

When a patient presented with stomach pain, staff at an OSF HealthCare clinic in Livingston County soon discovered there was more to the story.

“He didn’t have refrigeration and had eaten a piece of meat that he knew was probably spoiled,” explained physician assistant Mandy Robinson. “Because he didn’t have any other food in the house he chose to eat it and became ill.”

This information was unearthed through a new screening tool, *Screen and Connect*, implemented in all OSF primary care offices in August 2019. Three months later, the tool hit a milestone by screening 1,000 patients for social determinants of health.

*Screen and Connect* treats social determinants of health with as much weight as a patient’s vital signs. The tool works like this: At each visit, patients use iPads to answer questions about 10 areas of social needs, including:

- Food insecurity;
- Financial support;
- Housing;
- Transportation; and
- Intimate partner violence.

The information is immediately added to the patient’s electronic medical record. Nearly 40% of patients screened report at least one social risk and nearly 25% have two to three social challenges that require follow-up.

Food insecurity is the most common concern for OSF’s patients, accounting for nearly one in three patients with a social factor influencing their health. In the case of the patient who ate spoiled meat, OSF’s care manager connected him with local food pantries and called the power company on his behalf.

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