Screening for Social Determinants of Health: April 14, 2016 Webinar

Selected Resources

Medical Legal Partnership:
- National Center for Medical-Legal Partnership. Website includes a free, comprehensive tool-kit to guide partnership development
- Poverty Is our Cancer: brief video on the Medical Legal Partnership

Screening Tools:
- HealthBegins Screening Tool (*included below*)
- Dayton Children’s Family Resource Connection Screening Tool (*included below*)

Recent Articles Related to Social Determinants of Health

*Academic Pediatrics*
- Academic Pediatrics supplement focuses on poverty and other social determinants of health (SDoH)
- “Moving From Social Risk Assessment and Identification to Intervention and Treatment” Dr. Beck and colleagues at Cincinnati Children’s who authored the above paper speak about why it is the physicians’ job to understand the context in which the family lives: https://youtu.be/qD2xMwWR_SE

*JAMA Pediatrics*
- “Association of Social Determinants With Children’s Hospitals’ Preventable Readmissions Performance” Paper Matt Hall, Director, Principal Biostatistician Children’s Hospital Association (CHA), co-authored on socioeconomic adjustments based on risk/SDoH using CHA data.
- “To Risk Adjust or Not to Risk Adjust, Should That Be the Question?”
- Dr. Barry Zuckerman writes a commentary about adverse childhood experiences (ACEs) as the basis for a parental screening and is that enough to understand family circumstance.
Upstream Risks Screening Tool & Guide

“Everyone deserves the opportunity to have a safe, healthy place to live, work, eat, sleep, learn and play. Problems or stress in these areas can affect health. We ask our patients about these issues because we may be able to help.”

<table>
<thead>
<tr>
<th>Domain*</th>
<th>Minimum Frequency**</th>
<th>Question</th>
<th>Response</th>
<th>Suggested Scoring</th>
<th>Referral Plan Complete?</th>
</tr>
</thead>
</table>
| Education | First visit        | 1a. What is the highest level of school you have completed? Check one.    | Elementary School  
High School  
College  
Graduate / Professional School  
School  
Elementary School  
High School  
College  
Graduate / Professional School  
School | +1 for “Elementary School”  
High School  
College  
Graduate / Professional School  
School  
Elementary School  
High School  
College  
Graduate / Professional School  
School |                                                                     |
| Education | First visit & annually | 1b. What is the highest degree you earned? Check one.  
High school diploma  
GED  
Vocational certificate (post high school or GED)  
Associate’s degree (junior college)  
Bachelor’s degree  
Master’s degree  
Doctorate | +1 for “High School Diploma, GED, or Vocational Certificate” |                                                                                          |                                                                     |
| Education | First visit & annually | 1c. Are you concerned about your child’s learning, performance, or behavior in school?  
YES  
NO  
Not applicable | +1 for YES |                                                                                          |                                                                     |
| Employment | First visit & biannually | 2. Choose one of the following. Which best describes your current occupation?  
Homemaker, not working outside the home  
Employed (or self-employed) full time  
Employed (or self-employed) part time  
Employed, but on leave for health reasons; “Unemployed”; OR |                                                                                          |                                                                     |
<table>
<thead>
<tr>
<th>Social Connection &amp; Isolation</th>
<th>First visit &amp; annually</th>
<th>3. What is your marital status? Check one.</th>
<th>Married</th>
<th>+1 for “Widowed”, “Divorced”, “Separated”, or “Never Married”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of times per week ______</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>+1 if total of 4a plus 4b is less than 3 times / week</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4a. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?</td>
<td>Number of times per week ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>+1 if less than 4 times / year</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>4b. How often do you get together with friends or relatives?</td>
<td>Number of times per week ______</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>4c. How often do you attend religious or faith-based services?</td>
<td>Number of times per year ______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Several domains have been adapted from Healthbegins; Los Angeles, CA
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**Suggested minimum frequency of screenings for new and ongoing patients
<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Question</th>
<th>Response Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Activity</strong></td>
<td>First visit &amp; biannually</td>
<td>4d. How often do you attend meetings of the clubs or organizations you belong to?</td>
<td>Number of times per year ______ +1 if less than 2 times/ year.</td>
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<td>5a. On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?</td>
<td>Days per week ______ Multiply answers from #5a and #5b to get Total minutes/week</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>5b. On average, how many minutes do you engage in exercise at this level? Check one.</td>
<td>Number of minutes 0 10 20 30 40 60 90 120 150 or greater +1 if total is less than 150 minutes/week</td>
<td></td>
</tr>
<tr>
<td><strong>Immigration</strong></td>
<td>First visit</td>
<td>6. Do you have concerns about any immigration matters for you or your family?</td>
<td>YES NO +1 for YES</td>
<td></td>
</tr>
<tr>
<td><strong>Financial Strain – Overall</strong></td>
<td>First visit &amp; annually</td>
<td>7a. Do you ever have problems making ends meet at the end of the month?</td>
<td>YES NO +1 for YES</td>
<td></td>
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<td></td>
<td></td>
<td>7b. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is..</td>
<td>Very hard Somewhat hard Not hard at all +1 for “Very” or “Somewhat Hard”</td>
<td></td>
</tr>
<tr>
<td><strong>Housing Insecurity</strong></td>
<td>First visit &amp; annually</td>
<td>8a. In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping?</td>
<td>YES NO +1 for YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8b. In the last month, have you had concerns about the condition or quality of your housing?</td>
<td>YES NO +1 for YES</td>
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<tr>
<td></td>
<td></td>
<td>8c. In the last 12 months, how many times have you or your family moved from one home to another?</td>
<td>Number of moves in past 12 months ______ +1 for 2 or more moves in past year</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Food Insecurity</strong></td>
<td>First visit &amp; annually</td>
<td>9. Which of the following describes the amount of food your household has to eat: (Check one.)</td>
<td>Enough to eat Sometimes not enough to eat Often not enough to eat +1 for “Often not enough to eat”</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Dietary Pattern</th>
<th>First visit &amp; bi-annually</th>
<th>10a. How many pieces of fruit, of any sort, do you eat on a typical day?</th>
<th>Number of pieces/ day ______</th>
<th>+1 if less than 2 a day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10b. How many portions of vegetables, excluding potatoes, do you eat on a typical day?</td>
<td>Number of portions/ day ______</td>
<td>+1 if less than 4 a day</td>
</tr>
<tr>
<td>Transportation</td>
<td>First visit &amp; bi-annually</td>
<td>11. How often is it difficult to get transportation to or from your medical or follow-up appointments?</td>
<td>Does not apply</td>
<td>+1 for “Often” or “Always”</td>
</tr>
<tr>
<td>Exposure to Violence</td>
<td>First visit &amp; annually</td>
<td>12. Do you have any concerns about safety in your neighborhood?</td>
<td>YES</td>
<td>+1 for YES</td>
</tr>
<tr>
<td>Exposure to Violence</td>
<td>First visit &amp; annually</td>
<td>13a. Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?</td>
<td>YES</td>
<td>+1 for YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13b. Within the last year, have you been afraid of your partner or ex-partner?</td>
<td>YES</td>
<td>+1 for YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13c. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?</td>
<td>YES</td>
<td>+1 for YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13d. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?</td>
<td>YES</td>
<td>+1 for YES</td>
</tr>
<tr>
<td>Stress</td>
<td>First visit &amp; biannually</td>
<td>14. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?</td>
<td>Not at all</td>
<td>+1 for “Somewhat”, “Quite a bit” or “Very Much”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A little bit</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Somewhat</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Quite a bit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Very much</td>
<td></td>
</tr>
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</table>

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<th>Civic engagement</th>
<th>First visit &amp; annually</th>
<th>15. Would you like help registering to vote?</th>
<th>YES</th>
<th>NO</th>
<th>+1 for YES</th>
</tr>
</thead>
</table>

**For Staff only:**
Review answers & scores.
Reviewed by: ___________ Date: _____ Score Total ____

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Manchanda, Rishi and Gottlieb, Laura (2015). Upstream Risks Screening Tool and Guide V2.6. Health Begins; Los Angeles, CA. This work is licensed under Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License

*Several domains have been adapted from (Institute of Medicine). 2014. Capturing social and behavioral domains and measures in electronic health records: Phase 2. Washington, DC: The National Academies Press

**Suggested minimum frequency of screenings for new and ongoing patients
Dayton Children’s Family Resource Connection

Dayton Children’s connects patients with the basic resources they need to be healthy. Please check the boxes if you would like help getting connected to services listed below. Forms should be completed by the patient’s guardian.

折磨

I want help getting **healthy food** for me / my family

I worry that my home is **unhealthy** or that I might become **homeless**.

I have trouble paying my **utility** bills (gas, electric, phone)

I need help finding employment or **job training**

I want to apply for **health/dental insurance** for myself

I want to find **adult education** classes (ESOL, GED)

I want to apply for public **benefits** (e.g. food stamps, cash benefits, WIC, SSI/SSDI)

I want to find **child-related activities** or educational support for my children

My family needs diapers, **clothing**, car seats, back to **school supplies**, or other items

If you checked any boxes, a Family Resource Connection Advocate will call you at the number you provide below:

Patient Name: ______________________________ Preferred Language: ______________________

Guardian Name: ____________________________ Best Time to Call: ______________________

Phone: ________________________________

**FOR PROVIDER USE ONLY**

1. Place a patient sticker on top right corner
2. PRINT Provider name and date clearly
3. Direct or walk patient to Family Resource Connection
4. If Family Resource Connection is closed, please place referral in HL drop box

Date: ________

Referring Provider: __________________________

In SW Database: ____________________________

Advocate: ____________________________