Addressing Social Determinants of Health in Pharmacy Practice

Rebecca Leon, PharmD, APh
Ambulatory Care Pharmacist, Adjunct Assistant Clinical Professor
Office of Population Health Clinical Programs
University of California, San Francisco



Disclosures

Rebecca Leon does not have any relevant financial relationships with any ineligible companies to disclose.

The off-label use of medications will not be discussed during this presentation.



Learning Objectives

At the completion of this activity, pharmacists will be able to:

- 1. Explain SDOH's influence on health and quality of life.
- 2. Examine strategies for pharmacists to identify and address SDOH.
- 3. Analyze available SDOH resources in North Dakota.
- 4. Devise a patient-centered plan addressing challenges, enhancing wellness, and optimizing health.

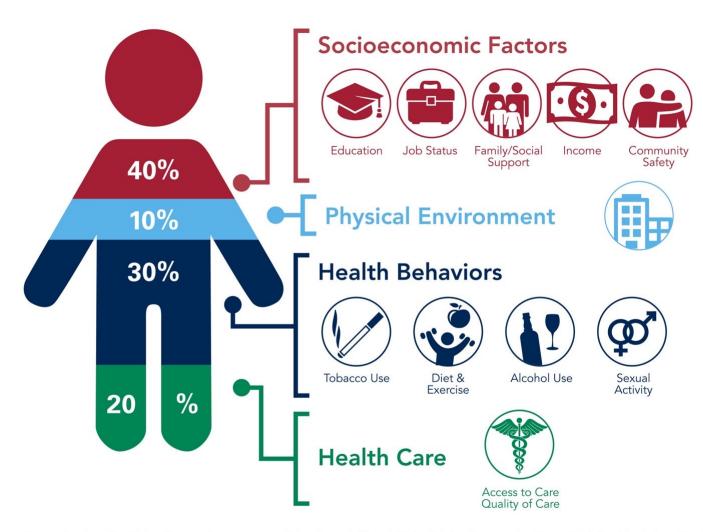
Learning Objectives

At the completion of this activity, pharmacy technicians will be able to:

- 1. Explain SDOH's influence on health and quality of life.
- 2. Examine strategies for pharmacy technicians to identify and address SDOH.
- 3. Analyze available SDOH resources in North Dakota.
- 4. Devise a patient-centered plan addressing challenges, enhancing wellness, and optimizing health.



Social Determinants of Health (SDOH)^{1,2}



➤ SDOH Impact

- 20 percent of a person's health and well-being is related to access to care and quality of services
- The physical environment,
 social determinants and
 behavioral factors drive
 80 percent of health outcomes

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

©2018 American Hospital Association



Impact on Health and Wellbeing³

Neighborhood **Economic** Community, Safety, and Physical Education Food Health Care System Stability & Social Context **Environment** Social Integration Literacy **Health Coverage** Housing Support Systems **Employment** Language **Provider & Pharmacy Transportation** Community Income **Food Security Availability** Early Childhood **Parks** Engagement **Expenses** Education Access to Access to Playgrounds Stress **Healthy Options** Debt Linguistically And Vocational Walkability Exposure to **Culturally Appropriate Training Medical Bills** Violence/Trauma & Respectful Care Zip Code/ Higher Support Geography Policing/Justice **Quality of Care** Education Policy

Health and Well-Being:

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations





Economic Stability in ND^{4,5}

Poverty, 2020

11%

77,491 people

a slight decrease from 12% in 2010 Child Poverty, 2020

11%

19,459 children 0 to 17

w/ married parents .. 4%

w/ single parent 29%

Poverty by Race and Ethnicity, 2020

Near Poverty, 2020

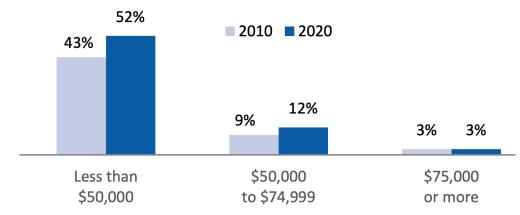
15% 107,564 people

with incomes from100% to 199% of poverty



Neighborhood & Physical Environment in ND⁴

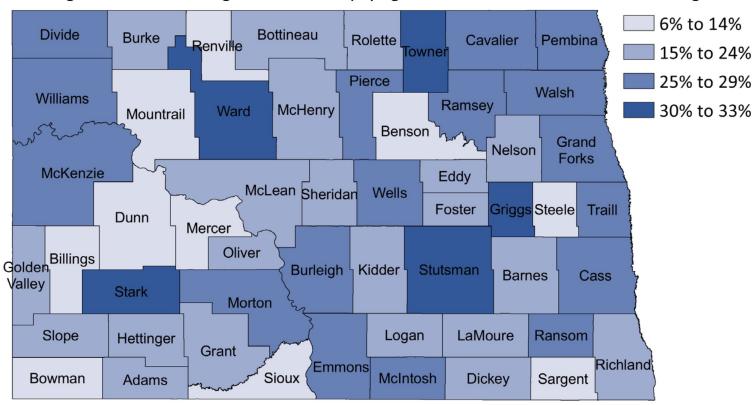
Figure 27. Households Spending 30% or More of Income Toward Housing Costs in North Dakota by Household Income, 2010 and 2020



Source: U.S. Census Bureau (2021b)

Figure 28. Senior Householders Burdened by Housing Costs in North Dakota, 2020

Percentage of householders ages 65 and older paying 30% or more of income toward housing costs



Source: U.S. Census Bureau (2021b)



Education in ND^{4,5}

Ages 0 to 5, All Parents Working, 2020

74%

U.S. average is 67%

 6th largest percentage among states Child Care Deserts, 2020

13 counties have more than 3 times as many young children than licensed child care slots;2 counties have no capacity

Ages 3 and 4 Enrolled in Early Education, 2020

31%

U.S. average is 47%

 Lowest percentage among states 3rd Grade Reading Achievement, 2020/21

62%

NOT meeting standards

Meeting standards 29% Exceeding standards ...10%



In North Dakota, 42,290 people are facing hunger - and of them 13,690 are children.⁶

1 in 18 people



face hunger.



People facing hunger in

North Dakota

are estimated to report needing

\$25,658,000

more per year to meet their food needs.



Social & Community Context in ND^{4,5}

Adults 65 and Older Living Alone, 2020

31%

36,419 people 65+

 Largest percentage among states Adult Volunteerism, 2019

35%

192,616 people 16+

• a decrease from 40% in 2017

Youth and Young Adults in Labor Force, 2020

65%

65,979 people 16 to 24

 Largest percentage among states Adverse Childhood Experiences, 2019/20

19%

32,095 children 0 to 17

 have experienced 2+ adverse experiences



Health Care Access in ND^{4,5}

Children with No Health Insurance, 2020

6%

11,697 children 0 to 18

higher than the national average of 5%

Primary Care Health Professional Shortage, 2022

36%

281,849 people

live in area w/ shortage
 of primary care providers

Dental Health
Professional Shortage, 2022

27%

211,631 people

live in area w/ shortage of dentists

Mental Health Professional Shortage, 2022

46%

355,835 people

 live in area w/ shortage of mental health professionals



HEALTH BEHAVIORS^{4,5}

Physically Inactive **Adults**, 2021

> 25% of adults did not

Adult Smokers, 2021

15%

of adults have smoked

at least 100 cigarettes,

and smoke every day or

some days

High School Tobacco Use, 2021

6%

smoke cigarettes

Use vaping products ... 21%

Any form of tobacco ... 23%

Suicide Deaths,

2020

Adult Alcohol Consumption, 2021

Binge Drinking Rate 21% Traffic Fatalities due to Alcohol 35%

 2nd highest binge drinking rate among states, after WI

participate in any physical activity or exercise in past month

Life Expectancy,

135 deaths

18.2 deaths per 100,000 people

 2nd leading cause of death for ages 15 to 44

HEALTH OUTCOMES^{4,5} Adult Obesity, 2021

35%

U.S. average is 34%

 ND average is up from 28% in 2011

2020

77.0

years

• a decrease from 79 years in 2018

Drug Overdose Deaths, 2020

114 deaths

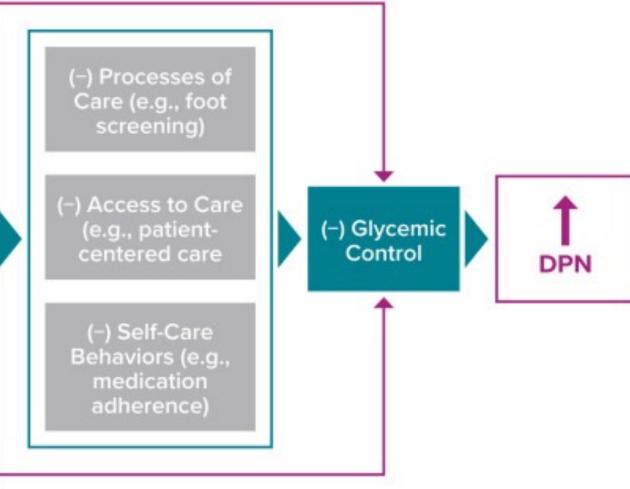
14.9 deaths per 100,000 people

 a 396% increase from 23 deaths in 2010

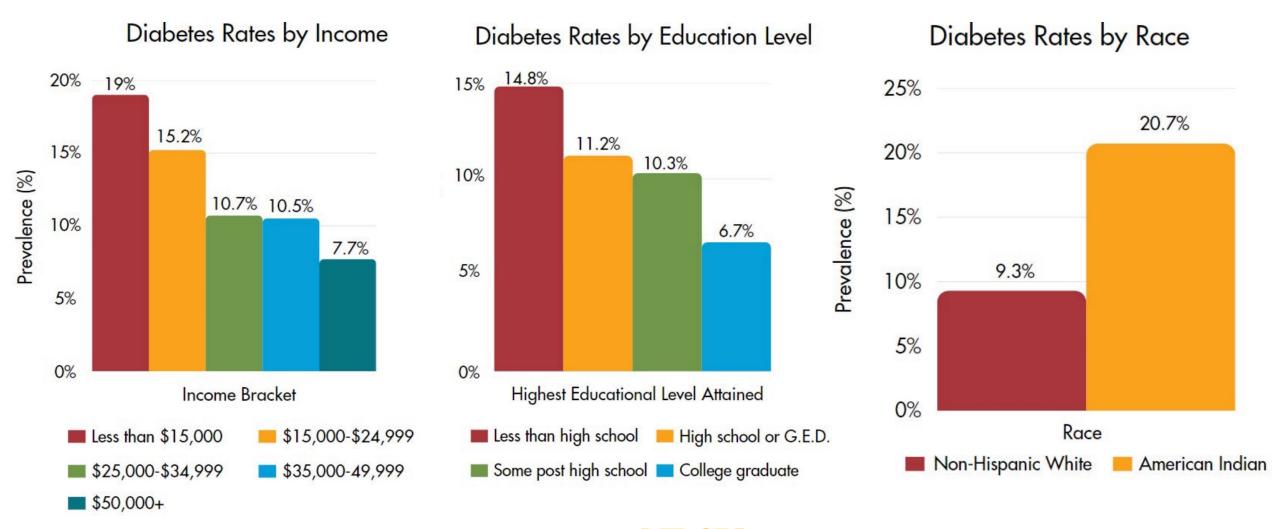


Burden of Diabetes⁷





Diabetes Rates in ND⁸



Diabetes Costs in ND⁸

- ND is 1 of only 4 states that does not have a mandated insurance requirement specific to diabetes coverage
 - Patients with diabetes have no guaranteed minimum coverage for their related medical expenses
- \$4.63 million in medical claims with diabetes as primary diagnosis incurred by NDPERS members in 2021
- \$18.8 million in medical claims with diabetes as a diagnosis incurred by ND Medicaid members between 7/1/2020-6/30/2021

Pharmacist's Responsibility^{9,10}

- One of the most accessible health care providers
- 1st point of care for many patients
- Intimately familiar with the lives of the patients in their community
- Often aware of nonmedicalrelated concerns, such as transportation, housing and food security

Pharmacists need to understand

Individual + societal factors that shape patients' access to medications

Patients' capacity to adhere to instructions

In order to develop practical, patient-centered solutions to ensure optimal health outcomes



Pharmacist's Role in SDOH¹¹

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Healthcare System
 Insurance coverage status Selection of medications and medical supplies considering cost 	 Pharmacy delivery services Safe and senior-friendly communities to promote physical fitness Caring for the homeless person Racial differences in drug response 	 Health literacy/ESL Health education about prevention Educating about management of chronic conditions 	 Interdisciplinary diet and nutrition education Timing of medications around meals Preventing food-drug interactions Use of natural products Medication management about periods of fasting (medical or religious) 	 Most accessible person on the healthcare team Community engagement Prevention programs Community education and outcomes Smoking cessation Psychosocial support 	 Medication reconciliation Continuity of care Pharmacist-led clinics Conduct medication-use reviews Consultant pharmacist drug-regimen reviews User-friendly devices



Faculty member Marilyn Stebbins, PharmD, (bottom left), demonstrates to translator Wanda Chiu (upper left), and PharmD students Kelsey Mott (center), and Megan Tsao (right), how to navigate a Medicare Part D database.

At a recent Part D event at a low-income housing facility in San Francisco, three UCSF pharmacy students and a UCSF nursing student joined two interpreters from the health interpreter training program at City College of San Francisco, and together helped several elderly patients navigate the complex drug benefit.

The counseling saves money and changes lives. One recent patient participant left his

provider a phone message extolling the service. He shaved about \$12,000 a year off of his medication costs through a new plan the pharmacy students helped him pick.

"About 90 percent of the patients we see save money," Stebbins says, whose research on the program and its impact has been published extensively.

UCSF Medicare Part D Outreach¹²

Utilize Drug Formularies for Coverage Issues¹³

- ND Medicaid Preferred Drug list and PA forms: <u>http://www.hidesigns.com/ndmedicaid</u>
- NDPERS Sanford Health Plan formulary: https://www.ndpers.nd.gov/sites/www/files/documents/member s-additional-information/all-health/ngf-pharmacy-handbook.pdf
- Formularies for Sanford Health Plan Medicare Advantage plans: https://www.optumrx.com/oe_alignbysanfordhealthplan/landing
- Formularies for all Medicare Part D and Medicare Advantage plans: https://q1medicare.com/



Resources for Rx Drug Cost Savings¹⁴

- Refer to handout for charitable drug distribution programs, drug coupons, and drug discount programs at retail or online pharmacies
- 2. Government programs
 - Medicare Low-Income Subsidy Program (AKA "Extra Help")
 - Medicaid
 - Department Of Veterans Affairs Medical Benefits or TRICARE Senior Pharmacy Program
 - 340B-Based Discount Programs
- 3. Patient Assistance Programs
- 4. Patient Foundation Programs

Medicare Assistance¹³

- Senior Health Insurance Counseling (personalized health insurance counseling): https://www.insurance.nd.gov/shic-medicare
- National Council on Aging Center for Benefits Access (enroll low-income Medicare beneficiaries into benefits): https://www.ncoa.org/professionals/benefits/center-for-benefits-access

340B-Based Discount Programs¹⁵

- Federal program created in 1992 that requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations (AKA "covered entities") that care for many uninsured and low-income patients
- Eligible patients may get prescribed medications at discounted prices
- Requires Rx from a 340Bcontracted provider from a covered entity that must be filled at a 340B-contracted pharmacy
- Ask hospitals/providers if they offer a 340B-based discount program: https://340bopais.hrsa.gov/ coveredentitysearch

Patient Assistance Programs^{11,16}

- Drug/ Medication/ Prescription Assistance Programs
- Programs run by, or in association with, pharmaceutical companies to provide free or lowcost medications to people with low-income who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare, or AIDS Drug Assistance Programs (ADAPs)
- Each individual company has different eligibility criteria for enrollment in their patient assistance program.

- ND Prescription Connection: <u>https://www.insurance.nd.gov</u> <u>/consumers/prescription-connection</u>
- Additional Search Tools:
 - NeedyMeds:
 <u>https://www.needymeds.or</u>
 - RxAssist: https://www.rxassist.org/

Patient Foundation Programs^{11,13}

- Established by nonprofit organizations to provide financial assistance and support services to individuals with specific medical conditions or needs
- Health Well Foundation (non-profit organization providing financial assistance for medication and healthcare costs): https://www.healthwellfoundation.org/
- Assistance with insulin or other diabetes medications: https://insulinhelp.org
- ND AIDS Drug Assistance Program: <u>https://www.ndhealth.gov/hiv/Ryan White/</u>

- Additional Search Tools:
 - Patient Advocate Foundation:

 https://www.patientadvocate.
 org/explore-our-resources/national-financial-resource-directory/
 - PAN Foundation (diseasespecific assistance programs): https://www.panfoundation.org/

Address Low Health Literacy¹⁷

- 1 in 5 Americans is functionally illiterate
- Low health literacy leads to higher likelihood of hospitalization, higher medical costs
- Patients with low health literacy will sometimes go to great lengths to hide it from their providers

- Create a shame-free environment where patients feel they can talk about their literacy skills
- Observe and offer help with filling out forms
- Convey most important concepts
- Use everyday language and visual aids
- Use teach-back method

Translated Health Information¹³

Printed Material in Multiple Languages

- https://medlineplus.gov/lan guages/languages.html
- https://apps.vdh.virginia.go v/omhhe/clas/translatedhealthpatient-educationinformation/

Health Science Information Consortium of Toronto

- https://guides.hsict.library.u toronto.ca/c.php?g=663672 &p=4965397
 - Multilingual videos
 - Multilingual mental health resources
 - Multilingual nutrition resources
 - American Sign Language
 - Foreign language dictionaries and glossaries



Clinician Algorithm to Address SDOH¹⁸

- Engage with patients
- Ask about and act upon the social causes underlying poor health





Patient Reluctance to Disclose¹⁹

- Shame for not being able to provide for their family
- Fear of what the provider will do with that information
 - Examples: their children might be taken away; they will not be able to stay in their home; they might be treated differently
- Stigma of others thinking less of them for needing extra support
- Trauma may make it challenging to talk about difficult situations in their lives
- Power dynamics may create a perception that patients have less power than their clinician and inhibit their active disclosure of information
- Social and cultural norms that shape how different cultures view sharing struggles and getting support for social needs



Empathic Inquiry^{20,21}

- Conversational approach to social needs screening to promote partnership, affirmation and patient engagement through social needs screening
- Relate to patients from a place of non-judgmental curiosity and understanding
- Feasible for implementation in community settings
- Developed by Oregon Primary Care Association: <u>https://orpca.org/empathic-inquiry/</u>

Strategic Approaches to Ask about Social Needs 19,22					
LEADING QUESTIONS	OPEN-ENDED QUESTIONS	CLOSE-ENDED QUESTIONS	REFLECTIVE STATEMENTS		
 What happened next? Could you tell me more? 	 How long have you been without food? What is the reason for your call? Where are you located? Who would you like us to call? Which service do you prefer? 	 Is this what you requested? Are you able to find transportation to your appointment? Do you have an interpreter? Did anyone help you make this appointment? Can I be of assistance? Could you find a phone to make that call? Would you like assistance with this? 	 It sounds like you could use some help figuring this out I'm hearing you say that you are unsure how to proceed 		

Primary Questions to Ask²²

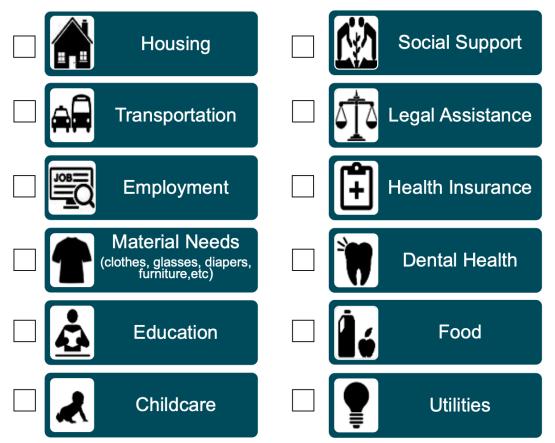
- What is your housing situation?
- Are you worried about your housing?
- Have you worried about running out of food in the last 12 months?
- Has a lack of transportation kept you from going to medical appointments?
- How often do you feel lonely or isolated?
- Do you want help finding or keeping work?

Patient Support Questionnaire

Health starts in our homes, schools, and jobs. When we know more about you, we can provide better care to support your health and wellness.

1. Please mark the areas you would like more information or assistance with.

We cannot guarantee help in all areas, but will do our best to respond to your priorities.



- Simple 1-page handout
- Available in English and Spanish:

https://orpca.org/wpcontent/uploads/2023/08/ Patient-Suppoer-Prescreener-English-AND-Spanish.pdf

- 2. If you would NOT like to be contacted by a member of your health care team about this form check here
- If you would like to be contacted, please share the best way to connect you (your phone number, email, or address).



Hunger Relief Programs¹³

- FirstLink: https://myfirstlink.org/
- SNAP or WIC: https://www.hhs.nd.gov/food-programs
- Feed America: https://www.feedingamerica.org/our-work/hunger-relief-programs
- Great Plains Food Bank: <u>https://www.greatplainsfoodbank.org/get-help/partner-food-pantries/</u>

Transportation Assistance¹³

ND's Statewide Transit program: https://www.dot.nd.gov/travel-and-safety/traveling-north-dakota/statewide-transit

 Approximately 32 bus programs provide public transportation for anyone who needs a ride in rural North Dakota

VA Vans:

https://www.veterans.nd.gov/benefits-and-services/transportation

 Free van rides for veterans to medical appointments

Connect Patients to Case Management^{23,24}

- Identify community resources and close the referral loop
- Most efficient way to provide help and resources to patients
- Case managers assist and support individuals to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services

- Nurse
- Social worker
- Community health worker
- Locate a case manager
 - Through a local non-profit or social service agency to connect patients to needed resources

Case Management or Social Services 13,23				
Altru Clinics: https://www.altru.org/patients-visitors/support-services-social-work	 Multiple Altru clinics in Grand Forks, ND, have case managers to assist with accessing and coordinating appropriate referrals and resources 			
Sanford Health Plan Case Management Programs: https://www.sanfordhealthplan.com/learn/individual-and-family/explore-our-care-management-programs	 Call 1-888-315-0884 (TTY: 711), or email: shpcasemanagement@sanfordhealth.org Multiple Case Management Programs available to all members at no charge 			
ND Department of Health and Human Services: https://www.hhs.nd.gov/health	State and local agencies for community resources			
ND Aging & Disability Resource Link (ADRL): https://carechoice.nd.assistguide.net/	 Call 1-855-462-5465, or email: CareChoice@nd.gov In-home and community services and supports for older adults and adults with physical disabilities 			
FirstLink 211 Helpline Center: https://myfirstlink.org/	 Call 2-1-1 to find local social services Available in portions of all 50 states and Puerto Rico 			
USA.gov 1-844-USA-GOV1 (1-844-872-4681)	 Toll-free telephone line and online guide to government benefits and services 			



Patient Case Discussion

- CL is a 68 y/o Latino male, who is at your pharmacy to pick up his new prescription for dapagliflozin
- Patient appears fatigued, hungry, irritated
- PMH: DM2, HTN, BPH, hypothyroidism, glaucoma
- Labs: eGFR 87, A1c 9.6, BP 128/56
- Insurance: Medicaid

- Dapagliflozin is not covered by insurance, what would you do next?
 - A. Advise patient to use a discount coupon
 - B. Review drug formulary and contact provider to recommend empagliflozin as a covered alternative
 - C. Using empathic inquiry, ask patient about social needs
 - D. Give patient the SDOH screening form

Key Takeaways^{25,26,27,28}

- Economic and social disparities in North Dakota persist across age, education, income and racial background, and raise the risk of health conditions like heart disease, diabetes, and obesity.
- Pharmacists have multifaceted interactions with patients and may be influential in meeting individual patient needs, identifying social risk factors, and addressing upstream causes of health disparities.
- 3. Using empathic inquiry, pharmacists can better understand their patients' social needs and connect them to appropriate social services.

Self-Assessment Question #1

Social determinants of health refer to:

- A. The reasons some groups of people get a disease while others do not
- B. Random differences in the spread or prevalence of a disease in the community
- C. Nonbiological factors (such as economics, education, health access, environment, and community) that impact health outcomes
- D. Social media, television and the internet

Self-Assessment Answer #1

Social determinants of health refer to:

- A. The reasons some groups of people get a disease while others do not
- B. Random differences in the spread or prevalence of a disease in the community
- C. Nonbiological factors (such as economics, education, health access, environment, and community) that impact health outcomes ← CORRECT ANSWER
- D. Social media, television and the internet

Self-Assessment Question #2

How can pharmacists address social determinants of health?

- A. Through medication reconciliation
- B. Counseling about smoking cessation
- C. Asking about social needs using empathic inquiry
- D. All of the above

Self-Assessment Answer #2

How can pharmacists address social determinants of health?

- A. Through medication reconciliation
- B. Counseling about smoking cessation
- C. Asking about social needs using empathic inquiry
- D. All of the above ← CORRECT ANSWER

Self-Assessment Question #3

What are strategic approaches to ask patients about their social needs?

- A. Using open-ended questions
- B. Using close-ended questions
- C. Using leading or reflective questions
- D. All of the above

Self-Assessment Answer #3

What are strategic approaches to ask patients about their social needs?

- A. Using open-ended questions
- B. Using close-ended questions
- C. Using leading or reflective questions
- D. All of the above ← CORRECT ANSWER

References

- 1. Addressing social determinants of health presentation. American Hospital Association. https://www.aha.org/addressing-social-determinants-health-presentation. Published 2018. Accessed August 17, 2021.
- 2. World Health Organization. Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1. Accessed April 13, 2021.
- 3. Orgera K, Garfield R, Rudowitz R. One Year into the Pandemic: Implications of COVID-19 for Social Determinants of Health. Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/issue-brief/one-year-into-the-pandemic-implications-of-covid-19-for-social-determinants-of-health/#. Published March 16, 2021. Accessed April 13, 2021.
- 4. Center for Social Research at North Dakota State University. Health and Wellbeing in North Dakota, 2022: A Social Determinants of Health Perspective. January 1, 2023. Accessed April 2, 2024. https://www.bcbsnd.com/content/dam/bcbsnd/documents/brochures/caring-foundation/BCBSCF2023 FinalReport.pdf.
- 5. Center for Social Research at North Dakota State University. A Supplemental, Statewide Profile of Health and Wellbeing in North Dakota, 2022: A Social Determinants of Health Perspective. January 1, 2023. Accessed April 2, 2024. https://www.bcbsnd.com/content/dam/bcbsnd/documents/brochures/caring-foundation/BCBSCF2023_Profile_Final.pdf.
- 6. Feeding America. Hunger in North Dakota. Accessed April 3, 2024. https://www.feedingamerica.org/hunger-in-america/north-dakota.
- 7. Pop-Busui R, Ang L, Boulton AJM, et al. Diagnosis and Treatment of Painful Diabetic Peripheral Neuropathy. Arlington (VA): American Diabetes Association; 2022 Feb. FIGURE 7, [Framework for social determinants of health and their impact on diabetic peripheral neuropathy.]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK580224/figure/F7/ doi: 10.2337/db2022-01
- 8. North Dakota Diabetes Prevention and Control Program. North Dakota 2022 Diabetes Report. January 1, 2023. Accessed April 3, 2024. https://ndlegis.gov/files/committees/67-2021/23_5151_03000appendixd.pdf.
- 9. Kiles T, Jasmin H, Nichols B, Haddad R, Renfro CP. A Scoping Review of Active-Learning Strategies for Teaching Social Determinants of Health in Pharmacy. American Journal of Pharmaceutical Education, 2020;84(11):1482-1490. doi:10.5688/aipe8241
- 10. Schieszer J. Social Determinants of Health: Tackle Disparities From the Pharmacy. Drug Topics. https://www.drugtopics.com/view/tackle-disparities-from-the-pharmacy. Published July 2020. Accessed April 13, 2021.
- 11. Lisi DM. Lesson: Population Health and Social Determinants of Health in Diabetes Management. https://journalce.powerpak.com/ce/population-health-and-social-determinants. Published November 1, 2020. Accessed
- Burningham G. Making sure everyone makes the most of medicare part D. UCSF School of Pharmacy. December 9, 2019. Accessed April 3, 2024. https://pharmacy.ucsf.edu/news/2019/12/making-sure-everyone-makes-most-medicare-part-d.
- Presenter data on file
- California Health Advocates. Resources for Prescription Drug Cost Savings. California Health Advocates. February 2, 2024. Accessed May 20, 2024. https://cahealthadvocates.org/prescription-drugs/resources-for-prescription-drug-cost-savings/.
- 15. American Hospital Association. Fact Sheet: The 340B Drug Pricing Program. March 2023. Accessed April 3, 2024. https://www.aha.org/fact-sheets/fact-sheet-340b-drug-pricing-program.
- National Alliance of State & Territorial AIDS Directors. Pharmaceutical Company Patient Assistance Programs and Cost-Sharing Assistance Programs for Pre-exposure Prophylaxis (PEP) and Post-exposure Prophylaxis (PEP). May 2021. Accessed April 3, 2024. https://nastad.org/sites/default/files/2021-11/PDF-PrEP-Pharma-Co-Patient-Assistance.pdf.
- 17. American Medical Association Foundation. Health literacy and patient safety: Help patients understand.
 - http://www.partnershiphp.org/Providers/HealthServices/Documents/Health%20Education/CandLToolKit/2%20Manual%20for%20Clinicians.pdf. Accessed June 16, 2021.
- Andermann A on behalf of the CLEAR Collaboration. The CLEAR Toolkit: Helping Health Workers Tackle the Social Causes of Poor Health [version 3.0]. Montreal: Department of Family Medicine, McGill University, 2013. Available at: www.mcgill.ca/clear
- 19. American Hospital Association. Screening for Social Needs: Guiding Care Teams to Engage Patients. https://www.aha.org/system/files/media/file/2019/09/screening-for-social-needs-tool-value-initiative-rev-9-26-2019.pdf. Accessed June 16, 2021.
- 20. Oregon Primary Care Association, Empathic Inquiry, January 2023, Accessed April 3, 2024, https://orpca.org/empathic-inquiry/.
- 21. Singer AR, Coleman KF, Mahmud A, Holden E, Stefanik-Guizlo K. Assessing the Feasibility of an Empathic Inquiry Approach to Social Needs Screening in 10 Federally Qualified Health Centers. Perm J. 2023;27(4):136-142. doi:10.7812/TPP/22.178
- 22. Ientile G. Pharmacists Play Valuable Role in Addressing Social Determinants of Health. Drug Topics. https://www.drugtopics.com/view/pharmacists-play-valuable-role-addressing-social-determinants-health. Published June 11, 2020. Accessed April 13, 2021.
- 23. American Academy of Family Physicians. The EveryONE Project, Social Determinants of Health: Guide to Social Needs Screening. https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-quide-sdoh.pdf. Accessed June 16, 2021.
- 24. Substance Abuse and Mental Health Services Administration. Case management. https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/case-management. Accessed August 17, 2021.
- Blue Cross Blue Shield of North Dakota. New North Dakota Health Study identifies economic and social disparities, offering opportunities to make North Dakotans Healthier. February 15, 2023. Accessed April 3, 2024. https://www.bcbsnd.com/newscenter/press-releases/new-north-dakota-health-study-identifies-economic-and-social-dis.
- Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved April 3, 2024, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health
- 27. Kiles TM, Peroulas D, Borja-Hart N. Defining the role of pharmacists in addressing the social determinants of health. Res Social Adm Pharm. 2022;18(9):3699-3703. doi:10.1016/j.sapharm.2022.01.005
- 28. Singer AR, Coleman KF, Mahmud A, Holden E, Stefanik-Guizlo K. Assessing the Feasibility of an Empathic Inquiry Approach to Social Needs Screening in 10 Federally Qualified Health Centers. Perm J. 2023;27(4):136-142. doi:10.7812/TPP/22.178



Questions?

Email: Rebecca.Leon@ucsf.edu