



More than Healthcare

Developing a measurement tool for
social determinants of health

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Using direct patient feedback to create a measurement tool for social determinants of health and develop education and skill building programs

Objectives

1. Identify Social Determinants of Health (SDoH) that commonly affect unhoused patients
2. Discuss a measurement tool we developed to assess SDoH of at-risk populations
3. Discuss programing to mitigate the negative effects of SDoH



Our role as researchers

- Sacred role: to be allowed into another person's life
- Give voice to the voiceless
- Develop questions that open the door to conversation
- Create an environment that shows and fosters interest and understanding
- Best outcome: relationship is formed—both interviewer and interviewee are engaged/impacted/transformed by experience
- Understand that “fixing” the problems is long-term and can't be fixed by one conversation or intervention





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Where we serve

- New York City: resource rich, sanctuary city
- Comprised of five boroughs: large, culturally, economically and ethnically diverse
- There are urban deserts, areas cut off from resources, similar to rural areas



Who we are

- Founded in 1866 (157 years ago)—older than the Metropolitan Museum
- Mission-based charity—one of the last remaining true charities in New York City
- Originally provided healthcare and relief services on a barge—hence our name!
- September 9, 2001: our last patient cruise though we continue to thrive and are one of the City's most valued safety net organizations



Our services

- Transportation
- Primary medical care and specialty services
- Behavioral health
- Dental
- Health education



Our SDoH Journey



Our SDoH journey

TFH's long history and experience: awareness that our patients have higher than average rates of conditions such as hypertension and diabetes, as well as poor nutrition and stress

Knew their living conditions had a **direct impact on their health**

but

Did not have a measurement tool to assess or determine scope of problems, **just saw the outcomes**

so

Held organizational **stakeholder meeting**

Started **developing a measurement tool** in August 2020 and worked on revisions through January 2021



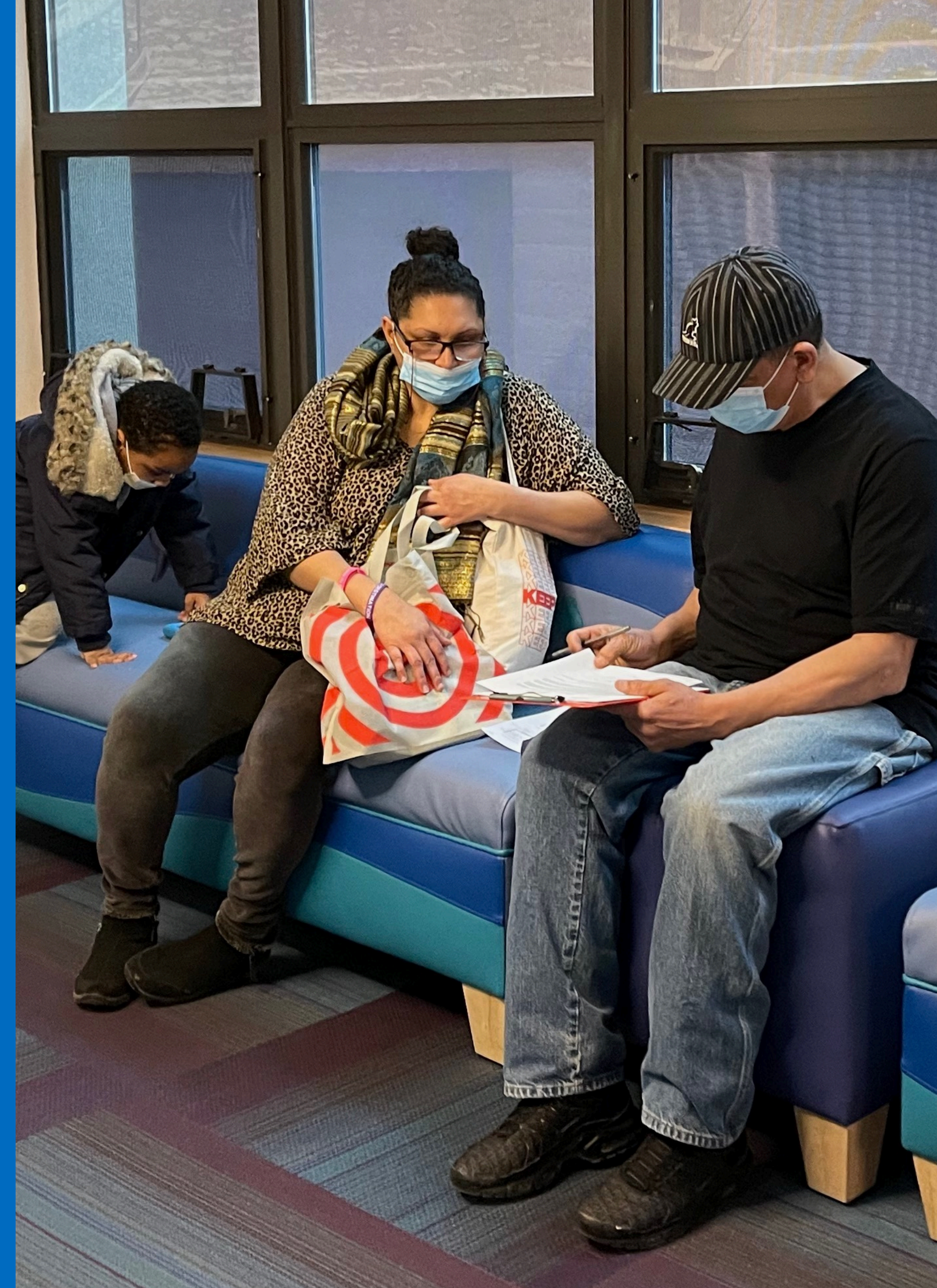
What we did

- Used national instrument as a starting point
 - The PRAPARE screening tool (Protocol for Responding to and Assessing Patients' Assets, Risks and Competencies)
- Chose nine questions from the 21-item tool
- Also developed our own questions related to areas of interest to us



What we did

- Created an instrument that would not take long to administer or answer
 - About 10 minutes, 34 items
- Focused on SDoH categories
 - Educational attainment, housing status, basic needs, neighborhood and living conditions, social and emotional wellbeing, and children's education



What we did

- Pilot study of the questionnaire
- Distributed questionnaire for individual completion but also used interview format
- Reviewed questionnaire with respondents (looked for unanswered questions!) and asked follow-up questions

About 70% of the respondents were women aged 20-40



What we did

Two phases of questionnaire development:

Phase 1:

October 7-November 6, 2020

- Distributed to residents of Row Hotel + TFH clinical patients
- 64 questionnaires completed
- 19 were in Spanish

Phase 2:

December 15, 2021-January 26, 2021

- Distributed to TFH clinical patients
- 100 questionnaires completed
- 19 were in Spanish

Total: 164 questionnaires completed

Lessons learned



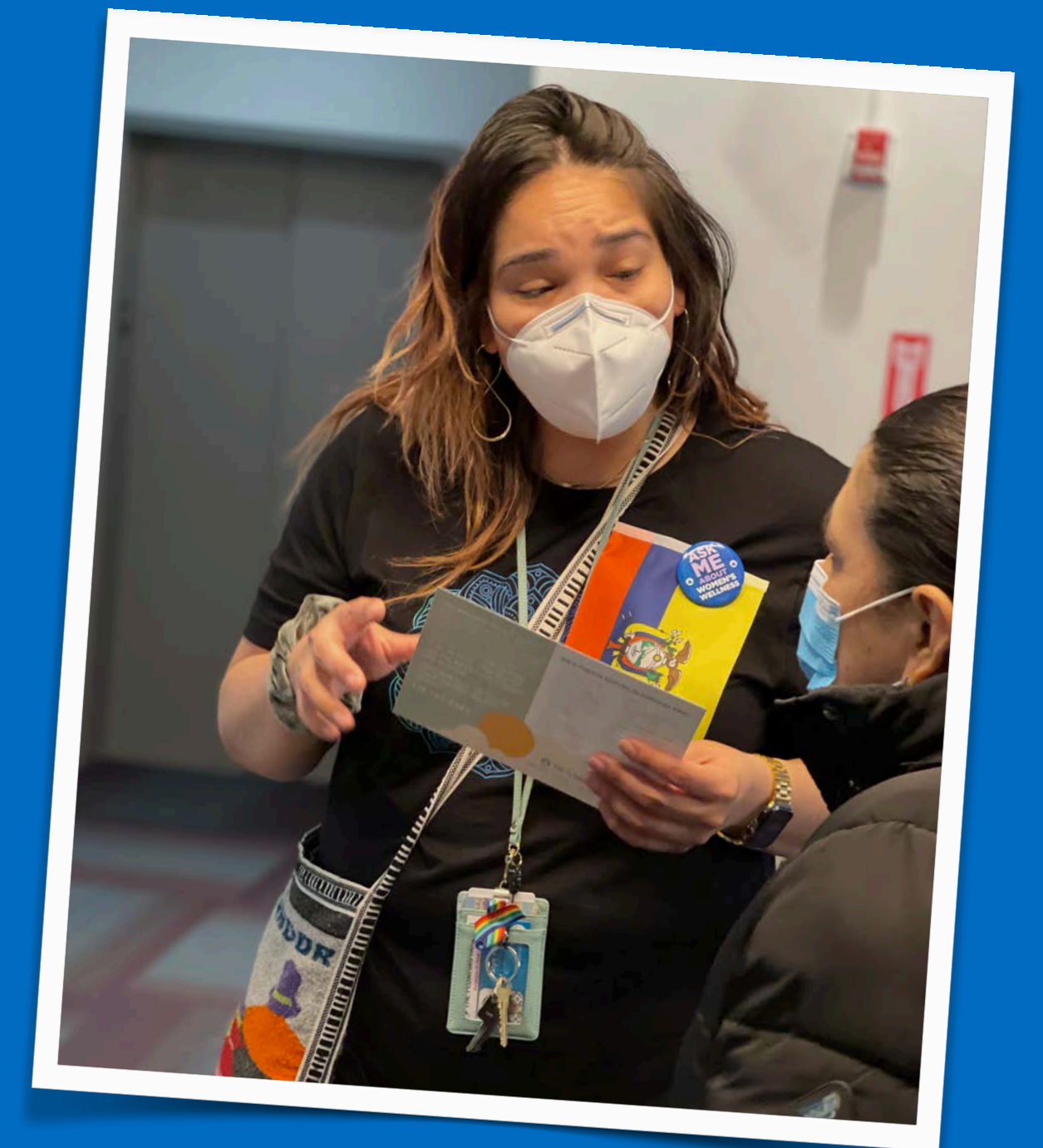
Lessons learned

- Introduction is critical to engagement
 - Preamble is very important to start engagement
 - Focus on the value of the person being interviewed, i.e., “we are interested in learning from you,” “we value your input/feedback,” “we are going to use these questions to better support you.”
 - Also asked, “Do you want to stay involved?”
- We were engaged!
 - We listened and tinkered a lot with the questions based on feedback from our patients



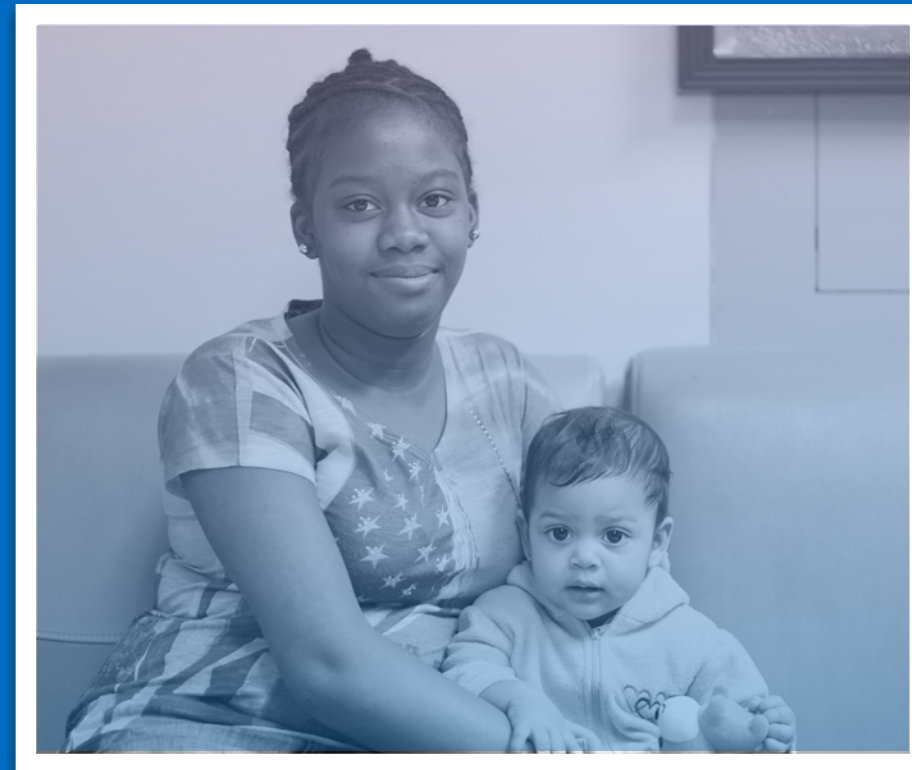
Lessons learned

- Went through the questionnaire with each respondent and inquired why they “chose not to respond,” skipped the question or left the question blank
- Developed follow-up questions to PRAPARE questions
- Added additional response categories, including “Does not apply”
- Avoided questions left blank or “Choose not to respond”
 - Issue with PRAPARE questionnaire



Lessons learned

- Important to study patterns of answers within cohorts
 - Row Hotel: different responses to questions



Divergent responses example

- **Does your shelter/residence provide food for you?**
 - The shelter did provide food, but some people answered “no”
 - Follow-up questioning revealed that the residents did not feel the food was “real food” because it was not palatable

We changed the question to:

- **Does your shelter provide one or more meals each day for you?**



Divergent responses example

- Are you able to keep/store food in the place where you currently live?
- Produced evenly divided yes/no responses
- On follow-up inquiry, it was discovered that residents could keep canned and boxed food in their rooms but could not keep anything perishable or needing heating/refrigeration
- Some people also mentioned their inability to purchase food



Change of question

- Based on responses, we changed the question to ask more about the personal as well as food/kitchen resources in the shelters:
- **Currently, I do not have (circle all that apply):**
 - a. Permission to store food in my residence
 - b. A place to prepare meals
 - c. A way to cook food (stove/oven/microwave)
 - d. A refrigerator
 - e. Food assistance (TANF or SNAP)
 - f. Enough money to spend on food
 - g. Other (fill in the blank) _____
 - h. Does not apply/I have everything I need



Lessons learned

- Certain terms (e.g., High school) did not translate easily across cultures
- Some questions and responses open the door to further questioning



Example

- **What is the highest level of school you have finished?** (PRAPARE question)
 - a. Less than high school
 - b. High school/GED
 - c. More than high school
 - d. I choose not to answer this question

Added follow-up question

- **If you have not continued your education, why not?** (Circle all that apply)
 - a. Lack of childcare
 - b. Cannot afford to go to school
 - c. Credits from education in another country do not transfer
 - d. Cannot manage it while living in a shelter
 - e. Not interested
 - f. Other _____
 - g. Does not apply



Lessons learned

- Beware of asking two questions within one
 - Can't be sure which question the respondent is answering
- **Is there a subway or bus stop close to you that you are able to access easily?**
 - Certain terms, such as “close,” are relative



Lessons learned

- We changed the question to read:
- **Is there a subway or bus stop within walking distance to you?**
 - a. Yes
 - b. Yes, but I can't get to the platform easily
 - c. No



Lessons learned

- Added questions based on responses:
 - For example, even if transportation was available, some people couldn't afford it. We realized that we needed to ask about affordability in addition to availability
- **Are you able to afford subway/bus fare?**
 - a. Yes
 - b. No
 - c. Sometimes
 - d. Does not apply



Follow up questions are important

- Started with PRAPARE question:
- **Stress is when someone feels tense, nervous, anxious or can't sleep at night because their mind is troubled. How stressed are you?**
 - a. Not at all
 - b. A little bit
 - c. Somewhat
 - d. Quite a bit
 - e. Very much
 - f. I choose not to answer this question
- We received a high degree of feedback on this question!



Follow up questions are important

- We wanted to learn more about what were the causes of stress so we added a question:
- **What is your biggest source of stress?**
 - a. Finances
 - b. Health
 - c. Caregiving
 - d. Relationships
 - e. Child's future
 - f. Housing
 - g. Food
 - h. Work
 - i. Other



Lessons learned

- Sometimes you need to react to current conditions/circumstances
 - For us, it was Covid and school shutdowns
 - Couldn't ask questions about schools since NYC schools had converted to remote
 - Inquired instead about how children were impacted by the pandemic
- **Does your child have a quiet place, room or area where they can do school work?**
- **Does your child have access to the following resources for schoolwork?
(Computer or laptop, Tablet or iPad, None of the above, Does not apply/I do not have a child in school)**



Final questionnaire

The final questionnaire

- 34 items
- 9 questions from PRAPARE
- Translated in Spanish
- Administered from February 2021 - June 2021
- **Final study:** 216 total questionnaires distributed and analyzed



Results

- Total study from start (October 2020) through completion (June 2021):
 - **380 questionnaires administered from start to finish**



Findings

Most provocative and informative questions



More than 50% replied “yes” to the following question:

Q5

Has raising children or caring for a family member impacted your ability to work or continue your education?



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Q10

If you live in a shelter, or a hotel/motel that functions as a shelter, do the staff assist you with the problems that you and/or your children face?



Q11

(PRAPARE) In the past year, have you or any family members who live with you been unable to get any of the following when it was really needed?

- a. Food
- b. Clothing
- c. Utilities such as heat, water, electricity
- d. Childcare
- e. Medicine or any healthcare(dental, mental healthcare, vision, etc.)
- f. Phone service
- g. Other (fill in the blank)_____
- h. None of the above
- i. I choose not to answer this question



Q20

Do you have Wi-Fi service where you live?

- One-third of our respondents said that they did not have WiFi or that it was unreliable
- 83% of these respondents lived in a shelter or a hotel



Q32

Does your child have a quiet place, room, or area where they can do schoolwork?

- 45% of respondents living in hotels and 33% living in shelters said their children did not have a quiet place to do schoolwork



Q25

(PRAPARE): How stressed are you?

- 82% said they experienced stress, with 40% saying they experienced a lot of stress



Q26

What is your biggest source of stress?

- Top three stressors were:
 1. Housing
 2. Finances
 3. My child's future





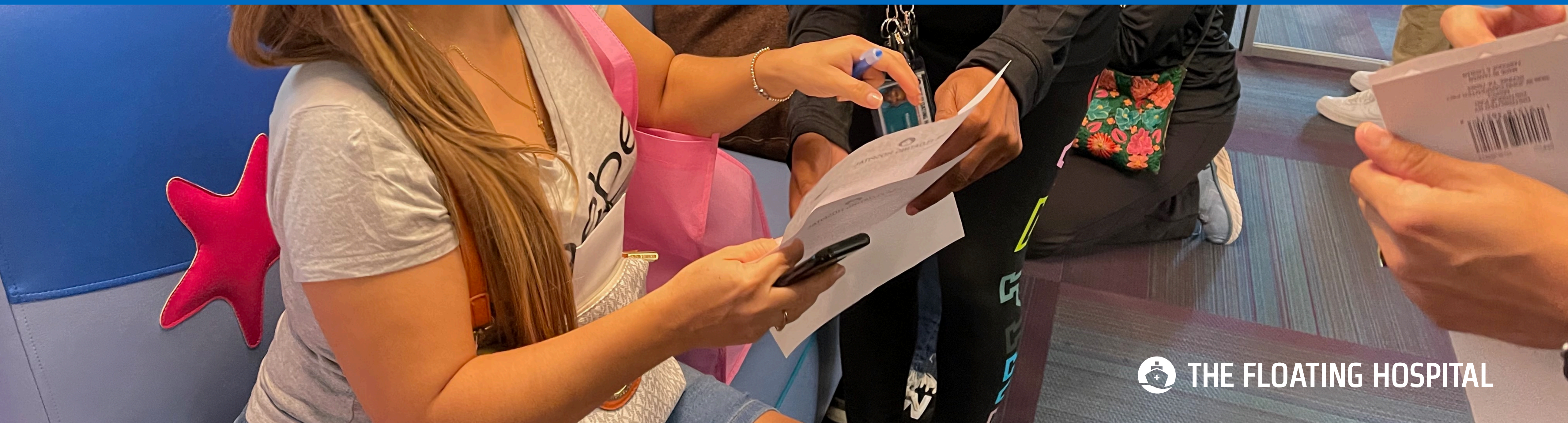
Importance of qualitative remarks

- Add texture and explanation to the quantitative answers
- This is the area of richness and connection
- Adds poignancy and meaning to the interviews





Patient quotes



Impact of stress

“ I feel like I’m in a pit. I see the light to climb out so close and yet I’m so far. No one is helping me get out. They classify you—put you into a bracket and then judge you. But as soon as you become an advocate for yourself, you get penalized. My blood pressure has gone up. I’m now on five medications because of tremendous stress. No one is hearing me... It’s very depressing. Where is the help? Who is listening? You don’t have a voice. As soon as you speak up, now you are a problem.”

Impact of food insecurity

“ I wish I could have a place to cook and prepare my own meals because then I could eliminate the money I spend on groceries because I don't eat the food at the shelter—it's not good...They serve a lot of starchy food—rice, mashed potatoes. It's not good, especially for me because I have diabetes—I have to watch what I eat, watch my weight. I can't eat fresh fruit and vegetables, fish salmon—all the food that's good for you—because I don't have a refrigerator to store the food. I have no oven so I can't bake anything. Everybody needs water but they give out apple juice, which is not good if you are diabetic like I am.”

WOMEN'S

Impact of donations on dignity

“ I’m a victim of domestic violence. When I came here, I had nothing—I was running away. Right now, what I’m wearing [she pointed to her sweatshirt] is a donation from your clothes rack.”

“It would be helpful to know about the resources available in the area where I live. I’m not originally from the city, so I have no idea of what churches provide help. When I google ‘clothing donations,’ I get information about where to donate, not where I can get clothing.”



Developing a new program

Translating research into action

What did we do with the results of the study?

- In December 2021, gave feedback to patients
- Created the Life Skills department
- Began to set up infrastructure of the department during 2022

Development of new program: Life Skills

Institutional buy-in

- Funding the positions
- Measured enthusiasm

Defining the scope of work

- Getting referrals
- Building community partnerships
- Creating information packets

Training staff

- Safe space
- Avoiding burnout
- Accountability and boundaries



First year in review

1,098 entries on our referral log

- 812 unique individuals
- 20% of our patients returned
- 11 patients came back to see a Life Skills social worker five times or more

Two-tiered model

- **Tier 1:** quick referrals, warm hand-off to vetted organizations
- **Tier 2:** more intensive follow-up and management

First year in review

Reasons for referral

- Food resources - 23%
- Government assistance/HRA - 17%
- Educational resources and job readiness - 14%
- Housing - 11%
- Insurance - 10%

Where does the program fit organizationally?



Present day



What is working?

- **Being in the waiting rooms**
 - Announce our services and keep a sign-in sheet
- **Library of vetted organizations and sites for referrals in all boroughs**
 - Continuous update of these lists
 - Going to check out the organizations in real time
- **Collaboration with health education team**
 - Nutrition, stress management
- **No case load requirement**
 - Quality vs. quantity
- **WhatsApp**



Current challenges

- Language barrier
- Ever-changing resources
- Busy: small department
- What and how much to document in notes
- Time management and commitment to development of new program
- Finding the right staff





Looking forward

The way forward: what's next?

- **Create ongoing relationships**
- **Provide hands-on help**
 - Going grocery shopping with patients, showing them how to do laundry, or checking out their neighborhoods
 - Built-in family
- **Waiting room mini-lessons**
 - 5-10 minute lessons to engage patients in the waiting room on things like financial literacy, job searching, personal advocacy, etc.
- **Small group presentations**
 - Adulting 101 workshop series



The way forward: what's next?

- **Expanding our scope**
 - What else do our clients need?
 - Currently developing a “Culture Shock” workshop to talk about cultural norms and expectations that might be different than our patients’ country of origin
 - English classes
- **Patient advocate and patient advisory group involvement**
- **Update surveys and continue collecting new data**





Questions?



Thank you!

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