Community Engagement - A Core Component of Primary Care

J. Lloyd Michener, MD

Emeritus Professor of Family Medicine & Community Health, Duke School of Medicine
Adjunct Professor, UNC School of Public Health
PI, The Practical Playbook

March 22, 2022

No disclosures

Many thanks to the communities and practices whose stories are shared here

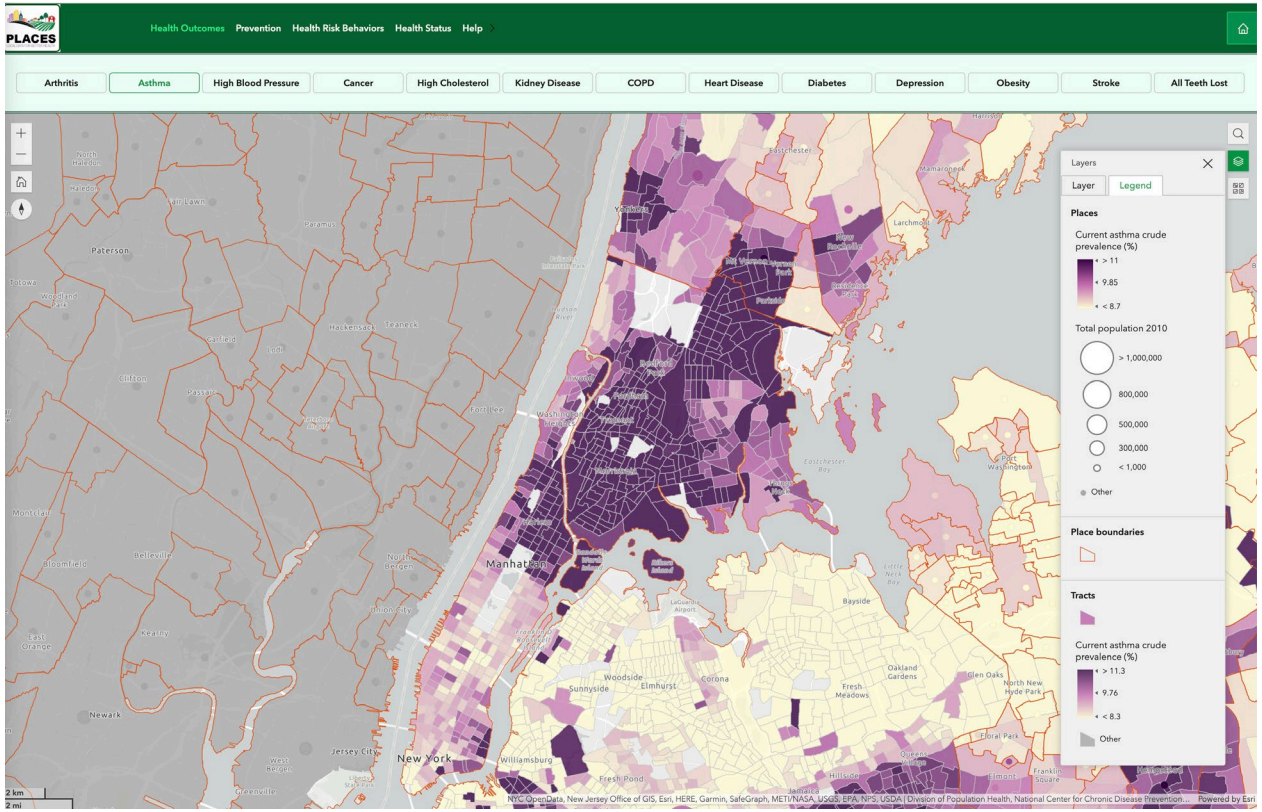
Key points:

Communities differ – in their histories, cultures, strengths and challenges

Primary care is most effective when it is engaged with and responding to its communities, as part of larger partnerships for health

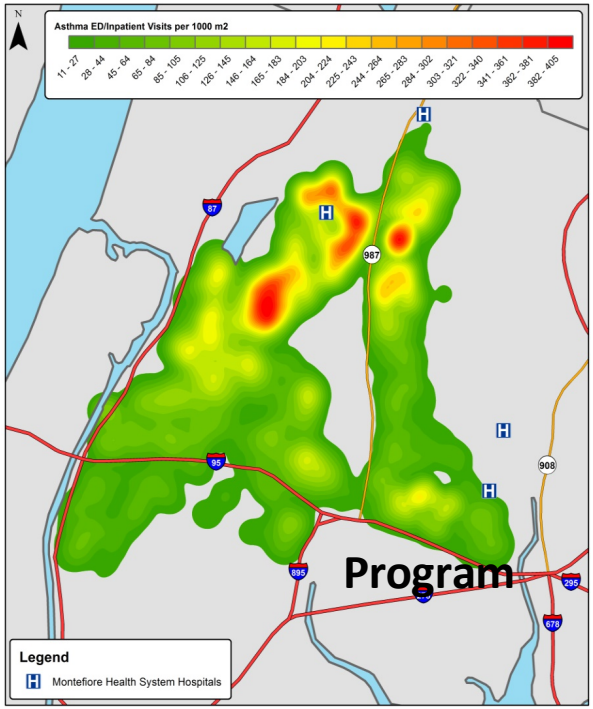
1. Children with asthma in the Bronx

Background:



High rates of asthma, leading to care pathways and action plans, but not much improvement

Montefiore, NYCH+H and local organizations, including mothers, met



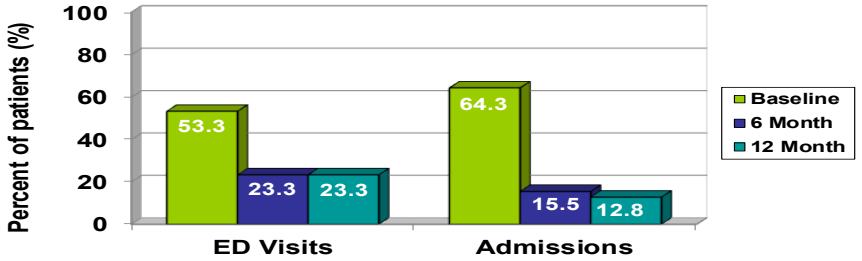
What was learned:

- Asthma rates varied 300 fold by address
- Pattern not clear to health care nor public health, but well known to mothers, who had identified HVAC systems as a potential cause

Outcome:

- Coordinated plan to clean up housing and manage care reduced ER rates by ~ 80%

Replication in Boston:



Woods, ER et al. Community Asthma Initiative: Evaluation of a Quality Improvement Program for Comprehensive Asthma Care. *Pediatrics*, 2012;129:465-472.

Take aways:

- Go 'upstream' to look for causes
- Work with community organizations on priorities
- Co-design solutions
- Find/use local data

2. Walltown and Lyon Park neighborhoods of Durham

Background

Population:

- African-American, new Latino; low income; transient, uninsured
- High ED use, high risk health behaviors, substance abuse, depression/anxiety
- Walking distance from primary care clinics – but other side of the tracks

Attempts to move people to a primary care medical home via practice- and Medicaid-network based education and outreach had little effect

Community listening sessions organized

- Multiple barriers identified:
  - Language/culture
  - Sexual orientation
  - Transportation
  - Payment
  - Trust

Multiple community meetings over a year, including community members, organizations, agencies, churches, clinical and academic partners

Walltown Neighborhood Association
PAC-2
PAC-3
Lincoln Community Health Center
Planned Parenthood of Central NC

Practice Partners

Community and Family Life and Recreation
Center of the West End, Inc
Self-Help, Inc
Duke Community Affairs
Duke Community Relations
Duke University Hospital
Community & Family Medicine Department

Outcomes:

'Micro' clinics in neighborhoods

- Co-planned with community organizations
- Staffed by bilingual NPs, PAs, plus FPs, Pediatricians
- Busy from first day; expanding over time
  - Reduced ER visit rates
  - Very high patient satisfaction
- Became a teaching site for medical, nursing, PA students

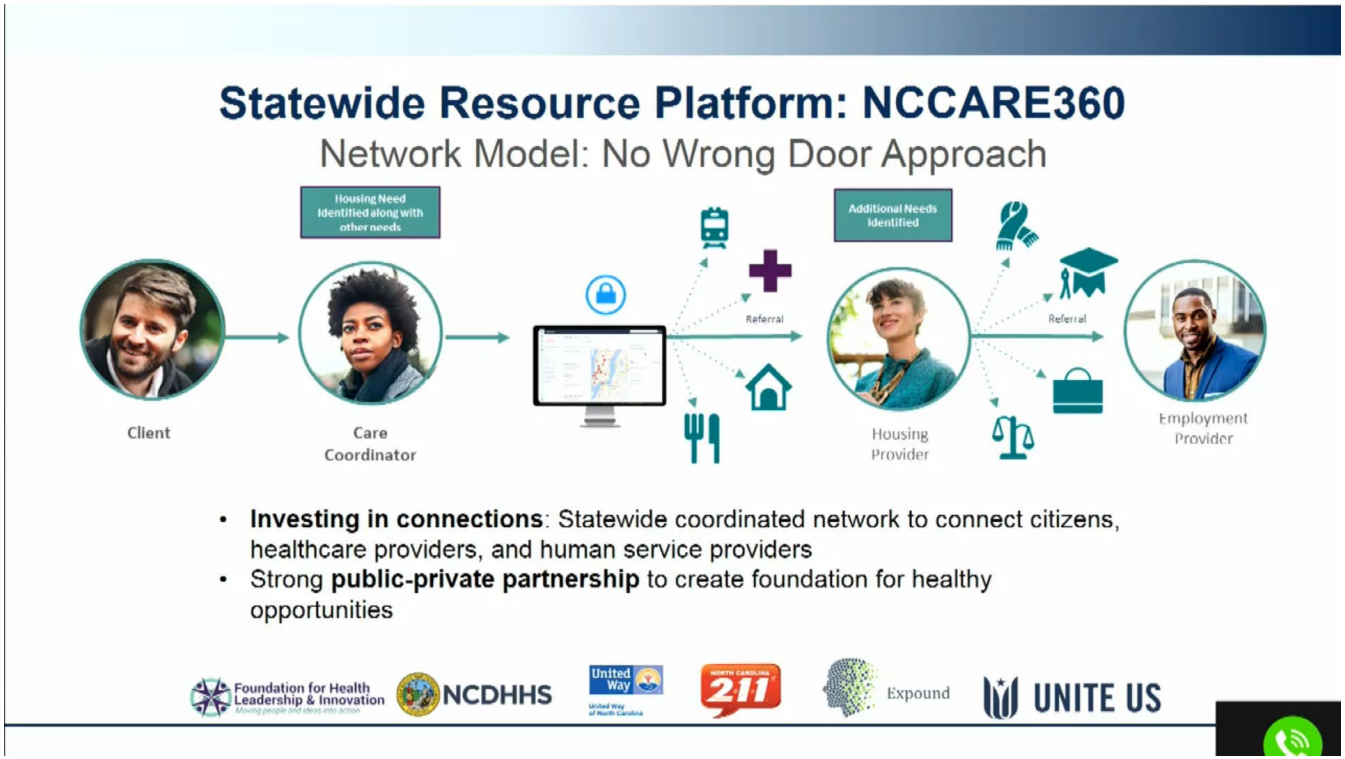
- **LGBTQ Medical Home at main family practice**
  - Co-designed with LGBTQ community

Takeaways:

- Partner with community organizations to plan
- Co-design solutions
- Use a health equity lens
- Bring primary care to where people are
- Use teams, including CHWs

3. NCCare360 - SDOH and IT in NC

Background:
Disconnected community service and health care providers, each utilizing separate systems (and largely connecting via phone)



NC DHHS hosted multiple meetings with people, organizations, practices (especially FQHCs), CBOs

Outcomes:

- Agreement on a state-wide resource platform – NCCare360
- Currently installed in
  - 2700 NC CBOs
  - 6 health systems, 704 practices (including almost every FQHC)
  - 88,000 people served (food, housing, transportation…)
- Community capacity far exceeded; now funding capacity building by and with CBOs

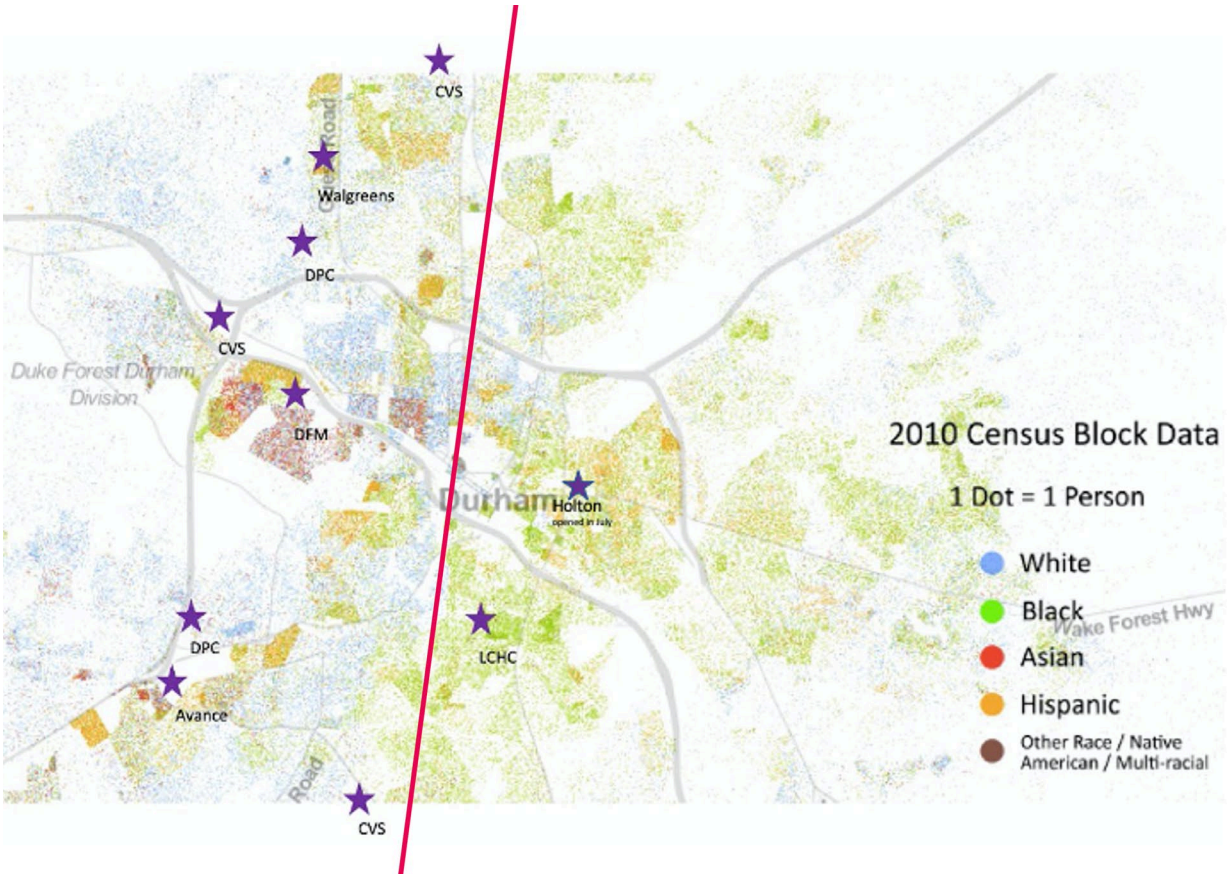
Takeaways:

- Partner with community organizations
- Co-design solutions
- Use an equity lens
- Use/gather data, including race/ethnicity
- Look upstream
- Use teams, including CHWs
- Support coordinated cross-sector interventions
- Build community capacity

4. COVID Testing

Background:

Initial wave of COVID testing sites omitted Black/Brown neighborhoods



LatinX community-primary care partnership formed to gather data and stories, advocate for community needs

Recommendations:

- Elevate Community Voices To Account For Community Priorities
- Strengthen Meaningful Community Partnerships Early To Tailor Solutions
- Create Care Delivery Models That Reach People Where They Are
- Looking Ahead: Policy Reforms To Support Community-Level Health System Transformation

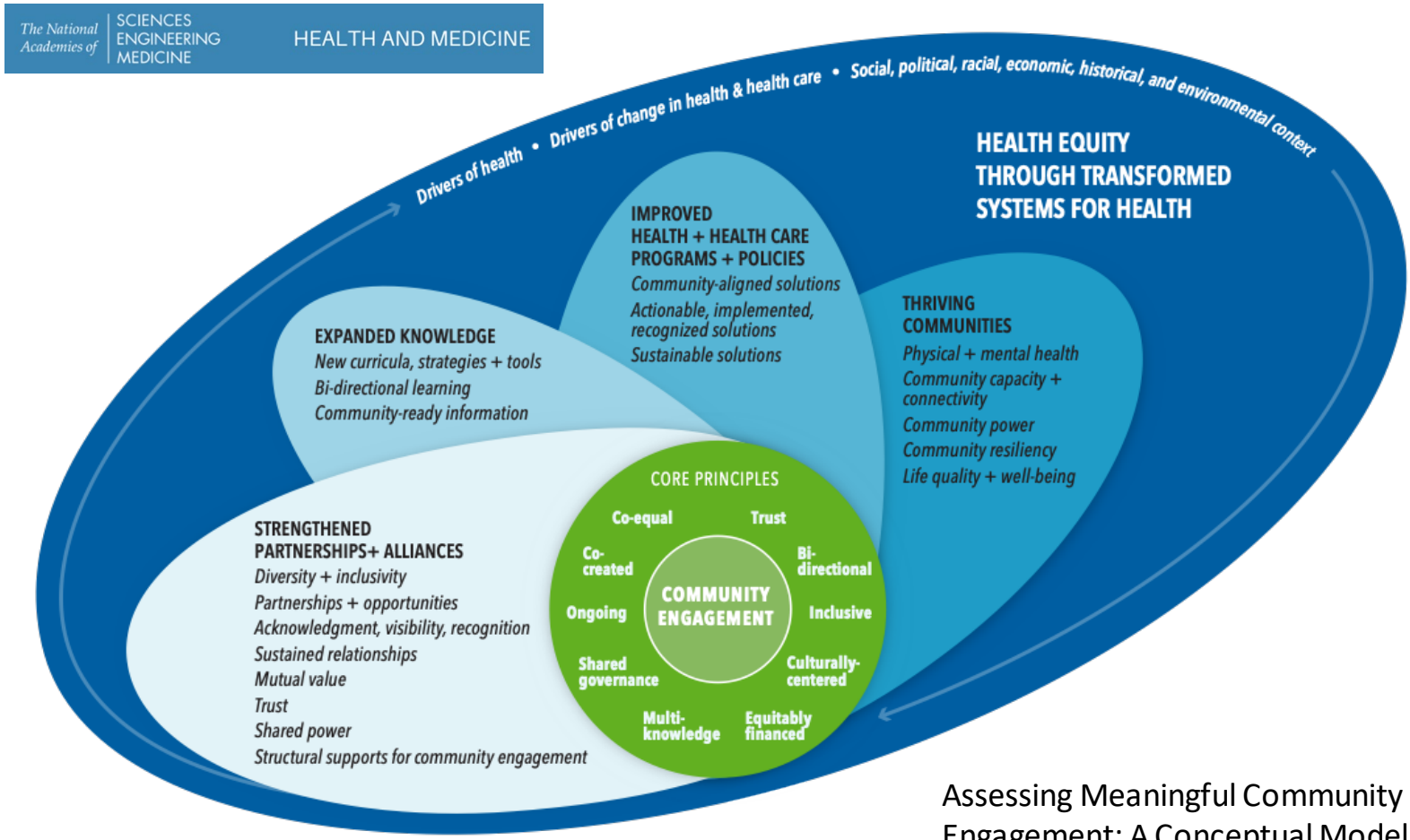
"Bridging The Health Equity Gap: Strategies To Create An Equitable Health System For Latinx Communities", Health Affairs Blog, November 19, 2021.DOI: 10.1377/hblog20211115.823757

The Model: Multi-Sector, Multi-Stakeholder Partnerships for Health, including Primary Care

Adapted from countyhealthrankings.org

Takeaway: Primary care is a key member in larger community partnerships for health.

Putting the community in the center of our work



Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health. *NAM Perspectives.*

Summary:

Primary care is most effective when it is engaged and responding to its communities, as part of larger partnerships for health

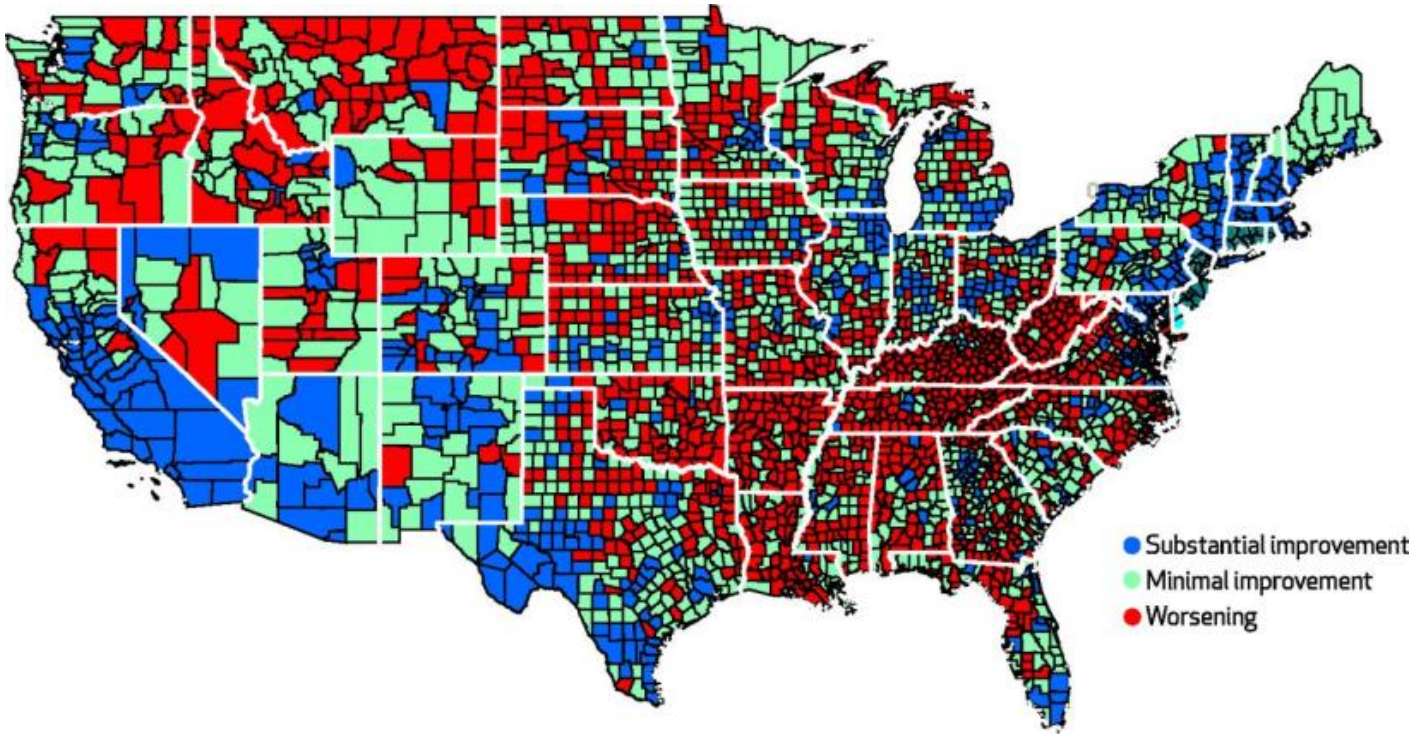
Steps:

- **Partner with local organizations to identify priorities, co-design solutions**
- **Use a health equity lens**
- **Find/use local data**
- **Go "upsteam' to look for causes**
- **Bring primary care to where people are**
- **Use teams**
- **Support coordinated cross-sector partnerships**
- **Build community capacity**

A federal policy office that coordinates efforts of federal agencies to support these steps would be <u>enormously</u> helpful!

We have a long way to go to health equity – Community - primary care partnerships will be key

Change In Female Mortality Rates From 1992–96 To 2002–06 In US Counties.



Kindig D A , and Cheng E R Health Aff 2013;32:451-458

Research Questions:

- **What are the types/models of community engaged primary care?**
  - Practice networks engage collectively (urban/suburban)
  - Individual practices engage/are sponsored (rural, ethnic, sexual orientation…)
  - Health systems engage, including primary care (regional)

- **What are the key metrics for success?**
  - Community health equity
  - Resilience

- **What is the learning cure for engagement?**
  - Outreach – Consultation – Involve – Collaborate – Shared Leadership

- **Who are the key partners, and what does each contribute?**
  - Local health dept; CBOs

- **What are the needed tools and supports to enable and sustain effective models?**
  - Local data, IT tools that support bidirectional communication with partners
  - Trusted convenor/facilitator

- **What funding is needed for primary care to help communities be equitably healthy**
  - Time, support for planning, evaluation

Thoughts and questions?