

# COMMUNITY-CENTERED HEALTH

Where we live can have a greater impact on our health than the medical care we receive. Neighborhoods, even in the same town or city, vary in their opportunities for employment, availability of safe and affordable housing, public transportation, access to parks and other safe spaces for exercise and play, and the quality of air and water, all of which are building blocks for good health.

To reduce health disparities caused by these types of non-medical health drivers, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Foundation, through grantmaking and technical assistance, is supporting communities to focus on the root causes of poor health. Co-created with grantees, **Community-Centered Health**, is one of many evolving approaches that shifts the health care paradigm from individual-centered and treatment-oriented to community-centered and prevention-oriented. Ultimately, the objective is to build bridges that engage health care, community partners, and patients themselves to ensure that all of the places where North Carolinians live, work, learn, and play support their good health.

## WHAT'S INVOLVED?

The basic building block of Community-Centered Health is the clinical-community partnership. The approach intentionally specifies engagement by health care providers (e.g., doctors, dentists, nurses, and organizational leadership) that serve communities impacted by health disparities with community organizations that may have greater experience in advocacy on community issues. Effective organizational partners take the lead from community members who have direct experience in the environments and neighborhood conditions that contribute to health disparities.

**While similar approaches may be referred to by various names in other initiatives and in other states, our current understanding of Community-Centered Health includes three primary areas of focus:**

### Community members as leaders and partners

While organizational partnership is critical, a key attribute of Community-Centered Health is that community members who are most impacted by health disparities identify priority issues, goals, and strategies and make decisions about changes to be made in *their* neighborhoods and in the systems that impact *their* health. After all, they are experts in the situations and environments that contribute to their own health. On the ground, and early in the work, this may mean prioritizing opportunities for residents to build leadership and facilitation skills. Over time, shifting power to and engaging with those most impacted by the conditions being addressed becomes a shared community value.

Community-Centered Health builds bridges that engage health care organizations, community partners, and patients to ensure that all North Carolinians have the opportunity to achieve good health.

The approach includes three primary areas of focus:

- Engaging community members as leaders and partners

- Seeking changes in policies, systems, and environments

- Making changes to process and practice in the health care system to prioritize health



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## Community-level changes in policies, systems, and environments

Instead of using programs or education to change individual behavior, strategies in Community-Centered Health target improvements that create better opportunities for individuals to achieve or maintain good health. These may be environmental changes – such as better transportation options that improve access to employment opportunities, or policy improvements – such as changes to or enforcement of housing codes to ensure that homes don't exacerbate asthma or other conditions.

## Clinical shifts prioritize creating health

Primary care providers and health systems that engage in Community-Centered Health make changes to process and culture in their own organizations, starting with expanding their focus to a population beyond the patients they serve. They develop relationships and build trust with patients and local residents to better understand the context of their daily lives, and they advocate to decision- and policy-makers for lasting changes to improve health. Many screen patients to identify non-medical drivers of poor health, and then work together with community partners to identify and implement solutions. Others change hiring or training practices in response to structural racism, assist with data analysis, or create new positions on health care teams to respond to non-medical barriers to health. In doing so, health centers and clinics advocate for health, rather than focusing all their efforts on healing the sick. All become active advocates for the populations experiencing the worst health outcomes, and they seek systems changes rather than health care-oriented solutions.

## WHERE IS THIS HAPPENING?

All across the country, people are bringing health care and community partners together. In North Carolina, three communities, with support from Blue Cross NC Foundation, are focused on Community-Centered Health with early successes.

### Collaborative Cottage Grove – Greensboro, NC

The Cottage Grove neighborhood in Greensboro is extremely diverse, with many languages and a variety of cultures represented. Years of disinvestment have resulted in challenging conditions for these neighbors. Collaborative Cottage Grove is an alliance of partners led by the Greensboro Housing Coalition. The Collaborative's membership includes government agencies, universities, churches, nonprofits, neighborhood associations, Mustard Seed Community Health (a free clinic), and Cone Health (a hospital system).



Intentional inclusion of residents, a coordinator who grew up near Cottage Grove, an aligned partner vision, and securing additional investments such as the national BUILD Health Challenge grant, have contributed to their ongoing progress. For example, the Collaborative analyzed overlays of maps and data that showed correlations between asthma admissions in the emergency room and poor housing conditions. An apartment complex with an absentee landlord was identified as an asthma hot spot. The Collaborative advocated for investments to improve conditions in the neighborhood, ultimately leading to the sale of that complex, with a commitment by the new owner to greatly improve living conditions without displacing current residents.

In addition, a Health Outreach Team supports collaboration between community and clinic services and helps improve outcomes among patients who reside in the neighborhood. The Collaborative and resident leaders advocate for healthy housing, code enforcement, better infrastructure, and healthy food access.

## Mothering Asheville – Asheville, NC

Asheville is a mountain town in Western North Carolina known for its art, food, and beautiful natural landscape. However, not everyone is able to have a healthy start to life here. Currently, African-American babies die at three times the rate of white babies. Mothering Asheville is a partnership led by the Mountain Area Health Education Center (MAHEC) working to eliminate racial disparities in infant mortality. Partners represent nonprofit organizations, the Pisgah View Apartments, various government departments, and community members.

Intentional inclusion of residents in every step of the process has been critical to their progress. When mistrust exists between particular communities and the health care system, it is important to spend time understanding the historical context and creating true relationships over time. Mothering Asheville integrates community voice into the clinic's structure and decision making by coordinating regular meetings between women in Pisgah View Apartments, clinical providers, and community organizational partners in order to share perspectives and community information. Through this group, some of the women decided to be trained as labor and postpartum doulas in order to help pregnant women in their own community experience a healthy birth. These trained doulas improve birth outcomes and provide employment to local women.



In addition, MAHEC OB/GYN has embarked on a journey to understand how health care policies and procedures are negatively affecting patient outcomes. MAHEC is sending employees through racial equity training to gain a deeper historical context of how structural racism is present in the health care world. They have changed hiring practices to better reflect the population they are serving. They are also now integrating local advocacy work into their physician education programs.

## Healthier Highland – Gastonia, NC

Healthier Highland is centered in a historically African-American community that is served by the Highland Health Center, part of the multi-site Federally Qualified Health Center, Gaston Family Health Services. Project leadership quickly recognized that although the clinic is based in the Highland community, it did not have relationships within the community. They hired a local resident to serve as a coordinator, which has deepened community engagement efforts. Healthier Highland focuses on obesity among patients at the Highland Health Center.

Committed involvement from health care representatives, a focused geographic scope, a trusted coordinator, broad stakeholder involvement, and an engaged community are all success factors for Healthier Highland. For example, Highland neighborhood residents successfully advocated for bathrooms at their local park. The park immediately became a more useable resource for physical activity and socializing. An additional \$1M of capital investments have included a splash pad and better lighting and crosswalks.



The Highland Health Center now uses a social determinants of health screening tool to determine patients' health needs and barriers. They've developed interviewing and orientation processes to inform providers of residents' priorities. The clinic also hired a Highland resident to be a community health worker. She connects patients to local resources, listens to their health challenges, and shares experiences with the Highland Neighborhood Association to inform community change and action.