

# EVALUATING A HEALTH-RELATED SOCIAL NEEDS INTERVENTION: RESULTS AND LESSONS LEARNED

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## DISCLOSURES

- I have received research funding from NIH, USDA, Robert Wood Johnson Foundation, and Feeding America
- I have no conflicts of interest to disclose

## BACKGROUND

- Health-related social needs are known to have adverse effect on health
- Addressing health-related social needs has not historically been a focus of the healthcare system
- Growing interest in trying to do so
- Mixture of formal research and clinical innovations

# HEALTH LEADS STUDY

- Health Leads Program
- Comprehensive screen for unmet needs
- Healthcare, employment, financial, food, transportation, utilities, housing, legal
- Advocate works with patient to:
- Determine ‘resource landscape’ for needs
- Equip patient with needed resources

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**Original Investigation** FREE

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## Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management

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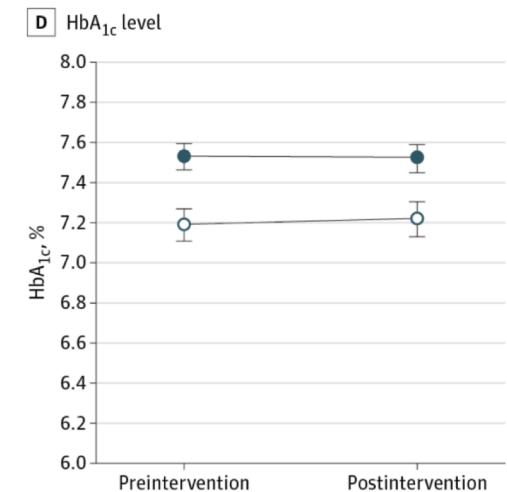
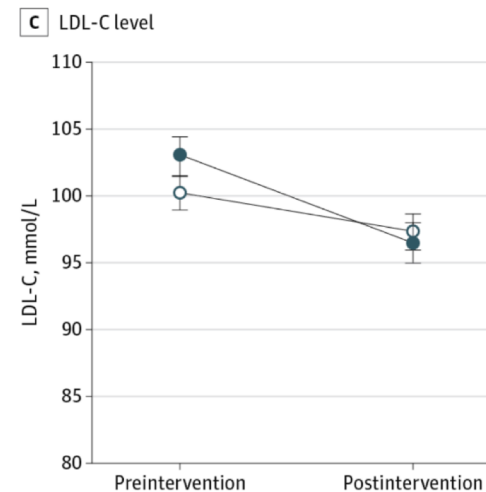
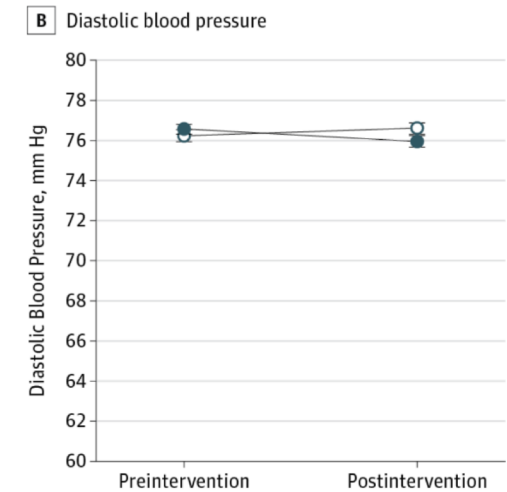
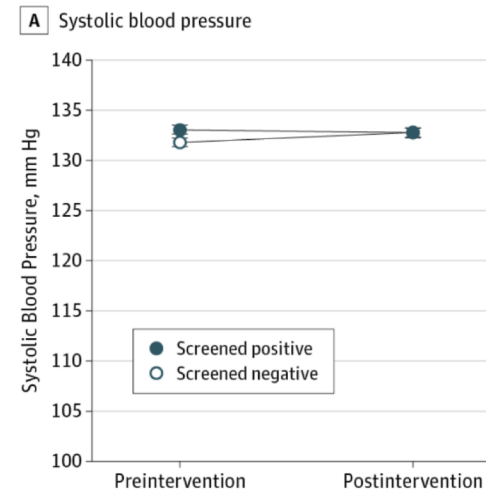
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## HEALTH LEADS STUDY

- 2 primary care practices
- Paper-based screening
- Then referred for intake interview

# HEALTH LEADS STUDY

- Found improvements in:
  - Blood Pressure
  - Cholesterol
- No improvement in:
  - Hemoglobin A1c



# QUALITATIVE FOLLOW-UP

- What did and didn't work?
- What are the mechanisms?

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## Mechanisms Associated with Clinical Improvement in Interventions That Address Health-Related Social Needs: A Mixed-Methods Analysis

Seth A. Berkowitz, MD, MPH,<sup>1,2</sup> Amy Catherine Hulberg, MPP,<sup>3</sup> Hilary Placzek, PhD, MPH,<sup>4</sup>  
Anyang Dangora, BS,<sup>4,5</sup> Jason Gomez, BA,<sup>4,6</sup> Sara Standish, MBA,<sup>4</sup> and Steven J. Atlas, MD, MPH<sup>7,8</sup>

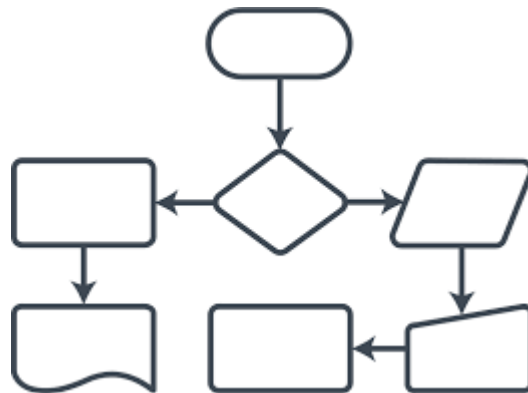
## QUALITATIVE FOLLOW-UP

- Examined case records of intervention participants
  - 40 who improved
  - 40 who did not



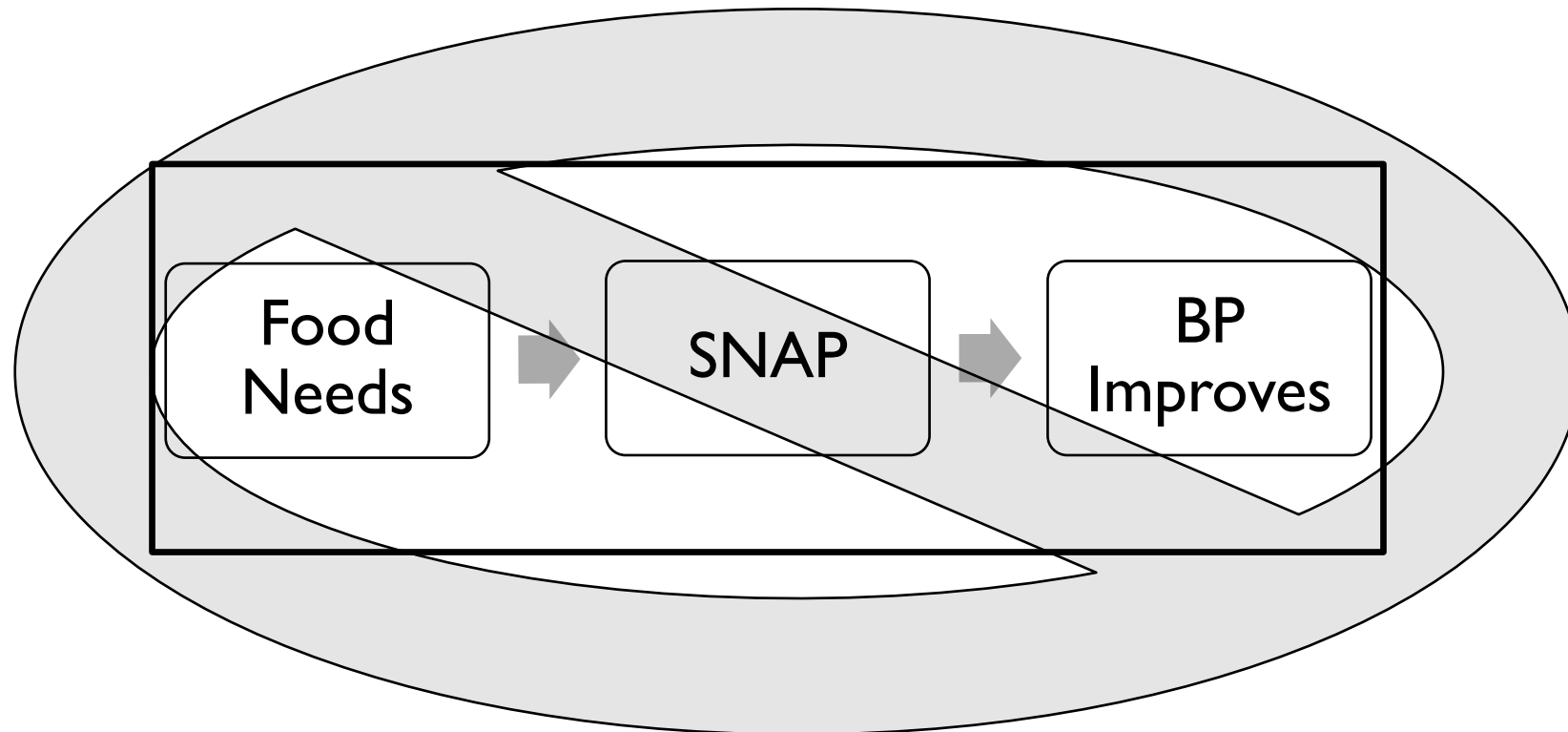
# QUALITATIVE FOLLOW-UP

- Improvement connected with adequacy of resource landscape
  - Needed to get every step of the process 'right'



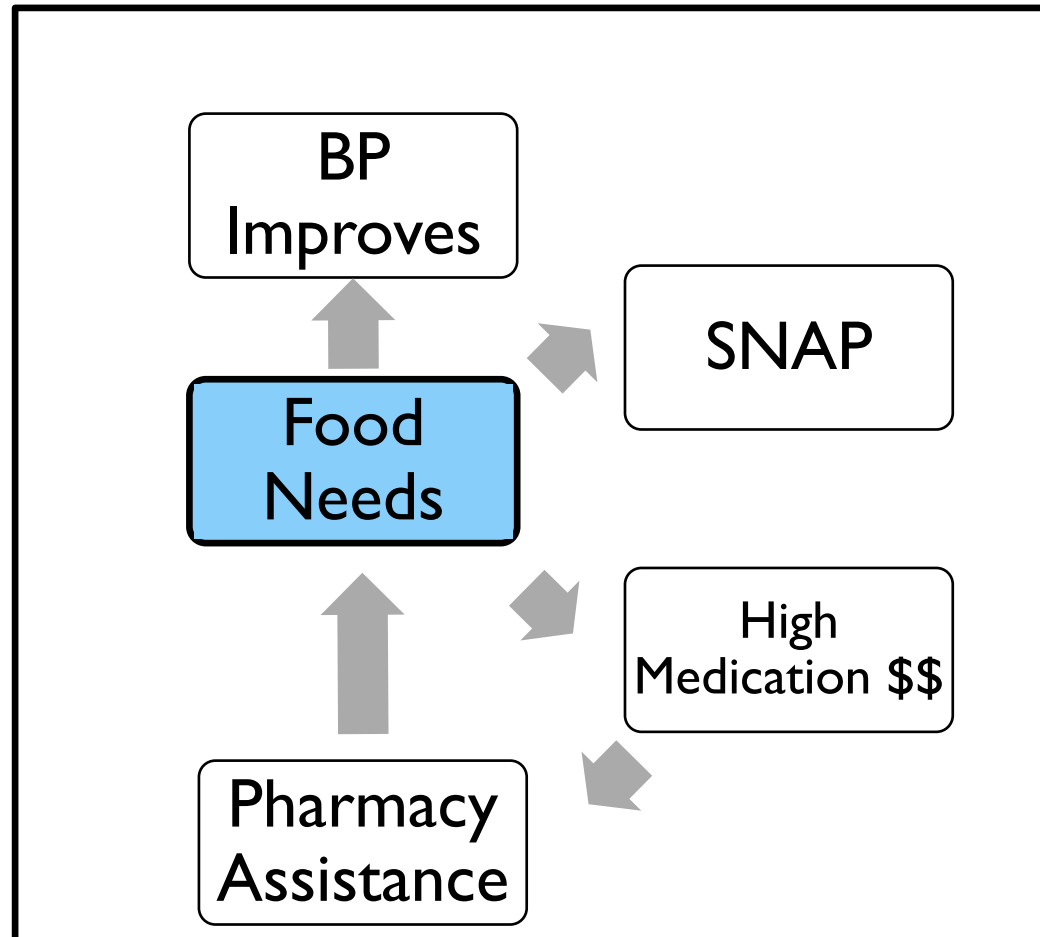
# QUALITATIVE FOLLOW-UP

- Path from presenting need to clinical improvement was often 'non-linear'



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- Path from presenting need to clinical improvement was often 'non-linear'



## IMPLEMENTATION LESSONS

- Work closely with staff to help understand reasons for process
  - Ex: retaining negative screens, case finding
- Search for narrow set of 'high yield' needs may be quixotic
- Close attention to all the steps in the process
- Resource landscape is local
- Coordination with multiple organizations needed

THANK YOU!

- Questions?
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- While you query, please enjoy a cute picture of my daughter:

