Realizing Resilience: A First Look at Health Center and Social Sector Response to Social Determinants of Health Needs during COVID-19

The Centers for Disease Control and Prevention (CDC) lists Community Resilience as one of its Six Domains of Preparedness in public health emergency response.[1] *Developing a sustainable and integrated foundation comprised of key stakeholders, resources, and knowledge are critical to building a culture of health and resilience, when responding to vulnerable populations' needs and improving health outcomes during crises like the COVID-19 pandemic.*[2,3,4]

Over 200 health center, Primary Care Association, Health Center Controlled Network, and social service partners reflected on how their organizations are proactively addressing Social Determinants of Health (SDOH) and strategies to enhance partnerships around social risks. To capture communities' initial needs magnified by the start of the COVID-19 pandemic, the National Association of Community Health Centers (NACHC) and Association of Asian Pacific Community Health Organizations (AAPCHO) jointly conducted a national survey and hosted a virtual conversation in Spring/Summer 2020.

This informational snapshot summarizes preliminary key takeaways identified by some or many survey and webinar participants (Participants) when detecting, prioritizing, and informing community needs magnified by the COVID-19 pandemic and methods in which to strengthen cross-sector alignment strategies between health center, public health, and social service partners.

SDOH Data Screening, Documentation, and Utilization

> *"I have used SDOH [screening] to identify and break down many of the barriers patients come to us with: safety concerns, housing, English proficiency, transportation needs, insurance, medication affordability, etc. I have networked with many community organizations, which has been a great experience for our team"*
>
> *-Federally Qualified Health Center (FQHC)*

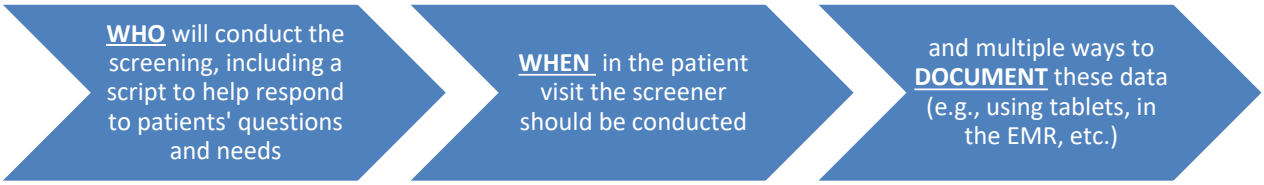
SDOH data collection tools screen clients for multiple domains (e.g., housing, food insecurity, transportation, childcare, etc.) to identify patient and community gaps in social services, improve and integrate care, address health equity, and improve population health. Many Participants found that *certain SDOH domains became higher priorities for action during the pandemic, including: Food Security, Housing Stability/Status, Medicine or Health Care, Employment, Social Isolation, Stress, Transportation, and Income.* Some Participants shared that they prioritized assessing a person's access to the internet and technology.

Participants noted staff bandwidth, limited capacity, and numerous competing priorities as initial barriers to completing full SDOH screenings during the COVID-19 pandemic. Many organizations found themselves redeploying staff to testing centers and various roles within their clinics, while others faced

[1] CDC.gov, Six Domains of Preparedness, October 2020.
[2] RAND.org, Community Resilience, November 2020.
[3] T. Telfair LeBlanc, C. Kosmos, R. Nonkin Avchen. (2019) Collaboration Is Key to Community Preparedness, *American Journal of Public Health* 109, S252_S252.
[4] GM. Landers, KJ. Minyard, D. Lanford, H. Heishman. (2020) A Theory of Change for Aligning Health Care, Public Health, and Social Services in the Time of COVID-19, *American Journal of Public Health* 110, S178_S180.

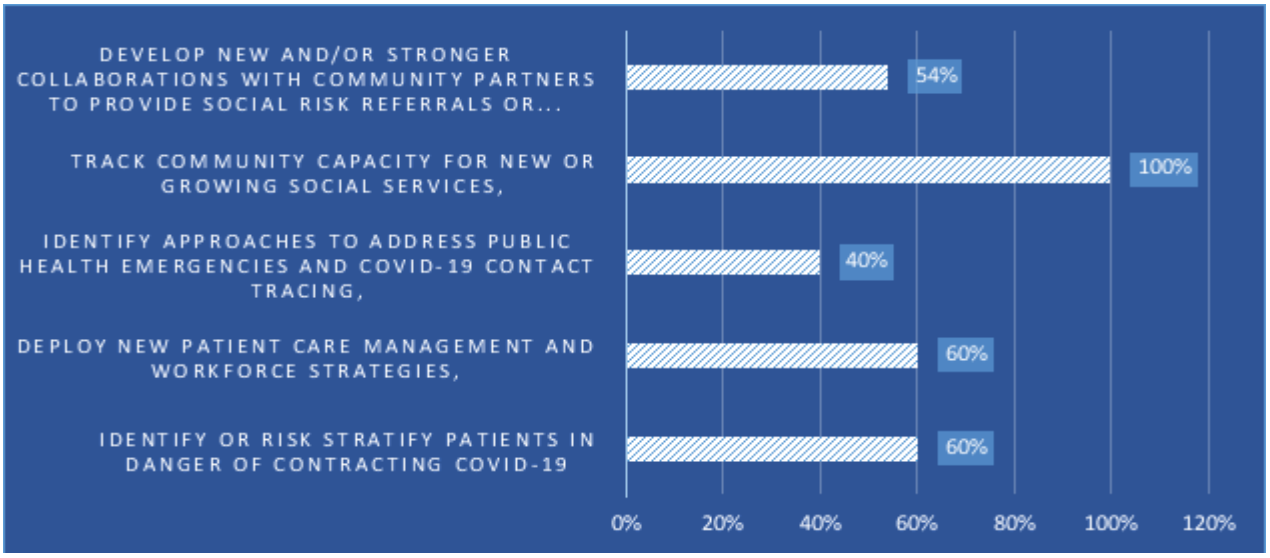
the difficult task of furloughing or laying off staff due to financial constraints. In response to these obstacles.

Participants were quick to adjust their SDOH screening workflows, choosing to expand screening to different staff roles, increasing training, and clearly documenting:



Partners also combined SDOH instruments like PRAPARE, the most widely used social risk screening tool among health centers, with other clinical assessment tools (e.g., PHQ2, PROMIS, HRQOL-14) to streamline activities designed to assess patients' comprehensive needs and identify the most pressing needs.

Once SDOH data are collected, several Participants described that they were either currently or planning to use these data to (N=48):



Shared Purpose and Priorities

Health centers provide comprehensive primary, behavioral, oral, and "enabling" services that aim to eliminate barriers to care and improve health outcomes to over 30 million patients (81% either uninsured or publicly insured), while employing 253,000 staff and contributing to over $64.4 billion in total economic activity, annually.[5] However, like many in the social services sector, health center Participants reported a need to dramatically shift their priorities, services, availability, and care models (e.g., moving from in-person visits to telehealth/virtual visits), due to the COVID-19 pandemic. Participants shared the following alignment strategies and activities currently taking place within their organizations and/or soon to be implemented to address SDOH needs in their communities:

[5] NACHC.org, Economic Impact Infographic, November 2020.

Strategy	Examples
Determine and define priorities, principles, and values by…	• Convening listening sessions with safety net partners • Re-assess Community Needs Assessments
Identify resources and capacity by examining…	• Gaps in care • Quality improvement needs • Funding shortages • Organizations' staffing and closures
Recognize that "one size does not fit all" and aim to…	• Meet organizations where they are, noting that some organizations are more resourced than others • Understand that some partnerships may strengthen or weaken in times of crisis
Assess and align clients' access to care through prioritizing…	• Access to internet/technology for telehealth visits • Transportation or language barriers • SDOH risk stratification modeling
Examine ways to share and update SDOH resource data/information utilizing…	• Data exchange platforms • Health record integration • Community resource technologies • Project management software
Construct creative solutions to program implementation by means of…	• Increased use of social media to raise awareness of programs and resources for community members • Integrating with already-established outreach events such as community food distribution or PPE dissemination • Virtual social work and case management navigation of SDOH resources and programs
Develop or deepen Coalitions though…	• Expanding focus of existing local/state Workgroups covering SDOH needs prior to COVID-19 (e.g., food security, housing) • Hosting or actively participating in county-wide meetings to discuss COVID-19 response and social service capabilities • Sharing best practices for assessing or addressing rising social needs with community partners
Continuously examine impact on equity by focusing on…	• Patient isolation due to age, location, immigration status, etc. • Structural racism and social justice implications, including tracking health and social needs

Financing and Sustainability

Participants overwhelmingly shared challenges related to the financial strain they and their community-based partners faced at the start of the COVID-19 pandemic, including many who had to either reduce their service hours or close altogether. *As the need for essential social services increased, access to community-based services either became saturated or were unavailable altogether.* Restrictions and requirements (e.g., patient panel size, location, organization type) for applying for and accessing federal resources were also noted as barriers to Participants' as it may result in a limited capacity to supply resources and programming to communities, destabilizing organizations' response to SDOH needs. In

recent months*, deficits in funding oftentimes led to limited access to medications, personal protective equipment (PPE), and COVID-19 tests, and reduced client services (e.g., cuts in clinical and behavioral health visits due to telehealth reimbursement regulations, halted programming and outreach, shortened hours).*[6]

Communities' SDOH risks only increased with the presence of COVID-19. *To develop a sustainable pathway for patients and prevent organizational dissolve, Participants stated that they have aligned with SDOH resources already provided by external programs and partners.* These include common partnerships, such as Head Start, school lunch programs, as well as engaging non-traditional partners (e.g., universities, management districts, and homeowners associations) to develop upstream collaborative opportunities, reduce organizational costs, and not duplicate efforts. Participants, especially those at the state level, are *fostering relationships with payers and funders to make the case for needed investments in health equity, and looking to inform policy by urging payers and funders to assist in balancing the health system's role in addressing SDOH* with society's responsibility, as a whole.

Governance and Policy

Building on the enthusiasm of coalition development and community investment, Participants are *calling upon organizational leadership to develop consistent and aligned messages around the COVID-19 response* to inform strategies to improve SDOH response, policy and funding needs, and pave a path towards defined relationships with new and non-traditional partners.

> *"Much of our work focuses on individual access to resources which is very useful. But, broader based strategies that address community inequity, like the need for wage increases, paid health leave, increased low income housing [access] would help more people thrive. Data from PRAPARE can help support these advocacy efforts."*
>
> *- Free Clinic*

Participants' initial responses also noted that they are *looking to local, state, and federal governance to recognize and react to the impact of health centers' limited and strained resources by dismantling institutional silo-ing, increasing political and structural activism, and expanding funding, policy, and buy-in.* Furthermore, by developing state or national SDOH screening requirements, incentives, and measures, leaders can promote the alignment of SDOH coalitions and data-driven strategies across multiple sectors.

Conclusion

Although local priorities and capacity vary by community, the key takeaways described above offer a snapshot as to how health centers and their community social services partners are working to maintain or enhance community resilience during a pandemic that has brought to light deeply ingrained equity issues. *Working across sectors has never been more critical then when faced with the challenges of a global pandemic.* While health centers and social service organizations are active participants in the foundation for communities' resiliency, wellbeing, and attainment of equity goals, resources are needed to ensure they can sustain their critical services.

For More Information contact Nalani Tarrant at ntarrant@nachc.org or visit nachc.org/coronavirus/.

Acknowledgements

Support for this publication was provided by a grant from the Robert Wood Johnson Foundation.

[6] CommonwealthFund.org, Essential Social Services are Struggling to Survive the COVID-19 Crisis, July 2020.