

Social Determinants of Health Screening for People with IDD

Instructions

This Social Determinants of Health Screening for People with IDD (SDOH-PWIDD) is a screening tool to assist in identifying non-medical factors that influence health outcomes specifically tailored to people with intellectual and developmental disabilities (IDD). Utilizing Healthy People 2030's¹ five domains of SDOH as the framework, questions are designed to address specific areas in each domain. The questions are intended to be answered by the supporters of the person with IDD and the person being screened to the maximum extent possible.

A situation may arise where a supporter's proposed answer may differ from the screened person's answer. It is important to balance the perspective of the person being screened with the supporter's perspective and answer the question in a way that is most reflective of the person's situation, detailing the differing views in the Comments section.

Any "Yes" answer indicates risk in that area and should be evaluated further, documenting the details and reasons for the risk. The information can then be used to develop a plan to address the identified risk and included in the person's health support plan. Annual screening is recommended.

See form on next page —————>

Social Determinants of Health Screening for People with IDD

Name of person being screened

Date of screening

Name of person(s) assisting with the screen

Who is primarily responsible for answering the questions on this screen?

Economic Stability (Income and Resources)

1. In the NEXT 12 months, is the person at risk of losing stable housing that they own, rent, or stay in due to financial concerns?

YES NO Comments:

2. In the NEXT 12 months, is the person concerned they may not have stable housing for any other reason, including health concerns about a family supporter with whom they live?

YES NO Comments:

3. In the PAST 12 months, has the electric, gas, oil, water, sewage, or garbage removal company sent past-due notices or shut off services in the person's home?

YES NO Comments:

4. In the PAST 12 months, has the person NOT had enough money to pay bills or buy essential items? (food, weather-appropriate clothing, medication, etc.)

YES NO Comments:

5. In the PAST 12 months, has the person been at risk or concerned their food would run out before having enough money to buy more?

YES NO Comments:

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6. In the PAST 12 months, has the person been at risk or concerned that any other means of how the person receives food might be disrupted?

YES NO Comments:

7. In the NEXT 12 months, is the person worried they MAY NOT have enough money to pay bills or buy essential items? (weather-appropriate clothing, medication, etc.)

YES NO Comments:

8. Does the person need a job to financially support themselves or their family but cannot find one?

YES NO Comments:

Social and Community Context (Social Well-being)

9. Does the person have any unmet social interaction needs? (attending community activities, religious services, family gatherings, making or keeping friends, and the like)

YES NO Comments:

10. Is the person at risk of losing current social supports or interactions?

YES NO Comments:

11. In the PAST 12 months, has anyone, including family, staff, peers, co-workers, or others, physically hurt, sexually abused, neglected, or exploited, either intentionally or accidentally, the person? (If yes, a report should be made to the supervisor and protective services, according to state/agency policy, if not already done.)

YES NO Comments:

12. Is the person at risk for or currently engaging in self-injurious behavior such as skin-picking, hitting/biting/cutting oneself, or suicidal thoughts?

YES NO Comments:

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13. Have the person's activities been limited due to transportation difficulties? (employment, grocery shopping, education, social opportunities, exercise, counseling, religious services)

YES NO Comments:

14. If the person is currently employed, are they experiencing unsafe working conditions, or is their ability to work negatively impacted by supervisors or coworkers?

YES NO Comments:

15. Does the person want a job for nonfinancial reasons or to volunteer (for social interaction or self-fulfillment) but cannot find an opportunity to do so?

YES NO Comments:

Health Care Access and Quality (Health Care Services)

16. Does the person NOT have a primary health care provider available for acute and routine care? (Answer 'yes' if they do not have a regular healthcare provider.)

YES NO Comments:

17. Is the person's current health care provider's understanding of how to provide health services for people with IDD limited or in need of enhancement?

YES NO Comments:

18. Is the person uninsured or at risk of losing health care coverage?

YES NO Comments:

19. Are health care communications and information provided at a level that is inconsistent with the person's ability to understand?

YES NO Comments:

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20. In the PAST 12 months, has the person put off or neglected to go to their health care provider because of distance or transportation difficulties?

YES NO Comments:

Neighborhood and Built Environment (Safety)

21. In the person's current living situation, do they have problems with any of the following: bug infestations, mold, lead paint or pipes, inadequate heating or cooling, oven or stove not working, absence of smoke detectors, smoke detectors not working, water or gas leaks, or similar problems?

YES NO Comments:

22. Within the PAST 12 months, has the person experienced problems related to inadequate or unsafe drinking water?

YES NO Comments:

23. Is the location where the person lives inaccessible or unsafe for outdoor activities and exercise?

YES NO Comments:

24. In the location where the person lives, are physical accommodations needed that are not already in place to ensure the person has a safe and accessible living environment? (ramps, wide doors, accessible showers, etc.)

YES NO Comments:

Education Access and Quality (Education)

25. Has the person's level of education negatively impacted their ability to understand and make informed decisions related to health and wellness? (diet choices, exercise, communication of symptoms of health conditions, utilizing medications appropriately, etc.)

YES NO Comments:

1. <https://health.gov/healthypeople/priority-areas/social-determinants-health>