

Improving Communities, Improving Health

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When we talk about health care, we are often referring to hospitals or other acute facilities, imagining women and men in scrubs, long waits in emergency rooms, that distinctive smell of disinfectant. We “in the know” talk about checklists and ways to reduce inpatient costs; we discuss the absence or the glut of beds; and we count stats of length of stay, average daily census, and DRGs.

Institutional care has an important place in the health care conversation, but it should not be the only feature of that conversation. Rarely do we give enough attention to what is happening in the communities and among the individuals who depend on the resources in their neighborhoods. This is where preventive care and post-acute support is at its best and can be the deciding factor in one’s recovery or disease management. Patients are treated in hospitals, but heal in communities. For individuals who experience difficulty accessing care or for whom cost is a major barrier to receiving services, these community supports are even more important. This is especially true for minorities, people with disabilities, and others who often struggle to get the appropriate, high-quality care they need.

It is no coincidence that those who are more likely to benefit from community health services are those who are underrepresented

in politics. Vulnerable populations living in neighborhoods with low socioeconomic makeup tend to be more more disconnected from the seats of powers locally and in Washington, D.C. More often than not, their voices are not heard by policymakers and their interests are forgotten.

However, the health and well-being of the neediest are indicative of a community’s priorities. Here in Massachusetts, we pride ourselves on providing access to quality health care for almost every resident through Chapter 58, An Act Providing Access to Affordable, Quality, Accountable Health Care, which we passed in 2006. We are making progress on bringing total health care spending down in an effort to make health care more affordable for every person in the state with our 2012 cost-containment law, Chapter 224, “Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation.”

And yet, we still have much work to do. Many of these new reforms do not extend to these vulnerable populations, which is why we need to focus on scaling our efforts up and out across the state. The first place that we need to start with is the neighborhood and build upon the work that is already being done in these communities. Health care institutions like hospitals and provider networks can play a critical role in augmenting these community supports by working with non-profit organizations and local advocates. This is essential to coordinating hospital to community transitions and helping patients manage their conditions both before and after acute episodes. Better care at home means fewer hospital readmissions and healthier patients.

Improving health care services in the community does not only enhance the health of residents, but also serves to empower individuals to find success in their own communities. People will stay in their communities if there are resources to support their families and businesses. This is exactly why we need to think beyond the institutions when we talk about health care.

Communities are the center of where health, power, and politics collide. Communities have the greatest potential to support and change the life of an individual—it is essential that we work to meet that potential.