

P&S 201 Assignment- Reflection on Service Learning and Social Determinants of Health through the lens of COVID

Class- Physician and Society 201

LC7 – Churches Active in Northside

Each LC must answer these three questions:

- 1. What was the mission of your community partner and how did COVID impact execution of that work? How did COVID impact your service-learning experience as a student?**
- 2. How did COVID impact the community and clients served by your community partners?**
- 3. How might students and physicians advocate for the needs of your partners and their community? What are needs that are particularly need of support at this time?**

Things from the Gov Report

- Overall health and well-being are influenced by a wide range of factors. Only about 20% of those factors involve clinical care (such as healthcare quality and access), and about 30% involve health behaviors (such as tobacco use, physical activity). The remaining half are driven by social and economic conditions and environment. These are commonly referred to as “social determinants of health” and include modifiable factors such as housing quality, access to transportation, education and employment opportunities, neighborhood crime, and air quality. Minority populations are more frequently negatively impacted by these factors than other populations.

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code/ geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

- In the COVID-19 Ohio Minority Health Strikeforce Blueprint, it discusses how healthy behaviors — such as physical activity, good nutrition, not smoking, and the appropriate use of primary care — can help to prevent many of the chronic conditions that put people at greater risk for severe COVID-19 complications. However, racism and other forms of discrimination have created inequities that present substantial obstacles to making healthy choices for groups of Ohioans, such as people of color, people living with disabilities, and people with low incomes.

Question 1: What was the mission of your community partner and how did COVID impact execution of that work? How did COVID impact your service-learning experience as a student?

Our community partner last year was Churches Active in Northside (CAIN). Their mission is to “feed the body and the soul”, with the focus of their work being on combating food insecurity in their community. They operate a food pantry three days a week, provide a community meal once a week, and offer some assistance for women in need of housing.

Because of their limited facilities, during COVID they continued to offer a sack dinner for their community meal, but they wanted people to take the food home with them to eat. This took the relational aspect out of the community meal, which is an important reason behind why they offer the community meal. In a pre-COVID time, CAIN offered their food pantry services only to people who lived in Northside proper. However, because of COVID, many food pantries in the area were forced to shut down. This led CAIN to make the decision to suspend their rule to only serve Northside residents and serve anyone who came through their doors. As a consequence of this decision, CAIN had to work much harder to find enough supplies to accommodate the increased demand. Further,

increased need and expansion of services to non-Northside residents often left CAIN unable to provide community meals to all those who asked for them. Functionally, Covid forced CAIN to expand the scope of its services as needs became both more acute and less addressed by NGO non-profits. Further, CAIN was forced to reduce its non-food-based services because housing multiple people presented a transmission risk. The lack of resources available to many of the people serviced by CAIN meant that COVID may have represented a greater risk than comparable populations.

As medical students, COVID determined many of the things we were able to do in our service-learning project. Although we were all excited initially to see CAIN in person and volunteer, we were limited in what we were allowed to do outside of remote meetings and research. Our site coordinator thought that it was very important for us to be able to meet community members and work actual shifts at the pantry as volunteers. We initially were not allowed to volunteer in person due to COVID restrictions, but eventually were able to go to the pantry in small groups to work. While this allowed us to see the community and meet the people we were working with, we were unable to foster deeper connections as many of us were only able to go once or twice. Later in the year we were able to take shifts collecting survey responses at the pantry, but again in the setting of COVID it was hard to talk to or get to know any of the people we were surveying. At the end of our project we had to present our results via a Zoom meeting, and missed out on presenting to a larger audience and getting more personal feedback.

Our project involved surveying what resources were available to the community of Northside, and we were only able to conduct this research online. This limited what services we were able to analyze, the housing services were heavily restricted and we were unable to assess them in any meaningful way.

Question 2: How did COVID impact the community and clients served by your community partners?

One of the main foundations of the CAIN organization is community engagement, bringing many members of the close-knit Northside community together. COVID inevitably impaired the ability of CAIN to bring people together in the way that they used to. For example, Phil's Place Community Meal was a sit-down hot meal held weekly for families and friends to gather. However, during the pandemic, this weekly meal was replaced by bagged or boxed meals to-go, which often was not as nutritious and possibly led to exacerbated feelings of isolation for community members. Additionally, the pandemic resulted in a change in availability of food sourcing, and CAIN was not able to get as much food for their Rainbow Pantry. This was compounded by the fact that CAIN experienced a significant increase in the number of guests in need. Furthermore, the pantry operations changed, in that it was held outdoors, exposing guests, volunteers, and staff to unpredictable weather, occasionally leading to cancellations. The operation changes also took away the opportunity for people to walk through the pantry and choose their own foods, which was much like grocery shopping itself. Thus, this change decreased autonomy in food choices and impacted the overall experience at the pantry.

CAIN responded quickly to COVID-induced financial and social burdens in Northside. There was an influx of willing volunteers to meet the increased demand for services and accommodate health and safety protocols. They reached out to new vendors and applied for various grants to ensure abundant, healthy food choices for their guests. CAIN’s response to COVID not only allowed them to sustain their services through a pandemic, but also promoted organizational growth to meet the unique needs of Northside community members. Guests were surveyed extensively to identify the emerging community needs in the face of COVID. New service offerings, including mental health, transportation, and nutrition counseling services were identified as areas of need. Efforts to allocate resources and develop programming are ongoing.

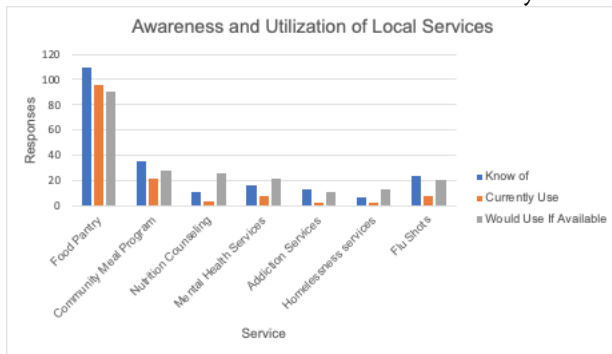
Expense	2020	2019
Guest Assistance	\$ 574,965	\$ 320,519
Administration/Programs	\$ 50,561	\$ 64,879
Payroll, taxes and benefits	\$ 278,752	\$ 218,541
Property/Utilities	\$ 72,596	\$ 78,045
Total Expenditures	\$ 976,874	\$ 681,984

Responses to COVID-19 entailed policies that often incidentally had adverse effects on employment and the financial security of the populace, particularly for the working class and poor. The increase in need was reflected in the increased attendance at CAIN’s foodbank. CAIN’s response to the novel crisis was to eliminate some of the restrictions they placed on usage of their services. No longer was it required to be a member of the 45223 ZIP code in order to be a patron of the food bank. They also did away with the previous cap on the amount of times community members could use the food bank each month. CAIN was able to adjust to the increased demands by removing their restrictions and augmenting their food procurement processes.

Question 3: Brainstorming (How might students and physicians advocate for the needs of your partners and their community? What are needs that are particularly need of support at this time?)

There are a number of ways that physicians and students can advocate for the needs of their community partners. Specifically, providers can start by first establishing a cognizance of the intersecting identities and social determinants of health that impact the CAIN community. In order to advocate for patients, students and physicians must also be aware of the food insecurities and food disparities that exist within communities they practice in. This could be accomplished directly through improving medical education to prioritize understanding factors like food insecurity, food deserts, and food disparities that impact the health and wellbeing of patients. In order to properly advocate on behalf of and serve CAIN and the communities they serve, community centered servant leadership is vital to build connections with community members. These connections can strengthen community partnerships and can also facilitate dissemination of knowledge about CAIN’s available services, an area in need of development.

As medical students, we occupy a unique position within our communities to be able to connect both with the communities we serve and the physicians and administrators under whom we are studying. Because of this, we also have a singular ability to use these connections to bridge the gaps in knowledge that many may be unaware of. Through our service learning project, we gained in-depth knowledge of the resources available to members of our community and found that one of the most glaring barriers to access was a simple lack of awareness of existing resources. Our partner wanted nothing more than to serve any guest who might walk through the door but found that most often the reason people were not utilizing their services was ignorance of their existence. As seen in the graph below, awareness of local services other than a food pantry was very low which hindered their utilization. As students, we ought to fight to publicize these resources, both to the community members who may be in need of them and to those in the medical realm that they might also be able to connect those they know to resources that they might need. As we have adjusted to COVID and businesses begin to reopen, it is important that providers and medical students stay informed on what local resources are available to more evenly distribute the strain of providing for those in need.



Research is an inherent aspect of advocacy and prioritizing the needs of those who live in the greater Cincinnati area and utilize CAIN. There is great strength in incorporating research that centers the voices of community members, through methodology that is grounded in empathetic and constructive dialogue. More specifically, community based participatory research or ethnography could help uplift specific concerns of subgroups within CAIN. For example, it could be helpful to classify the needs of women and children as a separate entity to determine if gaps in certain services exist (ie feminine hygiene products, children's food, school materials, etc.). As students, we see value in novel research methods to help expand our understanding of community specific realities, while addressing barriers to positive health and social outcomes.