



The Intersection of Environment, Housing, and Health
Part 4: Exploring Neighborhood Factors that Impact Health

Deepa Mankikar, Public Health Project Manager
Kevin Leacock, Public Health Project Coordinator

December 4, 2019



National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



Question & Answer

During the presentation, you may ask questions. Click **Q&A** and type your questions into the open field.

The Moderator will either send a typed response or answer your questions live at the end of the presentations.

Note: After today's webinar, NNCC will host an extended Q&A with today's presenter!

Quick Poll Questions

1. To better understand our attendees, please indicate your interest in this webinar is as a ____
 - Clinician
 - Administrator/Manager
 - Community advocate
 - Policy maker
 - Student
 - Other

2. Describe your workplace setting.
 - Hospital/Health system
 - Health center
 - Non-profit organization
 - For-profit organization
 - Government agency
 - Institutes of Higher Education
 - Other

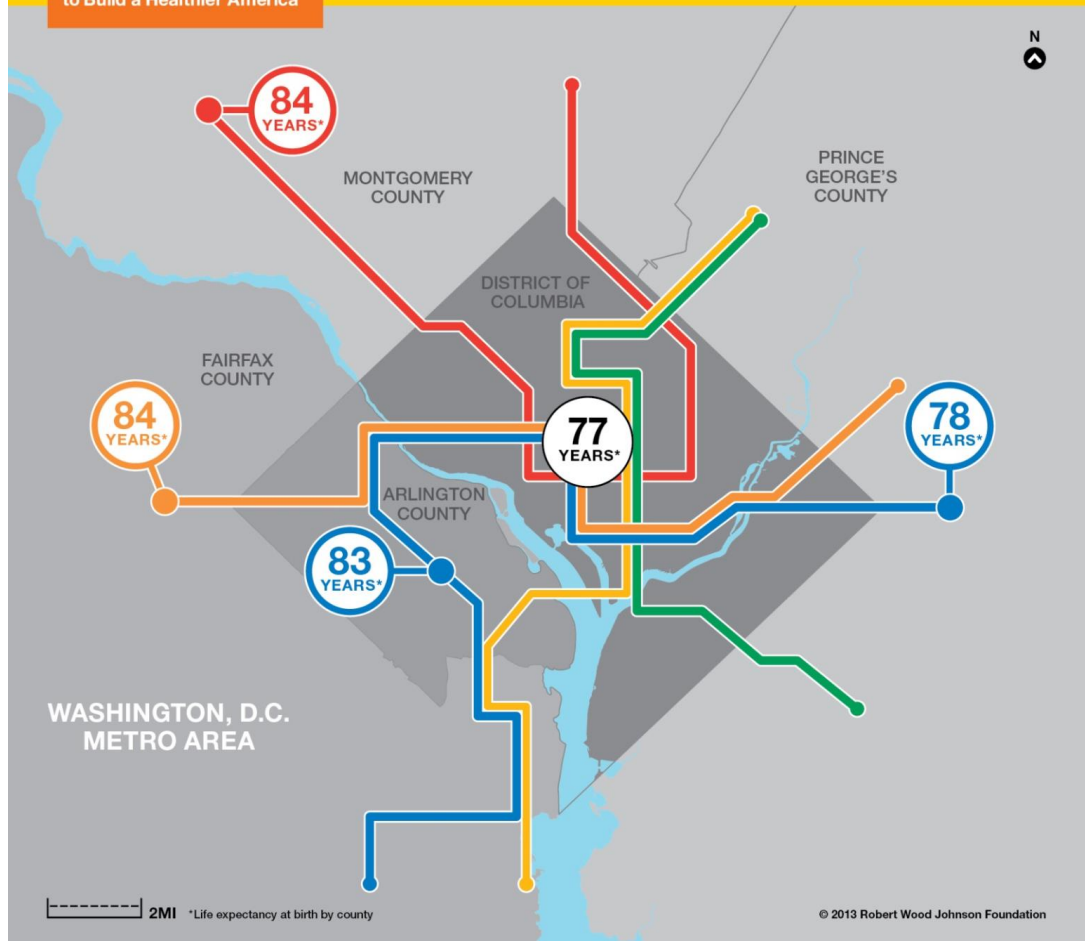




Dr. James Huang, MD -
Unity Health Care and
the National Family
Medicine Residency

Exploring Neighborhood Factors that Impact Health

James Huang MD FAAFP
Unity Health Care
National Family Medicine Residency



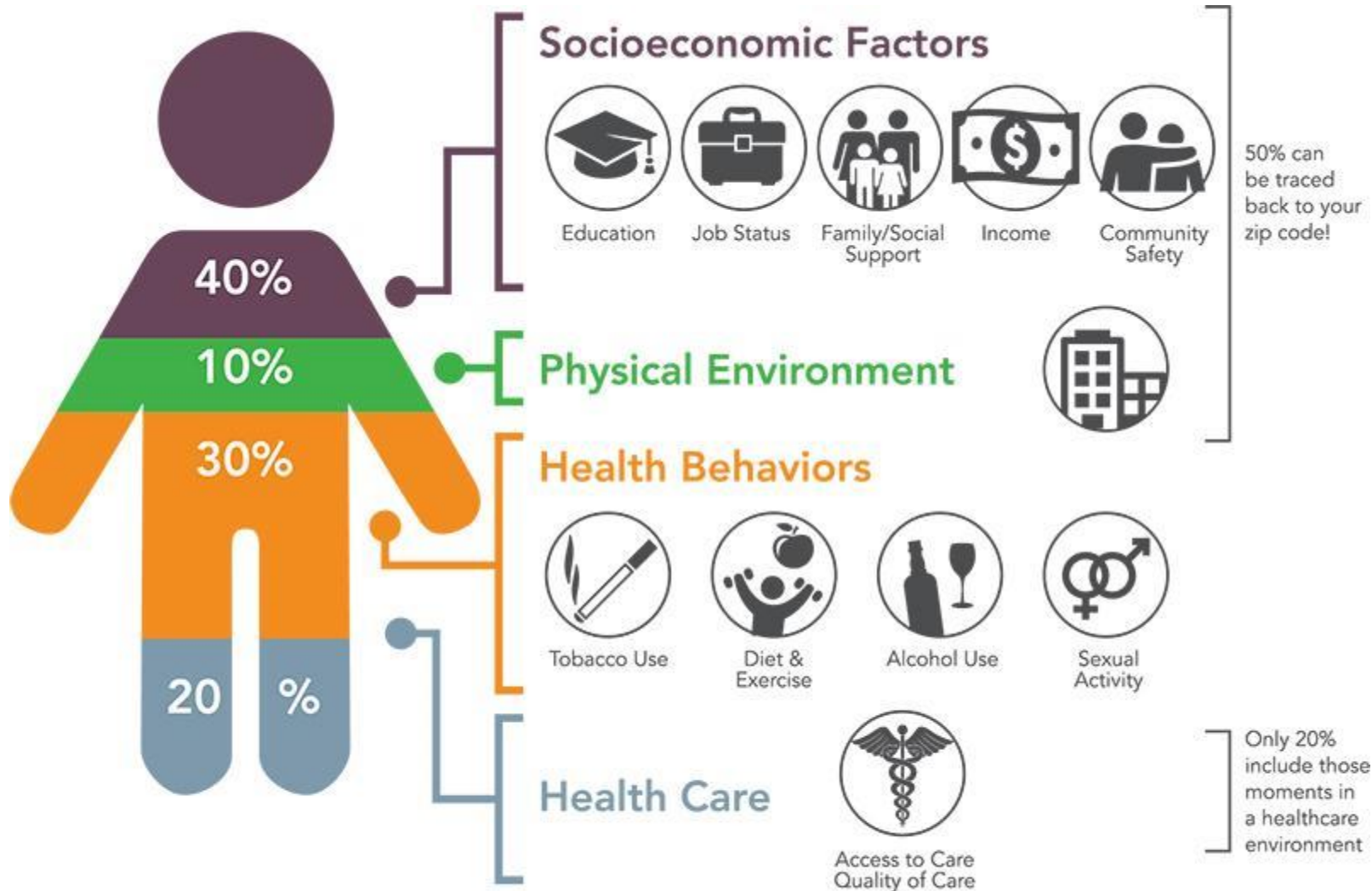
Goals and Objectives

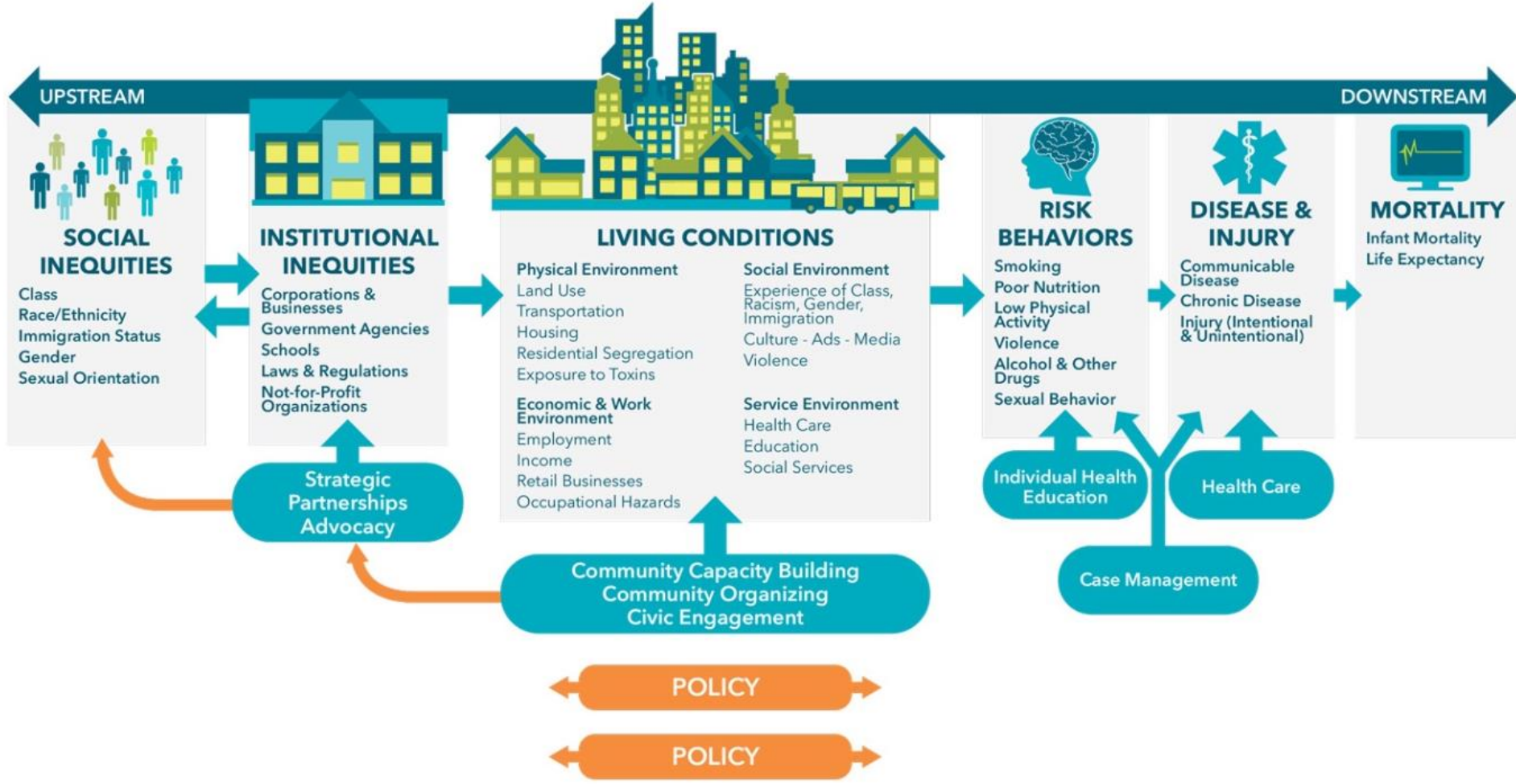
- Define Social Determinants of Health (SDH)
- Describe how the SDH impact health
- Outline the healthcare team's role in measuring the SDH and connecting to resources
- Identify resources locally and nationally

Poll

When examining a person's overall health, what percentage is a direct result of healthcare (seeing a primary care physician, medicines, preventive services)?

- A. 20%
- B. 40%
- C. 60%
- D. 80%
- E. 100%





Equality



Equity





TOOLS FOR PUTTING SOCIAL

DETERMINANTS OF HEALTH INTO ACTION

Table 1. Information About Included Social Risk Screening Tools

Tool name	Year created	Items, n	Admin time, min	Setting admin	Population screened	Admin methods	SDH domains assessed					
							Econ	Edu	SCC	HCC	NPE	Food
Your Current Life Situation (YCLS) ³⁵	2018	32	NR	Primary care	All ages	Paper Electronic Verbal	X	X	X	X	X	X
Accountable Health Communities Health-Related Social Needs (AHC-HRSN) ³⁶	2017	26	NR	Primary care	Medicare/Medicaid	NR	X		X		X	X
Structural Vulnerability Assessment Tool ³⁷	2017	43	NR	Inpatient	Adults	NR	X	X	X	X	X	X
Health Leads ^{5,38}	2016	7	NR	Primary care	All ages	Paper	X	X	X		X	X
Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) ^{35,39,40}	2016	36	11	Primary care Specialty care	Adults	Paper	X	X	X	X	X	
Health Begins ^{35,41}	2015	28	6	Primary care	All ages	Paper Verbal	X	X	X		X	X
HelpSteps (Online Advocate) ^{42,43}	2015	130	25	Inpatient	Children/ Young adults	Electronic	X	X		X	X	X
Medical-Legal Partnership (MLP) ⁴⁴	2015	10	NR	Pediatrics	Children and families	Paper	X	X	X	X	X	
Institute of Medicine (IOM) ^{26,29,45}	2014	23	5	Primary care Web-based	Web volunteer registry	Electronic	X		X		X	
Total Health Assessment Questionnaire for Medicare Members ^{46,47}	2014	36	NR	Primary care	Medicare/Medicaid ^a	Paper Electronic Verbal	X		X		X	X
Well Rx ^{3, 28}	2014	11	NR	Primary care	NR	Paper Paper Verbal	X				X	X
Social History Template ^{48–50}	2012	7	NR	Pediatrics Primary care	All ages	NR	X				X	X
Legal Checkup ^{51,52}	2011	18	NR	Pediatrics	Children and families	NR	X		X	X	X	X
Survey of Well-Being of Young Children (SWYC) ^{53–57}	2010	10	10	Pediatrics	Children and families ^a	Electronic Paper		X			X	X
Income, Housing, Education, Legal status, Literacy, Personal Safety (IHELLP) Questionnaire ^{58–62}	2007	17	NR	Primary care Inpatient Pediatrics Specialty care	Children and families ^a Other	Verbal	X	X	X		X	X
Safe Environment for Every Kid (SEEK) ^{63–72}	2007	20	3	Pediatrics	Children and families ^a	Paper Electronic Verbal			X		X	X
WeCare ^{25,73–76}	2007	10	5	Pediatrics Primary care	Children	Paper Paper Verbal	X	X			X	X
Partners in Health Survey ⁷⁷	1997	118	25	Primary care	NR	Verbal	X		X	X	X	
Social Needs Checklists ^{78–80}	1996	NR	5	Primary care	Adults	NR	X		X	X	X	
Urban Life Stressors Scale (ULSS) ^{81–83}	1996	21	NR	Primary care Other	Adults	Electronic Verbal	X		X		X	
Women's Health Questionnaire ^{84–86}	1992	NR	75	Inpatient Primary care	Adult women ^a	Paper	X	X	X	X	X	X

^aDenotes specific target population per tool developers.

Admin, administration; Econ, economic security; Edu, education; HCC, health and clinical care; NPE, neighborhood and physical environment; NR, not reported; Pop, population; SCC, social and community context; SDH, social determinant of health.

**RESEARCH AND
DATA****PRAPARE**[About the
PRAPARE
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Implementation
and Action Toolkit](#)[Recorded
PRAPARE
Webinars](#)[PRAPARE
Trainings and
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SHEETS AND
INFOGRAPHICS****STATE LEVEL
HEALTH CENTER
DATA & MAPS****HEALTH CENTER
INNOVATIONS
AND RESEARCH
SUMMARIES**

PRAPARE

Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences

PRAPARE Implementation and Action Toolkit

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect and apply the data they need to better understand their patients' social determinants of health, transform care to meet the needs of their patients, and ultimately improve health and reduce costs. PRAPARE is both a standardized patient risk assessment tool as well as a process and collection of resources to identify and act on the social determinants of health. The PRAPARE Implementation and Action Toolkit is designed to provide interested users with the resources, best practices, and lessons learned to guide implementation, data collection, and responses to social determinant needs.

This is a modularized toolkit. The Toolkit's chapters focus on the major steps that are needed to implement a new data collection initiative on socioeconomic needs and circumstances. New users are advised to go through the entire Toolkit. Other users may wish to focus on certain chapters to build or enhance capacity in certain areas.

This Toolkit is based on the experiences, best practices, and lessons learned of our early adopting and pioneering health centers. We thank them for sharing their innovations and lessons learned with us so that others can advance their own social determinants of health journey.

Building off of the roots of the PRAPARE name, chapters are organized based on whether they help users "PREPARE" for social determinants data collection, "ASSESS" social determinants of health, or "RESPOND" to social determinants of health data.

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PRAPARE Tool

The screenshot displays the PRAPARE Tool interface. On the left is a tree view of categories, with 'Social Determinants' selected. The main window is titled 'Social Determinants' and includes a 'Copy/Merge' button and a checked 'Social History Verified' option. Below the title bar are tabs for 'Social Info', 'Options', and 'Details'. A table with a 'PRAPARE' column is visible. A 'Social History Notes' window is open, showing a 'Structured' view of a list of assessment questions. Each question has a checkbox and a folder icon. The questions include: 'Date Completed/Updated:', 'What is your current housing situation?', 'Are you worried about losing your housing?', 'What is the highest level of school that you have finished?', 'What is your current work situation?', 'In the past year, have you or any family members you live with been unable to get any of the f', 'Has lack of transportation kept you from medical appointments, meetings, work or from getting', 'How often do you see or talk to people that you care about and feel close to? (For example: ta', 'How stressed are you? Stress is when someone feels tense, nervous, anxious, or can't sleep a', 'In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, c', 'Do you feel physically and emotionally safe where you currently live?', 'In the past year, have you been afraid of your partner or ex-partner?', 'PRAPARE Score:', 'Enabling Services Provided?', 'Are you a refugee?', and 'What country are you from?'. At the bottom left, there are 'Notes', 'Browse ...', and 'Clear' buttons.

Social Determinants Copy/Merge Social History Verified

Social Info Options Details

PRAPARE

Social History Notes

Free-form Structured

PRAPARE Default Default for All Clear All

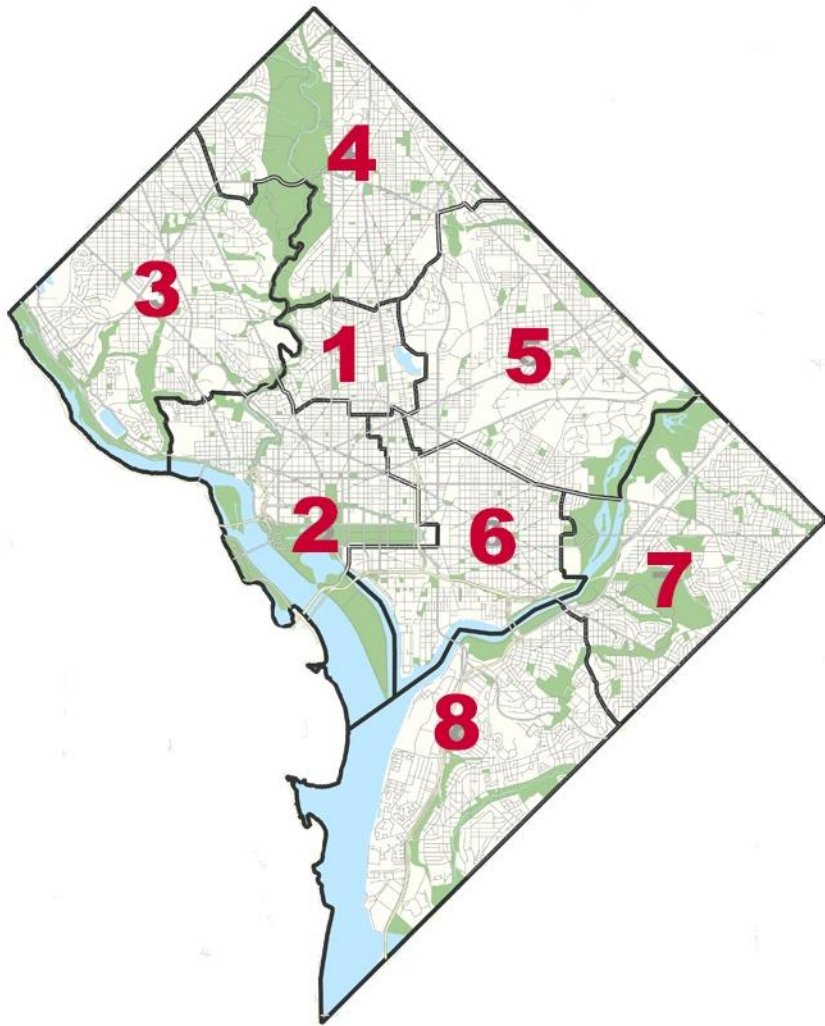
Name

- Date Completed/Updated:
- What is your current housing situation?
- Are you worried about losing your housing?
- What is the highest level of school that you have finished?
- What is your current work situation?
- In the past year, have you or any family members you live with been unable to get any of the f
- Has lack of transportation kept you from medical appointments, meetings, work or from getting
- How often do you see or talk to people that you care about and feel close to? (For example: ta
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- Do you feel physically and emotionally safe where you currently live?
- In the past year, have you been afraid of your partner or ex-partner?
- PRAPARE Score:
- Enabling Services Provided?
- Are you a refugee?
- What country are you from?

Notes Browse ... Clear

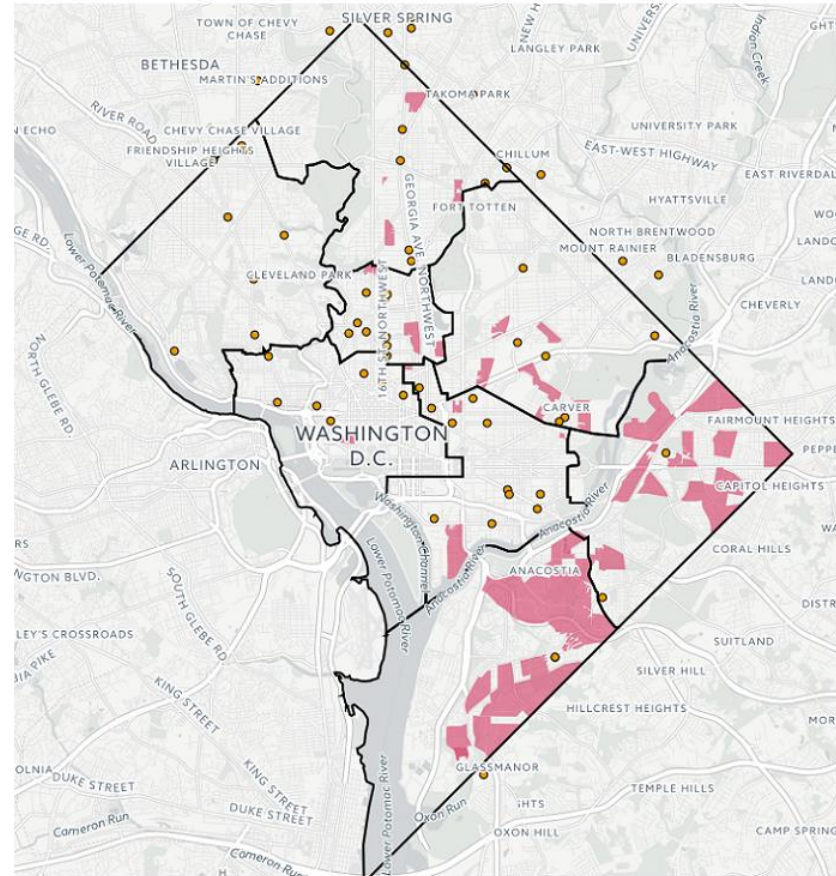
A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease





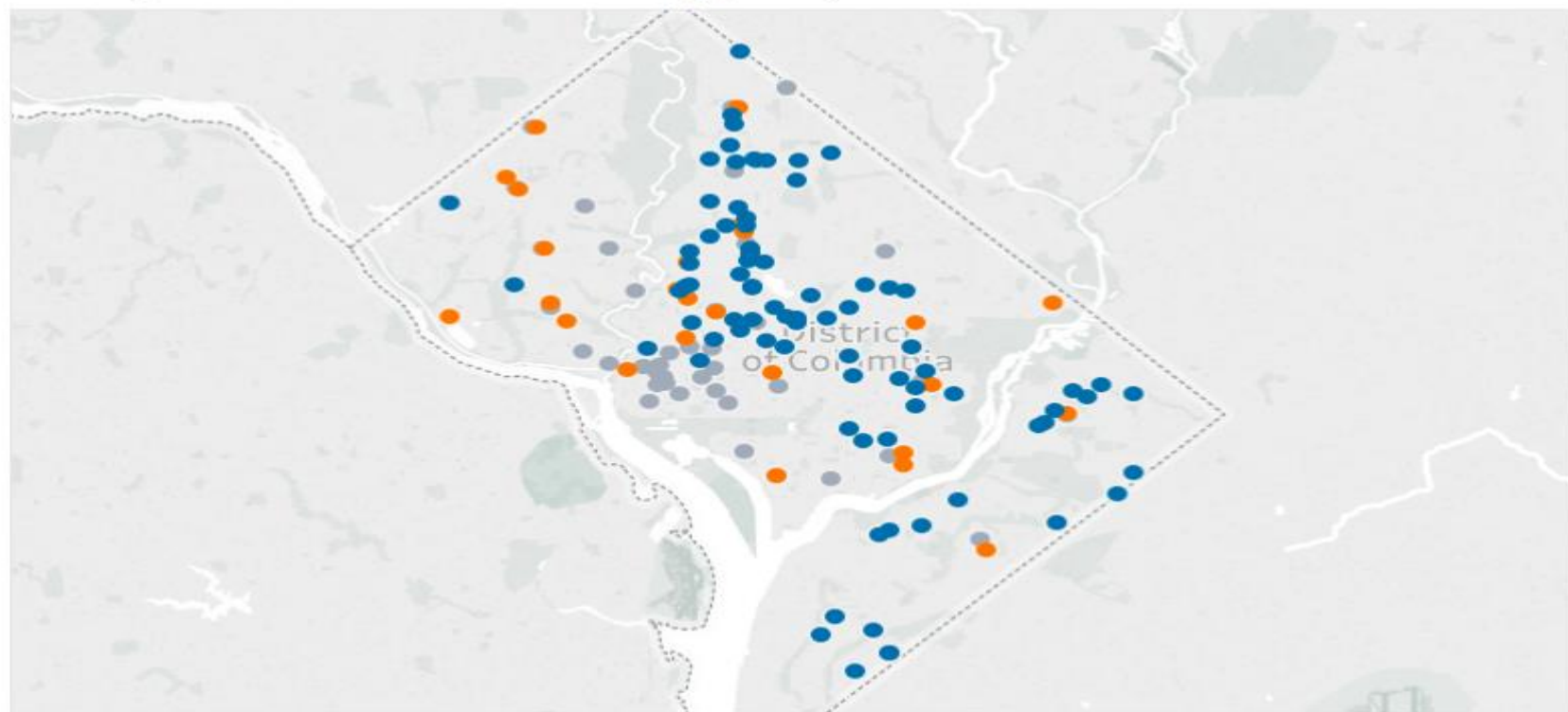
Food deserts in D.C.

Areas of limited food access in the District (in red) based on grocery or supermarket location, household income, and transportation access.



Source: D.C. Policy Center

Grocery Stores, Corner Stores, Pharmacy/grocery



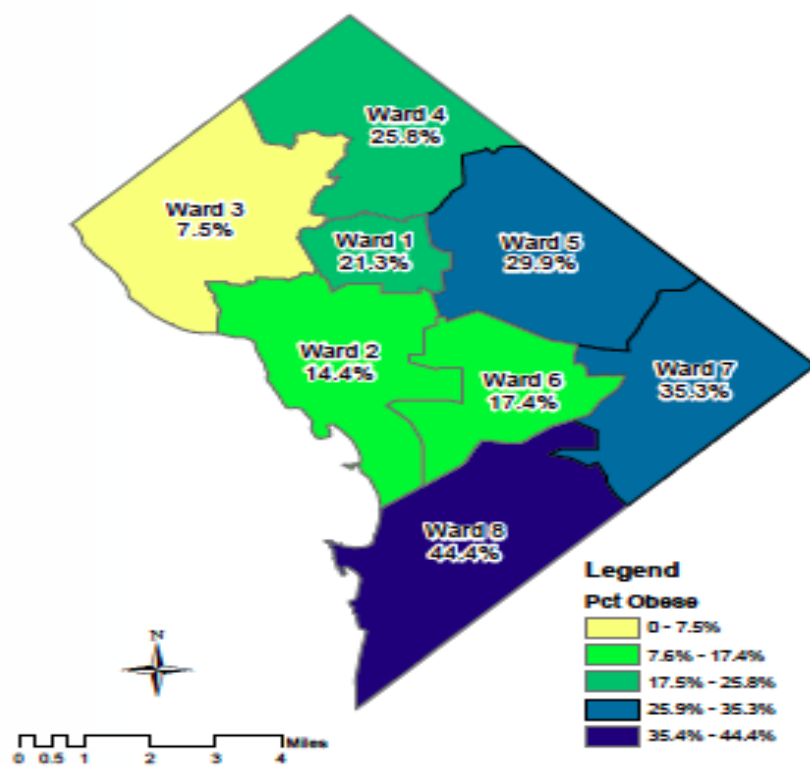
Source: BBL data for 2015 and 2016

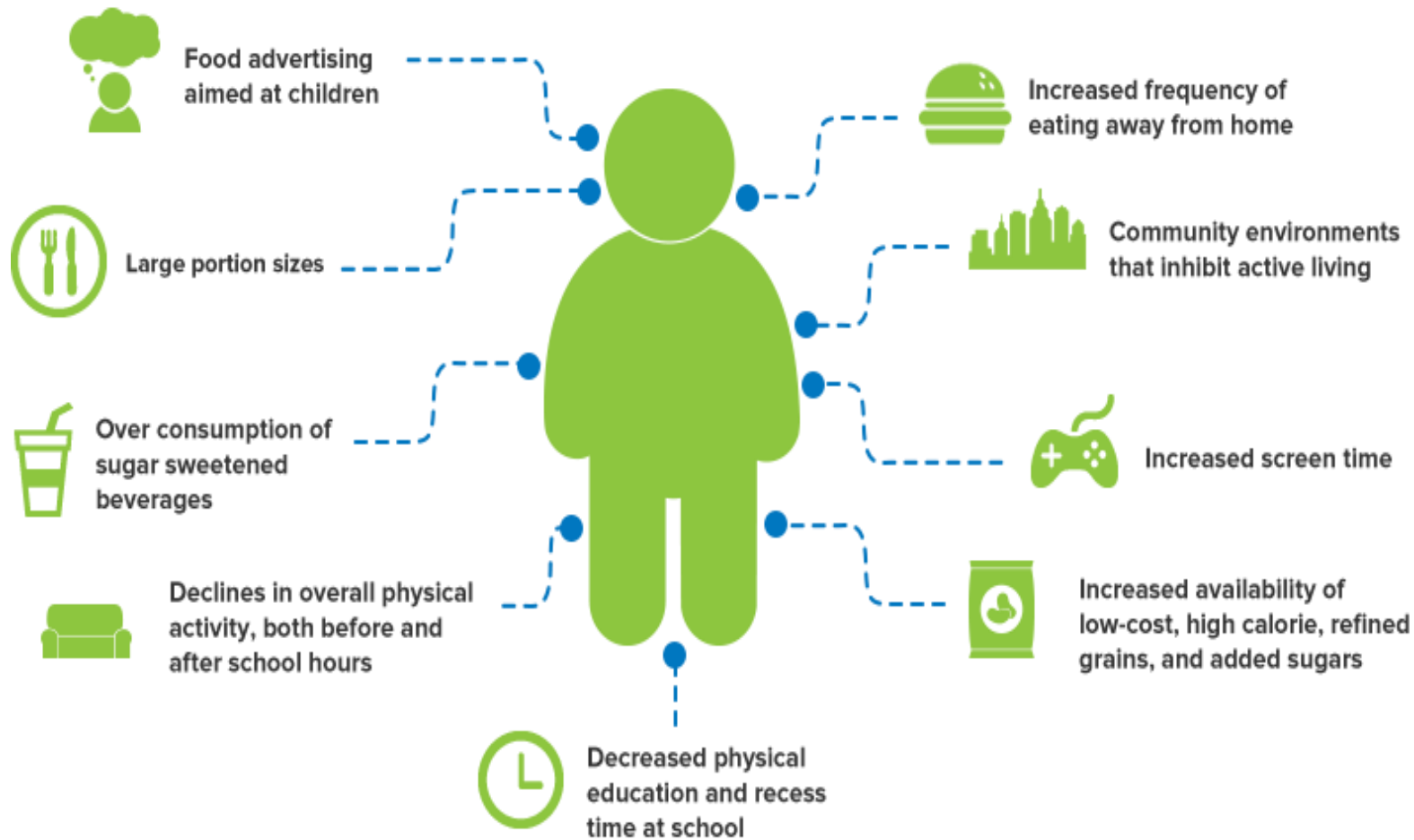
- Corner Stores
- Full Service Grocery Stores
- Pharmacy/Groceries

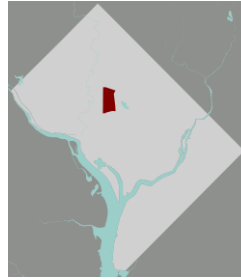


D.C. POLICY
CENTER

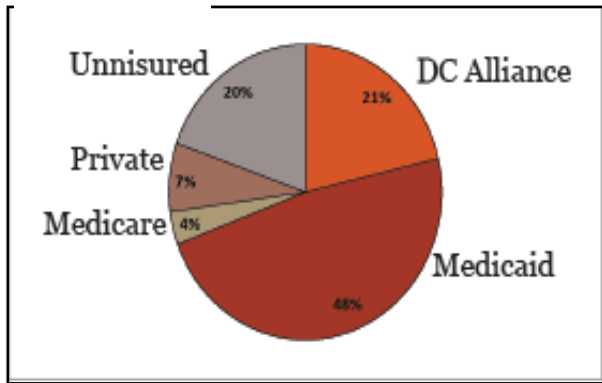
Figure 45. Map of Obesity Rate by Ward, 2010







- Unity Health Care, Inc.
 - D.C.'s largest network of community health centers
 - Upper Cardozo Health Center



Wellness Group Visit at Unity

- Collaborative effort that focuses on:

- Engaging families
- Healthy eating on a budget
- Promoting physical activity
- Connecting families to community resources



Program Structure

- Child/family referred by clinician
- Weekly drop-in class/group visit, year round, bilingual
- Team: registration clerk, medical assistants, providers, and learners
- Register and vitals taken from 5-6pm
 - Unstructured play, healthy snacking (fruits/veggies)
- Brief 1:1 with clinician, documented in EMR
 - review health knowledge & behavior
 - financially sustainable, clinical session for provider
- Nutrition & Physical Activity for 90 minutes
- Usually 5-15 families per class



Unique Community Partnerships

- Enhanced programming
- Stronger community connections
- Richer experience for families
- Increased retention

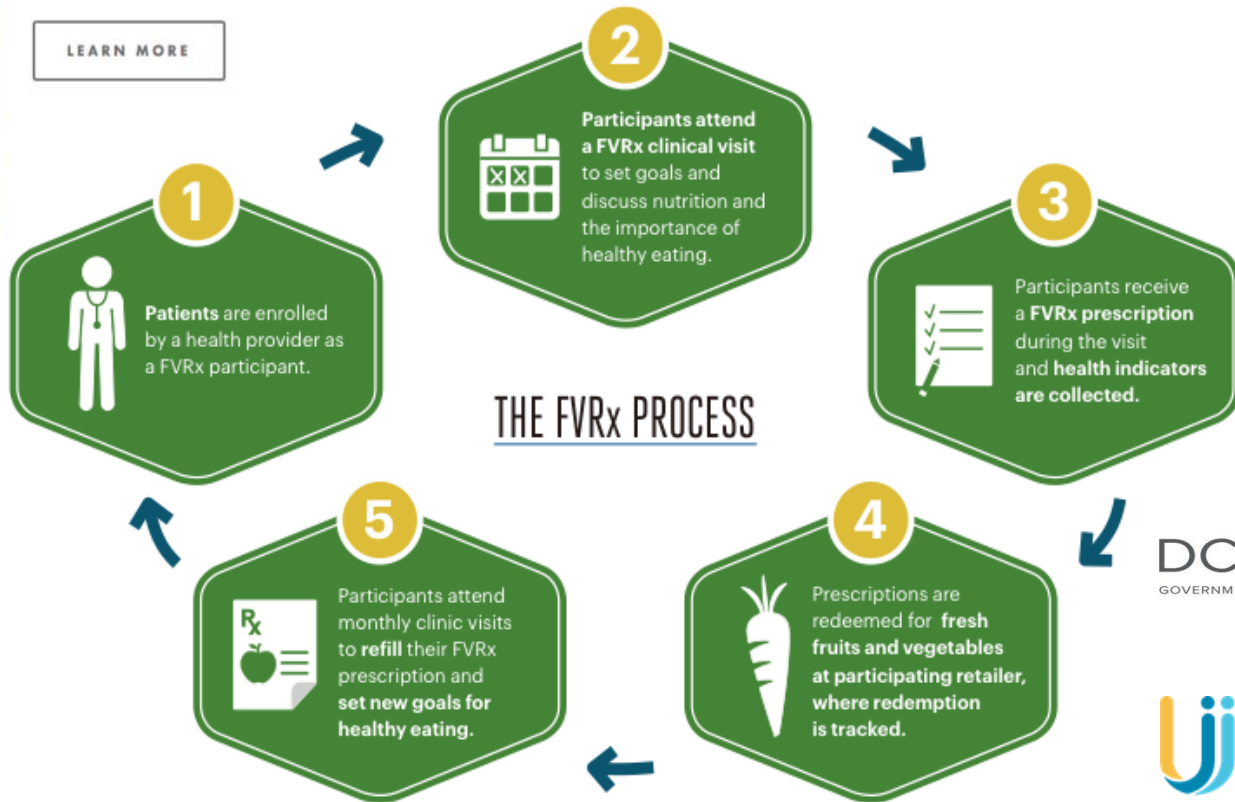




Produce Rx

Doctors in D.C. write prescriptions for fresh fruits and vegetables that can be redeemed for free produce to help at-risk patients manage diet-related chronic illnesses.

LEARN MORE



THE FVRx PROCESS



Produce Prescription Program
 Issuing Clinic/Health Center: Unity Health Center at Upper Carroll
 Patient's Produce Rx ID#: UC1
 Issue Date: 6/1/2018 Exp. Date: 6/30/2018
 Value: \$20/week Siquin
 Prescriber Name: James Huang, MD
 Prescriber Signature: _____

	Week 1	Week 2	Week 3	Week 4	Week 5
Date Redeemed	5-30	5-30	7-18	7-18	7-25
Initials	FB	FB	FB	FB	FB

dcgreens St UNITY HEALTH CARE
 SECURITY FEATURES ON BACK
 The Produce Prescription Program is a collaboration between DC Greens and the DC Department of Health.

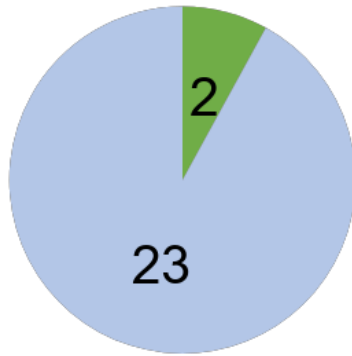


Healthier You. Healthier Communities.

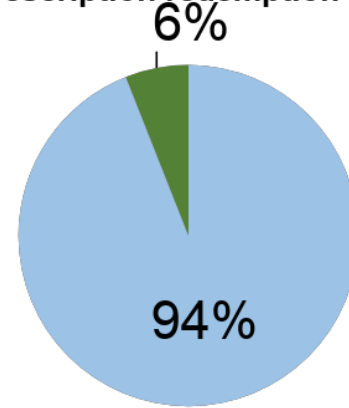
Evaluation (2017 Season)

Participation:

Enrolled families
completing program



Prescription redemption rate



Evaluation (2017 Season)

- 50% reduced their BMI percentile

Health Knowledge/Behavior due to program participation:

- 92% agreed/strongly agreed that they were able to better take care of their health & learned new things about how to care for their health
- 46% improved their rating of their children's overall health
- 30% increased their knowledge about how to prepare fresh fruits and vegetables
- 38% increased their knowledge about where to buy locally grown produce



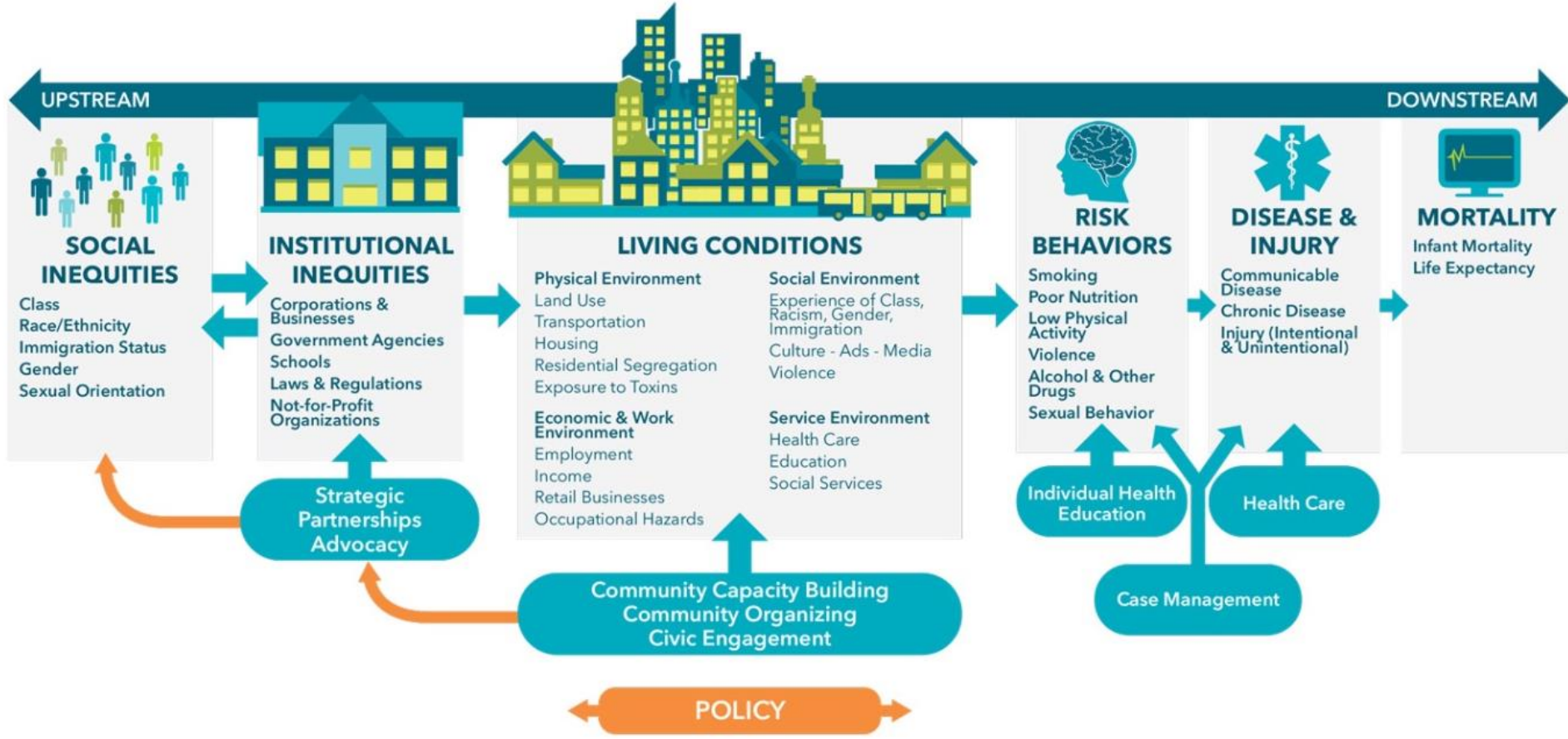
Success Stories

1. Community building
2. Connecting to local resources
3. Change in behavior
4. Knowledge & engagement



and most of all try. It also changed my life because it made me less shy to talk to people and I learned new fruits/vegetables and that makes me help the people who need the names of the vegetables. Also I learned how to cook different plates with new vegetables and fruit. This new and sort of amazing way I got this job changed my social life and also my life with eating healthy and learning healthy foods!

It also changed my life because it made me less shy to talk to people and I learned new fruits and vegetables, and that makes me help the people who need the names of the vegetables. Also. I learned how to cook different plates with new vegetables and fruit. This new and sort of amazing way I got this job changed my social life and also my life with eating healthy and learning healthy foods!





DC FRESH MATCH



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Find Parks

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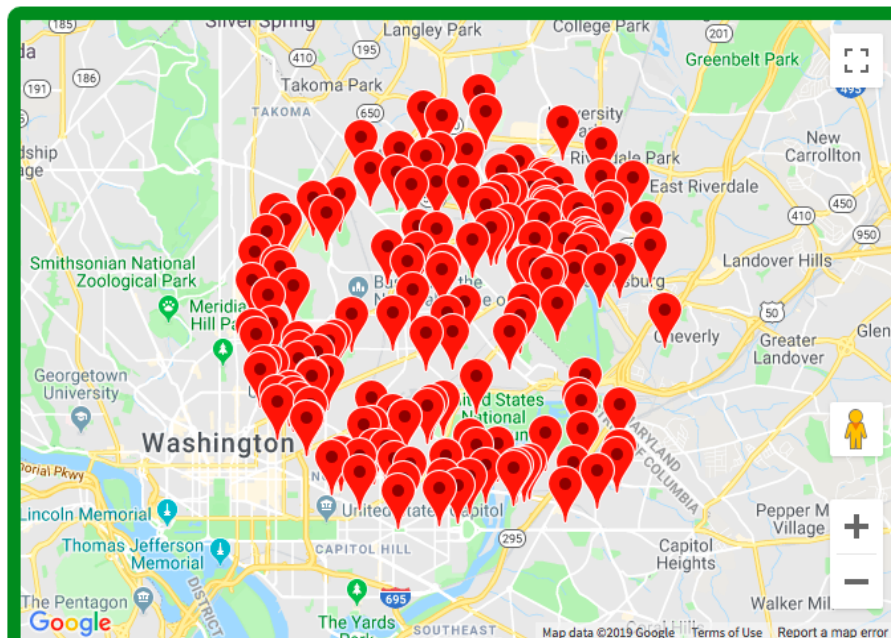
Enter Address, Place or Zipcode

Go >

WITHIN RADIUS: .25 MILE .5 MILE 1 MILE 2 MILES 3 MILES 5 MILES 10 MILES

160 results

FILTER RESULTS



SORT BY: Distance Park Name

- Langdon Park
- Langdon Elementary School
- Burroughs Elementary
- Loomis Park
- Dwight A. Mosley Sports Complex ...
- Brentwood Recreation Center
- Slowe Elementary School

CHECK TOP 5

PRINT

PRESCRIBE

powered by Park Rx America

Langdon Park

2862 Mills Avenue NE, Washington DC 20018



CONTACT: (202) 576-6595

HOURS: Community center M-F
10-5, Sat 9-3. Park dawn-dusk.
Pool seasonal summer June-
August

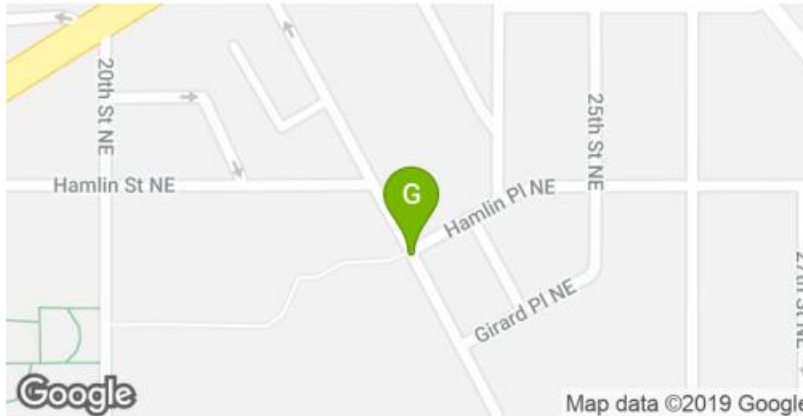
GENERAL INFO:

Overall Size: Larger than a
football field

Special Features/Comments:

Band shell/amphitheater, shaded
picnic shelter, updated and
renovated facilities. New indoor
basketball court youth & 50+
league play. Pool and splash
park.

GETTING THERE:



SPORTS:

Sports Facilities/Activities: Open Space, Trails, Outdoor Basketball Court, Tennis Court, Skateboard Park, Horseshoe Pits

You've been prescribed outdoor time!

¡Le recetaron un tiempo al aire libre!

PATIENT NAME/*NOMBRE*:

TAKE/*TOMAR*: Walk and/or jog

FREQUENCY/*FRECUENCIA*: 5 times a week

DURATION/*DURACIÓN*: For 30 minutes

NOTES/*NOTAS*:

SIGNATURE:

DATE: 02/12/2019

PARK RX CODE: **CA034F**
LEARN MORE AT WWW.PARKRXAMERICA.ORG



Langdon Park

<http://parkrxamerica.org/3020/langdon-park>

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is to improve health and health equity by advancing high quality research on health care sector strategies to improve social conditions.



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The EveryONE Project **TOOLKIT**



Advancing Health Equity Through Family Medicine

As the primary providers of health care for America's underserved populations, family physicians see the impact of social determinants of health every day in their practice settings. The AAFP launched The EveryONE Project to promote diversity and address the social determinants of health, in an effort to advance health equity in all communities. This toolkit can help family physicians address social determinants of health in their practices and communities, to improve their patients' lives and help them thrive in a multitude of ways.

HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?¹
- Yes
 No
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)²
- Bug infestation
 Mold
 Lead paint or pipes
 Inadequate heat
 Oven or stove not working
 No or not working smoke detectors
 Water leaks
 None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.³
- Often true
 Sometimes true
 Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.³
- Often true
 Sometimes true
 Never true

TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?¹
- Yes
 No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁴
- Yes
 No
 Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?⁵
- Yes
 No

EMPLOYMENT

8. Do you have a job?⁶
- Yes
 No

EDUCATION

9. Do you have a high school degree?⁶
- Yes
 No

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills.⁷
- Never
 Rarely
 Sometimes
 Often
 Always

PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)
12. How often does anyone, including family, insult or talk down to you?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)

13. How often does anyone, including family, threaten you with harm?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)

14. How often does anyone, including family, scream or curse at you?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)

ASSISTANCE

15. Would you like help with any of these needs?
- Yes
 No

SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10, when the numerical values are summed for answers to these questions, indicates a positive response for a social need for personal safety.

Sum of questions 11–14: _____

Greater than 10 equals positive screen for personal safety.



Social Determinants of Health: Know What Affects Health

Social Determinants of Health (SDOH)



🏠 Social Determinants of Health (SDOH)

Sources for Data on SDOH

CDC Research on SDOH +

Tools for Putting SDOH into Action

CDC Programs Addressing SDOH

Policy Resources to Support SDOH


Frequently Asked Questions

Archived Spotlight Resources

Tools for Putting Social Determinants of Health into Action



Looking at SDOH data can help practitioners better recognize the root causes that affect population health. Moving from data to action, however, can be challenging. The following CDC tools and resources can help practitioners take action to address SDOH:

- [At-a-Glance: 10 Essential Public Health Services and How they Can Include Addressing Social Determinants of Health Inequities](#) 
 - This brief document is intended to help public health agencies embed SDOH efforts as part of their portfolio in



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THE HEALTH LEADS SCREENING TOOLKIT

09.17.2018

Keywords: [Essential Needs](#), [Patient Screening](#), [Screening Tool](#), [Social Determinants of Health \(SDoH\)](#), [Social Needs](#)

INTERACTIVE WEBINAR

**MERGING PARALLEL
TRACKS: INTEGRATING
BEHAVIORAL HEALTH AND
SOCIAL HEALTH TO**



Questions



To receive credit...

We will send an email with a link from Clinical Directors Network within 1-2 days after the webinar.

You must complete to receive credit and the certificate will arrive within 1 week of completing the survey.



Thank you!

NNCC Contact Information

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dmankikar@phmc.org

Kevin Leacock, Public Health Project Coordinator
kleacock@phmc.org

Starting Now:

Extended Q&A with Dr. James Huang



Ask us your questions!

Click Q&A and type your questions into the open field.

Unmute your microphone. 😊