

Agenda VII: Discussion on resources for discussions around health-related social needs

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Health-Related Social Needs



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Social Interventions Research & Evaluation Network

Social Need Screening Tools Comparison Table

Developed by UCSF SIREN


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Health-Related Social Needs: Food

SOCIAL DETERMINANTS OF HEALTH SERIES

Food Housing Education Transportation Violence Social Support Health Behaviors Employment

Food Insecurity and the Role of Hospitals



JUNE 2017

American Hospital Association™
Advancing Health in America

ESSENTIAL HOSPITALS INSTITUTE RESEARCH BRIEF June 2016

FOOD INSECURITY, HEALTH EQUITY, AND ESSENTIAL HOSPITALS

KATHERINE SUSMAN

KEY FINDINGS

- Food insecurity is significantly associated with a number of physical and behavioral health outcomes.
- Poor health and food insecurity often exacerbate each other, perpetuating a cycle of chronic illness that contributes to high health care costs and utilization.
- Food insecurity disproportionately affects vulnerable populations and is driven by social, economic, and environmental factors.
- Essential hospitals have a unique opportunity and responsibility to address food insecurity to improve patient and population health.
- Hospitals can address food insecurity through screening, on-campus resources, community partnerships and engagement, and referral to nutrition assistance programs.

BACKGROUND

Food insecurity is a serious problem in communities across the country, with profound clinical consequences and a deep connection to the social determinants of health. The U.S. Department of Agriculture (USDA) defines food insecurity as "the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."¹ As of 2014, 48.1 million Americans were living in food-insecure households, including 32.8 million adults and 15.3 million children.² These figures translate to approximately 14 percent of all U.S. households, with 8.4 percent reporting low food security and 5.6 percent reporting very low food security.³

Food insecurity is typically recurrent but not chronic.⁴ As a result, food insecure individuals often follow unpredictable diet patterns and use coping mechanisms to compensate for inadequate nutrition. Some of the more common coping mechanisms include eating low-cost/high-energy foods that are high in sugar and fat contents, skipping meals, and overeating during concentrated periods of time.⁵

While some might associate food insecurity strictly with hunger, these coping strategies can result in the overconsumption of the wrong types of foods and subsequent health concerns, such as weight gain and chronic disease.⁶ This explains a unique and alarming co-occurrence of hunger and obesity in many low-income communities, where both food deserts (lack of access to fresh produce and full grocery stores) and overexposure to fast and processed food options are components of the built environment.⁷ The built environment comprises all physical aspects of an area, such as buildings, homes, infrastructure, and open spaces.

As of 2014, 48.1 million Americans were living in food-insecure households, including 32.8 million adults and 15.3 million children. These figures translate to approximately 14 percent of all U.S. households.

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Health-Related Social Needs: Housing


SOCIAL DETERMINANTS OF HEALTH SERIES

Food Housing Education Transportation Violence Social Support Health Behaviors Employment

Housing and the Role of Hospitals



August 2017


 American Hospital Association™
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Health-Related Social Needs: Transportation


SOCIAL DETERMINANTS OF HEALTH SERIES


Food Housing Education Transportation Violence Social Support Health Behaviors Employment

Transportation and the Role of Hospitals



November 2017

 **American Hospital Association™**
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 **AMERICA'S ESSENTIAL HOSPITALS** March 2019

ESSENTIAL HOSPITALS AND STATES: CONFRONTING TRANSPORTATION BARRIERS TO IMPROVE HEALTH

HANNAH LAMBALOT
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DEBORAH ROSEMAN, MPH

KEY FINDINGS

- Access to transportation is a social determinant of health that influences health outcomes, affects access to health care, and intersects with other social determinants.
- Transportation barriers disproportionately affect low-income, vulnerable communities, contributing to health disparities.
- Essential hospitals are implementing efforts to reduce transportation barriers for their patients and communities.
- States offer eligible patients reliable transportation to and from health care appointments as a mandatory Medicaid benefit and have invested in transportation infrastructure to promote access to care and healthier lifestyles.
- Leveraging state resources to provide transportation for eligible patients can enable essential hospitals to target resources upstream, reducing transportation barriers at the community level.

INTRODUCTION

Access to affordable, reliable transportation has a deep connection to whether individuals can live healthy lives. This vital need can determine whether a doctor appointment is missed, prescriptions are filled, and conditions are treated before they develop into more costly and complex issues. Communities served by essential hospitals—those dedicated to high-quality care for all, including the vulnerable—experience a disproportionate prevalence of transportation barriers, creating a substantial clinical and financial burden. But this challenge also creates an opportunity for essential hospitals, in conjunction with state policy levers and resources, to help mitigate such barriers. Separately or in combination, state policy environments and essential hospital efforts can improve access to transportation and foster better health for patients and communities.


TRANSPORTATION AS A HEALTH ISSUE

Research has demonstrated health is attributed 20 percent to clinical medical care and 50 percent to social and economic factors and the physical

University Of Illinois Hospital & Health Sciences System—Pronto

Through the Program for Non-emergency Transportation (PRONTO), UI Health, in Chicago, partners with local health-access startup Kaizen Health to offer no-cost transportation from ride-hailing service Lyft to patients transitioning out of medical-surgical and critical care units. In addition to improving patient and staff satisfaction, PRONTO mitigates the slow bed turnover and decreased hospital throughput associated with patient transportation barriers. With PRONTO, social workers assess a patient's transportation needs and, if necessary, arrange for transportation home in a Lyft vehicle at an average cost to the hospital of \$20. The service, which became permanent in May 2017, is available Monday through Friday for ambulatory adult patients living in Chicago.

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 **AMERICA'S ESSENTIAL HOSPITALS**

Health-Related Social Needs: Interpersonal Violence

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

For almost two decades, the National Health Resource Center on Domestic Violence (HRC) has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence.

The HRC is funded by a grant from the **Family Violence Prevention & Services Program**, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and is a member of the **Domestic Violence Resource Network**.



Health-Related Social Needs: Utility Assistance



California Department of
Community Services and Development

Paying My Energy Bills

Get to Know LIHEAP

LIHEAP stands for the **Low Income Home Energy Assistance Program**.

It may be able to help you **pay your energy bill**.

LIHEAP is a federally funded program that **helps low-income households** pay for heating or cooling in their homes.

With additional federal funding available to help households struggling with higher energy costs and making ends meet, **many Californians in need may qualify**.

LIHEAP can offer a **one-time payment** to help you:

- Pay your **heating or cooling bills**, even if you use wood, propane, or oil.
- In an emergency or energy crisis, such as a **utility disconnection**.

Health-Related Social Needs: Utility Assistance



California Department of
Community Services and Development

Paying My Water Bill



Get to Know LIHWAP

LIHWAP stands for the **Low Income Household Water Assistance Program**.

LIHWAP is a federally-funded program that offers **one-time support** to help low-income households pay past due or current residential **water and sewer bills** and keep their water on.

Many low-income residents behind on their water or sewer bills have received **hundreds** or even **thousands** of dollars in financial support to help pay their bills.

LIHWAP is administered by the California Department of Community Services and Development (CSD), which works with **local water bill assistance service providers** to connect low-income households to the financial support they need.

What other resources would be useful to California hospitals in collecting data from patients about health-related social needs?