## Social Determinants of Health

### PROGRAM EVALUATION: KEY FINDINGS



#### **BACKGROUND**

In December 2016, Redwood Community Health Coalition (RCHC) expanded its suite of Population Health programs to include a coalition-wide Social Determinants of Health (SDH) Program. The purpose of this program was to develop and implement a systematized approach for assessing and addressing patient's social needs, with the long-term goal of reducing health disparities and improving clinical and social outcomes. Thank you to the following funders for supporting RCHC's SDH Program: County Medical Services Program, HRSA Health Center Controlled Network\*, The California Endowment, Kaiser Permanente Community Benefits Program, Well-Being Trust, National Association of Community Health Centers, UCSF California Improvement Network, and the Robert Wood Johnson Foundation.

Over the years, program activities have focused on three key areas:

KEY COMPONENTS	DESCRIPTION
SDH Workgroup/Health Equity Workgroup	<ul> <li>Bimonthly SDH Workgroup meetings serve as a forum for peer-to-peer learning, trainings, and T/A opportunities related to SDH activities.</li> </ul>
PRAPARE Implementation	<ul> <li>The PRAPARE tool is a standardized, validated questionnaire for assessing patients' social needs in the community health center setting.</li> </ul>
NorCal Resources	<ul> <li>In 2018, RCHC partnered with the vendor Aunt Bertha to create and deploy an online community resource directory and referral system (named NorCal Resources) throughout Marin, Napa, Sonoma &amp; Yolo counties.</li> <li>Organizations can use this platform to identify local social service programs and refer patients to the appropriate social service provider.</li> </ul>

#### **PROGRESS TO DATE**

Health center staff were invited to participate in a survey related to PRAPARE implementation. Out of the 12 health centers that responded, 10 had already begun implementing or pilot testing the PRAPARE tool. Over 27, 000 PRAPARE surveys have been completed to date. During the first half of 2019 alone, over 10,000 PRAPARE questionnaires were completed by health center patients.

Most health centers either assess each patients' social needs once a year or conduct smaller pilot tests and assess those patients who meet pilot criteria. However, one health center actually began implementing the PRAPARE tool at every patient visit as they found it was easier to just incorporate it into their existing "Social History" screening.

In regards to NorCal Resources implementation, 6 FQHCs and one local hospital responded to the survey, all respondents indicated their organization was utilizing the platform to identify other services that may be of benefit to their patients.

### MOST PREVALENT SOCIAL NEEDS

When asked about the most prevalent needs identified through PRAPARE screenings, the top three reported needs were:

- 1) Food;
- 2) Housing; and
- 3) Transportation







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Since partnering with the Aunt Bertha team, 143 organizations have claimed a total of 300 programs on the NorCal Resources website. On average, over 181 searches have been conducted on the NorCal Resources platform each month. Over the past year, 115 NorCal Resources users

have made a total of 134 referrals.

The most commonly searched categories are food, housing, health, and transportation. However, as evidenced by the chart on the right, food, housing and transportation programs account for a very small number of the programs available on the website.

#### **FUTURE AREAS OF FOCUS/IMPROVEMENT**

The table below provides suggestions for how to strengthen RCHC's SDH Program and key areas of focus for the future. Input was provided by health centers, local hospital, and

community organizations that are engaged in the NorCal Resources project.

Education

Emergency

Goods

Transit

Health

PROGRAMS AVAILABLE IN RCHC'S SERVICE AREA

AREA	KEY ACTIVITIES
SDH Workgroup Meeting Operations	<ul> <li>Hold workgroup meetings consistently and provide minutes that clearly outline the steps that need to be accomplished before subsequent meetings</li> </ul>
Peer-to-Peer Learning	<ul> <li>Provide examples/best practices of how other workgroup members are:</li> <li>Implementing SDH work within existing health center programs</li> <li>Conducting follow-up PRAPARE assessments</li> <li>Responding when a patient screens positive for a resource in limited supply (such as housing)</li> </ul>
Technical Assistance	<ul> <li>Offer forums for health centers with the same EHR to meet and discuss their programs</li> <li>Provide training related to conducting closed loop referrals through NorCal Resources</li> <li>Streamline process for obtaining NorCal Resources username and uploading new resources</li> </ul>

### Data Analysis

- Explore what workgroup members are doing with their PRAPARE and NorCal Resources data
- Discuss how data can be leveraged for grants or used to further improve patient outcomes
- Examine data to determine if PRAPARE/NorCal Resources implementation has led to improvements in clinical and social outcomes

### Marketing & Outreach

- Target outreach to social service organizations that are regularly searched, but contain few listings in NorCal Resources
- Strengthen marketing of the NorCal Resources website to ensure both CBOs and community members are aware of its existence.

# Eliminate Duplication of Services

• Participants agreed it was crucial that different health systems promote the adoption of a <u>single</u> community wide platform.

