



# **The Community- Centered Health Home Model: Bridging Health Care and Community Health**

***Communities Joined in Action National Conference***

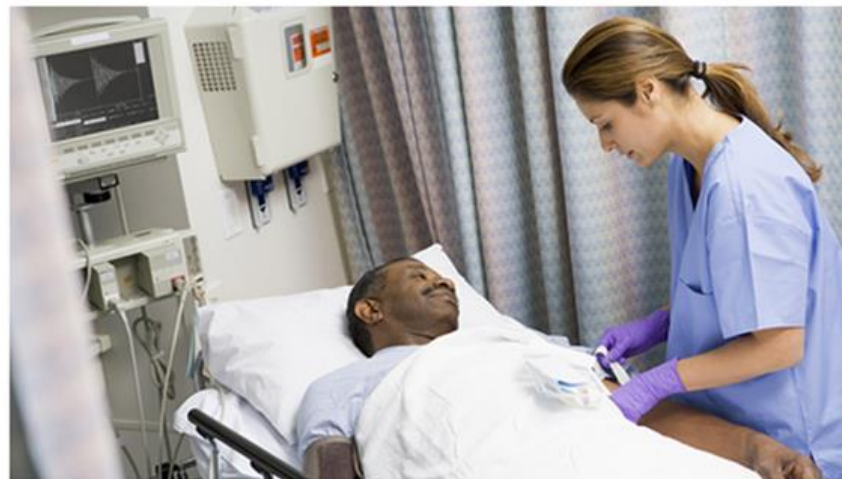
Leslie Mikkelsen, Eric Baumgartner  
April 24, 2019

**PREVENTION**  
INSTITUTE

## Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health

Brian Castrucci, John Auerbach

JANUARY 16, 2019 10.1377/hblog20190115.234942



# SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM



# CCHH: Moving Prevention Further Upstream

Our health center may already be ...	The next step to CCHH might be ...
Linking patients to legal services to address health and safety in rental housing (MLP)	Working with the city to enforce housing codes in rental properties
Enrolling patients in health insurance	Advocating for universal access to insurance
Providing transportation vouchers	Influence adoption of policy to provide free bus passes available to all high school students
Referring patients to food pantries	Working to improve the local food system

Community-Centered Health Homes Video:  
Bridging Healthcare Services and Community Prevention



A Community-Centered Health Home not only *acknowledges* that factors outside the clinic walls affect patient health outcomes; it *actively participates* in improving them.



## Community-Centered Health Homes

Bridging Healthcare Services  
and Community Prevention

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**Medical  
Home**

**Patient-Centered  
Medical Home**

**Community-Centered  
Health Homes**



# CCHH Model





The CCHH model represents more than a **one-time effort** to improve community health. Instead, it's a **cultural shift** of how clinics think about their role in improving their surrounding communities.

Andrea Caracostis, M.D., CEO, HOPE Clinic and Jo Carcedo, M.P.A, M.B.A, vice president for grants, Episcopal Health Foundation

# Capacities of a CCHH

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- Leadership
- Staffing
- Community-prevention knowledge & skills
- Partnerships
- Inquiry
- Analysis
- Action

# Leadership

CCHH MODEL



- Includes: Executive, Clinical, Staff, Board
- Set Strategic Direction to Include Health Equity and Community Prevention
  - Vision, Mission, Goals, Strategies
- Assure Supportive Internal Structures, Systems, Processes
- Effective Change Agents Internally and in Community

# Staffing

CCHH MODEL



- Importance of Designated and Equipped CCHH Team
- Vertical and Horizontal Representation within Organization
- Clear and Complimentary Roles and Relationships
- Grow the Diffusion Among Staff – Internal Champions
- For internal Culture and Capacity and for External Relationships and Action

# Knowledge & Skills

CCHH MODEL



- All Staff On-boarded and Refreshed on Community Prevention for Health Equity
- Designated Team is Proficient in Models, Tools, Competencies
- Community Context Informs Clinic Work

# Partnerships

CCHH MODEL



- Sees Community as System with Underlying Drivers
- Seeks Community Partnerships to Improve Community Health
- Across-sectors
- For Aligning and Leveraging Resources and Power
- In a Trust-worthy Way





- To Inform Greater Understanding of Community and Health Equity
- Creates Processes for Review of Clinic Data
- Includes Social Determinant-related Intake
- Accesses Community data
- Systematic Processes for Acquiring Patient, Staff, Partner, Resident Insights

# Analysis

CCHH MODEL



- Look for Trends and Patterns in Clinic Data
- Clinic Proficient in Making Data Understandable
- Collaborative Sense-making of Clinic Trends with Community
- Collaborative Sense-making of Community Data
- Collaborative Analysis to Prioritize Issues and Strategies

# Action

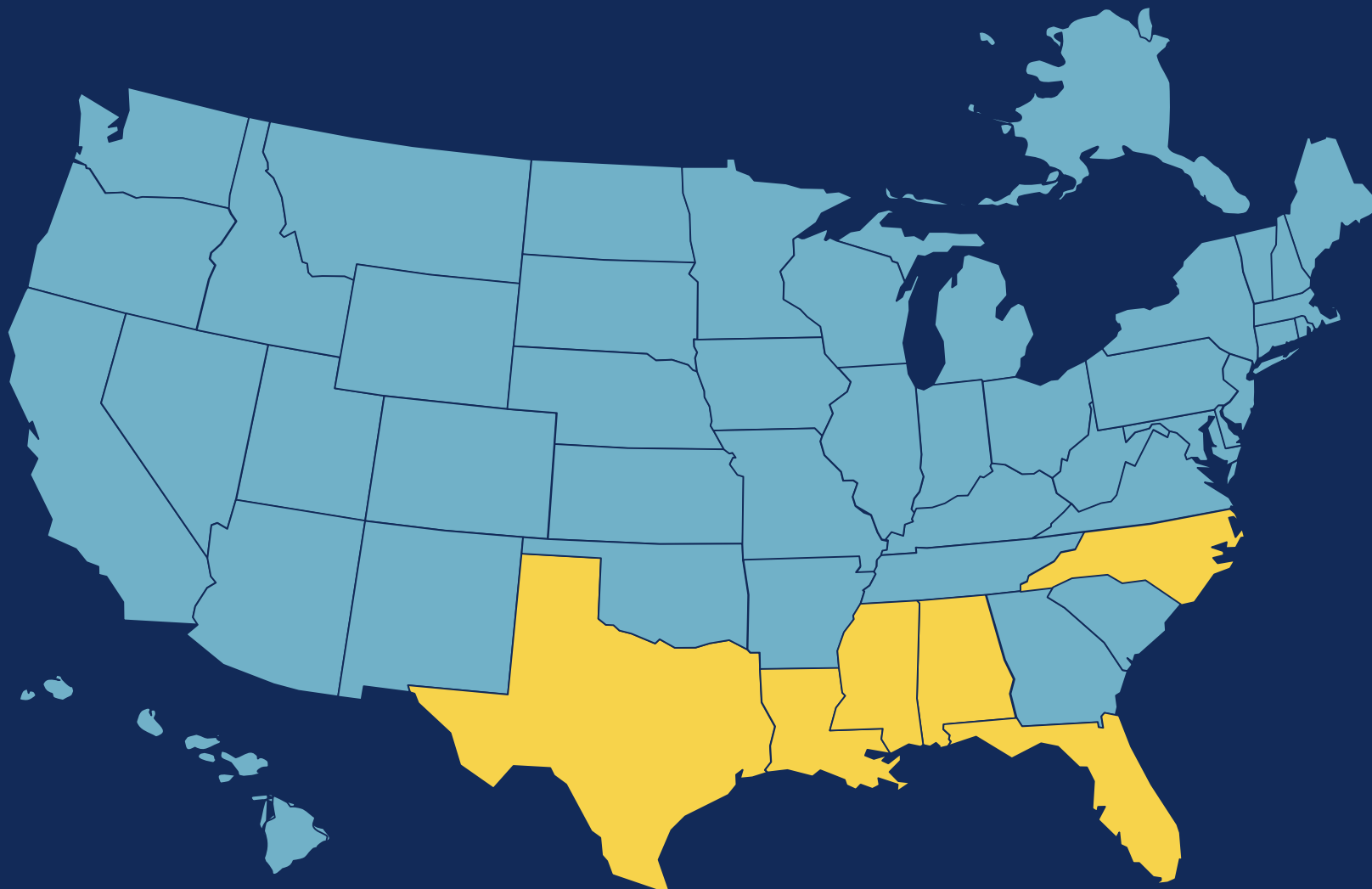
CCHH MODEL



- Clinic Models Practices of Authentic Community Prevention
- Around Community Change to Create Conditions for Health Equity
- More than Services: Changes in Community Policies, Systems, Environment
- Advancing Advocacy and Community Norming Around Health Equity

# CCHH Early Testing

(TX, LA, MS, AL, FL, NC)



# BlueCross Blue Shield of North Carolina Foundation Community-Centered Health



Clinical-community collaboration to better understand and act on social determinants

2014: Action Learning – 12 collaboratives

2015–2019: Implementation – 3 collaboratives

2019: Expansion – 6 collaboratives

Supports: funding, coaching, peer learning and training

# BlueCross Blue Shield of North Carolina Foundation Community-Centered Health



## Central Tenets of Clinical-Community Partnership:

- Community resident leadership
- Policy, systems environmental change
- Health care organizations make changes to their own processes and culture



# Highland Health Center

*Gastonia, NC*



# Louisiana Public Health Institute

## CCHH Initiative, 5 Clinics

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- Component of the Primary Care Capacity Project of the Gulf Region Health Outreach Program (created by Deepwater Horizon Medical Benefits Class Action Settlement)
  - 2012 – 2019
  - 20 CHC's with sites across coastal LA, MS, AL, FL panhandle
- 5 PCCP clinics expanded into CCHH initiative
  - 2 years funding, education, training, TA, convening, coaching

# Louisiana Public Health Institute

## CCHH Initiative

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### Approach

- Required a designated CCHH Manager
- LPHI provided funding and personalized TA and coaching
- Clinics needed “reset” for understanding community prevention vs. services development

# LPHI CCHH Initiative

<i>Location</i>	<i>Health Center</i>	<i>Community Prevention Focus</i>	<i>Community Partners</i>
New Orleans, LA	Daughters of Charity	Access to Healthy Food, Built Environment	Food Bank, City Parks Department
	CrescentCare	Culturally Competent Transgender Environments, Medical-Legal Partnerships	LGBTQ Youth Advocacy Org.
Biloxi, MS	Coastal Family Health Center	Environmental Asthma Triggers	Community Collaborative, Local Schools
Mobile, AL	Mobile County Health Dept./ Family Health	Teen Pregnancy Prevention, Youth Engagement	Youth Advisory Council, Local Schools
Pensacola, FL	Escambia Community Clinics, Inc.	Community School Wellness Cottage, Food Insecurity	Community School, Public Housing Complex, Food Bank



# Community Health Northwest Florida

*Pensacola, FL*

# Louisiana Public Health Institute

## CCHH Initiative

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### Experience and Results

- All clinics benefited from their focus on CCHH
  - “Action” element was most evident for all
  - “Inquiry” was most challenging
- Overarching Success Factors
  - Active engagement of clinic executive leadership
  - Designated staff roles and responsibilities
  - Diverse community partnerships
  - Extensive, tailored TA and coaching
- 4 of 5 clinics sustained CCHH manager role

# Episcopal Health Foundation Texas CCHH Initiative

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- Initiative started in 2016
- January – June 2017
  - 16 community clinics invited from among communities in EHF footprint in TX
  - Advanced Planning Grants
- 2017-2020
  - 3 clinics advanced to **Cohort Phase** (current)
- Receive funding, education, TA, coaching, convening

# EHF Texas CCHH Initiative

## Clinic Focus Areas

- Food access and nutrition
  - ex. community gardens, Food Councils
- Safe active living in neighborhoods
  - ex. revitalize parks & green spaces, Complete Community planning, art in neighborhood
- Health Promotion
  - Health fairs, screening and immunization drives
- Social Determinants of Health interventions
  - ex. Medical-legal partnership, home visiting program
- Public Policy
  - ex. Paid Sick Leave Policy, land use
- Collective Impact organizing





ACCESS Health  
*Richmond, Texas*



People's Community Clinic

*Austin, Texas*



# Episcopal Health Foundation

## CCHH Development Assessment 2018

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- Mixed methods, primarily:
  - Clinic self-assessments
  - Interviews with clinic CCHH Managers and clinic staff
  - Community Partners survey
- Evidence that level of community capacity and agency influences clinic's CCHH potential

# Episcopal Health Foundation

## CCHH Initiative

### CCHH Development Assessment 2018

Clinic	Leadership	Knowledge & Skills	Partnerships	Inquiry & Analysis	Action
Clinic A	Achieved	Achieved	Achieved	Achieved	Achieved
Clinic B	Achieved	Achieved	Achieved	Achieved	Achieved
Clinic C	Achieved	Achieved	Achieved	Progress	Achieved
Clinic D	Achieved	Progress	Achieved	Progress	Progress
Clinic E	Progress	Progress	Achieved	Achieved	Achieved
Clinic F	Progress	Progress	Achieved	Progress	Achieved
Clinic G	Achieved	Progress	Achieved	Progress	Progress
Clinic H	Progress	Progress	Achieved	Progress	In Dvlpmt
Clinic I	Progress	Progress	Progress	Progress	Progress
Clinic J	Progress	In Dvlpmt	In Dvlpmt	In Dvlpmt	Progress
Clinic K	In Dvlpmt	In Dvlpmt	Progress	Progress	Progress
Clinic L	In Dvlpmt.	In Dvlpmt.	In Dvlpmt	In Dvlpmt	In Dvlpmt

# **CCHH adds value to our organization through . . .**

- increased alignment with our mission
- increased staff pride
- elevated visibility of our clinic in the community
- increased trust by community members



I don't have a marketing budget. Becoming a CCHH has elevated our status in the eyes of our community and enhanced their trust in us. Our volume has increased because people know who we are and that we are here for the long haul.

Chandra Smiley, CEO of Community Health Northwest Florida





CCHH is not just what we do,  
**it's who we are.**

– Health Center Leader

Texas CCHH Initiative Workshop, Houston

September 2016







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