



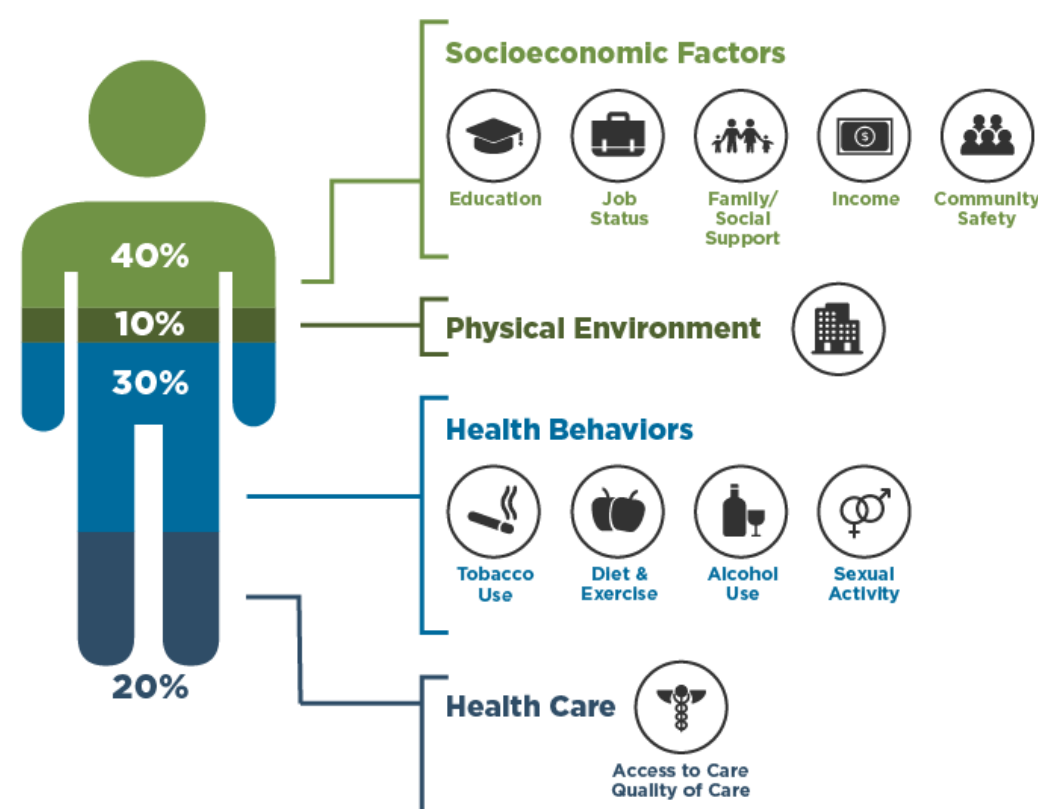
Get with the Programs: Connecting Providers to Community Resources

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Introduction

Existing research suggests that non-medical factors are by far the greatest contributors to health, with medical factors playing a much smaller role (CDC, 2015). In addition, states with the highest social service/public health spending relative to Medicare/Medicaid spending achieved much better outcomes for certain disease states (Bradley, 2016). However, many providers do not feel comfortable screening for social needs, often due to lack of familiarity with the resources to address those needs. It is therefore critical to empower providers with this knowledge in order to connect patients with those social services.

A. What Goes Into Your Health?



B. What We Spend On Being Healthy



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014). Adapted from The Bridgespan Group

A. From <https://hungerandhealth.feedingamerica.org/explore-our-work/community-health-care-partnerships/>
B. Adapted from <https://bipartisanpolicy.org/library/what-makes-us-healthy-vs-what-we-spend-on-being-healthy/>

Select Demographics

Poverty

- 9.5% of persons live below the poverty line in Worcester County, slightly lower than the state average (10.4%) (U.S. Census Bureau, 2016).

Housing

- 2014 HUD Point in Time Count Results report that the total number of homeless persons in Worcester County is 1,796, an 8% increase from 2013 (Central Massachusetts Housing Alliance Inc, 2015).
- The Worcester Housing Authority manages 3,753 active housing choice vouchers for Section 8 housing (Layfield, 2017).

Elderly

- 15% of individuals in Worcester County are 65 and over (U.S. Census Bureau, 2016). This is higher than both the national average (13%) and the Massachusetts average (14%) (Tufts Health Plan Foundation, 2014).
- Worcester scored 20 points below the state average on multiple indicators of healthy aging, with the highest rate in the state of falls severe enough to cause an injury (Tufts Health Plan Foundation, 2014).

Special Education

- Approximately 5,000 students (20% of all students) in the Worcester Public Schools system are currently identified as students with special needs (Worcester Public Schools, 2017). This is higher than the state average (17.4%) (U.S. Department of Education, 2010).

Discussion

- The significant impact of non-medical factors on health is often underappreciated in comparison to medical factors.
- Many local agencies are available to provide valuable services, but services are often underutilized due to insufficient awareness.
- Providers often don't feel comfortable eliciting social factors contributing to a patient's condition because they do not know how to adequately address these factors.
- Providers play an important role in advocating for their patients through assessment of social needs and referrals to community agencies.

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Excerpt from Example Case

A 30 year old man visits your clinic with a chief complaint of shortness of breath that has been worsening as the weather gets colder. As soon as you enter the room, you notice that his clothes are dirty, and he apologizes for being late to all his appointments.

He has a 40 pack-year smoking history and consumes 2-3 drinks a day. He has been living alone for the past eight years. BP is 150/90. When you ask him about his diet, he states that he eats mostly fast food. When you ask him if he ever goes to a grocery store, he admits that he doesn't have a place to store food. He was evicted from his apartment two months ago because he turned in his rent three days late. Since then, he has been staying at friends' apartments, in homeless shelters, or on the street.

- What non-medical factors may be contributing to the patient's condition?
- What further questions might be asked in order to explore the contribution of these factors to the clinical presentation?
- What resources and services might be appropriate for the patient?



Project Summary

Goals

- To increase awareness and understanding of community resources in the Greater Worcester area.
- To produce an educational tool to introduce medical providers to basic strategies for effectively addressing social determinants of health.

Progress

- The team met with community agencies with a focus on elderly services, housing, violence and domestic abuse, education, transportation, food insecurity, and legal aid.
- The team solicited feedback from social service coordinators on how providers could better connect patients to available social services.

Outcomes

- The team developed an interactive exercise to be incorporated into the FOM1 curriculum. The exercise is structured as a series of patient cases with a focus on non-medical factors as major contributors to clinical presentation. Students are asked to consider additional questions for assessing these factors as well as the resources and services that may be appropriate for the patient.
- Cases and resources list: <https://goo.gl/rTCVdE>

Scan to view the cases and resources list!



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