QUESTION Can we identify and connect individuals at an increased risk of diseases of despair with needed health referrals using existing community infrastructure?

CONCLUSION Our findings demonstrate the feasibility of using existing community infrastructure and social service systems, like the PA211SW, to actively screen and link at-risk individuals to needed health referrals in the communities they live.

POPULATION PA211SW callers 73% female

LOCATIONS In Southwest PA 22 Counties

INTERVENTION PA211SW callers were screened for behaviors relating to diseases of despair and the flu shot. Callers were offered a corresponding referral and eligible callers were invited to participate in a survey.

PRIMARY OUTCOME The feasibility and acceptability of a community-to-clinic referral approach for diseases of despair-related behaviors.

FINDINGS A total of 1047 PA211SW callers were screened for behaviors related to diseases of despair and flu vaccine needs. Among those screened 66% (n=688) screened at risk or in need.

BACKGROUND “Diseases of despair” include suicide, drug overdose, and alcohol-induced liver diseases. These behavioral-related diseases occur when individuals cannot meet their basic needs and respond reactively to their immediate socioeconomic stressors with unhealthy behaviors. Rates of “diseases of despair” have increased drastically from 2005-2017. Nationwide these rates have increase 50%, but in Pennsylvania they have increased by 96%.

The United Way 211 is part of the national initiative to provide a helpline for information and referrals to individuals for social and human services to meet basic needs (e.g., utility payments, food provision). On average, the United Way of Southwestern Pennsylvania’s 211 (PA211SW) serves 4,600 callers/month across 13 counties in Southwestern PA. The PA211SW is uniquely situated to identify those at greater risk for diseases of despair since community callers are already reaching out for social services.

Through the PA211SW, callers can be screened and connected with referrals for behavioral healthcare just as they receive for social services. This will help connect our community members to receive the preventive care they need.

INTERVENTION To prevent diseases of despair, Penn State College of Medicine’s Implementation Science Collaborative partnered with the PA211SW and the Pennsylvania Department of Drug and Alcohol Programs (PA DDAP). A six-item risk assessment screener for diseases of despair was developed and implemented into the PA211SW workflow. All callers who were not actively in distress were invited to participate in the screener. Individuals who were screened at-risk for one of the diseases of despair were offered a corresponding referral. For individuals who were at risk for drug or alcohol abuse, they were provided with the referral recommended by the PA DDAP. Callers who engaged with the referral were invited to participate in a pre and post survey to share their experience with the screening and referral process.

Ultimately, this project aimed to demonstrate the feasibility of using existing community infrastructure and social service systems, like the PA211SW, to actively screen and link at-risk individuals to needed health referrals in the communities they live.
RESULTS

Participants were recruited from December 2020 through March 2021. A total of 2,868 callers were invited to complete the screener and 37% (n=1047) agreed to participate. A primary endpoint of this pilot study was “acceptability,” which was defined as the proportion of participants who were offered the intervention and consented to participate. The pilot had an acceptability rate of 37%, demonstrating a promising approach to use the 211’s existing infrastructure to conduct preventive health screeners.

Among screened callers, 54% (n=568) were in need of a flu vaccine, 19% (n=196) were at-risk of alcohol abuse, 11% (n=118) for drug use, and 9% (n=98) for suicidal ideation/behavior. Of those who were at-risk, 39% (n=265) accepted at least one of the offered referrals, making them eligible for our study.

A majority of those eligible, 70% (n=186), were interested in the study and provided contact information. Ultimately, forty-seven callers completed the baseline survey. 74% (n=35) of the participants who completed the baseline surveys also completed the follow-up surveys. Both the caller population and survey participants shared similar demographic characteristics such as the average participant age in the 40s, three-quarters identifying as female, and living in households in which 1-2 adults reside. The caller population spanned 22 PA counties. Of the surveyed participants, 81% were on medical assistance and 83% make <$25,000, indicating a high incidence of poverty among the surveyed participants.

Survey participants reported high satisfaction with the screening process with 91% (n=42) recommending the PA211SW for health referrals. Resource navigators had an influential impact on callers and were positively described by survey participants.

Another primary endpoint of the study was “engagement.” The baseline survey gauged participants’ intent to seek the referral, while the follow-up survey measured their actual engagement with the referral. Engagement was defined as any of the following: searched for more information about the referral, called and spoke with someone, scheduled an appointment, or they were directly transferred by the 211 Helpline Resource Navigator to the health referral. The overall engagement was 47%, which shows promise for this screening and referral method.

CONCLUSION

This pilot data supports that the screener was generally accepted by callers, and almost half of participants engaged with the provided referral. It’s clear that callers think very highly of resource navigators and view them as a trusted messenger. Our findings from this pilot demonstrate the feasibility of using existing community infrastructure and social service systems, like the PA211SW, to actively screen and link at-risk individuals to needed health referrals in the communities in which they live. A future study will further explore using the 211 helpline to improve health outcomes for communities in need.

REFERENCES