WELCOME!

Community Resource Navigator Program, Wingra Family Medical Center

Lane Hanson, MSW, Community Engagement Coordinator, Center for Patient Partnerships
Abigail Liedl, MSW, Social Worker at Wingra
Kritika Singh, Lead Navigator

What are Social Determinants of Health?

Definition: Conditions in which people are born, grow, live, work, and age. These determinants of health are shaped by the distribution of money, power, and resources at global, local, and national levels.

Social determinants of health include:

- Economic stability
  - Poverty
- Education
  - Low structural education attainment level
- Healthcare access
  - Low health literacy
- Neighborhood and build environment
  - Language barriers
- Social and community context
  - Racial discrimination

It is estimated that:

Social and economic factors account for 40% of health outcomes

30% is related to health behaviors

20% is related to clinical care

The remaining 10% is related to the physical environment

Health Leads Model

HTTPS://WWW.TED.COM/TALKS/REBECCA_ONIE_WHAT_IF_OUR_HEALTHCARE_SYSTEM_KEPT_US_HEALTHY

Center for Patient Partnerships

Engender effective partnerships among people seeking health care, people providing health care, and people making policies that guide the health care system. We do this in four inter-connected ways:

- By educating students – using a uniquely interprofessional, experience-based curriculum – to engage in effective, compassionate advocacy;
- By accompanying and assisting patients with life-threatening or serious illnesses on their journeys through the health care system;
- By strengthening the field of health advocacy through research on advocacy's impact and promotion of best practices;
- By enhancing the capacity of patients to influence health policy and the responsiveness of the health care system to consumers' experiences.

Wingra Family Medical Center

Figure 2- https://www.flickr.com/photos/117628748@N08/14259233088/in/photostream/

Why Wingra?

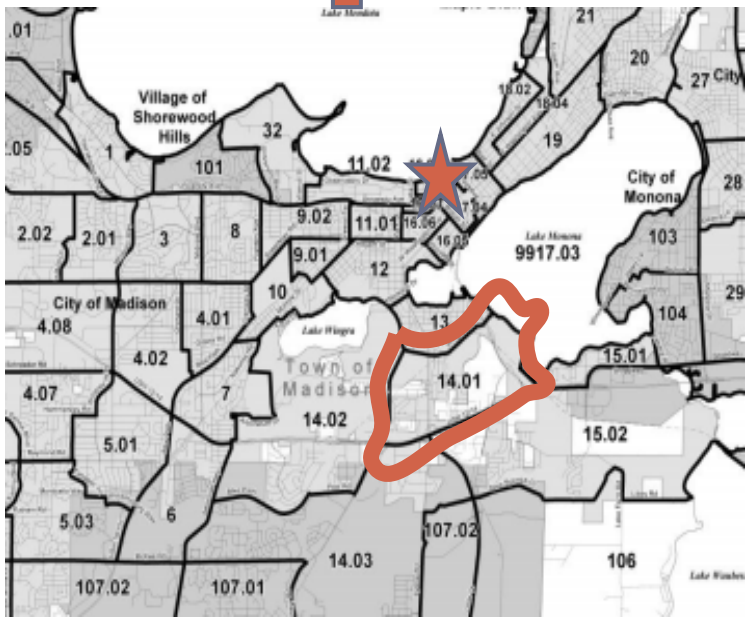
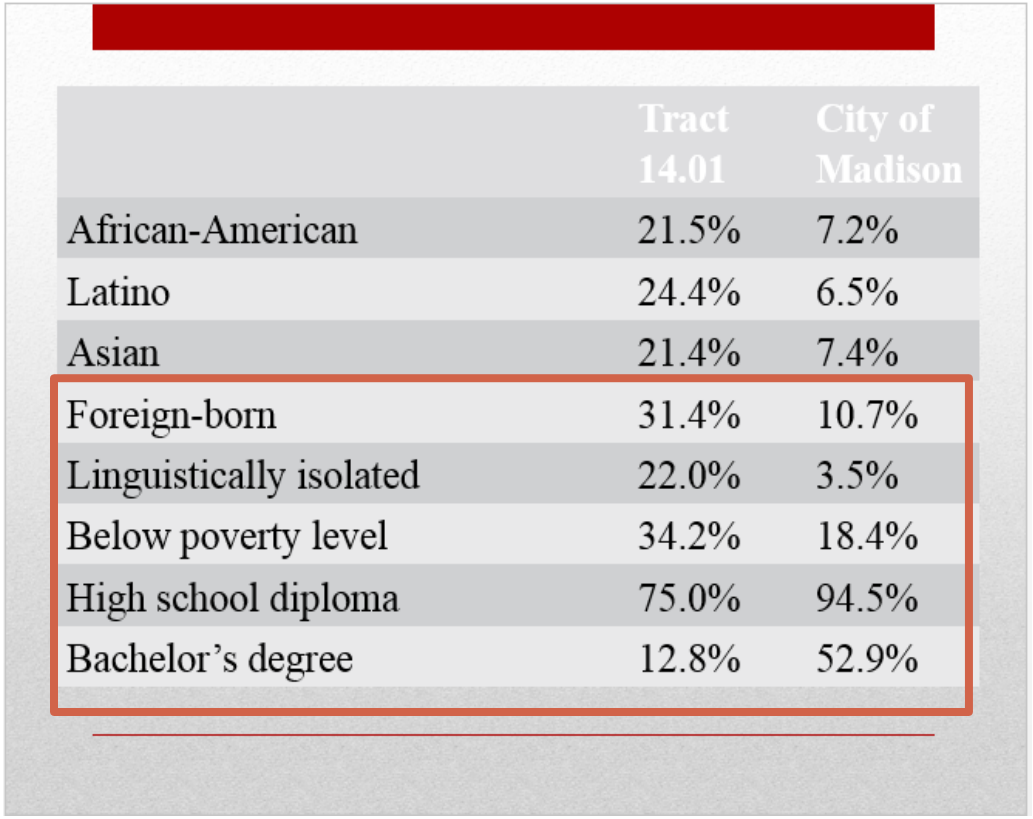


Figure 6- 2010 Census Tract. U.S. Census Bureau, Prepared by City of Madison Planning Division



	Tract 14.01	City of Madison
African-American	21.5%	7.2%
Latino	24.4%	6.5%
Asian	21.4%	7.4%
Foreign-born	31.4%	10.7%
Linguistically isolated	22.0%	3.5%
Below poverty level	34.2%	18.4%
High school diploma	75.0%	94.5%
Bachelor's degree	12.8%	52.9%

Figure 7- From R1 Orientation PowerPoint at Wingra Family Medical Center

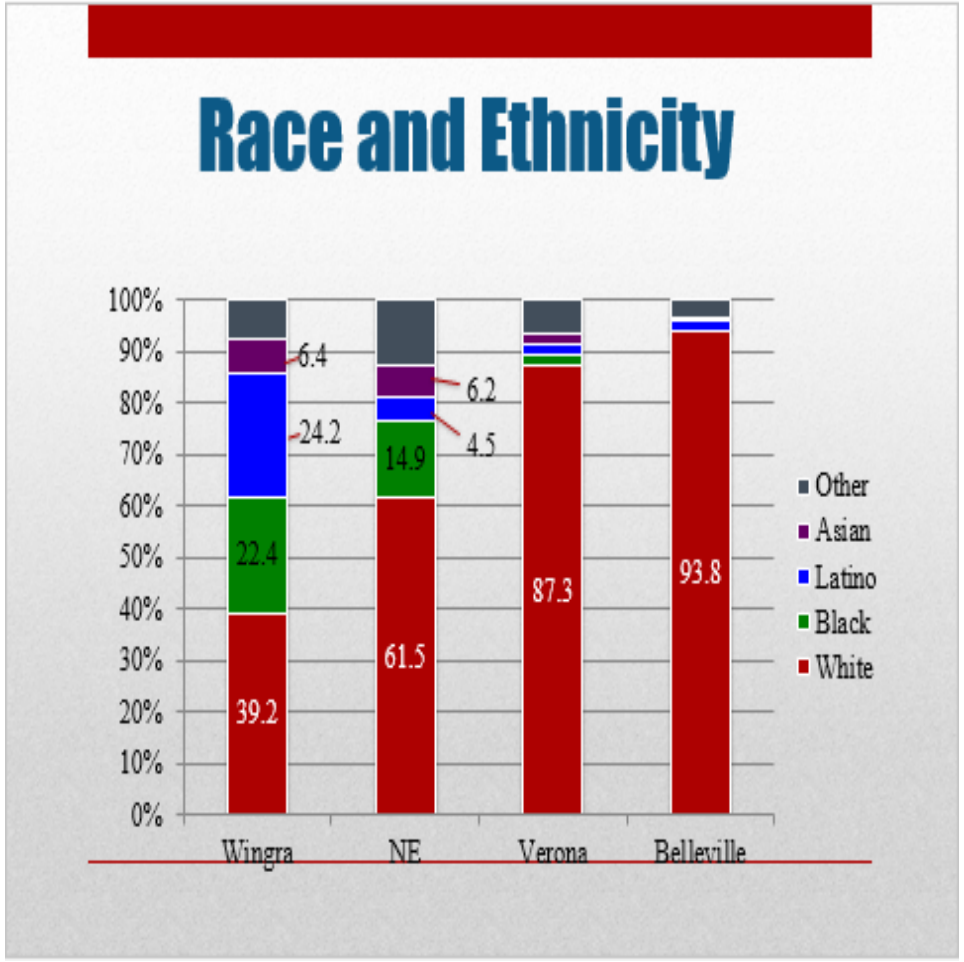


Figure 3- From R1 Orientation PowerPoint at Wingra Family Medical Center

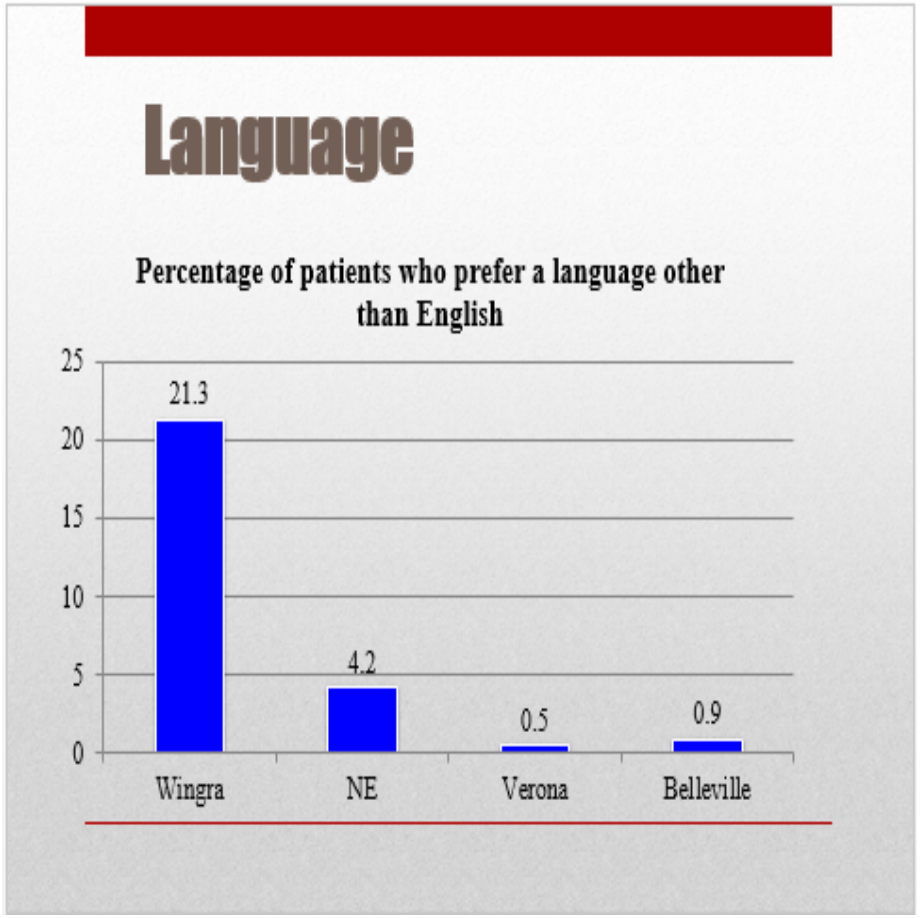


Figure 4- From R1 Orientation PowerPoint at Wingra Family Medical Center

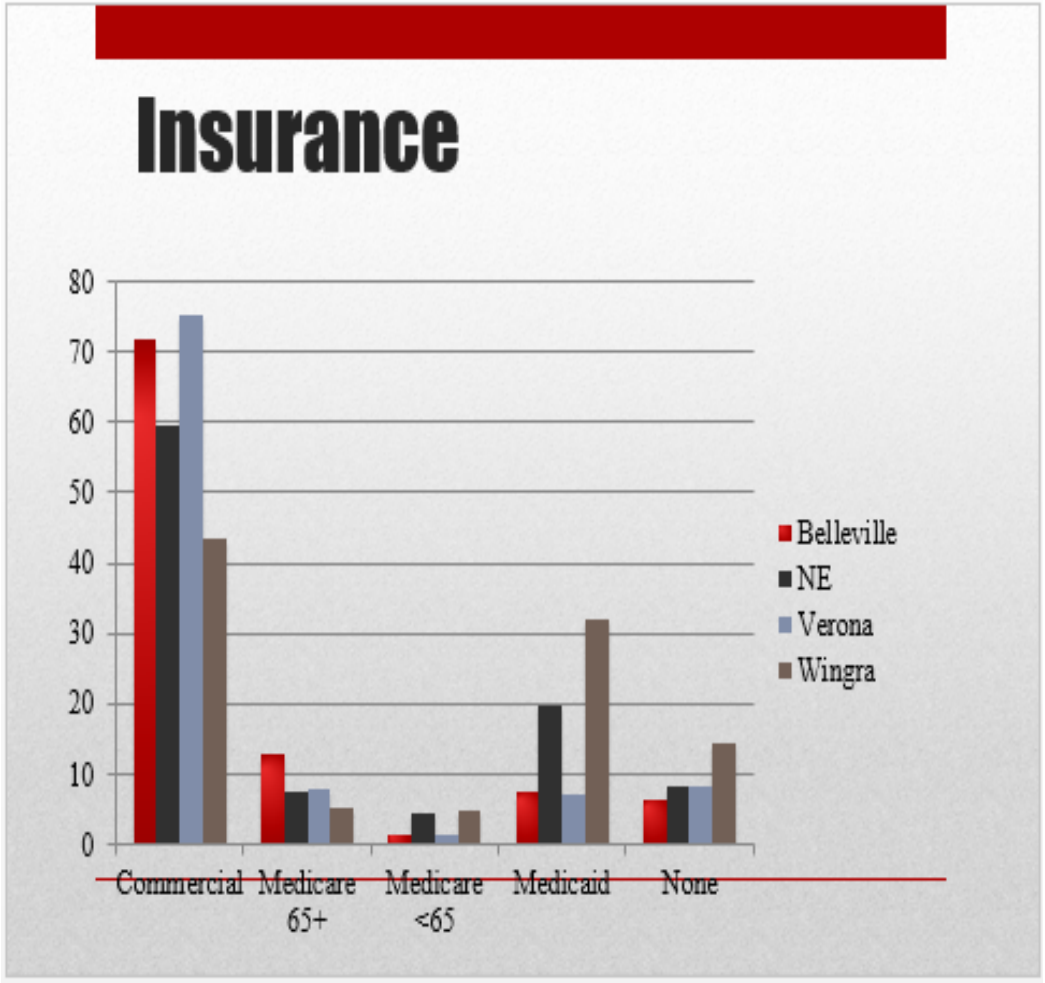
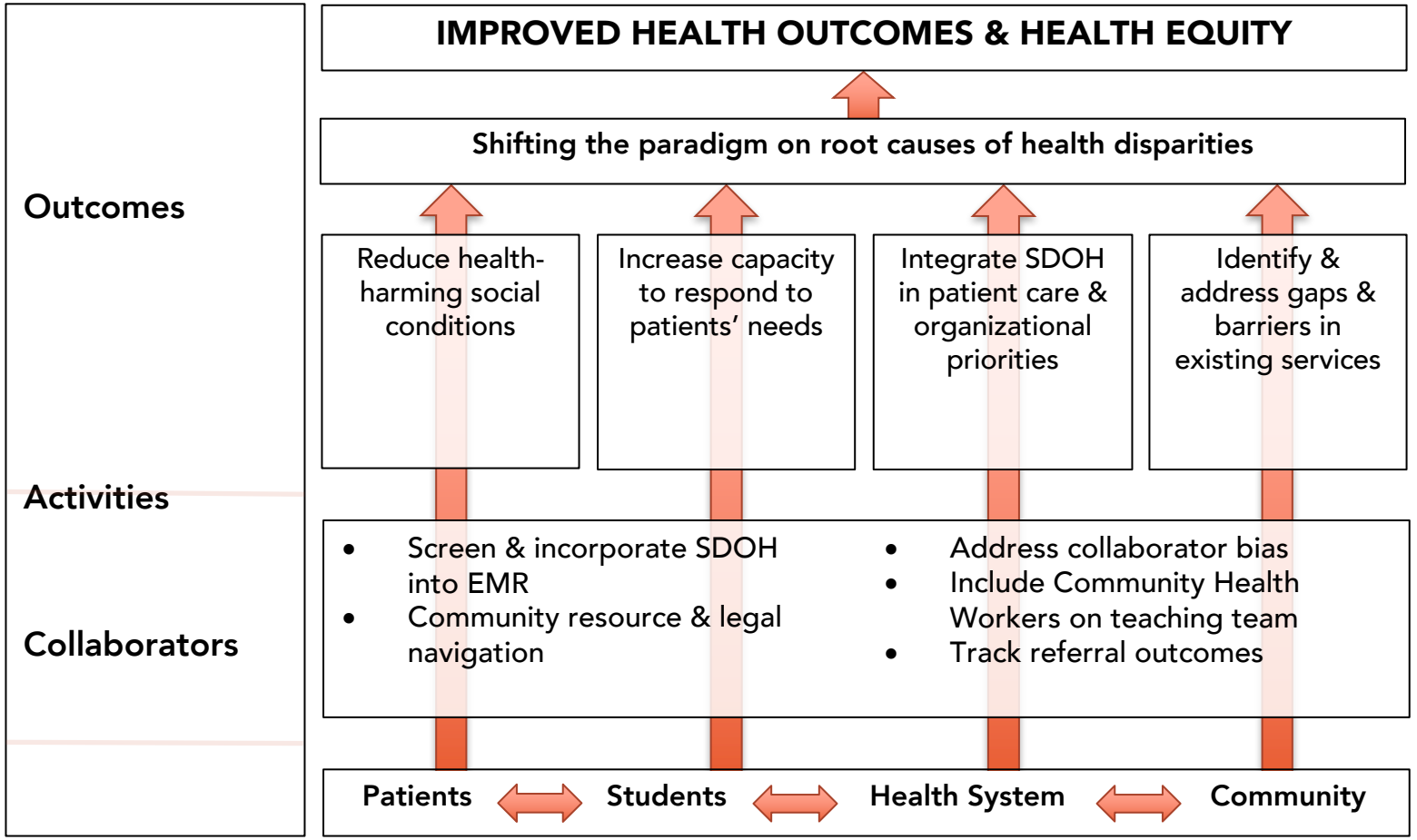


Figure 5- From R1 Orientation PowerPoint at Wingra Family Medical Center

2013 Health Status Overview Report of Dane County--Food Insecurity

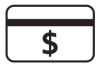
- 40% of adults report eating 0-2 servings of fruit and vegetables per day
- 23.3% of adolescents report eating 0 or 1 serving of fruits of vegetables per day
- What we saw at Wingra before the Navigator program came there (Pre-March 2016)

Theory of Change



Navigator Form: we can help you find the services you need.

Many things can affect your health. We can work with you to find services to help deal with problems and reduce your worries. Please fill out this confidential form. We will only use it to talk to you about services that may help. Check the YES or NO box for each question.

		YES	NO
	I worry that my food will run out before I get money to buy more.	☐	☐
	I need help with transportation.	☐	☐
	I worry that living in my home could make me or my family sick or that we are not safe in my home.	☐	☐
	I'm already homeless or I worry that I or my family could become homeless.	☐	☐
	I would like to know more about services to help me pay gas, electricity, or phone/cell phone bills.	☐	☐
	I need help finding programs to help get a job or train for a job.	☐	☐
	I want to learn new skills that will help me at home or at work.	☐	☐
	I want to apply for new public benefits (like FoodShare, WIC, social security disability).	☐	☐
	I want help finding child care or activities for my children to do after school or during the summer.	☐	☐
	My family needs clothing, diapers, car seats, back to school items, or other supplies.	☐	☐
	My family has a hard time buying things we need for our health like medicines, glasses, and dentist work.	☐	☐
	I need help finding legal advice about immigration, divorce, child custody or something else.	☐	☐
	I have other needs or worries that are not mentioned above.	☐	☐

Resource Navigators

Resource navigators will promote health equity by directly working with people who have been most affected by long-standing systemic barriers to well-being by:

Screening families for social determinants affecting their health (e.g., food insecurity, housing employment) (hand out screener here)

Utilizing capacity-building approach to partner with patients to:

- Prioritize needs
- Locate – and connect with – existing community resources to help address needs

Resource Navigators

Following-up with families to ensure needs are met

Providing thorough documentation of services to increase health providers' understanding of patients' broader health needs

Tracking usefulness of resources to patients, developing and refining a website of resources utilized by Resource Navigation team (show website)

Student experiences

What did you learn about hunger in your community since being a part of the CRNP?

What's one thing you think people who are concerned about hunger should know?

20 Sample Patients

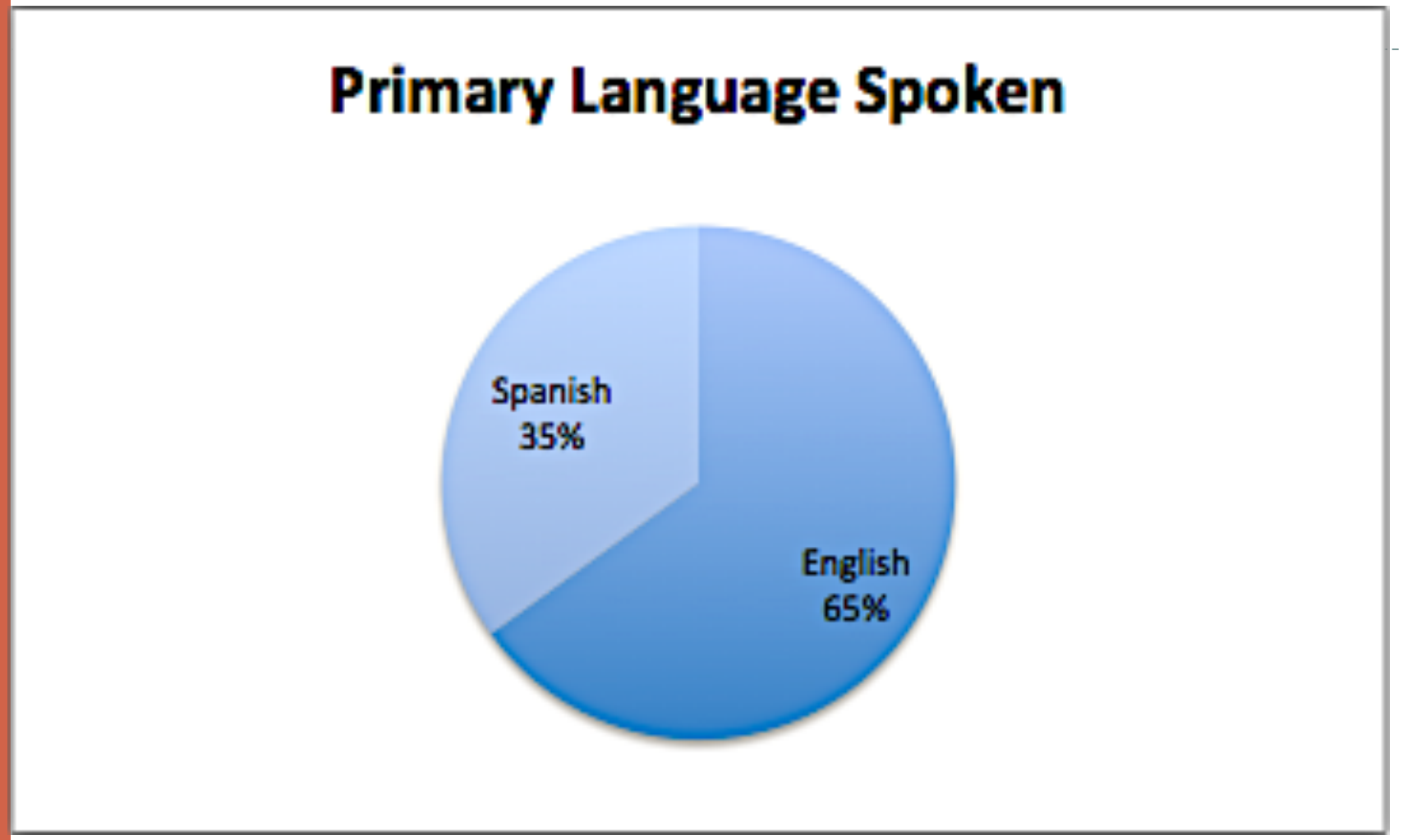
Language

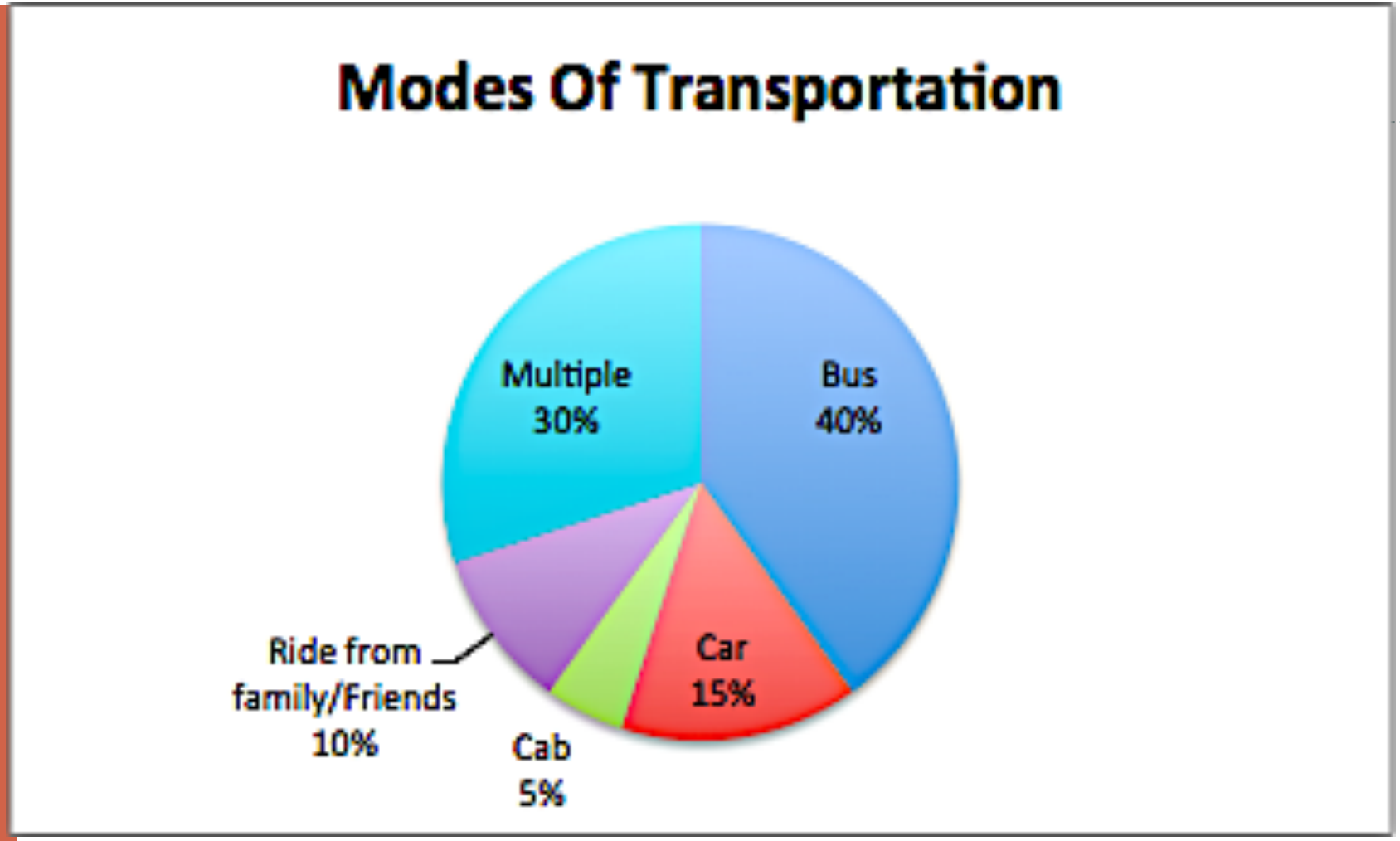
Transportation

Concerns

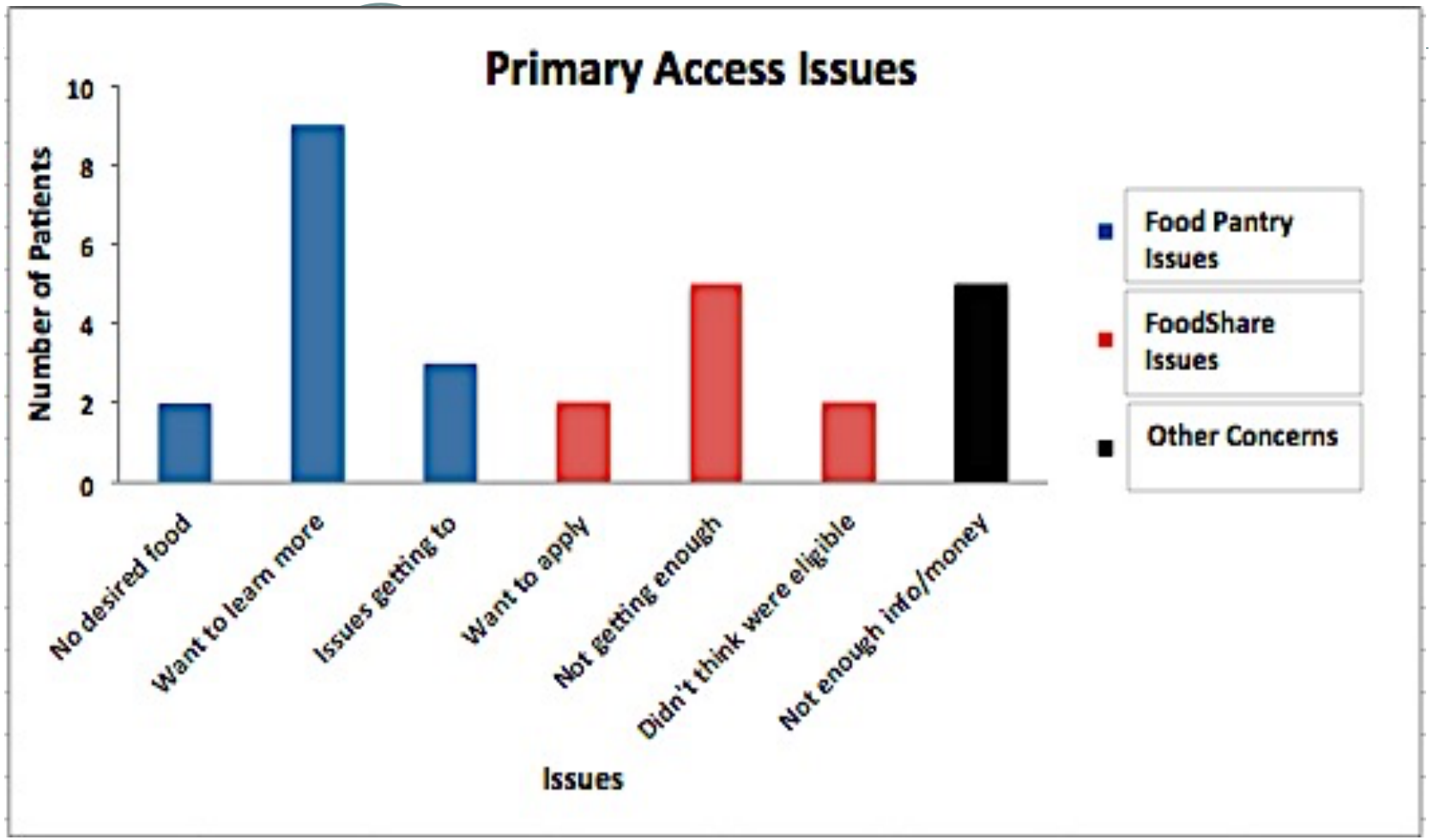
Resources Provided

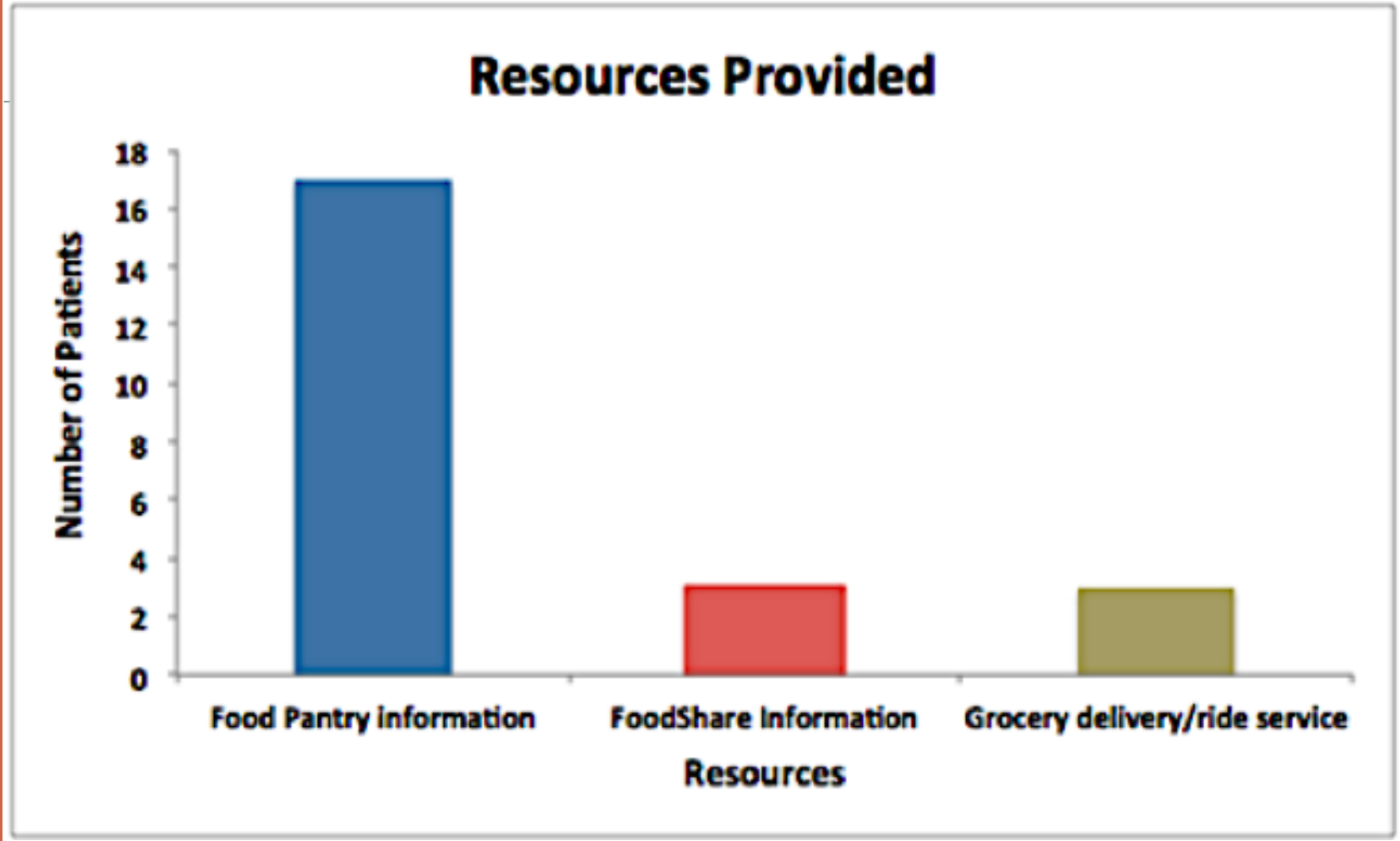
Outcomes

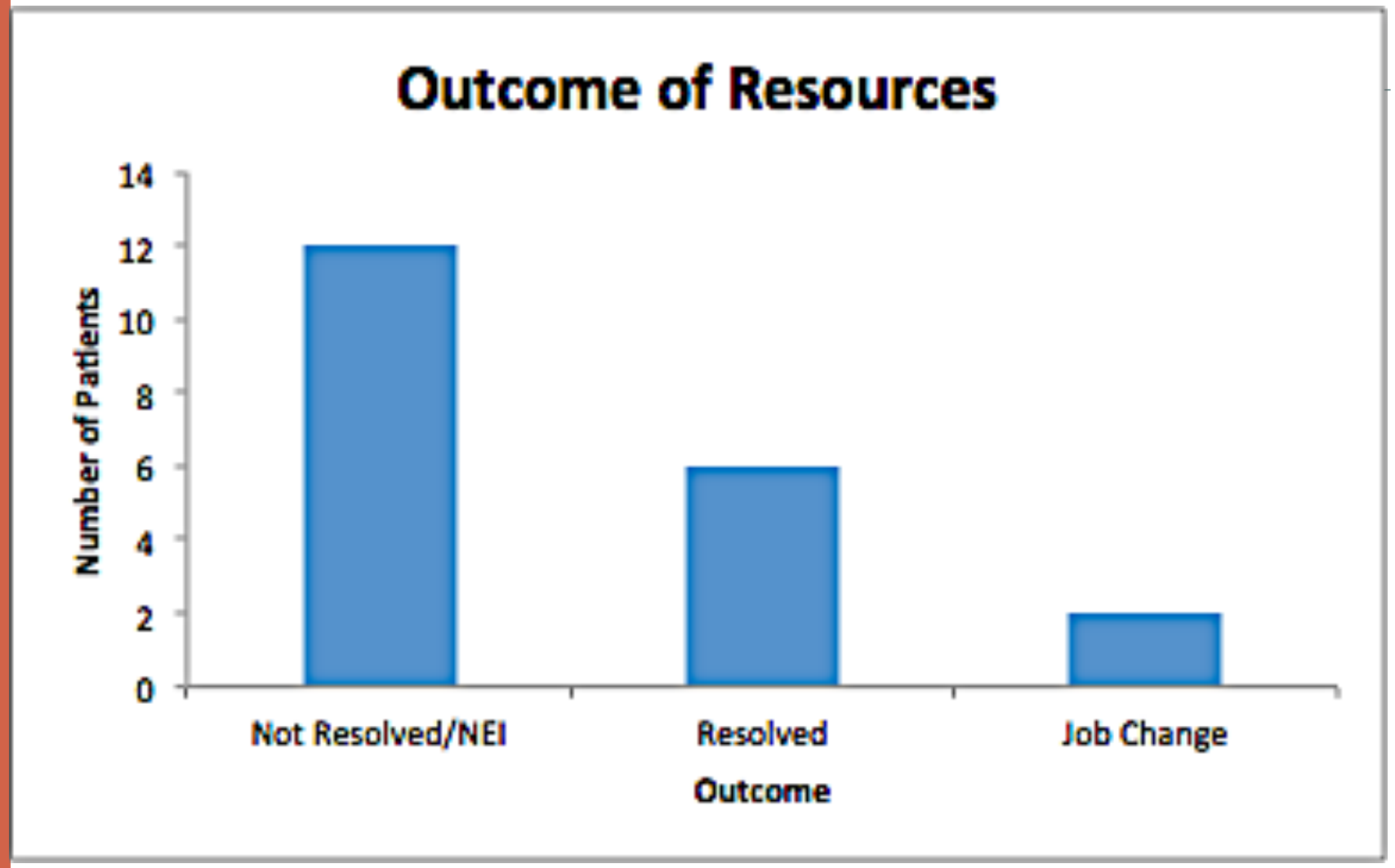

Primary Language Spoken
Spanish
35%
English
65%


Modes Of Transportation
Multiple
30%
Bus
40%
Car
15%
Cab
5%
Ride from
family/Friends
10%

- Average number of total pathways indicated, including food: 5.2




Resources Provided
Number of Patients
18
16
14
12
10
8
6
4
2
0
Food Pantry Information
FoodShare Information
Grocery delivery/ride service
Resources


Outcome of Resources
Number of Patients
14
12
10
8
6
4
2
0
Not Resolved/NEI
Resolved
Job Change
Outcome

How has Wingra changed since the CRNP has been there?

Two specific case studies

- One where we were successful
- One where we were unsuccessful

Questions

What parts of this model might be relevant for your specific setting?

What challenges might you need to address in order to integrate into your setting?

Next steps……

What's next…

- Fall 2017 Course
- Community Health Workers
- Redcap database
- Second clinic
- Cross train students for CPP screening

Thank you for your time!

For more information contact:

lane@patientpartnerships.org

OR

abigail.weinberg@uwmf.wisc.edu