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ALE is excited to share with you two just published research articles that examine the outcomes from ALE's Community Based Health Home (CBHH) Project that began in 2012 with a generous grant from the SCAN Health Plan Community Giving Foundation and furthered advanced with funding from the Thomas J. Long Foundation. As California progressed toward early adoption of the Affordable Care Act health home option, ALE proactively created the first in the nation CBHH model built upon the interdisciplinary adult day health care (ADHC) program.

1) *Racial Disparities in Nutritional Risk among Community-Dwelling Older Adults in Adult Day Health Care.* Tina R. Sadarangani, Lydia Missaelides, Gary Yu, Chau Trinh-Shevrin & Abraham Brody, Journal of Nutrition in Gerontology and Geriatrics.
https://doi.org/10.1080/21551197.2019.1647327

2) *A Mixed-Methods Evaluation of a Nurse-Led Community-Based Health Home for Ethnically Diverse Older Adults With Multimorbidity in the Adult Day Health Setting*. Policy, Politics, & Nursing Practice by Sadarangani, T., Missaelides, L., Eilertsen, E., Jaganathan, H., & Wu, B. (2019).
https://doi.org/10.1177/1527154419864301

What is CBHH?

This transformative model builds on the comprehensive ADHC service modality by adding a highly trained Nurse Navigator (RN-N) to work flexibly outside of the ADHC's four walls and the participant's scheduled attendance days to unify and improve care across Medicaid and Medicare services. These include the physician's office; emergency room; hospital; pharmacy; rehabilitation center; and home. The RN-N also supports growth of the participant and caregiver capabilities and fosters health literacy, self-care skills and confidence, built over time through a trusting relationship.

What Are the Key Findings?

The CBHH serves a low income, at-risk, multi-cultural population reflecting the diversity within the ADHC population. Analyzing standardized evidence based screening and assessment data collected by 12 CBHH sites over a period of five years, Dr. Sadarangani conducted a quantitative analysis to examine the outcome of the CBHH intervention. This was coupled with qualitative interviews of CBHH participants, RN-Ns, ADHC leaders and clinicians at six of the CBHH sites.

In general, the study concluded that "CBHH is a promising solution to improving care for vulnerable older adults with multi-morbidity, particularly with respect to reducing emergency department utilization and improving socioemotional health (e.g. quality of life, loneliness, depression)" and is associated with favorable results. CBHH also demonstrates the unique capacity and skill of registered nurses in integrating health and social services across community settings.

The CBHH study is also the first of its kind examining nutrition risk in the ADHC setting. The key finding is that "ADHC users are vulnerable to poor nutrition…however, the factors driving nutrition risk are heterogeneous and affect racial communities differently." The study revealed the significant correlation of nutrition risk with other risk factors such as depression and loneliness, and variation by ethnicity and race, suggesting that interventions "should be informed by an understanding of how specific modifiable risk factors for malnutrition contribute to specific communities served by ADHC."