

An Evaluation of Primary Care Based Social Needs Screening Implementation Among Community Health Centers in North Carolina

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Abstract

Structural social determinants of health (SDOH) and individual-level social needs drive health outcomes and widen health disparities. Successful efforts to reform health care delivery towards value and effective population health management requires health systems to assess and address social needs in routine outpatient clinical encounters. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) was developed as a screening tool and corresponding clinical workflow to assess and respond to identified social needs that impact health. However, evidence on the cost of PRAPARE, the screening tool's association with clinical risk, and patients' perspectives on implementation is limited. In this dissertation, I examine these aspects of PRAPARE in federally-qualified health centers (FQHCs) across North Carolina. The first aim of this dissertation evaluates the relationship between PRAPARE responses and individuals' cardiometabolic clinical risk. The second aim examines the direct clinic-level cost of implementing and sustaining a practice pattern change required for the PRAPARE screening and response protocol. The third aim assesses implementation barriers and facilitators of the PRAPARE social needs response protocol from the patient's perspective. The findings are of interest to policy makers and payers interested in scaling this approach and provides practical implementation insights for health systems and practitioners interested in assessing and addressing individual-level social needs to improve care quality and promote health equity.

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