

Communities of Solution:

Public Health + Primary Care +
Community Organizations and
Individuals = Improved Health

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With Technology and Health Reform, why should we need anything else?



Health,
through and
in the
cloud?

U.S. Healthcare,
reformed?



With Technology and Health Reform, why should we need anything else?

Because.....

Our health is deteriorating....

Our system is broken.....



WE ARE
HERE



The Answer:

It Takes a Village



<http://www.theelders.org/global-village/messages>



Integrated Community Based Solutions are Required

- The fragmented US health care system provides lower quality care for the population than most industrialized nations, at higher costs.
- The partnership of Public Health, Primary Care, and Community Organizations with provision of integrated, community based services are most likely to improve health.
- Local, state & regional coordination of care and associated policies are needed to assist in development of Communities of Solutions.



Folsom Report: Health is a Community Affair

- Report of the National Commission on Community Health Services (NCCHS) sponsored by the APHA, the NHC & the Commonwealth Fund.
- 33-person commission, chaired by Marion Folsom (Former Secretary U.S. Dpt of Health, Education & Welfare), 1963-1966, researched health service needs in 21 selected communities across the USA to formulate a rational action plan.
- Result was the broadly influential Folsom Report entitled, “Health is a Community Affair” (Harvard University Press, 1967).

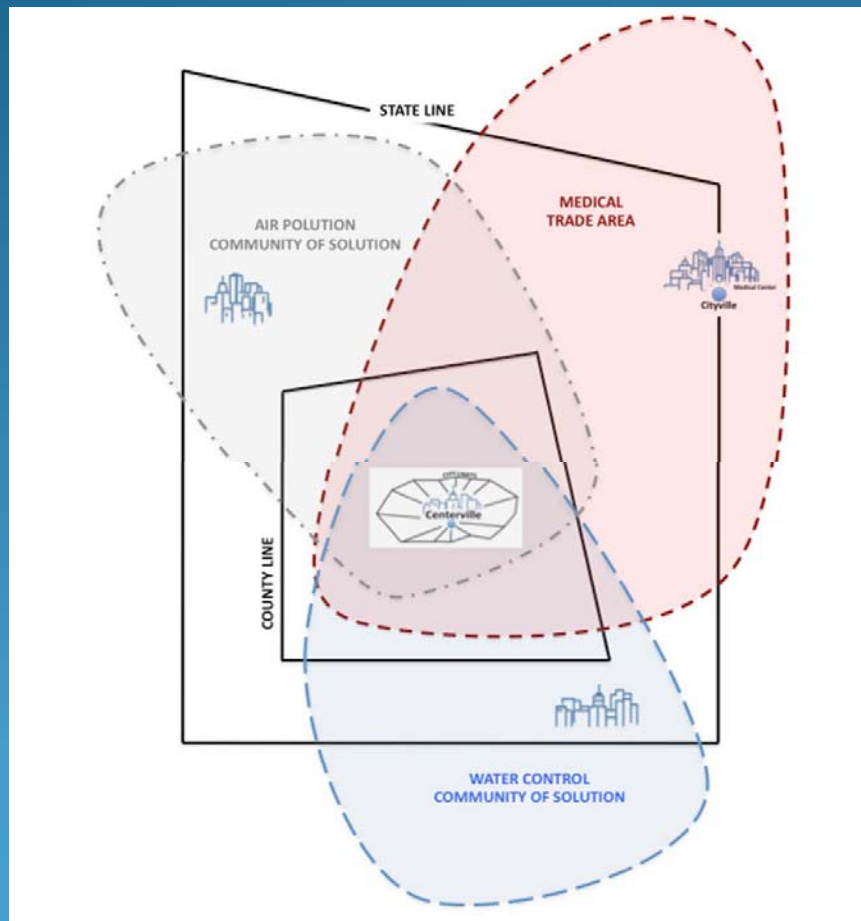


“The Commission Report is ...

designed for use by the people in communities of all sizes to work, both professionally & as volunteers, for more effective health services – housewives, physicians, lawyers, engineers, businessmen, educators, bankers, ministers – representing all the various professions, interests, & responsibilities involved in community health enterprise.”



One City's Communities of Solution



Political boundaries, shown in solid lines often bear little relation to a community's problem-sheds or its medical trade area.

Reproduced and adapted from Figure 1 of Chapter 1 of: National Commission on Community Health Services. "Health is a Community Affair: Report of the National Commission on Community Health Services", Harvard University Press, Cambridge, MA in 1967 (Ed. Marion Folsom), Copyright © 1966 by the President and Fellows of Harvard College.



Problem Shed

Per Folsom, a problem-shed was described like a watershed. Basically, “the boundaries of each community should ideally be established by “the boundaries within which a problem can be defined, dealt with, and solved.”

For example, for a spike in asthma hospitalizations, the problem-shed may involve a pulp mill 20 miles away, a community health center closure, a cockroach infestation in public housing, and a respiratory illness outbreak.

The COS would need to encompass all of these factors to best address the health problem.



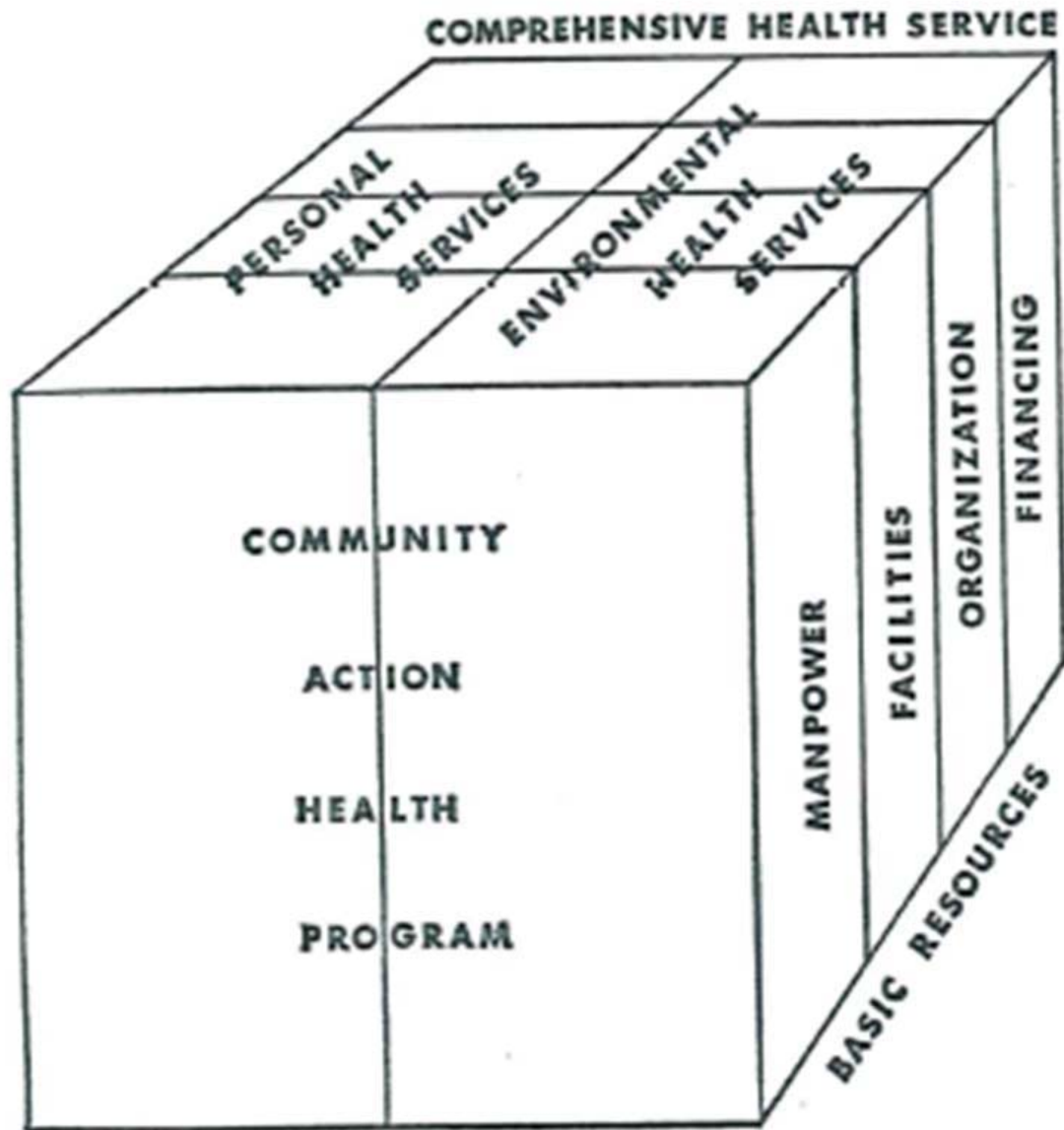


Figure 3. The community health services cube.



Community Solution Continuum

Isolation

Mutual Awareness

Cooperation

Collaboration

Partnership

Public health & primary care informed of each other's activities

Sharing resources

Joint planning & execution

Integration on programmatic level



Update to Folsom

- From Young Leaders ABFM 2013
- 13 Grand Challenges



Redefined Folsom Challenges

- **1: *National Network of Communities of Solution***

National network community partnerships to self-define *Communities of Solution* to develop & sustain community-tailored health programs, matching local health needs with integrated health services.

- **2: *Patient-Centered Medical Homes***

Foster the ongoing development of integrated comprehensive care practices (Patient-Centered Medical Homes [PCMOs]) accessible for all groups in a community – through the creation of explicit partnerships with public health professionals & *Communities of Solution*.



Redefined Folsom Challenges

- **3: Opportunity for every individual to form a partnership with a personal physician**

Provide every individual in the United States the opportunity to form a partnership with a personal physician and a team of health professionals utilizing integrated community health services in *Communities of Solution*.

- **4: Integration with environmental health**

Engage individuals in *Communities of Solution* in the creation of healthy environments, eliminating existing barriers to community-tailored strategies; and endorse and implement a global conception of environmental health encompassing all physical, chemical, and biological factors external to a person that can potentially affect health.



Redefined Folsom Challenges

- **5: *Address injury prevention***

Engage *Communities of Solution* to recognize and address injuries as a main preventable source of global human death and disability – especially for children.

- **6: *Sustain & improve family planning***

Sustain and improve family planning as an integral part of community health services.



Redefined Folsom Challenges

- **7: *Design & build healthy living environments***

Engage with community partnerships to coordinate with municipal authorities to design and build healthy living environments.

- **8: *Enhance health literacy***

Enhance health literacy to empower individuals within *Communities of Solution* to be active participants in promoting their own health and the health of their communities.



Redefined Folsom Challenges

- **9: *Train 21st century health workforce***

Create health workforce to serve the needs of US communities.

- **10: *Community-level Integration of health services***

Integrate health services – aligning hospital, ambulatory & community care – across settings to promote quality and create value.



Redefined Folsom Challenges

- **11: *Bridge public health and medicine***

Transform the roles of the relevant federal, state and local agencies by bridging public health and medicine to be effective partners in *Communities of Solution*.

- **12: *National volunteer network to coordinate targeted volunteer service, private & corporate charitable giving***

Engage and support a Citizen Volunteer Network formed by *Communities of Solution* to educate, motivate and collaborate for strategic local, regional and national resource allocation informed by credible and actionable data.



Redefined Folsom Challenges

- **13: *Regional Health Information Technology (HIT)-informed, multi-stakeholder Action Planning Task Forces***

Utilize HIT & emerging data sharing innovative networks that enable the flow of relevant knowledge to the *Communities of Solution*.



Community of Solution as Connector



- Between facts
- Between facts and individuals
- Between people
- Between technology and people
- Between organizations and individuals



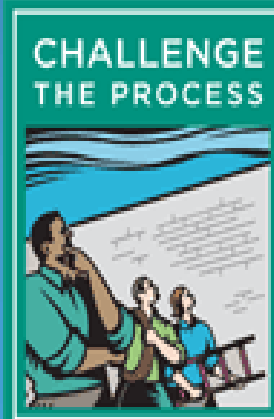
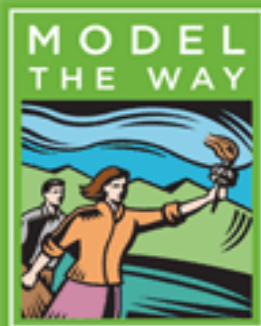
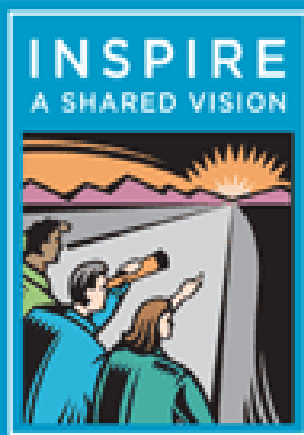
Examples of COS*

- In a San Antonio COS, health promotion "promoter" created relationships with patients in the community, and then engaged city planners to map community resources and community partners for each patient's neighborhood and thereby tap into community resources to maximize health.
- The Brazos Valley Health Partnership COS involves the establishment of "one stop shops" that provide patients with wide ranging services from health care to Senior Meals to legal aid. Due to the difficulty accessing services for these rural community members, "county boundaries are irrelevant in regards to social and health issues that residents face".

- **Full reports to be published J Am Board Fam Med, May-June 2013. (approx May 4 2013)*



Growth during Changing Times



LET'S DO THIS



References

- National Commission on Community Health Services. *Health is a Community Affair*. 1967. Harvard University Press.
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THANK YOU!

