

**SOCIAL DETERMINANTS OF HEALTH**

**Purpose:** Provide a uniform means to collect information through City-funded social service contracts on the unmet needs encountered by service customers. Data otherwise not available will be used to inform the City and public on unmet needs that need attention and aggregate progress of city-funded services.

**Validity:** This screening tool uses a modified portion of the questions from the AHC HRSN Screening Tool issued by the Centers for Medicare and Medicaid Services (CMS), and includes suggested City-added text to improve clarity. Multiple Albuquerque agencies and health providers use the original CMS screening tool, which allows data collected by the City can be compared with a rich local and national dataset. Screening questions are organized in the City of Albuquerque Family and Community Services Outcome categories, all of which contribute to improve public safety.

**Instructions:** Administer at intake and at discharge, or annually depending on the length of program. Provide aggregate data on City provided sheet on a quarterly basis. Any “yes” responses or responses that indicate additional supports are needed requires additional screening and/or referral as appropriate.

Agency Name: Date:

**🞏 Intake 🞏 Discharge / Annual**

**Client Age:**  **🞏** 18-24 **🞏** 25-45 **🞏** 46-65 **🞏** over 65  **Gender: 🞏** M **🞏** F **🞏** Other

**Race & Ethnicity**

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* Two or more races
* Hispanic or Latino
* White alone, not Hispanic or Latino -

1. **What is your living situation today? [[1]](#footnote-1)** 
   * I have a steady place to live
   * I have a place to live today, but I am worried about losing it in the future
   * I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, in a park, in a car, abandoned building, or other place unsuitable for people to live.)
   * N/A - I was in a residential facility the last three months or longer (can include hospital, residential treatment, correctional facility, etc.)
   * Uncomfortable in disclosing at this time
2. **Within the past 3 months have you worried that food would run out for you and your family? 2**
   * Often true
   * Sometimes true
   * Never true
   * N/A - I was in a residential facility the last three months or longer (can include hospital, residential treatment, correctional facility, etc.)
   * Uncomfortable in disclosing at this time
3. **In the past 3 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? [[2]](#footnote-2)**
   * Yes
   * No
   * N/A - I was in a residential facility the last three months or longer (can include hospital, residential treatment, correctional facility, etc.)
   * Uncomfortable in disclosing at this time
4. **Has anyone, including family and friends, in the last 3 months, harmed you or threatened you with harm (physically, psychologically, or emotionally, which can include isolation, financial control, sexual abuse, or manipulation)? [[3]](#footnote-3)**
   * Yes
   * No
   * Uncomfortable in disclosing at this time
5. **Do you want help finding or keeping work or a job or with school or training? [[4]](#footnote-4)  For example, finding a job, keeping a job, starting or completing job training or getting a high school diploma, GED or equivalent. Check all that apply.**
   * Yes, help finding work
   * Yes, help keeping work
   * Yes, help getting a high school diploma, GED or equivalent
   * Yes, help getting job training
   * I do not need or want help
   * Uncomfortable in disclosing at this time
6. **In the last 3 months has your use of substances interfered with your daily life? [[5]](#footnote-5)  (such as alcohol, non-medical use of drugs)**
   * Yes
   * No
   * Uncomfortable in disclosing at this time
7. **Has your mental health problems interfered with functioning in your daily life in the past 3 months? [[6]](#footnote-6)** (For instance, feeling depressed, hopeless, disoriented, unmotivated, sleeping longer, crying uncontrollably, loss of appetite or weight loss) \*If a client discloses suicidal ideation, the agency has the obligation to provide appropriate follow-up.
   * Yes
   * No
   * Uncomfortable in disclosing at this time
8. **What prevents you from getting childcare for your children if you need it? [[7]](#footnote-7)**
   * N/A (no children or do not need childcare)
   * Cannot afford childcare
   * Transportation
   * Do not know where to access childcare
   * Do not qualify for childcare
   * Uncomfortable in disclosing at this time
9. **In the past 3 months, have you used the emergency room instead of going to a primary care doctor or clinic due to lack of insurance or affordability? [[8]](#footnote-8)**
   * Yes
   * No
   * N/A - I was in a residential facility the last three months or longer (can include hospital, residential treatment, correctional facility, etc.)
   * Uncomfortable in disclosing at this time
10. **In the past 3 months has the electric, gas, oil, or water company threatened or shut off services in your home? [[9]](#footnote-9)**
    * Yes
    * No
    * N/A - I was in a residential facility the last three months or longer (can include hospital, residential treatment, correctional facility, etc.)
    * Uncomfortable in disclosing at this time

ASK ONLY IF APPLICABLE:

1. **Is language a barrier to access services to meet the needs we just discussed? [[10]](#footnote-10)**
   * Yes
   * No
   * Uncomfortable in disclosing at this time

If yes, what is your preferred language for accessing services?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make note of languages on the NOTES section of the reporting form.

1. CMS AHC HRSN Q # 1. National Association of Community Health Centers and partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE. http://www.nachc.org/research-and-data/prapare/ [↑](#footnote-ref-1)
2. Adapted from CMS AHC HRSN Q # 5. National Association of Community Health Centers and Partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE. <http://www.nachc.org/research-and-data/prapare/> [↑](#footnote-ref-2)
3. Adapted from CMS AHC HRSN Q # 9. Sherin, K. M., Sinacore, J. M., Li, X. Q., Zitter, R. E., & Shakil, A. (1998). HITS: a Short Domestic Violence Screening Tool for Use in a Family Practice Setting. Family Medicine, 30(7), 508-512, [↑](#footnote-ref-3)
4. Combined CMS questions # 12 and 16. Identifying and Recommending Screening Questions for the Accountable Health Communities Model (2016, July) Technical Expert Panel discussion conducted at the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Baltimore, MD. [↑](#footnote-ref-4)
5. Combined and adapted CMS questions # 21 and 22. United States, U.S. Department of Health and Human Services, National Institutes of Health. (n.d.). Helping Patients Who Drink Too Much: A Clinician's Guide (2005 ed., pp. 1-34). [↑](#footnote-ref-5)
6. Adapted from CMS question #23 a. and b. Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). The Patient Health Questionnaire-2: validity of a two-item depression screener. Medical Care, 41(11), 1284-1292. [↑](#footnote-ref-6)
7. Adapted from *WellRx Toolkit,* University of New Mexico Office for Community Health [↑](#footnote-ref-7)
8. Added by the City of Albuquerque, Department of Family and Community Services as an indicator of health needs. [↑](#footnote-ref-8)
9. Adapted from CMS AHC HRSN Q # 6: Cook, J. T., Frank, D. A., Casey, P. H., Rose-Jacobs, R., Black, M. M., Chilton, M., Cutts, D. B. (2008). A Brief Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development in US Infants and Toddlers. Pediatrics, 122(4), 867-875. doi:10.1542/peds.2008-0286 [↑](#footnote-ref-9)
10. Added in response to feedback from social service agency. [↑](#footnote-ref-10)