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Title

Clinician and Patient Perceptions of Social Determinants of Health Screening

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Health outcomes and disparities are largely a result of social determinants of health (SDOH). Despite endorsement for SDOH screening by multiple medical organizations and public health agencies, this is not a regular practice in many primary care clinics.

Objective: Our study aimed to understand patient perspectives on SDOH screening and identify barriers to screening among clinical staff.

Study Design and Analysis: We developed two surveys: (1) a clinician survey which assessed knowledge, perceptions, and barriers to SDOH screening, and (2) a patient survey which assessed perceptions and personal experience of SDOH using cross-sectional data.

Setting : Surveys were conducted at a family medicine residency clinic primarily serving underserved populations in Dallas County.

Population Studied: Clinicians and patients at a family medicine residency clinic in Dallas County.

Instrument(s): Clinician surveys were distributed electronically to all health professionals with a 33% response rate. Paper-based patient surveys (available in English and Spanish) were distributed at check in to patients in two phases ; with survey questions rephrased for clarity in Phase 2 (P2) based on feedback from Phase 1(P1).

Outcome Measures: The study outcomes were clinician acceptability of screening for SDOH and patients perspectives on screening for SDOH.

Results : Among the 26 staff surveyed, 96% agreed it was appropriate to screen for SDOH but only 65% felt comfortable addressing SDOH. Only 46% were familiar with validated SDOH screening tools. Clinicians reported, "lack of time" (39%) and "lack of knowledge" (30%) as the largest barriers.

A total of 88 patients (39 in P1 and 49 in P2) were surveyed. Patients in both phases endorsed currently experiencing SDOH (38%; 53%) but few had been asked about them (21%; 35%). The majority of patients said they would like their doctor/clinic to ask about SDOH (51%, 65%) and felt it would positively impact

the clinical relationship (41%; 67%). Access to nutritious food (21%; 27%), housing instability (18%; 27%), and transportation (26%; 22%) were the most frequent SDOH needs identified.

Conclusion: The prevalence of SDOH needs within our clinic population justifies routine screening. Further, both clinicians and patients feel positively about SDOH screening but clinician knowledge remains a barrier. Future efforts will focus on improving clinician knowledge and making assistance with SDOH more readily available.