



A Focus Group Toolkit for
Getting Nurses Engaged in Addressing
the Social Determinants of Health

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Introduction

Medical care is estimated to account for only 10-20% of the modifiable contributors to healthy outcomes for a population [1]. The other 80 to 90 percent are attributed to the social determinants of health (SDOH).

SDOH are the circumstances in which individuals are born and the conditions where they grow, learn and live that impact their well-being and health outcomes [2]. The U.S. Department of Health and Human Services' (2019) *Healthy People 2020* initiative asserts that health is determined by the availability and accessibility of resources and support in the environment (e.g. home, neighborhood, and the community); access to social and economic opportunities as well as clean food and water; workplace safety, and social interactions and relationships. The World Health Organization also identifies these social determinants as contributing factors that influence health inequities [3].

Health inequities exist in the United States and other countries around the world, primarily related to inequalities of power, wealth, and resources. These inequities, which are grouped under the category of SDOH, affect over 70% of adults seeking health care [4]. Addressing these foundational healthcare issues has become a national and international imperative highlighted by many health-focused institutions, including the Centers for Disease Control and Prevention and the World Health Organization. The Washington Center for Nursing (WGN) has a goal to improve the health of Washington state residents by engaging nursing professionals in the process of addressing SDOH with patients at the point of care. Obtaining information about the current processes of assessing SDOH is necessary to determine the tools nurses need to provide appropriate support and information when patients with SDOH inequities are identified.

The toolkit in [Appendix C](#) is intended to be used in conducting focus groups to solicit feedback from nurses regarding current practices of addressing SDOH. The WGN conducted a series of focus groups using this toolkit, and given its success, encourages its use by other institutions. The focus groups should involve nurses providing direct patient care in any setting (e.g. school, community health, acute care, psychiatry), as well as relevant allied health professionals. Information collected from the focus groups can provide useful data to inform the creation of tools that will assist nurses and organizations in addressing and supporting SDOH at the point of care.

Objectives

The purpose of the focus groups is to collect data on how nurses and allied health professionals are addressing SDOH at the point of care and to identify the resources that could assist patients in connecting with social and community services. Focus group facilitators can use the information contained in the toolkit to guide discussions regarding barriers related to assessing SDOH and how to improve SDOH evaluation opportunities in the patient care environment. The toolkit will ensure reproducible results irrespective of the facilitator or data collector in the event that you use this toolkit to conduct multiple focus groups.

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This information can be used by nurses, or organizations with whom they work, to construct a tool or protocol to formally incorporate SDOH screening in nursing care. A literature review would assist in identifying the components of a tool based on tools already piloted and best practices shared. Alternatively, information collected by this toolkit can inform improvements to tools already used by organizations to address SDOH.

Background/Significance

Studies have shown that focusing on improving social and health inequities, such as language, culture, and education level, can directly affect health outcomes [5]. Patients with cultural or language barriers have longer hospital stays and may have more invasive/expensive tests completed due to communication barriers [6]. Although there is ample research documenting that enhancing a person's socioeconomic standing improves their health outcomes, information is lacking on how and what processes could be implemented not only to identify SDOH, but also to provide appropriate patient support. One option for addressing available support or action once a patient discusses an identified SDOH is through the use of decision aids that can guide the nurse's or provider's next steps. A recent campaign that has successfully developed this process is entitled "Have You Ever Served in the Military" [7]. This campaign helps non-VA providers identify former military personnel who are receiving care. Assistance is provided to help recognize that health risks exist for former military members, and that action is needed to identify those affected and to provide follow-up care for issues that could directly influence their health and well-being. Providers have now begun routinely asking about military service history, and a decision guide is used to assist in the follow-up. The "Have You Ever Served in the Military" initiative could serve as a model for tools that can assist nurses in providing follow-up care for patients identified as having SDOH risk factors.

Identifying the current barriers that nurses are experiencing related to addressing SDOH with patients is critical to formulating a "SDOH Call to Action" similar to "Have You Ever Served in the Military". Recognizing that SDOH exists is the first step to effect a change in culture, but recognition must lead to actions that can be integrated at the point of care. Studies have demonstrated that barriers to addressing SDOH exist, including healthcare system obstacles that prevent follow-up actions after recognition, lack of time, patient reluctance to discuss issues, and a lack of access to assistance [8] ([see Appendix A](#)). After reviewing the literature to identify current practice barriers, the project aimed to develop the focus group toolkit to assess what Washington nurses need to address and support SDOH at the point of care.

Implementation Process

The KTA model was used to inform this project [9] ([see Appendix B](#)). KTA incorporates two components: The funnel represents knowledge creation, and the action cycle demonstrates how new knowledge is adapted, implemented, and sustained. For this project, primarily the outer circle was used to determine the focus group area (all of Washington), how to apply the focus group process, and the creation of the toolkit. Once information is gathered, trends may become apparent, which will be used to

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develop tools designed for nurses to improve SDOH recognition and to support strategies at the point of care. The project objectives were completed by meeting with the WCN Executive Director and project leads both in person, by phone, and through email to distill down essential toolkit components. The toolkit composition was designed after completing a literature review assessing current practices, barriers to addressing SDOH, and successful programs that could be used to inform the toolkit composition.

Research supports that SDOH are inconsistently addressed at the point of care and that a consistent approach to addressing the challenging questions surrounding SDOH is needed. Another program entitled “Ask the Question”, a New Hampshire based Veteran recognition and care program was identified as a model. “Ask the Question” is an outreach initiative aimed at identifying veterans and their families to improve care and resources [10]. Veterans felt providers did not understand their needs or how to ask about veteran status, which might affect their health care and family needs. The process and information from “Ask the Question” closely align with the rationale for the toolkit development and informed the toolkit formation (see Appendix C).

Another program that provided a framework for the toolkit focus group questionnaire was Ohio’s “Core 5” questions [11]. The “Core 5” questions were included as a document to provide as a handout to focus group attendees as an example of a screening tool that is simple and easy to use. Focus group participants should be asked if they would be comfortable addressing these questions with their patients. Follow-up questions should be directed at what makes it more or less difficult to address the SDOH established in the “Core 5” questions. Additionally, if a response to any of the questions is positive, follow-up questions of what resources are available or would be needed should be asked. The critical question to inform future practice is “What tools or resources do you feel you are missing when assisting patients with identified SDOH concerns?” The “Ask the Question” program and “Core 5” provided a roadmap for the toolkit, and also a pathway for creating future tools for use at the point of care.

Outcomes

The literature review found, particularly in pediatrics, that although there is an awareness that addressing SDOH during healthcare interfaces is valuable, it is rarely done in practice. Authors of one pediatric study determined that a belief that social issues are not as important as physical health and a lack of confidence in screening, screening tools or facility infrastructure were contributing factors to why SDOH were not routinely addressed [8]. The inability to address SDOH does not occur only with providers. One study noted that patients recognized it was important to discuss a lack of funds as an issue for treatment non-compliance, but they were reluctant to do so due to embarrassment or a belief that assistance is not available [12]. It is essential to provide tools that make asking and assisting with SDOH issues easier for nurses if this foundational issue related to healthcare inequities is to improve.

The toolkit documents were created using best-practice literature on focus group organization [13,14]. Focus group facilitators may be nurses or other staff. Data collected may be different due to practice area and state variations location, but a

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consistent focus group format and data collection process will help identify similar practice needs. An advantage of the focus group format is the significant amount of raw data that can be collected, but a disadvantage is that a large number of facilitators will be needed to gather the information if you conduct multiple focus groups. To ensure data reliability with a large number of facilitators it is essential to provide clear and concise directions to assist with information documentation. The contents of the toolkit include features that offer suggestions on group mechanics, preparation work for the meeting, facilitation tips for the session, and how to wrap up the session and analyze data. Other documents were created to provide the framework for the toolkit and to create a consistent process that can be easily used by a variety of facilitators. Evaluation forms were also designed to query the attendees and facilitators of the focus group to gain insights on improving the overall process.

To test the completeness of the toolkit before implementation, one test focus group with Western Washington school nurses was completed. The goal was to inform the toolkit contents, organization, and resource development suggestions before implementation. Lessons learned from the test group were related to organization and facilitation, specifically providing handouts to participants (Core 5 questions) to facilitate discussion and optimal focus group size. The test group was over 30 attendees; the recommendation was included that the group size should be a maximum of 12 participants to allow enough time for all attendees to participate. The test group was engaged and offered suggestions ranging from improved nurse staffing, enhancing access to healthcare resources, supplying information regarding free/reduced immunizations or healthcare, and providing SDOH education for school administrators and how nurses contribute to the process. This information helped to finalize the toolkit format and push forward the discussion of support tools nurses may need in different practice areas.

Summary

Demonstrating the value that nurses bring to refocusing how care can be provided for the whole person, not just a diagnosis, is foundational for addressing health inequities. Appropriate tools to improve SDOH recognition and patient support are essential to make a change. The toolkit can be used to obtain statewide information on what tools nurses believe would be important to improve care related to SDOH. Significant leadership in local and regional policies will be needed to advance these efforts, but improved identification and action on SDOH is one practice change that may help lead to better health outcomes for Washington's residents.

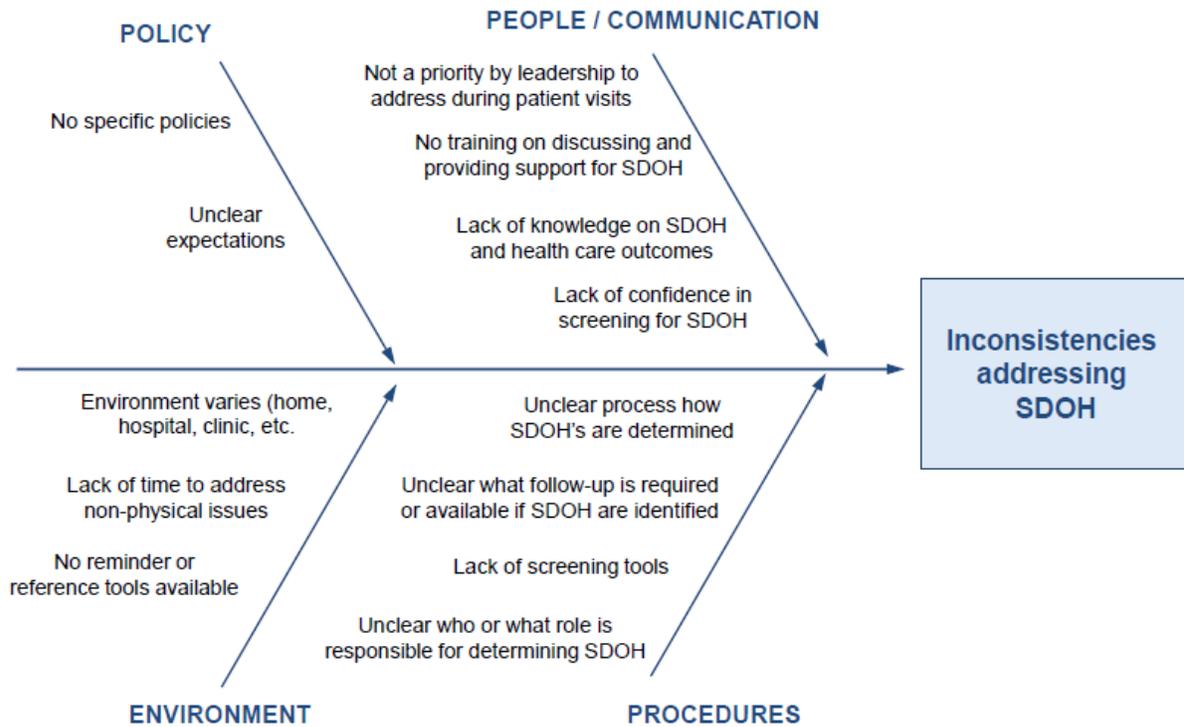
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Appendix A

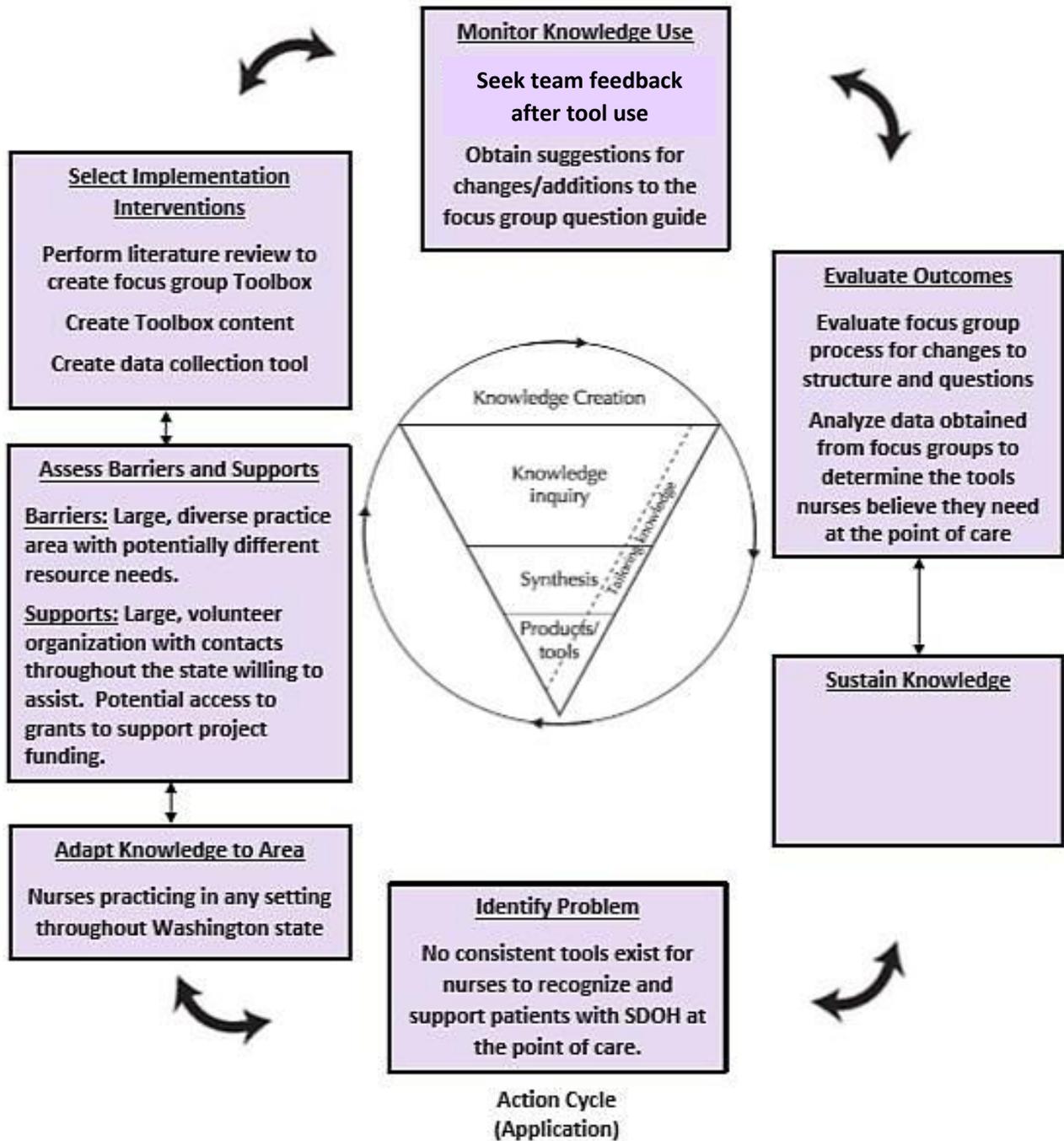
Fishbone of Literature Barriers related to Inquiring About and Addressing SDOH

POTENTIAL BARRIERS TO INQUIRING AND ADDRESSING SDOH (FROM LITERATURE)



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Appendix B KTA Model



The Knowledge to Action Framework. From Graham I, Logan J, Harrison M, Strauss S, Tetroe J, Caswell W, Robinson N: Lost in knowledge translation: time for a map? *The Journal of Continuing Education in the Health Professions* 2006, 26, p. 19.



A Toolkit:

Getting Nurses Engaged in Addressing the Social Determinants of Health

Facilitator How-To: Preparing for the Focus Group

The following information will guide you through how to run a focus group that engages participants in discussing what they are doing to assess and address the social determinants of health (SDOH) for their patients. While this toolkit and the related video are geared towards nurses, assessing and addressing SDOH is a team-based and cross-sector effort, and welcoming participants other than nurses is encouraged. Please read through this toolkit so that you know how best to prepare for running the focus group.

Supplies to Bring to Your Focus Group:

- Storage: cart to pack all of your supplies
- Video projection (unless provided by facility): portable table to put projector on, projector bag, projector, HDMI cable, speakers, extension cord / power strip, laptop, laptop charger, thumb drive with video [video available at: <https://bit.ly/2REErJ8>]
- Audio recording: fully-charged recorder plus fresh batteries as backup, boundary mics, SD card, cell phone recording app as backup if desired
- Notetaking: ThinkPad/second laptop or notepaper
- Timekeeping: timer/clock and time-keeper warning signs if desired
- Perks (optional but suggested): refreshments and any other perks (e.g., gift cards) that your budget allows
- Signage: signs (and tape) to direct people to room and/or let them know they are in the right place and to indicate “Session has already started.”
- Facilitation: toolkit printed out, reviewed and prepared. This includes print out enough *Consent Forms*, *Pre-Questionnaires*, *Evaluation Forms*, and sample *Core 5 screening Tool* for each participant. This also includes cutting out *Pre-Questionnaires* and writing or typing in unique identifiers (“Participant ID”) on *Consent*, *Pre-Questionnaire* and *Evaluation* forms. A suggested format is: date/facilitator initials/sequential#, i.e., “25J1, 25J2, 25J3,” as in “February 5th/facilitator Julie/participant #1.” Create packets of these forms to ensure each unique participant gets forms with only one Participant ID. Sign and date the *Consent* (or do so electronically before printing); to maintain confidentiality, the facilitator signs the form – not the participant – and the participant keeps the form. You may wish to include Post-Its for less vocal participants to share their ideas upon, but facilitation should encourage all to speak. Pack a large envelope(s) to collect *Pre-Questionnaires* and *Evaluations* for confidentiality. Pack extra pens for participants to use in case they have not brought their own.

General Notes on Focus Group Facilitation:

Group Size and Session Length: The typical focus group session runs about 60-90 minutes in length and has about 6-12 participants to ensure an adequate exchange and sharing of ideas. No matter the group size, be mindful of encouraging more reserved folks to participate and dominant contributors to allow others to speak.

Venue: Commonly, focus groups are recorded with video or audio, and this toolkit makes use of a video that highlights the impact of SDOH on health. If you, as the facilitator, are involved in recruiting and setting up a location, please determine the most appropriate place for a group conversation. Choose an area that has limited noise and distractions. A comfortable, private area where people do not feel rushed or intruded upon can help encourage the free flow of ideas and enhance group creativity.

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Engaging the group: If possible, identify a second person that can assist with notetaking, as this allows you, the facilitator, to focus your full attention on leading the group discussion. Neither you nor the notetaker should participate other than to promote idea generation and conversation if it lags using suggested prompts. All attendees should be active participants in the group; do not invite people as onlookers as this could impede discussions.

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Facilitator How-To: Running the Focus Group

For some venues, some of these instructions will not apply. For example, some venues will provide A/V setup, and some do not allow distribution of perks as incentives. Please note that the parts that should be read are in boxes.

Notetaker: The Notetaker should assist with all efforts to pass out and collect documents prior to the discussion portion of the session, for example setting up the projector, speakers, recorder and refreshments, and passing out and/or collecting the packets: the *Pre-Questionnaire*, *Consent Forms*, *Post-Its*, *Core 5 Screening Tool*, *Evaluations*, and any perks (if applicable).

1) Overview:

- a. *Set up:* Set up projector, speakers, audio recorder, and refreshments.
 - b. *Recorder:* Turn on recorder.
 - c. *Icebreaker:* Do introductions and icebreaker.
 - d. *Pre-questionnaire:* Have participants fill out *Pre-Questionnaire*. Collect it.
 - e. *Consent Form:* Read *Consent Form*.
 - f. *Video:* Show video.
 - g. *Core 5:* Hand out *Core 5 Screening Tool*.
 - h. *Discussion:* Discuss questions.
 - i. *Evaluation and Perks:* Have participants fill out *Evaluation*. Distribute any perks.
- 2) **Set Up:** Arrive at venue and set up projector for video, recorder for audio recording, refreshments for participants, ThinkPad/laptop or notepad for notetaker, and double-check that you, as the facilitator, have signed and dated the *Consent Forms* and written in unique identifiers on *Consent Forms*, *Pre-Questionnaires*, and *Evaluation Forms* (e.g., “25J1”, meaning, “February 5th/facilitator Julie/participant 1”). Have packets for participants ready to distribute or already placed at individual seats with pens. The Notetaker should assist with set up as well as prepare to take notes.
- 3) **Participant Arrival:** As participants arrive, encourage them to grab refreshments, a packet (unless they are already pre-placed at each seat) and take a seat while waiting for others to arrive and start. Late arrivals: If not everyone has shown up on time, you should still start on time by opening with introductions and icebreaker. Allow folks to arrive up until you are ready to read the *Consent Form*. As is possible, the Notetaker should lead in this effort.
- 4) **Introductions and Start of Recording:** Note that for some venues, such as those with one large group split into two, the video may be shown to the larger group before groups are split in half to do the icebreaker.

“Welcome, and thank you for coming in today. My name is [facilitator name]. I am today’s facilitator, and [notetaker name] is today’s notetaker. We are here on behalf of the [organization name and description]. Today, we would like to discuss the ways nurses and allied health professionals are currently addressing something called the social determinants of health where they work, the barriers they face in doing so, and what it might look like if those barriers were removed. What we learn can help us determine what we can do to help nurses take a leading role in addressing the social determinants.

As a facilitator, my role today is to guide the discussion, which means I may interrupt to keep the conversation on track and on time, tap on quieter folks to speak up or dominators to speak

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less. I can help you understand the questions asked, but cannot share my opinion on the subject. It's important to remember that there are no right or wrong answers, so please speak up, allow others to speak and respect one another's input.

Let's get some housekeeping out of the way and then move into the discussion. First, we have some refreshments for you. Please feel free to enjoy them. Second, the bathroom is [location of nearest restroom].

As for the process, we'll start by doing some brief group introductions. Then, I'll have you fill out the thin slip of paper in front of you if you have not done so already. After I read you the *Consent Form*, we'll watch a video, answer some questions, and do a focus group evaluation. This will take about 90 minutes.

This session will be audio-recorded to help with note-keeping, so please set your cell phones to silent and try not to talk over one another. This recording is to help us with notetaking only; all your information is and will remain anonymous. If you have any questions about this study, please email [point of contact]. Her information is on the *Consent Form*. I know it's confusing, but to maintain anonymity, we are not collecting the *Consent Forms*; instead, your consent is assumed if you choose to stay after we read the form to you, which I'll do shortly.

In the video, you'll hear a bit about the social determinants of health, culture of health and Healthier Washington. This video was geared towards nurses, but all are welcome here today – since it takes a team to keep patients healthy. From the video, you don't need to memorize anything, but let me give you a few brief definitions. First, the **social determinants of health** are the conditions in which people are born, live, learn, work, play, and age – all those things outside of medical care and genetics that affect our health. They include things like access to health insurance, housing, healthy foods, and reliable transportation. They also include things like discrimination and community safety. A **culture of health** means that we ensure everyone has the opportunity to live healthy. Dealing with the social determinants of health is part of that. Finally, **Healthier Washington** is a program led by the State to treat patients more holistically, starting with those on Medicaid.

Any questions before I start about the purpose of this project or anything else? Thank you again for being part of this focus group and sharing your time and perspective.”

5) Preliminary Questionnaire:

“Please take out that strip of paper you received with your *Consent Form*. In the place that says “Participant ID,” please write in the number on the top of your *Consent Form* if it has not already been written in for you.

Pause to allow them to fill out the form.

“I'm going to pass around a yellow envelope. Please put the slip into the envelope.

Pass around yellow envelope. Collect yellow envelope.

- 6) Video, Split Focus Group: SKIP to #7 if only one focus group or video set up in both rooms** – If one larger group is being split into two smaller ones and you can only show the video in one main room, you may show the video first before doing participant introductions. Otherwise, show it afterwards.

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“Before we go any further, I have a video to play you that is about 8 minutes long.”

7) Participant Introductions and Icebreaker:

“Now I’d like for us to go around the table and do some *brief* introductions. If you don’t mind, please state your first name, where you work and/or what type of nurse you are, and [icebreaker question]. If you are not a nurse, please let us know what you do. As your brave facilitator, I will go first.”

Icebreakers: something people would be surprised to know about you, favorite superpower, type of animal you might be

At this point, if it does not disrupt the conversation, the Notetaker should put up the “Session has begun” sign on the door to discourage latecomers from entering.

8) **Consent Form**: Read the *Consent Form* to all participants.

9) **Video, One Focus Group**: **SKIP to #10 if you already showed the video for a Split Focus Group.**

“Before I ask you some questions, I have a video to play you that is about 8 minutes long.”

10) **Core 5 and Background**: Hand out the *Core 5 Screening Tool*

“I am now going to hand out an example of a social determinants of health screening tool used in Ohio, the “Core 5.” On that same sheet, there’s information on continuing your participation after this focus group. Please read at your leisure.”

Consider reading the Core 5 questions as you are handing them out.

11) Focus Group Questions:

“Now let’s talk. Remember, we’re recording, so please try not to speak over each other too much. But do jump in when you have something to say. Also, you may have noticed a Post-It on your packet. If you have an idea that we don’t get to or don’t want to share with the group, please write it down there so we can collect it afterward.”

Tips:

- Silence: If you’ve read the question once, pause and let people think for a moment. If there is still silence, restate the question *more slowly* or possibly paraphrased with a focus on the important portions. Use other prompts as needed to encourage discussion. You can also do a round-robin to ensure all speak, particularly in a small group.
- Dominators: If you do “popcorn style” discussion (no order), you can thank dominators for their input and summarize their point and then make eye contact with and ask a quieter participant to share theirs. You could say, “In the interest of time, I’m going to have to move on to another participant (or the next question).”

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- Keep track of time. If you spend about 8 minutes on the video, 10 minutes on intros/evaluation, etc., this leaves about 5-10 minutes per question, so an average of about 7 minutes. Play with it. But, if possible, try to calculate how much time you have left after intros and divide by 5 or 6 (since 6 is a summary question). The Notetaker can also help manage time, including showing a sign, such as “one minute left.”

Question Summary: See Questions page for detailed prompts.

1. Thinking about the video that you just viewed, describe how you currently address social determinants of health in your practice setting.
 - a. [Short version: How do you currently address things like housing, food, transportation, safety, utilities for your patients?]
2. How might asking patients questions like the Core 5 help you better understand how SDOH influence their lives?
 - a. [Short version: How would asking questions about SDOH help you serve your patients better?]
3. What would make it challenging to ask patients questions like the Core 5?
 - a. [Short version: What barriers do you face in asking questions about SDOH? What barriers do your patients face?]
4. Describe the resources you currently have available to assist or support patients who answer “yes” to questions like the Core 5.
 - a. [Short version: You already talked a bit about how you currently deal with SDOH for your patients. I would like you to tell me more about the specific resource you have to do this.]
5. What types of resources or tools would be most useful in your practice setting for patients that answer “yes” to any of the Core 5 questions?
 - a. [In this question, I want you to dream – what would an ideal system look like that addressed SDOH? What would it look like for your patients? For you? In your organization? In your community? In policy? How exactly would nurses play a role?]
6. Last Call: I want to give you all one last chance to talk about anything you do – or could do – to address SDOH, what barriers you face, and what it might look like if those barriers were removed.

12) Evaluation Forms:

“That was a really great discussion. I know you have choices when it comes to focus groups, and I’m glad you joined us today. But, before you leave – please fill out the *Evaluation*. Please don’t forget to write the number on your *Consent Form* in the part labeled “Participant ID” if it has not already been written in for you! Once you’re done, place the form in the yellow envelope.”

Pass out the *Evaluations* unless you included them in packets given to each participant at the start of the focus group. Turn off the recorder. Distribute perks (if applicable) to participants before they leave if permitted by the facility. Pass out and then collect the yellow envelope with *Evaluations*.

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Facilitator and Notetaker Post-Focus Group Debrief

After the session, the facilitator and notetaker should debrief on how the session went and type up their discussion.

What went well?

What could have gone better? What obstacles arose?

What themes emerged for each of the questions?

- 1) Thinking about the video, how you currently address SDOH?
- 2) How might asking questions like the Core 5 help you understand SDOH influence?
- 3) What would make it challenging to ask questions like Core 5?
- 4) Describe the resources you currently have.
- 5) What resources would help?

Upload and Backup: All data should be uploaded and backed up to a computer and/or the cloud, including:

- Focus group notes
- Audio-recordings
- Pre-Questionnaires and Evaluations
- Debrief notes

Transcription: Audio-recordings should be transcribed for data analysis. It may be helpful to:

- Note the time that the discussion questions begin (after the video)
- Highlight any potential category themes that can be used for analysis

Stewardship: After the focus group, you may wish to send a thank you note to those who have helped put together and host the focus group.

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Data Analysis: To uncover common themes and best practices, you may wish to partner with a qualitative data researcher and/or use software, such as NVivo or ATLAS.ti.

Reporting: After analyzing the data, you may wish to share what you have learned with others who may benefit, as well as those who participated in the focus groups.

Please write this ID on your Pre-Questionnaire and Evaluation.

Consent Form

Purpose & Methods

This study explores what nurses in Washington can do to manage their patients' social determinants of health (SDOH). What we learn will help us create tools nurses can use to help patients achieve better health by asking about and attending to SDOH.

After you watch a short video, you and your focus group will discuss questions about SDOH. The entire process should take about 90 minutes. This study is sponsored by [insert name of funder or organization providing monetary support, if applicable].

Your Rights

Confidentiality: Your responses will be kept confidential and will only be available to researchers. No one will be able to identify you if and when the results are reported, and your name will not appear in any written report. You should not share other participants' identities or responses to ensure anonymity outside the focus group. This form will be signed by the facilitator and given to you to keep. Please make a note of your Participant ID above. This ID is not linked to your identity in any way but should be written in on your *Pre-Questionnaire* and *Evaluation*. By taking part in this focus group, you agree to have your responses audio-recorded and transcribed for further analysis with the understanding that your responses will not be linked to your identity and will be destroyed after transcription.

Benefits: By taking part in this focus group, you are playing an active role in improving Washington's health system. Once we have the right tools to help patients take care of their SDOH, you may benefit by seeing your patients' health improve. You will receive no payment to participate in this study and may incur costs, such as but not limited to travel and time. To thank you for your participation, you may receive a nominal incentive as approved by your facility.

Risks: This study poses minimal risk. You may choose not to answer any questions if you feel uncomfortable doing so. And, you may withdraw your participation at any time without penalty. If you are uncomfortable with any part of this study, you may contact [point of contact, email], and they will refer you to appropriate services or support.

You may call the [insert name of any organization that approved your research, if applicable, such as an institutional review board] if you have questions about your rights or concerns/complaints about the research. The [name of approving organization] oversees this study to make sure that the rights of people who take part are protected. You can call at [phone number]. You don't have to give your name if you call.

Consent to Participate:

By participating in this focus group, you acknowledge that you are at least eighteen years old; that you understand your rights as a research participant as outlined above; and that your participation is fully voluntary and you may refuse to answer any question or leave at any time without penalty.

Facilitator Name	Signature	Date

Getting Nurses Engaged and SDOH

Please print clearly. Use the number from your Consent Form as your participant ID. Your ID will *not* be linked to your identity in any way.

Participant ID	Job Title, Organization & Specialty	Years of Nursing Practice	Highest Level of Nursing Education	Please rank in order of impact on health (1=greatest, 4=least):
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	_____ Clinical care _____ Healthy behaviors _____ Education, employment & income _____ Physical environment



Please print clearly. Use the number from your Consent Form as your participant ID. Your ID will *not* be linked to your identity in any way.

Participant ID	Job Title, Organization & Specialty	Years of Nursing Practice	Highest Level of Nursing Education	Please rank in order of impact on health (1=greatest, 4=least):
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	_____ Clinical care _____ Healthy behaviors _____ Education, employment & income _____ Physical environment



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		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	_____ Clinical care _____ Healthy behaviors _____ Education, employment & income _____ Physical environment

Getting Nurses Engaged and SDOH

Example of an SDOH Screening Tool Used in Ohio: “Core 5”

Core Determinants of Health Screening Tool	YES	NO
1. Do you/your family worry about whether your food will run out and you won't be able to get more?		
2. Are you worried about losing your housing, or are you homeless?		
3. Are you currently having issues at home with your utilities such as your heat, electric, natural gas or water?		
4. Has a lack of transportation kept you from attending medical appointments or from work, or from getting things you need for daily living?		
5. Are you worried that someone may hurt you or your family?		
Source: Ohio League of Nursing, https://tinyurl.com/ya2ldgghs		

Getting Nurses Engaged and SDOH

Background on Focus Groups

Problem: If everyone had a fair chance to be healthy, there would be no difference in health outcomes among different groups of people. If everyone had a fair chance to be healthy, disease would not fluctuate by race, gender or zip code. In short, there would be no health disparities.

Solution: Looking more closely at how health disparities are created, we find that about 80% of health outcomes come from something called the “social determinants of health” (SDOH). SDOH are all those things that influence health outside of clinical care and genetics – where we are born, grow, live, work, and age. Because of this, several organizations have been steadfast in promoting a “Culture of Health.” What this means is that they want to craft a society in which everyone has a fair chance to be healthy, a society in which health disparities no longer exist. This requires addressing SDOH by eliminating obstacles to good health, such as the causes and effects of poverty and discrimination.

You may have seen this popular image on equality and equity, which shows the difference between giving everyone the *same thing* and giving everyone *what they need*:



Getting people what they need requires cross-sector collaboration – nurses working with social workers, case managers connecting with transportation officials, discharge planners talking with housing authorities, administrators negotiating with policymakers, and so on. This ensures, for example, that people can access to transportation to get to their doctor appointments or find resources to help them overcome homelessness and settle into stable housing where they can live healthier lives.

Since nurses represent the largest segment of the health care workforce and often interact closely with patients when they seek clinical care, there is a unique opportunity for nurses to lead system change. In fact, the National Academy of Medicine recommended that we as a nation prepare and enable nurses to lead change, which is why RWJF has resources dedicated to developing nurse leadership. Organizations like the Washington Center for Nursing (WCN) have benefited from this focus. For example, WCN partnered with a nurse leader at King County’s Department of Public Health and formed a group called the Leadership Washington Nursing Action Coalition (WNAC) to champion nurse leadership in Washington State. Their first and ongoing success has been linking nurses with leadership opportunities – including partnering with the Health Care Authority to appoint nurses to committees and positions influential in the implementation of Healthier Washington, an initiative for whole-person care. To cultivate a Culture of Health and promote health equity, WNAC surveyed nurses to gauge their level of understanding on SDOH before and after an educational campaign on the topic. Next, WNAC collaborated with a nursing student to create a toolkit designed to engage nurses and other stakeholders involved in care coordination and transition management in a conversation on how they are currently addressing SDOH where they work, what barriers they face in doing so, and what they might do differently if given the right resources. WCN used this toolkit to conduct nearly 40 focus groups around the state to figure out the best ways to transform our health care system and specifically to see what we can do to help nurses take a leading role in addressing SDOH.

Preliminary results show that systems must be in place to support nurses in screening for and linking patients to SDOH resources. This includes administrative protocols on collecting SDOH data, relationships with community service providers who can act on that data, and strategies to build buy-in on the importance of SDOH, including building awareness and knowledge of SDOH and engaging nurses in the design of processes to assess and address SDOH needs. Once these systems are in place, a mobilized nursing workforce can lead organizations to reach beyond their standard practices so that the healthy choice is the easy choice and Washingtonians have a greater chance of thriving.

Getting Nurses Engaged and SDOH

Discussion Questions and Prompts

1. **“Thinking about the video that you just viewed, describe how you currently address social determinants of health in your practice setting.”**

Short Version: How do you currently address things like housing, food, transportation, safety, utilities for your patients?

Prompts: **Pause** to allow for folks to speak. **Reread** or **rephrase** the question. **Read the Core 5** questions. And/or **read the following**, and don't forget to **call on the quieter** ones:

- “Do you ask patients about **healthy food**? Reliable **transportation**? About living in a **safe** community or home? If they have **educational** opportunities?
- About how their providers treat them or if they feel **stigmatized**? If they need an **interpreter**?
- Do you **refer them to a social worker**, for counseling, or to information on DSHS or how to find healthy foods, housing or access to food stamps, discount bus passes, or free services to assist families?
- How do you **track information**?
- What strategies or infrastructure are already in place?
- Whose responsibility is it to handle SDOH needs?”

Core Determinants of Health Screening Tool (aka “Core 5”)	YES	NO
1. Do you/your family worry about whether your food will run out and you won't be able to get more?		
2. Are you worried about losing your housing , or are you homeless?		
3. Are you currently having issues at home with your utilities such as your heat, electric, natural gas or water?		
4. Has a lack of transportation kept you from attending medical appointments or from work, or from getting things you need for daily living?		
5. Are you worried that someone may hurt you or your family? [safety]		
Source: Ohio League of Nursing, https://tinyurl.com/ya2ldghs		

2. **“How might asking patients questions like the “Core 5” help you better understand how the social determinants of health influence their lives?”**

Short Version: How would asking questions about SDOH help you serve your patients better?

Prompts: **Pause** to allow for folks to speak. **Reread** or **rephrase** the question. **Read the Core 5** questions. And/or **read the following**, and don't forget to **call on the quieter** ones:

- “What would your patients say when you ask about the social determinants?”
- What would you learn if you asked these questions?
- Would it change how you deliver care? How exactly?

Getting Nurses Engaged and SDOH

- Whom would you need to collaborate with? What policies might need to change?”
3. **“What would make it challenging to ask patients questions like the ‘Core 5’?”**

Short Version: What barriers do you face in asking questions about SDOH? What barriers do your patients face?

Prompts: **Pause** to allow for folks to speak. **Reread** or **rephrase** the question. **Read the Core 5** questions. And/or **read the following**, and don’t forget to **call on the quieter** ones:

- “What would make it hard for your patients to answer? For you to ask?
 - Negative reactions by the patient?
 - What would make it hard for you to ask? Time constraints/workload? Resources? Policies? Payment?
 - If you were told to use a screening tool like this, how would you react?
 - No connections with community organizations?” [silos]
4. **“Describe the resources you currently have available to assist or support patients who answer “Yes” to questions like the ‘Core 5.’”**

Short Version: You already talked a bit about how you currently deal with SDOH for your patients. I would like you to tell me more about the specific resource you have to do this.

Prompts: Pause allowing for folks to speak, and then reread the question. And/or read the following and don’t forget to call on the quieter ones:

- “What do you have already to help with housing, food, transportation, utilities, safety?
 - How are you tracking this information?
 - Do you have a caseworker on staff to refer the patient to? To connect patients to resources?
 - Do you have a list of community resources to hand out or connections with community organizations?
 - How are you working with community organizations that deal with the social determinants of health?” [cross-sector collaboration]
5. **“What type of resources or tools would be most useful in your practice setting for patients that answer “Yes” to any of the “Core 5” questions?”**

Short Version: In this question, I want you to dream – what would an ideal system look like that addressed SDOH? What would it look like for your patients? For you? In your organization? In your community? In policy? How exactly would nurses play a role?

Prompts: **Pause** to allow for folks to speak. **Reread** or **rephrase** the question. **Read the Core 5** questions. And/or **read the following**, and don’t forget to **call on the quieter** ones:

- “What do you need or want? At the individual level for your patient? For yourself? From your organization? In your community? From society or policy?
- Whom would you need to collaborate with?

Getting Nurses Engaged and SDOH

- What policies might need to change?
 - What would it take to better equip nurses to deal with the social determinants of health?
 - What about reference cards? Local contacts? Phone directory of services? Pamphlets for patients?
 - If you had a magic wand and no barriers were there, how would you handle SDOH for your patients?”
6. **“Before we wrap up, I would like to give you one last opportunity to answer any of the questions I’ve asked –** How do you currently address the social determinants of health for your patients, and with what resources? If you asked questions like the Core 5, how might it help? Hurt? If you could create a better system to address the social determinants, what would it look like and what resources would you need?”

Short Version: Last Call: I want to give you all one last chance to talk about anything you do – or could do – to address SDOH, what barriers you face, and what it might look like if those barriers were removed?

Prompts: You may wish to call on the quieter ones, or if time permits, do a round-robin.

Getting Nurses Engaged and SDOH

Please use this sheet to take notes. Make sure to mark down the question number being answered and start a new paragraph for each new speaker. The more specific and verbatim the data collection the better, but do not interrupt the flow of participant dialog for information collection.

Focus Group ID	
Facilitator	
Notetaker	
Meeting Location / Group	
Date	
Number of Attendees	

1. "Thinking about the video that you just viewed, describe how you currently address social determinants of health in your practice setting."
2. "How might asking patients questions like the "Core 5" help you better understand how the social determinants of health influence their lives?"
3. "What would make it challenging to ask patients questions like the 'Core 5'?"
4. "Describe the resources you currently have available to assist or support patients who answer "Yes" to questions like the 'Core 5.'"
5. "What type of resources or tools would be most useful in your practice setting for patients that answer "Yes" to any of the "Core 5" questions?"
6. "Before we wrap up, I would like to give you one last opportunity to answer any of the questions I've asked – How do you currently address the social determinants of health for your patients, and with what resources? If you asked questions like the Core 5, how might it help? Hurt? If you could create a better system to address the social determinants, what would it look like and what resources would you need?"

Getting Nurses Engaged and SDOH

Thank you for your participation. We would appreciate your feedback on this experience.

Please enter your **Participant ID** from your **Consent Form** here _____, then:

Please circle the best response:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The focus group topic was of interest to me.	1	2	3	4	5
The focus group generated thought-provoking questions related to the topic of SDOH.	1	2	3	4	5
My understanding of how SDOH affect my patients' health has increased.	1	2	3	4	5
There was sufficient time for group discussion.	1	2	3	4	5
I plan on changing my practice related to assessing SDOH after participating in this focus group.	1	2	3	4	5
I currently have access to resources in my organization to assist patients who answer "yes" to one or more of the "Core 5" questions.	1	2	3	4	5
I need more resources to assist me with patients who answer "Yes" to one or more of the "Core 5" questions.	1	2	3	4	5
I currently have access to learning opportunities or professional development on SDOH.	1	2	3	4	5
Please rank in order of impact on health: (1 = greatest, 4 = least)	_____ Clinical care _____ Healthy behaviors _____ Education, employment & income _____ Physical environment				
Please choose your demographics:					
Please circle your age group:	<21 21-25 26-30 31-35 36-40 41-45 46-50 51-55 56-60 61-65 66-70 71-75 >75				
Please indicate your race / ethnicity:	Are you Hispanic or Latinx? <input type="checkbox"/> Yes <input type="checkbox"/> No Please mark all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____				

Comments: