Asher Community Health Center:
Social Determinants of Health Efforts

About Asher Community Health Center

Who We Are:
Asher Community Health Center serves frontier-rural Wheeler County with three locations (the main clinic and two satellite clinics – including a school-based healthcare center)

Who We Serve:
- *1024 patients (825 medical + 199 dental)*
- *Our service area covers our County, which is 1713 sq. mi.; population 1,357 (pop. 2017)*

Services Provided:
Asher Community Health Center is a Federally Qualified Health center, offering both Medical and Dental services.

Quick Facts:
ACHC is the only medical facility in Wheeler County, emergency ground transports by one of our three ambulance services are an average of 2-hour excursions (one-way).

Teamwork Efforts

The key to implementing any new or untested program is to have a great team all working toward the same goal – our patients come first and we work together to make sure that's the #1 priority.

Social Needs Screening Goals

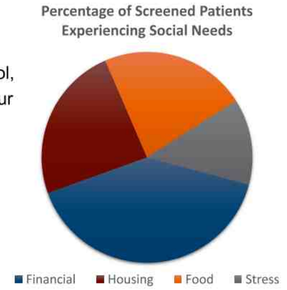
It is increasingly recognized that improving health and achieving health equity requires addressing the social, economic, and environmental factors that influence health and wellbeing. These factors are referred to as the social determinants of health. Our health center is actively working to better understand and address the social determinants of health that impact our patients and our communities.

Findings

UNDERSTANDING OUR PATIENTS' SOCIAL NEEDS

Based on our screening efforts using the PRAPARE tool, we have found that the most common social risks for our patients are:

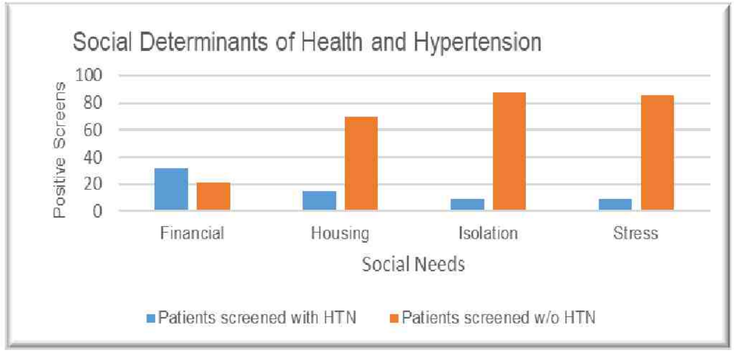
1. *Financial Strain – Positive response in 52%*
2. *Housing Insecurity – Positive Response in 31%*
3. *Food Insecurity – Positive response in 29%*
4. *Stress – Positive Response in 17%*



SDH and HTN

The following compares our ACHC patients with Hypertension (HTN), and their responses for four of the Social Determinants of Health (SDH) screenings.

- *102 patients screened for SDH needs in last 12 months*
- *Of those 102, those also diagnosed as having HTN*
  - *33% positive for Financial Strain*
  - *15% positive for Housing Insecurity*
  - *9% positive for Social Isolation*
  - *9% positive for Stress Risk*



Screening Data Collection Methods

Screening Tool and Technology Used
Asher Community Health Center uses PRAPARE, a national screening tool and approach to collect standardized social needs data to better understand the patients' social needs. PRAPARE consists of a set of core measures as well as a set of optional measures for community priorities. It was informed by research, the experience of existing social risk assessments, and stakeholder engagement.

Methods and Measures
- 102 patients have been screened in the last 12 months
- We continue to seek training to fully utilize reports available in our EHR

Health Center Response to Social Needs

Understanding patient's social needs is at the foundation of the health center movement. That began in the 1960s War Against Poverty. Since then health centers have strived to improve whole-person care beyond the medical visit. Yet this work takes staff time, resources, and space to ensure it is done thoughtfully.

Health Center Interventions
April 2019 ~ In response to our patients needs and health-condition demographics, ACHC held a Wheeler County Health Fair and Screening event that allowed for 70 people to have Life Line Screening (LLS) plus 63 people had an additional targeted screening by our ACHC staff – and all at NO COST to the attendee. This event removed a substantial Financial Barrier to Care for many of our patients.

The LLS process included screening for: Carotid Artery Disease, Atrial Fibrillation, Peripheral Artery Disease, Abdominal Aortic Aneurysm, Osteoporosis.

The ACHC process included checking and education on: Blood pressure, A1C - blood sugar, Cholesterol, BMI (weight & height), Nutritional education

(Cont.) Overall the Health Fair & LLS event saw approx 200 attendees. Post-event included outreach to attendees and follow up appointments.

Community Partnerships with ACHC (Health Fair and Life Line Screening)
- *Wheeler County Public Health with Tobacco Cessation*
- *LCAC with Veggie RX*
- *Community Counseling Solutions with counseling info*
- *CASA*
- *GOBHI*
- *CAPECO*
- *DHS Aging & People with Disabilities*

More ACHC Partnerships (BP Outreach 2020)
The 2nd stage to the Health Fair & LLS is a 2020 Hypertension & Blood Pressure program
- *Oregon Chapter of American College of Cardiology*
- *American Heart Association "Check-Change-Control"*

Next Steps

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Our biggest challenge has been getting the information we want and need from our electronic health records reporting options. We are a small frontier rural clinic and don't have an IT department. Training has been hard to access and this has been a definite barrier to our manipulation of data gathered, and implementation of gathering patients' SDH screenings.
In other words, we can put the data in, but we can't seem to get it back out in the ways that are most helpful to us.
It is a learning curve, and we are slowly making progress.

Contact Information

The healthcare environment is rapidly changing in recognition of the importance factors such as a person's home, job, and/or education play in improving health outcomes. We know these social factors are critical for many of our patients and strive to better understand the role of social context for each patient's treatment plan, but also to advocate for needed systems change to achieve better population health.

For opportunities for partnership , please reach out to: ***Asher Community Health Center, 712 Jay Street- PO Box 307, Fossil, Oregon 97830 ~ Visit our website: AsherHealth.net***

PRAPARE *This poster was modified from PRAPARE's Show & Tell template*