

Social Determinants of Health Self-Assessment Tool

Health Center:		Assessment Date:	
Instructions: Please read each of the following questions and select the response(s) that most accurately reflect your health center's work addressing Social Determinants of Health (SDOH).			
1. <i>Is your health center screening Ag Workers for the following SDOH? Please mark all that apply.</i>			
Social Determinant of Health	Yes	No	
a. Agricultural Worker Status			
b. Race & Ethnicity			
c. Language Preference or Limited English Proficiency			
d. Sex & Gender Identity			
e. Food Security (e.g. Access to food, etc.)			
f. Personal Safety (e.g. Interfamily Violence, etc.)			
g. Housing Situation			
h. Neighborhood Safety			
i. Utilities (e.g. Access to water, electricity, etc.)			
j. Employment			
k. Income			
l. Transportation Access			
m. Communication Challenges (i.e. Visually impaired or hard of hearing)			
n. Health Insurance			
o. Social Connections			
p. Child Care			
q. Education			
r. Health Literacy			
s. Legal Assistance			
t. Other:			
2. <i>What tool or tools are you using?</i>			
[] Own tool			
[] IHELLP: National Center for Medical-Legal Partnership			
[] FACE Poverty: American Academy of Pediatrics			
[] Health Related Social Needs by Clinical Settings: National Academy of Medicine			
[] Social Needs Screening Toolkit: Health Leads, Inc.			
[] PRAPARE: National Association of Community Health Centers			
[] None or Other (Please specified) _____			
2.1 <i>Are you satisfied with the current the tool or tools?</i>			
[] Yes			
[] No (If No, consider exploring other tools)			
3. <i>Is the Screening tool part of the electronic health record?</i>			
[] Yes			
[] No (If No, how are screening results made available to health providers at the time of the visit?)			
4. <i>Who at your health center is tasked with conducting the SDOH screening?</i>			
[] Outreach Workers or health promoters			
[] Registration Personnel			
[] Nurse Aides or Patient Care Technicians			
[] Case Managers			
[] LPNs or Registered Nurses			
[] Other: _____			

<p>5. <i>Who reviews or uses the results of the screening tools?</i></p> <p><input type="checkbox"/> Health Care Providers</p> <p><input type="checkbox"/> Case Managers</p> <p><input type="checkbox"/> Social Workers</p> <p><input type="checkbox"/> Nurses</p> <p><input type="checkbox"/> Other: _____</p>
<p>6. <i>How are those results utilized? (Check all that apply)</i></p> <p><input type="checkbox"/> To update the health center needs assessment</p> <p><input type="checkbox"/> To inform what services are needed and can be internally provided</p> <p><input type="checkbox"/> To refer patient to needed services</p> <p><input type="checkbox"/> To inform work plans for community collaborations</p> <p><input type="checkbox"/> For reporting purposes</p> <p><input type="checkbox"/> Other: _____</p>
<p>7. <i>What strategies are you using to address identified SDOH among agricultural workers? (Check all that apply)</i></p> <p><input type="checkbox"/> We address some of those needs directly (e.g. transportation, interpretation, etc.)</p> <p><input type="checkbox"/> We have contracts with third parties for some services (e.g. transportation, interpretation, etc.)</p> <p><input type="checkbox"/> We have individual referral agreements with local organizations</p> <p><input type="checkbox"/> We are part of a community coalition of local providers working to address SDOH</p> <p><input type="checkbox"/> We arrange and case manage all SDOH referrals</p> <p><input type="checkbox"/> We have a directory of services and distribute them to our patients</p> <p><input type="checkbox"/> We have no established collaborations specifically to address SDOH</p> <p><input type="checkbox"/> We have no formal plan to address SDOH</p> <p><input type="checkbox"/> We are in the process of developing our SDOH Plan</p>
<p>8. <i>Are SDOH directly addressed by your health center evaluated to identify improvement opportunities?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If No, consider evaluating the strategy)</p>
<p>9. <i>Are SDOH addressed by your contractors (e.g. interpretation services) monitored for quality?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If No, consider establishing a monitoring process)</p>
<p>10. <i>Are SDOH directly addressed by formal or informal referral agreements case managed to assess patients' access to needed services?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If No, consider establishing a referral and follow-up process)</p>
<p>11. <i>Are you aware of other community agencies providing SDOH not currently addressed by your health center?</i></p> <p><input type="checkbox"/> Yes (If Yes, consider making a list and explore possibilities for collaboration)</p> <p><input type="checkbox"/> No (If No, consider conducting an asset mapping to identify potential partners)</p>
<p>12. <i>If you already have a plan or are in the process of developing one, what elements (e.g. screening, utilization of results, follow-up, collaboration, etc.) will need to be modified or need to be included in your SDOH plan? List all that apply</i></p>

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