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Title

Assessing and Addressing Social Determinants of Health in Healthcare Settings in the Northwest United States

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Social determinants of health (SDOH) include the conditions in which people are born, grow, work, or live and the wider environmental systems that shape the conditions of daily life. Social needs are shaped by SDOH and include factors like secure and safe housing. Some healthcare systems assess patients' social needs and develop programs to address identified social needs to mitigate negative health impacts of SDOH. Objective: Assess the degree to which healthcare settings (primary care and cancer centers) currently assess and address social needs and identify facilitators and barriers to integrating social needs assessment into clinical care. Study Design and Analysis: Mixed-method study using quantitative survey of 12 health systems and qualitative interviews with key informants at 13 health systems. Setting and population studied: Healthcare systems in the Northwest U.S. affiliated with the Optimizing Implementation in Cancer Control Implementation Laboratory at Kaiser Permanente Washington Health Research Institute/University of Washington. Instrument: Survey was developed using established measures to assess degree to which healthcare systems were assessing and addressing patients' social needs. Semi-structured qualitative interview guide based on the Five As - awareness, adjustment, assistance, alignment, and advocacy- for Better Social Care Integration into Health framework and probed for facilitators and barriers. Outcome measures: Facilitators and barriers to screening and addressing social needs in healthcare settings. Results: 9/90 invited primary care systems and 3/8 invited cancer centers completed the survey. Individuals from all 12 of the primary care and cancer centers completed interviews. Eight healthcare systems (67%) reported having a current or planned social needs screening program. The social needs most commonly assessed included living situation (e.g. housing insecurity) and food security. In qualitative interviews, the most significant barriers identified were difficulty integrating screening into clinical workflows and difficulty in identifying community resources to help patients. Conclusions: Interest in assessing and addressing social needs into healthcare is high among healthcare systems that participated in this study. Significant barriers remain for integrating the screening into routine healthcare. Future work to test strategies for integrating both assessing and addressing social needs into healthcare is needed.