

Social Determinants of Health (SDOH):

Targeted Training and Technical Assistance (T/TA) Resources for Health Care for the Homeless Centers (HCH) Considering Adopting SDOH Screening

The Bureau of Primary Health Care (BPHC) invests in T/TA to support health center clinical, operational, and fiscal excellence. To increase awareness and utilization of the T/TA resources developed by BPHC-funded T/TA providers, BPHC staff have created targeted (T/TA) resources, which include curated resources in high-need areas.

The curated T/TA resources found within this resource packet provide BPHC 330(h) Health Care for Homeless funded health centers with resources to develop processes for collection and utilization of social risk factor data to improve patient centered health care delivery. Resources are organized by format: [recorded sessions](#), [publications](#), [combined resource types](#), as well as links to more general T/TA.

Recorded sessions

Resource Link and Author Organization	Description	Resource Highlights
Social Determinants of Health Screening Tools for Public Housing Residents All Learning Collaboratives Author: National Center for Health in Public Housing - Enhancing Health Care Delivery for Residents of Public Housing	Five session Learning Collaborative providing training on SDOH screening, assessments and tools. Webinar recording and slides are available on demand. Links for resources are in the body of the presentations.	<ul style="list-style-type: none">• Session 1 "Screening 101: The Basics" Recording - Session 1 Slides• Session 2 " A Guided Tour of Screening Tools" Recording - Session 2 Slides• Session 3 "Implementing a Screening Process with Whole Families in Mind" provides resources on screening children for SDOH Recording - Session 3 Slides• Session 4 "Integrating Screening Practices into EHRs and Managing Workflows" Recording - Session 4 Slides• Session 5 "Accountability: Navigating Reimbursement and Evaluating Impacts" Recording Session 5 Slides

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Webinar: Social Risk Factor Summit Author: National Health Care for the Homeless Council	Webinar focused on SDOH Equity for People who are homeless and why it matters to health centers, with provide concrete examples of how health centers have integrated SDOH screening. This resource also references PRAPARE, workflows for SDOH screening, data collection, and care coordination vendors.	<ul style="list-style-type: none"> • Link to video recording – must use passcode to access: 710Spence! • Session Slides
SDOH 2: Housing is Healthcare - Stable Housing Creates Positive Health Outcomes Author: Corporation for Supportive Housing	A 10-min self-paced video that presents an overview of SDOH, the impact of care coordination and warm referral on managing patient outcomes, and how health centers can begin to screen using PRAPARE and track the housing stability of patients through UDS reporting (specifically Table 4: Selected Patient Characteristics). The video also makes the case for why housing equals health care.	<ul style="list-style-type: none"> • Why building relationships is important • Who are the strong partners in your community • How to utilize data collected to screen for housing instability • How to make stronger connections for your health patients

Publications

Resource Link and Author Organization	Description	Resource Highlights
<p><u>Social Determinants of Health—Medicaid Coverage and Payment</u></p> <p>Author: <u>National Association of Community Health Centers (NACHC)</u></p>	<p>Publication describing opportunities for health centers to address SDOH using Medicaid and CHIP funding.</p>	<ul style="list-style-type: none">• Lists what services and supports are commonly covered in Medicaid and CHIP programs to address SDOH• Designed to be used in tandem with <u>PRAPARE</u>
<p><u>Lessons Learned in Social Need Screening</u></p> <p>Author: <u>HITEQ Center</u></p>	<p>Publication that presents examples and lessons learned from SDOH screening.</p>	<ul style="list-style-type: none">• Importance of screening for SDOH• How to implement SDOH screening and data collection in EHRs (configuring, action steps, staff buy-in)• Breakdown and crosswalk of screening/collection methods• Strategies for addressing positive screenings

<p><u>From Homelessness to Housing: Challenges and Opportunities of Housing Transitions</u></p> <p>Author: <u>National Health Care for the Homeless Council</u></p>	<p>Publication that discusses the challenges faced by the newly housed and their providers. Interventions are included that could potentially be implemented by HCs.</p>	<ul style="list-style-type: none"> • Challenges of transitioning into housing • Key approaches • Individual, needs, risks, and traumas • Developing supportive wraparound services • Key principles and best practices • Housing first model • Principles of care
<p><u>Empathic Inquiry Curriculum</u></p> <p>Author: <u>Oregon Primary Care Association (OPCA)</u></p>	<p>Collection of resources; slides, tool sheets, checklists, etc., that provide guidance on Empathic Inquiry, a conversational approach to social needs screening developed by OPCA to promote partnership, affirmation and patient engagement through social needs screening.</p>	<ul style="list-style-type: none"> • <u>Patient Support Questionnaire</u>: print out and start using • <u>Principles for Patient-Centered Approaches to Social Needs Screening</u>: read for general principles behind Empathic Inquiry • <u>Patient-Centered Social Needs Screening Conversation Guide</u>: use for script and examples of how to phrase SDOH questions • <u>Social Needs Screening Observer Checklist</u>: summary of steps from patient introduction to SDOH action and follow-up
<p><u>Brief: Leveraging legal services on the Homeless Patient Aligned Care Team (H-PACT)</u></p> <p>Author: <u>National Center for Medical-Legal Partnership</u></p>	<p>Brief that highlights the potential for partnership between the legal community and Homeless Patient Aligned Care Teams (H-PACTs) at VA medical centers (VAMCs), and profiles medical legal partnerships (MLPs) that are successfully tackling the unmet legal needs of veterans experiencing, and at-risk of, homelessness through this approach.</p>	<ul style="list-style-type: none"> • Core elements of an H-PACT • Overview of medical-legal partnerships • Income, housing and utilities, education and employment, legal status and personal and family stability (I-HELP) framework • List of VA Health Care Systems with H-PACTs and MLPs • Examples of VA MLPs in Connecticut and Los Angeles
<p><u>Harnessing Cross-Systems Data to Keep Families Together</u></p> <p>Author: <u>Corporation for Supportive Housing</u></p>	<p>Brief that guides system providers on how to better coordinate data and services for families involved with systems, such as child welfare, homelessness response, behavioral health, education and justice.</p>	<ul style="list-style-type: none"> • Three data sharing approaches • Critical data systems and elements • Homeless Management Information System (HMIS) data • Child welfare data elements and considerations • 10-Step data matching checklist

<p><u>HUD Policy Brief: for Health Centers - Rural Homelessness</u></p> <p>Author: <u>Corporation for Supportive Housing</u></p>	<p>Publication that focuses on rural homelessness, strategies for addressing it, and the role and impact of housing policy for health centers. Offers steps health centers can take to better connect those experiencing homelessness or housing instability to housing and services.</p>	<ul style="list-style-type: none"> • Unique Challenges of ending rural homelessness • Partnering with local housing providers • Screening for homelessness and housing instability
<p><u>Health Center Role in Housing Innovations: Pay for Success Models</u></p> <p>Author: <u>Corporation for Supportive Housing</u></p>	<p>Brief that provides an overview and discusses the benefits of Pay for Success (PFS) funding strategies. It provides examples from a range of communities, defines relevant terms, and gives health centers concrete next steps to understand and explore their potential role in implementing a PFS strategy.</p>	<ul style="list-style-type: none"> • Comparison of Various Pay for Success Models • Using PFS to Meet SDOH Needs • Key Components of Designing a PFS Initiative • Building a PFS Initiative for Health Centers

Combined Resource Types

Resource Link and Author Organization	Description	Resource Highlights
<u>Building the Evidence Base for Social Determinants of Health (SDoH) - Key Findings from the Report and Screening for SDoH Webinar</u> Author: <u>BPHC Behavioral Health TA Contractor/JBS International, Inc.</u>	Webinar recording and slides that provide an overview of findings from a document released by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation titled, "Building the Evidence Base for Social Determinants of Health Interventions," which was released in September 2021. Highlights specific intervention components that improve health, and which interventions might achieve sustained and lasting improvements in population health.	<ul style="list-style-type: none"> • <u>Building the Evidence Base for Social Determinants of Health (SDoH) - Key Findings from the Report and Screening for SDoH Webinar</u> • <u>Building the Evidence Base for SDoH Interventions webinar slides</u> • <u>'Building the Evidence Base for Social Determinants of Health Interventions' report</u> • <u>Healthy People 2030 SDoH Domains</u>
<u>Housing Insecurity and Health Centers: The Case for Screening and Beyond</u> Author: <u>National Health Care for the Homeless Council (NHCHC)</u>	Webinar recording, slides, and publication featuring case studies of how health centers without HCH funding address the SDOH unique to people experiencing homelessness.	<ul style="list-style-type: none"> • <u>Webinar recording/slides</u>: guidance on how to ask SDOH screening questions and 9 strategies all health centers can adapt when conducting screenings • <u>Case Study publication</u>: review reflections and advice from health centers

General SDOH, Health Care for the Homeless, and Health Center Technical Assistance Resources:

- [Health Center Resource Clearinghouse](#)
 - [Clearinghouse Quick Finds: Social Determinants of Health Resources](#)
- [Social Determinants of Health Academy](#)
 - [Foundational Trainings for Integrating SDOH into Care Practices](#)
- [Health Center Library](#)
 - [The Relative Contribution of Social Determinants of Health Among Health Resources and Services Administration-Funded Health Centers](#)
 - [Exploring the Association of Social Determinants of Health and Clinical Quality Measures and Performance in HRSA-funded Health Centers](#)
- [National Training and Technical Assistance Partners \(NTTAPS\)](#)
- [Primary Care Associations \(PCAs\)](#)
- [Health Care Controlled Networks \(HCCNs\)](#)