New research shows health care organizations working to shape community conditions and improve patient health

ALEXANDRIA, Va. – The Institute for Alternative Futures has released a new study today that identifies how community health centers (CHCs) are reaching beyond clinical care to shape the health of their patients by changing community conditions.

In addition to excellent care for the patient, the aims of health care are expanding to include the improvement of a broader population’s health. CHCs have for decades been reaching beyond clinical care to address social, economic, and environmental factors shaping their patients’ health. In a new report entitled *Community Health Centers Leveraging the Social Determinants of Health*, nationally recognized futurists and health experts from the Institute for Alternative Futures (IAF) have conducted an unprecedented systematic view of the non-clinical work of CHCs.

The IAF study comes after a recent Robert Wood Johnson Foundation-sponsored poll found that most physicians recognize the importance of the patient’s community and social conditions – also referred to as the social determinants of health (SDH) – but many are not confident in their capacity to address their patients’ social needs and believe this impedes their ability to provide quality care. The IAF report describes the patterns across many initiatives and also details recommendations developed at a national workshop of community and public health leaders on how to support and expand these actions.

The efforts identified by the study address an impressive range of factors, including youth development; family and social support; access to legal aid and healthy foods; adult education; job skills and employment; physical activity; community safety, wellbeing, and involvement; healthy, safe, and affordable housing; recreational spaces; and improved air and water quality in the community.

Specific examples include:

- La Clinica de La Raza in California created its Latino Youth Brigade program to foster a link between the clinic, school, and home, and to promote positive self-esteem, community involvement, and leadership among youth. Participants in the program showed an 80-90% improvement in their perception of success at school, sense of self, ability to communicate, ability to learn new things, ability to connect with adults, ability to work with others, and ability to stay safe.
- Sea Mar Community Health Centers in Washington State provides safe affordable temporary housing for migrant farmworkers, and 20 rental apartments for low-income families plus five units for families transitioning from homelessness.

Leveraging the social determinants of health, too? Let’s hear about it!

To help us continue to grow the database and learn about cases from your state or region, please visit:

- [www.altfutures.org/leveragingSDH/nominate-effort](http://www.altfutures.org/leveragingSDH/nominate-effort) to nominate cases for IAF to contact.
- [www.altfutures.org/leveragingSDH/submit-example](http://www.altfutures.org/leveragingSDH/submit-example) to describe and submit cases.
Sixteenth Street Community Health Center in Wisconsin reduced the prevalence of lead poisoning among children from 34% in 1996 to 1.8% in 2011. The CHC helped residents address health and safety issues in their homes, and took the lead in the redevelopment of 300 acres of brownfields which has led about three dozen companies to move into or to expand in the area, creating more than 4,200 jobs. The effort also developed over one million square feet of green buildings, seven miles of trails, and 45 acres of native plants, leading to improved wildlife habitat and water quality.

Key findings from the project include:

- CHC leadership is key to the development of these efforts, which often originate as a response to an issue brought to the attention of the clinic by patients, CHC board or staff, or the community.
- A number of existing programs are available for CHCs to adopt, but most efforts are designed by CHCs themselves.
- CHCs often rely on specialized staff, departments, or subsidiaries to manage their efforts. Other efforts are seamlessly integrated with clinic operations, or operate as independent organizations or semi-independent coalitions.
- Funding may come from various sources and must be renewed or replaced by another source every few years. Some efforts are self-sustainable (e.g. low-income housing programs).
- Many efforts show impressive results, but most have not been formally evaluated.

Recommendations for moving these efforts forward include:

- Develop shared visions for community health with the public and target SDH work accordingly.
- Include leveraging the SDH in existing national CHC breakthrough collaboratives sponsored by HRSA.
- Establish payment systems and non-economic recognition for this work.
- Create a formal, governmental inter-agency group that systematically promotes, advances, and supports efforts addressing the SDH within communities.
- Philanthropy should support building a bridge between the SDH and the clinical setting.

The report, a database of 176 efforts by 52 organizations, 10 in-depth case studies, and other materials can be found on IAF’s website at www.altfutures.org/leveragingSDH. The study was developed in partnership with the National Association of Community Health Centers (NACHC), and with support from the Kresge Foundation as part of the foundation’s mission to improve the delivery and financing of health care in the United States.

“This report highlights the incredibly important, and largely unnoticed, role that community health centers play in improving the health of not just their individual patients, but their communities. The case studies by themselves provide both vivid and inspiring examples of how health care providers can improve population health,” said David Fukuzawa, Kresge’s Program Director for Health.