

Clinical-Community Collaboration around Social Determinants of Health

Health centers in the United States are increasingly implementing progressive and innovative models to shift the healthcare paradigm from individual-centered and treatment-based to community-centered and prevention-based. These initiatives are meant to challenge broken systems that perpetuate a disconnection between clinical care and social determinants of health.

Our healthcare system concentrates too many resources on clinical care and patient-centered treatments while neglecting equity, preventive care and population health. The Institute of Medicine reported in 2013 that, given the United States' healthcare spending, the country's poorer health outcomes can be attributed to the effects of health systems, health behaviors and social and environmental factors.¹ Similarly, Americans' behavior and environments account for at least 60 percent of their health, while genes account for 20-30 percent and healthcare accounts for only 10 percent.^{2,3} Therefore, we cannot simply rely on medical treatment to improve health outcomes. We must also change our behavior and environments.

One method of bridging healthcare, behavior and environments is being pioneered by clinical-community partnerships. These partnerships are necessary to address social determinants of health, but it is difficult to form them and ensure that they are strong, effective, efficient and sustainable. Active Living By Design (ALBD) is well-positioned to support these partnerships through that process. By helping clinical groups coordinate with public agencies, residents,

businesses and community organizations, ALBD is supporting these partnerships as they address social determinants of health and make policy, systems and environmental changes. These long-term changes will lead to improved health behavior and community-level health outcomes.

To advance this work in North Carolina, ALBD has partnered with Blue Cross and Blue Shield of North Carolina Foundation and Care Share Health Alliance to assist clinical-community partnerships that want to improve community prevention and health. Together, we are helping each partnership make challenging systems changes that require long-term planning and capacity-building.

One component of ALBD's support is to expand and enrich a learning network with useful material regarding clinical-community collaboration. This allows partnerships to learn from others facing similar challenges while creating positive change. As a contribution to the field, ALBD has identified and written case studies about clinical-community partnerships around the United States which have successfully addressed social determinants of health and have advocated to change community conditions. These case studies explore how the partnerships were developed and what processes, structures and practices were implemented to integrate upstream preventive actions with clinical practice.

¹ National Academies (U.S.) and Institute of Medicine (U.S.), U.S. Health in International Perspective: Shorter Lives, Poorer Health, ed. by Steven H. Woolf and Laudan Y. Aron (Washington, D.C.: The National Academies Press, 2013).

² J. Michael McGinnis, 'Actual Causes of Death in the United States', JAMA: The Journal of the American Medical Association, 270.18 (1993), 2207 <<http://dx.doi.org/10.1001/jama.1993.03510180077038>>.

³ J. M. McGinnis, P. Williams-Russo and J. R. Knickman, 'The Case For More Active Policy Attention To Health Promotion', Health Affairs, 21.2 (2002), 78-93 <<http://dx.doi.org/10.1377/hlthaff.21.2.78>>.

OVERVIEW

CLINICAL-COMMUNITY COLLABORATION CASE EXAMPLES

Best Practices

In writing these case studies, ALBD recognized specific actions and processes that made it possible for these partnerships to succeed. Clinical-community partnerships can benefit from employing some of these “best practices” that are appropriate to a given situation. While reading the case studies, look out for a few of the following “best practices” identified on the first page and described within the story.

ADDRESSING COMMUNITY CONDITIONS

In order to build trust with residents and to understand the local social determinants of health, clinics need to develop relationships and extend themselves into the community. Community health workers can improve the relationship between clinical organizations and the community by acting as liaisons and exchanging information about social, cultural and environmental conditions. Community health workers are often well-positioned to identify issues beyond clinical concerns and bring the power of the larger clinical-community partnership to advocate for improvements. They can affect change in areas of community health such as safety, transportation, access to healthy foods, indoor air quality, or access to recreational space.

ALIGNING STAKEHOLDERS’ MISSIONS AND GOALS

Clinical-community partnerships derive much of their power to address complex issues from an ability to align partners’ work behind a shared agenda. Partnerships can do this by developing reliable processes, consistent communication, a willingness to compromise and a spirit of adaptability. This is especially important because of the shifts that often occur within partnerships and organizations, including staff turnover, leadership changes and organizational restructuring.

BROAD AND ACCOUNTABLE COALITION BUILDING

It is common for advocates to feel unsupported or dismissed when trying to make policy, systems and environmental changes. Developing a strong, broad coalition with credible political leadership, representation from the private sector and a variety of individuals and community organizations can diversify a partnership’s network and increase its influence. A coalition grows stronger and more successful when each coalition member is held accountable for their contribution. By forming and growing this type of coalition, a partnership will increase awareness of the issue, strengthen its base of support and be more likely to overcome adversity and catalyze lasting change.

CAPACITY BUILDING

Systems changes and paradigm shifts require organizations to adapt and grow. With every change made and every opportunity taken, clinics and their partners can build leadership, strengthen staff skills and competencies, adopt appropriate technologies and provide time and space for meaningful change. Capacity building is not just about increasing funding and staff, but is also about developing relationships and structures to facilitate community engagement and cultivate constructive interaction between institutional, clinical, governmental and community players.

CLINICAL AND NON-CLINICAL COLLABORATION

Clinical-community partnerships are learning to step beyond traditional programs and referral relationships and work together to focus on changing policies and environments. This often involves examining assumptions, overcoming differences, embracing humility and self-awareness and creating a forum for continuous communication. A collaborative forum should provide a space to identify group and individual assets, encourage mutual learning and understand each group’s working systems and language.

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COMMUNITY ENGAGEMENT AND LEADERSHIP DEVELOPMENT

Partnerships addressing social determinants of health on a community level often rely too heavily on data from medical records and partner organizations' staff, thereby ignoring or undervaluing the community's knowledge and voice. Community engagement and leadership development attracts funding; shifts power; builds trust, credibility, accountability and a strong constituency; broadens community and partnership capacity; promotes a health equity focus and a more intentional process; and improves understanding of both context and data.

DETERMINING EVALUATION METHODS AND MEASURES

Though partnerships often know to make evidence-based decisions, it is important to be strategic and collaborative in choosing indicators and methods. Choosing indicators is a powerful way to focus work, increase impact, ensure accountability and understand what is already occurring. By determining measures of success and evaluative methods and then constantly re-evaluating them, partnerships can also increase support from funders and optimize future projects.

DIVERSE FUNDING

At the beginning of a change process, it is frequently difficult to secure reliable funding. Until there is reliable payment reform throughout the healthcare system, partnerships must creatively assemble different kinds of funding. By securing multiple financing sources over time, a partnership can balance risk, build a stronger financial portfolio highlighting successes and compete for higher levels of funding.

HEALTH CENTER AS ADVOCATE

Systems and environments cannot change without policy changes, and policy cannot change without advocates. Health centers and clinics are positioned to be excellent advocates for a community's health, because they know the community, have the respect of the public and private sectors and can leverage the voices of their staff and patients.

INNOVATIVE LEADERSHIP

In order to shift the healthcare paradigm from a patient-centered, treatment-based system to a community-centered, prevention-based system, we need leaders to be bold, caring and unafraid of failure. Leaders should push for innovation and adapt their institution's culture while simultaneously helping staff, partners and community members feel safe and incentivized.

OPPORTUNISTIC CHANGE MAKING

There are various pathways to systems changes. In order to maximize the resources, networks, tools and spaces for change, clinics need to seize opportunities when they arise. These can include new partnerships, a change of leadership, funding or even new conversations resulting from disastrous events. In any of these cases, these opportunities can build momentum, grow a partnership's track record and attract more opportunities.

PROCESS EVALUATION

Whether a partnership succeeds or fails, it is valuable to formalize a time and space to look at strengths and weaknesses and evaluate how changes were made. Understanding how a process led to certain results can benefit partners and inform future decisions to maximize effectiveness, efficiency, equity and the potential replicability of an approach.

STRATEGIC COMMUNICATION

Clinical-community partnerships may find it challenging to effectively communicate their mission and purpose across the partnership and in the broader community. Smart marketing and branding can be important for establishing an identity and a consistent message that attracts partners, funding and buy-in. Communicating in an intentional way can create the necessary foundation for positive exposure, inclusiveness and effective promotion of change.