An Evaluation of Connect for Health: A Social Referral Program in RI

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ABSTRACT

BACKGROUND: Connect for Health is a social referral program based at Hasbro Children's Hospital and the Center for Primary Care in Providence, RI, that aims to address basic needs in order to improve the health and well-being of patients.

METHODS: A qualitative program evaluation was conducted by interviewing providers and patients, assessing perceptions of effectiveness and barriers to success.

RESULTS: Providers felt their workload was alleviated and believed the program was addressing the social determinants of health. Patients similarly felt that their needs were met but acknowledged some barriers to accessing resources such as transportation, business hours, and language barriers. Ultimately, patients and providers viewed the program as effective but both groups perceived structural barriers such as housing and limited resources.

DISCUSSION: A structured program of referral for social services and benefits can alleviate some patient needs and provider workloads, but fundamental socio-economic disparities and inadequate resources limit effectiveness.

KEYWORDS: social referral, social determinants of health, , social services Connect for Health

BACKGROUND

Connect for Health (formerly called Health Leads) is a nonprofit, community-based program working to reduce the burden of social determinants of health in Providence, RI. The program operates out of Lifespan's Community Health Institute and is currently based at Hasbro Children's Hospital and at Rhode Island Hospital's Center for Primary Care (CPC). Connect for Health's mission is to optimize health by addressing the basic social needs of patients such as food, housing, transportation and employment. Physicians and other healthcare workers refer patients to Connect for Health for unmet social needs that are contributing to poor health outcomes. When individuals arrive at the desk, they are enrolled into the online database by a volunteer advocate (usually a Brown University student), who then conducts an initial interview using a standard screening tool to understand which resources the individual needs help locating. Every week Connect for Health advocates follow up with enrollees by phone to track progress and determine whether all identified needs were met and inquire about other emerging needs. Currently, with the ongoing COVID-19 pandemic, advocates are still performing weekly follow-up virtually. Although many local resources that are typically referred to are closed for the time being, COVID-19 specific resources have been compiled by community organizations like AMOR Rhode Island and have been shared with Connect for Health for use.

Social referral agencies like Connect for Health may play an important role in reducing health inequalities. However, there has been no formal evaluation of Connect for Health. This project developed an understanding of the participants' experience of the program, including perceived barriers to care individuals face, and their own evaluation of Connect for Health's role in alleviating this burden. Interviews of providers developed an understanding of the process by which patients are referred to the program and how Connect for Health interacts with medical care.

METHODS

The data for this study consisted of semi-structured interviews with providers and patients. We developed the interview guides in consultation with staff of the Lifespan Community Health Institute. (**See Table 1**.) Patient interviews were conducted both in person or over the phone (half from CPC and half from Hasbro). Additional interviews were conducted with hospital staff who often refer patients to Connect for Health.

Interviews were transcribed and analyzed using thematic coding in Nvivo (©QSR International) by the first author, with the other authors providing consultation and feedback on the results. The target number of participants for the entire study was 20–30, intended to achieve diversity in background and experience. The interviews covered questions regarding perception of Connect for Health's role in patients' health outcomes alongside barriers to care they have witnessed and proposed solutions to overcoming these barriers that may contribute to poor health outcomes.

Table 1.

Provider Questions
1. How long have you referred patients to Connect for Health/been involved with the program?
2. How well do you think Connect for Health is coordinated with the [medical] care you are providing to patients? What is working well, or not so well?
3. How well do you feel that Connect for Health is helping your patients manage their health better?
4. How do you feel Connect for Health is affecting your workload [as a provider]?
5. Is there anything you would like to see Connect for Health do differently or any areas of improvement you see for the program?
6. Do you think there are patient groups that Connect for Health doesn't currently work with that you think would benefit from our services?
7. Would you recommend Connect for Health to another patient or provider?
Patient Questions
1. How helpful do you feel that Connect for Health has been for you? Why do you feel that way?
2. What concerns did you come to Connect for Health for?
3. What are some of the issues in your life such as housing, food, or education that affect your health? How do these affect you?
4. Do you think Connect for Health helps you be healthier? How so?
5. Do you have trouble getting some of the resources and help you need, such as food stamps (SNAP), food pantries, Medicaid, or other help? **a.** What are some of the biggest problems getting what you need? [If need to probe] – transportation, forms to fill out, getting documents, others? **b.** Can you think of a specific time when you had a need that you did not seek help from Connect for Health for? What prevented you from seeking help from the program then?
6. Are there problems that prevented you from using the Connect for Health resources provided? **a.** Were there any other needs that you did not seek help for?
7. After being enrolled in Connect for Health, do you feel more prepared to get the help and resources you need on your own?
8. In your opinion how can Connect for Health improve the program to better meet your needs?
9. How well do you feel that Connect for Health was coordinated with your medical care?
10. Can you think of other people in your community or social network that could benefit from Connect for Health's services? Would you recommend Connect for Health to them?

RESULTS

Provider Characteristics

The first author interviewed 11 providers for this study: three were based at Hasbro Children's Hospital and eight worked at the Center for Primary Care. The reason for this imbalance may have been the result of a vacant Hasbro Connect for Health coordinator position at the time of the study in the fall of 2019, and it may have been a contributing factor in a limited response from healthcare and social service providers. Since then, the coordinator position has been filled. However, four doctors were interviewed, three social workers, one nurse practitioner, one pharmacist, one nurse, and one program coordinator.

Provider Themes

Provider responses can be organized into four overarching topics: the impact of Connect for Health on providers, areas for possible improvement, structural barriers, and the social determinants of health. Overall, attitudes towards Connect for Health were positive, with many providers stating they were extremely grateful for the work the program does for their patients.

"I've been in multiple academic centers and this is the only place that I've worked where [Connect for Health] has been available and so it is incredibly helpful when someone is there and when families make a connection in that moment that we're saying to them: 'We're asking you this, you've trusted us to tell us that you don't have enough food, that you're having trouble with a bill, you're worried about lead.' You've trusted us with that information and when we can say, 'I hear you' and you hear someone say, 'I hear you,' I think that is really empowering to families who feel at times that they're in a hopeless situation." — Provider 1, Pediatrician at Hasbro

Impact of Connect for Health on Providers

The sub-codes for this overarching theme included provider workload and the Connect for Health referral process. Many providers did believe that Connect for Health helped with their workload, directly or indirectly. A few providers remarked that Connect for Health provided knowledge and resources in areas that they could not help with and some providers mentioned that Connect for Health may be able to address issues that would have been left otherwise unaddressed and ultimately allowed providers to spend more time on other aspects of the patient's medical care.

"I wouldn't say [Connect for Health] makes [our workload] lighter and I wouldn't say it makes it heavier. I think what does happen which really is apparent is issues get addressed that wouldn't have gotten addressed, that's for sure." — Provider 3, Pediatrician and Medical Director, Hasbro

Areas of Improvement

When asked about coordination of Connect for Health with the medical care patients received at the respective

locations, answers were mixed. Overall, it appears that coordination can be improved and that communication between providers and Connect for Health could increase. One barrier that was repeated was the use of separate Electronic Medical Records (EMRs) that prevented providers from accessing their patient's enrollment in Connect for Health.

"I think it would be nice if the Connect for Health volunteers could actually have access to the medical records if they were allowed to be given the training in HIPAA. I think it would be really great if they could delve in and see what some of the barriers and needs might be that we might not have even touched on." — Provider 3, Pediatrician and Medical Director, Hasbro

HIPAA, the Health Insurance Portability and Accountability Act of 1996, requires that providers protect the confidentiality of patients' private health information (PHI) and train all staff who have access to PHI. Giving Connect for Health advocates HIPAA training could be a pathway to improving coordination between providers and health advocates. Currently, efforts are being made to integrate Connect for Health into the Lifespan EHR with the creation of LifeChart, the new Lifespan EHR that allows information to be shared throughout the healthcare system, from hospitals and clinics to community partners. In addition, a social needs screening and referral tool called Healthy Planet will be implemented in order to allow approved LifeChart users to ask patients standardized screening questions and generate a list of referrals from a resource database. Connect for Health will subsequently share its resource directory and become the backbone of the resource directory being built in LifeChart. Following implementation of LifeChart, Connect for Health advocates will be trained to use LifeChart in order to work with patient care teams to identify, respond to, and document the steps taken to ameliorate health-related social needs.

Structural Barriers

Another major problem mentioned in many interviews was the current state of housing in Rhode Island. Especially at the Center for Primary Care, many patients enroll in Connect for Health for housing needs. However, because of the shortage of affordable housing, there is little Connect for Health can provide for these individuals.

"So many people come in and need housing and I see it a lot where people say, 'I'm a priority because I'm disabled and I have children and all these things,' and I say, 'You are, but you're one of so many people in this situation.' "
— Provider 6, Clinical Social Worker, CPC

Social Determinants of Health

Many providers commented how Connect for Health could impact social determinants of health and listed that as a benefit of having Connect for Health as a complement to the medical services provided.

"I think that we all know that there are lots of social determinants of health that can impact the care we provide to our families. And the families our clinic often serves have housing and food insecurity, and sometimes they are not aware of the resources that they need, so it's very helpful when families here in the clinic are able to access some of those resources."
— Provider 1, Pediatrician, Hasbro

Patient Demographics

The first author also interviewed 19 patients for this study; one interview was lost in processing. Nine patients originated from Hasbro Children's Hospital and the other nine received care from the Center for Primary Care. Most of the patients interviewed were female, with ages ranging from the mid 20s to late 60s. (**See Figures 1–5**.) Most interviewees identified as Latino/a/Hispanic, and a majority completed their high school education.

Figure 1. Gender

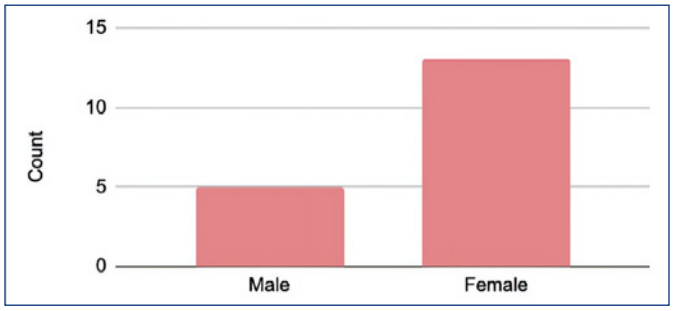


Figure 2. Age Breakdown

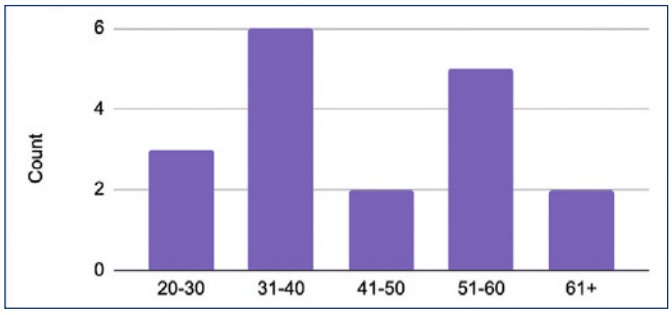


Figure 3. Race or Ethnic Group

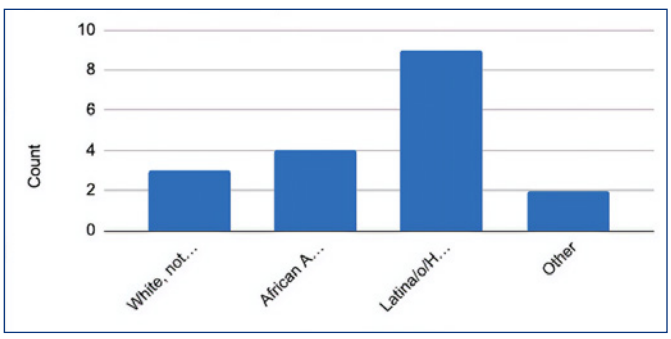


Figure 4. Country of Birth

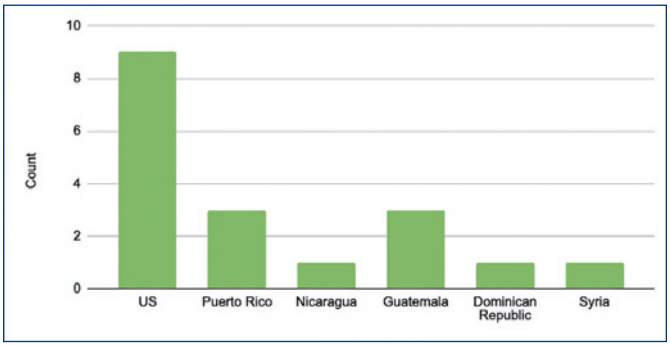
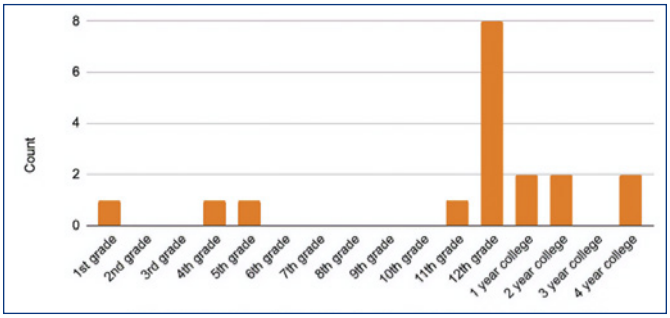


Figure 5. Highest Grade or School Year Completed or Enrolled In



Patient Themes

The overarching themes throughout all the patient interviews can be categorized into four interrelated topics: needs, social determinants of health, barriers, and program insights. Overall, attitudes toward Connect for Health were mainly positive and many patients were extremely grateful for the program.

"I want to thank [Connect for Health] for their help; they were very caring and kept asking about any kind of assistance they could provide and asked about my family, so I am very thankful for you and for them." — P12, Hasbro

Needs

When asked about needs that currently affect them or have previously affected them, many patients brought up food, housing, and commodities such as clothing or furniture. Consistent with the provider interviews, many patients recognized the shortage of affordable housing in Rhode Island. This was particularly noticeable at the Center for Primary Care where the patient population tends to be older and suffering from severe financial constraints. Many patients interviewed came to the program for housing help. Alongside housing, accessing food resources such as food pantries, getting enrolled in SNAP, and commodity resources like clothing banks and furniture gift cards, were frequently mentioned throughout the interviews.

Social Determinants of Health

Fewer than half of the patients interviewed mentioned any connection between being in the program and their own health outcomes, although one of the long-term goals of Connect for Health is ultimately reducing utilization of healthcare services for non-medical needs and transforming Lifespan to a health system that promotes health and well-being. Individuals may not directly connect the program to their own health unless the resource they are looking for is directly related to a health condition or a health behavior. For instance, food resources were most often identified as connected to health followed by housing and access to medication. When asked why they enrolled in the program, P14 remarked, "I wanted to have good health. I noticed that my health was declining, and I wanted help figuring out how to eat the right food and those kinds of things. So I wanted to improve my health, you know?"

Barriers

When asked what the major issues were preventing individuals from accessing resources that Connect for Health provided, respondents gave numerous answers including transportation and barriers, such as language, to filling out forms. One patient mentioned that a lot of the food pantries were not accessible by bus and another said before they got their driver's license it was difficult to drive to different organizations. Another patient remarked how often the resources provided did not have business hours that she could attend. In addition, a few patients mentioned filling out the forms could be complex, especially if there was a language barrier. P14 was deaf and said, *"Most of the paperwork and everything is in full sentences and in English, and my English is not so good, so it might be helpful to have illustrations of some kind."* Although Connect for Health provides many resource sheets in Spanish and utilizes Language Line Solutions to call patients who are not fluent in English, language barriers still exist in various social service applications and varying literacy levels may prevent individuals from accessing local resources.

Besides barriers to accessing resources, another major obstacle individuals mentioned was simply not knowing what resources exist and how to navigate the landscape of social services. Many patients were grateful to be enrolled in Connect for Health for this reason, as the program offered information about where to look for help and what programs they may be eligible for. When asked whether they thought one of the main issues was that people don't know what resources are available, one patient responded, "Yes, absolutely."

All in all, many patients felt supported by Connect for Health and mentioned that the strengths of the program itself lay in communication and the proximity of the program to their medical appointments.

"I think [Connect for Health] is very helpful because it's like you already know where you're going to and you're comfortable with the place." — P13, Hasbro (Female, age 28)

"It's good that it's all centralized in this one place. What I like about it is when I go to my visits I like going right to the Connect for Health desk and then it's all together."
— P1, Center for Primary Care (Female, age 60)

CONCLUSION

Connect for Health in Rhode Island is an effective program in providing resources to patients while simultaneously alleviating providers' workloads. In particular, resources in the form of food and commodities like clothing and furniture were especially helpful for patients. Providers also saw Connect for Health as helping with the social determinants of health, something they all agreed was critical in primary care. However, limitations of the program do exist, and many patients and providers brought up housing as the primary challenge. Patients also mentioned language barriers, transportation, and confusing forms as barriers to accessing resources and social services. The main area of improvement for the program lies in coordination between providers and Connect for Health, which could be facilitated through monthly meetings with providers or with the implementation of the same electronic health record system. While patients did not necessarily see the link between Connect for Health and their own personal health, the positive feedback from both patients and providers demonstrates that Connect for Health is working effectively in providing social resources to those in need.

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