Evaluating the Implementation of Social Determinants of Health Screening across Los Angeles County Department of Health Services

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**Objective**

The DHS SDOH Integration Project Steering Committee’s overall objective is to integrate social care across the health system with a focus on housing, food security, and transportation. As part of a formative evaluation of the current state of social care integration in DHS clinical settings— the specific objective of this study is to describe current workflows, barriers, and facilitators for SDOH screening.

**Background**

- The World Health Organization (WHO) defines SDOH as “the conditions in which people are born, grow, live, work, and age” and attributes SDOH as “mostly responsible for health inequities.”
- LA County’s Board of Supervisors challenged the Department of Health Services (DHS) to develop and implement SDOH screening across DHS.

**Methods**

**Study Design:** Semi-structured, recorded interviews using an original pre-prepared interview guide with transcripts generated afterwards.

**Subjects:** DHS providers in any role, leading social care integration; identified by SDOH steering committee or by subsequent snowball sampling.

**Setting:** LA County DHS is the 2nd largest municipal health system in the nation, containing 4 hospitals and 19 health centers.\(^2\)

**Coding and analysis:** The interview guide’s questions were modified utilizing a constant comparative analysis method. Themes were coded with Atlas.ti. Data analyses focused on factors influencing screening.

**Results: Preliminary Analysis of Screening Process**

- **Initiation**
  - 18 clinical site leaders from 8 DHS sites were interviewed regarding SDOH screenings.
  - In making the decision to initiate SDOH screenings, clinical site directors considered:
    - Patients’ needs
    - Resources for needs
    - Existing directives
  - A few sites initiated SDOH screening workflows prior to systematic guidance and those sites helped create protocols to share across DHS.
  - Current large-scale directives include:
    - DHS’s Behavioral Health initiative (BHI)
    - California ACEs Learning and Quality Collaborative (CALQIC)
    - Senate Bill No. 1152

- **Development**
  - Clinical directors who report developing successful screening workflows consistently work to:
    - Build a clinical climate around SDOH
    - Delineate staff’s scope of work
    - Train staff to practice trauma-informed care
    - Involve frontline workers in the process
    - Focus on screening for actionable SDOH
  - Clinical directors report that SDOH screening workflows are often paired with behavioral health screens or other intake questions.
  - Screening questions are also prioritized if there is funding to address the social need.
  - Validated screening questions are built into the Electronic Health Record (EHR).

- **Who Screens?**
  - In clinical settings where screening workflows are still being developed:
    - SDSH questions are only asked if the topic arises during the visit.
  - In primary care settings with advanced SDOH integration:
    - Certified Medical Assistants (CMAs) or nurses usually conduct universal SDSH screening
  - In pediatric settings that address Adverse Childhood Experiences (ACEs):
    - Physicians utilize the Pediatric ACEs Screening and Related Life Events Screener (PEARLS) for targeted screening
  - In the Emergency Department (ED):
    - Responsibility for screening is spread across all staff

- **Barriers**
  - Patient trust
  - Overtasking current staff
  - Lack of staffing
  - Lack of training
  - Competing screening priorities
  - Limited resources to address SDOH uncovered during the screening

- **Conclusions/ Next Steps**
  - There is varying SDOH screening implementation across DHS — ranging from established workflows to strain on current staff.
  - Although mandates attempt to unify the screening process, additional support in training, dissemination, and funding is needed for smooth screening integration.
  - Clinical sites reporting success have directors and team members who champion addressing SDOH to meet the root cause of patients’ health needs.
  - The findings of this study will help design interventions that can be used to facilitate successful SDOH implementation.
  - Next steps for our analyses will include refinement of our emergent themes and mapping those themes to the Behavior Change Wheel model.

- **SDOH Screening**
  - [SDOH screening] has made us stop thinking linearly and instead thinking more comprehensively for integration.

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- **References**