

COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA IN THE CLINICAL SETTING: FINDINGS FROM NATIONAL PRAPARE IMPLEMENTATION

Acknowledgements

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Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) is a national standardized patient risk assessment protocol designed to engage patients in assessing & addressing social determinants of health (SDOH). PRAPARE is evidence-based, designed through stakeholder engagement, paired with an Implementation and Action Toolkit, and standardized across ICD-10, LOINC, and SNOWMED. The PRAPARE core questions includes domains of



PRAPARE PILOTS

2015 National Pioneer Cohort

In the 2015 national pilot, the PRAPARE project team supported seven health centers and four of their respective health center networks over the course of a year located in a mix of rural and urban areas. Locations included: Oregon (1 site), New York (2 sites), Iowa (2 sites), and Hawaii (2 sites).

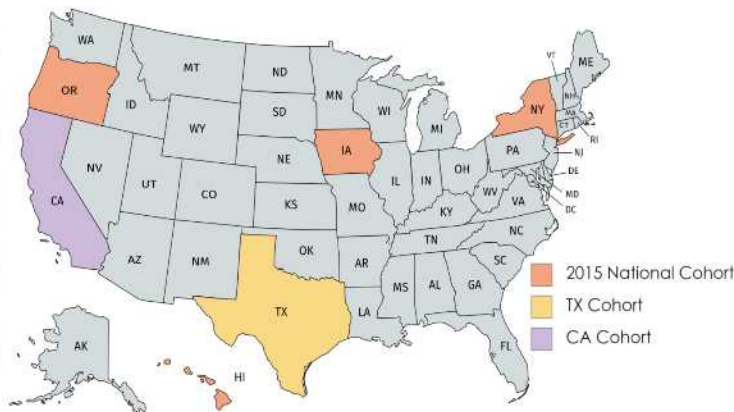
Over a four-month implementation period, three of the teams piloted PRAPARE with their general patient population and one team focused on implementing PRAPARE with their chronically ill population. Each team used a variety of work flows to implement PRAPARE. Overall, the National Cohort submitted PRAPARE data on 2,982 adult patients. The mean sample size for each team was 746, ranging from 438 to 1,152.

California (CA) Cohort

In California, eight health centers collected limited PRAPARE data over 2-3 months in 2017.

Three health centers piloted PRAPARE with their general patient population and five health centers focused on implementing PRAPARE with their chronically-ill population. Each health center selected their population of focus based on their priorities for addressing patient SDOH factors and used a variety of data collection approaches.

The California Cohort collected PRAPARE data on 2,709 patients. The mean sample size for each CA health center was 339, ranging from 149 to 653.



Texas (TX) Cohort

In Texas, three health centers collected PRAPARE data over 3-4 months in 2017.

The three health centers collected PRAPARE data using a variety of data collection approaches and populations of focus, including chronically ill populations.

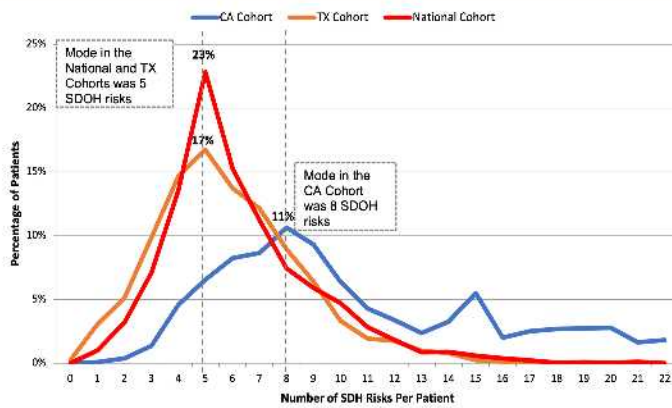
The Texas Cohort collected PRAPARE data on a total of 1,655 patients. The mean sample size for each TX health center was 512, ranging from 203 to 1,036.

NUMBER OF SDOH RISKS PER PATIENTS

The mean numbers of SDOH risks per patient for the 2015 National, CA, and TX Cohorts were 6.3, 9.6, 5.9 out of 22 respectively, or 7.2 across all three Cohorts out of 22.

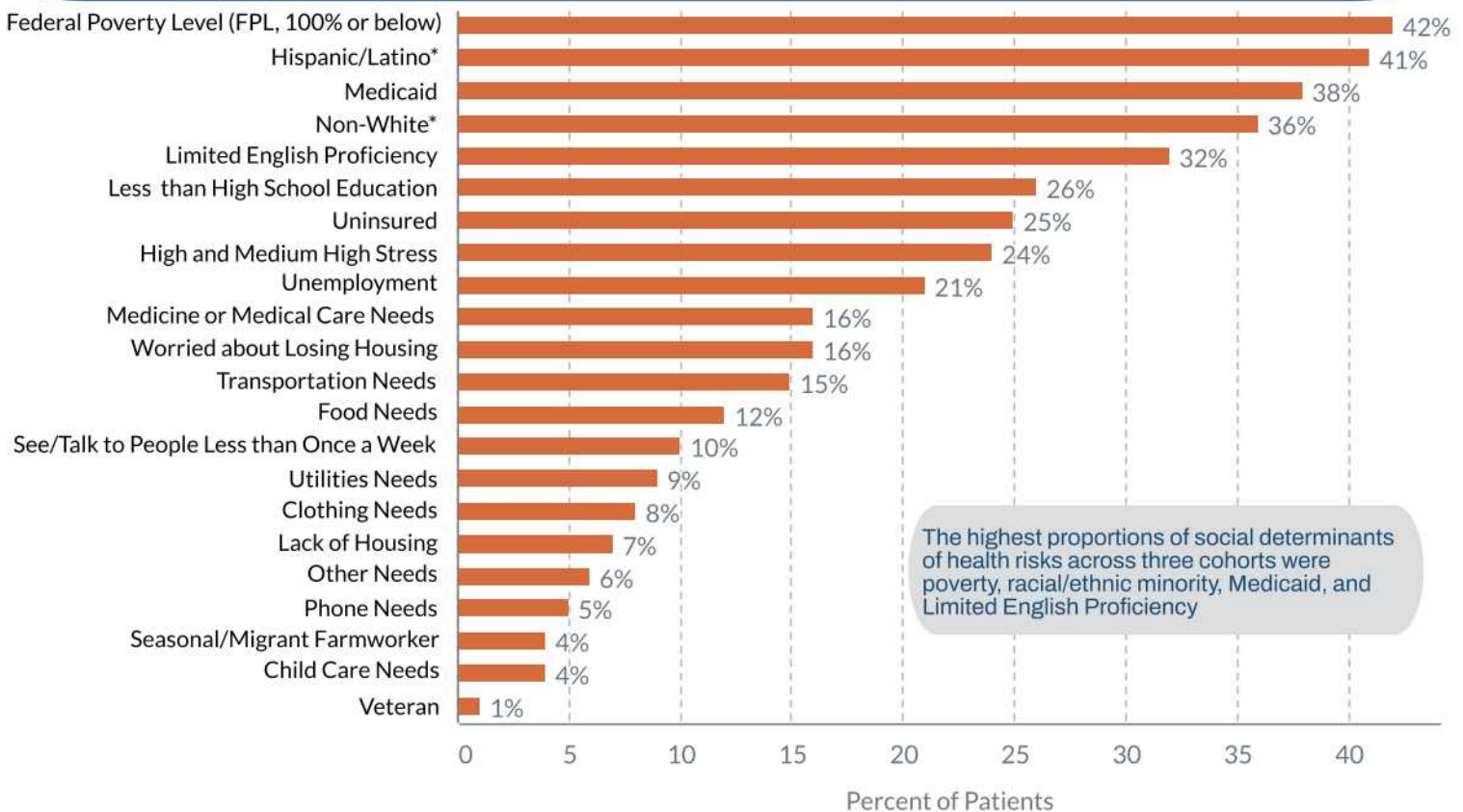


NUMBER OF SDOH RISKS PER PATIENTS, CONT.



- The CA Cohort had the highest number of SDOH risks per patient compared to the other two cohorts
- Patients having five SDOH risks was the most common for the 2015 National (23% of patients) Cohort and the TX Cohort (17% of patients)
- Patients having eight risks was the most common for the CA Cohort (11% of patients)

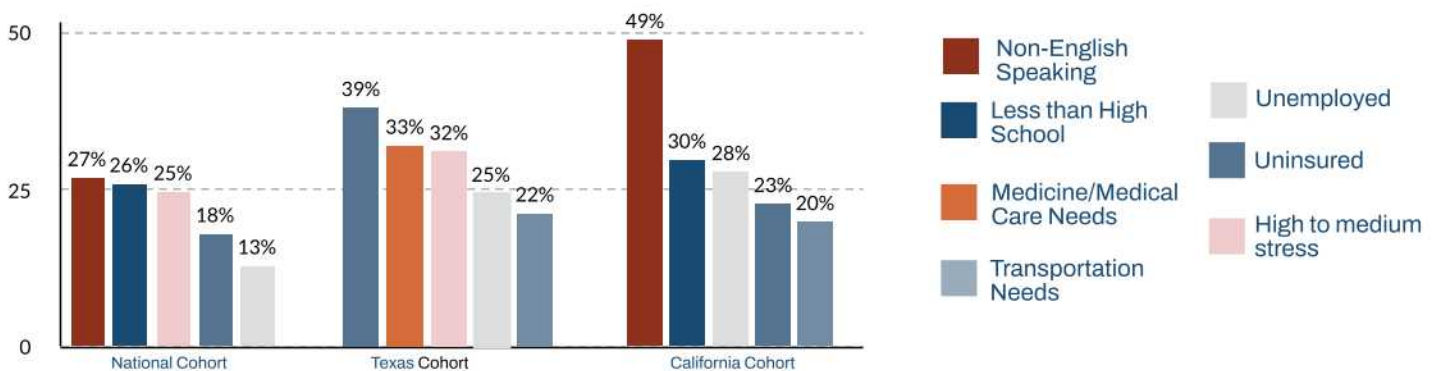
COMMON SDOH RISKS ACROSS PRAPARE COHORTS



The highest proportions of social determinants of health risks across three cohorts were poverty, racial/ethnic minority, Medicaid, and Limited English Proficiency

*Racial and ethnic groups experience structural and systemic racism that results in increased social risks and health disparities.

TOP FIVE SDOH RISKS BY PRAPARE COHORTS



For more information, contact prapare@nachc.org. Visit our website at <http://www.nachc.org/prapare>

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