The Patient Perspective: Social Determinants of Health Screenings in the Medical Setting

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Background

The World Health Organization defines social determinants of health (SDOH) as the conditions in which people are born, grow, work, live, and age including the wider set of forces and systems shaping the conditions of daily life.[1,2] These forces and systems include economic policies and systems, development agendas, social norms and policies, and political systems.[2] SDOH are influenced by factors such as income, social support, early childhood development, education, employment, housing, and gender. SDOH are widely recognized as having an important impact on health and mortality, and there is evidence of the benefits in addressing unmet social needs in the medical setting.[3] The term "social needs" is used to encompass basic needs stemming from SDOH.[4] SDOH differ among racial/ethnic and socioeconomic groups, which contributes to inequities in health outcomes and healthcare accessibility.[5] Healthcare systems are beginning to recognize that SDOH and its associated needs are strong predictors for patient health and are increasing support to address social needs by making navigators and social workers more available in clinical and community settings. While the focus on SDOH in healthcare settings is long overdue and well-intentioned, it is critical that a thoughtful, effective, and trustworthy delivery system for social needs services is designed by and for the patients who will need it the most.
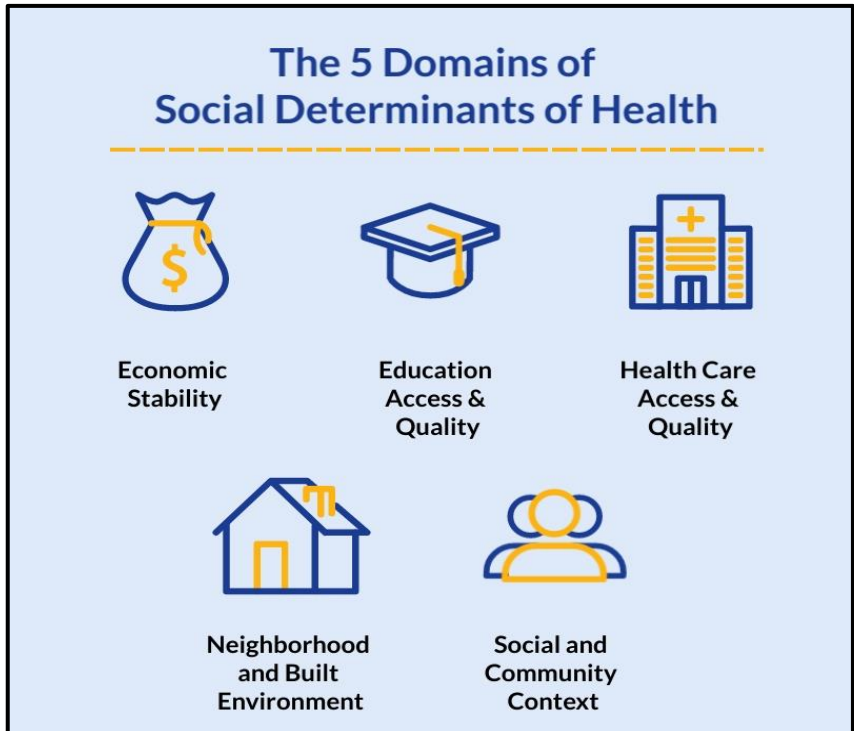
The 5 Domains of Social Determinants of Health

Economic Stability

Education Access & Quality

Health Care Access & Quality

Neighborhood and Built Environment

Social and Community Context

Despite the widespread acceptance of SDOH screening in healthcare settings, more than two-thirds of hospitals do not screen for social risks across the individual-level determinants of health.[5] Studies have shown that although healthcare systems are equipped to treat diseases, there is still a lack of necessary tools and strategies to identify, document, and track SDOH needs systemically in medical settings.[6] As a result, late social referral occur, potentially affecting health outcomes and further increasing cost of care. Collecting information about social needs allows clinicians to develop treatment plans that are better tailored to a patient's unique needs and priorities, which results in plans that patients are more likely to follow. With the creation of universal, evidence-based SDOH screening documents and questions, medical settings will be able to gather patient SDOH information efficiently and connect them with the resources they need. Health care systems have been called on to address the social needs of patients to increase health equity and achieve the goals of improving patient care, improving population health, and reducing healthcare costs.[7] Our report aims to examine the occurrence and patients' experience of SDOH screenings and their needs in the medical setting.

Methods

To capture in-depth patient experiences in SDOH screenings, we conducted three focus groups with 19 participants total, over a three-week period in 2022. Participants consisted of individuals from households of 1 or 2 people in the United States, with lower socioeconomic statuses, primary insured, and a history of cancer or other chronic illnesses. Focus group objectives and guides were created to better understand patients experiences with SDOH screening that included: how patients talk about SDOH needs, appropriateness of SDOH screening in medical settings, potential patient concerns, barriers, and tips to make implementation more patient-centered, top goals for screenings, and if patients want in-person and doctor-centric screenings. We used a patient and stakeholder engagement approach for the focus groups. Following the focus groups, we conducted a qualitative analysis using a thematic outline to describe key findings and participants' ideas around patient experiences with SDOH screening. Our overarching approach to this research study was pragmatism, which involves the combination of approaches for the purposes of understanding a given research problem.[8] A coding template with its corresponding themes and underlying topics were also created to thematically organize focus group thoughts and ideas for SDOH screening guide development. A qualitative outline was developed using "Qualitative Data Analysis: From Analysis to Writing" by Dissertation by Design.[9]

Results

Focus group participants' experiences with SDOH screenings in the medical setting were grouped into four main themes: (a)screening and follow-up processes, (b) patient experiences, (c), trust and communication, and (d) interactions with non-medical providers. These findings were informed by the following series of survey questions that Patient Advocate Foundation (PAF) conducted in Spring 2022: "In the past 12 months, have you been asked questions about any of the following social needs during your treatment journey?" and "Thinking about the social needs questions just answered, how comfortable are you being asked these specific questions by different professionals you might encounter during your treatment journey?".

Factors Influencing SDOH Screening Experience

Screening & Follow-up Processes

Patient Experiences

Trust and Communication

Interactions with Non-Medical Providers

Screening & Follow-up Processes

Screening and follow-up processes describe the occurrence of SDOH screening processes and patient expectations for these methods. Focus group participants discussed the frequency of being screened for SDOH needs, as well as appropriate parties to screen for these social needs and the expectations they hold. Most participants disclosed that their practitioners do not screen for their SDOH needs, and when practitioners do screen, they do not follow up appropriately to provide additional resources. One participant shared: "they really haven't. . .asked me about. . .are you able to get food that you need, or can you always get out and drive; no, no one has asked me that". The assistance that is often provided to patients is services and resources outside of social needs, such as medication assistance or co-pays.

Screening & Follow-up Processes

The details and characteristics of SDOH screenings and follow-up that influence SDOH identification, social need disclosure, and assistance.

The discussion among the focus group participants suggested that doctors may not be the individuals that they want to disclose their social needs to, and discussion about SDOH needs with a doctor decreases their level of comfortability. One participant stated: "I don't like talking to my doctor about my financial situation because it's not their job. Those conversations should be reserved for social workers, who have more resources and knowledge." This emphasizes the idea that patients believe that doctors specialize in medical needs, while individuals like social workers are equipped and educated to address social needs. Focus group participants expressed a desire for a central point of contact, such as one person or one location, for referrals for their social needs.

"You want to feel confident that whoever you're getting assistance with, if they're going to put you in the right direction."

When practitioners recognize social needs and conduct SDOH screenings, it is important to acknowledge the expectation that patients hold about next steps for social need assistance. Focus group discussion showed the "next step" expectations that patients hold practitioners to when their SDOH needs are addressed. "Point me in the direction of things that would make me feel comfortable to know that I'm

going to be OK" was a statement that many focus group participants expressed, hoping for practitioners to point them in the right direction in a timely manner.

Focus group participants also expressed the need for proper sensitivity training for those who performed screenings to ensure inclusivity of cultural differences and allow patients to feel confident about the help they receive. One participant stated: "I think they need to make sure that their providers undergo some type of sensitivity training. Really put some effort into that, they need cultural and diversity aspects". Diversity training is an expectation for patients, as it helps them feel more confident in their practitioner's resource and assistance decisions.

Patient Experiences

Patient experiences describe patient circumstances that influence a patient's level of SDOH need. There is an effect that both medical and non-medical costs have on patient experiences and their thoughts on how quality of care can change when SDOH needs are addressed. Participants reported the hardships that exist when balancing the financial needs of their medical care and the needs of their everyday life. As a result, they are forced to skip appointments, delay care, and compromise medications due to cost. When balancing their non-medical and medical costs, patients must choose between major necessities in both settings. Housing was identified by the focus group participants as a non-medical need that caused a major financial problem, as rent

Patient Experiences

The circumstances and experiences with providers that influence SDOH needs, medical care, and needs navigation.

and housing expenses continue to rise across the country. One participant stated: "Everything is high now, so the housing issue is a big concern". Another participant stated: "Sometimes, I actually don't get the meds that are preferred for my illness, and I have to sacrifice and try to deal with taking something else". A patient's financial circumstance has a huge influence on the level of social need they may experience, and practitioners need to understand the immense burden that comes from money and expenses in seeking the assistance for patients' need.

The focus group also pointed to the level of help practitioners, mainly doctors, can bring when managing SDOH needs. Patients in the focus group recognized the level of care doctors can provide and expressed that doctors may find challenges in directing patients to the appropriate SDOH resources. One focus group participant stated: "I think that doctors are burdened down with trying to manage cases. There isn't time for them to manage things like food insecurity so I think it would be too much to put on a doctor". Screening for SDOH needs is a complex process, and some patients believe that doctors should not be the first line of contact for SDOH screenings, due to their focus on medical needs over social needs. Focus group participants explained that they trust someone who is more specialized in SDOH and equipped with a certain level of education on the topic. Patients are worried about overwhelming their practitioners with their non-medical issues, so it is important for practitioners to find ways to shift

patients' assumptions from feeling like they are creating extra work their practitioners to a mindset that they are informing them on how to better their care and social assistance.

Several patients feel that SDOH screenings can change their practitioners' perception of them, which could affect the quality of care provided. One focus group participant stated: "I do feel like the level of care changes when they find out you're broke". Another participant stated, "It feels like if you admit to a doctor that you are less than or you don't have money and you need some help. It seems like care changes, and they treat you differently." Patients fear that when their practitioner knows that they cannot afford the medical necessities, they may be treated differently or negatively. Comfortability and trust are important to ensure that patients' SDOH needs are recognized. These perceptions also fall onto the families of these patients, as they are also affected by the level of care practitioners put into SDOH screening and the assistance that follows. The less comfortable patients feel divulging these needs, the more likely SDOH will drastically alter a patient's non-medical issues, both at home and in the lives of their families.

"If my doctor can meet my medical needs and help with medications as much as possible, I feel blessed."

Trust and Communication

Trust and communication describe patient feelings towards addressing their SDOH needs in the medical setting. It is important to acknowledge patients' comfortability and expectations of communication when conducting SDOH screenings and follow-up assistance. Focus group participants agreed that there is an overall feeling of anxiety surrounding the storing and sharing of their financial and social need records. One discussion point that arose during the focus group emphasized the idea that patients may be hesitant when asked to talk about their SODH needs: "I would feel anxious about people knowing my financial situation and having it in my record". When assessing patient needs, practitioners must create a space of trust where they can

Trust and Communication

Patients' trust in their providers and their expectations of communication during SDOH screenings and follow-up
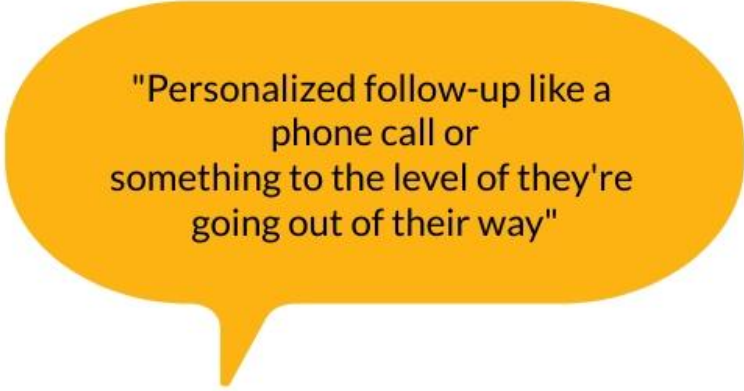
ensure that the information shared with them is safe and is strictly used for the direction of assistance and resources.

Sensitive information is needed to assess the resources and assistance a patient may need, which may be shared with a variety of parties in the medical and social work field. Once SDOH needs are recognized and stored in a patient's record, it is shared among practitioners and assistance program professionals to better assess the resources that will benefit the patient. Most patients in the focus group disclosed that they are not concerned with the sharing of these records, under the guidelines that it points them in the right direction and is protected under the appropriate privacy laws. One focus group participant stated: "I don't have any concerns about that (sharing records) or for my medical records overall. I know it's an issue, and I know they're doing a lot to protect it and there's laws to protect us and such". Patients recognized that the sharing of their personal and health data is a sensitive issue, and they trust that their practitioners are not only protecting their health but also their privacy in the process. To properly build trust between patient and practitioner when addressing SDOH needs, focus group participants conferred that privacy concerns should be addressed, along with proper direction to the entities that offer the best assistance.

The biggest communication gap focus group participants identified was proper follow-through and urgency when connecting them with assistance programs. One focus participant stated: "They have programs that will help you with, you know, taking you to the doctor or helping you at home or stuff like that. But they don't tell you how to access it". It is important to ensure that practitioners connect patients with the proper programs and ensure that the next steps are communicated and put into effect after connecting their patient.

Also, there is an expectation that patients will be connected to efficient and specified assistance programs. Focus group participants discussed their disinterest in broad assistance that they could find independently: "I don't think just giving a blanket resource is a good idea. I could have done that on my own". If social needs are assessed properly with appropriate time and care, practitioners can connect their patients with specific resources tailored to their social needs to provide the assistance the patient needs. Compassion, urgency in follow up, and strong communication from the first appointment to referral process and beyond, are the biggest expectations from patients when it comes to communicating their social needs.

"Personalized follow-up like a phone call or something to the level of they're going out of their way"

Interactions with Non-Medical Providers

Interactions with non-medical providers describe the role insurance companies and provider-support networks play in SDOH needs and patient screenings. Focus group participants exchanged views on expectations and gaps for insurance assistance and overall thoughts on social workers and referrals.

Insurance companies are one of the first institutions to assess a patient's social needs when the patient needs further assistance with financial and social needs. Patients in the focus group found that more resources are put towards medical costs compared to non-medical or social needs costs. One focus group participant stated: "We worked back to maybe helping pay for meds, co-pays, or office visits". Insurance companies have been helpful in reducing the cost of medications and assisting with office visit fees, but they still lack assistance with social costs and financial problems that arise during a patient's

medical journey. Focus group participants also expressed the lack of follow-through that exists for advertised resources from insurance companies. "They advertise it on the insurance, but it's not there" was a common statement during the focus group discussion, and it emphasizes the fact that insurance companies need to consider the social assistance that patients need and input those resources into their assistance packages.

Interactions with Non-Medical Providers

Patient interactions and experiences with social workers and insurance providers and the resources they provide.

The focus group identified that social worker referral is an important step after SDOH screenings to address social needs. Several focus group participants noted positive relationships with their social workers, as they connected them with certain grants, transportation access, and resources for financial problems that arose during their medical journey. Participants recognized the importance of social workers and the assistance they provide for social needs that were delayed due to their illness. Conversely, several participants wished they received more help from their social worker and still felt on their own when seeking out additional programs and resources. One participant stated: "They have social workers that still try to see if you need outside help, but they've never been able to offer a program. You are on your own." Another participant stated: "They do have a social worker but when I've asked for financial assistance or help, they just emailed me a couple of places I already had known of and there was no follow up or additional help". Social workers are a common avenue for patients seeking out resources when dealing with their SDOH needs, but some patients found that the resources provided

were either too broad or did not tailor to their specific social needs. Social workers are becoming the "blanket response" for patients and as result, patients continue to juggle their medical needs while still seeking help on their own for their social needs.

"I got a social worker, another name for a person who is supposed to help with outside help… understand being overloaded with a lot of patients so it is kind of difficult for them to get back to you."

Discussion

Several factors need to be considered to ensure the wellbeing of the patient and the efficiency of the SDOH screening process. Recent studies found that patients were more likely to access an SDOH resource when they received adequate outreach, assistance, and follow up from staff.[10] Well-trained and empathetic staff are an important component to the SDOH screening process, as SDOH information can be sensitive in nature. Empathetic staff allow trust to be built between practitioner and patient to ensure the patient's concerns are properly addressed. One study found that patient perspective is extremely necessary to guide program implementation, especially concerning patients' acceptance and attitudes toward social need programs.[11] Focus group participants agree about the importance of communication during SDOH screenings, and this can include the creation of SDOH screening programs. Findings from the focus groups further contribute to the current literature about the necessity of building and sustaining SDOH screening processes and the components that practitioners need to properly address their needs through communication. Consistency and universal access to SDOH screenings is key when designing these processes. Previous studies identified screening components that would help increase clinical self-efficacy such institutional support, clear screening protocols, initial and ongoing trainings, and facilitation of success to onsite and offsite referral and support services.[12]

According to focus group respondents, screenings should be designed to be personal to patients, and patients expect that a screener prepared the essential services and assistance tailored to their needs. Recent studies found that providers and patients reported high satisfaction with practitioner interactions, but several found challenges in screening techniques including providers feelings overwhelmed with the information that is collected in SDOH screenings.[13] A large volume of documents and paperwork can negatively alter a provider's ability to accurately screen and refer patients that is personalized. When focus group respondents were asked if they preferred a list of services or a direct service referral, many patients preferred both, but they wanted a list of services already printed on a handout to ensure follow through and to lower the amount of follow-up for the doctor. This aspect of screening would also help practitioners screen in a timely manner, without compromising patient needs and avoiding the feeling of being rushed when they are asked about their social needs.

Health providers are beginning to recognize the value of screening, but they are delaying the practice due to unspoken fears that these screenings may identify unmet social and legal needs that community-based resources cannot satisfy.[14] These social and legal needs must be treated through collaboration with other professionals within healthcare settings. By optimizing this approach, it will allow practitioners to better understand the scope of need in patient populations and assist with collaboration to address these needs. Focus group discussion added ideas surrounding information sharing with other healthcare professionals and the attitudes about sharing unmet social and legal needs. Existing literature indicated that many patients are unwilling to have their personal information distributed other than for the purposes of clinical care and would like to be consulted before their information is released.[15] While some focus group participants were comfortable with sharing personal information, as it may assist with basic needs and open access to other services and entities, many patients felt anxious about sharing their sensitive information around finances, mental health, and family situations, due to it being stored on their medical record indefinitely and fears that it can affect their level of care. Our findings emphasize the importance of collaborating with other professionals and practitioners in the healthcare settings, but when it comes to patient SDOH and unmet needs, there may be hesitation from patients in having these records spread across multiple settings and practitioners. It is important to provide open communication

with a patient when providing outside resources to ensure safety and comfortability around information sharing.

Many focus group participants believed that doctors should not be the ones to discuss your social risk or financial situation with, as those discussions should be reserved for practitioners such as social workers, who have more resources and knowledge on the topic. Several studies found that patients often agree that doctors should not be the individual to conduct SDOH screenings, as they are more skilled in the health aspect of care.[16-18] One study found that 84% of providers see the importance of SDOH screenings in the medical setting, but only 41% of doctors felt comfortable conducting the screening due to lack of time and resources to fully screen and address SDOH.[17] It is important to ensure that the proper individual conducts SDOH screenings in a medical setting, to ensure they properly identify and address social needs. Ensuring that a knowledgeable practitioner is screening a patient for their unmet needs would increase a patient's likelihood of getting assistance, and it will ensure patients are getting reliable assistance and proper follow-up actions.

Existing literature discusses the links between social needs and health, along with the impact of social need interventions on health improvement, utilization, and cost. Social needs in the medical setting are often measured by self-reporting methods, but not all healthcare organizations have a formal process for screening and referral, with uptake being even lower in low-resource settings.[19] Social needs screenings today involve a range of screening tools that vary in total number of questions, time intervals, and whether needs are for respondents only or all members of households. Without consistency, practitioners are not only missing social risk, but are unable to appropriately link different social needs and community resources efficiently with patients. Clinicians also reported that unmet needs are often interconnected with medical needs, creating challenges for a patient's individual situation and their clinician response.[20] For example, a patient's financial situation affecting their health care access is exacerbated by a lack of transportation to care or the cost of housing. This emphasizes why SDOH screenings need to incorporate social needs like this in their screening, and it gives practitioners an idea of the domains they need to focus on when assisting their patients.

A key lesson that emerged from the focus group is the importance of integrating all aspects of SDOH screening into existing practices without creating a perception that it is something "special" or "additional." This practice should be normalized and incorporated into standard healthcare forms. Incorporating these values into screening practices can drastically ease patient concerns and feelings of anxiety when asked about their social needs. Other important practices include ensuring the screening tool is appropriate in terms of literacy, culture, and language, integrating screenings into regular practice workflows, making screenings universal, establishing a solid referral base, maximizing use of technology, implementing a data tracking system, and staffing the program appropriately.[21] Focus group participants also saw the importance of establishing reliable referrals and follow-up practices and having the appropriate individuals staffed to screen and accommodate patient needs. Focus group participants also saw the importance of making these types of screenings universal in its access. Since many people may not have access to technology or may not know how to navigate it without assistance, SDOH screening must be designed in way that everyone who needs help can access it, from the screening questions and practices to out-of-care support and assistance.

Conclusion

Despite the recognition of SDOH screening and the advantages it can bring to patient health in the medical setting, practitioners are still lacking consistent integration of these practices into everyday care. Lack of screening for social needs can lead to several negative impacts on the patient experience, such as financial strain (medical and non-medical expenses), late referrals, worsening health outcomes, and personal disconnect between patient and practitioner. From the focus group discussion, we can disseminate several ideas on patient experiences with SDOH screenings along with the expectations patients hold for the screening and expectations for follow-up for assistance and social resources. To appropriately build efficient SDOH screening practices, practitioners need to take the necessary steps to create a universal tool used by trained, empathetic, and time- orientated health workers who can resourcefully assist patients with the issues of their social needs. The long-term vision is a patient-centered, system-informed approach to SDOH that will advance health equity.

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Appendix A: Quotes Collected During Focus Group by Theme

Table A: Screening Process Factors

Are patients being screened?	
"I haven't had an experience like that being screened for social needs and also have had experience unfortunately being dismissed"	"I haven't really had anyone ask me about, you know, are you able to get food that you need, or can you always get out and drive, no, nobody asked me"
"There is no nonmedical discussion with my healthcare physician because what she needs is on the paperwork"	"They have not added questions about, you know, other living expenses and such. What resources do they offer or who can they point you to"
Who's appropriate to screen?	
"Don't like talking to doctor about my financial situation because it's not their job. Those conversations should be reserved for social workers, who have more resources and knowledge."	"I don't feel comfortable at all telling my doctor about my woes and transportation trying to get there and all the things that have gone on"
"I don't like the idea of having to talk to your specialist regarding any financial needs or anything like that; that's more for someone that's a social worker that specializes in those things"	"Would be great if there was one spot, one person that the doctor could refer me to or just tell me that's where to go when I'm having difficulties.
Screening Expectations	
"I would expect that if I shared all of this with a physical or some PR, they would be able to point me in their direction of a person that can help me"	"Point me in the direction of things that would make me feel comfortable to know that I'm going to be OK"
"There should be a direct person's card that they should be able to give you, that they're nurse's assistant or CAN should be able to call and schedule an appointment, so you have the next steps"	"I think they need to make sure that their providers undergo some type of sensitivity training. Really put some effort into that they need cultural and diversity aspects"
"You want to feel confident that whoever you're getting assistance with, if they're going to put you in the right direction"	

Table B: Patient Factors

Financial Burden	
"Sometimes, I actually don't get the meds that are preferred for my illness, and I have to sacrifice and try to deal with taking something else"	"It's really awful to have to ask to see a doctor less often because of all the costs"
"Everything is high now, so the housing issue is a big concern"	"My rent was up the past couple of years and financially it's a very big burden"
Patient Assumptions	
"I think that doctors are burdened down with trying to manage cases. There isn't time for them	"I think the assumption is they're just there to focus on medical stuff, which I can understand"

to manage the things like food insecurity so I think it would be too much to put on a doctor"	
"I prefer my PCP or my physician or specialist to specialize in what they are good at, what they went to school for "	"If my doctor can meet my medical needs and help with medications as much as possible, I feel blessed."
Patient Attitudes	
"It feels like if you admit to a doctor that you are less than or you don't have money and you need some help, it seems like care changes, and they treat you differently"	"I just feel like they treated me so differently because I'm on Medicaid and I can't afford a lot of these things"
"I do feel like level of care changes when they find out you're broke"	"It does give people that perception of, you know, oh you want this special treatment only because you don't have top notch level care."

Table C: Trust and Communication

Comfortability Disclosing SDOH Needs	
"Feeling anxious about people knowing my financial situation and having it in my record"	"I would hate if it was in my medical record that I am poor and I need help with all those things"
Record Sharing	
"I don't have any concerns about that (sharing records) or for my medical records overall. I know it's an issue and I know they're doing a lot to protect it and there's laws to protect us and such."	"If you were allowed to sign something to waive certain things so that you can share information and you know which certain entities that you give permission to"
"Privacy has to be absolutely involved"	
Follow-up and Communication Expectations	
"They have programs to help with, you know, being taken to the doctor…but they don't tell you how to access it.	"They have programs that will help you with, you know, taking you to the doctor or helping you at home or stuff like that. But they don't tell you how to access it. "
"Personalized follow up like a phone call or something to the level of they're going out of their way"	"The follow up believe should be with urgency"
"What I want is compassion and follow through"	"I don't think just giving a blanket resource is a good idea. I could have done that on my own"

Table D: Insurance Factors

Insurance and Assistance in SDOH Needs	
"We worked back to maybe helping pay for meds, co-pays, or office visits "	"Coupons they have that the manufacturers give will give you lower copayments but only if you have commercial insurance

Screening Assistance Gaps	
"They advertise is it on insurance, but it's not there"	
Referral to a Social Worker	
"They have social workers that still try to see if you need outside help, but they've never been able to offer a program. You are on your own"	"I got a social worker, another name for a person who is supposed to help with outside help… understand being overloaded with a lot of patients so it is kind of difficult for them to get back to you"
"They do have a social worker but when I've asked for financial assistance or help, they just emailed me a couple of places I already had known of and there was no follow up or additional help"	"I started having more financial problems, so I was talking to my social worker there. I worked in the health field, so I knew how important a social worker was and she helped tremendously"
"My social worker has helped me when she hears of certain grants or certain things for helping me with transportation"	

Appendix B: PAF Focus Group Guide

Cohort 1: October 6, 2022 Experience + Trust Attendance: 4	Cohort 2: October 14, 2022 Experience + Low Trust Attendance: 7	Cohort 3: October 20, 2022 No Experience / Low Trust Attendance: 8
Seemingly positive experience with screening	Concerns about appropriateness or comfort with screening in the health care setting	Concerns about appropriateness or comfort with screening in health care setting

Objectives:

We want to better understand:

- Patients' experiences with SDOH screening
- How patients talk about SDOH needs, and navigation (their language) – generate terms for term testing workshop
- Appropriateness of screening in medical settings and potential patient concerns, barriers, and tips to make implementation more patient centered.
- Top goals/concerns for screening—why do patients want in-person and doctor centric screening. What are their reasons and how can we meet these underlying needs even if we cannot match workflow preferences.

Introductory script:

Many patients are struggling with medical and non-medical costs. Historically there has been a focus on just the cost of care, but we know that there are additional needs that exist regardless of condition-- including food needs, housing, utilities, transportation, cost of living, etc. A complex or chronic condition can cause even greater need. We want to explore if the medical care setting is an appropriate place to identify these needs, and how to have these conversations in a way that is patient centered and sensitive to the unique needs of those facing these challenges.

1. What thoughts do you have about sharing these topics with your healthcare team?
   a. General feelings (positive, negative mixed?)
   b. When, who, where, and how
   c. How did it make you feel (in experienced groups)
2. Do you have any concerns about if or how this information is recorded in your medical record or shared with others?
   a. Briefly educate on who has access to EHR data, probe for concerns
3. What do you expect your provider will do if they identify these needs?

4. What recommendations would you have for health systems that want to screen for Social Needs (or SDOH)? Put another way, what do they need to know, from a patient perspective, as they are developing screening programs?
   a. Understand the motivations behind (why) recommendations.
   b. What happens after screening? Preferences for response and follow-up