Introduction to the Person-Centered Health Neighborhood

Reconceptualizing Communities as a Source of Health and Healthcare
Communities are not destinations for health delivery, they are sources of health.
Series Objectives

• Explain the concept of the health neighborhood
• Reconceptualize the neighborhood as the source of tobacco cessation promotion and delivery
• Learn techniques to discuss public health goals in the language of neighbors outside traditional healthcare settings
• Identify elements of *systems* that can be the targets of program intervention
• Explore alternative approaches to developing health neighborhoods for criminal justice-involved individuals
- Stigma
- Low SES
- Discrimination
- Chronic Stress
- Psychological Distress
- Coping Skills
- Environmental Exposure
- Industry Targeting
- Biology
- Access to Treatment

Addiction
Incarceration
Recidivism
Relapse
Poor Health
Sequential Intercept Model

- Initial law enforcement interaction
- Detention & Hearings
- Jails and Courts
- Incarcerated Period
- Re-entry/Discharge
- Community Corrections
Common Values

- Public Health
- Addiction Recovery
- Criminal Justice
Module Objectives

• Determine the need for new healthcare delivery models
• Define the person-centered health neighborhood
• Review the 5As: its purpose and its effective mechanisms
• Examine case studies to illustrate major elements of the health neighborhood in action
Why the Health Neighborhood Matters

Medical Care is not Enough
OECD Healthcare Spending, per capita ($US)—2016

- Years of Life at Birth: 27/35
- Ischemic Mortality: 24/35
- Asthma/COPD Admissions: 23/34
- Medical coverage: 34/35
- Medical Appts skipped: 16/17
- Obesity: 35/35
- Obstetric trauma: 18/21
## HEALTH EQUITY

An Explanatory Model for Conceptualizing the Social Determinants of Health

### National Influences
- Government Policies
- US Culture and Cultural Norms

### Social Determinants of Health
- Economic Opportunity
- Physical Environment
- Social Factors

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### Life Course Phases
- Pregnancy
- Early Childhood
- Childhood
- Adolescence
- Adulthood
- Older Adults

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# HEALTH EQUITY & TOBACCO USE

An Explanatory Model for Conceptualizing the Social Determinants of Tobacco Use

## National Influences
- Government Policies
- US Culture and Cultural Norms

## Life Course

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## Population Outcomes

- QUALITY OF LIFE
- MORBIDITY
- MORTALITY
- LIFE EXPECTANCY

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Why the Health Neighborhood Matters

Demedicalizing Behavioral Change
Characteristics of Health Neighborhoods

- Trust within community
- Reach within community
- Proactively educates neighbors on rationale and resources for positive behavior change
The set of people, organizations, and sites that are the sources of health for an individual regardless if they provide medical or behavioral health care itself.
Groups
- Can be identified solely from without
- Does not require shared identity
- Does not require interaction between “members”

Communities
- At least partially self-determined
- Self-identification may derive out of necessity rather than out of a sense of shared history, values, etc.

Neighborhoods
- Requires interaction
- Geographic component
- Shared values
Patient-Centered Medical Home

Bio
Psycho
Social

QuitLine
Group
Behavioral Health
The Needs Assessment

More than Prevalence Rates
Neighborhood Level Effects

- Higher density of tobacco retail outlets
- More aggressive POS marketing
- Neighborhoods targeted for direct mail of coupons
- Higher prevalence of heart disease
- Higher incidence of tobacco-related self-deprivation
CASE STUDY 1

Outreach

• Recruitment performed at local two local Salvation Army sites
• Perception of effectiveness of quit methods was closer to the truth one month later
• Perceptions of Salvation Army went up
Adult Use of All Smoked Products

Healthy People 2020 Target = 12.0%
New Jersey = 11.9%
Arizona = 14.4%
Vermont = 16.5%

13 Arizona Counties
2 Arizona Counties
Four Smoking Trajectories

- **Experimental Phase** (12-17 years):
  - Days Smoked per Month:
    - 2012: 0
    - 2013: 0
    - 2014: 0
    - 2015: 0
    - 2016: 0
    - 2017: 0

- **Quitter Phase** (18-24 years):
  - Days Smoked per Month:
    - 2018: 0
    - 2019: 0
    - 2020: 0
    - 2021: 0
    - 2022: 0
    - 2023: 0
    - 2024: 0

- **Early Established Phase** (25-30 years):
  - Days Smoked per Month:
    - 2025: 0
    - 2026: 0
    - 2027: 0
    - 2028: 0
    - 2029: 0
    - 2030: 0

- **Late Escalators Phase** (25-30 years):
  - Days Smoked per Month:
    - 2025: 0
    - 2026: 0
    - 2027: 0
    - 2028: 0
    - 2029: 0
    - 2030: 0

**Adult Prevalence**
CASE STUDY 2

- Focus is a specific population with no prevalence data
- Investigation uncovered unique cultural strengths (family-centered society) and barriers (cigarettes are common wedding gifts).
Systems of Care and the 5As
“A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships....”
Systems of Care Components

1. The care that is delivered
2. Where the care is delivered
3. Processes that connect care site
Tobacco Use Interventions

- Clinician advice
- Cognitive-Behavioral Therapy & Motivational Interviewing
- Individual counseling
  - > 4 sessions, > 10 minutes
- Psycho-educational groups
- Telephonic counseling
- Peer support
- Age-tailored self-help materials
- Cessation medications

- Screening
- Assessment
- Education
Elements of Tobacco Counseling

1. Harms of Tobacco Use
2. Benefits of Quitting
3. Triggers and Barriers
4. Treatment Plan
   1. Pharmacotherapy Options
   2. How to set a quit date
   3. Other resources
The 5As

- Evidence-based best practice
- Applicable across chronic disease prevention efforts
  - Nutrition improvement
  - Physical activity
  - Diabetes management
  - High blood pressure mgmt
- Not a silver bullet
Problems with Ask-Advise-Refer (2A&R)

1. 5As is better at motivating and sustaining quit attempts.

2. In order to provide appropriate referrals, providers must engage in Assess and Assist.

3. If everyone refers to services, then no one is providing the service.
The 5A’s Model

1. Ask if patient uses tobacco
   “Have you smoked our used other tobacco/nicotine products in the past month”?

2. Advise in a clear, personalized manner to seriously consider quitting

3. Assess if patient wants to set a quit date
   “Would you like to quit in the next month?”

4. Measure CO
   - Yes: Assist with accessing treatment:
     - Medications
     - Behavioral interventions
     - Self-help materials
     - Referrals
   - No: Assess last quit
     “When was the last time you smoked or used other tobacco or nicotine products?”

5. Arrange follow-up
   - Yes: Provide relapse prevention counseling and congratulate
   - No: Help patient avoid second-hand smoke exposure

6. Ask if anyone else smokes around the patient
   - Yes: Provide relapse prevention counseling and congratulate
   - No: Stop
Tobacco Cessation Workflow

**Front Desk/ Admin**
- Screening form
- Post/place tobacco cessation promotional materials in waiting area
- Fax quitline referral preauthorizations
- Billing

**Clinician/ Medical Assistant (5A's Model)**
- Verify screening form & complete tobacco use assessment
  - No
    - Discuss sustaining abstinence and healthy living strategies
  - Yes
    - Utilize Motivational Interventions to Address Use*
    - Visual Prompt on Exam Room Door
    - Onsite cessation group and/or individual counseling

**Physician (2A's & R Model)**
- Review screening & tobacco use assessment
  - Brief counseling*
    - Rx meds**
    - Follow up appointment set within 1 month

* 5As algorithm
** Cessation medications protocol

**Behavioral Health & Wellness Program**
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## 5As Functions

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<th>Function</th>
<th>Purpose</th>
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<td>Ask</td>
<td>Screening</td>
<td>Ensure services are delivered to all who are at risk and not to those who are not</td>
</tr>
<tr>
<td>Advise</td>
<td>Motivation</td>
<td>Advise, especially from a physician, has the power to motivate a quit attempt</td>
</tr>
<tr>
<td>Assess</td>
<td>Evaluation</td>
<td>Helps determine the intensity of the intervention</td>
</tr>
<tr>
<td>Assist</td>
<td>Exploration</td>
<td>Helps tailor cessation supports to meet the user’s unique needs</td>
</tr>
<tr>
<td>Arrange</td>
<td>Follow-up</td>
<td>Knowledge of future meetings is itself a motivation to succeed. Also provides an opportunity to fine-tune the treatment plan</td>
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The 5As in the Health Neighborhood
Evidence-Based Tobacco Cessation

Public Health Service (PHS) Clinical Guideline: Treating Tobacco Use and Dependence - 2008 Update

Contains strategies and recommendations to assist clinicians, tobacco dependence treatment specialists, healthcare administrators, insurers, & purchasers in delivering and supporting effective treatments for tobacco use and dependence.

Guide to Community Preventive Services - What works to promote health

Contains strategies for reducing exposure to environmental tobacco smoke, increasing tobacco cessation, and reducing initiation in communities and health care systems.
ASK
ADVISE

REFER

Continuity of Care
Planning a Health Neighborhood, Part 1

Identify entities that are or could be...

1. ...screening for tobacco use.
2. ...assessing nicotine dependence and the willingness to pursue or maintain abstinence
3. ...spending time with tobacco users exploring their tobacco habits
4. ...connecting tobacco users to other social supports
5. ...performing one or more of the USPSTF-identified evidence-based tobacco cessation services
Planning a Health Neighborhood, Part 2

Educate and Connect Resources

1. Tobacco cessation service providers should see themselves as part of a community working together
2. They should understand which roles they fill and which gaps remain
3. Update resources on the arrival of new resources (and losses)
4. Help them formalize referral procedures
5. Analyze the neighbor-perspective to avoid unnecessary redundancies
Sequential Intercept Model

- Initial law enforcement interaction
- Detention & Hearings
- Jails and Courts
- Incarcerated Period
- Re-entry/Discharge
- Community Corrections
Program Components

1. Regular trainings of key stakeholders
   - Burden of tobacco
   - Role of cessation in cost reduction
   - Available resources
   - Program data updates

2. Re-entry navigation

3. Low-intensity relationship-building across neighborhood

4. Formalized partnership with community behavioral health center
The 5As in the Health Neighborhood: Criminal Justice Involved
Behavioral Health & Wellness Program

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