Tailoring a Social Needs Assessment Tool for an Urban Latino Population

Jasmine K. Singh

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Tailoring a Social Needs Assessment Tool for an Urban Latino Population

Jasmine K. Singh and Beth A. Careya, MD

Introduction

The population served by the Lehigh Valley Health Network (LVHN) is composed of patients with diverse and complex social needs. In fact, approximately 40% of health outcomes are due to unmet social needs. For this reason, the purpose of this study is to adapt a social needs assessment tool, Beacon Patient Reported Outcome Quality of Life (PROQOL), to discern unfulfilled social needs. Beacon PROQOL (shown in Figure 1) is a computerized interactive survey tool, previously developed by the Mayo Clinic, which serves to collect patient reported outcome (PRO) data in 9 priority areas. 

Methods

Phase 1: Assess patient needs and preferences for optimal medical and community resources.

Phase 1: Focus Group Composition

<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>Ethnicity</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>English</td>
<td>Hispanic</td>
<td>18-34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35-64</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65+</td>
</tr>
<tr>
<td>Spanish</td>
<td>Non-Hispanic</td>
<td>2 groups</td>
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<td></td>
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<td>2 groups</td>
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<td></td>
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<td>2 groups</td>
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</tbody>
</table>

Phase 2: Perform a qualitative assessment of Beacon PROQOL in our patient population.

Informed Consent

Demonstration of Beacon PROQOL on iPads

Questions to determine patient impressions regarding text and graphics of Beacon PROQOL

Rank top 3 priority social need areas and preferences for icons

Specific Aims and Potential Outcomes

Specific Aims

AIM 1: To assess patient priority areas for social need domains within our population.
AIM 2: To evaluate images to represent social need domains.
AIM 3: To adapt Beacon PROQOL based on patient preferences for domains, subdomains, and images.

Outcomes

A list of the priority social need domains with contextual themes.
A collection of appropriate images to represent the identified social need domains with contextual themes.
Adapted social needs assessment tool with patient preferences from our community.

Results

Phase 1 Results

Mental Health and Addiction Services
Financial Support
Recreation
Health Insurance
Medications
Food and Nutrition
Transportation

Number of Existing Resources

Priority Areas Identified in Phase 1:

1. Financial Support
   “I think I’m in the category where I’m not poor enough, but I’m not able to afford it.”
2. Medications
   “Now I’ve got all these medications, so what do they expect you to do? Do you eat? Do you get your medication? You’re in a situation. Do I only get a little bit of food, can I skip my medication one time? Sometimes I was taking my medication every other day because I couldn’t afford to get the medication. Instead of it lasting thirty days, I’d try to make it last sixty so that I can afford to take my medication. That’s not right. There should be resources for people. Then they say, “You make too much money.” That’s the famous word, that’s the cure-all for everything now.”
3. Health Insurance
   “It’s been ten years since he’s been to a doctor for a check up. Look how old he is, and that is all due to the lack of resources.”

Discussion

• In 4 focus groups of 42 participants in Phase 1, there were a diverse group of unmet social needs identified in the community. While the group was able to articulate more resources for some barriers than others, there were still several gaps in needed resources, as well as ideas for opportunities to better serve the community.

• There are many resources available that were not named by participants, indicating that a comprehensive and accessible database of resources per geographic area may be advantageous.

• Ideally, adaptation of Beacon PROQOL to identify social needs will lead to the development of a model that resembles the Health Leads (HL) model established by the Boston Medical Center in 1996. After administration of a social needs assessment tool, HL volunteers work to connect patients with community-based resources in an effort to improve patient outcomes.

Future Directions

• Phase 2: Continue recruitment of participants and administration of focus groups to evaluate priority social need domains and corresponding images.

• Phase 3: Create or modify a social needs assessment tool tailored to the unique needs of the LVHN patient population.

• Phase 4: Use social needs assessment tool to generate “social prescriptions” to connect patients with resources.

Further study will assess how many social needs, once identified, were addressed, as well as the impact of this intervention on overall health, quality of life, and cost of care.

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References

