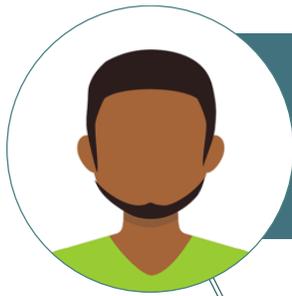
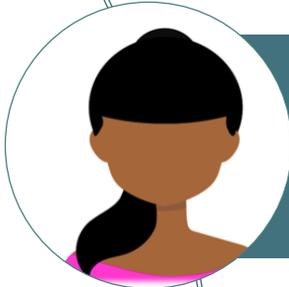


## Patient-Centered Priorities for Social Determinants of Health Screening



### Support autonomy and respect privacy.

Professionals should always ask permission to conduct the screening, explicitly state that patients are not required to participate, and give the option to decline to answer questions or stop the screening process at any time.



### Provide a clear explanation for conducting the screening, how information will be used, and options for follow up.

The clinic should develop and consistently share clear and transparent explanations for why SDH screening is being conducted.



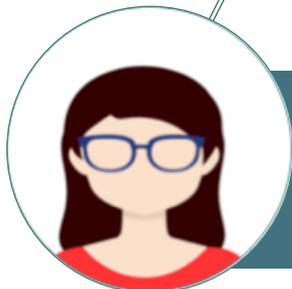
### Share power by asking about patient priorities.

Asking patients about their priorities for these needs demonstrates respect for their status as the “expert” on their own life and honors personal autonomy.



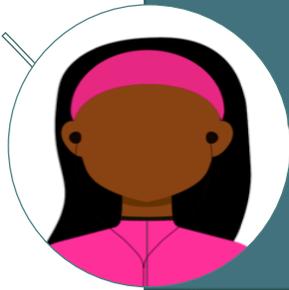
### Account for the stigma associated with experiencing social needs, as well as personal assumptions about the experiences and capacities of patients.

Health professionals should consider the stigma associated with poverty in America when entering into conversations about social determinants of health; it is critical to notice one’s own assumptions, withhold judgment, and proactively demonstrate understanding and respect.



### Ask patients about their strengths, interests, and assets.

Health professionals can convey respect, promote self-efficacy, and empower patients by asking about their strengths, interests, and assets.



**Test screening workflows with patients before standardizing approach.**

A workflow that allows the patient to fill out the screening questionnaire, either via paper or tablet, followed by a brief dialogue with a care team member may be the best way to not only respect patient's varied learning styles, but also improve likelihood of accurate data collection.



**Ensure that information disclosed by patients through social determinants of health screening is shared with and acknowledged by all members of the care team.**

If one member of the care team has asked for information, that information should be effectively documented in the medical record, visible to all team members, and accounted for across interactions with all members of the team.



**Select a care team member with sufficient time and empathy to connect with patients about social determinants of health needs.**

Given the potentially distressing nature of discussing social needs, workflows should not rush patients and staff through SDH screening and follow up.



**Minimize patient and staff distress and trauma.**

The potential for distress should be considered for both patients and staff. For patients, this includes drawing on the principles of transparency, empathy, trust, collaboration, and autonomy support. For staff, it may include providing training on trauma and its physiological, emotional, and behavioral effects, as well as support for self-care and secondary trauma prevention.

*These themes were distilled from interviews and focus groups with patient advisory groups, care navigator teams, and both clinical and operational experts in Oregon and beyond. OPCA staff appreciates and acknowledges the time generously given to support learning in this area.*