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Implementing a Social Determinants of Health Program through the Lens of a Western New York Community Pharmacy

(1137) Implementing a Social Determinants of Health Program Through the Lens of a Western New York Community Pharmacy

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Participants should be aware of the following financial/non-financial relationships:

Matthew Butler, PharmD: I do not have any relevant financial / non-financial relationships with any proprietary interests.

Objectives: The primary objective of this study is to evaluate the implementation of a social determinants of health (SDoH) program in the community pharmacy setting. Secondary objectives include evaluating process, humanistic, and patient-driven outcomes associated with the program. SDoH account for 80-90% of health outcomes and include health-related behaviors, socioeconomic factors, and environmental factors. Novel approaches that address health inequity and SDoH are an urgent health priority. One approach is the utilization of CHWs as front-line public health workers. Embedded in the community as the one of the most accessible healthcare providers, pharmacies are uniquely positioned to connect individuals to resources. Integrating a CHW into a community pharmacy can provide individuals with a community member who can connect them with social-related resources and services tailored to meet their specific needs. However, at this time research related to community pharmacy-CHW models is sparse.

Methods: This will be a single-center, retrospective study evaluating the implementation of a novel community pharmacy SDoH program in Western New York. Eligible patients will be: 1) identified through a trigger form utilized by SDoH trained pharmacy staff, 2) screened and assessed by a CHW or SDoH Specialist, and 3) referred to appropriate social services through an online platform

and additional external mechanisms. Program data will be de-identified and sent to the research team by the pharmacy after each intervention is complete, including the trigger form, intervention worksheet, and referral data. The trigger form consists of 11 SDoH-related questions from the Health Leads Social Needs Screening Toolkit. If the patient answers yes to any of the questions and requests to receive assistance, the patient will be enrolled into the program to be screened and assessed by the CHW/SDoH Specialist. The specialist will record the case information on the intervention worksheet along with a patient-collaborated care plan including referrals to any community organizations as needed. If the community organization participates in the online platform, the specialist will complete the referral process through the platform. If the community organization does not participate in the platform, manual referrals will be made and tracked in an Excel document. We will evaluate humanistic outcomes through the Center for Disease Control and Prevention's Health Related Quality of Life-4 (HRQoL-4) measure during the screening phase. We will then follow-up with the patient post-intervention to collect HRQoL-4 responses again to determine how the SDoH intervention impacted the patient's quality of life. In addition, we will be having the patient create a prioritized care plan alongside the specialist that outlines their expectations in how to resolve their social related challenges. This will be recorded on the intervention worksheet. We will then follow-up with the patient after the intervention to determine program's effectiveness in addressing the patient's social related needs. Quantitative data will be analyzed using descriptive statistics.

Results: This study is currently in progress and results have not been produced at the time of abstract submission.

Conclusions: Insights from this study may provide useful information for wider implementation of SDoH programs in community pharmacy settings. Ultimately, integrating these programs into pharmacy settings can effectively provide direct referrals and warm hand-offs to address SDoH for at-risk individuals. Additionally, use of these accessible services in a community pharmacy setting may lead to improved humanistic outcomes and lower healthcare costs.