The Problem

The social determinants of health—defined by the World Health Organization as the conditions in which people are born, grow, live, work and age-have a profound impact on a person’s well-being. Social determinants, the environment and health behaviors are estimated to account for 80 percent of health outcomes, while medical care accounts for 20 percent. Yet, social determinants have not been traditionally addressed by the U.S. health system, and are not always well-understood in the broader community.

Too many residents in the Northside community in Pittsburgh, PA, which make up 14 percent of Pittsburgh’s total population, are unable to access or are unaware of critical health and social services in their local area. Some residents experience frequent and costly hospitalizations and ED visits, and have low follow-up rates with human and social services agencies. On top of leading demanding lives, residents may not know who or where to turn for assistance, or may wait until the situation turns into a crisis. In addition, residents may feel like their voices and experiences are not heard or considered by health and social service systems.

The Solution

Local community leaders formed a unique partnership to improve quality of life for all Northside residents. The Thrive 18 initiative was launched to mobilize, hire and train Northside residents as outreach workers. These workers are trusted community members who connect with fellow residents through door-to-door outreach and gather information across 18 social determinants of health using a standardized assessment tool. Thrive 18 partners-including Highmark Health, the Allegheny County Health Department and Project Destiny—received a highly competitive BUILD Health Challenge grant in 2017 to support this work. The proof of concept phase took place from October 2018 to August 2019.

Based on the needs defined by the resident, Thrive 18 outreach workers bridge connections to services that provide housing, food and transportation, among others. Health system partners also provide warm hand-offs to Thrive 18 outreach workers. Outreach workers develop long-term relationships with residents to track progress related to improvements in health and quality of life. Through an innovative and intentional outreach and referral approach and data-driven method, Thrive 18 amplifies resident experiences to inform health and social services.

Thrive 18 Success Story

Thrive 18 outreach workers connected with a young woman who had used the emergency department more than five times over the past year. Thrive 18 partners began to build a relationship with the woman thanks to a warm hand-off from a Gateway-embedded care manager at Northside Christian Health Center in Pittsburgh. Partners learned that she was in the process of being evicted, and that housing instability worsened her health issues. A Thrive 18 outreach worker helped her renew her section 8 application and find stable housing. The resident was also connected with mental health services at Mercy Behavioral Health. When the resident experienced mouth pain one day, she thought about using the ED—but instead called the outreach worker, and Gateway connected her with a same-day dental appointment at a nearby facility. The outreach worker went with the resident to the appointment. Later on, the outreach worker helped the resident find more stable employment and complete her GED.

Thrive 18 Proof of Concept Phase

1. Reaching Out to Residents

- 1,220 Northside households reached during Thrive 18’s pilot phase
  - Households were identified for direct outreach using a variety of sources, including data and referrals from Thrive 18 partners, community events and word-of-mouth
  - Outreach methods included door-knocking, mailings, phone calls and community events
  - 29% of households reached have completed a Thrive 18 survey
  - Of households who have been surveyed, 89% are participating in Thrive 18

2. Understanding their Needs

- Top resident needs identified through the Thrive 18 household survey
  - Stable Housing 49%
  - Better Nutrition 33%
  - Transportation 27%
  - Other top needs include utility connection (27%), secure employment (24%), education and literacy (21%), better mental health (20%), recreation and exercise (20%) and after-school activities (19%)
  - Health care and insurance ranked 10th out of 18 resident needs on the list (17%)

3. Connecting to Resources

- 300+ Families enrolled in ongoing Thrive 18 support
- 50+ Thrive 18 resource provider partners

Thrive 18 Early Results

- The power of social determinants: Medical care alone cannot address what makes us sick. Social determinants greatly influence health before the medical system can intervene.
- Residents know best: Participant-driven programs, like Thrive 18, give a voice to residents and communities. They are the experts in identifying needs and helping to develop solutions.