Social, environmental, and behavioral risk factors faced by individuals are often closely tied to their development of chronic disease and adverse health outcomes. To help their patients address these barriers, Sanford Health Brookings Clinic began implementing a screening tool to assess for these risks in December 2019 as part of a South Dakota Department of Health Heart Disease and Stroke Prevention Program (HDSPP) 1815 Year Two funding opportunity. Over the past several years, Sanford has administered these screenings to patients seen in the clinic for well visits or when something within their medical record indicated they could benefit from a screening. As concerns are identified, patients are referred to the on-site social worker, who assists with finding the appropriate resources to help address their need(s).

Summary

Social, environmental, and behavioral risk factors faced by individuals are often closely tied to their development of chronic disease and adverse health outcomes. To help their patients address these barriers, Sanford Health Brookings Clinic began implementing a screening tool to assess for these risks in December 2019 as part of a South Dakota Department of Health Heart Disease and Stroke Prevention Program (HDSPP) 1815 Year Two funding opportunity. Over the past several years, Sanford has administered these screenings to patients seen in the clinic for well visits or when something within their medical record indicated they could benefit from a screening. As concerns are identified, patients are referred to the on-site social worker, who assists with finding the appropriate resources to help address their need(s).

Results

Throughout Year Four (July 1, 2021-June 30, 2022), 2,663 screenings were administered with 270 indicating needs for a total of 359 referrals to the social worker. Since this project started in Year Two of 1815, 5,428 screenings have been administered with 773 indicating needs. This equates to approximately 14% of individuals screened overall. As a result of these screenings, 763 individuals have been referred to the social worker for assistance. Most of the social work needs were around transportation, medication cost, inadequate or no insurance coverage, and mental health.
Individual Patient Success

Mental health struggles can have an impact on a patient’s finances, relationships, and ability to complete activities of daily living. Stigma around receiving mental health services especially can be a barrier to patients getting the help they need, which leads to issues in other areas of their lives. Sanford has worked with one individual for the past year to help address his social and mental health needs.

This patient needed a lot of support and reassurance when completing tasks and attending appointments, so the clinic needed to collaborate with other healthcare team members and other agencies in the community. The clinic enlisted the involvement of a community health worker who helped the patient with needs in the non-clinic setting. Sanford also collaborated with additional in-home services to help support the patient in other settings. The clinic was able to connect the patient to many services, both mental health and medical, including in-home services, physical therapy, and other specialty appointments. Since transportation was also a challenge as the patient was too ill to drive himself to appointments, Sanford arranged for transportation as well.

Due to this patient’s mental health struggles, he often would have high emotions with small outbursts. Through building a trusting relationship with his care team, the patient was often able to be calmed down and think more rationally after processing emotions. Sanford set up bi-weekly care team meetings with the patient so he could voice any needs and concerns and have them addressed with the care team right away.

Next Steps

Sanford Health Brookings Clinic will continue to partner with HDSPP throughout 2022-2023 to help meet patients where they are at and provide them with the care and support they need to be successful. Staff will receive ongoing education related to different ways they can help patients and ensure they are aware of needs that can be addressed through a social worker referral.

Get Involved

For additional information on this project or to learn more about HDSPP funding opportunities, contact Rachel Sehr, Heart Disease and Stroke Prevention Coordinator at Rachel.Sehr@state.sd.us or 605-367-5356.

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