Social Need Interventions Workgroup
Organization-Level Interventions Recommendations Draft
Tuesday, November 18th, 2022

Internal Organization Interventions:

Protecting Staff

- Recognize and understand the social needs of staff and the potential for secondhand trauma among staff members.
- Ensure social need interventions or services (such as community information exchanges or social need referral resources) are available to staff as well as patients.
- Offer resources for staff secondhand trauma from social need screening.

Training

- Ensure all care provided is "inequity-responsive, trauma-informed, contextually tailored, and culturally competent."

Workflow Changes/Service Structure

- Reduce barriers to access and increase quality of care for hard-to-reach patient groups. This could include offering extended hours, demonstrating a culturally welcome environment, and creating opportunities to provide services outside clinic walls (see partnerships section).
- Implement workflow changes when possible – embed patient social support navigators into the primary care team, develop mechanisms to "fill social prescriptions"

Investing in Technology

- Consider system-wide investment/participation in a community information exchange (CIE) or social service resource locator (SSRL). Ensure that all staff/patients can access the CIE to look up services on their own.
    - When possible, use CIEs with a closed-loop referral option. The Health Care Authority is currently investigating a state-wide CIE solution.

Adopting Alternative Financial Models

- Adopt value-based payment models that can effectively support social need intervention activities.

External Partnerships:

Healthcare-Community Partnerships

- Start all partnerships with community engagement – ensure that patients with lived experience and community organizations are involved in the planning process for addressing social need.
    - Get involved in community needs assessments and health planning with local community organizations.
    - Learn from community organizations that are already addressing social need and determine how to support them to create synergy.
    - Cultivate existing common capacity

- Develop clinic-community relationships to create healthier environments. Examples include partnering with schools or community centers to introduce violence prevention programs, introducing farmer's markets to combat food deserts, etc.
    - Public health agencies and community-based organizations may help facilitate community partnerships.
- Expand Information Sharing using data-sharing agreements, feedback loops, and integrated data systems.
- Example Partnerships:
    - AHN Healthy Food Centers in Pennsylvania – Clinicians make referrals through the EMR for food bank services.

Community Hubs

- Replicate CBO networks as hubs to curate and manage networks of community service providers with hubs at local, state, and multi-state levels.
- Develop a multi-stakeholder, standards-based approach to financing and implementing CBO network hubs.

Advocacy

- Use clinical experience and research to advocate for social change.

References:

- Andermann, A. 2016. Taking action on the social determinants of health in clinical practice: a framework for health professionals. CMAJ. DOI:10.1503 /cmaj.160177
- Robertson, L. & Chernof B. 2020. Addressing Social Determinants: Scaling Up Partnersips with Community-Based Organization Networks. https://www.healthaffairs.org/do/10.1377/forefront.20200221.672385/
- Nonprofit Finance Fund. 2018. Advancing Community-Based Organization and Health Care Partnerships to Address Social Determinants of Health. https://nff.org/report/advancing-community-based-organization-health-care-partnerships-address-social-determinants