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HEALTH ADVOCATES: MITIGATING SOCIAL BARRIERS TO HEALTH IN A MEDICAL

CENTER

Capstone Project

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Abstract

Santa Clara Valley Medical is one of the busiest emergency departments in California. Patients are coming into the Emergency Department (ED) with needs that could have been prevented if they would have had access or knowledge about preventative measures such as the importance of having health insurance or seeing a primary care physician. In order to decrease the use of ED services for non-medical needs the launching of the Health Advocates Program will help address social determinants of health to an underserved community, including access to safe and affordable housing, food, health services, job training, legal aid and more. The program offers social needs screening, referrals to community resources and assistance connecting with resources that are free or at a low cost. Extending the services to Express Care and The Discharge Lounge will aim to target patients who also have non-medical needs affecting their health.

Key words: Emergency Department, Preventative Care, Social Needs, Social Determinants, Community Resources, Underserved Population

Executive Summary

Problem Statement: Santa Clara Valley Medical currently has two social workers working in their Emergency Department. There is only one social worker designated for the Emergency Center. Patients can be waiting several hours to days to speak to a social worker in order to address their needs. When a trauma comes into the hospital or there is a death, the social worker can be working on that case for the rest of the day, which leaves a number of patients with social needs that are unattended to. Due to lack of funding, there are not enough social workers for the amount of patients being seen in the Emergency Center.

Project Aim: The Health Advocates program attends to patients that would otherwise not be seen unless they made an appointment with the social worker. The social needs referral program addresses social determinants of health in order to improve patient's health outcomes. These resources are offered to patients who are in the Emergency waiting room, who can be waiting up to 10 hours or more to be seen by a physician. In the meantime The Health Advocates program can assist the patient with non-medical needs they may have. The project aims to connect patients to the resource programs they need and follow-up with the patient to ensure they received the resources. Navigating the patient through the process will help ensure that the patient was able to obtain the resources they needed in a timely manner and to be assisted through any complications along the way. The Health Advocates program will try to accurately match the resource program to the patient's needs in a timely manner. If information isn't available on the services the patient is requesting the Health Advocates is expected to do research in order to assist that patient. The services offered by the Health Advocates are free. The outside resources offered to patients can be free or at a low cost.

Methods: In order to gather participants for the Health Advocates program, Health Advocate volunteers went into each waiting area: Emergency, Express Care and The Discharge Lounge to inform patients about the program. Patients would fill out the brief screen if they had any of the needs that were listed. The patient had the option of not participating in the program or withdrawing at any point. Health Advocates can help patients fill out the form and based on their answers on the brief screen Health Advocates can determine whether or not the patient needs to do the full screen in person or by phone. Patients who needed immediate assistance were attended to immediately during their wait time in the ED, Express Care or the Discharge Lounge. Patient who didn't have immediate concerns were called back at another time to do a full screen in person. If the Health Advocates volunteer was not able to assist the patient or it was out of their scope of practice the case was escalated to the social worker.

Results: 98% of patients who participated in this program stated that they found the Health Advocates services helpful and that the full screen (questionnaire) was the right length of time. 91% of the patients stated that they have never been asked about non-medical needs affecting their health in a doctor's office. 50% of patients were lost-to-follow-up (LTFU) after they filled out the brief screen.

Implications: The results let us know that this program is assisting the patients of Santa Clara Valley Medical. The program should shift in a direction to assisting patients in person rather than by phone in order to prevent losing patients to follow-up. For future research there should be an evaluation on the resource services that the Health Advocates are referring patients to, in order to ensure that the resources services are meeting the patient's needs.

Introduction

Health Advocates combat health disparities prevalent in the Santa Clara County patient population. The program helps patients and their families navigate the health care system and provide a “warm hand off” to community organizations. The initial interview is done in person or by phone. Follow-up with patients are done over the phone two weeks after the initial interview, to ensure that their needs were met. The services offered by the Health Advocates are free. The program’s mission is to make a difference in patient’s lives by addressing social factors affecting their health by connecting patients with local resources in their community. Health Advocates work with an underserved patient population of Santa Clara County. This population includes patients without health insurance, food resources, jobs and housing. Health Advocates actively advocate for the improvement of each patient’s outcome.

Literature Review

Overcrowding in ED: Across the world emergency departments (EDs) are facing increasing challenges due to growing patient numbers and the inability to deliver quality and timely patient care due to limited hospital resource’s (Jarvis, 2016). There have been disparities between patient demand and the ED’s capacity to deliver that care (Jarvis, 2016). These disparities can lead to poor patient flow and department overcrowding which is associated with reduction in the quality of care and poor patient outcomes (Jarvis, 2016). Crowding occurs when demands placed on the ED are greater than the entire hospitals capacity to ensure timely care (Jarvis, 2016). Several studies have presented evidence that ED crowding contributes to a reduction in the quality of patient care (Jarvis, 2016).

Consequently, ED crowding has become a common, international phenomenon where

50% of all United States EDs report operating near or above maximum capacity (Jarvis, 2016). Another factor of overcrowding is patients leaving without their care being completed (Jarvis, 2016). In the United States this situation accounts for 2% of all ED visits (Jarvis, 2016). Improving patient flow within the ED is ultimately achieved by reducing the amount of time patients spend in the ED, therefore reducing the wait time and crowding (Jarvis, 2016). Shorter patient journey times are associated with improved patient satisfaction and reductions in mortality and morbidity (Jarvis, 2016). Patient flow and departmental crowding can be improved by implementing new patterns of working and introducing new technologies (Jarvis, 2016). There are few studies that examined patient engagement and satisfaction among underserved populations and how patients perceive the quality of free healthcare services (Kamimura et al., 2013).

Lean Principle: In order to improve wait times and overcrowding, EDs have applied lean principles to address the problem. Lean was developed more than 50 years ago by the carmaker Toyota to primarily remove waste in work processes (Vermeulen, 2014). In 2009, an ED process improvement program based on lean methods was introduced in Ontario, Canada as part of a strategy to reduce and improve patient flow (Vermeulen, 2014). The study determined the effect of lean methods on ED wait times and quality of care (Vermeulen, 2014). Prolonged waiting times in the ED have been recognized as a major barrier to timely and accessible emergency care (Vermeulen, 2014). Crowding and wait time in the ED have been associated with a greater risk of adverse outcomes for patients, including mortality among admitted patients and both death and succeeding hospital admission for discharged patients (Vermeulen, 2014). As a result, policies to address waiting times in the ED have been acknowledged and Lean principles are

increasingly being applied as part of efforts to improve quality in health care settings (Vermeulen, 2014).

Individualized Program Planning: Patients utilizing EDs frequently have become an increasing problem to hospitals since it creates inconsistent care for patients (Gerhold, Selfridge, & Copper, 2017). There is an increased care cost for patients, hospitals and insurers due another patient's frequent visits (Gerhold, et al., 2017). In a research study at a Midwest regional hospital staff identified an upward trend in ED visits and created a case management intervention, which included individualized care planning and a social work case manager for 103 patients (Gerhold, et al., 2017). Having a larger team and individualized plan addressed this issue within the first year. ED visits for this patient population reduced by 68% and ED charges decreased by \$1.1 million (Gerhold, et al., 2017). In a study conducted by Bunting and Cagle (2016) states the importance of evaluating programs effectiveness in communication. The program demonstrated that training can have a positive impact for social workers and the families, patients and staff members they work with. In the United States integrated care has focused on the integration and funding of clinical healthcare services (Fraser, 2018). Clinical integration mostly includes providers, interprofessionals teams, and the use of a coordinated plan for the patient's well rounded care (Fraser, 2018).

Patient Advocacy: Patient-advocacy organizations are nonprofit groups whose primary mission is to work toward improving the health and well-being of a particular patient population (McCoy et. Al., 2013). In a study conducted by Dr. Brokaw, she discusses the navigation process for patients and the importance of clarifying patients' fears and desires, to improve their health

outcomes (Brokaw, 2016). It can be difficult to conduct a project in a way that is both respectful of the community and residents' norms, values and traditions (Johnson et al., 2013). Promotoras (community health workers) play an important health promotion role and must be trained continuously (Lucio et al., 2012). The Promotores Model has been used since the early 1950s to enhance access and quality of health and social services, particularly in diverse and underserved communities (Matthew, 2017). Promotoras are health workers and their focus is serving the communities in which they live. Promotoras are usually members of the target audience and serve as a bridge between hard-to-reach populations and the healthcare system (Flores, 2017). As members of the target audience, they are able to establish relationships with their community, allowing for the effective delivery of health messages (Flores, 2017). However, future community-based research is needed to provide researchers with the culturally situated knowledge to lead projects (Johnson et al., 2013). The aim of this literature review was to examine the evidence related strategies used reduce the amount of crowding in the ED in order to improve patient throughput.

Agency Profile

Santa Clara Valley Medical's Health Advocates program is affiliated with the patient advocacy program at Stanford Hospital. The Santa Clara Valley Medical Center (VMC) Foundation is an independent, nonprofit organization that raises donations from the community on behalf of (VMC) and the entire Santa Clara Valley Health and Hospital System. The Foundation seeks these funds for programs that support community well being, improve the quality of care, and promote access to medical treatment for all residents of Santa Clara County. Health Advocates are apart of Volunteer Services. Health Advocates assist patients directly by referring them to community resources that can moderate social barriers to health. Health Advocates administer health; social, and/or legal needs assessments to patients from diverse backgrounds.

Problem Statement

Valley medical doesn't have social workers working 24.7, which can detain the flow of the ED. There is only one social worker designated for the Emergency Center. Patients can be waiting for several hours to days to speak to a social worker in order to have their needs addressed. If a trauma comes into the hospital or there is a death, the social worker can be working on that case for the rest of their shift. Due to lack of funding, there are not enough social workers for the amount of patients being seen in the Emergency Center. This can cause patients to have a delay of care because their needs are not being attended to immediately.

If a patient requests housing needs because they don't have a place to sleep for the night then the physician might have to wait hours to even address that concern. The patient can be in the process of being discharged but if they don't have a place to go after, then the physician has

to make the arrangements. The social worker is in charge of making these arrangements but as mentioned previously the social worker might not be available. The patient's bed isn't available because the patient can't be discharged until staff finds the proper accommodations for this patient. Staff may not have the proper training or the time to be able to make calls to local shelters and find transportation for this patient. This process can be tedious, time consuming, and delay care for other patients in the ED. The Health Advocates program was designed to assist social workers by addressing concerns of patients that otherwise would be delayed. These concerns can be addressed before the patient is admitted in order to utilize the time the patient is in the waiting room.

Methods

The following methods were used in gathering patient participation in the Health Advocates Program: (a) passing out brief screen forms to patients in Emergency, Express Care and The Discharge Lounge; (b) inputting brief screen data into REDcap; (c) conducting a full screen in person or by phone; and (d) calling patients for follow-up (navigation call).

Health Advocates kept track of how many patients they approached in each department, # of patients with needs, # of patients without needs, # of patients who declined the screening. It is also an important way to keep track of why Health Advocates didn't reach patients in one of the departments or all of the departments that day. The strengths of the collection method was that Health Advocates store the data online and on paper. It allows Health Advocates to see why they could not reach all of the patients or how many patients they were able to reach.

The patient will also have the choice to decide whether or not they want to participate.

They can also differ from participating even after they fill out the brief screen. Health Advocates were also able to help patients fill out the brief screen form. Health Advocates can determine whether or not the patient needs to do the full screen in person or by phone. Patients who have immediate housing concerns such as not having a place to sleep after being discharged from the hospital are given priority. Patients who do not have an address and a phone number are seen immediately because Health Advocates have no way of reaching them after they leave the waiting room.

In order to reach the patients the brief screen asked patients to write down their name and phone number. Patient identifiers were not placed in REDcap but name and phone number was put on a paper sheet that was stored in a locked cabinet. The name and phone number was not connected to the brief screen because the brief screen was shredded after the name and phone number was collected. The patient was given a unique code that was tied to their name in order to connect the patients profile to REDcap. REDcap only contained the unique code and only Health Advocates had access to REDcap. The patient's information is kept separately to ensure patient confidentiality and avoid connection between the services the patient is requesting. This information was used only for the sole purpose of calling the patient to do the full screen over the phone.

The brief screen form was available in Spanish due to the large Spanish speaking only patient population at Valley Medical. The Health Advocate team had 3 Spanish-speaking volunteers to assist in the development of the Spanish version of brief screen. The brief screen has been edited to prevent losing patients to follow-up. The new version of the brief screen includes a time preference in which patients would want to be reached. Patients with cell phones are asked to save Health Advocate's number, so they know Health Advocates are calling. The

Daily Metrics Log is an essential component to the program because Health Advocates are keeping track of how many patients they are reaching per shift.

Patients would be called back within a 2-3week time frame for a full screen if it were not conducted in person. A full screen is conducted in order to assess the patient's eligibility for the resource program. The Health Advocates are using REDcap a secure, reliable, versatile and HIPAA compliant database for storing data. REDcap allows Health Advocates to store information such as demographics, financial income and social screening needs. The brief screen information is being stored onto REDcap. Patient's names are omitted from REDcap and are instead given an ID number to connect the patient profile to their brief screen. After entering patient sensitive data the system allows Health Advocates to know what programs patients can qualify for. REDcap's software would determine the patient's eligibility for the program based on the patient's income, family size and housing situation. Health Advocates are able to refer patients to certain programs based on the answers they provided during the full screen. Patients were called back after 2-3 weeks to ensure they received their packet of information in which they needed for the program's referral process. It also gave the Health Advocates program the opportunity to assist the patient further if any complications or questions arose during the referral process.

Identified Problem: Patients requesting assistance from Health Advocates team were originally receiving assistance within 6months for interpretation services in Spanish and Vietnamese. Patients who didn't require interpretation services were waiting for 4months to speak to a Health Advocates volunteer. In order to address the problem Health Advocates volunteered for extra shifts and worked overtime in order to reduce the backlog to 2-3weeks. The Lean Model was utilized in order to determine areas for improvement.

Results

Health Advocates have approached 1,100 patients and counting. The number represents the number of patients that have filled out the brief screen. Healthy food for my family was the most requested need on the brief screen followed by Housing concerns. Patients requesting assistance from Health Advocates team were originally receiving assistance within 4-6months. Since the evaluation process commenced patient wait time was reduced to a 2-3week-wait time for a full screen. The Lean Model was applied to identify areas for improvement. Patients who were lost-to-follow-up (LTFU) were patients who did not pick-up our call after 3 attempts. The Health Advocates Team would call a patient on three different days and if the patient didn't answer they were considered LTFU. In order to avoid losing patients to follow-up Health Advocates asked patients to save the Health Advocates cellphone number in their phone or to write it down. Patients were also given an option to fill out on the brief screen the best time to call them. The brief screen also allowed patients to state if they were comfortable with the Health Advocates Team leaving a voicemail.

Due to the high demand of housing social workers working for the ED requested for Health Advocates to have additional training in placing patients in affordable housing or homeless shelters. When a patient is homeless Health Advocates should escalate the situation to a social worker in order for them to place the patient in a homeless shelter. Social workers no longer require Health Advocates to escalate a patient requesting a homeless shelter because San Jose only has Little Orchard (homeless shelter) as an option for patients. Many of the shelters in San Jose have closed and there aren't more options for patients. Social workers don't have enough staff to assist patients with housing that they have deliberated this task to the Health Advocate Team.

Brief Screen Questions:

Do you need help with?

Healthy Food For Your Family: applying for CalFresh, food bank, or Women, Infants, and Children (WIC)

Housing Concerns: finding a stable place to live; improving home safety, getting rid of mold or pests (renters only)?

Benefits: accessing Veteran's Benefits, In-Home Supportive Services, General Assistance, CalWorks or Social Security?

Work Accommodations & Employment: finding job training or employment; obtaining health-related work accommodations?

Utility Bills: payments or concerns about phone, water, electricity, or other utility bills or services?

Immigration: services, classes, or legal aid for non-US citizens

Affordable Childcare: finding reliable, affordable care for children?

Resources For Seniors: writing or updating an Advanced Directive or Durable Power of Attorney?

Health Care Access: finding a primary care physician, dentist, or mental health provider?

Prescription Costs: help with cost of prescription medications?

Transportation: affordable transportation to medical appointments

Other: Ask us

*Patient is given a space to write down their need in the other section. The brief screen was available in Spanish.

Table 1				
List of needs on the brief screen				
			% of patients requesting this need	
Healthy Food For Your Family			66.80%	
Housing Concerns			52.10%	
Benefits			21.10%	
Work Accommodations & Employment			19.90%	
Utility Bills			19.50%	
Immigration			10.30%	
Affordable Childcare			7.50%	
Resources For Seniors			13.30%	
Health Care Access			38.40%	
Prescription Costs			23.80%	
Transportation			25.70%	
Other: Ask Us			2.50%	

Healthy food for your family was the highest requested need on the brief screen, 66.8% of patients needed help either applying for CalFresh, food bank, or Women, Infants, and Children (WIC). 98% of patients who participated in this program stated that they found the Health Advocates services helpful and that the full screen (questionnaire) was the right length of time. 91% of the patients stated that they have never been asked about non-medical needs affecting their health in a doctor's office. 50% of patients were lost-to-follow-up (LTFU) after they filled out the brief screen. Out of 1,100 patients that filled out the brief screen Health Advocates lost 50% of patients due to a variety of reasons. Some of the reasons were noted, patient's phone was disconnected, the number no longer belonged to them, they moved, or they didn't pick-up after the Health Advocates called 3 times on separate days.

Discussion: To improve services in the program Health Advocates should move in the direction of doing full screens in person as opposed to full screens over the phone. Full screens in person will reduce the amount of patients we loose to follow-up. Patients stated their preference in doing the full screen during their wait time in order to make use of their wait time in the ED. Reducing the backlog has allowed the Health Advocates Program to reach patients within 2-3weeks. In order to maintain sustainability a schedule is set in place to ensure patients are reached in a timely manner. Further research is needed to evaluate the services being referred to patients in order to ensure that the resource services are providing what the patient is requesting.

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