



Utilizing Emergency Department-Based Community Partnerships to Address Social Determinants of Health

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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. We present a model for a social needs Help Desk integrated into ED care. Trained undergraduates conduct standardized electronic screenings of patients' social and legal needs (e.g. housing instability, food insecurity, health insurance status) and connect patients with resources based on their identified needs using county-specific algorithms. Direct referrals to Bay Area community partner organizations, social workers, and legal aid are provided to patients. Undergraduates conduct follow-up phone calls to ensure that all needs are being met.

Since January 2014, the Help Desk screened 1242 patients in the Stanford ED. The majority of these patients (61%) screened positive for at least one need, and of these 50% accepted an offered intervention. We propose the Help Desk model as a sustainable paradigm to address patients' basic resource needs and potential socioeconomic health risks. Help Desks can be easily integrated into the clinical workflow so that social needs screening, assessment, and resource help can be made a regular part of clinical care in Emergency Departments.

Methods

Patient Eligibility:

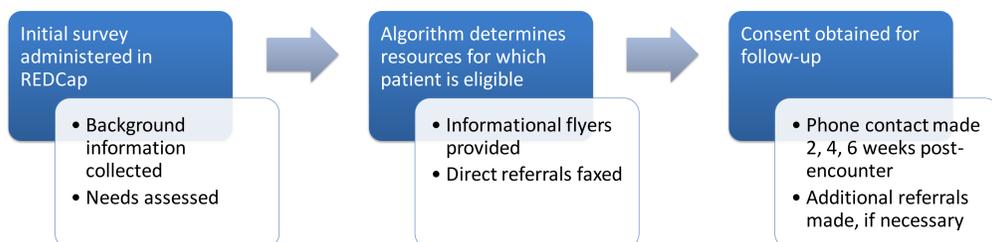
Inclusion Criteria

- English or Spanish-speaking
- ≥ 18 years
- < 18 years with adult family member

Exclusion Criteria

- Speaks language other than English or Spanish
- Psychiatric chief complaint
- Physician or RN recommends against

Screening Process:



Community Partner Referrals:



Outcomes

Demographics

| Year | n | % |
|------|-----|-------|
| 2013 | 36 | 2.9% |
| 2014 | 462 | 37.5% |
| 2015 | 733 | 59.5% |

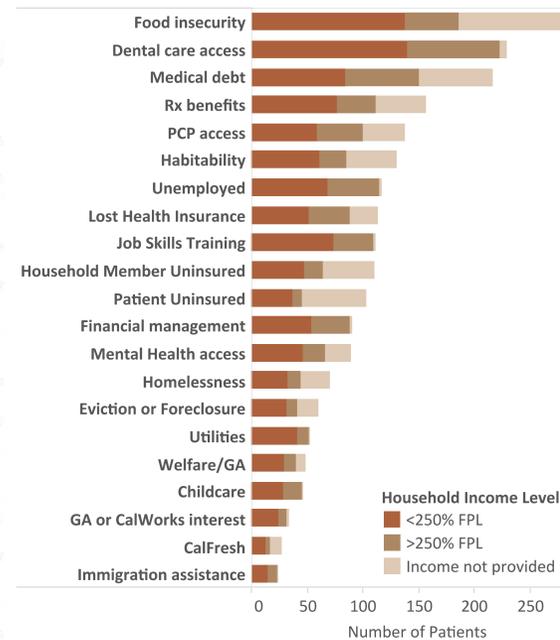
| County of residence | n | % |
|---------------------|-----|-------|
| San Mateo | 569 | 46.2% |
| Santa Clara | 398 | 32.3% |
| Other | 264 | 21.4% |

| Age | n | % |
|--------------|-----|-------|
| < 18 years | 556 | 45.2% |
| 18- 64 Years | 509 | 41.3% |
| 65+ Years | 114 | 9.3% |
| Not reported | 52 | 4.2% |

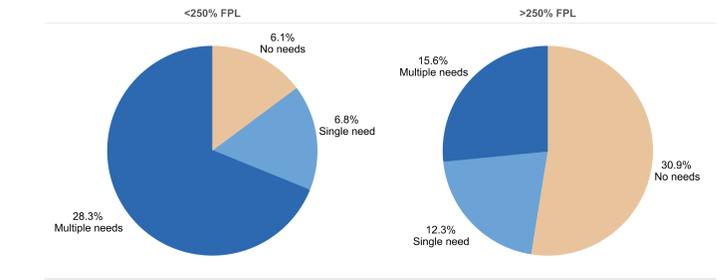
| Primary language | n | % |
|------------------|-----|-------|
| English | 733 | 59.5% |
| Spanish | 197 | 16.0% |
| Other Language | 267 | 21.7% |
| Not reported | 34 | 2.8% |

| Household Income | n | % |
|------------------|-----|-------|
| <250% FPL | 382 | 31.0% |
| >250% FPL | 539 | 43.8% |
| Not reported | 310 | 25.2% |

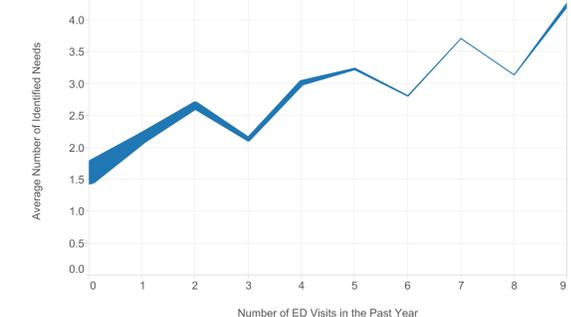
Most commonly identified areas of need



Need level by household income



Increased need level is associated with increased ED use



7%
Asked about non-medical needs by physician

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 with a housing letter citing the housing code, to her landlord. Within 2-weeks, the landlord had moved the 6-member family into a new apartment. . The patient was extremely grateful for the help and felt much more secure about bringing her baby into a safe environment.

Cancer patient with medical debt worries
A 59-year-old patient 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. At 2-week follow up, the patient felt much more in control of his medical debt.

Future Directions

- Easily scalable, can be adapted to other hospitals and clinics with few changes to screening algorithm
- Have adapted screener to provide services to patients of Gardner Packard Children's Health Center
- Hope to expand Help Desk to other area hospital EDs

Acknowledgements

Many thanks to all our community partner organizations, the Stanford Emergency Department, and all the dedicated SHAR(ED) volunteers.