Social Determinants of Health (SDOH) Screening Tools 101 for Health Center Staff Serving Public Housing Residents

February 24, 2022 2:00-3:00 pm ET

National Center for Health in Public Housing

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email and posted to NCHPH website within a week after session

Welcome

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Director of Research, Policy, and Health Promotion

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Health Research Assistant

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Strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees.

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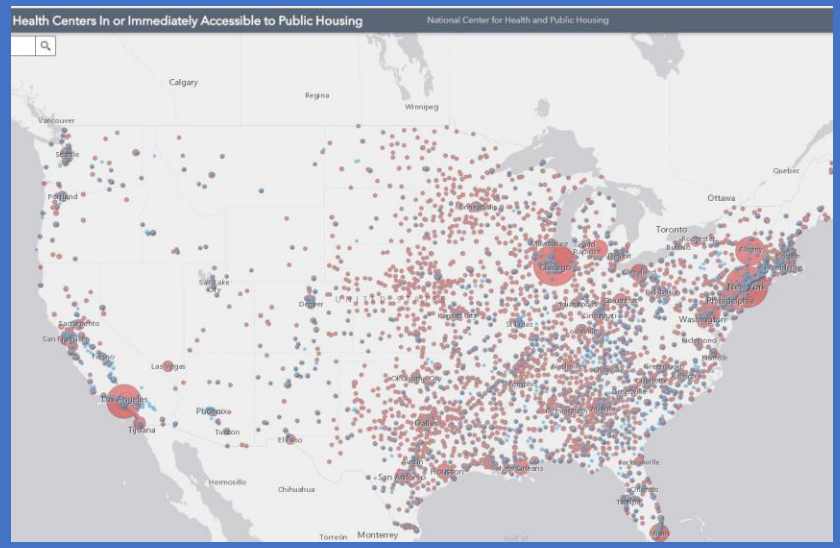

- Webinars
- Monographs
- Provider and Resident-Centered Factsheets
- Interactive Maps

- Training Manuals
- Newsletters
- Collaboration Guides
- One-on-One Matching

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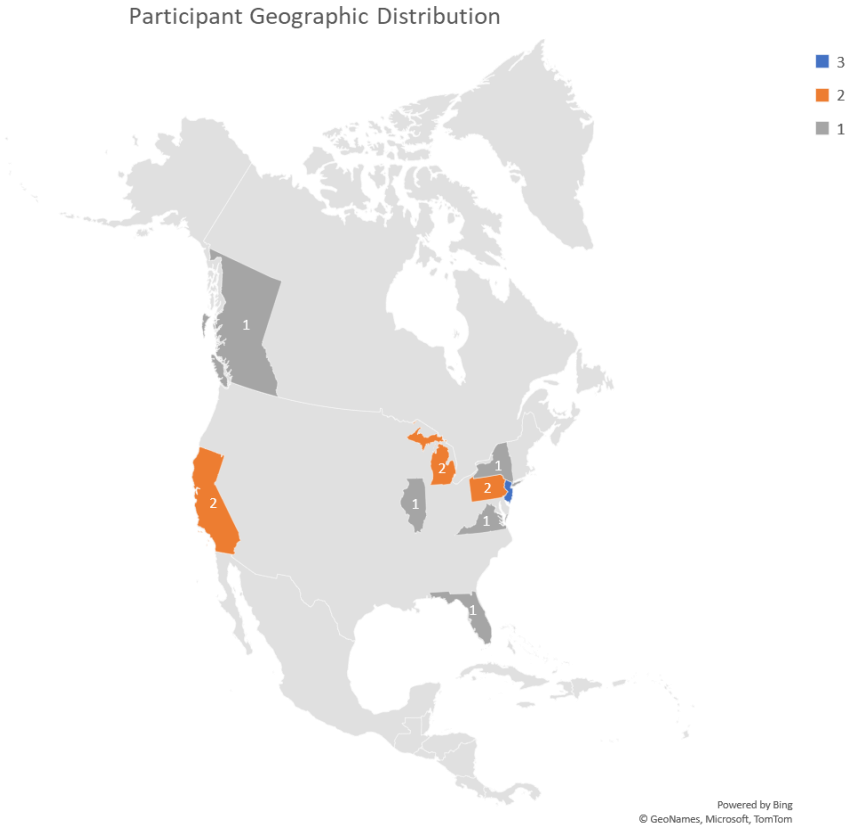

NJ	3
PA	2
CA	2
MI	2
IL	1
FL	1
VA	1
DC	1
NY	1
BC	1

Challenges

Insufficient time

Coordination

Strategies

Ongoing communication

Short tool

Like to Get Out of Webinar

To learn about the use of SDOH Screening tools

More education and resources

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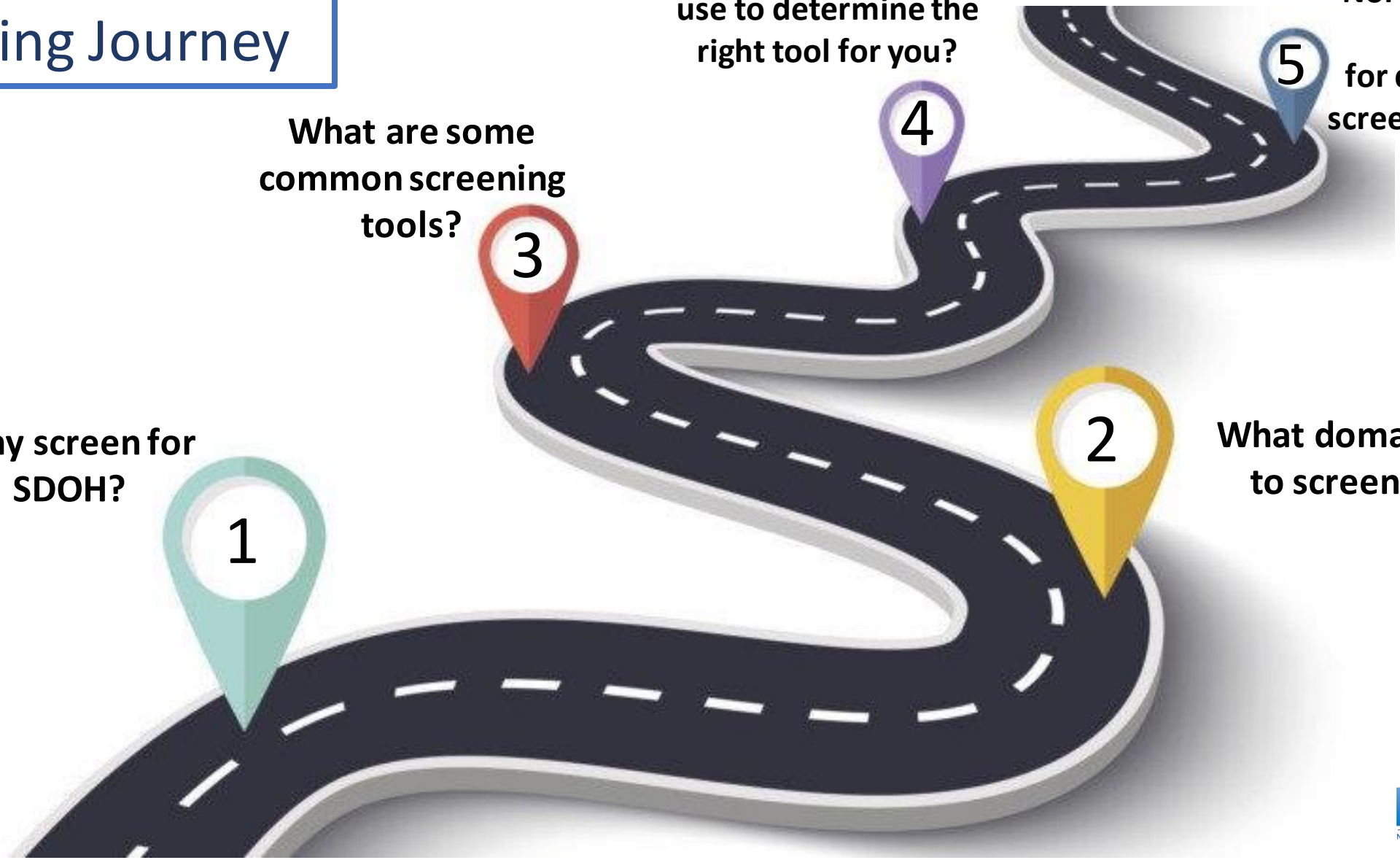
The SDOH Screening Journey



Why screen for SDOH?

What domains to screen?

What are some common screening tools?

What are some criteria to use to determine the right tool for you?

Example: North Carolina's process for developing a screening protocol

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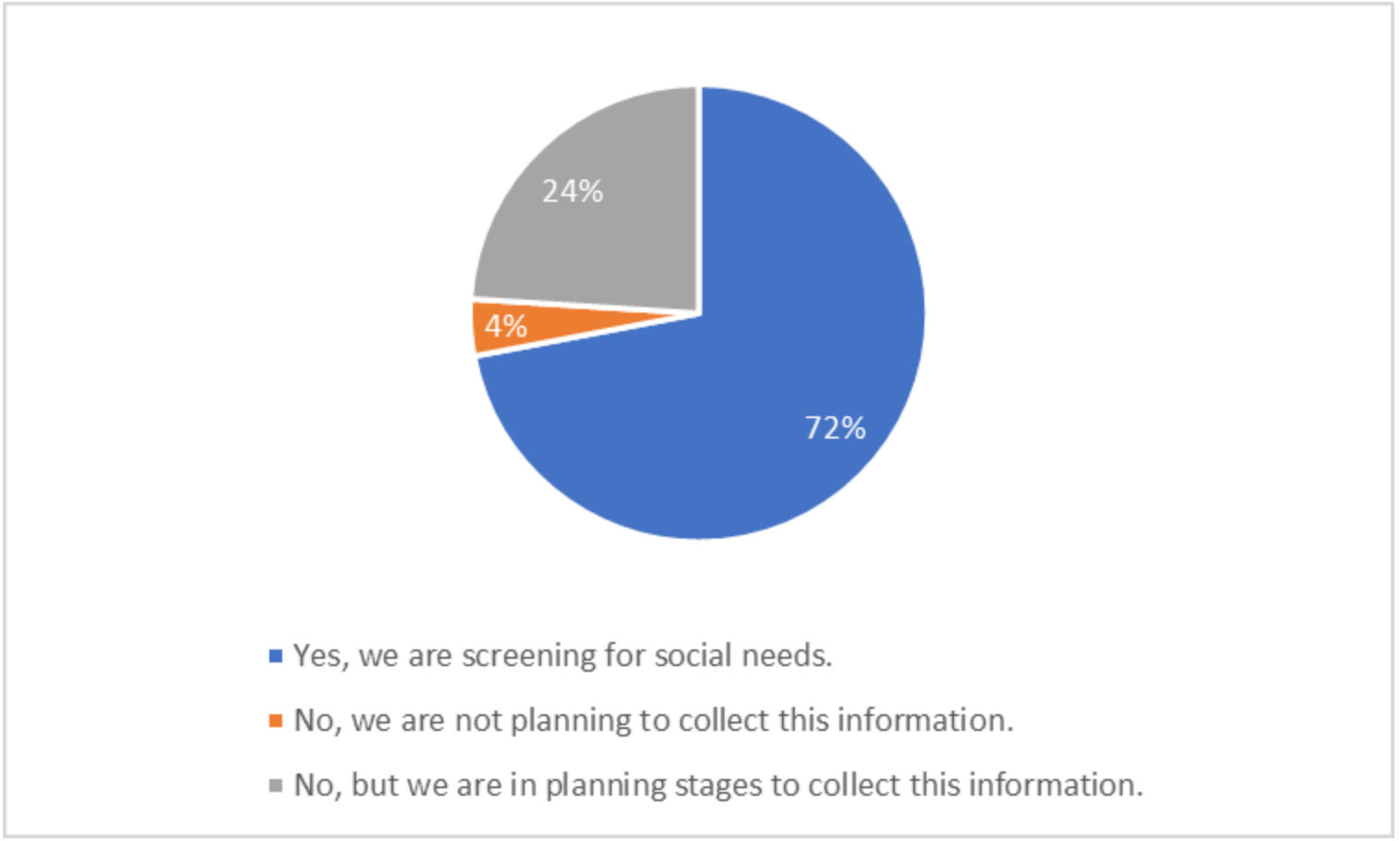
Does your health center collect data on individual patients' social risk factors, outside of the data reportable in the UDS?



Source: UDS 2020

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1 Why Screen for SDOH?

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Social Determinants of Health

The Social Determinants of Health are the conditions that impact our health and well-being because where we live, work, learn, and play impact our health more than the medical care we receive.

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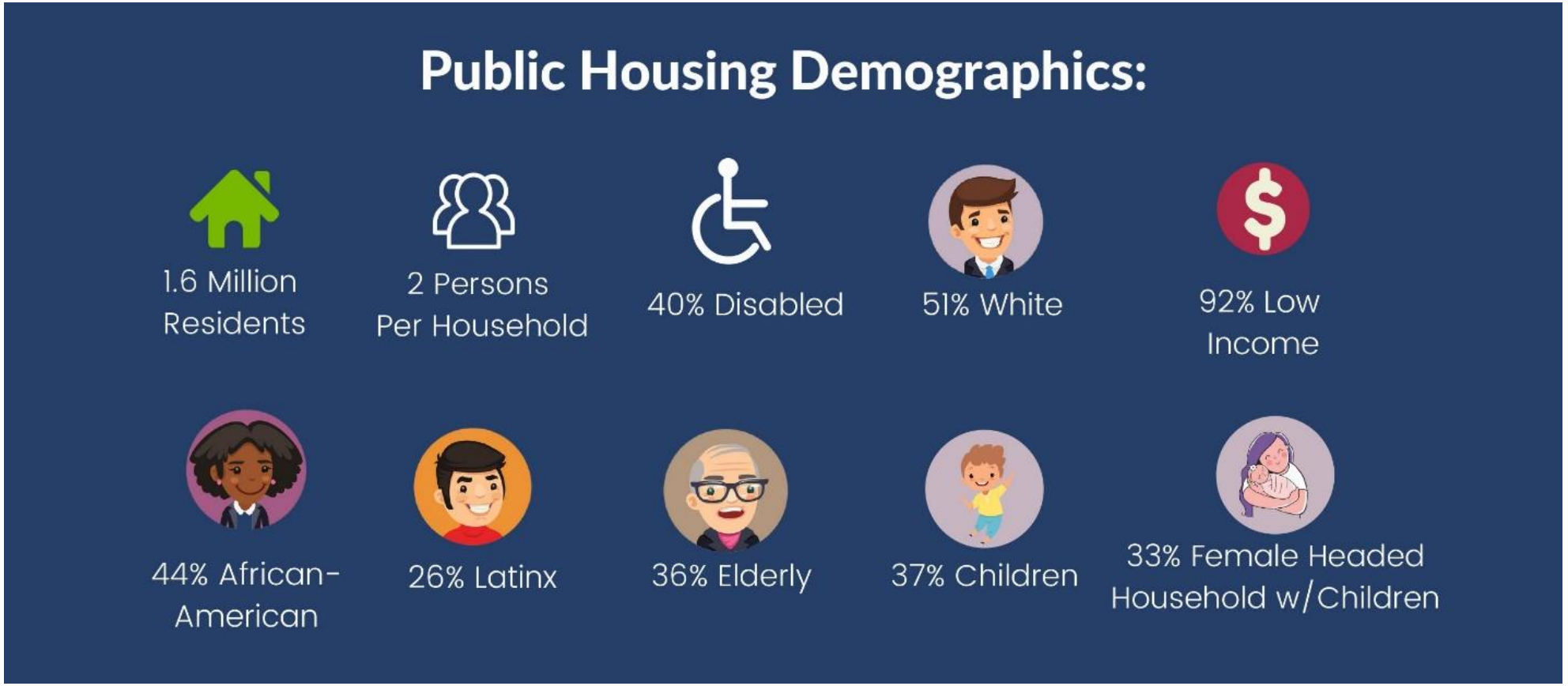
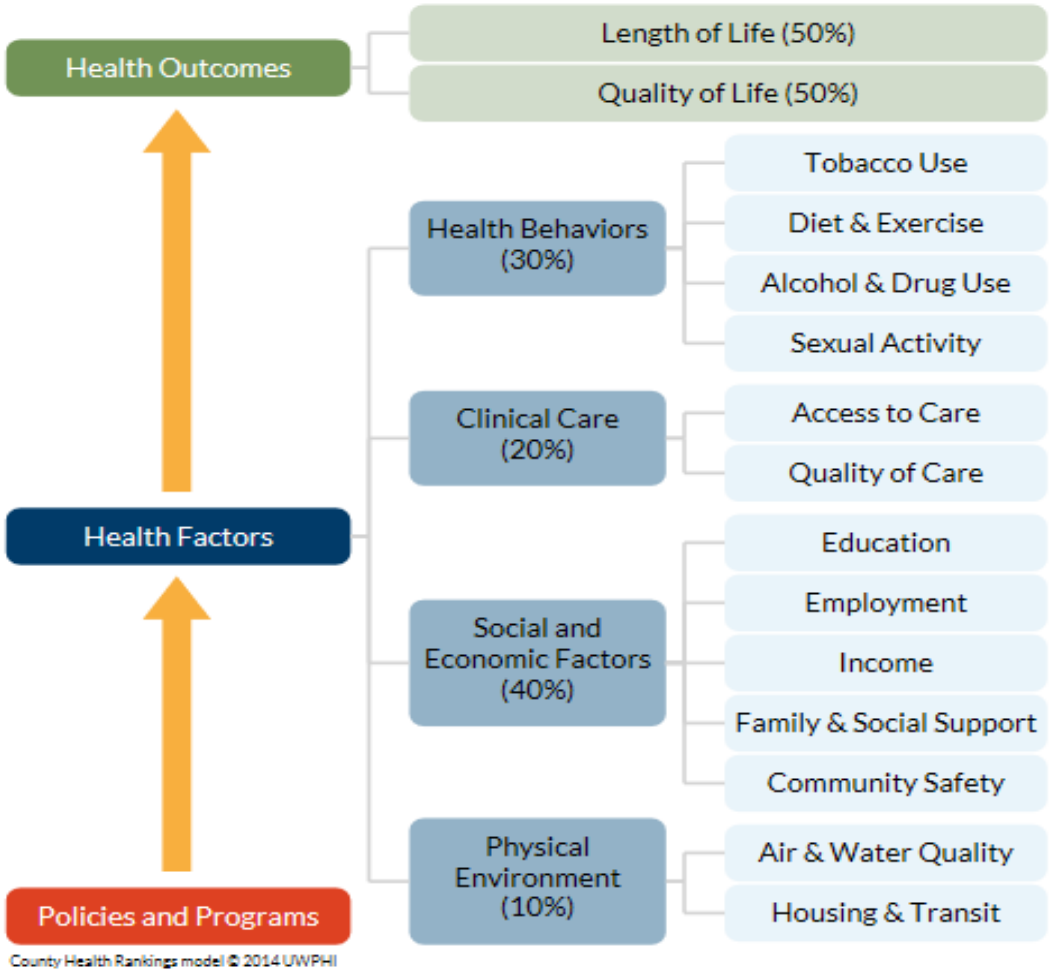


Source: [Resident Characteristics Report (RCR) - IMS/PIC - HUD | HUD.gov / U.S. Department of Housing and Urban Development (HUD)]

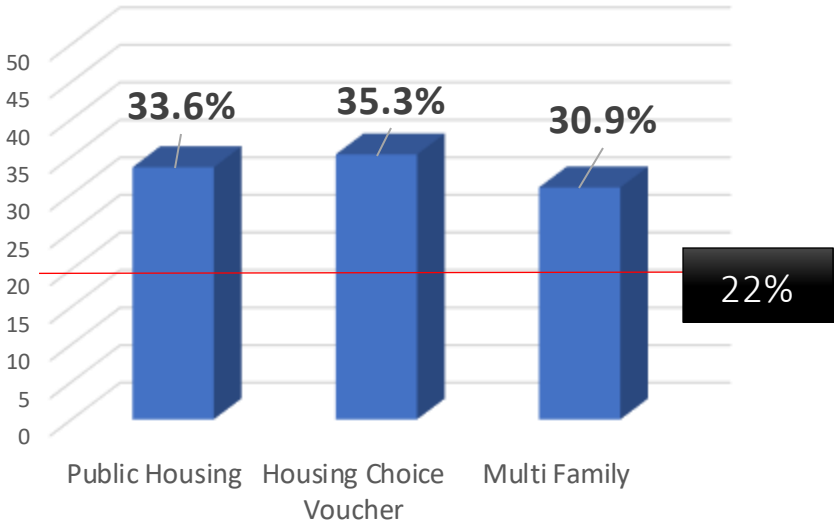
Impacts of Housing on Health



A Health Picture of HUD-Assisted Adults (2006-2012)

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/ Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

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Social determinants of health have up to 6x the impact on health as compared to clinical care. Addressing social determinants requires collaboration across medical care, public health, and social service providers.

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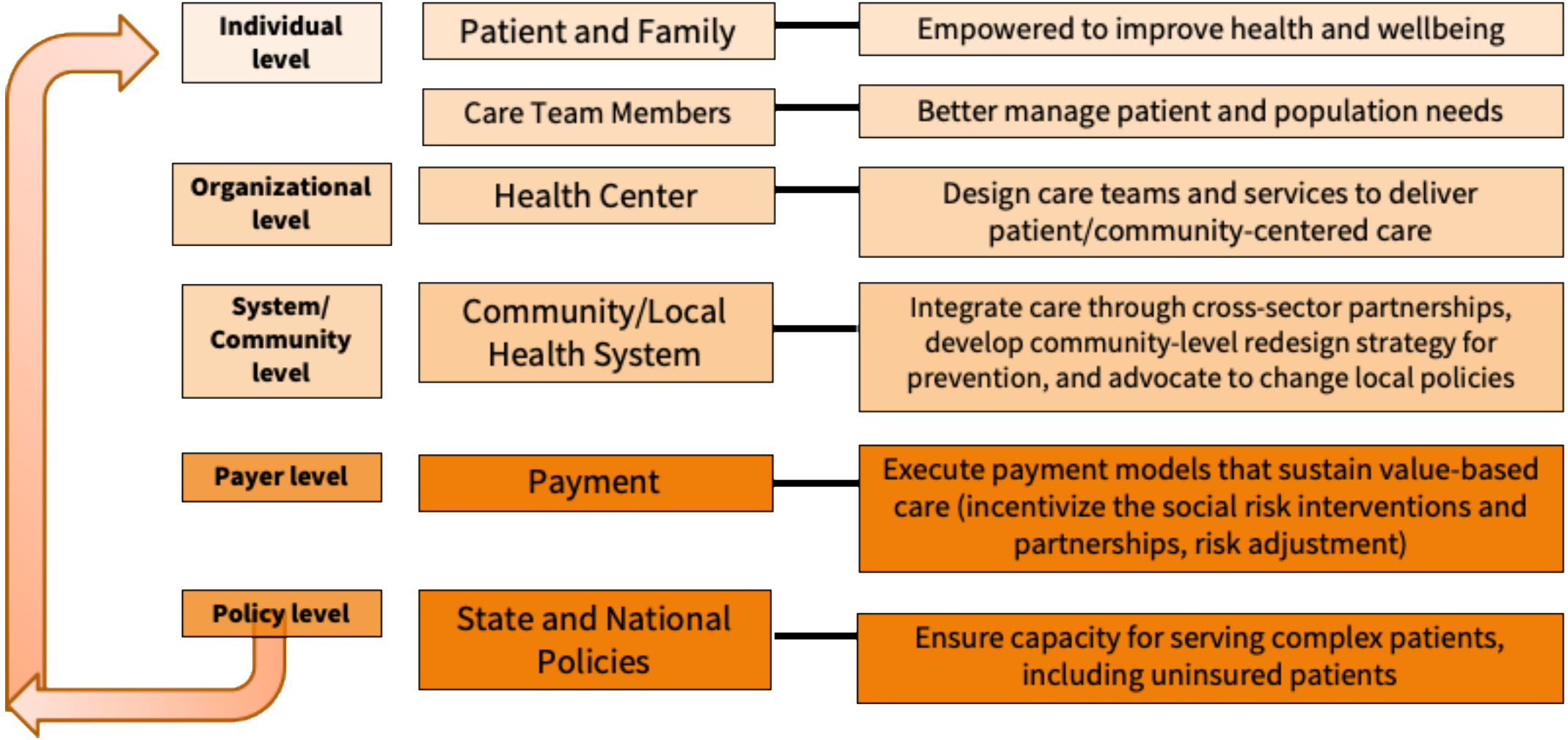
Why Collect Standardized Data on SDOH?



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Poll question

Why screen for SDOH ? (You may answer more than one.)

a. Individual level

b. Organizational level

c. System or Community level

d. Payer level

e. Policy level

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2 What domains to screen?

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Key Resources

Phase 1

1. Identify specific domains to be considered by the Office of the National Coordinator.

2. Specify criteria that should be used in deciding which domains should be included.

3. Identify core social and behavioral domains to be included in all EHRs.

4. Identify any domains that should be included for specific populations or settings defined by age, socioeconomic status, race/ethnicity, disease, or other characteristics.

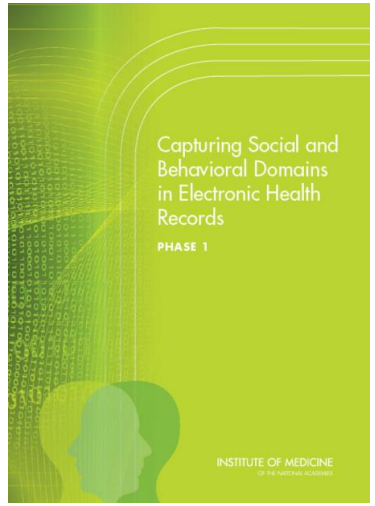
Phase 2

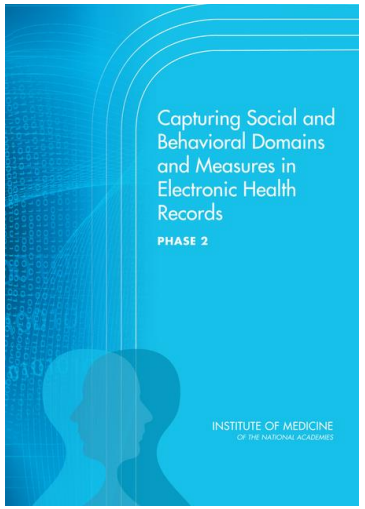
1. What specific measures under each domain specified in Phase 1 should be included in EHRs?

2. What are the obstacles to adding these measures to the EHR, and how can these obstacles be overcome?

3. What are the possibilities for linking EHRs to public health departments, social service agencies, or other relevant non–health care organizations?

4. Identify case studies, if possible, of where this has been done and how issues of privacy have been addressed.





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Criteria:

1. Strength of the evidence
2. Usefulness of the domain
3. Availability of a reliable and valid measure(s) of the domain.
4. Feasibility
5. Sensitivity
6. Accessibility of data from another source.

[Capturing Social and Behavioral Domains in Electronic Health Records - NCBI Bookshelf (nih.gov)]

Sociodemographic domains

- Sexual orientation
- Race/ethnicity
- Country of origin/U.S. born or non-U.S. born
- Education
- Employment
- Financial resource strain (Food and housing insecurity)

Psychological Domains

- Health literacy
- Stress
- Negative mood and affect (Depression, anxiety)
- Psychological assets (Conscientiousness, patient engagement/activation, optimism, self-efficacy)

Behavioral Domains

- Dietary patterns
- Physical activity
- Tobacco use and *exposure*
- Alcohol use

Individual-Level Social Relationships Domains

- Social connections and social isolation
- Exposure to violence

Neighborhoods and Communities

- Neighborhood and community compositional characteristics (Socioeconomic and racial/ethnic characteristics)

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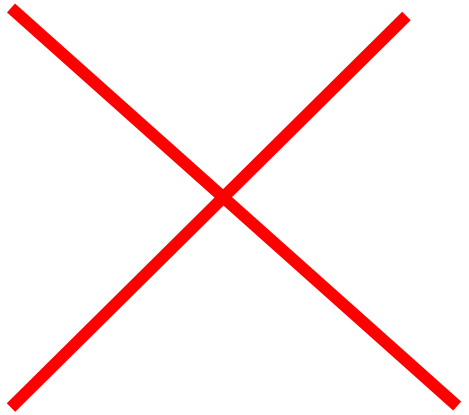
Access to Broadband

- 19 million Americans lack access to reliable broadband internet
- 57% of counties experience speeds below the federally defined broadband standard (25 Mbps down/3 Mbps up), but in rural counties this percentage jumps to 65%.



1 in 5 urban households
1 in 4 rural households

Source: Broadband access* | County Health Rankings & Roadmaps

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Why Is Digital Health Literacy and Broadband Access Important to the Health of Public Housing Residents?

DIGITAL HEALTH LITERACY IS THE ABILITY TO SEEK, FIND, UNDERSTAND, AND APPRAISE HEALTH INFORMATION FROM ELECTRONIC SOURCES

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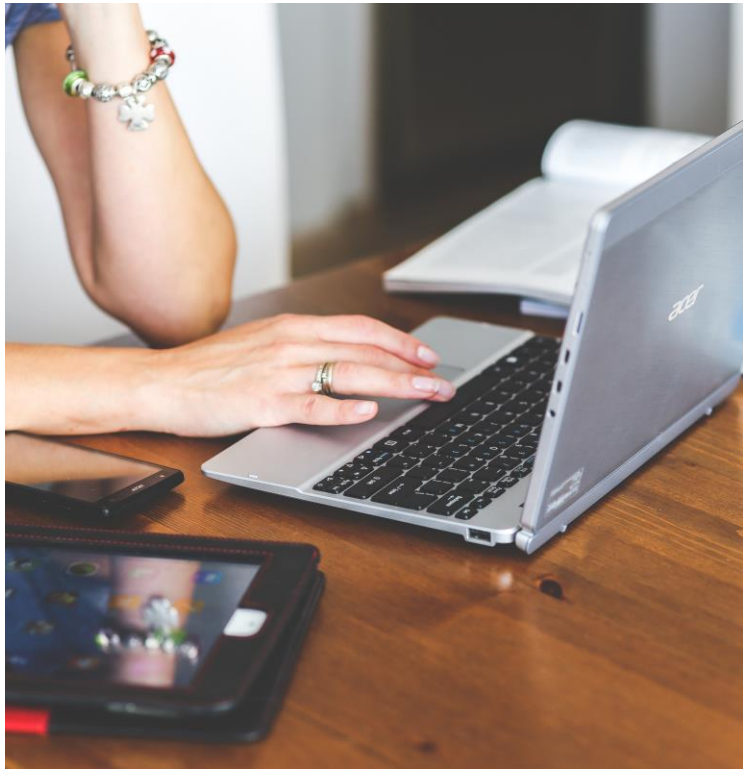
Digital Disparities

- Low-income individuals are less likely to have adopted or utilize a digital health communications system to track, monitor, or maintain their health.
- Elderly populations with low education are more likely to have lower levels of digital literacy.
- Patients with low health literacy are less likely to use health information technology tools.
- Disabled Americans are about three times as likely as those without a disability to say they never go online.



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Poll question

What domains are important for your patients? (You may answer more than one.)

a. Sociodemographic Domains

b. Psychological Domains

c. Behavioral Domains

d. Individual-Level Social Relationships Domains

e. Neighborhood and Community Domains

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3

What are some common screening tools?

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Key Resources

- The Screening Technical Assistance & Resource Center (STAR Center) seeks to improve the health, wellness, and development of children through practice and system-based interventions to increase rates of early childhood screening, counseling, referral, and follow-up for developmental milestones, perinatal depression, and social determinants of health. Screening Time! This site provides a variety of resources to assist you with the screening process for maternal depression, developmental concerns, and social determinants of health.
- The Social Interventions Research and Evaluation Network (SIREN) Evidence & Resource Library has expanded to include both peer-reviewed publications and other types of resources such as webinars and screening tools/toolkits on medical and social care integration.

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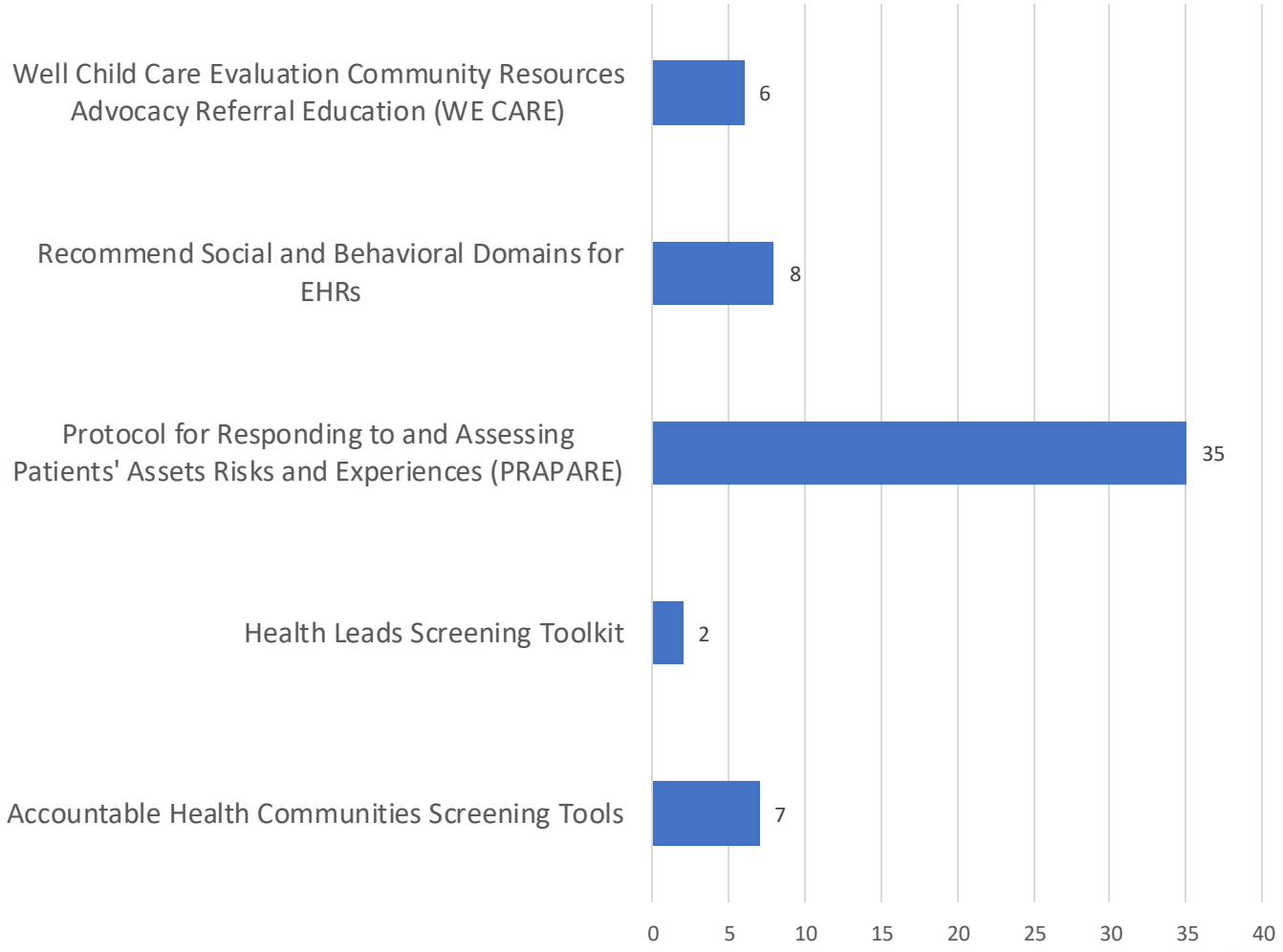
Which standardized screener(s) for social risk factors, if any, do you use?



Source: UDS 2020

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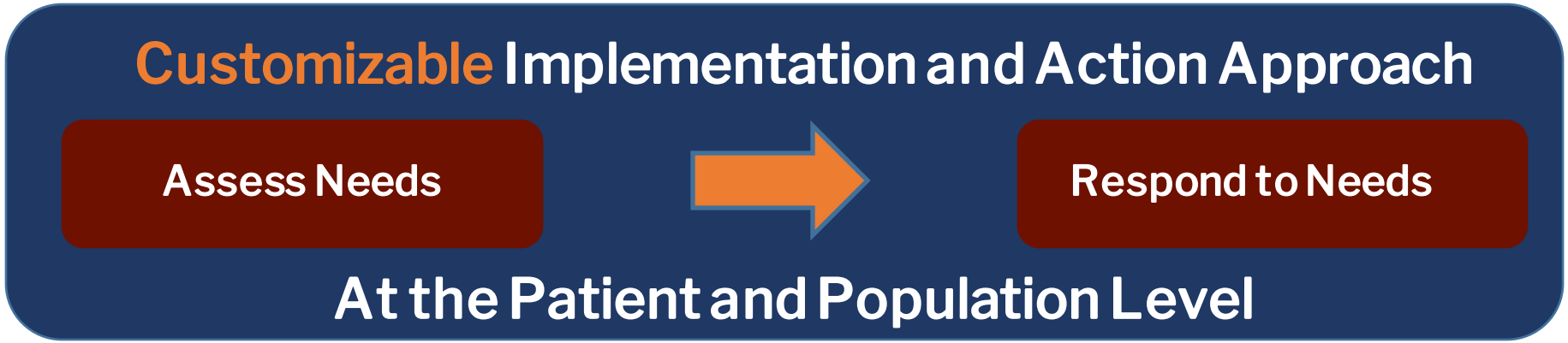
What is PRAPARE?

A national standardized patient risk assessment protocol built into the EHR designed to engage patients in assessing and addressing social determinants of health.



www.nachc.org/prapare

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PRAPARE Assessment Form Questions

Core	
1. Race*	10. Education
2. Ethnicity*	11. Employment
3. Veteran Status*	12. Material Security
4. Farmworker Status*	13. Social Isolation
5. English Proficiency*	14. Stress
6. Income*	15. Transportation
7. Insurance*	16. Housing Stability
8. Neighborhood*	
9. Housing Status*	

Optional	
1. Incarceration History	3. Domestic Violence
2. Safety	4. Refugee Status

Optional Granular	
1. Employment: How many hours worked per week	3. Insurance: Do you get insurance through your job?
2. Employment: # of jobs worked	4. Social Support: Who is your support network?

* UDS measures are automatically populated into PRAPARE EHR templates. You do NOT need to ask those questions multiple times!

Find the tool at www.nachc.org/prapare

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eHealth Literacy Scale (eHEALS)

"It's not only access to housing, food, pharmacy, but also things like lacking broadband service or text-messaging services; those can have severe impact on the patient engagement side."

CIO, SBH Health Systems

The eHealth Literacy Scale (eHEALS) is an 8-item scale developed to measure consumers' combined knowledge, comfort, and perceived skills at finding, evaluating, and applying electronic health information to health problems.

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PHPCs may consider the following metrics on digital literacy and broadband access:

1. DO YOU CURRENTLY HAVE ACCESS TO HIGH SPEED INTERNET ON A COMPUTER OR TABLET IN YOUR HOME?
2. DO YOU USE A SMARTPHONE FOR ACCESSING THE INTERNET?
3. DO YOU VISIT A SCHOOL OR LIBRARY WHEN YOU NEED INTERNET ACCESS?
4. HOW COMFORTABLE ARE YOU WITH FINDING HEALTH INFORMATION OR ACCESSING PATIENT PORTALS?

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Housing Insecurity

Do you currently live in a shelter or have no steady place to sleep at night?
BMC-Thrive

Are you living in section 8/public housing?
MLP IHELLP

What is your living situation today?
AHC Tool

Which of the following best describes your current living situation?
Medicare Total Health Assessment Questionnaire

Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?
NC-Medicaid

What is your housing situation today?
PRAPARE

Do you have any concerns about being evicted or not being able to pay the rent?
iHELP

Do you think you are at risk of becoming homeless? Would you like help with this?
We Care

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4 What are some criteria to determine which screening tool to use?

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Criteria for Choosing a Standardized Screener

Criteria	
Domains	Do the domains included in the tool cover the SDOH challenges faced by your patients?
Reading Level	Is the tool written at an appropriate literacy level for your patients?*
Languages	Has the tool been translated into multiple languages that represent the diversity of your patients?
Length of Assessment	How many questions are included in the screening tool? Will the length pose a burden on patients and deter them from completing it?
Cost	Is there a cost associated with use of the tool?
Integration into EHRs	Does the tool have an EHR template that works with your EHR system?
Resources Needed	What type of staff training and/or IT capacity is necessary to implement the tool?
Flexibility	Can questions be modified, added, or omitted?
Rating	How has the tool been rated according to other experts?#

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The Accountable Health Communities Screening Tool

Topics Covered	No. of Items	Reading Level	Languages	Completion Time	Cost	Flexibility
Food Insecurity, Housing, Safety, Transportation, Utilities	10	8th grade	Multiple	Less than 5 min	Free	Supplemental domains: Disabilities, Education, Financial Strain, Social Support, Health Behaviors, Mental Health Paper-based and electronic, staff-administered and self-screened

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Key NCHPH Resource

Guide to SDOH Screening Tools

In this guide, NCHPH will identify,describe, and compare a list of evidence-based screening tools that are commonly used at health centers.

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5

What are the steps to developing a screening tool?

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Using Standardized Social Determinants of Health Screening Questions to Identify and Assist Patients with Unmet Health-related Resource Needs in North Carolina

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Principles:

- Domains linked to health outcomes
- Questions must be brief
- Validated questions
- Align with existing tools

Meet with Stakeholders

Meeting with key stakeholders that were interested in SDOH or already working on SDOH

Literature review

Examined best practices related to screening and identifying SDOH

Source:SDOH-Screening-Tool_Paper_FINAL_20180405.pdf (nc.gov)

North Carolina Standardized Screening Planning Process Cont'd

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Identify Appropriate Screening Tool

Review of screening tools

Identify priority SDOH domains

- food insecurity, housing instability, transportation, and interpersonal violence.

Compiled a list **of validated questions from various existing tools**

Convened a Technical Advisory Group

Advisory Group with diverse SME and stakeholders across the state.

TAG reviewed and refined questions over 4 working sessions.

Source:SDOH-Screening-Tool_Paper_FINAL_20180405.pdf (nc.gov)

North Carolina Standardized Screening Implementation Process

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

"Care Needs Screening" stage- one-time universal screening

- at least two contact attempts to screen all enrollees for their care needs within 90 days of enrolment.
- Results of Care Needs Screening sent to primary care provider within 7 days

Identify patients with "high unmet resource needs"

- individuals who are homeless,
- individuals experiencing domestic violence/lack of personal safety,
- and individuals screening positive on three of more of the four core SDOH domains on the standardized SDOH questions

Send to care management

- Additional deeper comprehensive assessment

Identify community resources

- securing health-related services that can improve health and family wellbeing (including assistance filling out and submitting applications);
- by having a housing specialist on staff or on contract who can assist individuals who are homeless in securing housing; and by providing access to medical legal partnership for legal issues adversely affecting health.

Translating into other languages

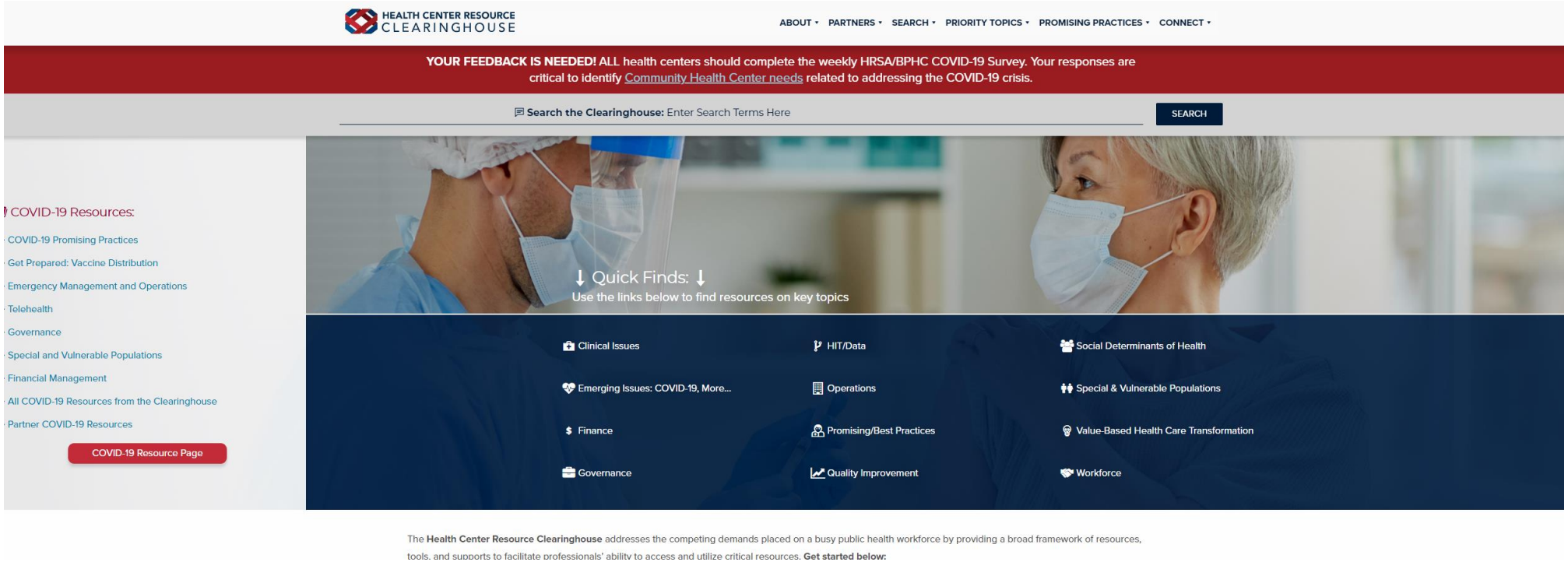
Source:SDOH-Screening-Tool_Paper_FINAL_20180405.pdf (nc.gov)

NCHPH Resources

- **Social Determinants of Health Screening Tools for Public Housing Residents**
  In this learning collaborative, NCHPH guided participants through the practical aspects of identifying and implementing an SDOH screening process at their health center.

HEALTH CENTER RESOURCE CLEARINGHOUSE

[Home | Health Center Resource Clearinghouse (healthcenterinfo.org)](https://healthcenterinfo.org)



Q&A

Please unmute or add questions to the chat.

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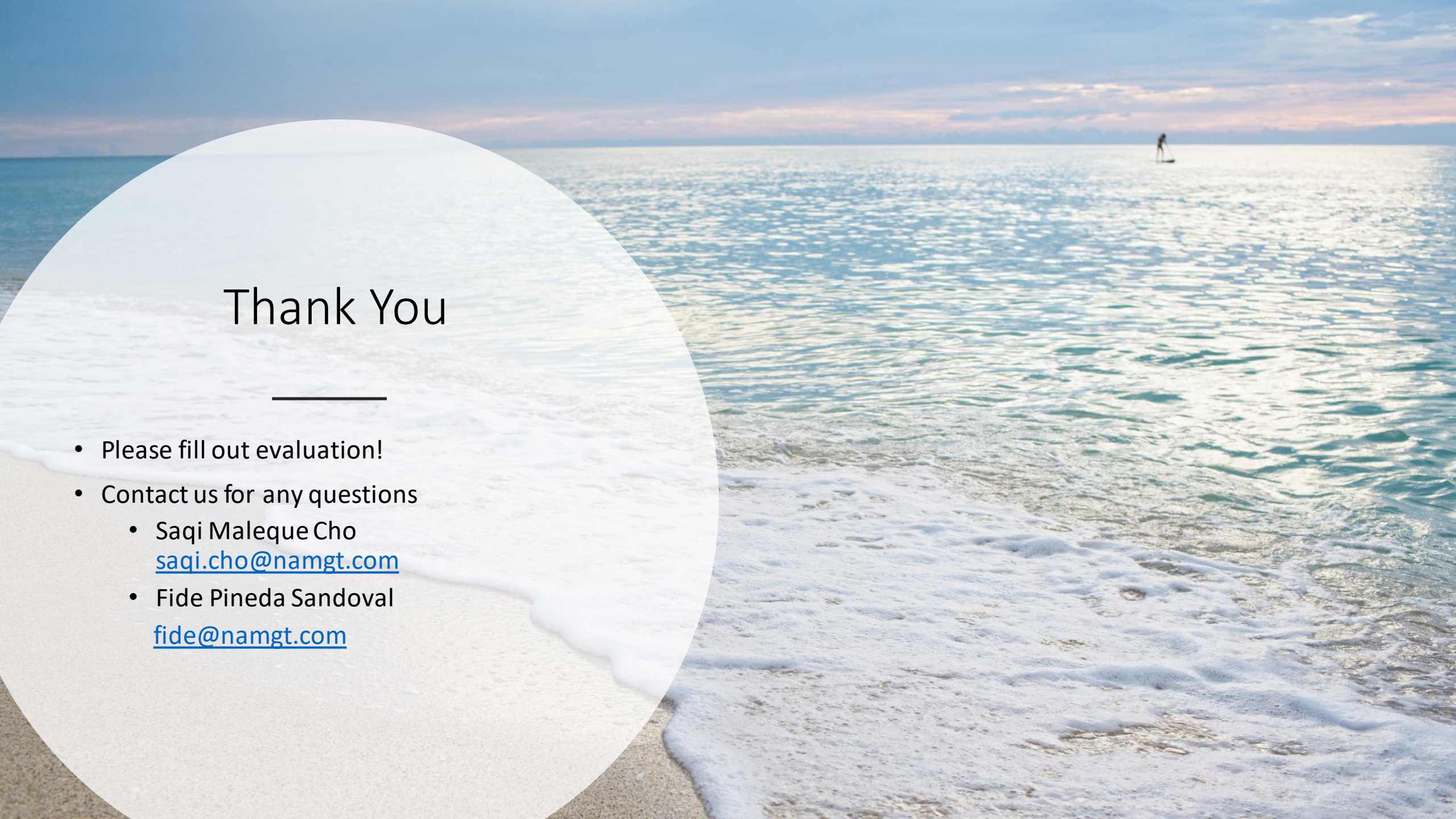

Thank You

- Please fill out evaluation!
- Contact us for any questions
  - Saqi Maleque Cho
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    fide@namgt.com