Practically Speaking: C4H in a Nutshell

**Purpose (What)**

Connections4Health is designed to help community health clinics and community-focused organizations address the broader, unmet social health needs of their patients or patrons, such as food security, housing and employment. Empowering people to address these social needs can in turn help them prioritize preventive health care efforts or focus on a current medical condition.

**Where**

Connections4Health works within established Community Health Centers focused on healthcare and public health of underserved populations, as well as other community-focused organizations who aim to empower individuals and strengthen our communities.

**Who**

<table>
<thead>
<tr>
<th>Patients/Clients</th>
<th>Community Health Fellows</th>
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<tr>
<td>These are the people who receive medical care at community health centers or FQHCs, or are connected with programs addressing the needs of underserved populations.</td>
<td>Community Health Fellows may be undergraduate or graduate students of various academic disciplines, or other volunteers, of who apply, interview, and are selected into the program.</td>
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**How**

Connections4Health integrates into the existing workflow of the clinic/program it is partnering with. Community Health Fellows work in teams of two during three hour shifts while the clinic/program is open, receiving referrals from clinic/program staff—or– engaging patients in the waiting room to determine interest of opting into the program. Referrals are based on a basic needs screening tool that people complete as part of the clinic/program’s existing intake paperwork.

Health Fellows utilize a continually updated social needs resource database to access available resources. Based on patient’s answers on the screening tool and an interview/conversation, fellows then search the database to find relevant and local (to the patient) resources that meet the identified social need(s) and put together an action plan addressing those needs. Health Fellows then follow-up weekly or biweekly with the patient via phone or email until the identified needs are met to the patient’s satisfaction.

**When**

Each Health Fellow makes a commitment of one, three hour shift per week. Based on the clinic/program’s needs and availability, fellows could be on site anywhere from two to six days per week: for example, during times when patients are being seen by medical staff. Ideally these shifts are during times when the clinic/program is busy.

Because this program works with college students, scheduling Fellows to be on site does coincide with semester schedules. This means that during the breaks between semesters not all shifts are staffed—Fellows that choose to continue working their clinic shift through the break are more than welcome to, but they are not required to do so.

**Why**

Based on 2010 US Census Data, 23 percent or approximately 70,300 residents of Pittsburgh are considered to be living in poverty. For their medical needs, many of these people and families use Federally Qualified Health Centers or other Community Health Centers. A 2015 study published by providers at Massachusetts General Hospital showed that patients with unmet social health needs had higher rates of diabetes, hypertension, and had more frequent ED visits.

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