The Community-Centered Health Homes Model: Bridging Clinical Services and Community Prevention

With support and direction from the Louisiana Public Health Institute, five community health centers in Alabama, Florida, Louisiana, and Mississippi are piloting the Prevention Institute’s Community-Centered Health Homes model to expand community prevention efforts beyond clinic walls.

Background

Community health centers are firmly rooted in the communities they serve and play a critical role in improving access to clinical and preventive services by assisting patients in managing chronic disease, for example, or by providing referrals to public health or social service agencies. Community health centers offer a range of supportive services (particularly to low-income and uninsured or underinsured populations), which exceeds traditional primary care services. There is an opportunity and need for community health centers to expand their reach beyond the clinic walls and proactively advocate for improved environmental, economic, and social conditions and build partnerships that improve the health and safety of the full community. The present shift toward value-based payments and a growing awareness of the social determinants of health make this an opportune time to advance integration efforts that link clinical service delivery with upstream community prevention and public health.

Overview of the Integration Effort

The Prevention Institute developed a conceptual framework for Community-Centered Health Homes (CCHH), which positions community health centers to better address upstream prevention and local community wellness. This model represents a paradigm shift in which the patient-centered medical home is integrated with community-level prevention to go beyond individual patient care and address broader needs related to the social determinants of health. This model comprises three elements:

1. Inquiry: Health centers collect data on community conditions from patients and aggregate prevalence data.
2. Analysis: Community health centers and partners link trends in patient data to social and community conditions.
3. Action: Health centers coordinate with other partners, align strategies and priorities, and jointly advocate for community health and empowerment.

Aim of the Integration

- To equip and enable community health centers to influence and improve upstream determinants of health in the surrounding community.
- To shift from a focus on clinical services to a community-wide strategy that aligns community prevention efforts with local needs and priorities, as well as partner organizations’ activities.

The Louisiana Public Health Institute (LPHI) guided the implementation of the CCHH model in five community health centers across four states that had been impacted by the Deepwater Horizon oil spill. Located in New Orleans, Louisiana; Biloxi, Mississippi; Mobile, Alabama; and Pensacola, Florida, these demonstration sites have engaged in community partnerships to improve food security, built environments, culturally competent transgender care, medical-legal partnerships, environmental asthma triggers, teen pregnancy prevention, and youth engagement. The lessons learned from this demonstration hold promise for expanding the CCHH model and developing strengthened partnerships between clinical care providers, public health, community-based organizations, and others.
Results and Benefits
The five demonstration sites have each reported that authentic and mutually beneficial community partnerships were newly developed or strengthened as a result of this model, allowing both community health centers and other stakeholders to more meaningfully improve the health and upstream determinants of health across the broader community. The health centers’ data collection and aggregation techniques improved partners’ ability to align their program with data-based needs at the community level, as well as to have access to a new source of community feedback. Examples of specific activities and partnerships include:

- Coastal Family Health Center staff observed an increase in pediatric asthma rates that appeared to be related to several new construction projects that impacted air quality. The health center engaged a community collaborative, local schools, and families affected by pediatric asthma to create healthier homes. Physicians have also supported local advocacy efforts.
- CrescentCare has hosted educational workshops, developed a legal assistance fund, and engaged in policy advocacy to support name changes for transgender individuals, which emerged as a top community priority. Legal identity documents are not only needed for seeking medical care, but also affect individuals’ ability to apply for jobs, enroll in schools, and seek public benefits.
- Daughters of Charity Services of New Orleans established an advisory council of patients and community members to direct the development of public education campaigns and non-clinical support service partnerships. The insights of the council also led the community health center to collect data on food security, access to healthy foods, physical activity, safety, and use of community space to supplement gaps in community-level data.
- Escambia Community Clinics, Inc., partnered with the C.A. Weis Elementary School to fund the construction of a playground, which has promoted childhood activity, developed a safe space for play, and—importantly—positioned the health center as a trusted community partner.
- Mobile County Health Department and its affiliated health center, Family Health, collaborated with community partners to identify teenage pregnancy as a central, mobilizing issue. The department worked with a leadership team comprised of local youth and families and learned that the lack of public transportation was a barrier to accessing healthcare and other community resources. The team has successfully arranged a school bussing system to bring students to the center from local schools and is also advocating for a new public bus route.

Infrastructure to Support Collaboration and Sustainability
The implementation of this model was funded through the Gulf Region Health Outreach Program’s Primary Care Capacity Project, which was designed to strengthen healthcare in the Gulf Coast communities affected by the Deepwater Horizon oil spill. This model has demonstrated its adaptability to different communities and contexts and may be expanded into new regions, particularly if stakeholders can collect evidence on the impact and overall population health improvement created by these innovative community health center activities. In addition, new payment and delivery models that tie payments to improved health and safety outcomes can reward value over volume. These models also
have the potential to sustain and expand partnerships with public health agencies, community-based organizations, schools, and other local and non-clinical partners.

The CCHH model has several implications for workforce development necessary to sustain and expand community partnerships. First, healthcare workforce education and skills-building should incorporate data analysis. This model requires community health center staff to go beyond analyzing patient health and safety data as it relates to individual behavior and risk factors. Within a CCHH, an additional level is required in which aggregated individual data is analyzed for trends that can be tied to community-based conditions including environmental, social, and economic factors. This second layer of analysis is often unfamiliar territory for clinical providers, but is a critical step. Second, a CCHH pursues solutions to issues identified via analysis in a collaborative manner and focuses on the upstream factors instead of a direct service approach. The art of collaborative partnership and upstream solutions, particularly in areas outside the traditional healthcare realm, is a valuable and needed skill to succeed as a CCHH. Finally, the CCHH model requires a culture change so clinicians can understand their role in keeping a pulse on community-level needs beyond clinic walls and beyond the immediate pool of patients. Demonstration sites have found it helpful to frame this model as an extension of the mission of social justice that motivates community health center staff already.

Finally, the expansion and future growth of this model requires focused and visible leadership, which can help drive the development of new partnerships. The Prevention Institute and LPHI have recognized that when a community health center leader actively engages and initiates contact, it signals to the partner organization that this is a priority and helps build trust. Leaders should also remain attuned to the priorities of the community and their partners, even if it leads to interventions that are more broadly related to the social determinants of health than to access to direct services. It is critical to build and grow partnerships that are mutually beneficial and have a shared sense of accountability.

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References
