Strategies to Improve Chronic Disease Management in Seven Metro Boston Community Health Centers

Chima D. Ndumele, MPH[1,2], Beverley E. Russell, PhD, MPH[3], John Z. Ayanian, MD, MPP[2,4], Bruce E. Landon, MD, MBA[4,5], Thomas Keegan, PhD[4], A. James O'Malley, PhD[4], and LeRoi S. Hicks, MD, MPH[2,4]

(1) Department of Community Health, Warren Alpert Medical School, Brown University; (2) Division of General Internal Medicine of Brigham and Women's Hospital; (3) Center for Community Health, Education, Research and Service; (4) Department of Health Care Policy, Harvard Medical School; (5) Division of General Medicine at Beth Israel Deaconess Medical Center

WHAT IS THE PURPOSE OF THIS STUDY?

- This study was intended to gain insight from health care professionals at local community health centers regarding barriers to optimal care for racial/ethnic minority patients with hypertension and diabetes within their communities.

WHAT IS THE PROBLEM?

- African Americans and Hispanic patients share a disproportionate burden of hypertension and diabetes rates in the United States; furthermore, they have a higher likelihood of morbidity and mortality related to these conditions.
- Community health centers care for a large portion of uninsured Americans, many of whom are immigrant or minority populations with previously documented poor health outcomes.

WHAT ARE THE FINDINGS?

- Adherence to recommended therapies for chronic disease patients, in part as a function of poor health literacy, is a major, patient-centered barrier to optimal care.
- Interviewed providers often have a difficult time keeping up with the complexity of individual patients' needs given the relatively short time available to spend with each patient.
- Community health centers within our cohort had a difficult time consistently recruiting and maintaining sufficient staff for their needs, in part because of a lack of the financial resources to compete with larger, academic care centers.
- A lack of availability of fresh fruits, vegetables, and other healthy options in local neighborhood markets frequented by health center patients undermines the efforts of community health center personnel.

WHO SHOULD CARE MOST?

- Community Health Centers and their employees.
- Health care policy makers in places with large populations of community health centers.
- Groups specifically interested in the health of minority groups.

© 2009 The Johns Hopkins University Press

RECOMMENDATIONS FOR ACTION

- Community health workers should be integrated into the community health care system as a means of augmenting usual care and providing additional feedback for chronic disease management teams.
- Case management should be adopted as usual care for all patients with chronic disease, with special emphasis on the intersection of blood pressure control and other cardiovascular risk factors.
- Centers that do not currently have community advisory boards should consider initiating them as a source of formative feedback for ongoing projects in addition to providing a forum for community input.
- Centers should consider supporting/sponsoring healthy food stalls/farmer's market and group exercise activities. If possible, centers should seek partnership with other community-based organizations with expertise in obtaining state and federal funding to set up such activities.