



Webinar: Addressing SDOH in Rural Kansas Communities
April 30, 2024
Q & A

For Stormont-Vail Health - Could you send more information on the LINK Grant?

LINK Health Partnership

- L** Listening to your needs
- I** Identifying your goals
- N** Navigating your community
- K** Keeping you healthy

Answer: In May 2019, the Topeka Community Foundation awarded the LINK Health Partnership a two-year grant of \$371,203. In 2021, the initiative expanded with an additional two-year \$431,202 grant.

The LINK Health Partnership comprises five local organizations. We collaborate to improve the health of low-income, uninsured residents of Shawnee County. Each organization works within and beyond the traditional healthcare safety net system to help our most vulnerable citizens become healthier. We accomplish this by addressing patient goals related to the social determinants of their health (SDOH).

- Stormont Vail Health social workers review SDOH patient surveys and enhanced risk assessment scores to refer eligible individuals to behavioral health resources.
- Valeo Behavioral Health Care Community Support Navigators assist patients with goal setting, support and access to local resources.
- Harvesters provide nutritious food for patients.
- Washburn University nursing students provide health coaching and patient education for lifelong success.
- HealthAccess facilitates access to donated medical care and prescriptions to meet patients' basic health needs.

Though this grant was initially awarded in 2019, it has since been extended due to COVID-19. If you would like to contact our Director of [Community Engagement](#), her contact email address is khedquis@stormontvail.org.

For Stormont-Vail Health - Could you share more about your Endo Food Pantry? How did you get around inducement?

Answer: This has been a great initiative for us. Thankfully, the initial idea came from the Endocrinology staff themselves. They were already informally providing canned goods for some of our patients however it was a rather informal, and unvetted, process. Knowing we had to meet TJC/CMS guidelines for delivering and storage of food, it became a cumbersome process to implement. Our Population Health team worked to implement this process using clinical and SDOH triggers to identify those in need. Engaging our Care Managers, who were assigned to but not central endocrinology staffing, really helped in ensuring the process was conducted in the way it was intended. We had great ownership and buy-in from this person and our Diabetes educators. We also worked with our Endo Medical Director to determine the best way to make it successful. The initial program has evolved, and we are still seeing the benefits.

Below is a link to a video about our Prescriptive Pantry.

<https://youtu.be/tcOScn1am4s>

For Melissa Wimmer, Sterling Medical Center - Is the CHW team in the Sterling area continued to be supported by grant funds?

Answer: Yes, we are currently supported by grant funding. We are looking to the future and preparing for when we won't be grant funded. We are doing the preparation to have the knowledge of sustainable billing for Medicare patients. In the area of Rural Health there are always needs not being met. There are goals to be able to add other supports to our area that may also add revenue to fund our program.

For Nicole Baum, Holton Community Hospital - For no cost mammograms, assuming that this population is self-pay, how do you handle those pts who have a cancer diagnosis? How do you follow-up? Is there financial assistance?

Answer: When they initially made the Hometown Heart Fund there was no follow up coverage for medical assistance/repeat scans. However, I am currently in the process of increasing the amount of coverage to help those financially who do end receiving a diagnosis post mammogram. As per right now- the patient is referred on to Social Work/Case Management/Medical Team for any follow up needs they may have in regard to their care. Why do the majority of people not get screened? I do truly believe the majority do not get screened due to coverage and/or fear of finding something further. While I can't afford out of our account at this time to allot full coverage of all services post screening mammogram, I am working towards that increased coverage to help cover some of the follow up scanning. – Nicole Baum, Holton Community Hospital

Additional Breast Cancer Resources:

KHC Breast, Cervical and Colorectal Cancer Screening Resources:

<https://khconline.org/initiatives/provider-led-initiatives/cancer-screening-prevention>

KDHE Early Detection Works Program (free and low-cost screenings and post-diagnosis coverage) <https://www.kdhe.ks.gov/826/Breast-Cervical-Cancer-Screening---Early>

Kancare EDW Fact Sheet [https://kancare.ks.gov/docs/default-source/kancare-ombudsman/resources/general-fact-sheets-\(english\)/early-detection-works-fact-sheet.pdf](https://kancare.ks.gov/docs/default-source/kancare-ombudsman/resources/general-fact-sheets-(english)/early-detection-works-fact-sheet.pdf)

