Development and implementation of a volunteer community resource navigator program to address patients' unmet social needs

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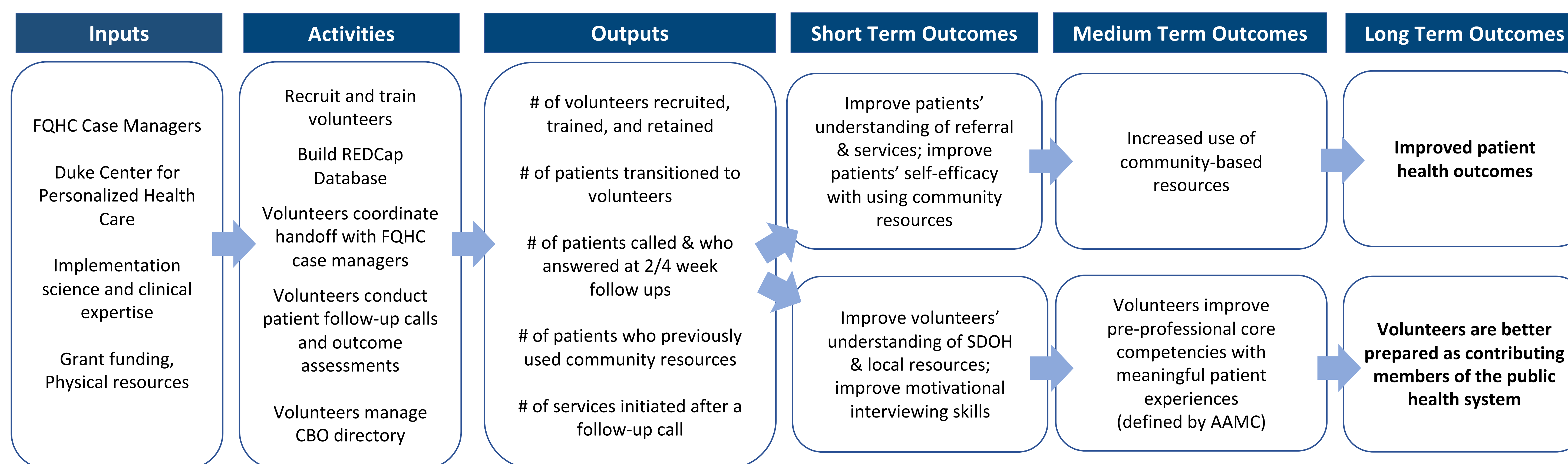
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Overview

- **Social determinants of health (SDOH)** like food insecurity and unstable housing influence over 40% of health outcomes.[1] Most health systems, however, are not fully integrated with community and social services to address patients' social needs.
- The "Help Desk" model was originally developed in California and Massachusetts to train student volunteers as community resource navigators to screen patients for unmet social needs, refer them to community-based organizations (CBOs), and follow-up with patients to motivate follow-through and problem solve barriers.[2,3]
- **Purpose:** to adapt the evidence-based Help Desk model and pilot implementation with a federally qualified health center (FQHC).

Figure. FQHC Help Desk Logic Model

Inputs	Activities	Outputs	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
FQHC Case Managers Duke Center for Personalized Health Care Implementation science and clinical expertise Grant funding, Physical resources	Recruit and train volunteers Build REDCap Database Volunteers coordinate handoff with FQHC case managers Volunteers conduct patient follow-up calls and outcome assessments Volunteers manage CBO directory	# of volunteers recruited, trained, and retained # of patients transitioned to volunteers # of patients called & who answered at 2/4 week follow ups # of patients who previously used community resources # of services initiated after a follow-up call	Improve patients' understanding of referral & services; improve patients' self-efficacy with using community resources Improve volunteers' understanding of SDOH & local resources; improve motivational interviewing skills	Increased use of community-based resources Volunteers improve pre-professional core competencies with meaningful patient experiences (defined by AAMC)	Improved patient health outcomes Volunteers are better prepared as contributing members of the public health system

Guiding Framework

Students were trained in implementation science fundamentals and used the **Ten Essential Public Health Services Framework** (Table 1) to systematically think through planning and implementation and create a detailed action plan.
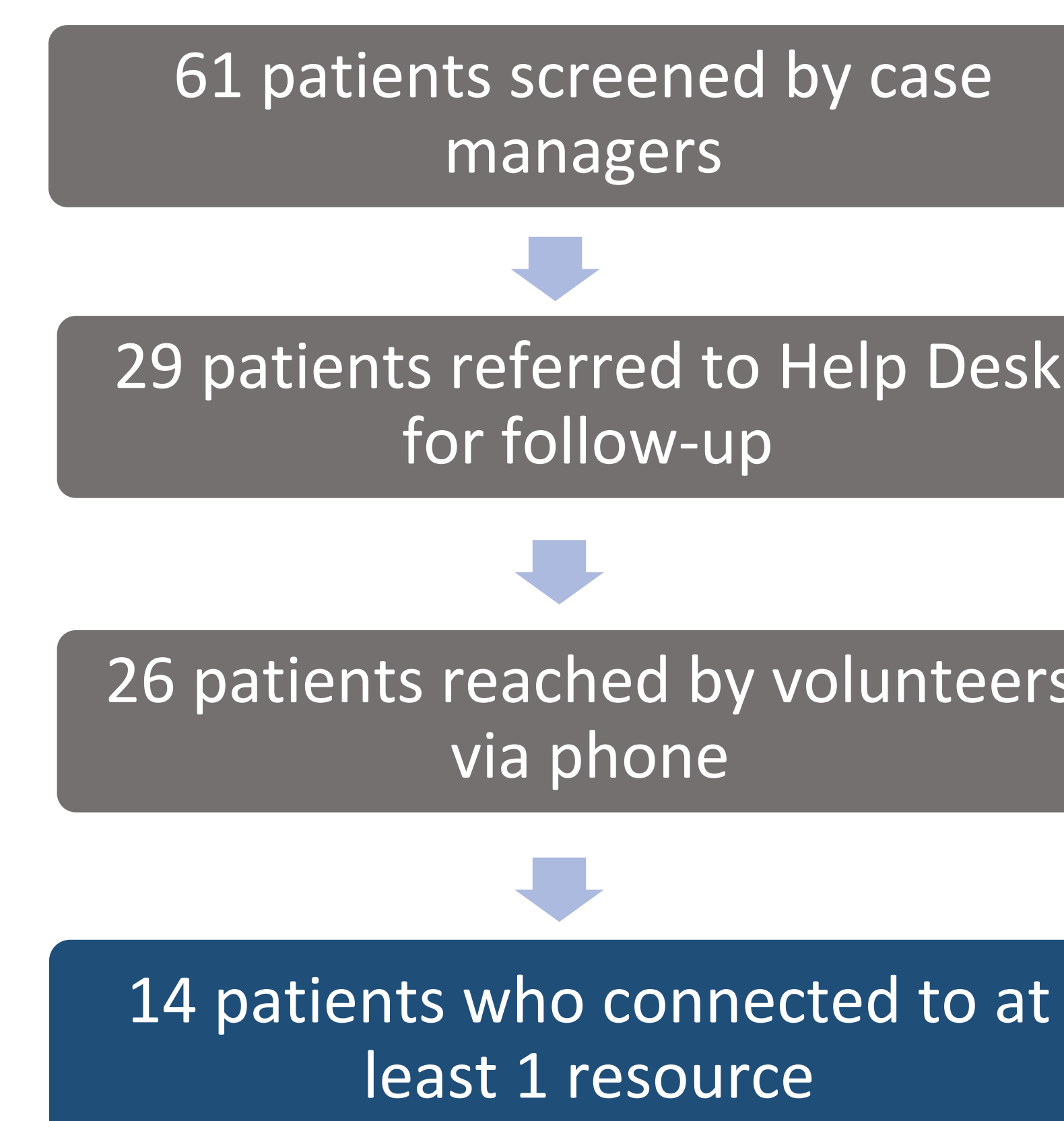
Model Adaptation

Students, research mentors and FQHC clinicians (1) examined literature to understand existing volunteer models and (2) shadowed sites and interviewed leaders of other Help Desk programs. The team adapted program components to improve fit for local context (Table 2). A logic model was then created to represent adapted program components, activities, and expected results (Figure).

Table 2. Examples of Adapted Model Components

Model Component	Original Model	Adaptation
Personnel	Volunteers screen, refer, and follow-up	Case managers screen and refer; volunteers follow-up at 2 and 4 weeks after visit
Setting	Academic ED; Pediatric clinics, County hospital	FQHC adult primary care
Screening tool	Local screening tool	NACHC PRAPARE Tool[4]
Follow-up Script	Assess referral success and provide navigation	Added questions on CBO quality

Table 1. Ten Essential Public Health Services Framework

	Adapted Framework	Example Activities
# 1-2	**Monitor** FQHC patient health and social needs & **diagnose** areas for service delivery improvement	Collect and analyze baseline patient data; map existing clinical workflows
# 3	**Build partnerships** with community stakeholders	Attend county community coalition meetings to inform development of CBO directory
# 4-7	Develop **policies and infrastructure** to implement Help Desk	Draft volunteer workflows and scripts; recruit and train volunteers; build REDCap platform for documentation
# 8	Assure **competent workforce**	Host weekly meetings and case reviews with volunteer base; identify future student leaders
# 9-10	**Evaluate** program effectiveness & **research** for new insights	Create data-driven reports to inform program improvement based off logic model measures

Help Desk Pilot Implementation

61 patients screened by case managers

↓

29 patients referred to Help Desk for follow-up

↓

26 patients reached by volunteers via phone

↓

14 patients who connected to at least 1 resource

Top 3 Common Referral Areas
1. Medical Care
2. Food Security
3. Transportation

For patients with successful connections, volunteers asked patients to rate **CBO ease of use** and **utility.** For patients who did not connect to a resource, volunteers reminded patients about referrals and provided additional navigation.

48% of patients with referrals connected with 1+ resource

After the pilot the Help Desk program has continued as part of routine clinical care. From February 2019 to November 2019, volunteers have provided navigation support to 232 patients. The team is currently evaluating the program to scale patient reach within the FQHC, improve effectiveness, and expand to other FQHC sites.

References

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