ASIAN HEALTH SERVICES

Lessons Learned from Implementing Social Determinants of Health Screening

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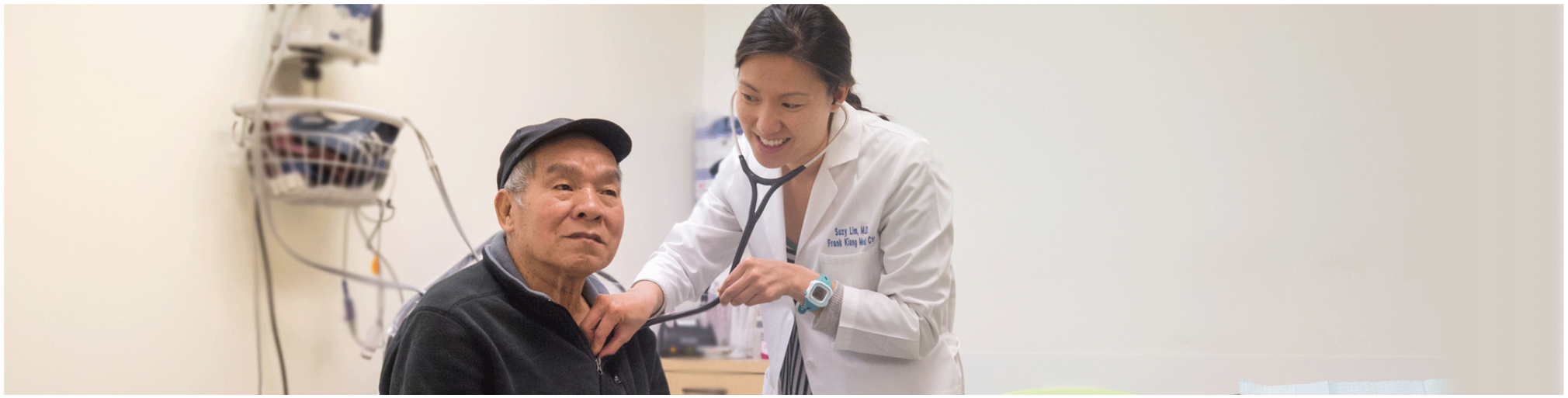
Asian Health Services



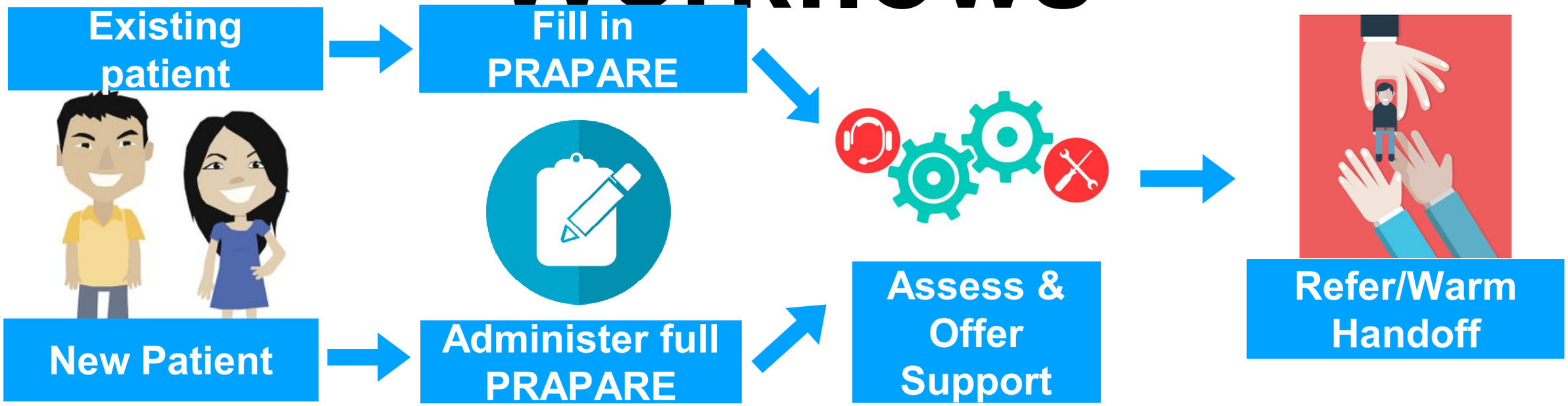
- Founded in 1974
- Federally qualified community health center located in Oakland, California
- Provide services in English and 12 Asian languages: *Cantonese, Mandarin, Vietnamese, Korean, Cambodian*, *Mien, Hmong, Lao, Mongolian, Tagalog, Karen* & *Burmese*
- Provide primary care, dental and behavioral healTh care to over 28,000 patients
- Patients face multitude of social determinants of health – language/ economic/ social barriers, housing, environmental hazards…

Piloted PRAPARE to Assess Feasibility

Organization	AHS			
Pilot Teams	Behavioral Health	Care Neighborhood	HIV Intervention	Lowe Medical Clinic
Implementing Staff	case manager (2)	case manager (1)	full team (5)	Patient Navigator (2)
Patient population	Patients w/ mental health needs	high utilizers	high-risk population	general patient population

570 data collected between 6/12- 1/30

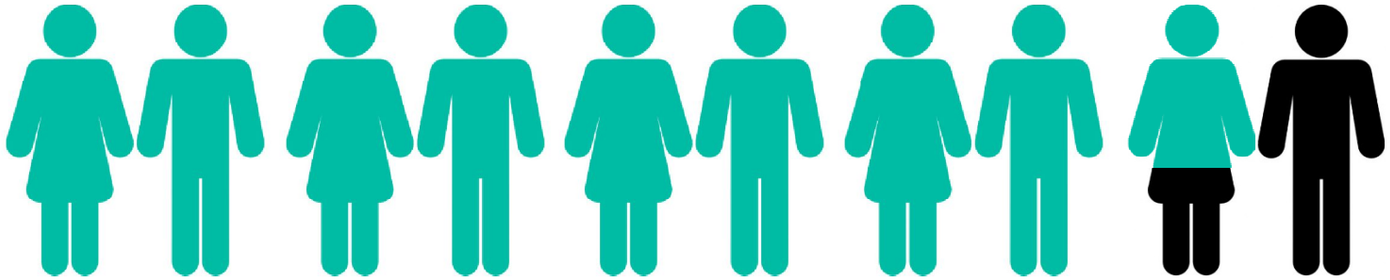
Workflows



Team	Who	Where	When	How
PN	PN as intake staff	Eligibility screening for general patient population	At end of visit (usually, not strict rule)	Prospective, usually directly input into NextGen (NG)
	PN as interpreter	Piloted on BH visits initially due to longer appt time; expanding to provider visits 6/20	Using buffer time around BH appt; after medical visit.	Prospective, paper tool, input directly into NG after visit
Behavioral Health: Case Managers	1 case manager 1 medical social worker	During intake for new patients, during session for existing.	Beginning of visit	prospective, all patients (new and existing), directly into NG
Behavioral Health: Care Neighborhood	case manager	Remote, over the phone	Duration of call: 1-on-1 follow-up calls	Retrospective, staff fills in what they know, call patient to fill in rest directly into NG
HIV Intervention Team	Care and PrEP staff	• Retro: in-person follow-up visits, or on phone • Prospective: during intake	Retro: buffer time around visits Prospective: during intake for PrEP candidates	Usually at clinic site, paper tool, input into NG later. -Retrospective fill in remaining Qs: 50 from existing care patients,30-40 existing PrEP patients. -Prospective: full tool

Language Proficiency (n=570)

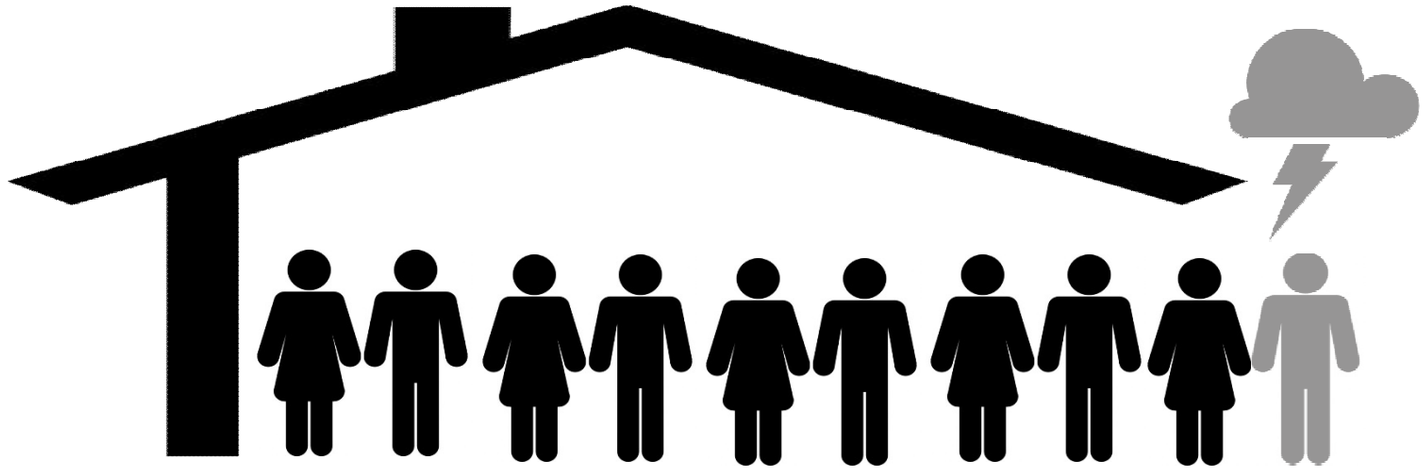
English Proficiency: What language are you most comfortable speaking?



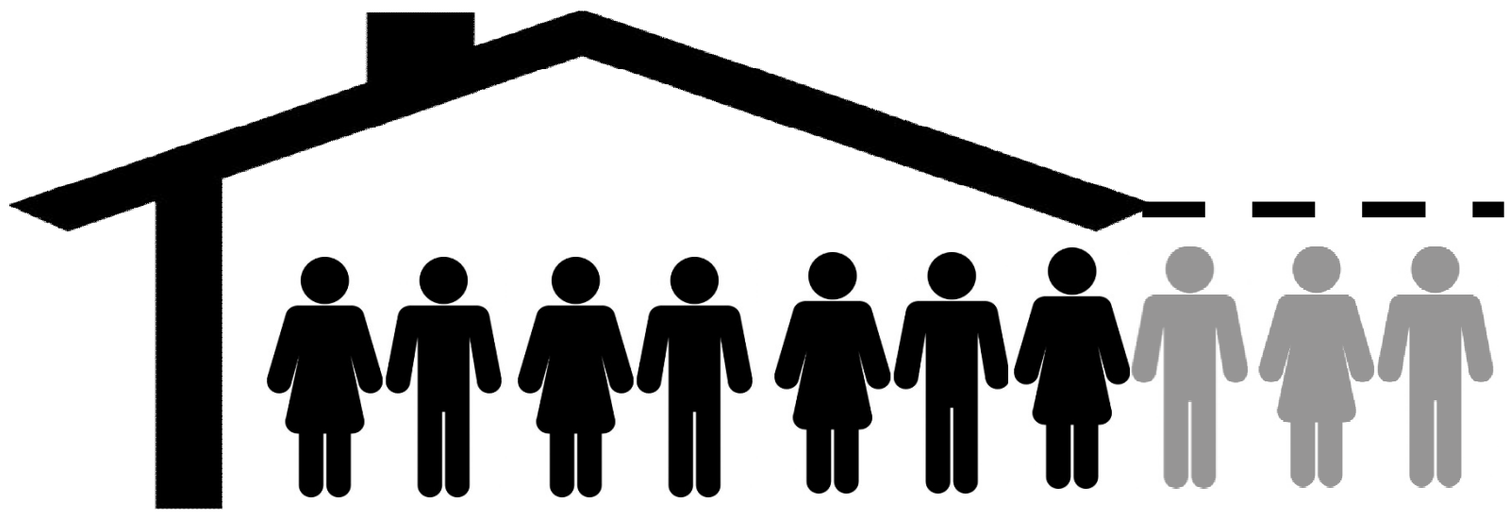
Over 86% of patients are limited English proficient.

Housing (n=536)

A. What is your housing situation today? N=536
B. Are you worried about losing your housing? N=532



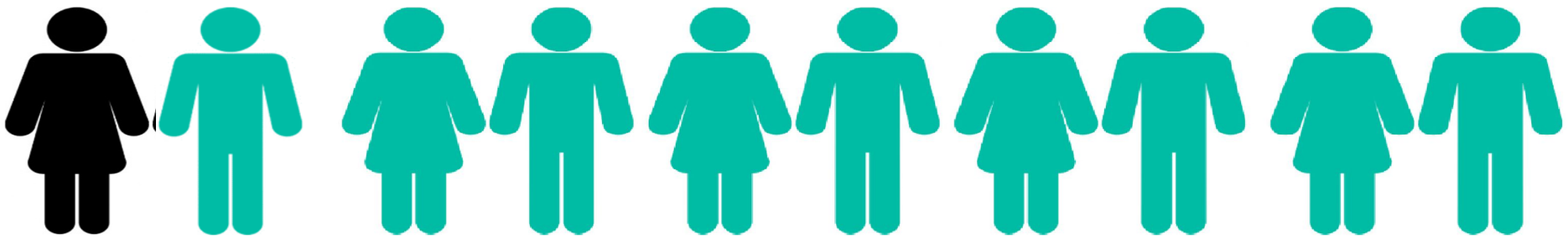
11% do not have housing.



30% are housing insecure.

Material Security (n=465)

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? (food is one option)



9% **of patients experience food insecurity issues.**

Social Isolation (n=552)

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

Over 33% of patients are at least moderately socially isolated.

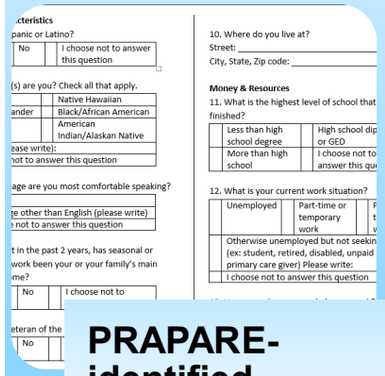
Stress (n=542)

Stress: Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

79% indicate some level of stress

Patient Feedback

June-August 2017



PRAPARE-identified patients

- Identify patients with housing and/or food needs via PRAPARE

January 2018

Audit Completion

- Collect patient inputs on our effort in addressing food and/or housing needs.
- $20 gift card upon completion

DATA ANALYSIS

Housing

- Comfort level with PRAPARE questions
- Assistance by our staff
- Outcomes of referred resources/services

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Food

- Comfort level with PRAPARE questions
- Assistance by our staff
- Outcomes of referred resources/services

BH	29 housing need 26 food need (3 both)	18 housing need 9 food need (2 both)	89% comfortable 78% assisted by staff 5% able to access	100% comfortable 89% assisted by staff 78% able to access
PN	5 housing need 8 food need (1 both)	4 housing need 2 food need (1 both)	75% comfortable 25% assisted by staff 0% able to access	50% comfortable 0% assisted by staff 100% able to access
HIV	4* housing need 4* food need (1* both)	0 housing need 0 food need (0 both)	N/A	N/A
All Teams	38 housing need 38 food need (5 both) N = 72	22 housing need 11 food need (3 both) N = 30		

Conducted a telephone survey with 30 patients screened positive for housing and food insecurity

Interventions and Usefulness

Housing

- Comfort level with PRAPARE questions
- Assistance by our staff
- Outcomes of referred resources/services

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Food

- Comfort level with PRAPARE questions
- Assistance by our staff
- Outcomes of referred resources/services

BH	**18 housing need 9 food need (2 both)**	**Within 78% assisted, staff: 79% filled out app 57%% called to refer out 50% given written resource contacts 0% provided health ed materials**	**Within 89% assisted: 63% application assistance 63% call/external referral 50% given written resource contacts 25% given health ed materials**
PN	**4 housing need 2 food need (1 both)**	**Within 25% assisted: 100% called to refer out**	**N/A because no patient noted assistance.**

HELPFULNESS OF RESOURCE DETAIL

Housing

- Comfort level with PRAPARE questions
- Assistance by our staff
- Outcomes of referred resources/services

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Food

- Comfort level with PRAPARE questions
- Assistance by our staff
- Outcomes of referred resources/services

BH	18 housing need 9 food need (2 both)	Within 5% able to access: 100% found it ”very helpful”	Within 78% able to access: 50% very helpful 50% somewhat helpful
PN	4 housing need 2 food need (1 both)	N/A (patients unable to access)	N/A (patients had access prior to PRAPARE)

Staff are administering housing interventions but not many are able to access it. Food interventions are somewhat accessible but could be more helpful in meeting their needs.

POTENTIAL AREAS FOR GROWTH

Time

Patient

Screening

In-house Referral

External Referral

Follow-up

-High patient comfort levels
-Trust in AHS and staff
-in-language support

-Some housing needs weren't ID'd

-High satisfaction
-High number and quality of support
-Didn't know what we offered
-Lack of appts/staff capacity
-Between team variability in support

--Between team variability in referrals

-Improve or increase follow up
-Ensure loop closure

ASIAN HEALTH SERVICES

Thank you to contributions from AHS staff:

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