NTTAP
National Health Center Training & Technical Assistance Partners
Clinical Workforce Development
A project of Community Health Center, Inc. and the MOSES/WEITZMAN Health System

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Activity Session – Improving Health Outcomes: Strategic Data-Driven Interventions

Thursday February 12th, 2026

3:00 - 4:00pm Eastern / 12:00 - 1:00pm Pacific

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MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

CeCN

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

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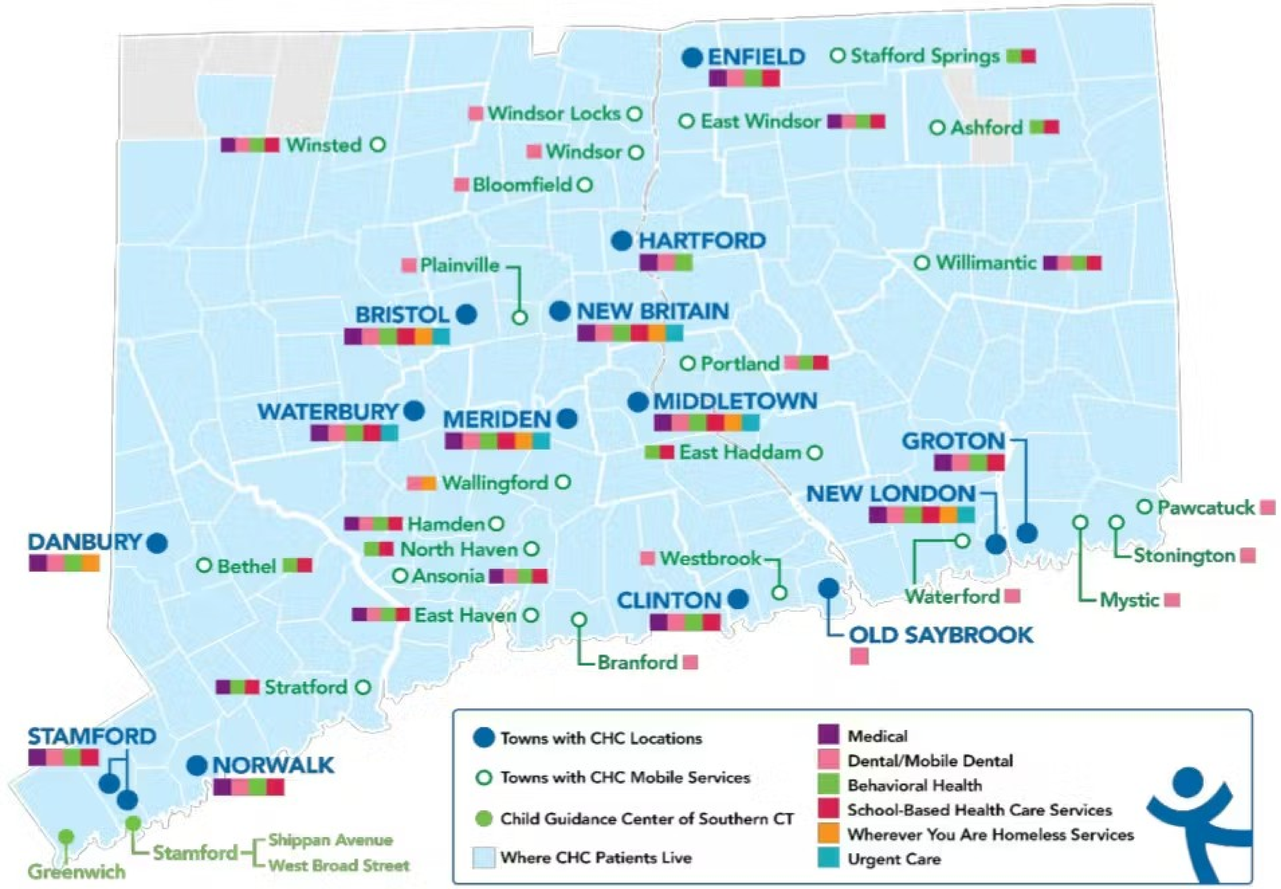
Community Health Center, Inc.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1	2	3
Clinical Excellence	Research and Development	Training the Next Generation

Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225

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National Training and Technical Assistance Partners (NTTAP)
Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit https://www.weitzmaninstitute.org/nca.

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Speakers

- Karoline Oliveira, Ed. D, Chief of Clinical Excellence, Moses/Weitzman Health System
- Tierney Giannotti, MPA, Director, Population Health; Community Health Center, Inc.

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Learning Objectives

- Describe the purpose of community health work and how community-level data supports access to care.
- Understand how patient and community demographic data can be used to identify populations for outreach and engagement.
- Apply a practical framework to interpret data and plan community-focused interventions.

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Introduction - Discussion Question #1: What is your why? Why do you do this work?

All people deserve to have healthcare

People matter

The healthcare system should and will be better

Meaningful contribution to individual welfare and society

to make a difference

Medical care should be accessible without complications

Improve treatment outcomes by increasing access to unaffordable meds. Need data that reflects health and financial impacts to inspire decision-makers to address it.

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Introduction - Discussion Question #2: What do you want to achieve with community health initiatives?

Improvements in outcomes

Strengthen access to care

to improve the healthcare system in the community

Make it a “Easy access” for our people in terms of medical care

Positive health outcomes for all communities

Broader impact on health than clinic level

Improved health because people are available to help patients obtain unaffordable meds from a variety of public and private programs.

All of them. But gaining more information on SDOH factors that may limit patients

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Introduction - Discussion Question #3: What measures are you most focused on from a community health perspective?

- Cancer screenings and prevention
- Immunizations
- Seasonal health concern awareness
- Diabetes control and prevention
- Vaccination & prevention of diabetes
- Increasing prescriber-patient discussions about the cost of necessary medicines,
- All of them. But screening for SDOH factors that may limit patients care
- Prevention, nutrition, physical activity, SDoH, etc.

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Collecting the Right Data for the Right Reasons

- Collecting data is crucial for improving patient outcomes.
- Enables organizations to develop interventions precisely aligned with patient needs.
- Helps understand shared community needs, including the profile of prevalent conditions.
- Report key identity data to the Uniform Data System (UDS) if FQHC/FQHC look-alike, and to other entities that require such data.

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How are data used to improve health outcomes?

To ensure access to care

- Available data have been used to document important differences in access
- Supports targeted efforts to promote access to care within those communities which seek primary care at a lower rate

To ensure community health

- Identifying the prevalence of various health conditions and related risk factors
- Understanding risks at the individual or community level
- Allocation of resources for the development of targeted health interventions

Quality of Care

- Large gaps between care standards and actual quality
- Gaps in critical procedures, referrals
- Patients report differences in understanding, confidence, communication, and disrespect

To ensure organizational accountability

- Research suggests that organizational practices may contribute to inconsistencies in care
- Title VI of the Civil Rights Act of 1964
- Compliance with accreditation requirements

https://www.ncbi.nlm.nih.gov/books/NBK215740/

Note…

- It is important to understand, however, the practice of collecting data or describing health-related needs, alone, do not lead to better health outcomes or clinical experiences for patients.
- Key data must be incorporated into the development and implementation of policies and practices in order to effectively improve health outcomes.

AND…strive for the data to be complete, reliable, and robust.

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If we consider only patients who report their race, 25% are identified as Black/African American

Patients By Race & Ethnicity	
% Racial and/or Ethnic Minority Patients	
% Black/African American Patients	25.44%
% Hispanic/Latino Patients	
% Non-Hispanic White Patients	
% Asian Patients	
% Native Hawaiian/Other Pacific Islander Patients	
% American Indian/ Alaska Native Patients	
% More than one race Patients	

If we include all patients, regardless of available race data, 12% are identified as Black/African American

Patients by Race & Ethnicity (where denominator includes patient of unknown race or ethnicity)	
% Racial and/or Ethnic Minority Patients	
% Black/African American Patients	12.47%
% Hispanic/Latino Patients	
% Non-Hispanic White Patients	
% Asian Patients	
% Native Hawaiian/Other Pacific Islander Patients	
% American Indian/ Alaska Native Patients	
% More than one race Patients	

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Which roles or departments may contribute to the process of collecting identity data?

Clinical Excellence	Community Health	IT
Operations	Communications	Telehealth
Clinical Leaders	Regional Vice Presidents	Data Team

From Collection to Analysis

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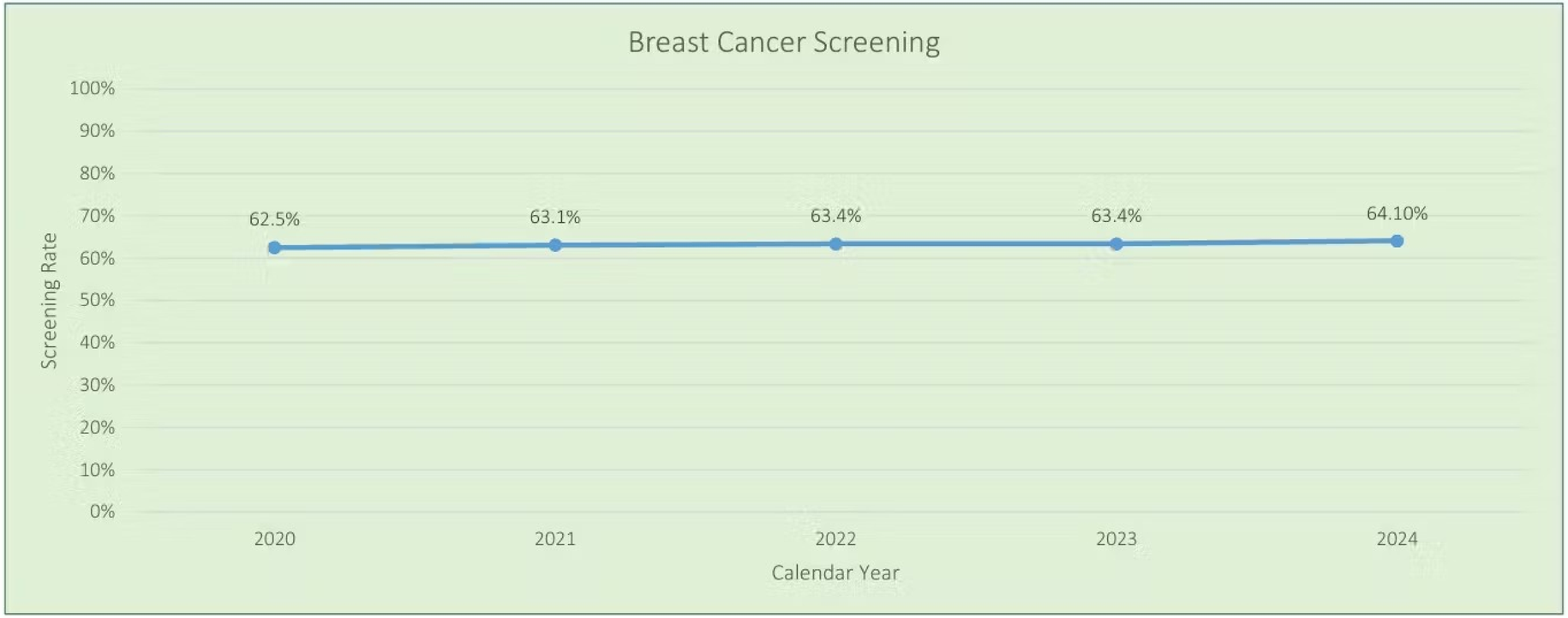
Data Analysis to Guide Improvement

Challenge: Performance on a quality measure is stagnant over time.



Consider Factors that may Impact Screening Rates

- Analyze data by groups:
  - Preferred language of the patient
  - Age grouping of patient
  - Mammography facility site
  - Site
  - Primary Care Provider (PCP)

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Gather Data by Group

SAMPLE Data Set at the Patient Level

Group	Pt ID	Meeting Measure
English	100	Yes
English	1005	No
Spanish	1750	No
Portuguese	1697	No
Haitain Creole	1876	No
Haitain Creole	1975	Yes
...		

Raw Data: Patient level information on the outcome or process variable of interest and the grouping variable (e.g., sex, site, PCP, preferred language).

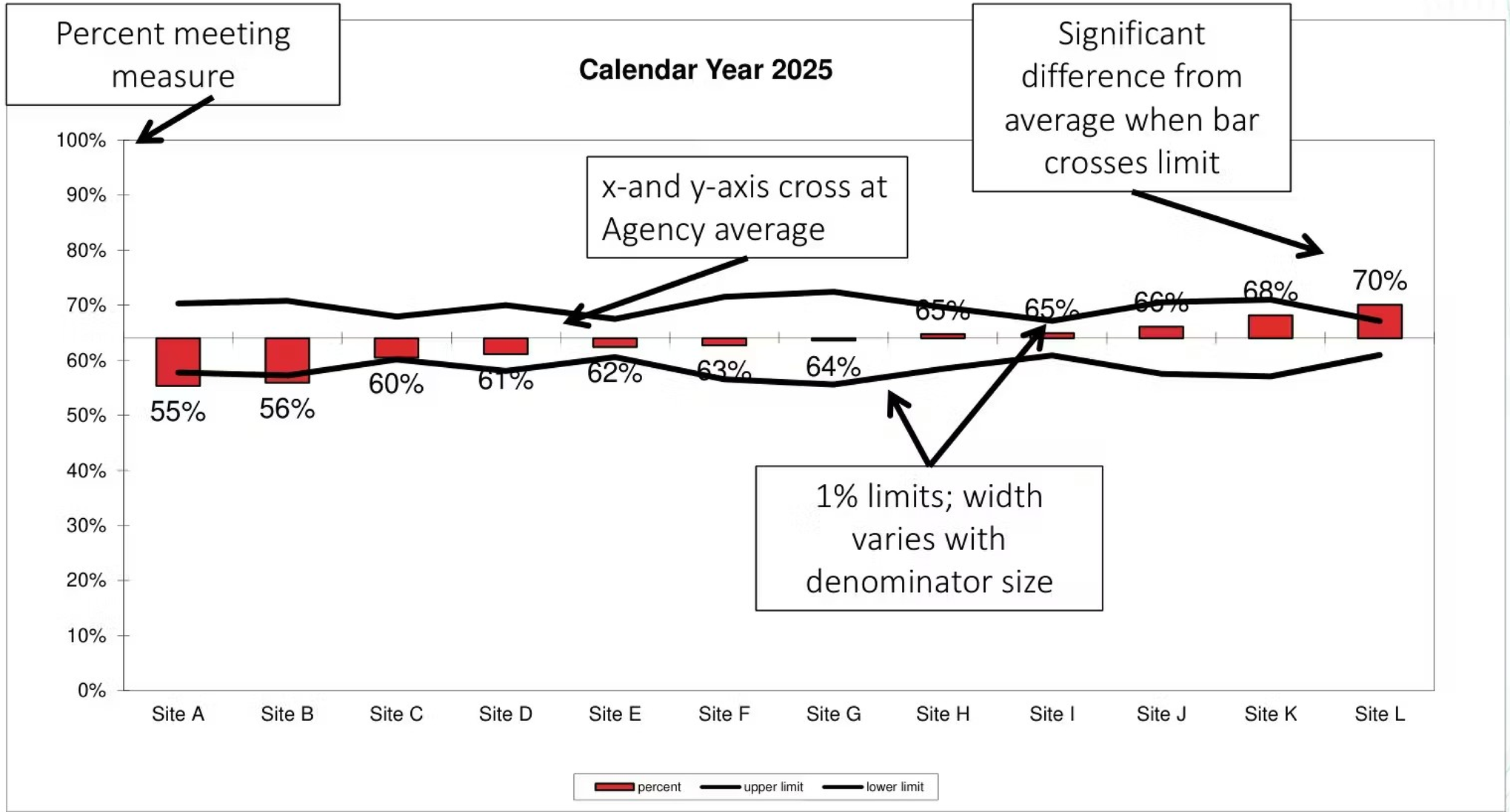
SUMMARIZE Patient Level Data

Groups	Numerator	Denomerator	Rate
English	315	569	55%
Spanish	273	488	56%
Portuguese	891	1473	60%
Group D	382	625	61%
Group E	1176	1883	62%
Group F	251	400	63%
Group G	201	316	64%
Group H	467	721	65%
Group I	1478	2276	65%
Group J	353	534	66%
Group K	315	462	68%
Haitain Creole	1647	2350	70%
Total	7749	12097	64%

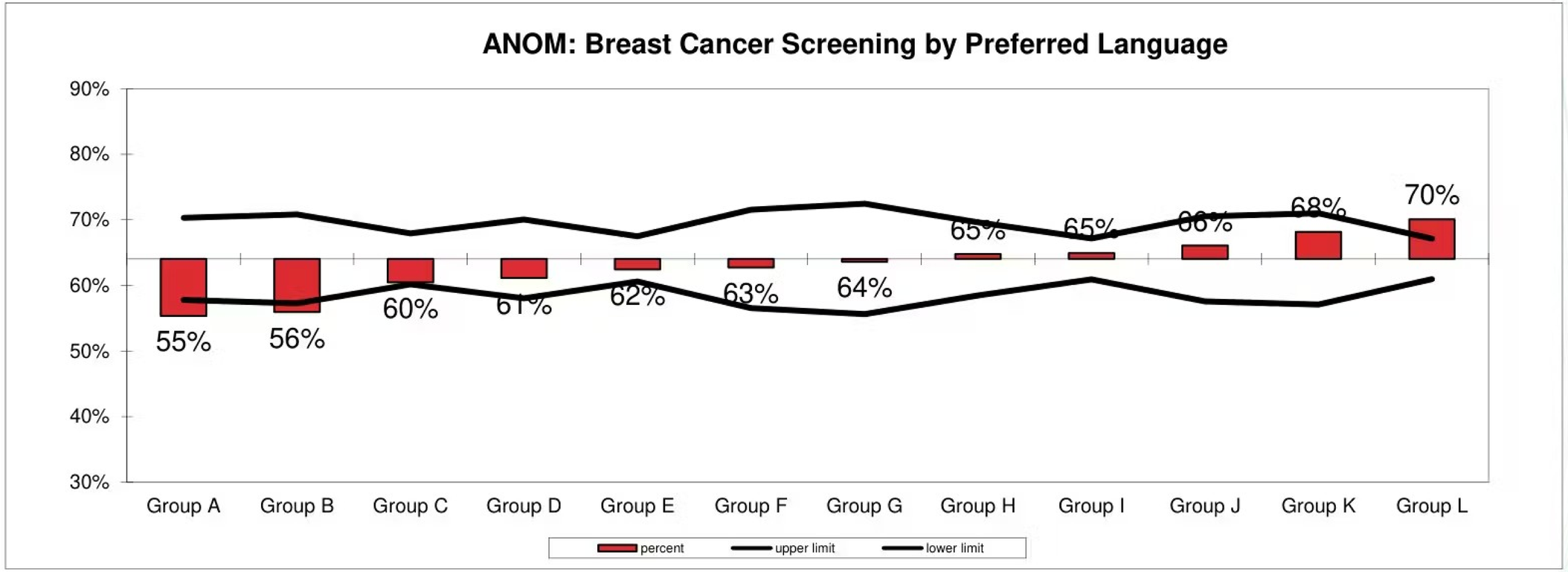
Analytic Plan to Gain Deeper Understanding

- Using analysis of means, the rates show the following:
  - Patients in Group L had higher rates of control compared to the average.
- Next step: Explore these data and determine if they were more than a one-time occurrence, data from three additional time periods were analyzed using the analysis of means method.

Analysis of Means (ANOM)



ANOM: Application



Digging Deeper

- Talk to the care teams that provide services to patients in Group L.
- Map out the process for ordering and scheduling these appointments.
- Find out about the reminder systems in place.
- Identify opportunities to spread what is working to other groups where improvement is needed.

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Breakout Discussion: Practice Reflections

- Take a moment to reflect on how data and collaboration show up in your day-to-day work.
- **Consider the following questions:**
  - How would you envision using this tool in your role or organization?
  - How are you currently leveraging data to inform your work?
  - What successes have you seen so far, and what challenges are you experiencing?

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Questions?

Wrap-Up

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Explore more resources!

National Learning Library:
Resources for Clinical Workforce Development

National Learning Library

CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

Learn More

CLINICAL WORKFORCE DEVELOPMENT
Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse

https://www.healthcenterinfo.org/

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Contact Information

For information on future webinars, activity sessions, and communities of practice: please reach out to nca@chc1.com or visit https://www.chc1.com/nca

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