mobile healthcare association

MOBILE HEALTHCARE LEARNING LAB

Social Determinants of Health

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social determinants of health (SDOH)

> *noun*
>
> (1) : Per the U.S. Department of Health and Human Services, conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

In recent years, the broader medical establishment has come to fully understand the extent to which various social factors contribute to health inequities and disparities. In fact, social determinants of health (SDOH) figure prominently in Healthy People 2030, a (fifth iteration of the) federal initiative to improve the health and wellbeing of everyone in America.

Mobile health professionals, though, have known this for decades, seeing firsthand how a community and its care are intrinsically linked. Stumbling blocks come in many forms, from food insecurity that makes healthy eating a challenge for diabetes patients to unpredictable work schedules that prevent parents from keeping pediatrician appointments.

The most effective mobile programs have figured out how to address their patients' medical *and* social needs. In this learning module, we draw on their experience to offer insights that can help any program — whether starting out or long established — to better serve its community.

The Five Domains of SDOH

1. Economic Stability

Insufficient or irregular income often puts healthcare, healthy foods, and quality housing out of reach.

2. Education Access and Quality

Sub-optimal schools and a lack of related resources can directly affect brain development.

3. Healthcare Access and Quality

Hurdles include a lack of medical professionals, facilities, preemptive screenings, and adequate insurance.

4. Neighborhood and Built Environment

Challenges include high rates of violence and exposure to unclean water, pollution, and other harmful elements (e.g., noise).

5. Social and Community Context

Weak civic participation and social cohesion and high incidences of discrimination and incarcerations generally lead to poor health outcomes.

Determining the Determinants

More than likely you have given consideration to the various social factors that contribute to the healthcare needs of the community you will or already serve. Stakeholder input — including Community Health Needs Assessments (CHNAs), academic research, and government reports can all provide useful insights.

Ultimately, though, the best way to uncover the specific social factors impacting a patient's well-being is to ask the patient themself.

In fact, if your program is connected to a large healthcare system — or if you take Medicaid or other types of insurance — you may be required to ask SDOH-related questions.

In any case, if you're not currently asking such questions, you should be, because the answers will help you to provide the most effective care. Once you learn that a mom can afford either food or medicine for her child, for example, you can direct her to a food bank, a source of free medicine — or both.

Here are four best practices for your SDOH-gathering process:

1. PREPARE STAFFERS

Anyone involved in this information gathering should be trained on all its aspects: explaining the purpose, anticipating and responding to concerns, and follow up. Developing cultural competencies relevant to the communities you serve is of equal importance. **Note:** Teaching methods can include peer training, role play, and shadowing an experienced colleague.

PRO TIP

If you're affiliated with a larger organization, ask if it has its own resource guide or tips for asking questions.

2. FORMALIZE THE QUESTIONNAIRE

We provide two samples in the Appendix, but you can find other versions online and in some electronic health records platforms. **Note:** Whether you use any of these or write your own, make sure they meet any necessary regulations before using them. This might require submitting them to a partner organization's legal counsel.

3. DECIDE WHEN AND HOW TO ASK THE QUESTIONS

Some clinics send along a questionnaire as part of their pre-appointment, electronic check-in. Still, you'll need to install an on-site alternative, e.g., tablet, laptop, or printed form. You may also want to consider dedicating a staffer to asking questions at check-in or even during exams — interspersed with more overtly medical queries — particularly if access or literacy is an issue. Similarly, If English is not the primary language in your community, prepare accordingly.

4. RESPECT THE CLIENT'S WISHES

If a patient refuses to answer questions or to accept help, don't force the issue. Creating the kind of trust that leads to return visits and deeper relationships is more important than checking every box on an initial trip.

Sourcing the Resources

Mobile health programs will not be able to find a permanent home for every patient who is housing insecure, but clinic staffers can provide a referral to a housing agency that sets them on a course to solving that problem. So, too, with food insecurity, domestic violence, job insecurity, and any other issue that turns up once you start to ask about SDOH.

One note: You may be tempted to give referrals for every issue the client faces, but this can backfire as individuals often find this approach overwhelming. Instead, if someone presents several SDOH issues, the best way to get them stabilized is to start with one. Here, then, are best practices for assembling and utilizing your referral toolkit:

1. UNDERSTAND THE LOCAL SOCIAL SERVICES LANDSCAPE

Assuming you have a basic idea of the problems you might need to help solve, survey program stakeholders, academics, government hotlines and websites, and mobile health colleagues about available resources.

2. ESTABLISH BI-DIRECTIONAL RELATIONSHIPS

Don't assume that all community services are willing or able to partner with you should you need them down the road. Instead:

- Connect directly with every potential referral organization, to introduce yourself and your program.
- Share your contact details, and let them know they can refer relevant clients to you. This not only enhances your relationship with the organization, it is also a marketing channel for your clinic.
- Ask if you can refer relevant clients to them, making sure to understand the specific protocols or processes that they prefer.

PRO TIP

You can also call upon resources, like 211 or Find Help, that identify and often connect individuals to local agencies.

3. TRIAGE THE "HANDOFF"

How involved you need to get in any situation depends on the urgency of the patient's issue and the resources available to you. Much like in an ER, you need to make choices specific to each event. For example, if someone is ready to enter rehab, you need to be prepared to make a "warm" — immediate and personal — referral, i.e, a call to a facility while the patient is still at the clinic, so you can send them there with the name of someone who is expecting them. Meanwhile, for someone having trouble affording food, you might make more of a "cold" referral, such as sharing a list of food banks near their home or work, with locations and hours of operations. The point in each case is to minimize barriers to assistance, so the patient is most likely to access it.

4. CONSIDER DOING IT YOURSELF

Sometimes, instead of sending patients elsewhere, it can be more efficient to bring help to them. Here are a few ways Mobile Healthcare Association members have done this:

- Tasked a staff member to enroll patients in Medicaid/CHIP/Medicare, or hosted a partner organization to do the same.
- Distributed food, by partnering with a food bank or creating its own.
- Hosted legal partners to address housing issues, immigration status, and other matters.
- Handed out essentials, such as toiletries and socks, or gas cards and Uber codes to enable patients to get to follow-up appointments.
- Partnered with the local Special Supplemental Nutrition Program for Women Infants & Children (WIC) to help mothers get nutritious food or formula, as well as education and breastfeeding support.
- Worked with local organizations to register clients to vote.

Review Quiz

1. Which of these is not a domain of SDOH?

   a) Economic stability

   b) Education access and quality

   c) Healthcare access and quality

   d) Political and cultural beliefs

   e) Neighborhood and built environment

   f) Social and community context

2. Which of these is not one of the recommended methods for training clinic staffers to ask about SDOH?

   a) Role playing

   b) Readings

   c) Peer training

   d) Shadowing

3. One way or another, you need to learn the specific social determinants that affect every clinic client.

   ◯ True

   ◯ False

4. When is the best time to deliver SDOH-related questions?

   a) During pre-appointment electronic check-ins

   b) On premises, at check-in

   c) During the appointment, as part of the medical history

   d) Any of the above

Answers:

1. d; 2. b; 3. False (if patients refuse to answer SDOH questions, respect their wishes ; 4. d

APPENDIX

Sample Questionnaire 1

Shorter Version

Assess clients for the following core social determinants of health (SDOH). If any one or more of the following five SDOHs (the "Core 5") is a "yes" by the client, refer the client for more in-depth assessment and assistance.

	YES	NO
1. Do you/your family worry about whether your food will run out and you won't be able to get more?		
2. Are you worried about losing your housing, or are you homeless?		
3. Are you currently having issues at home with your utilities such as heat, electricity, natural gas, or water?		
4. Has a lack of transportation kept you from attending medical appointments or getting to work or from accessing things you need for daily living?		
5. Are you worried that someone may hurt you or your family?		

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APPENDIX (cont.)

Sample Questionnaire 2

Longer Version

Are you currently experiencing any of the following concerns? Please check all statements that apply to you at the current time. This information will help us understand your most pressing concerns.

1. I have difficulty paying for healthcare services other than prescription medications.

   O Always O Sometimes O Never O Do not wish to answer

   a. I have trouble paying for dental care.

      O Always O Sometimes O Never O Do not wish to answer

   b. I have trouble paying for doctor bills.

      O Always O Sometimes O Never O Do not wish to answer

2. I have difficulty accessing or affording transportation to get to doctor appointments or the pharmacy.

   O Always O Sometimes O Never O Do not wish to answer

3. I need help with shopping, preparing food, housekeeping, laundry, finances, or managing my medications.

   O Always O Sometimes O Never O Do not wish to answer

4. I spend most of my time alone but would rather socialize with other people more often.

   O Always O Sometimes O Never O Do not wish to answer

5. I have limited or uncertain access to enough food or enough nutritious food.

   O Always O Sometimes O Never O Do not wish to answer

6. I have trouble paying my electricity, gas, or water bills.

   O Always O Sometimes O Never O Do not wish to answer

7. I have a place to live now, but I am worried about losing it in the future.

   O Always O Sometimes O Never O Do not wish to answer

Thank you for taking the time to complete this survey. If you have any questions or additional concerns, please reach out to _____ at _____ .