



CHAPTER 9:

Act on Your Data

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is not simply about collecting data on patients' social determinants of health. It is also about responding to the socioeconomic needs identified. While "painting a fuller picture" of the patient can be therapeutic in many ways for both staff and patients, it is important to provide services to meet the needs when possible to assure patients that providing this information helps to provide better patient care. Even if clinics do not have all of the necessary services to respond to the socioeconomic needs, it is still important to gather this information to inform clinics of the greatest needs in their community and how they should fill gaps in their services, whether by building more services in-house or by developing community partnerships.

To help clinics think through possible services and interventions they can provide or build, this chapter presents more granular-level needs and examples of ways to address or ameliorate those risks for each social determinant of health domain in PRAPARE. While we understand that the social determinants of health do not act in isolation and that they all interact and affect one another, for ease of searching and viewing, this chapter only lists needs and responses that are largely specific to each social determinant of health in their respective action pages. Interventions are categorized based on the type of response needed to mitigate the risk, whether an individual-level response, a population-level response, or a response that requires a community and/or advocacy approach. These examples are meant to be "idea triggers" to help clinics think through what might be possible in their own setting. Vignettes and case studies are provided when available to highlight how other organizations built particular interventions and what resources were needed.

This chapter also includes an Appendix of Resources to provide more tools and resources to help clinics address the social determinants. Resources are grouped based on whether they help others identify and connect people to resources, identify effective interventions, or link to other data.

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Appendix of Resources:

- 1) Resources that Help Identify and Connect People to Resources
- 2) Resources that Identify Effective Interventions
- 3) Resources that Link to Other Data

Cultural Consideration

Why is Cultural Consideration Important?

Health care providers need to be aware of, and sensitive to, cultural diversity, life situations, and other various factors that shape a person's identity to provide safe and quality care to all patients. These factors include refugee status, sexual orientation, cultural and linguistic background, sex and gender, disability, religious beliefs, homelessness, and incarceration history among other factors.

(CDC, Cultural Diversity and Considerations)

Sample Needs Related to Cultural Consideration*

Clinical-Related Needs	Inadequate communication between provider and patient	Unaddressed trauma arising from refugee status, homelessness, incarceration, etc.	Different cultural beliefs regarding treatment and medication	Issues with openness about medical history due to patient and provider gender
Non-Clinical Related Needs	Non-English speaker	Issues with re-entry, securing housing, and gainful employment (ICD-10:Z65.1.2)	Health literacy and understanding how to take medication	
Community Related Needs	Cultural and linguistic assimilation due to refugee status	Neighborhood safety	Lack of job opportunities	

* Please note that this list is not exhaustive but only includes common examples of needs

Ways to Address Cultural Consideration in a Clinical Setting

- Develop dedicated services for medical interpretation that include in-person or telephonic qualified interpreters
- Offer medical documents and medical instructions in preferred language
- Use “teach-back” to ensure patient understanding
- Screen for post-traumatic distress disorder, depression and other mental health issues, along with alcohol and substance abuse
- Recruit and hire culturally and linguistically competent providers and personnel
- Continuously train providers and personnel on communication and cultural competency
- Ask patient for preferred provider gender to increase medical history accuracy
- Understand religion-based gender segregation practices and prepare to accommodate when possible

Cultural Consideration

Simple, Low-Costs Ways to Address Cultural Consideration in a Non-Clinical Setting

- Offer or refer patients to English classes
- Provide compiled social services information packages in preferred language listing programs offered at organizations, state and federal levels
- Provide job training, computer and financial literacy, Medicaid, TANF/SNAP, WIC enrollment, and housing assistance for recently released individuals and home-bound individuals
- Refer patients to temp agencies for temporary work, employment centers for assistance with resume building and interviewing practice, community colleges to further education or to acquire new, marketable skills—for this option, assistance with financial aid application would also be helpful—and organize career and job fair for opportunity to directly interact with hiring agents
- Use visual aids like colored caps for pill containers or calendars to convey which medication need to be taken when
- Provide medication management classes in patient preferred language

Ways to Mitigate Cultural Consideration Risk in a Community Setting

- Organize a cultural family fair to increase interaction across cultures, languages, and religions
- Encourage community business development involving community members to encourage local hiring practices and prevent mortgage increases and any consequences of new development in a low-income community (i.e. gentrification)
- Organize job fair with representatives from both local and community-serving businesses
- Provide a list of recreation centers offering free or low-cost sports classes; provide a list of nearby hiking trails or parks as alternatives to unsafe parks
- Organize neighborhood clean-up and beautification days—painting over gang-related graffiti with community designs, trash and recycling receptacle painting, park/beach clean-ups, etc.

Domestic Violence

Why is Domestic Violence Important?

Domestic violence is a known contributing factor to mental health and well-being, and can lead to other chronic conditions such as heart disease and stroke. Providing access to resources for support and actively creating & engaging in preventative practices will allow for a safer, healthier livelihood.

Sample Needs Related to Domestic Violence*			
Clinical Related Needs	<ul style="list-style-type: none"> Anxiety & Depression 	<ul style="list-style-type: none"> Physical evidence of violent acts. 	
Non-Clinical Related Needs	<ul style="list-style-type: none"> Constant flashbacks of violent acts 	<ul style="list-style-type: none"> Low Self-esteem 	<ul style="list-style-type: none"> Fear of intimacy
	<ul style="list-style-type: none"> Strained relationship with health providers and employers 	<ul style="list-style-type: none"> Distrust and emotional detachment 	<ul style="list-style-type: none"> Problem related to primary support group, unspecified (ICD-10: Z63.9)
Community Related Needs	<ul style="list-style-type: none"> Homelessness (ICD-10:Z59.0) 	<ul style="list-style-type: none"> Unable to access resources for support 	<ul style="list-style-type: none"> Social Exclusion & rejection (ICD-10: Z60.4)
* Please note that this list is not exhaustive but only includes common examples of needs.			

Ways to Address Domestic Violence Risk in a CLINICAL Setting

- Train physicians/health care providers to be able to identify the early indicators of abuse within a clinical visit. Refer to behavioral health services if necessary.
- Create an atmosphere of safety for the patient being seen (i.e. “patient-only” signs beyond a certain point in the office). If partner attends clinic visit with patient, ask partner to leave for part of the visit to discuss private matters, but do not mention it is for domestic violence screening.
- Display educational posters and flyers about domestic violence in and around the clinic to help create a safe, welcoming, and empowering environment.

Domestic Violence

(Continued)

Ways to Address Domestic Violence Risk in a NON-CLINICAL Setting

- Develop partnerships with local shelters and housing organizations for victims of domestic violence.
- Have staff trained in assessment and screening for domestic violence victims, including their legal obligations for reporting such abuse.
- Offer support groups for victims of domestic violence.
- Establish a community referral system with ties to local healthcare providers and other social services organizations.

Ways to Mitigate Domestic Violence Risk in Community

- Work with local government officials to advocate for policies and laws concerning domestic violence victims (e.g., restraining orders, offender lists, etc.).
- Educate your community on the indicators of domestic violence for all age groups.
- If dealing with overcrowding at shelters, advocate to build more shelters.
- Work with community groups (e.g., churches) to develop a network of “safe houses” where victims of domestic violence can stay and receive support for a period of time if shelters are overcrowded.
- Develop a network of community leaders willing to take initiative when necessary for the betterment of the community.
- Charge community business owners and leaders to hold themselves accountable to learn, be trained in and recognize the signs, as well as how to take appropriate action.

Education

Why Is Education Important?

Education is a widely used measure of socio-economic status and is a significant contributor to health and prosperity. Higher education is associated with longer life-span and fewer chronic conditions. Parental education is a determinant of child health outcomes.

Sample Needs Related to Education*			
Clinical Related Needs	<ul style="list-style-type: none"> • Illiteracy and low-level literacy (ICD-10: Z55.0) 	<ul style="list-style-type: none"> • Educational maladjustment and discord with teachers and classmates (ICD-10: Z55.4) 	
Non-Clinical Related Needs	<ul style="list-style-type: none"> • Underachievement in School (ICD-10: Z55.3) 	<ul style="list-style-type: none"> • Failed School Examinations (ICD-10: Z55.2) 	<ul style="list-style-type: none"> • Need skills for job
	<ul style="list-style-type: none"> • Have skills needed for job but need U.S. certification/ accreditation 	<ul style="list-style-type: none"> • Schedule Problems (can't go to school due to work schedule or lack of child care) 	<ul style="list-style-type: none"> • Other problems related to education and literacy (ICD-10: Z55.8)
Community Related Needs	<ul style="list-style-type: none"> • Schooling unavailable or unattainable (ICD-10: Z55.1) 	<ul style="list-style-type: none"> • Poor quality schools 	<ul style="list-style-type: none"> • Poor quality teachers
* Please note that this list is not exhaustive but only includes common examples of needs.			

Ways to Address Education Risk in a CLINICAL Setting

- Ensure prescriptions and treatment instructions match patient's literacy level and whether he/she needs extra support to assist them in addressing recommended areas of health improvement.
- Check truancy issues in clinic; encourage youth to stay in school
- Provide books after pediatric check-ups and encourage caregivers or older siblings to read to/with

Education

(Continued)

Ways to Ameliorate Education Risk in a NON-CLINICAL Setting

- Offer or refer patient to courses for language, math, reading, financial literacy, computer skills, and art
- Offer or refer to parenting classes, training, advice to teens and adults
- Promote early childhood development and school readiness, pre-school/Head Start
- Offer or refer to after-school and summer programs for youth and families focusing on youth leadership, nutrition and physical exercise, and life skills training
- Prepare for GEDs, citizenship tests, and post-secondary education

Refer to Appendix of Resources to find resources and services available in your community

Ways to Mitigate Education Risk in Community

- Establish or operate charter schools
- Support a music teacher for local schools
- Provide community resource centers
- Provide college grants/scholarships
- Propose education policy improvements

Employment

Why is Employment Important?

A good-paying job makes it easier for workers to live in healthier neighborhoods, provide quality education for their children, secure child care services, and buy more nutritious food—all of which affect health. In addition to a stable income, employers can provide benefits, including health coverage, workplace wellness programs, job safety training, and education initiatives that contribute to workers' quality of life and health.

In contrast, unemployment can have multiple health challenges beyond loss of income. The unemployed are more likely to have fair or poor health than continuously employed workers, more likely to develop a stress-related condition, and more likely to be diagnosed with depression and report feelings of sadness and worry.

(Robert Wood Johnson Foundation, How Does Employment—or Unemployment—Affect Health?, 2013)

Sample Needs Related to Unemployment*

Clinical-Related Needs	Report fair or poor health	Stress-related condition such as stroke, heart attack, heart disease or arthritis	Suffer from mental health issues like depression, sadness, and worry	Lack of health care coverage
Non-Clinical Related Needs	Loss of income	Live in unsafe neighborhoods	Have less access to healthy foods and more access to unhealthy foods	Less access and less utilization of health care
Community Related Needs	Lack of job opportunities	Increase in neighborhood crime	More food desserts (ICD-10:Z59.4)	Homelessness (ICD-10:Z59.0)

** Please note that this list is not exhaustive but only includes common examples of needs*

Ways to Address Unemployment in a Clinical Setting

- Perennially inquire about patient's employment situation beyond the initial new patient form
- For patients who report fair or poor health, ask if there are any health and social services that they think or feel they need and coordinate link to services requested
- Ask patients about stress levels and screen for any stress-related conditions
- Screen for mental health disorders and provide appropriate treatment
- To address patients without health care coverage, implement a sliding scale fee payment method if not already in place, have a ACA enrollment agent on-site during open enrollment, screen for Medicaid, CHIP, and Medicare eligibility and assist with application

Employment

Simple, Low-Costs Ways to Unemployment in a Non-Clinical Setting

- Refer patients to temp agencies for temporary work, employment centers for assistance with resume building and interviewing practice, community colleges to further education or to acquire new, marketable skills—for this option, assistance with financial aid application would also be helpful—and organize career and job fair for opportunity to directly interact with hiring agents
- Offer SNAP/TANF eligibility and enrollment and unemployment compensation process assistance if loss of income is a result of loss of employment
- Provide after-school academic and art youth programs and create teen jobs to keep youth safely engaged
- Provide a list of recreation centers offering free or low-cost sports classes; provide a list of nearby hiking trails or parks as alternatives to unsafe parks
- Coordinate a farmer's market accepting SNAP and WIC vouchers; have free meals for youth during the summer; encourage community convenience stores to offer healthier items like fruits and nuts
- Offer and heavily promote mobile clinic services, perhaps partner with community institutions like churches or schools to increase mobile health care access and utilization; organize or promote attendance to any health expo providing free or sliding scale comprehensive health services
- Create list of organizations and state and federal programs that provide free, low-cost, or sliding fee health care

Ways to Mitigate Unemployment Risk in a Community Setting

- Encourage community business development involving community members to encourage local hiring practices and prevent mortgage increases and any consequences of new development in a low-income community (i.e. gentrification)
- Organize job fair with representatives from both local and community-serving businesses
- Organize gun buybacks
- Organize neighborhood clean-up and beautification days—painting over gang-related graffiti with community designs, trash and recycling receptacle painting, park/beach clean-ups, etc.
- Create community gardens and implement programming at site to engage the community including cooking classes and gardening classes for adults and children
- Organize community donation day to ensure local shelter is well stocked with essentials: shampoo, toothpaste, toothbrushes, sanitary napkins, winter and interview clothing, blankets, pillows, etc.
- Coordinate with local shelter to encourage community volunteer day at shelter

Food Insecurity

Why Is Food Insecurity Important?

Material security encompasses both presence of resource and presence of skills and knowledge to manage resources. It is common in households that have material insecurity that patients must make tradeoffs to meet their needs. For example, they may choose not to fill a prescription in order to put food on the table. Overall, material security has been linked to many disparities and has a validated relationship with forgoing care and with cost outcomes.

Sample Needs Related to Food Insecurity*			
Clinical Related Needs	<ul style="list-style-type: none"> Lost weight because there wasn't enough money for food (individual patient or members of their household) 	<ul style="list-style-type: none"> Ate less than should have (cut size of meals, fasted, or skipped meals even when hungry) because there wasn't enough money for food (individual patient or members of their household) 	
Non-Clinical Related Needs	<ul style="list-style-type: none"> Lack of adequate food and safe drinking water (ICD-10: Z59.4) 	<ul style="list-style-type: none"> Food ran out before had money to buy more 	<ul style="list-style-type: none"> Need help planning healthy meal on a budget
	<ul style="list-style-type: none"> Unable to afford balanced meals 	<ul style="list-style-type: none"> Rely only on a few kinds of low-cost food to feed ourselves and our children due to costs 	<ul style="list-style-type: none"> Lack of knowledge about how to cook healthy meals on a budget
	<ul style="list-style-type: none"> Need nutritional education 	<ul style="list-style-type: none"> Lack of storage options to store fresh foods (refrigerator, etc.) 	
Community Related Needs	<ul style="list-style-type: none"> Lack of stores or markets within reasonable distance that sell fresh, affordable foods (located in a food desert) 	<ul style="list-style-type: none"> Lack of schools that provide free or reduced breakfasts or lunches 	
<p>* Please note that this list is not exhaustive but only includes common examples of needs.</p>			

Food Insecurity

Ways to Address Food Insecurity Risk in a CLINICAL Setting

- Talk to patient, family members, caregivers, friends, or others about the importance of regular eating and nutrition.
- Have providers “prescribe” fruits and vegetables with free vouchers that can be exchanged at nearby grocery store or farmers markets.
- Refer patients to food pantry (either in-house or through partnership) so they can access free foods.
- Check to see if patient is eligible for food programs and benefits, such as WIC (Women, Infant, and Children Food Nutrition Service), SNAP (Supplemental Nutrition Assistance Program), etc.

Simple, Low-Cost Ways to Ameliorate Food Insecurity Risk in A NON-CLINICAL Setting

- Start a food pantry at your health center filled with donated foods. Hold donation drives throughout the year requesting certain foods if pantry is lacking in specific food groups.
- Build a community garden at your health center with classes or other educational opportunities to teach patients and community members about food, nutrition, and healthy cooking and eating. Be sure to grow foods used in cultures present in your patient population. Any leftover food from cooking classes should be donated to patients.
- Establish a kitchen at your health center to teach healthy cooking and eating skills. Hire (or obtain volunteer) chef to demonstrate healthy cooking with easy recipes.
- Provide culturally appropriate nutrition, healthy cooking, and grocery shopping classes to patients.
- Work with farmers markets to bring them to locations adjacent to the health center to provide accessible healthy foods to patients. Request that farmers markets have capabilities to accept SNAP benefits and “fruit and veggie prescription” vouchers. Set up stalls at farmers markets to demonstrate healthy cooking with easy recipes with produce that can be obtained at the farmers markets and to display and distribute nutrition education materials. Encourage farmers to sell foods used in cultures present in your patient population.
- Work with local soup kitchens to organize regular meals at locations adjacent to the health center for ease of access. Alternatively, provide transport to/from the health center and soup kitchen to make it accessible for patients.

Refer to Appendix of Resources to find resources and services available in your community

Ways to Mitigate Food Insecurity Risk in Community

- Organize a group to build and manage community gardens.
- Work with schools to establish fruit and vegetable gardens at the school, with complementary lessons on food and how to cook the kinds of food grown in healthy, delicious, and culturally appropriate ways.
- Work with local Parent-Teacher Associations to help bring free and reduced breakfasts and lunches to local schools through advocacy campaign.
- Talk to local developers and/or Chambers of Commerce about developing mixed-use buildings to bring in more supermarkets or grocery stores on ground floors.
- Work with meals on Wheels to provide meals to those in need. If not available, begin own meal and/or food delivery service or volunteer meal delivery service.

Housing

Why Is Housing Important?

Housing as a social determinant of health has many facets that can largely be grouped into three main categories: homelessness, housing insecurity, and quality of housing. Housing interventions can improve health and health outcomes, decrease hospital and emergency department visits, and decrease hospital days.

- 1) **Homelessness**, according to health centers' annual reporting requirements under the Uniform Data System (UDS), is defined as lacking housing, including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations as well as individuals who reside in transitional housing. Homelessness is associated with shorter life expectancy and poorer health outcomes by exacerbating existing health conditions, creating new health challenges, and delaying the recovery from illnesses.

"Homeless" for UDS reporting purposes, includes the following:

- **Shelter:** Shelters for homeless persons are seen as temporary and generally provide for meals as well as a place to sleep for a limited number of days and hours of the day that a resident may stay at the shelter.
- **Transitional Housing:** Transitional housing units are generally small units (six persons is common) where persons who leave a shelter are provided extended housing stays—generally between 6 months and 2 years—in a service rich environment. Transitional housing provides for a greater level of independence than traditional shelters, and may require that the resident pay some or all of the rent, participate in the maintenance of the facility and/or cook their own meals. Count only those persons who are "transitioning" from a homeless environment. Do not include those who are transitioning from jail, an institutional treatment program, the military, schools or other institutions.
- **Doubled Up:** Patients who are living with others; the arrangement is generally considered to be temporary and unstable, though a patient may live in a succession of such arrangements over a protracted period of time.
- **Street:** This category includes patients who are living outdoors, in a car, in an encampment, in makeshift housing/shelter, or in other places generally not deemed safe or fit for human occupancy.
- **Other:** This category may be used to report previously homeless patients who were housed when first seen, but who were still eligible for the Health Care for the Homeless program. Patients who reside in SRO (single room occupancy) hotels or motels, other day-to-day paid housing, as well as residents of permanent supportive housing or other housing programs that are targeted to homeless populations should also be classified as "other".

- 2) **Housing Insecurity** refers to the growing issue of losing one's home due to not being able to consistently afford housing payments, whether rent or mortgage. As more individuals spend half of their monthly income on housing, they are often one event or one paycheck away from losing their homes. They also often have to face difficult choices, such as whether to pay rent or whether to buy groceries. As a result, it is often associated with poor health and poor nutrition.
- 3) **Housing Inadequacy** refers to the quality of the housing. It is associated with poor health, poor nutrition, and a reduced ability to manage chronic conditions.

Housing

Sample Needs Related to Housing*			
Homelessness and Insecure Housing Related Needs	<ul style="list-style-type: none"> Homelessness (ICD-10: Z59.0) (under UDS, includes those on the street, in a shelter, in transitional housing, or doubling up) 	<ul style="list-style-type: none"> Problems related to living outdoors or in places not meant for human habitation (e.g., sores, extreme temperatures, heatstroke, etc.) 	<ul style="list-style-type: none"> Problems related to living alone (ICD-10: Z60.2)
	<ul style="list-style-type: none"> Living with too many people (e.g., lack of privacy and personal space) 	<ul style="list-style-type: none"> Discord with neighbors, lodgers and landlord (ICD-10: Z59.2) 	<ul style="list-style-type: none"> Problems related to living in residential institution (ICD-10: Z59.3)
	<ul style="list-style-type: none"> Housing Insecurity and/or Instability 	<ul style="list-style-type: none"> Unable to afford rent or mortgage 	<ul style="list-style-type: none"> Other problems related to housing (ICD-10: Z59.8)
	<ul style="list-style-type: none"> Need assistance with foreclosure proceedings 	<ul style="list-style-type: none"> Need legal assistance (wrongfully evicted, etc.) 	<ul style="list-style-type: none"> Lack of knowledge about available housing options, opportunities, or programs
Inadequate Housing Related Needs	<ul style="list-style-type: none"> Inadequate Housing (ICD-10: Z59.1) 	<ul style="list-style-type: none"> Poor and/or Unsafe Housing Conditions (e.g., exposure to lead, mold, pollen, contaminated water, poor air quality, etc.) 	<ul style="list-style-type: none"> Lack of or reliable and affordable utilities (electricity, water, heat, etc.)
	<ul style="list-style-type: none"> Lack of affordable and safe housing or transitional housing options for special populations (low-income, homeless, migrant farmworkers, persons with serious mental-illness, persons with ore recovering from substance abuse, elderly, veterans, persons with criminal histories, persons with cognitive or physical disabilities, youth transitioning from foster care, persons with HIV/AIDS) 		
<p>* Please note that this list is not exhaustive but only includes common examples of needs. If ICD-10 codes are associated with a particular need, they have been noted accordingly.</p>			

Housing

The following lists provide sample ways to address risks associated with housing risks. They are not exhaustive.

Ways to Mitigate Risks Associated with Housing Insecurity and Homelessness

- Refer patients to medical respite care services so that they can recover from acute illnesses or injuries in a safe environment with access to care and supportive services outside the hospital and off the streets
- Connect patients to home loan services
- Aid the patient's family to move to other, lower-cost housing options
- Help patients navigate housing market in the area through referral, information, financial counseling, and classes for first-time buyers
- See if patient is eligible for benefits, such as Medicaid or other health insurance, Supplemental Security Income or Disability Insurance
- Create a housing and community development organization that organizes housing fairs, workshops, and assistance with the purchase of a home, tenant services, and assistance in improvements for income-eligible homeowners and landlords
- Participate in community-wide coordinated entry systems, such as the HUD-funded Continuum of Care, to provide fair and equal access to affordable housing, whether transitional housing, shelter services, supportive housing, or affordable assisted living residences
- Centralize and integrate the strategic collection of health and housing data across project partners. Use data to create and implement new referral systems between agencies
- Connect patients to permanent housing
- Provide classes to educate individuals on basic living, job, and budgeting skills to enable them to help themselves

Ways to Address Lack of Adequate, Affordable Housing

- Convene discussions on gentrification policies and how and where to build affordable and safe housing with access to resources to live healthy lives (healthy foods, parks, gyms, etc.)
- Develop informational resources for agents, builders, developers, and lenders of needs of special populations to consider when building or leasing buildings
- Develop Section 8 low-income housing
- Develop upscale apartment complex with Section 8 units to kickstart area development
- Work with other organizations (Habitat for Humanity, etc.) to build or renovate homes for those in need
- Acquire a motel near farms to provide migrant worker housing

Housing

Ways to Mitigate Risks of Housing Inadequacy and Conditions

- Avoid prescriptions of medications that require refrigeration where refrigeration is lacking
- Discuss possibilities with landlords about energy-efficient improvements to reduce utility costs (insulation, etc.)
- Conduct assessments and assist landlords in eliminating mold and other asthma triggers
- Install septic tanks, develop deep wells, functioning bathrooms for mobile home residents
- Conduct home visits among seniors to check and remove causes for potential falls and other types of injuries while ensuring high quality of life
- Talk to patient, family members, caregivers, friends, or others to inform them of patients' feelings of loneliness, lack of privacy, or discord with other residents
- Discuss with residential institutions and other building landlords the option of bringing in animals (cats, dogs, birds) to provide residents with purpose in life to care for the animals to decrease loneliness and increase self-worth

Helpful Organizations and Resources

- Organizations that provide resources around housing:
 - Corporation for Supportive Housing (<http://www.csh.org/>)
 - Community Health Partners for Sustainability <http://www.chpfs.org/chpfs/index.php>)
 - National Healthcare for the Homeless, Inc. (<https://www.nhchc.org/>)
- Adapted Clinical guidelines for Treatment of Homeless Persons: <https://www.nhchc.org/resources/clinical/adapted-clinical-guidelines/>
- Medical respite page: <https://www.nhchc.org/resources/clinical/medical-respite/>
- General Recommendations for the Care of Homeless Patients: Summary of Recommended Practice Adaptations <http://www.nhchc.org/wp-content/uploads/2011/09/General-Recommendations-for-Homeless-Patients.pdf>
- Staff Training Resources: <https://www.nhchc.org/resources/clinical/tools-and-support/core-competencies-for-the-hch-setting/>
- *Refer to Appendix of Resources to find resources and services available in your community*

Income

Why Is Income Important?

Income is a well-documented factor related to health outcomes. For example, it is associated with lower life expectancy. Financial resource strain that results from insufficient income has been shown to lead to stress, depressed mood, self-rated poor health, smoking, and other substance abuse behaviors.

Sample Needs Related to Income*			
Clinical Related Needs	• Low-Income (ICD-10: Z59.6)	• Insufficient social insurance and welfare support (ICD-10: Z59.7)	• Lack of control over how income is spent
	• Unable to afford medical bills	• Unable to afford costs associated with health insurance	• Unable to afford medications
	• Gambling habit	• Trouble concentrating due to insufficient diet	•
Non-Clinical Related Needs	• Lack of adequate food and safe drinking water (ICD-10: Z59.4)	• Income and/or benefits run out before the end of the month	• Other problems related to economic circumstances (ICD-10: Z59.8)
	• Unable to afford non-medical related bills (rent, mortgage, utility, grocery, childcare, phone, etc.)	• Lack budgeting and other financial management skills needed for daily living	• Lack of knowledge about available economic benefit options, opportunities, or programs
Community Related Needs	• Extreme Poverty (ICD-10: Z59.5)	• Lack of job opportunities	• Lack of affordable housing options
* Please note that this list is not exhaustive but only includes common examples of needs.			

Ways to Address Economic Risk in a CLINICAL Setting

- When possible, prescribe generic versions of medication or medications offered through discounted drug pricing programs (340B) or other free or low-cost prescription programs
- Check to see if patient's sliding fee scale should be adjusted
- Refer patient to behavioral health services if patient presents with gambling or other substance abuse habit that depletes income

Income

Simple, Low-Cost Ways to Ameliorate Economic Risk in a NON-CLINICAL Setting

- Connect patients to community resources and social services offered by state governments, federal programs, charities, and private companies that address access to:
 - Financial literacy education, credit and financial counseling, debt management, fraud, tax assistance and refunds, and microcredit loans
 - Child care, youth development, K – 12/college/adult education
 - Employment, internships, assistance with entrepreneurialism, job skills development for youth and adults
 - Home loan services or short-term rent assistance and assistance with security deposits
 - Foreclosure, home repairs, and housing counseling
 - Financial assistance for utility bills
 - Low cost access to internet for school or work usage
 - Legal aid, immigration status
- Ensure children are enrolled in free or reduced breakfast and lunch at school
- Collect food and gently used goods such as clothing, furniture, work uniforms, toys, school and interview clothes to offer to patients. Or, refer patients to local food banks and good will stores or thrift stores
- Create a wellness space at the health center for a free and safe area to exercise and learn about nutrition
- Provide classes to educate individuals on basic living, job training, and budgeting skills to enable them to help themselves
- Notify people of risks in using lending services and check-cashing services due to risk of either losing money or having high percentage taken out of each paycheck

Ways to Mitigate Economic Risk in Community

- Initiate a dialogue about promoting civic involvement, economic development, workforce development, and leadership training, which may lead to developing and supporting coalitions to address economic challenges in community
- Centralize and integrate the strategic collection of health and economic data across project partners. Use data to create and implement new referral systems between agencies
- Create an economic community development organization that organizes job fairs, workshops, and assistance with financial resource strain
- Discuss possibilities with landlords energy-efficient improvements to reduce utility costs
- Start businesses, e.g., environmental clean up, septic system installation, bicycle repair shop

Insurance

Why Is Insurance Important?

Insurance coverage affects access to care and quality of care. More importantly being underinsured, or not insured at all greatly effects a person's ability to be seen in a clinical care setting and can ultimately be the determining factor in an individual's continuity of care as well as their overall physical and mental health and well-being.

Sample Needs Related to Insurance*			
Clinical Related Needs	<ul style="list-style-type: none"> Health care providers unable to accept insurance patients currently have 	<ul style="list-style-type: none"> Refused care due to lack of insurance coverage 	<ul style="list-style-type: none"> Inability to afford medication as health insurance or lack of does not significantly aid in payment for medication
	<ul style="list-style-type: none"> Limited access to network of health care providers 	<ul style="list-style-type: none"> Poor quality of care based on insurance status 	
Non-Clinical Related Needs	<ul style="list-style-type: none"> Insufficient social insurance and welfare support (ICD-10: Z59.7) 	<ul style="list-style-type: none"> Lack of knowledge on how to apply for insurance/challenged in understanding insurance application process 	<ul style="list-style-type: none"> Difficulty getting access to digital interfaces in order to apply for healthcare insurance
	<ul style="list-style-type: none"> Lack of self-care as it can become a low priority if insurance is not available 	<ul style="list-style-type: none"> Inability to receive insurance coverage for all members of family in order to ensure access to care for the entire household 	
Community Related Needs	<ul style="list-style-type: none"> Problems related to education and literacy (ICD-10: Z55) 	<ul style="list-style-type: none"> Low-income area where affordability for healthcare insurance is extremely low 	<ul style="list-style-type: none"> Lack of health care providers in the community that offer care to underinsured/uninsured individuals
	<ul style="list-style-type: none"> Overuse of hospital emergency rooms in order to bypass immediate insurance coverage barriers 	<ul style="list-style-type: none"> Instability of overall community health 	<ul style="list-style-type: none"> Social divide amongst privately insured patients and Medicare/Medicaid insured patients
<p>* Please note that this list is not exhaustive but only includes common examples of needs.</p>			

Ways to Address Insurance Risk in a CLINICAL Setting

- Refer patients to generic brands of medication so as to alleviate costs that may not be covered by insurance plans
- Integrate community health care workers into primary care team in order to better inform patients of resources available to them while they are at the clinic visit
- Integrate social services into care plan when seeing a patient in order to establish a comprehensive care treatment plan for patients challenged with an insurance barrier

Insurance

Simple, Low-Cost Ways to Ameliorate Insurance Risk in a NON-CLINICAL Setting

- Create weekend workshops during open enrollment periods of health insurance in order to thoroughly explain the benefits and costs associated with the health insurance plans presented when individuals are preparing to apply
- Conduct monthly free health literacy classes in order to better prepare individuals when going into clinical settings
- Identify providers in the community who specifically cater to the insurance status of individuals who frequent the non-clinical setting (uninsured, privately insured, underinsured, Medicare, Medicaid, VA, etc.)
- Work with local advocacy groups in order to mail out information to keep community members informed of what is available to them
- Integrate community and individual social needs to health care providers that address both determinants

Refer to Appendix of Resources to find resources and services available in your community

Ways to Mitigate Insurance Risk in Community

- Establish a community health/social health insurance plan/network
- Have local advocacy organizations provide free training on how to apply for health insurance
- Establish a network of social capital within the community enabling you to advocate for current health care providers to be more accepting of common patient populations insurance status within the community
- Provide community members with an understanding of group dynamics, leadership skills, community action and civic engagement techniques in order to effectively lobby for easily accessible health insurance plans and rates

Language and Limited English Proficiency

Why is Language and Limited English Proficiency Important?

Preventing and reducing adverse events in health care depend on good communication between provider and patient. Research has shown that adverse events that affect limited-English-proficient patients are more likely to be caused by communication challenges and are more likely to result in serious harm compared to English-speaking patients.

(AHRQ, Improving Patient Safety Systems for Patients with Limited English Proficiency, 2012)

Sample Needs Related to Language and Limited English Proficiency*

Clinical-Related Needs	Poor or inadequate informed consent	Lacks understanding of medical condition, treatment plan, discharge instructions, and follow-up	Ineffective or improper use of medications	Cultural traditions and beliefs impacting care
Non-Clinical Related Needs	Trouble navigating social services available	Limited job opportunities due to language barrier	Reduced ability to help with children's homework (ICD-10:Z55.8)	
Community Related Needs	Low civic engagement participation	Cultural misunderstandings; insular communities (ICD-10:Z60.9)		

** Please note that this list is not exhaustive but only includes common examples of needs*

Ways to Address Language and Limited English Proficiency in a Clinical Setting

- Develop dedicated services for medical interpretation that include in-person or telephonic qualified interpreters
- Offer medical documents and medical instructions in preferred language
- Use “teach-back” to ensure patient understanding
- Recruit and hire culturally and linguistically competent providers and personnel
- Continuously train providers and personnel on communication and cultural competency
- Foster a supportive culture for safety of diverse patient populations:
 - Link the goal of overcoming language and cultural barriers into the overall message and mission of the culture of quality and safety, and frame this within existing operational policies and standards related to quality and safety for all patients
 - Share lessons learned from patient safety events with all staff to help build an institutional culture sensitive to issues affecting limited English proficiency patients

Language and Limited English Proficiency

Simple, Low-Costs Ways to Address Language and Limited English Proficiency in a Non-Clinical Setting

- Offer or refer patient to English classes; offer English classes that teach or incorporate technical language likely to be used in a workplace setting
- Provide compiled social services information packages in preferred language listing programs offered at organizations, state and federal levels
- Organize a health, social services, and job fair to provide opportunity for community members to interact with those providing services and to gather more information
- Refer or offer tutoring or homework assistance for children; offer or help enroll children in an after-school program; offer Read Out Loud program to increase children's literacy

Ways to Mitigate Language and Limited English Proficiency Risk in a Community Setting

- Encourage civic participation and engagement; partner with civic engagement organizations to coordinate voter registration drives and to mobilize community members during election campaigns and season
- Organize a cultural family fair to increase interaction across cultures and languages
- Offer language classes as a way to teach about and understand different cultures

Legal Needs

Why are Legal Needs Important?

Legal problems are inextricably linked to health problems. Oftentimes, people are made ill or have their access to healthcare threatened because laws are not enforced or poorly written, and because benefits are wrongfully denied.

(National Center for Medical-Legal Partnership)

Sample Legal Needs *

Clinical-Related Needs	Mental health issues: stress, depression, worry, PTSD	Chemical and environmental exposures: mold, vermin	Lack of health insurance	
Non-Clinical Related Needs	Safety and domestic violence (ICD-10:Z63.0)	Housing issues: unlawful evictions, landlord-tenant issues, substandard housing	Income maintenance concerns: obtaining and maintaining disability benefits	Seniors wrongfully denied benefits
Community Related Needs	Low-income and poverty	Less educated	At risk vulnerable populations: children, veterans, seniors	

** Please note that this list is not exhaustive but only includes common examples of needs*

Ways to Address Legal Needs in a Clinical Setting

- Screen for post-traumatic distress disorder, depression and other mental health issues, along with alcohol and substance abuse
- For patients with history of domestic violence, or patients who fear for their safety, refer to case manager/social worker and to any peer support groups; refer to any organizations working to rebuild domestic violence survivor confidence; refer to any moving company offering free moves for domestic violence survivors or for those fearing personal safety
- Screen for any potential chemical, physical, biological exposures due to place of living of patient
- Implement a sliding-fee scale for health care payment for patients who lack insurance, and continuously check in regarding scale customization; refer patients to Medicaid/Medicare enrollment, ACA enrollment navigators, or organizations that can help with lack of coverage issues
- Provide chronic illness self-management classes in patients preferred language

Legal Needs

Medical-Legal Partnerships

The Center for Medical-Legal Partnership (CMLP) at The George Washington University, Milken Institute of Public Health, seeks to integrate legal need and care into medical and health care to better address social determinants of health. CMLP identifies five main domains, collectively called I-HELP areas, where complicated bureaucracies, wrongfully denied benefits, and unenforced laws commonly impact health and require legal care:

- Income Supports and Insurance
- Housing and Utilities
- Employment and Education
- Legal Status
- Personal and Family Stability

If you're interested in learning more about medical-legal partnerships (MLP), or developing a MLP program, visit their web page at www.medical-legalpartnership.org.

Medical-Legal Partnership Vignette

Reducing asthma admissions by “hotspotting” housing code violations

Tuesday, October 1, 2013

When a child sees a doctor at Cincinnati Children’s Hospital Medical Center (CCHMC), that doctor is trained to know that unsafe housing may be causing or exacerbating the child’s asthma or other chronic health problems. The doctor also knows that when she asks the family about their housing, there will be something she can do to help them. For years, CCHMC has worked with the Greater Legal Aid Society of Cincinnati through their medical-legal partnership to address housing problems for patients.

In the summer of 2010, three separate doctors sent families to the MLP attorneys because their landlords were threatening eviction if they used air conditioners; a treatment that had been recommended by the doctors to help manage the asthma. When the attorneys met with the families, they asked a very important question, “Who owns your building?”

Turns out, each family lived in a different building owned by the same landlord. And the problem was not just the threatened evictions, but that the landlord lived out of state, was in foreclosure, and was doing nothing to take care of the 19 buildings he owned with 700 units of low-income housing throughout Cincinnati.

Finding the common thread of the landlord opened the door for different kind of intervention. Instead of addressing only the needs of the original three families, the medical-legal partnership helped get improvements made to all the buildings, including new roofs, heating and air-conditioning in many of them. Later the buildings were sold to a local non-profit and the community got a multi-million dollar grant from the Department of Housing and Urban Development to continue improvements to the buildings. Because of these changes, many families who never met with the medical-legal partnership team directly were able to get and stay healthy.

Migrant, Seasonal, & Agricultural Work

Why Is Migrant, Seasonal, Agricultural Work Status Important?

Migrant, Seasonal, and Agricultural Workers' health is impacted by the convergence of multiple factors, including mobility and temporality of work, occupational hazards and harsh working conditions, cultural and linguistic barriers, and immigration status, among others. Access to affordable and appropriate health care is often rare. As a result, migrant, seasonal, and agricultural workers are at high risk for many clinical, non-clinical, and communal health needs.

Sample Needs Related to Migrant, Seasonal, Agricultural Worker Status*

Individual-Level Related Needs	Harsh working conditions outside in the elements (heat, sun exposure, etc.) Occupational exposure to extreme temperature (ICD-10: Z57.6)	Musculoskeletal injuries and/or pains due to hard, physical labor often over long hours, and/or falls	Stress and anxiety over feeling unsettled, frequency of moving, and uncertainty over when and where next paycheck will come from	Feelings of disconnection and lack of social support if living away from family and friends
	Fear and concerns about immigration status	Job instability	Depression, alcoholism, and substance abuse	Greater burden of disease for chronic conditions due to delays in clinical care
Population-Level Related Needs	Insufficient social insurance and welfare support (ICD-10:Z59.7)	Intra– and inter-language and cultural barriers	Unsanitary conditions	Lack of health coverage, access, and utilization
	Occupational exposure to risk factors (ICD-10:Z57): Occupational exposure to toxic agents in other industries (ICD-10: Z57.5) Occupational exposure to environmental tobacco smoke (ICD-10: Z57.31) Occupational exposure to noise (ICD-10: Z57.0) Occupational exposure to dust (ICD-10: Z57.2) Occupational exposure to other air contaminants (ICD-10: Z57.39) Dangerous equipment and vehicle rollovers		Problems related to education and literacy (ICD-10:Z55)	Living with too many people (e.g., lack of privacy and personal space, potential to spread disease, etc.)
Community – Level Related Needs	Problems related to housing and economic circumstances (ICD-10:Z59.1)	Low wages, which can lead to: Low-income or extreme poverty (ICD-10:Z59.5.6)	Living in areas that are often far away from resources (healthcare, pharmacy, amenities,	Target of perceived adverse discrimination and persecution (ICD-10:Z60.5)

* Please note that this list is not exhaustive but only includes common examples of needs

Migrant, Seasonal, & Agricultural Work

Ways to Address Risks Associated with Agricultural Work at an Individual Level

- Provide mobile health services, including medical, dental, behavioral health, pharmacy, prenatal so that migrant, seasonal, agricultural workers can easily access needed care
- Routinely screen for depression and other mental health illnesses, and for alcohol and substance abuse
- Offer peer-support groups to provide opportunities to connect with others experiencing similar issues or conditions
- Continuously train providers and personnel about cultural and linguistic barriers, sensitivity to immigration status, and economic situation of migrant, seasonal, and agricultural workers
- Create a trusting environment by hiring language and culturally conscious workers. Many outreach and enrollment workers or community health workers could come from the migrant, seasonal, and agricultural worker community
- Provide chronic condition self-management classes in appropriate languages
- Provide or refer to employment training centers and skill-building classes as a source for new skill acquisition, such as English as a second language, computer skills, etc. so that workers have more opportunities for other work in the case of job instability
- Encourage diligent use of breathable, personal protective equipment (PPE) to mitigate occupational hazards and injuries; use ergonomic designs whenever possible to reduce occupation-induced chronic pain and musculoskeletal injuries. Provide equipment (back braces, etc.) to help with pains and injuries.
- Run clothing drives or fundraisers to collect hats, sunglasses, breathable clothing, jackets, etc. to provide to workers who work in harsh outside conditions

Ways to Address Risks Associated with Agricultural Work at a Population Level

- Provide or coordinate social services resources including Medicaid/CHIP, WIC, TANF/SNAP eligibility and enrollment; promote and effectively communicate the availability of in-person or paper resources. Organize a social services fair to have in-person interaction with services providers
- Provide assistance or direct the uninsured to resources or organizations that can help with health coverage and medical costs
- Host or refer to English-learning classes
- Host or refer to Spanish-learning classes for indigenous non-Spanish speaking agricultural workers to improve interaction among their colleagues and among largely Spanish-speaking communities
- Host or refer to citizenship classes for those who are eligible; provide or have resources to in-kind immigration services
- Understand the cultural and linguistic variation among the agricultural worker population to provide linguistic and culturally competent services—agricultural workers are not linguistically and culturally monolithic

Migrant, Seasonal, & Agricultural Work

Ways to Mitigate Risks Associated with Agricultural Work at a Community Level

- Provide information about low-income or affordable housing options near place of work
- Organize transportation efforts to provide safe, comfortable, and secure travel options for migrant, seasonal, and agricultural community between work, home, and needed resources. Efforts can include: raising funds for bus tokens and taxi vouchers, organizing commuter pools or vans, providing a bus or van service for the community, advocate for new transportation routes to service these communities, providing an information packet to include any transit lines serving known workplace agricultural fields, coordinating affordable car auctions, and raffling out gas cards, among others.
- Work with local farmers to provide farmers markets at the health center so that the community gets to know its farmers and better understand that higher prices for food often correlate with better wages for agricultural workers.
- Educate the community-at-large about the economic contribution and occupational conditions of agricultural workers to reduce prejudice
- Advocate for better living and working conditions for migrant, seasonal, and agricultural workers, potentially by working with oversight or regulatory agencies to create or enforce policies
- Work with the community to bring resources to remote work areas, such as schools, grocery stores, etc.

Helpful Organizations and Resources

- [Farmworker Justice](#): nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice
- [Occupational Safety and Health Administration—Agricultural Operations](#): Provides information on the hazards of agricultural work along with potential prevention activities
- [Department of Labor—Migrant and Seasonal Agricultural Worker Protection Act](#): Provides information on the laws and regulations that establish employment standards for wages, housing, transportation, disclosures, and recordkeeping

Neighborhood

Why Is Neighborhood Important?

Population level data on risks and assets can be used to estimate risk for individuals living within that population, ranging from safety, resources available for healthy living, and economic opportunity. Patient address can be used with geocoded data sets, which have been rapidly growing and will likely expand much further in the next few years. Geocoded information on risk reduces the burden of primary data collection.

Sample Needs Related to Neighborhood*

Clinical Related Needs	<ul style="list-style-type: none"> Exposure to disaster, war, and other hostilities (ICD-10: Z65.5) 	<ul style="list-style-type: none"> Difficulty getting to/from medical appointments due to lack of transportation options in neighborhood 	<ul style="list-style-type: none"> Discord with neighbors, lodgers and landlord (ICD-10: Z59.2)
	<ul style="list-style-type: none"> Lack of pharmacy in area to pick up and refill prescriptions 	<ul style="list-style-type: none"> Victim of crime and terrorism (ICD-10: Z65.4) 	
Non-Clinical Related Needs	<ul style="list-style-type: none"> Lack of adequate food and safe drinking water (ICD-10: Z59.4) 	<ul style="list-style-type: none"> Lack of affordable healthy food options (grocery stores, restaurants, farmers markets, etc.) 	<ul style="list-style-type: none"> Difficulty getting to/from venues needed for daily living
	<ul style="list-style-type: none"> Lack of safe and affordable places to exercise 	<ul style="list-style-type: none"> Lack of after-school or summer programs for children 	
Community Related Needs	<ul style="list-style-type: none"> Extreme Poverty (ICD-10: Z59.5) 	<ul style="list-style-type: none"> Unsafe area (crime, violence) 	<ul style="list-style-type: none"> Neighborhood in poor condition (graffiti, trash, uneven sidewalks, dog poop)
	<ul style="list-style-type: none"> High traffic area 	<ul style="list-style-type: none"> Lack of emergency preparedness for environmental disasters 	<ul style="list-style-type: none"> Lack of community relations or pride within community
	<ul style="list-style-type: none"> Lack of affordable and safe housing 	<ul style="list-style-type: none"> Lack of economic development opportunities (jobs, businesses, etc.) 	<ul style="list-style-type: none"> Lack of quality schools
	Environmental Exposures		
	<ul style="list-style-type: none"> Exposure to pollution Occupational exposure to toxic agents in other industries (ICD-10: Z57.5) Occupational exposure to environmental tobacco smoke (ICD-10: Z57.31) Occupational exposure to noise (ICD-10: Z57.0) Occupational exposure to dust (ICD-10: Z57.2) Occupational exposure to other air contaminants (ICD-10: Z57.39) Occupational exposure to extreme temperature (ICD-10: Z57.6) 		
* Please note that this list is not exhaustive but only includes common examples of needs.			

Neighborhood

Ways to Address Neighborhood Risk in a CLINICAL Setting

- Ensure patient fills and picks up any prescriptions at on-site pharmacy while at the health center
- Provide transportation services to health center and pharmacy
- Refer patient to behavioral health services if patient has been a victim of crime or has witnessed hostilities

Simple, Low-Cost Ways to Ameliorate Neighborhood Risk in a NON-CLINICAL Setting

- Collect food and gently used goods such as clothing, furniture, work uniforms, toys, school and interview clothes to offer to patients. Or, refer patients to local food banks and good will stores or thrift stores.
- Work with local or state food-based organizations to bring farmers markets, community gardens, and other healthy food vendor opportunities to community
- Create a wellness space at the health center for a free and safe area to exercise and learn about nutrition
- Create walking clubs or teams to provide safe walking options for patients
- Organize events that celebrate the community and its cultural diversity to promote inclusion, sensitivity, understanding, well-being, and involvement.
- Develop after school or summer programs for children to keep kids off the streets and engaged in activities, either at the health center or in partnership with other community organizations, such as the YMCA/YWCA, local churches, local schools, Head Start programs, etc.
- Provide transportation services that not only go to health center and pharmacy but also grocery store, bank, library, YMCA, etc.
- Work with Uber, taxi services, and public transportation agencies to provide discounted rates on transportation services.
- Hold more events in different neighborhoods of the community to engage the community and bring different activities to that neighborhood.
- Aid patients to move

Neighborhood

Ways to Mitigate Neighborhood Risk in Community

- Initiate a dialogue about promoting civic involvement, economic development, workforce development, and leadership training, which may lead to developing and supporting coalitions to address neighborhood conditions
- Create or partner with a community development organization to organize job fairs, workshops, and assistance with financial resource strain
- Organize volunteer groups to clean up neighborhoods and toxic sites in the neighborhood
- Get police involved to promote safety in neighborhoods and develop relationships with community members.
- Encourage repairs and refurbishment and development of areas to encourage pride in neighborhood
- Develop parks
- Teach community members understanding of group dynamics, leadership skills, and community action and civic engagement techniques
- Lobby the county bus system, with community members, to develop new bus routes to isolated areas.
- Lobby local transportation agency to install traffic lights and pedestrian walk signals at high traffic intersections
- Improve trails and paths for walking and biking
- Promote zoning, land use, and resource use that support the community's health needs
- Develop disaster and emergency preparedness for the community
- Promote economic development zones to encourage businesses to come to neighborhood
- Start businesses, e.g., environmental clean-up, septic system installation, bicycle repair shop
- Develop local charter schools

Social Integration

Why Is Social Integration Important?

Social relationships impact health as much or more than some major biomedical and behavioral factors. Social integration, or the number of relationships and frequency of contact, has more evidence supporting its role in health outcomes than subjective measures of loneliness (IOM, Phase I & II Report, 2014).

Sample Needs Related to Social Integration*			
Clinical Related Needs	<ul style="list-style-type: none"> Poor mental health 	<ul style="list-style-type: none"> Poor quality of life leading to psychological health problems 	<ul style="list-style-type: none"> Development of adverse health behaviors
	<ul style="list-style-type: none"> Development of chronic health conditions 	<ul style="list-style-type: none"> Trouble consistently adhering to medical treatments 	<ul style="list-style-type: none"> Low desire to seek out or engage with healthcare providers
Non-Clinical Related Needs	<ul style="list-style-type: none"> Problems related to primary support group, unspecified (ICD-10: Z63.9) 	<ul style="list-style-type: none"> Problems of adjustment to life-cycle transitions (ICD-10: Z60.0) 	<ul style="list-style-type: none"> Target of (perceived) adverse discrimination and persecution (ICD-10: Z60.5)
	<ul style="list-style-type: none"> Problem related to social environment (ICD-10: Z60.9) 	<ul style="list-style-type: none"> Lack of knowledge about available resources for the individual as well as family members 	<ul style="list-style-type: none"> Inability to provide opportunity for integration for dependent members of family
Community Related Needs	<ul style="list-style-type: none"> Discord with neighbors, lodgers & landlord (ICD-10: Z59.2) 	<ul style="list-style-type: none"> Acculturation difficulty (ICD-10: Z60.3) 	<ul style="list-style-type: none"> Social exclusion and rejection (ICD-10: Z60.4)
* Please note that this list is not exhaustive but only includes common examples of needs.			

Ways to Address Social Integration Risk in a CLINICAL Setting

- Engage new patients who come into the clinic
 - Asking if they just moved to the area, why they came to the new facility, etc.
 - Take note of what you hear that you can relate to and provide information on places that may be of interest to patient
- Host community events on or near healthcare facility so as to actively be inclusive of community members and open up a door for current patients who may be having trouble socially
- Leave flyers and posters about all-inclusive community group events in and around the clinical setting for patients to easily access and learn more
- Encourage patients to participate in social groups within the facility that may be of interest to them based on what the patient has already shared with you
- Integrate patient needs into the care plan

Social Integration

Simple, Low-Cost Ways to Ameliorate Social Integration Risk in a NON-CLINICAL Setting

- Connect patients to community resources and social services offered by state governments, federal programs, charities, and private companies that address access to:
 - Financial literacy education, credit and financial counseling, debt management, fraud, tax assistance and refunds, and microcredit loans
 - Child care, youth development, K – 12/college/adult education
 - Employment, internships, assistance with entrepreneurialism, job skills development for youth and adults
 - Low cost access to internet for school or work usage
 - Legal aid, immigration status
- Work with community organizations in order to increase awareness of their presence as well as what resources they can provide
- Be intentional about inclusion of full community when creating and hosting local events
Refer to Appendix of Resources to find resources and services available in your community

Ways to Mitigate Social Integration Risk in Community

- Initiate a dialogue about promoting civic involvement, economic development, workforce development, and leadership training, which may lead to developing and supporting coalitions to address economic challenges in community
- Partner with community health centers locally in order to provide community space for workshops and developmental clinics on health and wellness
- Have ‘town hall meetings’ (if they do not presently exist) for individuals in the neighborhood to be able to come together in order to discuss their thoughts about their environment
- Actively engage community members on a consistent basis focusing on high priority needs as determined by the community

Stress

Why Is Stress Important?

Stress has negative health consequences when a patient has insufficient resources to cope with it. Long-term exposure to chronic or severe stressors increases a patient's allostatic load, which is the biological mechanism by which stress produces negative health outcomes. Stress management interventions can prevent stress from becoming toxic to the body and contributing to the development of chronic health conditions (IOM, Phase I Report, 2014).

Sample Needs Related to Stress*

Clinical Related Needs	<ul style="list-style-type: none"> Acts of self-harm used as a coping mechanism to alleviate stressful environments 	<ul style="list-style-type: none"> Problems related to substance abuse and addiction as coping mechanisms to manage stress 	<ul style="list-style-type: none"> Chronic conditions such as hypertension or heart disease
	<ul style="list-style-type: none"> High risk for developing unhealthy eating habits 		
Non-Clinical Related Needs	<ul style="list-style-type: none"> Inability to manage time effectively 	<ul style="list-style-type: none"> Issues managing emotions in a healthy way 	<ul style="list-style-type: none"> Problems of adjustment to life-cycle transitions (ICD-10: Z60.0)
	<ul style="list-style-type: none"> Discord with boss & workmates (ICD-10: Z56.4) 	<ul style="list-style-type: none"> Other physical and mental strain related to work (ICD-10: Z56.6) 	<ul style="list-style-type: none"> Poor decision making due to lack of ability to appropriately manage stress
Community Related Needs	<ul style="list-style-type: none"> Inability to focus on community issues because of personal stressors 	<ul style="list-style-type: none"> Discord with neighbors, lodgers and landlords (ICD-10: Z59.2) Erratic behavior with individuals in the community at large (stores, banks, library, etc.) 	
	<ul style="list-style-type: none"> Acculturation Difficulty (ICD-10: Z60.3) Social exclusion and rejection (ICD-10: Z60.4) Problem related to social environment, unspecified (ICD-10: Z60.9) 		
<p>* Please note that this list is not exhaustive but only includes common examples of needs.</p>			

Ways to Address Stress Risk in a CLINICAL Setting

- Be proactive in helping the patient identify where the stressors are coming from
 - Work with patient to draw links between the stressors and resources to help alleviate them
- Provide patient with healthy stress management alternatives to medication
 - Exercising, yoga, meditation, etc.
- Directly address physical manifestations of patient identified stressors
- Introduce patient to relaxation exercises
 - Breathing techniques, muscle relaxing exercises
- Help patient identify calming activities they enjoy and work to build a schedule for patient to work these activities into their lives routinely in order to alleviate the strain stressors may have on the overall health and well-being of the patient
- Introduce healthy eating habits in to the patient's diet in order to account for a patient's ability to make better choices while in stressful situations

Stress

Simple, Low-Cost Ways to Ameliorate Stress Risk in a NON-CLINICAL Setting

- Connect individuals with healthy outlets to reduce stress
 - Community gardens, low-cost yoga studios, parks & walking trails, etc.
- Work with the individual to connect them with social groups that appeal to their interests
- Provide education on ways one can reduce stress and bad habits associated with stress
- Connect individuals to counseling services to help reduce adverse health factors associated with stress

Refer to Appendix of Resources to find resources and services available in your community

Ways to Mitigate Stress Risk in Community

- Develop a community organizing campaign to keep the neighborhood safe
 - Working together to create a safe atmosphere can in turn provide less anxiety or stress concerning personal safety for individuals in the community
- Establish a firm network of social and psychological communal support through community organizing and deliberate interaction with neighbors and local officials
- Advocate for the growth & maintenance of more parks and open space in your neighborhoods
- Work with local government to advocate for entities within the community to promote overall health and well-being
 - Creating farmer's markets/bringing organic markets to the community at a low cost that accept all forms of payment (cash, credit, ebt, etc.)
- Starting wellness initiatives (Free yoga in the park on Saturdays, community hiking/walking trips, etc.)

Transportation

Why Is Transportation Important?

Transportation plays a vital role in an individual's life and a critical role in one's ability to sustain a healthy livelihood by determining one's ability to get to and from work, accessing healthy food options, and visiting healthcare providers.

Sample Needs Related to Transportation*			
Clinical Related Needs	<ul style="list-style-type: none"> Greater burden of disease for chronic illnesses due to delays in clinical care 	<ul style="list-style-type: none"> Inability to effectively adhere to treatment care plans requiring consistent clinical visits 	<ul style="list-style-type: none"> Overall lack of healthcare utilization as a result of poor access to sustainable transportation
Non-Clinical Related Needs	<ul style="list-style-type: none"> Threat of job loss (ICD-10: Z56.2) 	<ul style="list-style-type: none"> Other physical & mental strain related to work (ICD-10: Z56.6) 	<ul style="list-style-type: none"> Issues getting other dependents in the household to school or work or appointments on time
	<ul style="list-style-type: none"> Inability to access healthier food options based on locale 	<ul style="list-style-type: none"> Increased levels of stress due to strained relationship with adequate transport 	<ul style="list-style-type: none"> Lack of social integration due to limited mobility
Community Related Needs	<ul style="list-style-type: none"> Minimal or inconsistent funding for public transportation, particularly "door to door" services 	<ul style="list-style-type: none"> Lack of knowledge about other transit options within the community 	<ul style="list-style-type: none"> Lack of development in areas with limited transportation
	<ul style="list-style-type: none"> Lack of community engagement and/or lack of representation of the community at community or town hall meetings due to residents who either are unable or are excessively late to such meetings due to transportation barriers 		
<p>* Please note that this list is not exhaustive but only includes common examples of needs.</p>			

Ways to Address Transportation Risk in a CLINICAL Setting

- Talk to patient & family members about affordable options within the community for transit.
- Attempt to schedule treatments, care updates, pharmacy pick-up, etc. within the same clinical visit.
- Work with the patient's schedule (work, extracurriculars, etc.) in order to determine the most feasible days/times to schedule appointments, treatments, and check-ups.
- Check to see if patient is eligible for local transportation vouchers or benefits if they exist within the community (e.g., bus tokens, taxi vouchers, etc.).
- Increase home visitation services for patients that experience difficult transportation barriers.

Transportation

Simple, Low-Cost Ways to Ameliorate Transportation Risk in A NON-CLINICAL Setting

- Establish a discounted rate bike share program in areas where biking is feasible for residents to get to and from their destinations.
- Create satellite offices or mobile clinics or vans where community members can access similar clinical and non-clinical services at more convenient locations.
- Develop relationships with local transportation agencies to negotiate bulk discount rates for bus tokens and taxi vouchers to provide to patients.
- Provide a van or bus service loop that takes patients to major community organizations needed for daily living, such as the health center, library, grocery store, YMCA, pharmacy (if not co-located with the health center), bank, etc. to make them accessible to patients.
- Work with local grocery stores who accept meal vouchers to provide healthier food options within the vicinity of areas within the community where public transportation is lacking.
- Organizations that can help provide additional resources and assistance: Health Outreach Partners <http://outreach-partners.org/>.

Refer to Appendix of Resources to find resources and services available in your community

Ways to Mitigate Transportation Risk in Community

- Organize community carpools in the neighborhood with designated stops and drivers for specific zones within neighborhoods.
- Organize a group to facilitate transport services for elderly members of the community who may no longer drive.
- Geocode data on transportation needs to highlight areas of the community that are particularly isolated with few transportation options. Bring this data to local government and transportation agencies to negotiate for new bus routes, trains, roads, etc. to those areas.
- Work with local government in order to establish low-cost communal transportation services within rural areas where public transit may not be as common as city environments.
- Establish needs-based forms of payment for public transportation options (i.e. student prices, senior prices, income below a certain level receiving transportation vouchers, etc.).
- Engage with local businesses and incoming developers to attempt to establish low-cost food stores and farmers markets placed in strategically accessible sites within the community to offer healthy food options.
- Establish a food and medication delivery service for community members who are extremely challenged by their transportation needs.
- Bring car share programs in to the community in order to better serve those who may not be able to afford their own vehicle at the time.

Veteran Status

Why is Veteran Status Important?

Veterans face unique health challenges arising from their military service. While in service, they face deadly occupational hazards, and upon return, face issues with mental health and reintegration, among other issues. As such, veterans are at heightened risk for certain health outcomes, including Post-Traumatic Stress Disorder and joint replacement surgery.

Sample Needs Related to Veteran Status*				
Clinical-Related Needs	Post-traumatic stress disorder (PTSD), suicide, alcoholism, and substance abuse	Paralysis, traumatic brain injury, limb loss	Occupational hazardous exposures: chemical, radiation, warfare agents, air pollutants	Military service related infectious disease
Non-Clinical Related Needs	Homelessness (ICD-10:Z59.0)	Lack of job skills and joblessness	Lack of adequate and affordable housing (ICD-10:Z59.1)	
Community Related Needs	Suicide, alcohol/substance abuse relapse, PTSD-induced violence	Legal needs		

** Please note that this list is not exhaustive but only includes common examples of needs*

Ways to Address Veteran Status in a Clinical Setting

- Screen for PTSD, suicide ideation, and alcohol and substance abuse; offer or refer to clinical psychologists and peer-support groups; provide or link them to a case manager
- Accommodate disabled veterans by offering enabling services such as free transportation, and link them to free or low cost medical equipment such as wheelchairs, bath benches, canes, etc.
- Screen for any exposures prevalent in a military or warfare setting
- Train providers to be aware of military service related infectious disease that are regularly uncommon among the general population

Veteran Status

Simple, Low-Costs Ways to Address Veteran Status in a Non-Clinical Setting

- Provide job training and employment services such as mock interviewing, resume building, vocational guidance and training, computer skills and online job search training, career matching, and interview referrals; host monthly career nights so veterans have direct access to hiring agents
- Partner with or refer to a low-cost barber to provide haircuts for interviews; provide business and business casual interviewing clothing and additional suits to last until he/she is able to afford new clothing
- Ensure smooth military to workforce transition with periodic check-ins
- Provide credit counseling and financial literacy training
- Provide VA benefits counseling
- Offer housing support to help veterans find adequate and affordable housing or link them to existing services providing that assistance
- Compile a veterans-relevant social services package including telephone helplines such as the Veterans Crisis line

Ways to Mitigate Veteran Status Risk in a Community Setting

- Promote and encourage mental health care; promote the de-stigmatization of mental health; encourage seeking of mental health care by veterans
- Provide or refer to legal services to help veterans with housing eviction prevention, and to assist with child support and military discharges issues that affect income, among other legal needs
- Encourage veteran discounts at grocery stores to ensure low-income veterans can afford healthy foods