

Social Determinants of Health Clinical Practice Guidelines	
The World Health Organization defines social determinants of health as follows: "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."	
Social Determinants of health include factors such as income, social support, early childhood development, education, employment, housing and gender.	
Social Diagnosing Addressing the social determinants is an important and emerging area of practice that entails starting earlier and broadening the scope of interventions, thus making entire families and communities healthier.	Treat patients with dignity and respect and create safe spaces for disclosure.
	Take a little extra time per consultation to address complex health and social needs to improve anticipatory and coordinated care and improve patient enablement.
	Ask patients about potential social challenges in a sensitive and culturally acceptable way (such as lack of employment, food insecurity and discrimination, physical and sexual abuse, and history of psychological trauma, low literacy, legal or immigration status issues, fears regarding health care or barriers to making appointments).
	Integrate information on social challenges into the medical record to ensure that the entire care team can take these considerations into account during care planning.
Social Prescribing Involves connecting patients with various support resources within and beyond the health system.	Know about local referral resources for specific social challenges
	Referrals to community based support groups, housing advocacy organizations, employment agencies, etc.
	Advocate for patients, help patients to access benefits or programs to which patients are entitled.
Screening Tools Examples of Screening Tools available for social needs of Members	Your Current Life Situation (YCLS) survey
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)
	CMS Accountable health communities Health-Related Social Needs (HRSN)
ICD-10 Codes Encounter reason codes used to document SDOH data	There are ICD 10 codes that identify non-medical factors that may influence a patient's health status, such as the member's socioeconomic situation, including education and literacy, employment, housing, lack of adequate food or water, etc. These are supplemental diagnosis codes (not admitting or principal diagnosis codes). Including SDOH ICD-10 codes in the medical record/claims can help with care coordination and quality improvement initiatives. (see attachment)
Resources: https://www.cdc.gov/publichealthgateway/sdoh/index.html https://www.ahrq.gov/sdoh/practice-improvement.html	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135524/ https://www.cdc.gov/social-determinants/tools/index.htm https://www.aafp.org/fpm/2018/0500/p7.html