
together the community, health care and payer organizations, along with technology providers, and other partners to collaboratively develop a shared approach to resource referrals in Minnesota that connects people with needed, culturally responsive resources such as food, transportation, and housing.

Stratis Health has served as convener, facilitator, and subject matter expert, offering insights, perspectives, and opinions to Minnesota policymakers and others to increase understanding and offer solutions on how Minnesota can lead and accelerate actions to address social drivers of health to advance health equity.

Local, Regional, and National Leadership Roles.
Stratis Health’s health equity work is wide ranging in scope and scale. Examples include:

Rural Health.
Socioeconomic factors such as race, immigration, sexual orientation, and income are often magnified in rural areas. Things like launching learning collaboratives for rural hospitals and Indian Health Services hospitals and clinics across the U.S. are making a difference by addressing what specific people and communities need.

Learning and Resource Center.
Culture Care Connection, an online learning and resource center, supports clinical and non-clinical health care professionals in reducing health disparities and promoting health equity, including resources to support adoption of culturally and linguistically appropriate service (CLAS) standards.

Opioid Crisis.
Stratis Health began addressing the opioid crisis in 2014, with a focus on increasing access to evidence-based and culturally relevant care for opioid use disorder (OUD), improving the appropriate prescribing of opioids for pain management, and reducing disparities in care and outcomes.

Building Healthier Communities.
Stratis Health’s Board of Directors and staff nominate organizations and projects to receive Building Healthier Communities grants. The awards align with Stratis Health’s mission and vision, advance Stratis Health’s work and relationships, benefit the community, and focus on Minnesota organizations. Since 2007, Stratis Health has awarded 63 grants and $870,000.

Name it!
We can’t be afraid to name health equity as an issue all of us must better understand and strive toward, especially in health care. Naming it is the first step and opens all of us to broader awareness of the issues as a means of formulating a plan of action to improve all aspects of health care delivery.

Stratis Health exemplifies and lives its commitment to health equity by prioritizing it in all programs.
and has published peer-reviewed articles reporting on this. “In Minnesota, the pandemic combined with huge racial unrest further harmed health equity,” he said. “To this day, we have elevated racial and ethnic disparities that contribute to health outcome disparities.”

The Importance of Improving Availability and Use of Health Data: The pandemic, which has killed more than 1 million Americans, highlighted the ineffective data infrastructure across the U.S. health system. Care providers couldn’t access integrated data on case reports, vaccine distribution and supplies, including personal protective equipment (PPE). State-level data was not connected to federal data.

“I am particularly interested in the ways informatics, big data, and documentation can increase health equity and drive transformative changes in the way health care is accessed and delivered,” said Karen Monsen, PhD, RN, FAMIA, FAAN, Professor Emeritus at the University of Minnesota School of Nursing and Stratis Health Board member. “Nursing informatics and intervention effectiveness research reveals time and again how enhancing care and self-management through an integrative, whole-person approach that recognizes and values well-being can improve the health of entire communities.”

The Need for Improving Intergovernmental Communications: Effective responses to public health emergencies require seamless communication and cooperation between local, regional, and national authorities, as well as international organizations.

“Stratis Health does not shy away from addressing health inequities that are largely due to historical and ongoing structural and social determinants,” said Patina Park, JD, executive director, Tribal State Relations Office of Minnesota Governor Tim Walz and Lieutenant Governor Peggy Flanagan and Stratis Health Board Member. “But we also finally saw better intergovernmental communication happen with state government when COVID hit. The Governor’s office began having daily solution-focused conversations with tribal leaders right away to address challenges as they appeared during the state and tribal governments’ response. This was an unprecedented event and was critically important to partner to protect the health of tribal communities in the face of COVID-19. Because health disparities within tribal communities increase the risk of serious illness, there was a keen
sense of urgency about ensuring they were included in crisis response planning.”

**A Call for Meaningful Policy Changes:** Government can institute policy changes aimed at addressing health disparities exposed by the pandemic. These may include increased funding for public health programs, expansion of Medicaid or other health care coverage, and targeted interventions to address social determinants or drivers of health. Policy change begins with a change in focus on what constitutes health improvement.

“You can’t have policy change until you change what you are measuring,” said Reuben Moore, president and executive officer of Minnesota Community Care, a large community clinic based in St. Paul, and a Stratis Health Board member. “There’s a great saying in business that people act by how they’re measured. If you measure health care by how much it’s billing, we get a really good financial health care system. But that’s no way to measure the effectiveness of the care people are receiving. If you want to improve preventive care, you measure screenings. If you want to impact health inequities, you measure them. If you want to impact social determinants of health and understand their interconnected nature, you measure health outcomes related to social determinants.”

**The Vital Role of Community Engagement and Leadership:** Grassroots organizations and community leaders have played a crucial role in disseminating information, providing support, advocating for the needs of vulnerable populations, and making linkages between community and health care.

Such is the daily mission of community health care. “In some countries, health care is a human right. U.S. health care is based on a capitalistic model that creates natural disparities,” said Reuben Moore. “Our mission means that anyone should be able to access health care services, regardless of their ability to pay. If someone has linguistic, cultural, or other barriers, we should have staff affirm their needs and help ease their health journeys. That’s what health for all is about, having zero-barrier access to health care facilities in communities that are staffed by members of those communities.”

**The Need for Continued Learning and Change:** It’s essential to continue monitoring the long-term impact of the pandemic on health equity. This includes assessing changes in health care utilization patterns, health outcomes, long COVID, and disparities across different demographic groups.

“I’d say the pandemic has raised the issues and put them at our feet and now is the time to do something about it,” said Dr. Satin. “Health equity strengthens us all. It improves our productivity and quality of life. It reduces human suffering. It improves the economy and public safety. We should capitalize on the moment, and the moment is now.”

Overall, while the pandemic laid bare existing health inequities, it has also spurred efforts to address these disparities through policy changes, community engagement, and increased awareness. These efforts align well with Stratis Health’s new organizational strategies, and provide the opportunity for leadership and action.
Welcome, New Board members!
We are pleased to welcome three extraordinary leaders to the Stratis Health Board of Directors. Jeremy Hanson Willis is the chief executive officer for Rainbow Health; Pamela Parker, a designated consumer representative, is the Medicare Medicaid integration consultant to Special Needs Plan (SNP) Alliance; and Janet Silversmith, a crossover Board member from Minnesota Alliance for Patient Safety (MAPS), is the chief executive officer of the Minnesota Medical Association. Learn more about them and meet all our Board members!

Building Healthier Communities Award Recipients Announced
Stratis Health’s longstanding commitment to improving health equity is reflected in the remarkable recipients of the 2024-2025 Building Healthier Communities awards, which are small grants that catalyze collaboration and innovation to nurture health care quality in Minnesota. Read the press release to learn more about Health Professionals for a Healthy Climate, Mi CASA’s Familia Saludable Initiative, and Ely-Bloomenson Community Hospital. Since 2007, Stratis Health has awarded 63 grants and $870,000.

Welcome to our Newest Employees
Welcome to our incoming employees who are looking forward to serving the Stratis Health Community:
- Tori Edie, Quality Improvement Advisor
- Lisa Olson, Quality Improvement Advisor

Stratis Health is an independent 501(c)3 nonprofit organization whose mission is to collaborate and innovate to improve health.

Stratis Health works with the health care community as a quality improvement expert and clearinghouse, educator and trainer, consultant and supporter, convener and facilitator, and data resource.

Contact us to see how we can assist you with your quality improvement needs. Call 952-854-3306 or 1-877-787-2847 (toll-free) or email us at info@stratishealth.org.

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