

Community-Centered Health Homes Engaging Health Care in Building Healthy Communities

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In Oakland, California, a comprehensive community clinic called Asian Health Services initiated a campaign to prevent traffic-related injuries after an elderly community member was hit and killed by a car. Youth from the clinic's leadership program conducted research, including mapping of crash locations and photo documentation of pedestrian-vehicle conflicts, such as autos blocking crosswalks or turning in front of pedestrians. They presented their findings to the city council, and their local council member used these data to secure funding from the Caltrans Environmental Justice grant program to plan street improvements. This led to the implementation of a pedestrian scramble (all traffic is completely stopped during a red light, and pedestrians are able to cross the street in any direction, including diagonally) in a few key intersections, which reduced conflicts by nearly 50 percent, ultimately reducing risks for death and injuries.

This example illustrates the value of health care/community partnerships. Asian Health Services played a critical role in bringing a very important medical condition—traffic-related injuries and fatalities—to the attention of city leaders. The solution to prevent these injuries was designed in partnership with the Oakland Chinatown Chamber of Commerce, the Oakland Pedestrian Safety Project, City of Oakland council members, and the city's public works staff. The potential Healthy Communities benefits are far-reaching. Health and quality of life benefit through the prevention of devastating injuries and fatalities. Also, safer streets encourage more pedestrians; higher rates of walking help prevent and control diabetes, cardiovascular problems, and other chronic diseases; and economic benefits result from a reduced demand for high-cost trauma and rehabilitative care, lower need for police services, and greater patronage of local retail and services.

Envisioning a Community-Centered Health Home

Conversations with Asian Health Services and other medical care organizations that regularly step outside their clinic walls to find solutions to health problems inspired the Prevention Institute to describe a coordinated set of practices to systematically connect medical institutions to broader community-level environmental change that we call community-centered health homes (CCHHs). This concept intentionally expands on the related emphasis of the Affordable Care Act on medical homes (better care coordination at an individual patient level) to describe practices that can link the medical system with community action to address the underlying determinants of illness and injury to improve the health of an entire community. The model builds on pioneering work in community-oriented primary care at the heart of the establishment of the nation's first community health centers in high-poverty communities in the 1960s.

A CCHH not only acknowledges that factors outside the health care system affect patient health outcomes but also actively participates in improving those factors in order to improve health and safety for all residents. The defining attribute of the CCHH is translating high-priority medical conditions into active involvement in community advocacy and change. In recent years, as practitioners look to heighten their impact on their patients' well-being, more and more health care providers and institutions have moved closer to this model, although they still remain a distinct innovative minority. The CCHH provides high-quality health care services while also applying diagnostic and critical thinking skills to the underlying factors that shape patterns of injury and illness. By strategically engaging in efforts to improve community environments, CCHHs can improve the health and safety of their patient population, improve

health equity, and reduce the need for medical treatment.

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On the health care side, the skills needed to engage in community change efforts are closely aligned with the problem-solving skills providers currently employ to address individual health needs. It is a matter of applying these skills to communities. Specifically, with patients, practitioners follow a three-part process: collecting data (symptoms, vital signs, tests, etc.), diagnosing the problem, and undertaking a treatment plan. The CCHH functions in a parallel manner by developing capacity and expertise to follow such a three-part process for addressing the health of the community, classified as *inquiry*, *analysis*, and *action*.

For example, this approach is being applied to prevention of childhood asthma attacks in Cincinnati, Ohio. Nearly all children under twelve who need emergency asthma care in Hamilton County end up at Cincinnati Children's Hospital Medical Center. During inquiry, Cincinnati Children's Hospital Community Health Initiative staff mapped the addresses of patients and identified geographic clusters of these children in the metropolitan area. Through analysis, the hospital, working with the Cincinnati Health Department and the city's building department, found overlapping clusters of building code violations correlating with patients' residences. Based on the strong evidence linking poor-quality housing to asthma morbidity, the hospital partnered with the Legal Aid Society of Greater Cincinnati to take action to pressure landlords to improve the housing conditions and ensure that asthma triggers were addressed. Efforts ultimately revealed nineteen buildings in disrepair all owned by a single landlord. Through this experience, the following practice has been institutionalized: The electronic health record template prompts hospital staff members to ask about the housing conditions of any patient admitted for asthma-related complications. This allows researchers to identify emerging hot spots and to

develop effective prevention and remediation strategies. A formal relationship between Children's Hospital and the Cincinnati Health Department allows doctors and families on the inpatient unit to initiate home inspections. A second partnership with the Legal Aid Society ensures that housing violations can be addressed.

Creating a Health System: Integrating Health Care and Healthy Communities

It seems fitting to be celebrating the anniversary of healthy communities at the same time the United States is reaching major milestones in the implementation of health reform. Both herald major changes in US approaches to health, and effectively integrating medical care reform with Healthy Communities efforts can be truly transformational. After twenty-five years, Healthy Communities approaches have helped catalyze a new way of thinking. New approaches and resources are emerging. There is widespread recognition that many of the chronic diseases and injuries accounting for more than 75 percent of the nation's increase in medical care expenditures are preventable through attention to such underlying determinants. Research has identified underlying community determinants linked to many preventable conditions, and these community factors explain inequities experienced in communities of color and low income. The National Prevention Strategy, an important element of the Affordable Care Act, engages virtually every key government sector, from transportation to housing to agriculture, in advancing community health. Community-level prevention efforts, including community transformation grants, are now an integral component of health reform, signaling the recognition that the burden on the health system, and its inequities, can be reduced by better aligning resources to address the factors that shape health and safety outcomes. This alignment alleviates the frustration of clinicians who feel powerless to change the social circumstances that shape the health of their patients. Through community transformation grants and other HCC efforts, private and government funded, a strong set of organizational practices and public policies have emerged that can be employed to change community environments and advance equity.

We have a singular opportunity to re-envision our national approach to health and shape a quality health system that meets the needs of all. The health and well-being of individuals depend on both quality coordinated health care services and community conditions that support health and safety. This coordinated thrust will produce the most effective, sustainable, and affordable health solutions, and simultaneously advance community health—a fitting opportunity for a twenty-fifth anniversary.

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