

**TCPI Exemplary Practice Performance Summary, March 2019**

**Desert Senita Community Health Center**

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*An extraordinary FQHC committed to providing local, affordable, and specialty care to an underserved and remote population*

**Desert Senita Community Health Center (DSCHC)** is a Federally Qualified Health Center (FQHC) with three practice sites, located in the rural community of Ajo, Arizona, forty-three miles north of the Mexican border. DSCHC has 12 providers and cares for more than 2,500 people, approximately 75% of the population of Ajo. We live by the mission of providing quality, local, and affordable health care for all, regardless of patients' ability to pay. Our patient population has health disparities entrenched in a variety of socioeconomic challenges, geographic isolation, and limited access to quality care. More than 33% of our patients live below the federal poverty level and have a high incidence of obesity and diabetes.

As a Patient Centered Medical Home (PCMH), we are committed to providing services that meet the pressing healthcare needs of our community, including preventative, acute, and chronic care for children, adolescent, adult, and elderly patients. There has been growing bodies of evidence not just locally but nationally that supports consistent measurement regarding performance in that it leads to better patient outcomes. DSCHC is dedicated to aims and performance measures that continuously address clinically meaningful, patient centered outcomes that best meet our population needs. One of the strategic priorities of DSCHC is to target diabetes health outcomes as it is impactful to our patient population. Uniform Data Services (UDS) reported a high incidence rate of overweight and obese patients. The highest visits to the clinic were for hypertension and anxiety disorders among adults.

At Desert Senita we recognized that our population included a high proportion of overweight and obese patients, with many adult visits to DSCHC related to hypertension and anxiety disorder. To address these community-wide health challenges, we brought patient community representation to key decision-making roles, including a majority membership on our Board of Directors. Our leadership shaped DSCHC's response to Ajo's high rates of obesity and hypertension. Two initiatives came to life through involvement of patients in the Board of Directors and community partners – The Edible Ajo School Yard (EASY) and Bike Ajo.

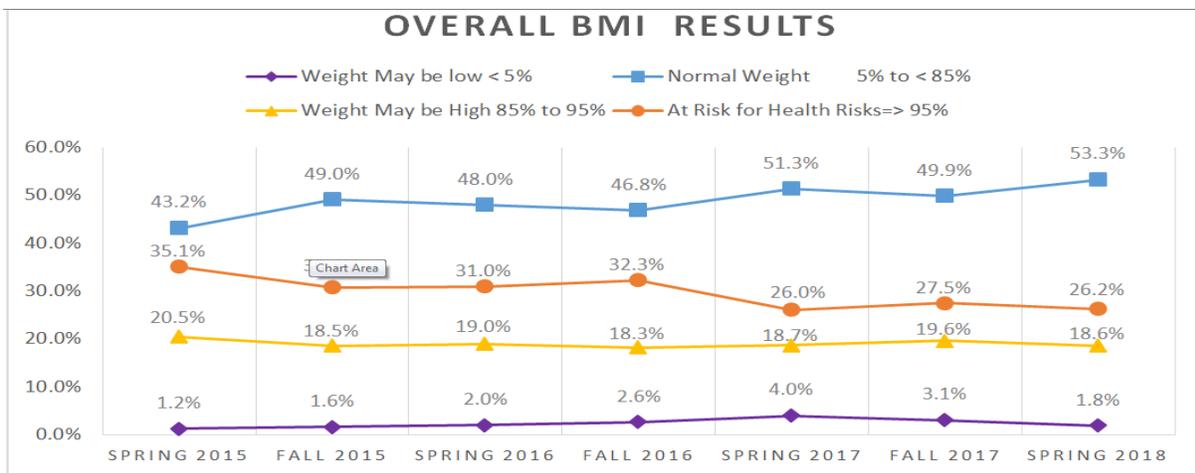
Our outreach department facilitated the transformation of school grounds into vegetable gardens to create the Edible Ajo School Yard (EASY) program. The program is designed to engage students in focusing on their health and activity through growing produce for the Ajo Unified School District cafeteria. Students in grades pre-k through six participate in the growth and development of the produce and introducing them to produce that may not be offered in our own home. DSCHC's dietician and behavioral health providers reinforce the importance of healthy eating and increased activity. In addition to EASY, the behavioral health staff partnered with the Ajo Community Garden to create a healing labyrinth to promote stress reduction, meditation, aromatherapy and "food for the soul."

Community organizations, including the University of Arizona's College of Public Health, worked with DSCHC to create this fun, inter-generational activity program. The Bike AJO program provides 40 bikes and helmets that are available to patients and families. Bike AJO provides licensed certified instructors (LCIs) who supervise bike rides for those interested on a regular basis. This program is now in its 3rd

year and has expanded into an after school program that has now allowed it to reach both middle and high school students.

The Practice Innovation Institute (Pii) practice transformation consultant (PTC), working with DSCHC, aided in linking the established programs to meaningful clinical outcomes. It has been shown that programs such as these provide an exceptional value to an impoverished, medically underserved community. For example, DSCHC noted a gradual decline in body mass index (BMI) in some age groups since the implementation of the school garden activity. Provider education has been an ongoing continuous effort to teach new providers who are unfamiliar with requirements of FQHC's to record education at each patient visit. One of our next steps is to formalize our data collection to continue to track BMI, hemoglobin A1C, and weight loss measures.

Children who exercise and eat more fruits, vegetables, and whole grains show health benefits, such as a lower BMI score. Every semester we at Desert Senita hold a "Health Safari" at the school where the staff collects and tracks student's height and weight. The data from the Health Safari show the number of students in the High Risk for Health Risks category has decreased from 35.1% to 26.3% from spring 2015 to spring 2018. The number of overall students in the Normal Weight category has increased from 43.2% to 53.3% during the same time period. Through optimizing our care team and continuous use of our pre-visit planning tool we have been able to meet our target for BMI in adolescents.



We have begun to research and evaluate a variety of fitness challenges to involve family and community participation. Our Garden Program will be expanded to include healthy cooking class events with traditional community cuisines in mind. The health center will be participating in the Ajo Sustainable Community group to promote diabetes prevention and healthy eating habits, supporting the expansion of our diabetes education program. What makes our public health initiative successful is that it was founded to prevent and educate on the health threat of diabetes and obesity, the staff utilized innovative and practical solutions that best served the patient population and the programs were implemented due to community involvement.

*Desert Senita Community Health Center is an active participant of the Practice Innovation Institute (Pii), Arizona's Practice Transformation Network.*

*As of March 2019, DSCHC has completed all 5 Phases of Transformation.*

