



# Improving Wellness by Addressing Social Determinants of Health

Tri-County Health Network

Rasa Kaunelis & Lily Kiely



## Overview

- TCHNetwork serves residents in four counties in southwestern Colorado, which is a geographically isolated region
- TCHNetwork's Community Health Workers (CHWs) began screening clients in 2019 using a Social Determinants of Health Screener
- Prior to SDoH screener development, CHWs conducted heart healthy screenings and did not ask questions regarding social needs
- Research has demonstrated the significance of social factors on a person's health



## Development of the Screening Tool

- Developed a 20 question Social Determinant of Health (SDoH) screening tool that assess for 15 domains, pulling questions from multiple SDoH screening tools
- Developed county-specific resource guides for each determinant of health with many local and free resources
- Created scripts and manuals for CHWs to use when screening clients using the principles of empathic inquiry



## Screening Tool Crosswalk

**Source:**  
**University of California San Francisco SIREN**  
<https://sirenetwork.ucsf.edu/tools-resources/mmi/screening-tools-comparison/adult-nonspecific>

	AHC-Tool	HealthBegins	Health Leads	MLP IHELLP	Medicare Total Health Assessment Questionnaire	NAM Domains	PRAPARE	WellRx	Your Current Life Situation
Benefits	-	-	-	1	-	-	-	-	-
Caregiver responsibilities	-	-	-	-	-	-	-	-	1
Childcare access and affordability	-	-	1	-	-	-	1	1	1
Civic engagement	-	-	1	-	-	-	-	-	-
Clothing	-	-	-	-	-	-	1	-	-
Disabilities	2	-	-	-	-	-	-	-	-
Education	1	3	-	1	-	2	1	1	-
Employment	1	1	-	1	-	-	1	2	-
Financial strain	1	2	-	-	-	1	-	-	1
Food insecurity	2	1	1	-	2	-	1	1	3
Health care/medicine access and affordability	-	-	1	-	-	-	2	-	2
Housing insecurity/instability/homelessness	1	2	1	2	1	-	2	1	2
Housing quality	1	1	-	1	1	-	-	-	1
Immigration / Migrant status / Refugee status	-	-	1	-	2	-	-	2	-
Incarceration	-	-	-	-	-	-	-	1	-
Income	-	-	-	-	3	-	1**	1	-
Interpersonal violence (IPV)	4	4	-	3	-	4	1	2	3
Literacy	-	-	1	-	-	-	-	-	1
Neighborhood safety	-	-	1	-	-	-	1	1	1
Power of attorney/guardianship	-	-	-	1	1	-	-	-	-
Social support	2	5	1	-	2	4	1	-	5



## TRI-COUNTY HEALTH NETWORK

Thank you for your interest in Tri-County Health Network's services! We are asking that you answer the following questions. By answering these questions, we may be able to connect you to services or programs that may help you. Many of these services are low-cost or free. Your information will be kept confidential. The information that you provide will not affect your eligibility status for Medicaid, Medicare, or any other benefit programs. Please answer the questions in your own way. There are no right or wrong answers. You may also select "Choose not to answer" on any question. Thank you!

### Living Situation

1. What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live
- I choose not to answer

2. Think about the place you live. Do you have problems with any of the following? *Choose all that apply.*

- Pests such as bugs, ants, or mice
- Lead paint or pipes
- Smoke detectors missing or not working
- Lack of heat
- Oven or stove not working
- Water leaks
- Mold
- None of the above
- I choose not to answer

Food. Please answer whether the statements were often, sometimes true, or never true for you and your family in the last 12 months.

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true
- I choose not to answer

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true
- I choose not to answer

### Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living (food, job interview, child care)?

- Yes
- No
- I choose not to answer

### Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home of where you live?

- Yes
- No
- Already shut off
- I choose not to answer

### Child Care

7. Do problems getting child care make it difficult for you to work or study?

- Yes
- No
- I choose not to answer

### Health Information

8. How many times have you received care in an emergency room (ER) over the last 12 months.

- 0 times
- 1 time
- 2 or more times
- I choose not to answer

9. In the last 12 months, have you needed to see a medical provider (doctor, dentist, mental health, optometrist, specialist), but could not because of how much it cost?

- Yes
- No
- I choose not to answer

10. How often do you have a problem understanding what is told to you by a medical provider about your medical condition?

- Never
- Rarely
- Sometimes
- Fairly Often
- Frequently
- I choose not to answer

11. How confident are you in filling out medical forms by yourself?

- Extremely Confident
- Somewhat Confident
- A Little Bit Confident
- Not At All Confident
- I choose not to answer

### Safety

12. How often does anyone, including family and friends, insult or talk down to you?

- Never
- Rarely
- Sometimes
- Fairly Often
- Frequently
- I choose not to answer

13. How often does anyone, including family and friends, scream or curse at you?

- Never
- Rarely
- Sometimes
- Fairly Often
- Frequently
- I choose not to answer

14. How often does anyone, including family and friends, threaten you with harm?

- Never
- Rarely
- Sometimes
- Fairly Often
- Frequently
- I choose not to answer

15. How often does anyone, including family and friends, physically hurt you?

- Never
- Rarely
- Sometimes
- Fairly Often
- Frequently
- I choose not to answer

### Family and Community Support

16. In the past 12 months, how often do you participate in group activities like going to church, volunteering, or attending a meeting of an organized group (book club, Rotary Club, veterans' group)?

- Never
- About once or twice a year
- Several times a year
- About once a month
- Every week
- Several times a week
- I choose not to answer

17. If your family suddenly had a crisis or needed money for an unexpected expense, like a car repair or serious illness, would you have someone you could count on for help?

- Yes
- No
- I choose not to answer

18. How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Fairly Often
- Frequently
- I choose not to answer

19. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

- Not at all
- A little bit
- Quite a bit
- Very much
- I choose not to answer

### Immigration

20. Do you have concerns about immigration for you or your family members?

- Yes
- No
- I choose not to answer

For TCHNetwork Use:



# Case Study

## Scenario

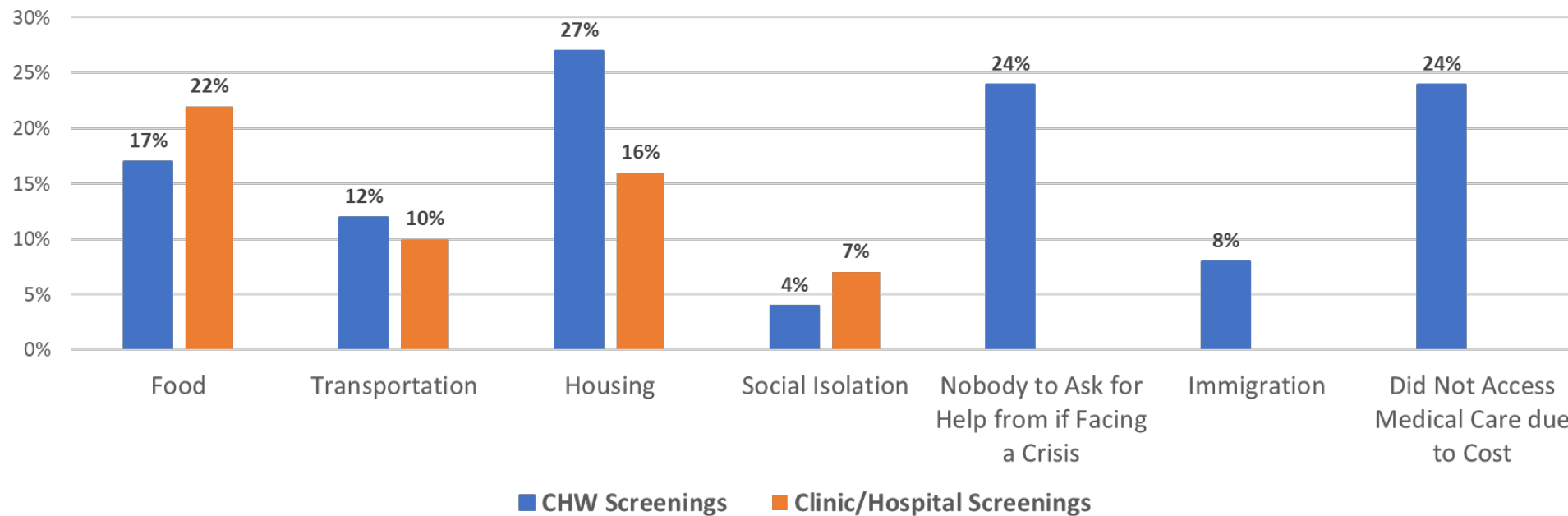
- 40-year-old male
- Disabled; unemployed; new TCHNetwork CHW client
- SDoH – screened positive for food insecurity, lack of transportation, lack of healthcare coverage, and utility insecurity
- Very receptive and appreciative of services

## Services Provided

- Connected to local health coverage guide to enroll in insurance, SNAP, and LEAP
- Referred to the local food bank
- Enrolled in TCHNetwork's non-emergent medical transportation program
- Applied for utility assistance



# Regional Data on SDoH Needs





# Challenges

- CHWs expressed discomfort asking questions – felt that SDoH were too personal to ask about
- There is a perceived lack of resources and services within our rural region
- Technology and screener delivery system





# Lessons Learned

- Supply staff with resource lists and get input on lists before asking staff to start screening
- Use existing tools and resources:
  - University of California San Francisco SIREN, Social Need Screening Tool Comparison Table
  - Centers for Medicaid & Medicare Services, Accountable Health Communities Model Website
  - Oregon Primary Care Association, Empathic Inquiry Website
- Community level movement across our rural region – building on momentum and educating community members
  - 15 local clinics and hospitals are screening using the AHC Health-Related Social Needs Screening Tool
  - Five CHWs are screening across four counties
- Train your team: TCHNetwork staff regularly attend trainings on different resources to address SDoH and on health equity as a whole
- Use multiple tactics to communicate about the importance of identifying and addressing SDoH as different messages resonate with different people



# Thank you!

Tri-County Health Network

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**Below are the details from the form included as an image on slide 5 of the presentation.**

Thank you for your interest in Tri-County Health Network's services! We are asking that you answer the following questions. By answering these questions, we may be able to connect you to services or programs that may help you. Many of these services are low-cost or free. Your information will be kept confidential. The information that you provide will not affect your Medicare or Medicaid eligibility status. Please answer the questions in your own way. There are no right or wrong answers. You may also select "Choose not to answer" on any question. Thank you!

**1. What gender do you identify with? Select from list below:**

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Intersex
- Queer
- Not Listed. Specify:
- I choose not to answer

**2. What race do you identify yourself as? Select from list below:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- More than one race
- Not Listed. Specify:
- I choose not to answer

**3. Please specify your ethnicity? Select from list below:**

- Latinx/Hispanic
- Non-Latinx/Hispanic
- I choose not to answer

**4. What language are you most comfortable speaking? Select from list below:**

- English
- Spanish
- Other. Specify:

**5. What is your veteran status? Select from list below:**

- Active Duty Military
- Reservist
- Veteran (Prior Service)
- Veteran (Retired)
- Not a Veteran
- I choose not to answer



**6. What type of health insurance do you have? Select from list below:**

- Medicaid only
- Employer-sponsored insurance
- Individual insurance
- Medicare/Medicare Supplemental
- Medicare/Medicaid dual coverage
- CICP
- None/uninsured
- Don't know

**7. What is your current employment status? Select from list below:**

- Full-time employed
- Part-time employed
- Seasonal/temporary employment
- Self-employed
- Contractor
- Student
- Homemaker
- Unemployed, looking for work
- Disabled
- Retired
- I choose not to answer

**8. What is the highest grade or year of school you have completed? Select from list below:**

- No formal education
- Some formal education, no high school diploma/GED
- High school diploma/GED
- Trade/vocational school
- Associates degree
- Bachelors degree
- Graduate school
- I choose not to answer

**9. How would you rate your personal/family's financial situation? Select from list below:**

- Excellent
- Good
- Fair
- Poor
- I choose not to answer

**10. What is the total income for your household per year? Select from list below:**

- Less than \$25,000
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000 or more
- Don't know/Unsteady
- I choose not to answer

**11. How many people, including yourself, do you live with?**

**12. What town/city do you live in?**

## **Living Situation**

**13. What is your living situation today? Select from list below:**

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I choose not to answer

**14. Think about the place you live. Do you have problems with any of the following? Choose all that apply. Select from list below:**

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