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Research Article

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Improving Utilization of a Community Resource Desk in a Northern Arizona Community Health Center: A Quality Improvement Study

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ABSTRACT

Social determinants of health (SDOH), including housing, food access, and transportation, play a critical role in patient outcomes. North Country HealthCare implemented a Health Partners (HP) resource desk to address these needs, though utilization remained low. This quality improvement project evaluated whether targeted marketing and provider engagement could increase utilization. Bilingual posters, pamphlets, and prescription-style referral pads were distributed throughout the clinic, and providers were educated on referral processes.

Utilization data from spring 2025 were compared to spring 2024. Average weekly visits increased significantly from 3.6 ± 2.2 to 6.3 ± 3.2 ($p = 0.04$), with total encounters rising from 36 to 63. Transportation and housing were the most common patient needs. No single marketing modality was statistically superior.

These findings suggest that structured marketing and provider engagement can improve patient awareness and use of SDOH resources in community health centers, supporting improved access to essential services.

***Keywords:** Social determinants of health, Quality improvement, Community health center, Patient utilization, Resource navigation*

Introduction

Social determinants of health (SDOH) including factors like housing, food access, transportation, and socioeconomic status have a profound impact on health outcomes [1,3,4]. In response to these needs, community health centers (CHCs) are integrating social services into their care models [2,5]. North Country HealthCare (NCHC), a CHC serving northern Arizona, implemented the Health Partners (HP) desk several years ago as a resource for patients to access community support related to SDOH.

Despite its potential, the HP desk has historically seen low utilization. Previous observations suggested limited patient awareness and inconsistent healthcare provider referrals may contribute to its underuse.

Recognizing the importance of connecting patients with appropriate medical & non-medical resources, this project was developed as a quality improvement initiative aimed at increasing visibility and engagement with the HP desk.

By leveraging bilingual marketing materials and provider engagement strategies, the goal was to inform and empower patients to take a more active role in addressing their social needs while reducing the burden on providers.

This study will evaluate a quality improvement initiative aimed at increasing patient awareness and utilization of a community resource desk by implementing targeted marketing strategies and enhancing provider engagement to address social determinants of health.

Methods

Bilingual (English and Spanish) marketing materials were developed at or below a sixth-grade reading level and included posters, pamphlets, and prescription-style ("Rx") referral pads. A total of 96 posters were placed throughout clinic areas including lobbies, exam rooms, pharmacy, and restrooms; 200 pamphlets were distributed in waiting areas; and 40 Rx pads were placed in provider offices and medical assistant workstations. Providers present at project initiation were educated on the purpose of the HP desk and instructed on referral processes.

Participants included all patients who utilized the HP desk during the study period. Data were collected over a 10-week period in spring 2025 and compared to a corresponding 10-week period in spring 2024. Collected variables included patient demographics, visit dates, and identified social needs.

Statistical analyses included two-tailed t-tests to compare mean weekly utilization and chi-square tests to assess differences in reported exposure to various marketing modalities.

Results

A total of 99 Health Partners (HP) desk encounters were recorded across both study periods, representing 72 unique individuals. In spring 2024, there were 36 encounters among 29 individuals, compared to 63 encounters among 43 individuals in spring 2025.

Mean weekly utilization increased significantly from 3.6 ± 2.2 visits per week in 2024 to 6.3 ± 3.2 visits per week in 2025 ($p = 0.04$). The range of weekly visits also increased from 0–6 visits in 2024 to 2–14 visits in 2025, indicating greater consistency and higher peak utilization following the intervention (Figure 1).

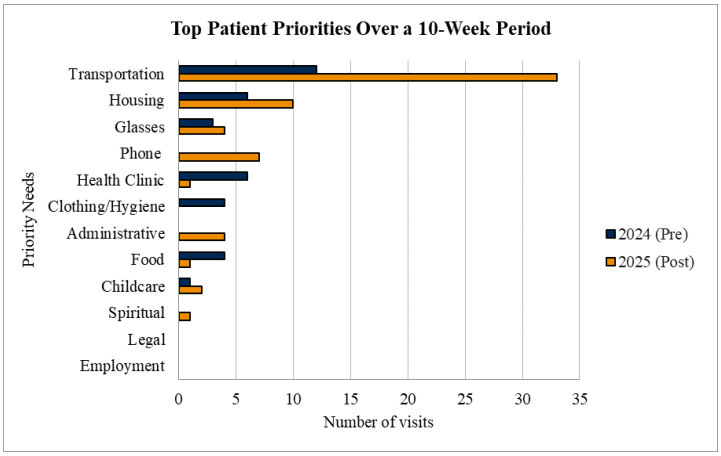

Figure 1. *Distribution of first priorities patients came in requesting assistance for 2024 and 2025.*

Among patients seen in 2025, 17 of 55 (30.9%) reported prior exposure to marketing materials. Of these, posters located at clinic check-in areas were the most frequently reported (6/17), although no single marketing modality demonstrated a statistically significant difference in exposure frequency ($p = 0.28$).

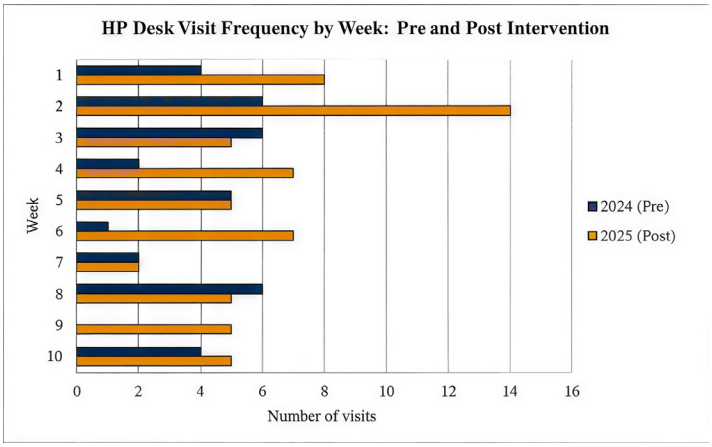

Figure 2. *Weekly average HP desk visits in spring 2024 and spring 2025.*

The most commonly identified patient needs in both study periods were transportation and housing. Secondary needs included assistance with healthcare access in 2024 and phone-related services in 2025.

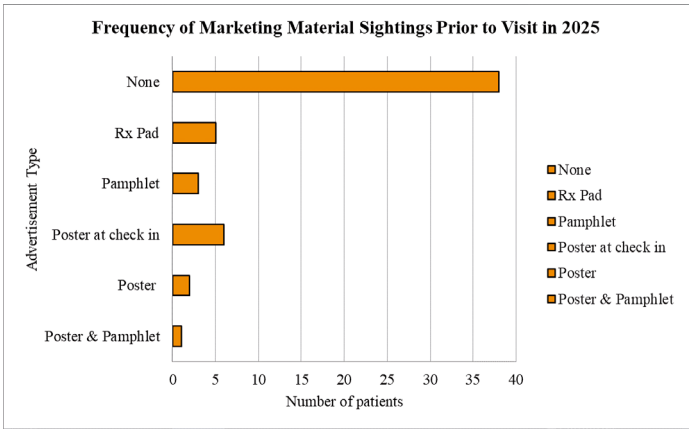

Figure 3. Frequency of patients seeing marketing materials prior to visiting HP desk in 2025.

Discussion

This quality improvement initiative demonstrated a statistically significant increase in utilization of the Health Partners (HP) resource desk following implementation of targeted marketing and provider engagement strategies. The observed rise in mean weekly visits and total encounters suggests improved patient awareness and accessibility of available social determinants of health (SDOH) resources.

Although multiple marketing modalities were deployed, no single method was significantly more effective than others, indicating that a multimodal approach may be beneficial in reaching diverse patient populations. Additionally, only a subset of patients reported direct exposure to marketing materials, suggesting that indirect factors such as word-of-mouth, provider referrals, or increased staff engagement may have contributed to increased utilization.

The increase in repeat visits observed in 2025 suggests that patients perceived ongoing value in the HP desk services, reinforcing

its role in addressing longitudinal social needs. Transportation and housing remained the most frequently identified needs across both study periods, highlighting persistent barriers within this patient population.

Several limitations should be considered. External factors, including variability in staffing, seasonal trends, and external referrals, may have influenced utilization. Marketing materials were limited in quantity and restricted to English and Spanish, potentially limiting reach. Additionally, recall bias may have affected patient reporting of marketing exposure.

Overall, these findings support the integration of structured SDOH resource navigation programs within community health centers. Future studies should evaluate long-term sustainability, incorporate broader outreach strategies, and assess patient-centered outcomes to further optimize program effectiveness.

Conclusion

Implementation of targeted marketing materials and provider engagement strategies was associated with a significant increase in utilization of the Health Partners (HP) resource desk at a community health center. These findings suggest that improving visibility and facilitating referrals can enhance patient access to resources addressing social determinants of health (SDOH). Transportation and housing remained the most common needs, underscoring persistent barriers within this population.

This project supports the value of integrating structured SDOH resource navigation services within primary care settings. Future efforts should focus on expanding outreach strategies, incorporating additional languages and digital platforms, and evaluating long-term outcomes, including patient follow-through and satisfaction, to further optimize program effectiveness and scalability.

Ethics Statement

This project was reviewed by the ATSU Institutional Review Board and determined to be a quality improvement activity not involving human subjects research; therefore, formal IRB approval and informed consent were not required.

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Conflict of Interest and Funding

The author declares no conflict of interest and received no specific funding for this work.

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