Handout 4-3:  
An Overview of Community-Oriented Primary Care

We strongly encourage your review of this handout to gain a stronger understanding of community-oriented primary care and how it may apply to the development of your course addressing the Healthy People 2010 objectives.

What Is Community-Oriented Primary Care?
Community-oriented primary care (COPC) is a systematic approach to health care based upon principles derived from epidemiology, primary care, preventive medicine, and health promotion (Longlett et al. 2001). In 1982, the Institute of Medicine advocated increased COPC training among health professionals (Connor and Mullan 1983). A conference sponsored by the Institute of Medicine (IOM) resulted in an operational definition that included three requirements for implementing COPC.

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<th>Definition of community-oriented primary care:</th>
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<td>A primary care practice providing accessible, comprehensive, coordinated, continuous-over-time, and accountable health care services.</td>
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<td>A defined community for whose health the practice has assumed responsibility. In this context, community refers to geographic or social communities; groups that form within the workplace, church, or schools; or persons enrolled in a common health plan. Specifically excluded are communities consisting of the active patients in a practice.</td>
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<td>A process including the following steps: (1) defining and characterizing the community, (2) conducting a community diagnosis, (3) developing and implementing an intervention, and (4) monitoring the impact of intervention. An additional step added to this list includes (5) involving the community to carry out the preceding four steps (Rhyne et al. 1998).</td>
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The fundamental basis of COPC is the community and the ethic of service to drive community health improvement (Gardner et al. 2000). The level of community engagement, however, can often be in question in a COPC context. For example, the community's and the health organization’s needs may differ, or a relationship may not have been established between the health service organizations and their surrounding communities. It is essential that the community be involved in designing and implementing the COPC experience.

COPC Models from the Field
The following models provide examples of the roles of students and community partners in the COPC experience.

Trash Lots and Cars (TLC) Project Provides Early Successes (Bowdoin Street Community Health Center, Boston, MA). The COPC model described below demonstrates that the scope and scale of community-based activities must be appropriate for early success. This model has been adapted from "An Introduction to Community-Oriented Primary Care," in Community-Oriented Primary Care: Health Care for the 21st Century with permission from the author, Suzanne Cashman.
The community advisory board of the Bowdoin Street Health Center (BSHC) agreed with the center’s director and staff on the range of primary care services to be delivered from the health center’s beginning in 1972. Fifteen years later, as the Kellogg Foundation considered funding the Carney Hospital’s proposal for an inner-city COPC demonstration, the health center, under the hospital’s license, recognized that it needed to resurrect its original goal. That goal was to provide a full range of health services that were not only community-based but were developed and delivered through a working partnership with community members. The hospital and health center sought a reactivation of the grassroots, community-based outlook that had waned as funding had become more categorical and tied to specified types of programs. Through the Carney-BSHC-COPC linkage, while anticipating funding by Kellogg, a student intern working for the Carney COPC center spent two summer months talking to Bowdoin Street area community members and local agency leaders. The goal was to increase the community’s awareness of the health center while cultivating an interest in participating in a community meeting to identify local health issues.

The intern’s efforts culminated in a meeting at the health center in fall 1989. About a dozen participants attended, along with the health center director and medical director. The health center staff ‘already knew’ that the major health issue was substance abuse, and while they felt no need to meet, obliged the community members by hosting the meeting. Subsequently, through a series of meetings, residents identified a range of public health problems in the community and sought common themes. Concern for the breakdown of the family was a recurring theme but represented a problem that participants felt was too sensitive, diffuse, and complicated to address as a first effort.

Consequently, the decision was made to focus on another problem that had been identified through the meetings, one that was concrete and specific—the neighborhood’s continuing problems of abandoned cars, broken street lights, empty lots, and trash. Working together, community members and health center staff developed the environmental TLC Project. The project was a success and created a nascent partnership between the health center and the community. The project has resulted in regular neighborhood clean-ups, as well as a system for reporting abandoned cars, empty lots, and broken street lights. Each of 150 empty lots in the community has been researched, and many have been converted to ‘tot lots’ and community gardens. Residents and businesses continue to work with health center staff not only to maintain these efforts to build a safe, attractive environment, but also to work on other identified community health problems.”

University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School (UMDNJ). As part of the COPC component of the required family medicine clerkship program, third-year medical students spend a half-day each week over an 8-week period working with a community organization. Students are engaged in health promotion activities that are identified through discussions between faculty and community representatives prior to the student placement. Examples of different health promotion activities include: (1) conducting screenings and providing health counseling at a soup kitchen; (2) providing health presentations for local schools, youth groups, and women in domestic violence shelters; (3) providing health advice and presentations at a nearby prison; and (4) facilitating activities for a day-program for adults with dementia, just to name a few.
Prior to the start of their community service experience, students are asked to discuss with their community site supervisors the relevant Healthy People 2010 objectives that will be addressed. Students are required to write a three-page reflection paper based on their Healthy People activities and to present this information to the class at the conclusion of the rotation. (Note: Handout 4-4 [p. xx] provides a sample exercise that is included in the COPC activity at UMDNJ aimed to address overweight and obesity among children and adolescents.) More information about this clerkship program can be obtained by contacting Jan Gottlieb, Instructor, Department of Family Medicine at UMDNJ-Robert Wood Johnson Medical School. Phone: (732) 235-7574. E-mail: gottlija@umdnj.edu.

References

