FAQ

NMDoH Screening

1. What are the Non-Medical Drivers of Health (NMDoH)?

Non-medical drivers of health (NMDoH) are the conditions we are born, grow, live, work, play, and age.

These non-medical conditions greatly impact our health.

After all, health is not created in a doctor's office.

Health is created in prosperous communities that care about people.

These communities have good distribution of power and resources. These communities have quality childcare and education, affordable housing, employment opportunities, livable wages, healthy food, safe parks, and safe streets and transportation options connecting people to destinations.

Globally, improvements in NMDoH conditions over the past 100 years have contributed to improvements in health. The drastic differences we see in health outcomes and life expectancy across nations today can be largely explained by issues with NMDoH. Learn more here.

However, the United States has struggled to identify and address NMDoH issues.

2. How Do NMDoH Issues Manifest?

NMDoH are often grouped in five domains:

1. Economic stability
2. Education access and quality

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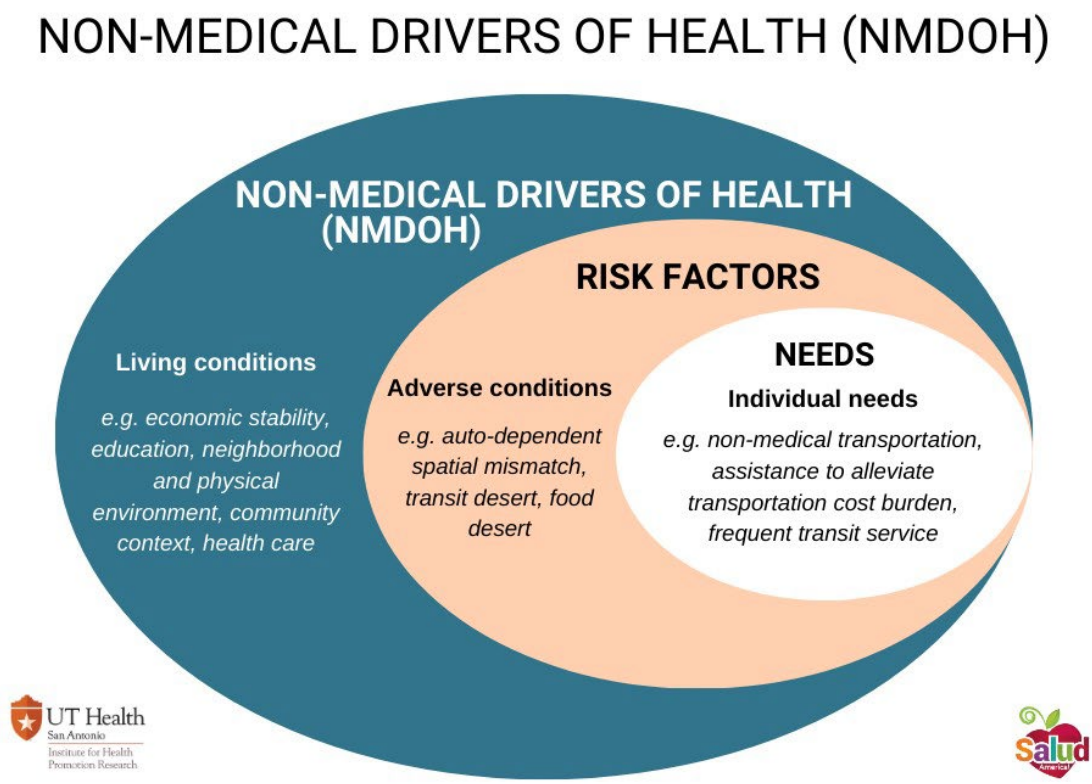
3. Neighborhood and built environment
4. Community context
5. Health care access and quality

Within each of these NMDoH domains are various NMDoH-related risks and needs.

Think of it this way: NMDoH and NMDoH-related risk factors are community-level issues. NMDoH-related needs are individual-level issues.



NMDoH are broad living conditions, and NMDoH-related risk factors being issues with or bad living conditions. NMDoH-related needs are the immediate needs that arise due to those living conditions. NMDoH-related needs may or may not arise from NMDoH-related risk factors, and different NMDoH-related needs may arise from the same NMDoH-related risk factors.

Inadequate transportation, for example, is a NMDoH-related risk factor that may contribute to various individual NMDoH-related needs, such as being unable to get to the doctor, being unable to get healthy food, or being late to or missing work.

Thus, while entire communities may be exposed to the same NMDoH-related risk factor, NMDoH-related needs will vary from individual to individual.

As an example, see how transportation is a critical NMDoH issue and how it plays out in NMDoH-related risk and needs.

3. Should NMDoH Issues Be Addressed Individually or via System Change?

Because health outcomes are influenced by factors outside of the exam room, addressing patient health outcomes must also take place outside of the exam room.

Thus, NMDoH issues deserve a systemic focus.

Individual-level interventions are not bad in and of themselves.

On one hand, we need a variety of local, state, and federal assistance programs to help these individuals meet their immediate NMDoH-related needs.

But many health leaders caution against claiming that individual-level interventions are addressing community-level risk, because it conveys a false sense of progress and makes it harder to focus on the systemic changes necessary to address root causes of poor health outcomes, also known as upstream causes.

"If we, even inadvertently, imply that [NMDoH] can be solved by offering Uber rides to individual patients or by deploying community health navigators, it will be challenging, if not impossible, for public health leaders to make the case for proven policies like alcohol sales control, complete streets, and healthy food procurement," writes Brian C. Castrucci and John Auerbach in Health Affairs.

Thus, on the other hand, we need to change policymaking and investment decision-making at the local, state, and federal level to improve the affordability, safety, and availability of

transportation options so that everyone can meet their daily needs without burdensome tradeoffs.

Learn more about why the distinction between NDMoH and NMDoH-related needs matters in Castrucci and Auerbach's article.

"[NMDoH-related needs] are the downstream manifestations of the impact of the [NMDoH] on the community," they write.

As an example, see how transportation is a critical NMDoH issue that needs a systemic focus.

4. Should NMDoH Issues Be Addressed Downstream, Midstream, or Upstream?

NMDoH issues deserve an upstream focus.

Using the metaphor of a flowing stream or river, addressing upstream conditions will address the root causes of poor health outcomes that produce downstream effects.

Take, for example, pollution.

Say there is an oil refinery located upstream. This can discharge harmful pollutants into the stream, exposing individuals living downstream to pollutants. Pollution, in this example, is the community-level NMDoH-related risk factor for which various individual-level NMDoH-related needs may arise, such as the need for medical care and clean drinking water.

A downstream strategy to reduce the harmful impact of pollutants would provide individual-level medical care to those exposed. In public health, this is a known as a tertiary prevention strategy. Notice, this strategy does nothing to address the root cause of the problem. Thus, demand for medical care would remain constant year after year, generation after generation. You can see why this is not cost-efficient.

A midstream strategy to reduce the harmful impact of pollutants would provide water filters to those concerned about exposure. In public health, this is known as a secondary prevention strategy. Although midstream strategies will reduce some demand for medical care, again, these strategies do nothing to address the root cause of the problem, and demand for water filters would remain constant year after year, generation after generation. You can see why this is not cost-efficient.

An upstream strategy to reduce the harmful impact of pollutants would eliminate pollution at the source. This eliminates unnecessary demand for both water filters and medical care. In

public health, this is known as a primary prevention strategy, and it has the greatest long-term population impact. Through laws, policies, and regulations, strategies improve the conditions upstream to reduce the effects downstream, thereby reducing public and private costs.

Downstream and midstream strategies address individual-level NMDoH-related needs rather than reduce the prevalence of NMDoH-related needs; upstream strategies address NMDoH issues, thereby reducing the prevalence of NMDoH-related needs.

"This isn't about picking one approach over another – we need ... interventions at both the community and individual levels," writes Castrucci and Auerbach. "The demand for [NMDoH-related needs] interventions won't stop until the true root causes are addressed. This should ring especially true as the movement to Accountable Health Communities and value-based care gains momentum. Any success these new payment structures enjoy will be short-lived if the underlying ... conditions in the communities where they work remain unchanged."

As an example, see how transportation is a critical NMDoH issue that needs an upstream focus.

5. How Should We Begin to Address NMDoH?

Before we create midstream strategies to reduce NMDoH-related needs and upstream strategies to reduce the underlying NMDoH-related risk factors, we need to better understand the prevalence of NMDoH-related needs and the scope and extent to which community and inidivual conditions contribute to or safeguard against health problems.

This means we need to screen Americans for NMDoH-related needs and the underlying NMDoH-related risk factors that contribute to needs.

While diagnosing and treating NMDoH-related needs should not be the sole responsibility of the health care system, healthcare organizations share responsibility in identifying patients' needs and the risk factors from which they arise.

Thus, we need NMDoH screening in healthcare.

6. What is NMDoH Screening?

NMDoH screening is a questionnaire given to patients in a healthcare setting that can help identify non-medical challenges to health, such as those relating to financial hardship, transportation, housing, food, employment, and safety.

Patients can then be referred to helpful community resources.

The NMDoH screening can be completed electronically, in writing, or verbally.

A systematic review of 21 NMDoH screening tools in 2018 found that the majority were administered by paper (n=11, 52.4%), followed by verbally (n=9, 42.9%) and electronically (n=7, 33.3%).

However, since this review, the electronic health record system, EPIC, has embedded an NMDoH screening tool, thus much more screenings are being done electronically.

Learn more about the rise of NMDoH screening!

7. What NMDoH Screening Tools Exist?

Several nationally recognized NMDoH screening tools exist, although most technically only screen for NMDoH-related needs and do not screen for NMDoH or the underlying.

The most widely accepted and used NMDoH screening tool is PRAPARE® (Protocol for Responding to and Assessing Patient's Assets, Risks and Experiences).

From 2013 to 2016, the National Association of Community Health Centers (NACHC) helped create the PRAPARE® NMDoH screening tool to enable community health centers (also known as federally qualified health centers) to identify NMDoH-related needs among patients and refer them to local resources for aid.

Today, PRAPARE® is available in over 25 different languages and has been implemented onto a plethora of digital platforms, including electronic health record systems.

The PRAPARE® Implementation and Action Toolkit – available in English and Spanish – includes resources on how to implement PRAPARE®, how to use PRAPARE® data, and best practices and lessons learned from community health centers who piloted PRAPARE®.

See how PRAPARE® was created!

Other NMDoH screening tools exist, too.

Go here to learn more about:

- American Academy of Family Physicians (AAFP) Needs Screening Tool
- Kaiser Permanente's Your Current Life Situation (YCLS) Survey

Go here to learn more about:

- The Accountable Health Communities (AHC) Health-Related Needs Screening Tool
- WellRx screening tool
- HealthBegins screening tool

8. Why Should a Healthcare System, Hospital, or Clinic Choose to Implement NMDoH Screening?

Here are seven key reasons why a health system, hospital, and/or clinic should screen for NMDoH:

- Helps Patients Speak Up
- Helps Clinicians Better Understand Patients
- Helps Clinicians Address Patients' Needs
- Helps Foster Community Collaboration
- Helps Healthcare Assessment, Management
- Can Increase Work for Addressing 'Root Causes'
- Can Improve Health for All in the Healthcare System

Find out more about these several reasons.

However, an inadequate screening tool can limit quality improvement and research on risk screening and intervention programs.

So, it's important to find the right NMDoH screening tool.

9. How Do You Know Which NMDoH Screening Tool Is Best?

Due to a lack of evaluative studies on NMDoH screening tools, there is no single recommended tool.

There is not yet firm scientific evidence of validity (consistency) and reliability (accuracy) in NMDoH screening tools. There is also little evidence the tools can differentially identify NMDoH-

related risk between population groups, or measure the impact of screening on health outcomes, according to a systematic review of the pragmatic and psychometric properties of NMDoH-related risk screening tools.

Additionally, there is not yet a standardized and interoperable format to collect data on NMDoH-related needs

Still, you have the potential to gather all the information you need to compare, modify, adapt, or create a tool in the guide provided in Step 3 of this Action Pack. And you can push for the scientific testing of the tools to ensure they are measuring what they are supposed to measure with accuracy and consistency and without imposing time or cost burdens on the staff administering or the patients completing the tool. Additionally, you can speak up for the collection of standardized and interoperable data.

As a reminder, screening tools are a type of measurement instrument. All measurement instruments are subject to error and uncertainty, particularly those in the sciences wherein the objective is to measure intangible and theoretical concepts across different contexts and populations.

10. What Should Be Considered in Measuring NMDoH and NMDoH-Relates Risk Factors and Needs?

To give you the information you need to compare and modify NMDoH screening tools, we must first explain four key questions to ask when attempting to measure intangible and theoretical concepts, like NMDoH-related needs.

In doing this, we take a critical approach to explore strengths and weaknesses from an upstream, non-medical risk perspective—as opposed to a downstream, medical NMDoH-related needs perspective.

Before asking the four questions, you must identify a sub-domain within the NMDoH-related needs content domain.

Sub-domains could be unmet transportation needs, financial hardship, unmet housing needs, unmet healthcare needs, or unmet nutrition needs.

Then, think through these four key questions:

1. What concepts make up this sub-domain? In other words, what are key aspects of how people experience the sub-domain.
2. How are those concepts organized into constructs? In other words, how are the distinct aspects of the sub-domain organized into a combination of indicators that can be directly measured?
3. How are those constructs operationalized? In other words, how are each of the unique aspects of the sub-domain measured?
4. Do the measurement instruments created to measure those constructs do so with accuracy and consistency across various contexts and populations?

As an example, see how transportation can be measured through a community-level risk lens and these four questions.

Also, see our guide for selecting or adapting an NMDoH Screening Tool in Step 3 of this Action Pack.

11. Who Will Conduct NMDoH Screening?

Healthcare systems, hospitals, and clinics must identify their NMDoH screening workflow and staff most suited to complete each step.

Establishing an NMDoH screening program will be more successful in places that have adopted a medical home model, known for patient-centered, comprehensive, and coordinated care.

The NMDoH screening workflow includes:

1. Administering the NMDoH screening tool;
2. Charting the results and communication them to the rest of the care team;
3. Providing the patient with a referral to relevant community resources.

Some practices and health systems embed both their screening tools and their referral resources within their EHR system, such as Children's Health, the largest pediatric health system in North Texas.

Regarding community referrals, check out this guide that explores the unique capabilities of community resource referral platforms and the experiences of healthcare organizations that have used these tools. The guide was developed by the Social Interventions Research &

Evaluation Network (SIREN) at the University of San Francisco California to help safety-net healthcare providers make decisions on implementing a community resource referral platform.

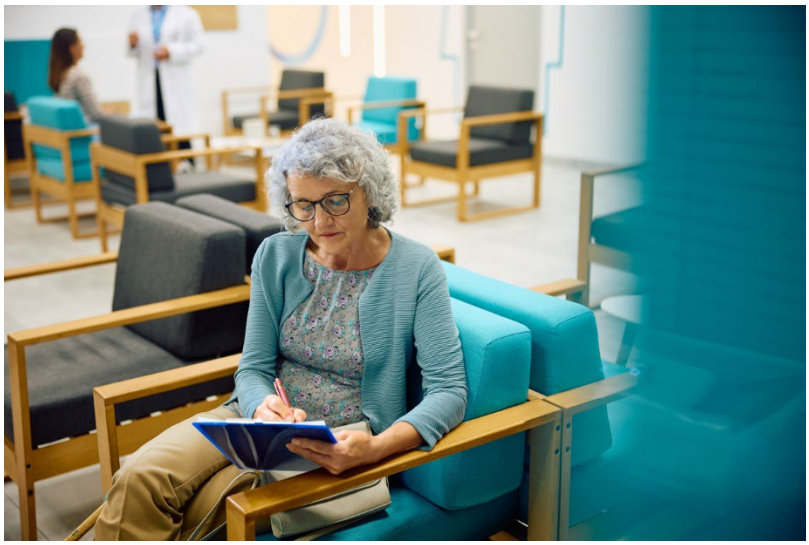
While there is no evidence-based gold standard for how screening programs should be conducted or who should conduct the screening, lived experiences from clinics that have successfully implemented a NMDoH screening program can help healthcare facilities make critical decisions in designing their own screening program.

Go here to see how Nemours Children's Hospital and Hope Clinic in Houston chose a screener.

12. How Often Should Patients Be Screened?

There is not yet national consensus on how often patient's should be screened, ranging from annually to each visit.

Children's Health System of Texas in Dallas, for example, screens patients every six months.



In 2022, the Centers for Medicare and Medicaid Services (CMS) issued a final rule that requires Medicare Advantage Special Needs Plans (SNPs) to include NMDoH-related needs questions in the initial and annual health risk assessment of each SNP beneficiary.

As part of the CMS Inpatient Prospective Payment System (IPPS), hospitals conduct NMDoH screening for inpatient stays.

According to the Accountable Health Communities Model, "screening could take place before, during, or after a clinical visit."

In 2024, CMS finalized a new stand-alone code to pay for NMDoH assessment not more often than every 6 months.

Thile there is a distinction between NMDoH assessment and NMDoH screening, with a screening often being conducted on all patients prior to their visit and an assessment being

conducted based on the practitioner's diagnosis or treatment of the patient, the same screening tools are used.

13. How Can You Show Compassion and Sensitivity While Screening for NMDoH-related needs?

Many healthcare facilities require healthcare staff to complete regular sensitivity trainings on competency, bedside manner, and similar topics.

These trainings can help providers deliver compassionate care for all patients.

But, as more healthcare systems go the extra mile to create an NMDoH screening program to care for patients' NMDoH-related needs, staff may need additional resources to guide conversations that are often deeply personal for some patients.

Go here to learn how healthcare staff can build rapport with patients and gain confidence in discussing potentially sensitive topics on NMDoH-related needs, from housing to income.

Go here to see modules on Training Primary Care Residents on NMDoH.