

# Community-Based Social Services and Their Effect on Public Health Outcomes

Saud Abdulrahman Fadhi Alotaibi<sup>1</sup>, Faez Mazha Eid Almutairi<sup>2</sup>,  
Faez Nufaya Mubashir Almutairi<sup>3</sup>, Hamad Lave Abdullah Alanazi<sup>4</sup>,  
Sultan Helal Nahedh Alotaibi<sup>5</sup>

<sup>1,5</sup>Specialist-Social Service, Royal Saudi Air Force, Riyadh, Saudi Arabia

<sup>2,3,4</sup>Specialist Sociology, Riyadh, Royal Saudi Air Force, Saudi Arabia

## ABSTRACT

Community-based social services (CBSS) are an essential part of the public health system that influence the social, economic, and environmental determinants of health in specific population clusters. This paper explores the roles of services like social support networks, preemptive health education, provision of housing or nutritional aid, mental health outreach, and elder-care programs in achieving better health equity, decreased use of medical services, and improved community welfare. Using a qualitative syntheses of available evidence and program assessments, the research shows how ongoing community engagement through CBSS is essential in strengthening resilience, improving early detection of health risks, and reducing the burden of chronic illnesses. The analysis goes on to detail the role integrated social service ecosystems can play in promoting healthy behavior change, increasing access to care, and reducing inequities by socioeconomic status. However, there are continuing challenges in the areas of funding, coordination, and a seamless integration between social services and the formal healthcare systems. Key recommendations from the findings highlight the importance of the public health sector having stronger policy supports, synergy across different sectors (health and non-health) and scaling of evidence-based community interventions to be able to make lasting impacts on public health.

**Keywords:** Social services; public health impacts; social determinants of health; health equity; community resilience; preventive programs; health systems integration; social support interventions.

## INTRODUCTION

Public health is related to the health system but is more affected by the general social, economic and environmental conditions in which a person lives. With the growing prevalence of chronic diseases worldwide, along with the worsening of health inequity and public health systems strained by crisis upon crisis, community-based social services (CBSS) have become critical, frontline solutions to addressing the drivers of population health. SOME OF THESE SERVICES, such as those involved in community outreach and social support, housing and nutritional assistance, mental health initiatives, child and elder-care services, and preventive education, can address the social determinants of health that traditional clinical care is not equipped to tackle.

Community-based approaches are based on the recognition that health is made in the house, the school, the office, and the neighborhood. CBSS function within the reality of the social system of communities, enabling them to early detect vulnerabilities, build trust, and adapt interventions to cultural and contextual-specific needs, unlike centralized hospital-based systems. These services increase health equity, decrease emergency department use, prevent or delay the onset of chronic diseases, and lead to healthier behavior across the life course, according to decades of research. In addition, by removing social and structural barriers — e.g., poverty, social isolation, unsafe housing, food insecurity and lack of access to care — CBSS act to produce enduring changes where community resilience and well-being are between people.

Although the effective value of community-based social services is well-documented, their integration into public health systems is patchy. Many areas struggle with issues such as a broken service delivery system, flaky funding, workforce shortage, and inadequate policy environments. At the same time, social sectors and health care providers often have weak connections, creating hurdles to comprehensive, integrated care models. With global health priorities reflected in this shift toward prevention, equity, and sustainability, understanding the role and impact of CBSS becomes even more critical. We review the evidence on the social services–health link and describe the mechanisms through which social programs can affect population health, as well as the systemic barriers limiting their potential to shape health outcomes. With synthesis of the existing evidence and exploration of implementation barriers, this study describes approaches that can strengthen the people-centered public health architecture and contribute to more equitable health for everyone.

## **METHODOLOGY**

### **Research Design**

DOI: This study uses a qualitative systematic review design to interrogate the role of community-based social services (CBSS) in relation to a range of public health outcomes. The systematic review was chosen due to its ability to synthesize heterogeneous evidence from public health, social work, community development, and health policy. This design facilitates the understanding of patterns, mechanisms, and contextual determinants of community-based intervention effectiveness.

### **Data Sources and Search Strategy**

Methods: A systematic search of information databases pertaining to major socio-behavior and biomedical areas including accounts on PubMed, Scopus, Web of Science, Google Scholar, and Social Services Abstracts. The search spanned articles from over the last decade in order to correctly represent current interventions and trends.

Search terms included combinations of:

“community-based social services”

“public health outcomes”

“social determinants of health”

“community interventions”

“health equity”

“preventive services”

“population health”

Using Boolean operators (AND/OR) and filters was used to narrow down results to the best fit.

### **Inclusion and Exclusion Criteria**

#### **Inclusion criteria:**

Papers published in peer-reviewed articles, governmental reports, or reliable NGO publications.

Any community-based social service (e.g., social support programs, housing interventions, nutrition assistance, mental health outreach, preventive education)

Research that evaluates a public health outcome that can be measured or reported (e.g. hospitalization, mental health or chronic disease risk.)

Ambulatory studies in community, population, or local health system settings

Publications in English.

#### **Exclusion criteria:**

Investigations centered only on clinical or hospital approaches and void of community

Articles that do not provide empirical evidence (e.g., opinion pieces).

Papers relating to non-health social services

Studies with insufficient methodological transparency.

### **Data Extraction and Analysis**

The screening process was conducted in two steps:

Abstract Background Meta-analyses of structured interventions based on the consensus of experts in clinical practice can provide an understanding of the effectiveness of various approaches used within clinical practice Methods Selection and identification of relevant studies via systematic qualitative literature search and screening to exclude irrelevant studies, this is followed by qualitative and quantitative data synthesis Results A total of 193 studies were identified and screened for eligibility without language restriction.

Final eligibility: Determined via full text review

Data such as study design, characteristics of the population, type of community-based service, components of the intervention, ways the intervention was implemented, and health outcomes were reported.

Qualitative data were analysed using thematic synthesis, comprising three stages:

Extraction of the all data and coding of the data to create recurrence patterns.

Grouping codes into larger categories, for example health equity, early risk detection, prevention of chronic-disease, and community resilience

Qualitative coding and interpretation of themes to reach conclusions about mechanisms and public health consequences

Such approach captures both quantitative outcomes (e.g., reduction in hospitalisation) and qualitative findings (e.g., increased community participation or perceived wellbeing).

#### Ethical Considerations

Since this study is based on data previously published in the literature, there is no direct human participation involved. Principles of academic integrity, transparent reporting and unbiased synthesis were followed for ethical compliance. All articles reviewed were properly cited.

#### LIMITATIONS

Some methodological limitations could affect the results:

Difficult to compare as they have studied different designs and different outcome measures.

Limited generalizability resulting from only finding some high-impact community interventions in the grey literature.

Successful interventions are more likely than ineffective ones to be published—a type of bias that has been identified in other areas of the literature.

Although these limitations always exist, triangulation across many different sources strengthens the findings.

#### RESULTS

##### Overview of Included Studies

Of the full-texts screened, 54 studies were eligible. The studies were from a breadth of regions (North America, Europe, Asia, and low-resource settings in Africa and Latin America) and types of community-based social service interventions. Most studies (63%) were of mixed-methods or qualitative design, and 37% of quantitative outcome measures.

##### Progress on Health Equity and Access to Services

Relative to the other literature included in the review, access to health and social resources was significantly enhanced by community-based social services in 41 studies.

##### Key findings include:

Increased outreach in communities as well as mobile services engaged unserved populations of low-income families, rural communities, older adults and others.

Socioeconomic-related obstacles to accessing care were minimized by programs tackling housing stability, food security, and social support.

Health navigation and case-management services, in particular, helped direct high-risk individuals to necessary medical care. Conclusions While CBSS interventions were applied consistently, there were mixed results in reducing disparities in the use of preventive care and management of chronic diseases.

##### Less use of health care Services and Expenses

CBSS interventions reduced the burden on the healthcare system in 29 articles. Reported outcomes include:

15–35% fewer emergency room visits by participants of community mental health and chronic disease programs.

Reduced hospital readmission rates, especially in older patients participating in home-based social support and remote monitoring via telecommunications.

Decreases in healthcare spending when social services targeted upstream determinants like housing instability, food deserts, and transportation barriers.

These results imply that investments in social care could lead to substantial savings elsewhere in the formal health care system.

##### Alleviated preventive health actions & neighborhood wellness

Community-based social services were also linked to positive impacts on health behaviours and psychosocial outcomes in 38 studies:

Improving uptake of healthy lifestyle practices including physical activity, balanced diet, and adherence to medication through preventive health education programs.

The mental health outreach services were found to alleviate social isolation and enhanced coping skills and contributed to decreased scores associated with anxiety and depression.

Social connectedness and community resilience were strengthened through parenting, youth, elder-care programs. In summary, CBSS enhanced protective factors and subjective well-being among different demographic groups.

#### Timely Detection & Management of Health Risks

CBSS was pivotal in the early identification of health problems in 26 studies:

Early symptoms of chronic diseases such as hypertension and diabetes, as well as conditions such as malnutrition, were identified by community health workers and volunteers.

Timely referral and follow up through home visits also ensured considerable prevention in avoidable complications, progression of the disease etc.

Community programs that went digital or hybrid were able to closely monitor vulnerable populations in particular, e.g., people who struggled to access or get to programs and people with mobility challenges.

These were observed mechanisms that directly improved clinical and behavioral outcomes.

#### Integration Challenges and Variability in Program Effectiveness

Most studies reported encouraging outcomes, but 28 studies identified operational and structural barriers:

Defragmentation among health and social services led to sometimes poor coordination and data sharing for care coordination.

Most programs relied on short-term funding, hindering their ability to expand, spread and have long-lasting effect.

In some parts of the country, workforce shortages and gaps in training led to challenges in community-based interventions.

Universities showed a broad range of effectiveness based on such factors as quality of implementation, degree of community involvement, cultural competency, and local infrastructure.

These results signal the need for integrated policy frameworks and sustainable investment.

## DISCUSSION

The results of this review emphasize the basic functions of community-based social services (CBSS) in enhancing public health results through attention and rectification of fundamental social determinants of health. CBSS generally associated with increased access to care, decreased disparities, increased preventive health behaviours, and decreased healthcare system utilization across a wide range of settings. These results are consistent with greater public health literature suggesting up to 80% of health outcomes are determined by social, economic, and environmental determinants of health rather than clinical care.

#### Health equity efforts at a local level

The potential for CBSS to advance health equity is an extremely powerful theme identified from the results. Designed to operate near to the poorest and most socially excluded, and those with the least access to health care, community-based interventions tend to be as close to populations as possible. This review indicated that outreach programs, case management, and social support networks were able to target hard-to-reach populations, such as the elderly, low-income families, migrants, and rural populations, in many cases receiving less care compared to the mainstream health care system.

These findings strengthen the social determinants of health, which argue that health inequities are a result of unequal distribution of resources for healthy living. CBSS help meet unaddressed social needs, including safe housing, access to food, transportation and social connectivity. Consequently, those communities participating in CBSS have greater use of preventive services and a more effective management of chronic disease.

#### Effects on utilization and cost-effectiveness of healthcare

The review also finds substantial evidence indicating that community-based services are associated with lower use of emergency rooms and hospital care. Significant reductions in these were linked to programs targeted on managing chronic conditions, improving mental health and securing safe housing. This has implications in terms of economic considerations whereby the investment on social interventions is reflected as a way of reducing health care costs in the long run.

This aligns with increasing evidence for social prescribing/integrated social-health care models demonstrating that health systems will save money if they attend to social needs. These results are particularly meaningful as they indicate that upstream investments in social services may pay downstream dividends in terms of averting high-acuity health outcomes and crisis-related care.

#### Enhancing Resilience in Communities and Health Behaviors that Mitigate the Risk of Disease

One particular strength of CBSS is the cultivation of health promotive behavior, and therefore community resilience. Improved psychosocial well-being, healthier lifestyle choices and stronger social networks were associated with preventive

education programs, youth and elder-care services and mental health outreach. These results emphasize the important role of community engagement and locally relevant expertise in informing behaviors and barriers that clinical settings are unable to measure.

This reflects behavioral theories that suggest sustained health behavior change requires not only individual motivation, but supportive environments and social structures. CBSS help create enabling conditions for enhanced well-being of the population and individuals that promote health support resources into communities.

#### Why Early Warning and Continuous Support Are Crucial?

The second important result regards the role of CBSS in the early detection of health risks. High prevalence of users in health systems connected with community health workers, home visitation programs, and digital monitoring tools — all allowing for rapid identification of chronic disease symptoms and social vulnerabilities. By contrast, this proactive model that works to serve and support at-risk populations is the opposite of traditional healthcare models that are reactive, and shows the value of embedded, on-going support in communities.

Not just that, however early detection leads to better clinical outcomes, lower long-term health costs, and the evasion of avoidable complications. Such findings are consistent with global recommendations for greater inclusion of community health workers in public health efforts, especially in low-resource settings.

#### Issues with integration, funding and collaboration

The review finds that, while there is mounting evidence for the effectiveness of CBSS, there remain significant challenges that impact their scaling and sustainability:

##### Differentiation of service sectors between Health and Social services

Inconsistent coordination and communication systems

Short-term or unstable funding models

Staffing gaps and uneven training standards

Uneven program quality across regions

These challenges reflect well-established structural barriers found in public health systems. Evidence of system-level support came from successful CBSS programs, which traditionally benefitted from strong cross-sector collaboration, community leadership and long-term funding.

#### Policy, Practice and Research Implications

The results have several important implications:

**Integration Into Policy** – Governments need to root CBSS into national public health strategies and financing frameworks to ensure sustainability and potential for scaling.

**Cross-Sector Collaboration** – There needs to be better collaboration between healthcare providers, social services, community organizations, and policymakers.

**Staff Training** — Community health workers and social service staff come at a cost, but they also need to be trained in their specific fields, which is indispensable for successful program delivery.

**Innovation & Technology** – Digital tools can facilitate outreach, monitoring, and service coordination, particularly where coverage is low.

**Research Needs** More longitudinal, comparative studies of cost savings and effects at the population level are needed.

## CONCLUSION

This study shows that the community-based social service sector (CBSS) is a key and multifaceted player in enhancing population health outcomes by addressing social determinants of health throughout the life-course. Through an integration of data from a broad range of international settings, the review shows that CBSS have tended to work in favour of greater health equity and their effects have been toward reducing barriers to access to care, favouring promotion of preventive health behaviours including being pro-active at seeking out appropriate treatments, countering pressures on formal care systems. Their potential to provide culturally suitable, community-based interventions renders them a cornerstone of comprehensive public health approaches. The evidence suggests that investment in social support networks, such as housing, nutrition and mental health outreach/specialist services and community health workers result in tangible benefits including decreased utilisation of emergency services (45), to improvement in the management of chronic disease<sup>65</sup> to psychosocial well-being.

Secondly, they provide an early warning system for unhealthy risk factors and create environments capable of promoting sustained behavioral change, links that are typically not established in conventional health care settings. But the QC review also identifies ongoing issues such as the delivery of fragmented services, a lack of funds and backlog in health system capacity, and a divide that still exists between health and social care integration. Such barriers reduce the scale and sustainability of CBSS programmes thus emphasizing the importance of policy frameworks that embed CBSS in public health systems and ensure their long-term implementation.

The evidence as a whole confirms that programs and services delivered by community-based social service agencies are not adjunctive, but fundamental influences on population health. Sustaining and amplifying integration, coordination and gradual financing into health systems is critical for equitable, preventive and resilient health systems. While global health priorities increasingly focus on upstream interventions and community capacity building, CBSS provide a crucial mechanism of sustainable public health gains and reduced inequities in health.

## REFERENCES

- [1]. Berkman, L. F., Kawachi, I., & Glymour, M. M. (2014). *Social epidemiology* (2nd ed.). Oxford University Press.
- [2]. Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(1), 19–31.
- [3]. Brown, L., & Keast, R. (2018). Integrated human services: Strengthening community-based health and social care. *Health & Social Care in the Community*, 26(4), 560–570.
- [4]. Campbell, J., Dussault, G., Buchan, J., Pozo-Martin, F., & Nyoni, J. (2017). A universal truth: No health without a workforce. *World Health Organization*.
- [5]. Chandra, A., Acosta, J., Carman, K. G., Dubowitz, T., & Leviton, L. (2016). Building community resilience to improve health outcomes: A theoretical framework. *American Journal of Public Health*, 106(2), 256–263.
- [6]. Gehlert, S., & Browne, T. (Eds.). (2019). *Handbook of health social work* (3rd ed.). Wiley.
- [7]. Marmot, M. (2015). The health gap: The challenge of an unequal world. *The Lancet*, 386(10011), 2442–2444.
- [8]. Marmot, M., & Bell, R. (2012). Fair society, healthy lives. *Public Health*, 126(S1), S4–S10.
- [9]. Musumeci, M., & Chidambaram, P. (2020). How community-based services improve care quality for older adults. *Health Affairs*, 39(4), 712–718.
- [10]. National Academies of Sciences, Engineering, and Medicine. (2019). *Integrating social care into the delivery of health care: Moving upstream to improve the nation's health*. National Academies Press.
- [11]. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598.
- [12]. Robert Wood Johnson Foundation. (2017). *The role of social determinants in shaping health and well-being*. RWJF.
- [13]. Sanders, D., Nishtar, S., & Labonté, R. (2019). Community health workers in low-, middle-, and high-income countries: An overview of their history, recent evolution, and current effectiveness. *Annual Review of Public Health*, 40, 399–421.
- [14]. Stokes, E. K., Gribble, R. S., & Miller, B. J. (2020). Community-based interventions and their impact on public health outcomes: A systematic synthesis. *Journal of Community Health*, 45(6), 1140–1152.
- [15]. World Health Organization. (2018). *Community-based health care, including outreach and campaigns, in humanitarian settings: A framework for action*. WHO Press.