COMMUNITY-CENTERED HEALTH HOMES IN NORTH CAROLINA: AN EXPLORATION OF OPPORTUNITIES

Summary of Findings

Prevention Institute was asked by the Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation to assess feasibility and interest in piloting a demonstration of the Community-Centered Health Home (CCHH) model in North Carolina. CCHH is a framework developed by Prevention Institute that describes how health care institutions can systematically engage in upstream work to improve community determinants of health.

In the summer of 2013, Prevention Institute conducted interviews with seventeen key informants across the state, including leaders in health care, public health and community prevention. This was supplemented by a review of background materials including policy documents, a scan of recent related media content, reports released by North Carolina health care and public health institutions, and academic literature. The following broad issues were identified during the interviews:

- Priority health concerns;
- Definitions of community prevention and examples of current work;
- Challenges and opportunities for implementing Community-Centered Health Homes in the state;
- Existing statewide supports; and
- Potential areas for investment to advance this work.

Priority Health Concerns

Diabetes and chronic disease related to diet and sedentary behaviors were consistently mentioned as high priority health concerns in North Carolina. Poverty, street violence, substance abuse, unhealthy housing, and mental health problems were also mentioned as key health concerns.

Community-Centered Health Home (CCHH)

The CCHH model builds upon existing practices and models, including the medical home and patient-centered medical home. It goes a step further, however, by encouraging health care institutions to take an active role in strengthening their surrounding community, in addition to providing quality medical care, managing chronic conditions, or linking patients to social supports. It draws from similar models of practice like community-oriented primary care.

The defining attribute of the CCHH model is active involvement in community advocacy and systems change. A CCHH not only *acknowledges* that factors outside the health care system affect patient health outcomes, but *actively participates* in improving them.

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Prevention and equity at the center of community well-being

Definitions of Community Prevention

Prevention Institute defines community prevention as taking action to address the social, economic, or physical determinants of health through policy, systems, or environmental change.

"Social determinants of health are driving poor health more than access ever did."

Encouragingly, almost all key informants recognized the importance of addressing the social determinants of health, expressed support for increasing prevention efforts in North Carolina, and saw value in fostering stronger partnerships between health providers and other local organizations to engage in prevention-oriented work.

The subset of key informants who are state leaders in public health clearly emphasized policy, systems, and environmental change as key elements of community prevention efforts to improve health outcomes in North Carolina. They also uniformly believed that health care institutions could play a larger role in community prevention efforts of this type in the state.

"Living in that high stress environment — especially for children under five — is a prescription for serious behavioral problems, physical illness, and school performance problems, and there is good data for that. You cannot significantly improve health status by just providing health care."

Among health care providers, definitions of community prevention, and importantly, associated strategies, were more varied. Most believed that health care institutions have a role to play in addressing the factors that shape health outcomes in the communities they serve. Among these interviewees, prevention was more commonly defined as linking patients to external supports and services, rather than changing community environments to improve health. Activities described by interviewees ranged from strengthening access to health care services to service integration to linking patients and their families to social services. This discrepancy suggests that a critical component of work going forward is to build a common understanding of community prevention.

Opportunities & Challenges

Many promising prevention and public health efforts in North Carolina, as well as a range of potential partners and allies, can be leveraged in the development of a CCHH approach. For example, the presence of care coordination networks across the state, the development of health data analytics capacity, newly-formed collaborations that conduct outreach to support enrollment in the health insurance exchange and established community prevention initiatives are all likely starting points that should be explored further.

"I used to think, well, why don't people take better care of themselves?

But then it dawned on me… half of what I'm holding them to is stuff that they can't afford to do."

In thinking about how health care institutions could better engage in community prevention, interviewees identified the following challenges:

- Safety net health care providers are operating on very tight margins that are exacerbated by the rejection of Medicaid expansion and overall cuts in Medicaid reimbursement;
- Continued high numbers of uninsured adults in the state, seen frequently at health centers and other safety net institutions;
- Lack of mental health, substance abuse, and oral health services, especially in rural areas; and
- Uncertainty regarding future federal and state budget support for prevention.

A common sentiment was that health centers were less likely to be able to engage in community prevention work without additional outside financial support and resources. Critical resources suggested by informants include dedicated staff to develop collaborations on behalf of the health center, aligned payment incentives that promote "people to be healthy in the first place," a prepared workforce and the organizational capacity to actively participate in existing community collaboratives.

"There is no room in current payment structures for doing real prevention."

Elements for Successful CCHH Implementation

Through the interviews in North Carolina as well as work being done nationally, Prevention Institute developed criteria for assessing the readiness of a health center to embark upon or build up to the CCHH model. Criteria are divided into essential elements and desirable elements.

Essential Elements That Must Be in Place

1. **Dedicated leadership.** Leaders must have a strong conviction in their organization's mission commitment to community prevention work as well as a proven track record. This includes an organizational commitment to investing time, money, and/or other resources to conduct this work.
2. **Established relationships with community partners and/or a good understanding of the surrounding community players.** The organization should be well-regarded among a diverse set of community leaders, including residents, non-profits, businesses, and local government.

Essential Elements that Can Be Supported Through Investment

1. **Staff position(s) to liaison with community partners and lead CCHH efforts for the clinic.** For example, one interviewee called for "a staff of 2-3 people that develop collaborations with teeth." Moreover, it is critical that these staff have authority and can influence decision-making within the organization.

2. **Processes that facilitate the integration of clinical and community efforts, create feedback loops for continued learning, and allow for knowledge to be shared among various clinic staff or departments.** This includes creating the space and time for the clinical staff to regularly meet with the community or outreach staff, share up-to-date knowledge, and develop complementary strategies for addressing pressing health concerns and priority populations.

Desirable Elements that Enhance the Capacity to do this Work

The following elements and resources enhance organizational capacity to implement the CCHH model. Many clinics have some or all of the elements in place, but they may be administered independently. Coordinating these efforts under the umbrella of CCHH work could enhance efforts and contribute to a broader agenda. These include:

- Enhanced capacity to perform data-driven inquiry and analysis; for example, a flexible electronic health records/data management system and staffing capacity to aggregate and analyze the data that is collected.
- Community health workers or promotoras that can gather quantitative and qualitative information in the community; the ability to engage in community organizing and/or lead advocacy efforts should also be explored.
- A strong care coordination system or a system of integrated care.
- The existence of successful prevention efforts in the community or the existence of a strong local advocacy group(s).
- A payment or reimbursement system that supports this work beyond grant funding.

Implications & Next Steps for Initiating a CCHH Demonstration Project

Given the variation in understanding of and experience with taking action to influence community determinants of health, a useful starting place is providing training and technical assistance on community prevention and building greater understanding of the CCHH model and related practices. The BCBSNC Foundation will support outreach sessions to share the model and describe an approach to support this work on the following dates and locations:

- October 22, Greenville – 1:30 p.m. to 3:30 p.m.
- October 23, Benson – 10:00 a.m. to noon
- October 29, Morganton – 1:30 p.m. to 3:30 p.m.

In order to engage in a CCHH demonstration project, communities will need support to infuse CCHH practices from within as well as to build linkages with community partners. Creating opportunities for peer support may help build greater momentum for success and future scaling up. The BCBSNC Foundation will provide a two-day workshop on December 16-17 in Chapel Hill for teams of up to six individuals (two people must represent a safety net health care organization) to develop community capacity and skills needed to advance the CCHH model. More details will be available on bcbsncfoundation.org starting in November.

Following this event, teams will be invited to propose short-term projects (December – April) for an action learning period to test and grow collaborative efforts to implement CCHH.

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