

## **Title:** Focus groups to guide implementing an SDOH initiative using the Health Equity Implementation Framework

### **Abstract**

#### **Background**

Initiatives to collect and address social drivers of health (SDOH) in clinical settings have strong potential to reduce health disparities. Limited evidence exists to guide implementation, particularly for academic health centers which serve large numbers of socially disadvantaged people. Implementation models must prioritize the diverse needs of patients, clinical teams' readiness to adopt, and impact on community organizations.

#### **Objective**

To collect input from key stakeholders on optimizing the collection, integration, and use of SDOH data for primary care patients receiving care at an academic medical center.

#### **Methods**

We conducted 6 focus groups with four clusters of stakeholders: primary care clinicians (2), patients (2), and clinic staff (1), and community organization leaders (1). Focus group guides were designed to understand barriers and facilitators to collecting and using SDOH data. Data were qualitatively analyzed by multidisciplinary team members. The analysis was informed by the Health Equity Implementation Framework domains.

#### **Results**

Relevant to the clinical encounter domain was the importance of incorporating features that support informed clinical decision-making at the point of care (i.e., popups, alerts, after visit summaries) and facilitating warm handoffs (from clinicians to staff; from staff to community organizations). Aligning with the inner context and societal influence domains, community capacity was noted as a limiting factor in the ability to address social needs. For the outer context domain, institutional commitment and advocacy in appropriate venues was stressed as essential.

#### **Conclusion**

Our study provides needed, diverse perspectives to guide SDOH initiatives in academic health centers and other large health systems. Findings highlight the need for investment in a) updating SDOH infrastructure with clinical decision support features, b) more robust warm handoff workflows, and c) community organizations that may be overwhelmed by referrals and under resourced. We will use findings to inform the implementation and evaluation of a multi-level SDOH initiative.