

Staff Member Name:	Date:
Patient ID/Name:	

IAC PLUS SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL

NCFH's Social Determinants of Health screening tool is intended to assist health care providers in assessing, screening, and documenting SDOH factors among Migratory and Seasonal Agricultural Worker (MSAW) patients and create an action plan to enhance population health outcomes and UDS reporting.

Instructions: Please identify from the questions listed on the SDOH Question Bank for each SDOH factor and paste in the spaces provided. Select the response(s) that most accurately reflect the patient's present situation. Once questions are answered, create an Action and Follow-up Plan, and use the General and Local Resources section to link services to the patient.

A. Housing

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B. Food Security

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C. Transportation

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D. Education

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E. Employment

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F. Childcare

G. Personal Safety

H. Finances and Resources

I. Utilities

J. Access to Healthcare

K. Language

L. Social Support

M. Access to Technology

ACTION PLAN

Immediate Resources and Actions Needed:

Would you like to receive assistance with any of your needs?

Yes No

Follow-Up:

Which of your needs are most urgent at this moment?

SDOH GENERAL RESOURCES

List and use national websites or resources available to plan referrals for your MSAW patients in your area.

- Aunt Bertha (Findhelp): <https://www.findhelp.org/>
- 211: <https://www.211.org/>
- AAFP Neighborhood Navigator: <https://navigator.aafp.org/>
- Cap4Kids: <http://cap4kids.org>
- Feeding America: <http://www.feedingamerica.org>
- Supplemental Nutrition Assistance Program: <http://www.fns.usda.gov/snap>
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): <http://www.fns.usda.gov/wic>
- Public Housing and Voucher Program: http://www.hud.gov/topics/rental_assistance
- Medical-Legal Partnerships: <http://medical-legalpartnership.org>

LOCAL/REGIONAL SDOH RESOURCES

List and use local/regional websites or resources available to plan referrals for your MSAW patients in your area.

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SDOH QUESTION BANK

A. Housing

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?
 Yes
 No
2. How many family members, including yourself, do you currently live with?

3. What is your housing situation today?
 I have housing
 I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 I choose not to answer this question

B. Food Security

1. Within the past 12 months, were you worried that your food would run out before you got money to buy more?
 Often true
 Sometimes true
 Never true
2. Within the past 12 months, the food you bought didn't last as long as you thought, but you didn't have money to get more.
 Often true
 Sometimes true
 Never true
3. In the past year, have you or any family members you live with been unable to get food when it was really needed?
 Yes
 No
 I choose not to answer this question

C. Transportation

1. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
 Yes
 No
2. Do you put off or neglect going to the doctor because of distance or transportation?
 Yes
 No

D. Education

1. What is the highest level of school that you have finished?
 - Less than high school degree
 - High school diploma or GED
 - More than high school
 - I choose not to answer this question
2. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.
 - Yes
 - No

E. Employment

1. What is your current work situation?
 - Unemployed
 - Part-time or temporary work
 - Full-time work
 - Otherwise, unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)
 - I choose not to answer this question
2. Do you want help finding or keeping work or a job?
 - Yes, help finding work
 - Yes, help keeping work
 - I do not need or want help

F. Childcare

1. Do you have someone that can take care of your children when you are at work, at school, or attending medical appointments or other appointments?
 - Yes
 - No
2. Does lack of childcare make it difficult for you to work or study?
 - Yes
 - No
3. Are your children in school?
 - Yes
 - No

G. Personal Safety

1. Has anyone in your family physically hurt you?
 - Yes
 - No
2. Has anyone in your family cursed, insulted, or threatened you?

Yes

No

3. Do you feel safe where you currently live?

Yes

No

Unsure

I choose not to answer this question

4. In the past year, have you been afraid of your partner or ex-partner?

Yes

No

Unsure

I have not had a partner in the past year

I choose not to answer this question

H. Finances and Resources

1. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

2. How often do you struggle to make enough money to pay your bills?

Never

Rarely

Sometimes

Often

Always

I. Utilities

1. In your current home, do you have gas service?

Yes

No

2. In your current home, do you have water service?

Yes

No

3. In your current home, do you have electricity service?

Yes

No

4. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Yes

No

Already shut off

J. Access to Healthcare

1. What is your main insurance?
 - None/uninsured
 - Medicaid
 - CHIP Medicaid
 - Medicare
 - Other public insurance (not CHIP)
 - Other Public Insurance (CHIP)
 - Private Insurance
2. Do you have questions about your eligibility for benefits, or other legal issues?
 - Yes
 - No
3. In the past month, did you or a member of your family run out of necessary medicine before having money to buy more?
 - Yes
 - No

K. Language

1. What language are you most comfortable speaking? _____
2. Are you comfortable reading, writing, and understanding English?
 - Yes
 - No
3. Do you need help reading and understanding the health center materials or how to take your medicine?
 - Yes
 - No

L. Social Support

1. Are you a refugee?
 - Yes
 - No
2. How often do you see or talk to people that you care about and feel close to?
 - Less than once a week
 - 1 or 2 times a week
 - 3 to 5 times a week
 - 5 or more times a week
 - I choose not to answer this question

M. Access to Technology

1. Do you own a technological device (computer, smartphone, or tablet) with internet access?
 Yes
 No
2. Do you have access to internet service?
 Yes
 No

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