

## **Background**

We conducted a mixed-methods evaluation of a pilot universal social health screening and assistance program implemented in two Kaiser Permanente Washington primary care clinics. The evaluation included assessing the comparative effectiveness of two social health support programs. Patients who reported social needs during screening were randomly assigned to receive assistance from either a local, clinic-based or centralized call center social health specialist.

## **Objective**

Our purpose is to share learnings on reach and adoption for this program from both a patient and primary care workforce perspective, with lessons applicable for the broader social health field. We plan to draw on both quantitative patient participation data and qualitative data describing workforce implementation recommendations.

## **Methods**

To assess reach of screening implementation and each assistance program, we reviewed 1) social health screening rate data, and 2) resource specialist case notes. To collect primary care workforce feedback and recommendations for further adoption of social health integration, we conducted semi-structured interviews with medical assistants, primary care providers, clinic leaders, and local resource specialists. We used a Rapid Analysis Process to identify themes.

## **Results**

Both clinics achieved 80% screening targets during the evaluation period with active implementation support. Among patients who were randomized to receive clinic-based support, 48% engaged with the specialist and received a referral, compared to 33% of patients randomized to receive support from a centralized specialist. Patients assigned to work with a centralized specialist were 2.5 times more likely to decline assistance compared to patients assigned to a local specialist. Across all primary care clinic roles, clinic staff recommended deployment of local, on-site social health staff to better integrate social health care into care teams.

## **Conclusion**

Our findings suggest that both reach and adoption of social health care in primary care are strengthened by local, clinic-based social health workforce over centralized models.