

Incorporating a Social Determinants of Health Screening Tool Into Community Health Screenings



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Background

- Health inequalities in the City of Baltimore have been associated with poor health outcomes and disparities in rates of childhood asthma, diabetes, mental health, and smoking (Baltimore City Health Department, 2017).
- Social determinants of health (SDOH) are social, economic, and physical environments that influence health outcomes and risks, impact an individual's wellbeing, and contribute to health disparities (CDC, 2018).
- Identifying SDOH is a crucial step in addressing health disparities.
- Consistency in SDOH data is essential to ensure that assessment and follow up for SDOH are trackable and standardized.
- Screening tools can provide a systematic method of assessing needs, but must be acceptable to the site and clinical staff.

Project Aims

The purpose of this project was to determine the feasibility of incorporating a SDOH screening tool into community health screenings. The aims of this project included:

- Determine the feasibility and likelihood of continued use of the SDOH screening tool through satisfaction surveys after 8 weeks of usage by community health nurses.
- Increase nurses' knowledge of SDOH in screening for SDOH by the end of the 8-week period.
- Examine trends in SDOH needs identified through the screening tool during the implementation period.

Methods

Setting: Intimate partner violence center for women and children, located in the mid-Atlantic region of the United States

Intervention: A SDOH screening tool was created by selecting relevant questions from two validated instruments.

Sample: The sample size of community health nurses was two. The sample size of patients who were screened with the tool was nine.

Measures: Nurses rated the usefulness and likelihood of continued use of the tool on a 5-point Likert scale in a post-intervention survey. SDOH knowledge was assessed before and after the intervention through a ten-question multiple choice test. The results of the screening tool were assessed via chart review.

Analysis: Descriptive statistics

Intervention

SDOH - Can we ask you some questions to see if we can help connect you to resources?	Yes	No	Maybe	Would you like help?
Do you have a high school diploma/GED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or does anyone else in your home use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or does anyone else in your home have a problem with alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you feeling sad or hopeless a lot of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your partner or anyone in your home hit or verbally abuse you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need daycare for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you are at risk for becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help in getting food by the end of the month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past two months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble paying for your utilities (gas, electric, phone)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble finding or paying for a ride?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help getting more education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel unsafe in your daily life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 1 – SDOH screening tool

Results

	Not at all useful/likely	Slightly not useful/likely	Neutral	Slightly useful/likely	Very useful/likely
How useful do you think the SDOH screening questionnaire will be at this site?	0	0	0	0	2
How likely do you think the SDOH screening questionnaire will continued to be used at this site?	0	0	0	0	2

Figure 2 – Nurse ratings on usefulness and likelihood of continued use of screening tool

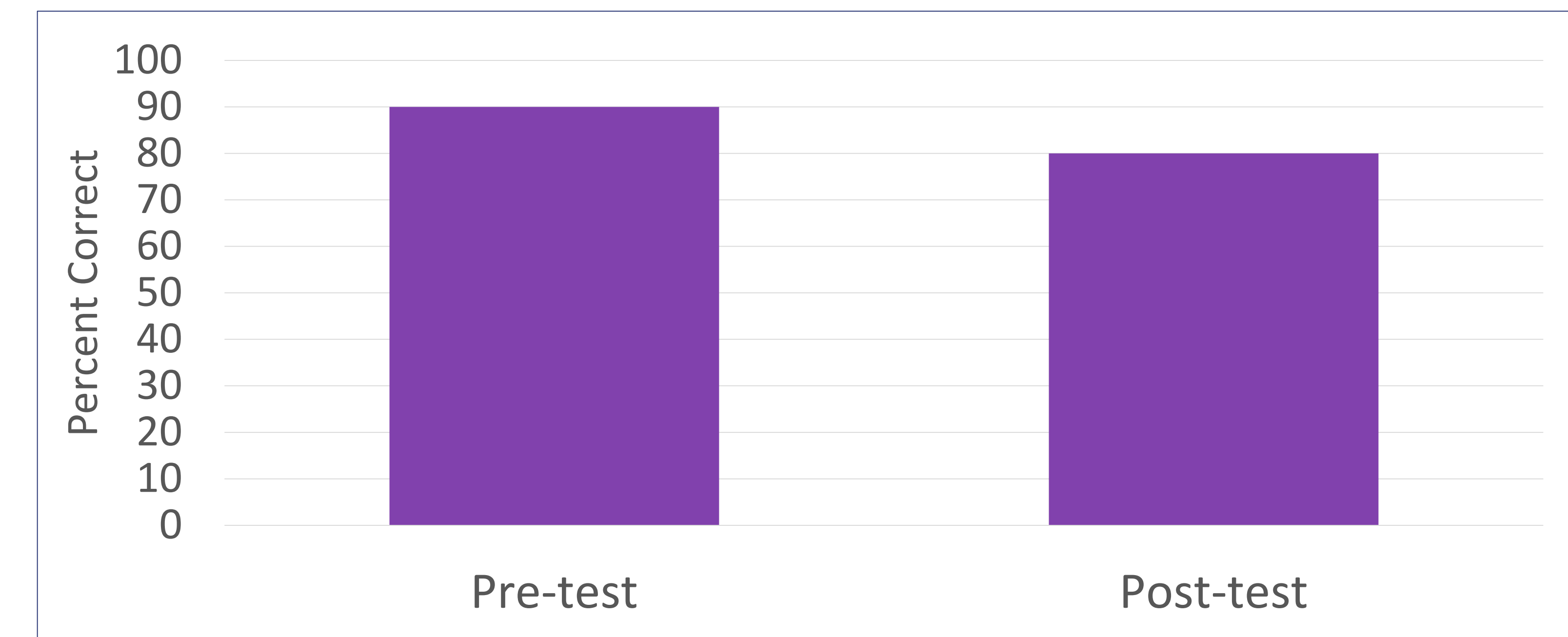


Figure 3 – SDOH knowledge score on pre and post tests

	Yes	
	Count	%
Do you have a high school diploma/GED?	6	66.7%
Are you feeling sad or hopeless a lot of time?	5	55.6%
Does your partner or anyone in your home hit or verbally abuse you?	9	100.0%
Do you think you are at risk for becoming homeless?	8	88.9%
Do you have trouble finding or paying for a ride?	7	77.8%
Do you need help getting more education?	8	88.9%
Do you feel unsafe in your daily life?	6	66.7%

Figure 4 – Most commonly identified SDOH needs

Conclusions

- This project demonstrated that incorporating a SDOH screening tool is feasible and acceptable to staff conducting health screenings.
- A standardized method of identifying SDOH provides consistency in data and ensures that all key questions are asked, which will then allow nurses to provide appropriate resources.
- The results of the screening tool identified intimate partner violence, housing security, education, and transportation as important areas of need for this population. This information provides insight on where efforts in gathering resources and referrals should be focused.

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