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“Centering Public Health Tools in Program Creation”

Introduction: Louisiana in currently facing a primary care crisis, with 93% of parishes in the state having less than one provider per 3,500 patients. This lack of access to primary care contributes to higher rates of avoidable emergency visits and premature deaths due to preventable causes. The aged population and individuals living with substance use disorders are directly impacted. To address the high need for care from these communities, two new Student Run Community Clinic sites were established using evidence based public health tools to ensure community needs were appropriately identified and met.

Methods: Two main public health tools were utilized to assess community assets, needs, and capacities. Community asset mapping was utilized, with assets selected based off of the five domains of the Social Determinants of Health. A fishbone diagram was created to provide further investigation into social factors that cause poor health outcomes in the community. Recommendations that came from these tools were then incorporated into clinic protocols to ensure all patients are given care that fits their community needs and experiences.

Results: These tools identified that the community of these clinics has a high need for increased primary care, addiction recovery supports, mental health supports, and financial support. Assets of the community included a high community education and knowledge level, close proximity to major medical centers, close proximity to public transit systems, multiple job support sites, and high access to childcare facilities. Community capacities identified included ample green spaces for community events, multiple churches and community centers, and a high community power to improve health due to the proximity to medical centers.

Conclusions: By using evidence based public health tools, it allows for greater understanding of the context patient populations exist in. Understanding this context allows for more targeted clinical approaches that address social determinants and improve health outcomes. By partnering with structures and supports already in place, clinics do not have to work in silos and can expand impact while limiting duplicative services.