What we know about:
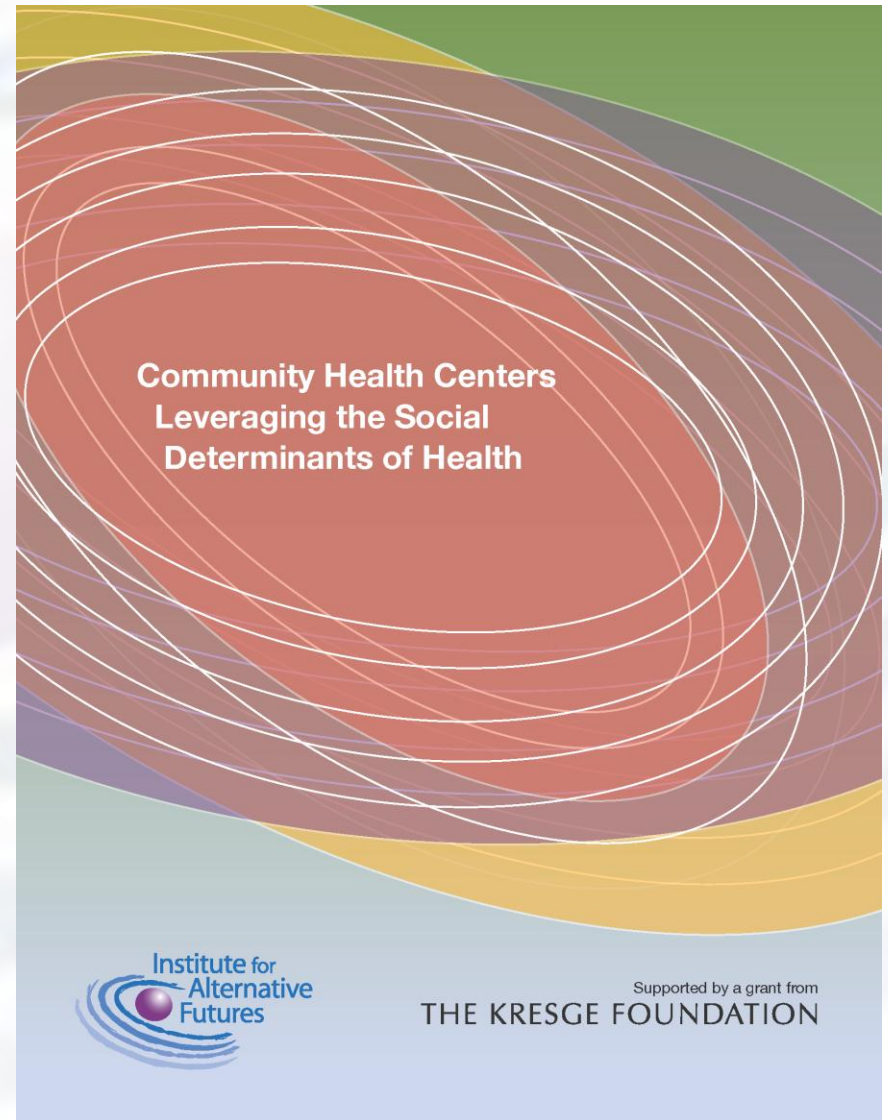
Leveraging the Social Determinants of Health

by Federally Qualified Community Health Centers in the U.S.

Community Health Centers
Leveraging the Social
Determinants of Health

Institute for
Alternative
Futures

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THE KRESGE FOUNDATION

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■ **On the Future:**
   Trends & Developments
       Accelerating Health Equity

and

■ **Community Health Centers**
   Leveraging the
       Social Determinants of Health

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- ■ **On the Future:**

Trends & Developments related to ICTs Accelerating Health Equity

On the Future: Trends & Developments Accelerating Health Equity

▸ **Health Equity, a major trend & humanity maturing**

  ◦ See "Report 11 01" at www.altfutures.org/draproject

▸ **Increasing Population Health = a goal of society and of health care (one part of the Triple Aim)**

  ◦ Focus on the Social Determinants of Health (SDH)

  ◦ From Patient-Centered Medical Home to Community-Centered Health Home

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Major Factors Shaping Health

	M1993	M2002	HPC	CHR
Behavior	50%	40%		30%
Socioeconomic conditions			50%	40%
Environment	20%			10%
Social		15%		
Physical		5%	10%	
Genes	20%	30%	15%	
Healthcare	10%	10%	25%	20%

On the Future: Trends & Developments Accelerating Health Equity

▸ Genomics, Proteomics, Zipcodeomics

▸ Personal Biomonitoring

▸ Digital Health Coaches

▸ Community Mapping

■ Community Health Centers
Leveraging the
Social Determinants of Health

An IAF partnership with the
National Association of Community Health Centers

Funded by The Kresge Foundation

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Community Health Centers in the U.S.

▸ The "safety-net providers" for U.S. health care.

   1,128 organizations with 8,500+ sites

   Serving 7% of the US population (20.2 million patients)

▸ Started in the 1960s as part of the Office of Economic Opportunity.

▸ ½ of their governing boards must be community residents

Defining "CHCs Leveraging SDH"

A clinic is leveraging the social determinants of health (SDH) when it moves beyond providing clinical care to **addressing or changing the built environment or social and economic conditions that affect health and wellbeing.**

Research Approach

- Create Database
  - 176 Efforts/52 CHCs (incl. 50 FQHCs)
  - Limitations: not random sample, not exhaustive
  - But indicative & supplemented by CDN lit. review, 10 case studies, HRSA/BPHC data
- www.altfutures.org/leveragingSDH
- Primary Care Association Surveys
- Key literature; online searching; announcements
- CDN literature review of cases in peer reviewed journal
- Conference sessions NACHC 2011 P&I, CHI, CDN Webinar
- Specific network requests

Patterns & Observations

Why do CHCs leverage the SDH?

▸ Are well-positioned for it, because they know their communities well
- Employ community members, governed by a community board, conduct community assessments, have a stable & long-term presence

▸ HRSA program expectations call for it

▸ It's in the DNA of CHCs

▸ Believe that sustainable impact on health requires community-level interventions.

▸ Models of primary care and health quality increasingly require improved population health

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Most CHCs Leverage the SDH!

In 2007, CHCs reporting to HRSA/BPHC provided or made referrals for:

98.7% - health education	90.1% - food banks or delivered meals
98.3% - eligibility assistance	90.1% - obtaining suitable shelter
94.8% - WIC services	89.7% - Head Start services
92.4% - parenting education	89.0% - employment and educational counseling services
91.1% - nursing home and assisted-living placements	82.9% - environmental health risk reduction programs
68.1% - child care during a patient's visit to the center	

Most Frequent Types of Efforts in IAF Database

(17 or more out of 176 efforts, among 52 CHCs)

- **Youth development programs** (28% of efforts; 50% of CHCs)
- **Family and social support** (25% of efforts; 31% of CHCs)
- **Access to healthy foods** (23% of efforts; 60% of CHCs)
- **Job skills, employment, and workforce development** (22% of efforts; 40% of CHCs)
- **Health education** (21% of efforts; 50% of CHCs)
- **Physical Activity and Exercise** (19% of efforts; 48% of CHCs)
- **Community safety, wellbeing, and involvement** (19% of efforts; 44% of CHCs)
- **Nutrition education** (16% of efforts; 44% of CHCs)
- **Healthy, safe, and affordable housing** (16% of efforts; 33% of CHCs)
- **Recreational spaces and improved air and water quality in the community** (11% of efforts; 25% of CHCs)
- **Adult education** (10% of efforts; 21% of CHCs)

Examples of Nationwide Programs among CHCs for Leveraging SDH

▸ **Reach Out and Read** 18% of all 8,100 CHC sites in 2010

▸ **National Center for Medical-Legal Partnership** in 150 CHCs

▸ **Health Leads** 660 college volunteers, across 22 sites in 2010, including 5 CHCs

▸ **AmeriCorps & NACHC Community HealthCorps** Nearly 500 members in CHCs often functioning as community health workers & advancing community gardening

▸ **Women, Infants and Children Program (WIC)**

▸ **United Way**

Health Issues that Prompt SDH Efforts

▸ <u>Most frequently: obesity, diabetes, hypertension, cardiovascular disease and asthma</u>

▸ But also: behavioral or psychiatric problems among community members, e.g., depression among socially isolated seniors

▸ Less frequently: parasitic worms; mercury content in local fish

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Identifying Opportunities & Targets for Leveraging SDH

▸ <u>Most often in response to an issue brought to the attention of the clinic by CHC board, leadership, staff, patients</u>

▸ Grant opportunities

▸ A non-CHC organization approaches the CHC or provides the opportunity, e.g. national programs

▸ Uncommon and significant events: a violent beating of an immigrant, parasitic worm infections, natural disasters, high levels of mercury and PCPs in local waters

▸ Stepping in to enable the survival of existing programs or efforts by others

Partnership, Partnerships, Partnerships

▸ **Frequent Partners**: public housing, churches, community centers, YMCA, public health departments, hospitals, local social agencies, local police, politicians, schools, local business, government agencies, builders and developers

▸ **Community support** and enthusiasm is essential and community input affects program design

▸ **CHCs most often a lead or major partner** in the development and implementation of efforts, rather than playing smaller facilitating roles

Financing Efforts to Leverage SDH

Most efforts are not self-sustaining

▸ 64 or more (36%) primarily rely on public or private grants
▸ Most private grants come from foundations, esp. local foundations
▸ Grants may range from $2,500 to $8 million (IAF database)
▸ CHCs renew the same grants or move a program every 1-3 years from one grant to another, incl. modify program design to fit funder's interests

▸ Only 10 or more (6%) include income-generating activities, e.g., housing that produces adequate rental income, farmers' markets that collect a fee to participate

SDH in the CHC Budget

Many supplement, jumpstart, or temporarily support efforts through CHC operating budget and donations

▸ 28 or more (16%) rely on internal funding to varying degrees

▸ Also use low-cost resources such as free legal aid, donated goods, AmeriCorps or HealthLeads volunteers

▸ May supplement with large annual fundraising events

▸ May consider SDH efforts as cost-effective marketing

SDH in the CHC Budget

Estimating the share of a CHC's total work or funds that go to leveraging SDH is challenging.

▸ **2 CHCs with a SDH-specific department: 1.7% to 3.4%** (SSCHC, Environmental Health; CHP, Learning Partners)

▸ **2 CHCs with no SDH-specific departments: 5.5% and 6.7%** (La Clinica, Addabbo)

▸ **CHC with multiple Depts. and subsidiaries for SDH: 28%** (Sea Mar CHCs)

However, leveraging the SDH is often built into ongoing operations, including hiring practices, referral systems, and organizational mindset

Program Sustainability

▸ **Renew grants or move a program** every 1-3 years from one grant to another

▸ **Meet performance requirements at each renewal to maintain government sponsorship**, e.g., charter schools, WIC, and government subsidies for low-income housing.

▸ **Pair with income-generating activities,** e.g., housing that produces adequate rental income, farmers' markets that collect a fee to participate

▸ **Use donations and/or CHC operating budget if cost is small**, e.g., for students to shadow health professionals, providing nonpartisan voter registration forms

▸ **Create and later transfer efforts** to other organizations or turn into small businesses.

Selected results from 10 CHC case studies

Kalihi Valley Instructional Bicycle Exchange / Kokua Kalihi Valley Comprehensive Family Services, Honolulu, HI

▸ Created 100 acre park, organic gardening, indigenous foods, celebrating Hawaiian culture

▸ Supported successful passage of a formal commitment make Honolulu a bicycle- and pedestrian-friendly city

▸ Over 4 years:
  • ~2,000 bikes refurbished and provided to community
  • 20 bike racks installed in community

Menomonee Valley, Community Lead Outreach Project / Sixteenth Street Community Health Center

Milwaukee, WI

In 10 years:

- 300 acres of brownfields developed
- 21 companies moved to valley, 7 existing companies expanded
- 4,200 family-supporting local jobs created
- 900,000+ sq. ft. of green buildings and 7 miles of trails constructed
- 45 acres of native plants installed (improved wildlife habitat and water quality)

- Dropped the prevalence of lead poisoning among children from 34 percent in 1996 to 1.8 percent in 2011

Learning Partners / Community Health Partners

Livingston, MT

In 2010:

▸ Supported 37 GED grads (vs. 110 HS grads)

▸ Distributed 200 books each month through the Reach Out and Read

▸ Placed 18 adults in subsidized employment

▸ Provided workplace training for 94 participants.

▸ Served 44 families through its preschool program

▸ Served an average of 45 parents and children through a weekly Open Gym.

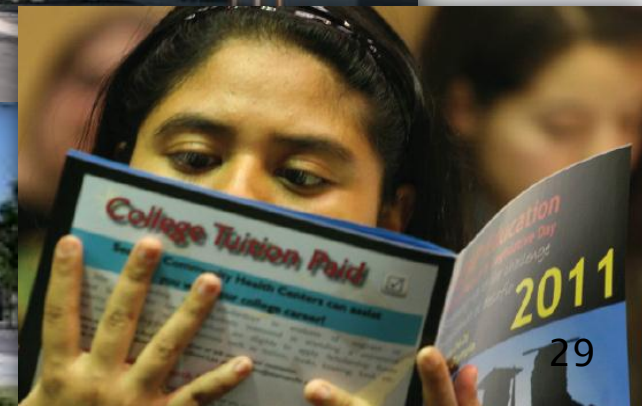# **Scholarships & Housing** / Sea Mar Community Health Centers
Seattle, WA

▶ Housing

- ~200 beds and adequate/safe housing for farmworkers
- 20 rental apartments for low-income families plus 5 units for families transitioning from homelessness (all fully occupied since 2010)

▶ Scholarships ($1,000@)

- 140+ scholarships in 2010
- 1,600 students since 1995

Septic Tanks, Cluster Wells / Beaufort-Jasper-Hampton Comprehensive Health Services

Ridgeland, SC

- Eliminated parasitic worm infections among local children
  - Compared to: at least 50 percent of preschool children in Beaufort County were suffering from parasitic worms in the late 1960s
- Some years installed up to 70 septic systems.
- Total of 1,000 deep cluster wells, incl. electricity to run pump
- Total of 2882 bathrooms
- Helped organize water systems and fire protection for two counties
- Worked with state government to change policy and mandate better sanitary services

Evaluation of SDH Efforts among CHCs

▸ Many show impressive results, but most have not been formally evaluated

▸ CHCs meet all grant reporting requirements

▸ There is little published on impact of programs that leverage the SDH

▸ 5 of 52 CHCs partnered with a third-party evaluator, paid through the grant for a particular program/effort

Evaluation of SDH Efforts among CHCs

▸ Monitoring & Evaluation challenges:

  ◦ CHC clients are in transient communities, so subjects may leave before evaluation completed

  ◦ Some people benefit from programs but are not necessarily patients of the CHC, so health or SDH records are absent or limited

  ◦ True program impact may take years, but grants are short (1-3 years)

  ◦ Prospective studies are expensive

CHC Knowledge Sharing Networks

▶ Multiple organizations: NACHC, state and local Primary Care Associations, Center Controlled Networks (for specific functions).

  ◦ Many are focusing on leveraging the SDH; South Carolina, Hawaii, DC, NorthWest Regional PCA,

▶ Need to make it easier – systemic community analysis/mapping, patient intake forms that include SDH related risks; consistent reporting for HRSA;

Building the CHCs Leveraging SDH Database

▸ more information, including the whole database is available at www.altfutures.org/leveragingSDH

▸ For Primary Care Futures, including HIT advances, see Primary Care 2025 at www.altfutures.org/primarycare2025

Thank You.

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