Interprofessional Care Access Network: I-CAN

Changes in client self-sufficiency over time in an interprofessional healthcare and social needs navigation program

Heather Voss, PhD, RN; Katherine Bradley, PhD, RN: Kate LaForge MPH; Sydnee Stoyles, MBST, MAT

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Today's Takeaway

1. **Describe changes in unmet social need measured by the Self-Sufficiency Matrix among I-CAN clients.**

2. **Discuss the utility of a novel evaluative method within SDH navigation programs.**

Context for SDH as I-CAN Measure

Increasing evidence linking SDH with poor health and health outcomes has created an impetus to address singular and multiple social domains (Gottlieb, Wing & Adler, 2017).

Organizations rarely administer SDH interventions within a framework that enables robust evaluation (Schepers et al. 2017).

I-CAN is a model for healthcare delivery and interprofessional practice and education.

Core Elements of the I-CAN Program

- **Disadvantaged and underserved people and populations**

- **Focus on social determinants of health**

- **Home visitation**

- **Population health interventions**

- **Continuous quality improvement**

- Faculty practice model

- Long-term commitment to community partners

- Neighborhood/community academic-partnerships
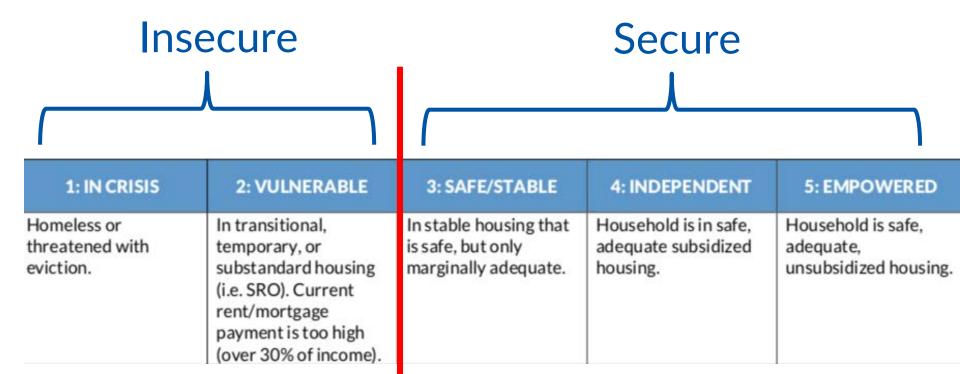
- Interprofessional student teams

Self-Sufficiency as SDH Measure

Self-Sufficiency **Matrix measures granular changes in multiple social domains and unique client goals =** *good fit with I-CAN* **program purpose and** *evaluation measure.*

Self-sufficiency: Housing

1: IN CRISIS	2: VULNERABLE	3: SAFE/STABLE	4: INDEPENDENT	5: EMPOWERED
Homeless or threatened with eviction.	In transitional, temporary, or substandard housing (i.e. SRO). Current rent/mortgage payment is too high (over 30% of income).	In stable housing that is safe, but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.

Self-sufficiency: Housing

Insecure

Secure

1: IN CRISIS	2: VULNERABLE	3: SAFE/STABLE	4: INDEPENDENT	5: EMPOWERED
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Results

Domain	Model Adjusting for Age, Location		
	Sample Size	Odds Ratio (95% CI)	P-Value
Disability	69	2.12 (0.99, 5.10)	0.124
Food	69	1.51 (1.12, 8.53)	0.105
Housing [B]	69	1.94 (1.14, 3.79)	**0.027**
Income	69	1.85 (1.07, 3.86)	**0.029**
Language	66	1.83 (0.76, 25.13)	0.268
Medication Literacy [A, C]	66	2.21 (1.21, 6.15)	**0.020**
Medication Management [A, C]	66	1.91 (1.04, 5.35)	0.053
Mental Health [A, D]	66	1.19 (0.67, 2.26)	0.523
Mobility	69	1.20 (0.74, 2.12)	0.480
Pain Management [A, C]	64	1.46 (0.85, 2.90)	0.193

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Results: I-CAN clients were...

2.21 times more likely to be secure than insecure with regards to **medication literacy**

1.94 times more likely to be secure than insecure with regards to **housing**

1.85 times more likely to be secure than insecure with regards to **income**

Discussion of Findings: Medication Literacy

- Improved label visualization,
- Proper labeling
- Discarded old medications, Medication Reconciliation
- Feasible pill schedules
- Teach-back methods
- Demonstrated how to look up medications on the internet,
- How to call the pharmacist.

Located and obtained subsidized housing

Housing application assistance

Negotiated with landlords

Connected with programs and government income resources that alleviated risk of eviction.

Discussion of Findings: Income

Facilitated enrollment in local and federal governmental subsidy programs.

Rent and utility assistance, and health insurance.

The utility of a novel evaluative method within SDH navigation programs

Identify social domains most likely to improve client quality of life and reduce inappropriate healthcare utilization.

Future Research

Analyze the direct relationship between reduced healthcare utilization and changes in social domains.

Identify social domains most likely to improve client quality of life and reduce inappropriate healthcare utilization

References

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Acknowledgements

Thank You

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ican@ohsu.edu