NATIONAL ASSOCIATION OF
Community Health Centers

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Powering Healthier Communities: Community Health Centers Address the Social Determinants of Health

The health of an individual and community does not depend on the power of medicine alone. Poor health can be caused by many factors that occur outside the walls of a medical facility, such as housing, poverty, nutrition, education and family stability. For this reason, **Community, Migrant, Homeless and Public Housing Health Centers offer comprehensive, holistic approaches to health that not only reduce the disease burden, but also foster opportunities for families and communities to live safer and healthier lives.** Each health center offers a local solution for solving the most ingrained community problems that impact health, and for narrowing the most glaring health disparities.

Who Is at Risk?

What creates good health extends beyond the reach of traditional medical care, biology, and genetics. Our health is affected by the social determinants of health (SDoH), which have considerable bearing on individual and population health. In fact, much of life expectancy and health status is attributed to social and economic factors (40%), health behaviors (30%), and the physical environment (10%) – leaving only 20% to clinical care (Figure 1).[1]

Many people experience overlapping determinants, such as homelessness, language barriers, poverty, and lack of social support. People who are low-income are more likely to suffer from social, behavioral, and environmental impediments to good health and wellbeing, and are thus more likely to suffer ill health and poor outcomes.[2] And in many cases, it's not just how one lives that can affect health, but where one lives. For instance, low socio-economic status neighborhoods are associated with poor overall health and an increased risk for death, no matter one's age, gender, race/ethnicity, and education level.[3] These are the very same locales where healthy foods and safe places to play and exercise are scarce, only adding unwanted burdens to a community's well-being. Determinants that cluster across neighborhoods and communities create population health concerns.

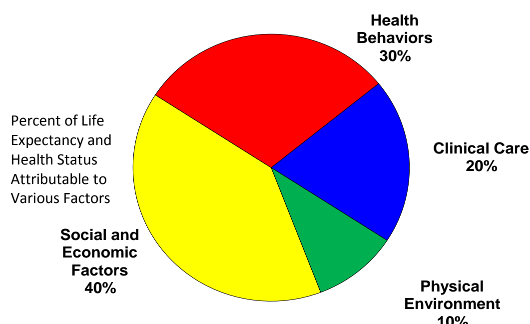
Social Determinants of Health: Categories and Examples

Social environment factors: income/poverty, education level, food security, housing, language barriers, health literacy issues, single parent households, discrimination, persistent stress, unemployment, living in the presence of abuse (domestic violence, sexual abuse, substance abuse)

Physical environment factors: unhealthy or unstable living spaces, crowding conditions, lack of transportation, lack of safe places for play/exercise

Health services factors: lack of insurance, other barriers to quality care

Based on Centers for Disease Control and Prevention. (2010). Establishing a holistic framework to reduce inequities in HIV, Viral Hepatitis, STDs and Tuberculosis in the United States. Available from:



Why Traditional Medicine Falls Short

Social determinants of health complicate the ability to address not only personal, but community health problems. This can pose an onerous challenge for the patient, community, and the provider. For the patient, SDoH adversely impact health care access and behaviors, and make it more challenging to identify, assess, and treat a health problem.[2] For the provider, SDoH can impact the scope and intensity of services necessary to adequately treat such patients.[2] For example, a poor diabetic patient with high blood pressure who is living in an unstable housing environment is a very different patient – both medically and socially – than someone with the same medical conditions without these social concerns. If the

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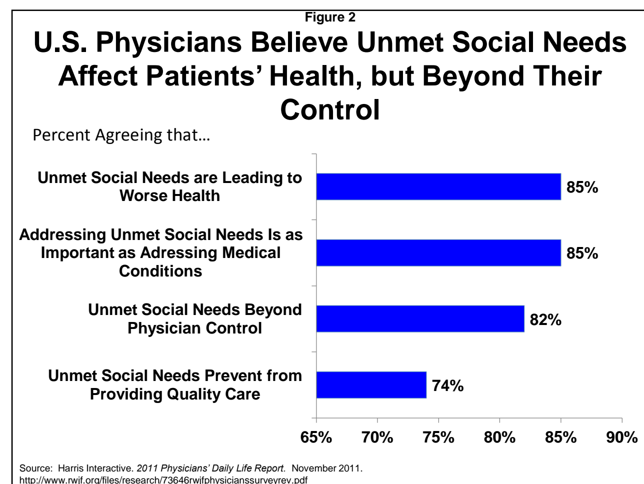
health care system does not address the SDoH, poor health outcomes will persist and culminate in health and health care disparities, as well as avoidable utilization of expensive health care.[4]

The Health Center Formula for SDoH

Addressing the SDoH is never easy because the problems are often varied and complex. The solution requires multiple, simultaneous interventions.[5] Unfortunately, too few traditional health care providers have the capacity or experience to address the SDoH among their patients. A recent national survey of primary care physicians, including pediatricians, reveals the depth and scope of the problem and its impact on the quality of care. A majority of physicians reported that unmet needs are directly leading to worse health, and yet they concede they lack confidence in their capacity to address their patients' needs (Figure 2). Some of the social needs that require action included fitness programs, access to nutritional food, transportation assistance, employment assistance, adult education, and housing assistance.[6]



This is what sets health centers apart from the traditional approach of other providers. They have the commitment, experience, and tools necessary to respond to community problems. Health centers are the largest source of primary and preventive care for the nation's underserved – all of whom are at risk for poor health outcomes and experience acute health disparities. Effective primary care serves as the source of first and continuous contact with patients and is responsible for care coordination. The centerpiece of care coordination is an approach that identifies and attempts to address the SDoH for patients, who come to the health center with a host of complex problems that may include poor nutrition, homelessness, joblessness, mental health issues, and/or poverty. Complementing primary care with programs alleviating the SDoH best capitalizes on quality and population health gains.

Health centers are committed to addressing the SDoH because they recognize that SDoH play a larger role in health than health care alone. Health centers realize that the effectiveness of their medical interventions depends on their attentiveness to local circumstances and alignment with community preferences. This focus is critical because improvements in health and disease prevention only happen when individual-level interventions complement programs that take into account the entire community and comprehensively address the overarching social and economic factors that influence disease transmission and health.[7]

Health center are successful where other providers are not because they provide a multi-disciplinary approach to care that combines biomedical, psychological, and social approaches to care for patients, families, and entire communities. They also work closely with different sectors outside their "four walls" and build care teams with clinical and non-clinical providers. As Patient- and Community-Centered Medical Homes (PCMHs), health centers coordinate the SDoH services with ongoing primary and preventive care, providing multiple interventions under the same roof while also ensuring access to needed care

How Health Centers Develop SDoH Programs. Health centers understand the needs of their communities through their deep-rooted local connections. Many report that their programs and partnerships originate through open dialogue with staff, leadership, patients, community leaders, and collaborative organizations.[8] They also identify and prioritize needed programs through their consumer-majority governing boards, and through regular, formal community-wide needs assessments. Each of these means are required as part of their federal program requirements and ensure responsiveness to community preferences. More than half of their governing board membership must be made up of registered patients. Health centers are also adept at cultivating community partnerships to leverage needed resources and skill sets. For instance, they frequently work in partnership with local health departments, which often rely on health centers to address SDoH in meeting population health goals.[8]

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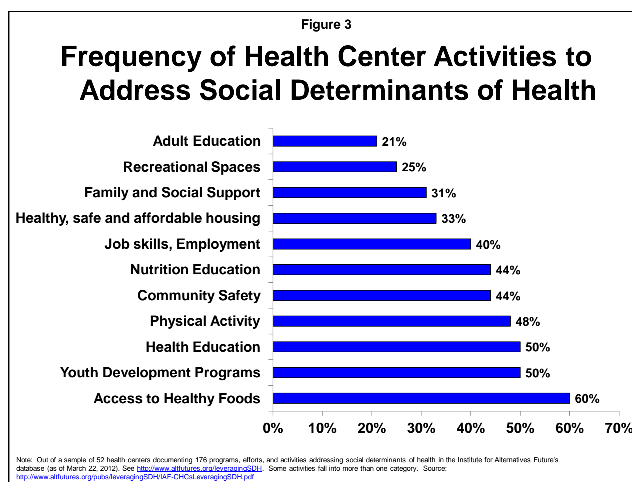

Health Center Programs to Tackle the SDoH. Health center programming to address and alleviate the SDoH is broad and diverse. Many of their services targeting the SDoH are rooted in their federal program requirements regarding access to comprehensive care and social services. This is how they break down barriers to care that many low-income working families and entire communities often confront. For instance, the top three non-clinical services health centers offer to their community are health education, eligibility assistance, and outreach.[9] Health centers also offer other services such as employment counseling, housing assistance, food banks and meals that address the needs of the community. These services help empower their community residents to live healthier lifestyles. Because health center efforts are so expansive and there is little documentation about health center programs aimed at tackling the root causes of poor health, the Institute for Alternative Futures recently created a unique database describing the efforts of health centers from around the country. To supplement the Institute's effort to document health center programs, the Clinical Directors Network scanned peer-reviewed literature on the subject. Together, the Institute for Alternative Futures and the Clinical Directors Network present an inventory of health center ventures to tackle the SDoH that affect their local communities.[8]

The Range of SDoH Addressed at Health Centers and Example Programs

- ***Education*** (e.g., early childhood development and school readiness, operating charter schools, mentoring and youth leadership, parenting classes, literacy, GED classes)
- ***Job Skills, Employment, and Workforce Development*** (e.g., job search/placement assistance, career advancement training and placement in health centers, financial literacy training, job and computer skills education)
- ***Healthy Eating and Diet*** (e.g., child and adult nutritional education and healthy cooking workshops, community gardens, farmers' markers, healthy food assistance vouchers, food banks and other direct provision of healthy food)
- ***Physical Activity and Exercise*** (e.g., providing exercise equipment and classes, developing biking/walking trails, children's play areas, walking clubs)
- ***Promoting Community Safety and Wellbeing*** (e.g., working with inmates re-entering society and transitional housing, domestic violence prevention, social and active living activities for seniors, cultural diversity understanding/sensitivity programs, safe after-school activities, healthy lifestyle support groups, healthy coping strategies, injury prevention)
- ***Economic Development*** (e.g., access to loans, micro-enterprise assistance, developing land/infrastructure to attract new business or homes, providing places for local farmers to sell produce)
- ***Housing, Built Environment, and Recreational Spaces*** (e.g., asthma and childhood lead poisoning prevention, establishing new and safe housing environments, tenant services and assistance, providing clean water systems and fire protection, environmental protection and cleanup, enhancing public transportation systems)
- ***Civic Engagement and Legal Assistance*** (e.g., voter registration, medical, housing and social legal assistance)
- ***Disaster and Emergency Preparedness*** (e.g., distribution of supplies post-natural disasters, creating and implementing community disaster preparedness plans, emergency preparedness education)

Source: The Institute for Alternative Futures. (2012) *Community health centers leveraging the social determinants of health*. Supported by a grant from the Kresge Foundation. Available from: http://www.altfutures.org/pubs/leveragingSDH/IAF-CHCsLeveragingSDH.pdf.

The Health Center Mission of Empowering Communities and People

Addressing the origins of ill health – the social determinants of health – is ingrained in the Health Center Program's mission and every day practice. These activities are fundamental to their comprehensive model, and what makes them unique among providers and effective PCMHs. More than that, health centers empower the communities they serve by including principles of narrowing the SDoH into their practice. As a product of the

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surrounding community, health centers work with consumers and community members to structure their care around the context in which they live and work.

This part of the health center model is crucial and cannot be taken out of the context of their overall successes. The historical record of health centers details a large body of independent studies documenting their ability to improve utilization of needed preventive services, improve health outcomes, narrow income and racial ethnic disparities, generate jobs and economic growth, and generate significant savings across the health system.[10] Many studies conclude that their comprehensive, multi-disciplinary approach to community health, including services that remove persistent barriers to care and promote population wellness, are central to their success formula.

Thanks to bi-partisan Congressional support, health centers are slated for significant growth across the country over the next few years. The communities they serve confront significant primary and preventive care needs, low literacy, poor transportation options, limited financial resources, unstable or unsafe housing, daily stressors, and other triggers of unhealthy outcomes. While other physicians often bemoan the fact that they do not have the skills or resources necessary to address patients' social needs, health centers are equipped, experienced and determined to overcome the challenges plaguing communities while simultaneously erasing health disparities.

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[10] For a review of relevant literature, see NACHC's "Health Centers in the Literature" at http://www.nachc.com/literature-summaries.cfm.

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