

Implementation of Social Needs Screening Across a Collaborative Partnership with Leading Health Agencies

Abstract

Background

There are well-documented challenges to social needs screening, including limited partnerships that share knowledge and resources. The Collaboration for Equitable Health (CFEH) launched in 2023 as a unique partnership between the American Heart Association®, American Cancer Society®, and American Diabetes Association®, powered by the Bank of America Charitable Foundation and evaluated by the University of Michigan School of Public Health. CFEH aims to empower community-based organizations across 11 U.S. cities to address the leading causes of mortality in historically marginalized communities—hypertension, cancer, and diabetes. CFEH aligns health care and public health through education and capacity-building, access to screenings and preventive care, and policy advocacy.

Objective

To describe changes in using social needs screening tools and screening practices among community partners from baseline to one year after CFEH's launch.

Methods

Data were collected from baseline and one-year follow-up assessments of CFEH's cross-site evaluation of 38 community partner clinics and organizations. Descriptive statistics and paired sample tests described screening practices and percent change between baseline and follow-up. Themes from a rapid qualitative analysis of 55 interviews provided additional insights.

Results

At baseline, 95% (n=35) of organizations screened for one or more social needs (mean=7), including food (86%), transportation, social, and financial support (80% each). The U.S. Adult Food Security Survey Module and Health-Related Social Needs Screening Tool were most frequently reported at baseline (both 35%, n=7). At follow-up, screening only decreased by 3% (n=1) and changes were observed in the types of screening tools used. Interviews highlighted the importance of screening and obstacles to receiving provider support. CFEH resources helped some partners improve staff capacity for screening.

Conclusion

There were few changes in uptake of social needs screening at follow-up, given the high participation rate observed at baseline. These results highlight opportunities to support sustaining screening practices in community settings.