We created an intentional space for Health Leads Network members and other partners to share effective practices, resources and key learnings to help organizations equitably adapt their social needs programs in the midst of the COVID-19 crisis. The first conversation centered around shifting screening practices and strategies during a time of social distancing, cancelled appointments and an increase in telehealth services. Below is a summary of the key topics and shared learning.

**Food, employment and housing are most prevalent essential needs**

- Food banks are adapting to social distancing requirements, including changing operation hours and offering drive-thru only, creating barriers for families that take public transportation.
- Patients are reporting higher rates of unemployment, lost benefits and concerns of paying their bills.
- Immigrant communities are struggling with unemployment and not qualifying for unemployment benefits and the government stimulus check.
- More patients receiving Medicaid and Medicare benefits are identifying needs for food and cleaning supplies.
- Although individual needs (rent, utilities, car payments, etc.) have been temporarily “resolved,” concern is growing that unmet needs will be magnified in the future.

**Some are revising social needs questionnaires to reflect current resource challenges**

- Some have added specific questions related to COVID-19, including domestic violence, mental health, employment and financial strains.
- For those who did not change their screening tool, they are noting when needs are related to COVID-19 to gain an understanding of impact on resources.
- Other teams have temporarily added supplemental questions about family and community support in the Accountable Health Communities screener.
Guidance for screening patients at risk of domestic violence

Clinical teams are increasingly concerned about under-reported domestic violence. Some practices that have worked for teams include:

- Identify a “safe word” if they are unable to talk.
- When inquiring about their safety, give the patient code words to answer sensitive questions such as, “green” for yes and “red” for no.
- If your patient is unable to talk on the phone, ask if they can correspond via email.

Many organizations have adapted social needs screening workflows to include telehealth

Challenges shifting from paper screens to telehealth:

- Difficulty contacting vulnerable populations.
- Distrust of the healthcare system; fears of being scammed and providing sensitive/personal information (social security, income, etc.) via phone.
- Calls are now taking longer to reassure patients.
- Patients are being transferred to mental health services due to prolonged self isolation.

Telehealth best practices:

- Use EHR emergency department reports to stratify high risk patients and proactively reach out to screen and connect to resources.
- Draft a HIPPA approved script for navigators to use when making calls, leaving voicemails and sending text messages.
- Instead of calling from a blocked number, use Google Voice so the hospital’s phone number can appear on the caller ID.
- Get the patient’s verbal consent and after the screening mail them the consent form.

ABOUT THE NETWORK

The Health Leads Network is a community of healthcare practitioners and caregivers who are taking action to address essential needs within our organizations. Network members work in a wide range of health system roles and settings — but share a commitment both to drive improvement initiatives on the ground, and to advance health equity in their communities.

The Network was created to bring action-oriented practitioners together to collaborate, share and learn from each other. We translate critical front-line experience into tangible tools, guidance and learning opportunities — all designed to support members in advancing the integration of essential needs into community-led health initiatives.

Learn more at healthleadsusa.org/network — or email network@healthleadsusa.org for additional information.