

Screening Practices of Healthcare Providers for Patients' Social Determinants of Health

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ABSTRACT

Background: Numerous studies have demonstrated the link between inequities in social determinants of health (SDoH) and poor health outcomes. Healthcare providers are integral to the identification of SDoH-related risks and serve as key contributors to both health protection and promotion.

Objective: To examine healthcare providers' SDoH-related screening practices and potential barriers and facilitators to effective screening.

Methods: We analyzed survey data from 70 healthcare providers across Northern Ontario on their screening practices of their patient's SDoH using a Likert-style survey with optional comments on Qualtrics.

Results: Seventy-three percent of participants were nurses, with the majority working in acute care (25%) in the North West Local Health Integration Network (95%). Overall, 75% of participants stated they were taught about SDoH in their education; however, they did not necessarily know where to refer patients for assistance should there be a need, nor how to screen. Fifty-eight percent said screening for SDoH was part of their employment, however only 57% felt they had enough time to complete the screening. Twenty-one percent stated they did not have a standardized assessment tool to use nor a specific time to complete the assessment. Sixty-eight percent said they feel moral distress over screening for SDoH, given the lack of resources or time to complete the assessment. The majority (82%) of referrals for SDoH were to Social Work.

Conclusion: Healthcare providers recognize that screening for SDoH is crucial. However, participants felt there was insufficient time to screen and lacked a streamlined way to assess and document the screening. Our results suggest the need for standardized ways to assess for SDoH, such as on admission and using electronic health records.

Introduction

Inequities in social determinants of health (SDoH)—the conditions that shape where people are born, live, work, and age—are widely recognized as major contributors to health disparities (Braveman, 2023). Factors such as income, education, housing, food security, employment, and social support networks play a crucial role in an individual's ability to access healthcare, follow treatment

plans, and achieve favourable health outcomes (Braveman, 2023). There is growing awareness of the need to address these factors within healthcare systems to reduce health inequities (Artiga & Hinton, 2018). However, challenges remain in effectively screening for and addressing SDoH within clinical practice (Johnson et al., 2022). The primary goal of this study was to examine healthcare providers' current practices in screening for SDoH. Specifically, the study sought to identify barriers,

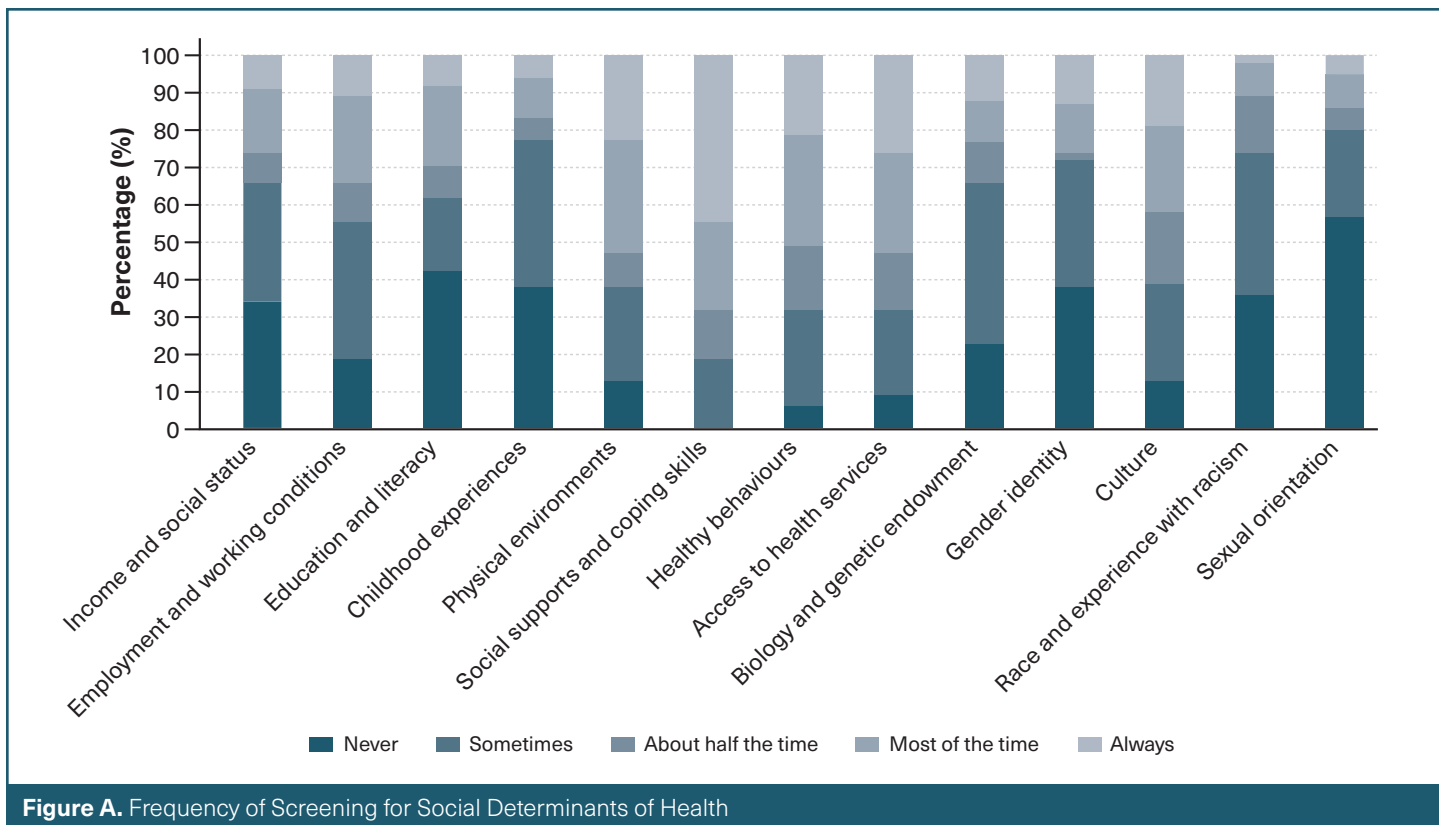


Figure A. Frequency of Screening for Social Determinants of Health

facilitators, and gaps related to training, resources, and the implementation of SDoH screening processes. By exploring these factors, the study aimed to shed light on the challenges and opportunities for better integrating SDoH screening into routine patient care.

Significance

Inequities in social determinants of health (SDoH) play a critical role in shaping individual and community health outcomes. Social determinants, such as socioeconomic status, education, employment, access to healthcare, housing stability, food security, and social support networks, are known to have a profound impact on overall health. Disparities in these factors can lead to chronic conditions, increased hospitalizations, and premature deaths, disproportionately affecting marginalized populations (Commission on Social Determinants of Health, 2008). In recent years, there has been growing recognition that addressing SDoH is essential for improving health outcomes, reducing health disparities, and promoting health equity (Chelak & Chakole, 2023).

The purpose of this study was to assess the current practices regarding the screening and identification of social determinants of health during patient interactions. While healthcare systems have traditionally focused on diagnosing and treating clinical conditions, there is an increasing shift toward a more holistic approach to patient care. By understanding the broader context of patients' lives—including their social and economic conditions—

healthcare providers can better address the root causes of health disparities.

This study aimed to explore whether healthcare professionals routinely screen for SDoH as part of the patient intake process and how these factors are integrated into clinical decision-making. Screening for social determinants during patient contact can uncover underlying barriers to health, such as lack of access to nutritious food, unstable housing, or insufficient transportation to medical appointments. Identifying these factors early in the care process allows healthcare teams to intervene appropriately, offering resources, referrals, or support services that can help mitigate these challenges and improve patient outcomes.

Approach

The study was approved by Confederation Colleges Ethics Board #0118. The study itself was quantitative with primarily closed-ended questions with occasional ability to elaborate on the response selected. Using a descriptive approach, we sought to understand the current practices screening for SDoH in healthcare professionals. The study aimed to examine healthcare providers' practices in screening for social determinants of health (SDoH) among patients. A flyer was distributed via social media and through healthcare agencies. Once the participants self-screened and consented to join, they clicked on a link (or scanned a QR code). That brought them to the Qualtrics Survey Platform, in which they read over the

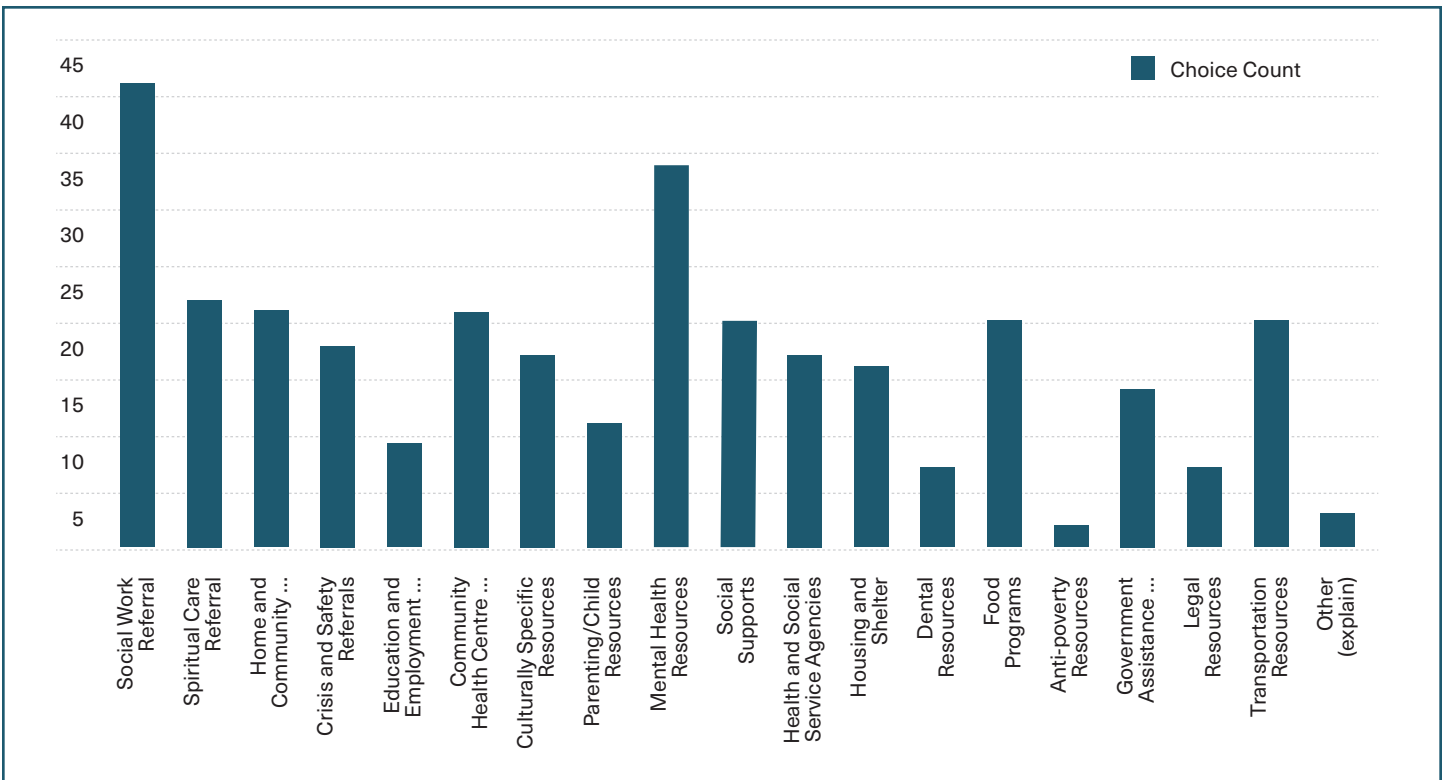


Figure B.

consent and chose to participate or not. The inclusion criteria consisted of being a healthcare professional, including medical doctors, nurse practitioners, midwives, and nurses, who worked in various healthcare sectors across Northern Ontario. The survey, hosted on Qualtrics, used a Likert scale and included optional comment sections. Only responses from individuals located within the Northwest and Northeast Local Health Integration areas were included, while those outside these regions were excluded from the study.

The survey was open for responses from April 18th, 2024, to June 11th, 2024, and a total of 56 responses were collected during this timeframe. To encourage participation, respondents had the opportunity to enter a draw for an AirTag at the end of the survey. Providing personal information for the draw was voluntary, and the winner was drawn on September 17th, 2024. The collection of personal details was solely for the prize draw, and participant confidentiality was maintained throughout.

Participants were informed that the study posed no foreseeable risks, and that their responses would remain confidential and reported in aggregate. They were also made aware that participation was voluntary, with the option to withdraw at any point without consequences. Consent was implied when respondents proceeded to the first question of the survey after being provided with background information about the study, which was not funded by any external sources. Qualtrics was used to collect and analyze the data.

Results

A total of 56 healthcare providers responded to the survey, most of whom were nurses (73.2%), midwives (7.1%) and nurse practitioners (3.6%). Of the respondents who completed the survey, there was a range of professional experience: 0 to 5 years (17.9%), 5 to 10 years (14.3%), 10 to 15 years (33.9%), and greater than 15 years of experience (33.9%). Survey respondents came from diverse sectors of healthcare, such as acute care (25.0%), chronic care (16.1%), community care (23.2%), and primary care (12.5%), while some worked in multiple sectors (16.1%). Nearly all survey respondents fell under the North West Local Health Integration Network (96.4%), while two (3.6%) fell under the North East Local Health Integration Network.

The survey asked participants how often they inquire about a patient's SDoH (see Figure A). Results demonstrated that practitioners' likelihood to screen for SDoH varied across determinants. For example, when asked about how frequently they screen for income and social status, 34.0% of providers reportedly never asked about it, 32.1% sometimes asked, 7.5% asked about half the time, 17.0% asked most of the time, and 9.4% asked always. In terms of education and literacy, 41.5% of providers never asked, 20.8% asked sometimes, 9.4% asked about half the time, 20.8% asked most of the time, and 7.5% asked always. Providers were least likely to ask about childhood experiences, as 37.7% never asked, 39.6% asked sometimes, 5.7% asked about half the time, 11.3% asked most of the time, and 5.7% asked always.

Most providers (58.5%) reported that they are expected to screen for SDoH as part of their employment. Another respondent explained that they have no expectations as part of their employment, but they expect themselves to assess for SDoH. Similarly, one healthcare professional answered, “Not as a condition of employment, but as a regular part of my practice because I understand the interplay of these variables on people’s lives, health and wellbeing.” Despite these expectations, 66.0% of providers reported experiencing moral distress in addressing their patients’ SDoH, knowing what should be done but being unable to act due to systemic barriers and limited resources.

To better understand the screening patterns identified in the study, participants were asked to specify the barriers they face in practice. Time was the most significant barrier, as 56.6% of respondents cited a lack of time. Additionally, 52.8% felt that screening for SDoH was irrelevant to their practice. Uncertainty also played a role, with 35.8% unsure what to ask and 30.2% unsure when to ask. Another 18.9% felt uncomfortable with the content of SDoH discussions. Some selected “Other” and suggested that a lack of standardized tools, insufficient follow-up resources for patients, and a fear of triggering negative experiences were substantial barriers.

Finally, healthcare professionals who assess their patients for SDoH were asked to select all the types of referrals that they generally make or resources they commonly provide their patients to assist them with their SDoH. Figure B demonstrates common referrals and resources provided to patients. The 6.0% of respondents who listed “Other” referrals listed community paramedicine resources, addiction supports, peer support groups, and connection with other practitioners well-informed on local resources.

Discussion

This study highlights that while healthcare providers acknowledge the importance of screening for social determinants of health (SDoH), several significant barriers hinder the integration of these assessments into routine clinical practice. Key obstacles include the lack of standardized screening tools, insufficient training on how to conduct screenings and make referrals, time limitations, and moral distress stemming from inadequate resources to address identified needs. These challenges may lead to missed opportunities for addressing the underlying causes of health inequities during patient encounters.

The findings emphasize the need for healthcare organizations to adopt standardized SDoH screening tools such as the SPARK tool (Akl et al., 2017) that can be easily integrated into existing workflows, such as during patient admissions or routine visits. Incorporating SDoH screening into electronic health records (EHR)

systems could help streamline documentation, improve the referral process, and ensure that SDoH data is consistently captured and acted upon. Furthermore, providing healthcare providers with targeted training on how to conduct effective screenings and navigate referral processes could help alleviate uncertainty and improve the quality of SDoH interventions.

Conclusion

Future research should investigate the impact of standardized SDoH screening tools on patient outcomes and provider satisfaction, as well as assess the effectiveness of system-level interventions designed to streamline referrals and ensure the availability of resources to meet identified needs. Ultimately, addressing the social determinants of health within healthcare settings is crucial for reducing health disparities and improving the overall health and well-being of populations.

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Conflict of Interest:

No conflicts to disclose.

References

- Akl, E.A., Fadlallah, R., Ghandour, L. *et al.* The SPARK Tool to prioritise questions for systematic reviews in health policy and systems research: development and initial validation. *Health Res Policy Sys* 15, 77 (2017). <https://doi.org/10.1186/s12961-017-0242-4>
- Andermann, A. Screening for social determinants of health in clinical care: moving from the margins to the mainstream. *Public Health Rev* 39, 19 (2018). <https://doi.org/10.1186/s40985-018-0094-7>
- Artiga, S., & Hinton, E. (2018, May 10). *Beyond health care: The role of social determinants in promoting health and health equity.* Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- Braveman, P. (2023). *The social determinants of health and health disparities.* Oxford University Press.
- Chelak, K., & Chakole, S. (2023). The Role of Social Determinants of Health in Promoting Health Equity: A Narrative Review. *Cureus*, 15(1), e33425. <https://doi.org/10.7759/cureus.33425>
- Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health* (Final Report). World Health Organization.
- Johnson, C. B., Luther, B., Wallace, A. S., & Kulesa, M. G. (2022). Social determinants of health: What are they and how do we screen. *Orthopedic Nursing*, 41(2), 88–100. <https://doi-org.proxy.queensu.ca/10.1097/NOR.0000000000000829>

- Li, C., Mowery, D. L., Ma, X., Yang, R., Vurgun, U., Hwang, S., Donnelly, H. K., Bandhey, H., Akhtar, Z., Senathirajah, Y., Sadhu, E. M., Getzen, E., Freda, P. J., Long, Q., & Becich, M. J. (2024). Realizing the Potential of Social Determinants Data: A Scoping Review of Approaches for Screening, Linkage, Extraction, Analysis and Interventions. *medRxiv : the preprint server for health sciences*, 2024.02.04.24302242. <https://doi.org/10.1101/2024.02.04.24302242>
- Penman-Aguilar A, Talih M, Huang D, Moonesinghe R, Bouye K, Beckles G. Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity. *J Public Health Manag Pract*. 2016 Jan-Feb;22 Suppl 1(Suppl 1):S33-42. doi: 10.1097/PHH.0000000000000373. PMID: 26599027; PMCID: PMC5845853.
- Rudisill, A. C., Eicken, M. G. A., Gupta, D., Macaуда, M., Self, S., Kennedy, A. B., Thomas, D., Kao, E., Jeanty, M., & Hartley, J. (2023). Patient and Care Team Perspectives on Social Determinants of Health Screening in Primary Care A Qualitative Study. *JAMA Network Open*, 6(11), E2345444-e2345444. <https://doi.org/10.1001/jamanetworkopen.2023.45444>
- Schickedanz, A., Hamity, C., Rogers, A., Sharp, A. L., & Jackson, A. (2019). Clinician Experiences and Attitudes Regarding Screening for Social Determinants of Health in a Large Integrated Health System. *Medical Care*, 57 Suppl 6 Suppl 2(6), S197–S201. <https://doi.org/10.1097/MLR.0000000000001051>
- Tiase, Victoria MSN, RN-BC; Crookston, Cathryn Degraff BSN, RN; Schoenbaum, Anna DNP, MS, RN-BC; Valu, Madelynn MPH, RD. Nurses' role in addressing social determinants of health. *Nursing* 52(4):p 32-37, April 2022. | DOI: 10.1097/01.NURSE.0000823284.16666.96
- Wood, E. B., Brown, A., Douglas, C. S., Lawrence, J., Wotherspoon, Z., & Gollenberg, A. (2024). Engaging Emergency Nurses in Strategies to Address the Social Determinants of Health. *Journal of Emergency Nursing*, 50(1), 145–152. <https://doi.org/10.1016/j.jen.2023.06.014>