SOCIAL DETERMINANTS OF HEALTH

University at Buffalo School of Pharmacy and Pharmaceutical Sciences and Community Pharmacy Enhanced Services Network NY

In recognition of success in integrating a social determinants of health screening and navigation program within community pharmacies.

Complex Discharge Planning Team

BACKGROUND

University at Buffalo (UB) School of Pharmacy and Pharmaceutical Sciences is in Buffalo, NY and offers 18 pharmacy related degree pathways including dual PharmD, MS, and PhD degrees.

Community Pharmacy Enhanced Services Network NY (CPESN NY) is a registered healthcare entity and independent practice association with a statewide member network of community pharmacies. Their mission is to empower local, high-quality, patient-centered enhanced services. They collaborate with CPESN USA while also having the capability to act independently based on state and local needs.

- Community pharmacies are uniquely positioned with their accessibility and proximity to at-risk groups, making them a prime location for social needs screening and navigation programs.[1]
- Social Determinants of Health (SDoH) programs within community pharmacies have demonstrated positive outlooks across different models, including the integration of community health workers (CHW).[2, 3]
- Additional evidence is needed to better understand the importance of process and quality measures for community pharmacy health-related social needs (HRSN) screening and navigation programs.[4]
- The objective of this project was to evaluate a HRSN screening and navigation program within 15 community pharmacies across New York State.

APPROACH

This project was a quasi-experimental study between January and December 2023.

Inclusion Criteria

- >18 years old.
- Presented to a CPESN affiliated community pharmacy participating in the SDoH program.
- Provided consent to participate in the SDoH program.

Data Collection

- Primary: referral uptake (number of resolved cases among submitted referrals).
- Secondary: intervention fidelity (number of screenings and social needs identified) and program reach within NYS urban and rural areas.
- An adapted version of the Health Leads screening tool was used to screen and identify HRSNs, and an online IT platform was used to submit direct referrals to a social care network.

Data Analysis

- Descriptive statistics were used to report quantitative data.
- Geospatial mapping was used to evaluate program reach utilizing Tableau.

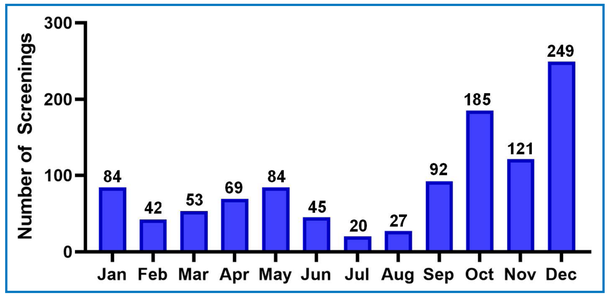
RESULTS

- Integrating an HRSN screening and navigation program within community pharmacies successfully engaged participants to identify and address social needs.
- The most common social needs identified were food insecurity (19%), housing instability (13%), and healthcare access (12%).
- The majority of participants were female, white, had Medicare or Medicaid, and lived in rural areas of New York State.
- Establishing a referral system in the program was essential to making timely and successful connections to local community resources.
- Developing payment models and financial incentives is needed to expand and sustain these programs.

Table 1. Participant Demographics

Demographic Participants n=1034 (%)		Sociodemographic Participants n=1034 (%)	
Age	62.3 ± 16.8	**Geographical Area**	
Gender		Rural:	623 (60)
Female:	623 (60)	Urban:	355 (34)
Male:	355 (34)	**Insurance**	
Unknown:	56 (6)	Medicare:	373 (36)
Race		Medicaid:	206 (20)
White:	815 (79)	Commercial:	116 (11)
Other:	43 (4)	**Marital Status**	
Unknown:	176 (17)	Married/partner:	192 (19)
Ethnicity		Single:	69 (7)
Not Hispanic or Latino:	656 (63)	Widowed:	28 (3)
Hispanic or Latino:	40 (4)	Divorced/separated:	18 (2)
Undisclosed:	338 (33)	Unknown:	727 (70)

Figure 1. Screenings per Month



CONCLUSIONS

- Community pharmacies have the opportunity to reduce health inequities by addressing upstream factors through innovative SDoH models, leveraging accessibility and local connections with organizations.
- Further research is underway to evaluate the program's impact on healthcare utilization and medical expenditures.

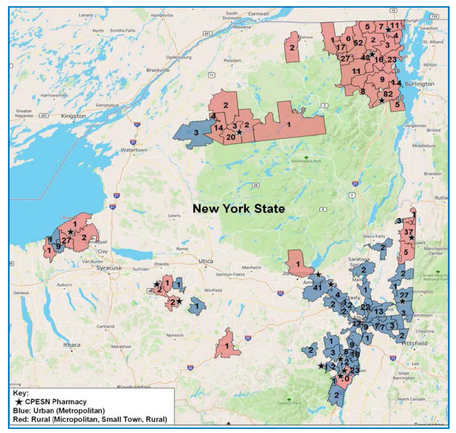
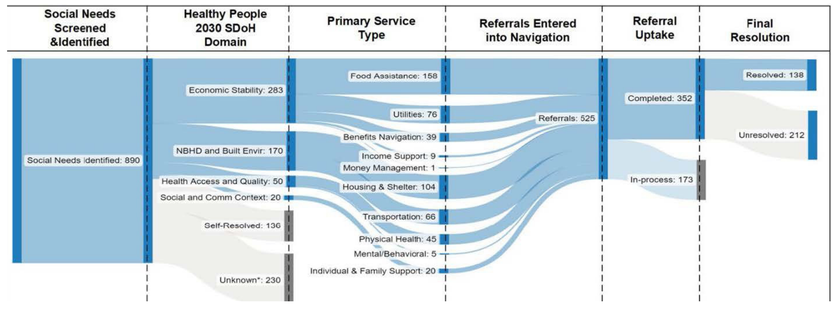


Figure 2.

Program Reach Across New York State Based on Urban and Rural Status.

Numbers represent participants screened based on zip code.

Figure 3. Social Needs Identified, Referrals Entered into Navigation, and Outcomes Resolution



ACKNOWLEDGEMENTS

UB Project members/awardees:

- Christopher J. Daly, PharmD, MBA
- Durdana Iqbal, PharmD
- David M. Jacobs, PharmD, PhD
- Walter Gibson, Data Analyst

CPESN NY Project members/awardees:

- John L. Croce, BS, RPh
- Jessica Anderson, PharmD, MPH
- Alec Gilles, BS, RPh

REFERENCES

1. Foster AA, Daly CJ, Logan T et al. Implementation and evaluation of social determinants of health practice models within community pharmacy. J Am Pharm Assoc (2003). 2022;62(4):1407-16.
2. Foster AA, Daly CJ, Logan T et al. Addressing social determinants of health in community pharmacy: Innovative opportunities and practice models. J Am Pharm Assoc (2003). 2021;61(5):e48-e54.
3. Foster AA, Daly CJ, Leong R et al. Integrating community health workers within a pharmacy to address health-related social needs. J Am Pharm Assoc (2003). 2023;63(3):799-806 e3.
4. Kiles TM, Chen C, Leibold C et al. Pharmacy personnel comfort and confidence in screening for social needs: A pilot study. J Am Pharm Assoc (2003). 2023;63(4S):S83-S87.

This material was prepared by IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication 12SOW-IPRO-QIN-T2-A4-24-1486 [6/4/24] v.3 -VB