Addressing the Social Determinants of Health Through Emergency Department-Based Community Partnerships

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Project Description

The Emergency Department (ED) serves as a societal safety net, caring for a disproportionately high number of the community’s most vulnerable families. Although it is accepted that social determinants directly influence health, few patients are asked by physicians about non-medical needs. We present a model for a social needs Help Desk integrated into ED care.

Methods

- Trained undergraduate volunteers conduct standardized screenings of patients’ social and legal needs (e.g. housing instability, food insecurity, health insurance status).
- Using county-specific algorithms, direct referrals to community partner organizations are provided.
- Volunteers conduct follow-up to ensure that needs are met.

Patient Eligibility:

<table>
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<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
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<tbody>
<tr>
<td>English or Spanish-speaking</td>
<td>Speaks language other than English or Spanish</td>
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<tr>
<td>≥ 18 years</td>
<td>Psychiatric chief complaint</td>
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<tr>
<td>&lt; 18 years with adult family member</td>
<td>Physician or RN recommends against</td>
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Screening Process:

- Background information collected
- Needs assessed
- Initial survey administered in REDCap
- Algorithm determines resources for which patient is eligible
- Informational flyers provided
- Direct referrals faxed
- Consent obtained for follow-up
- Phone contact made 2, 4, 6 weeks post-encounter
- Additional referrals made, if necessary

Community Partner Referrals:

- WIC
- Single Stop
- Covered California
- JobTrain
- Ravenswood Family Health Center
- Legal Aid Society of San Mateo County
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Data

- Most commonly identified areas of need:
  - Food insecurity
  - Dental care access
  - Mental health
  - Re benefits
  - PCE access
  - Housing instability
  - Unemployment
  - Last Health insurance
  - Job skills training
  - Household member unemployed
  - Patient unemployed
  - Financial management
  - Mental health access
  - Homelessness
  - Eviction or foreclosures
  - Utility bills
  - Welfare benefits
  - Children
  - GA or Calworks
  - Immigration assistance

- Household Income
  - <$25,000
  - <$25,000-74,999
  - ≥ $75,000
  - Not reported

- Increased need level is associated with increased ED use

Patient Stories

- 7 months pregnant patient concerned about carbon monoxide poisoning: The patient’s landlord had refused to fix the problem despite multiple requests. We assisted the patient in writing a housing letter, citing the housing code. Within 2 weeks, the landlord had moved the 6-member family into a new apartment.

- Cancer patient with medical debt worries: A 59-year-old with cancer came to the ED for chronic pain associated with chemotherapy. Screening revealed concern about debt from frequent ED visits and medication costs. Patient referred to financial counseling and provided information about reduced-cost prescriptions.

- Pregnant mother of three handed eviction notice: A single mother presented at the ED with a panic attack induced by stress of being laid off and threatened with eviction. The patient was referred to our medical-legal partner and to an organization for free job skills training. Legal aid was able to negotiate two additional weeks of housing until she was able to find a job (thanks to the training she received) and move into a new apartment.

Future Directions

- Easily scalable, can be adapted to other hospitals and clinics with few changes to screening algorithms
- Improve patient follow up
- Understand impact and outcomes

Conclusion

- The majority of patients (56%) screened positive for at least one need.
- 49% accepted an intervention.

- A volunteer undergraduate Help Desk model is a sustainable paradigm to address patients’ social needs in an ED setting.

Acknowledgements

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