



Increasing Screening for Social Drivers of Health (SDoH) FY25 UCSF Pediatric Diabetes Program

T1DX - QI Champions Meeting

Quality Improvement Team:

Barbara Liepman RN MS CDCES CHWC, Quality
Improvement Advisor, Pediatric Diabetes

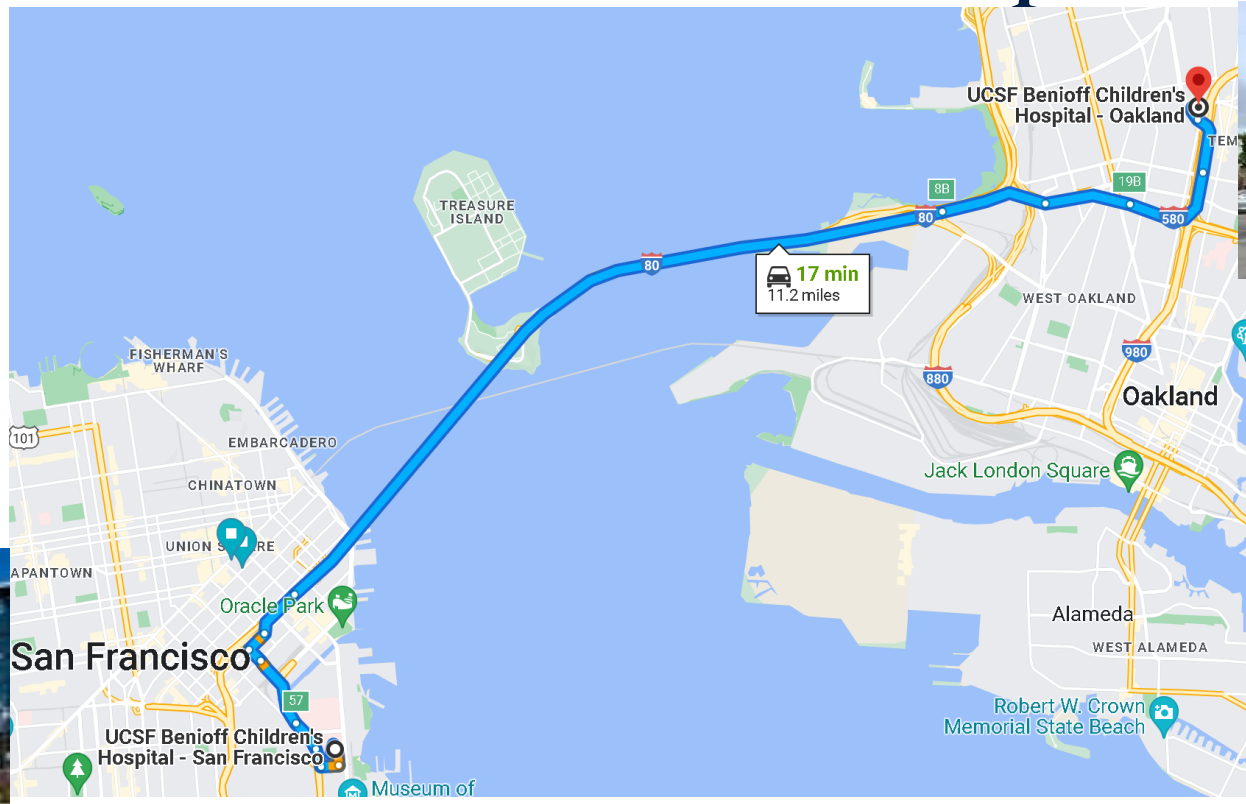
Angel Nip, MD

Jenise Wong, MD PhD

April 8, 2025

Clinic	Multidisciplinary Team	Volume and Demographics	Contacts
UCSF (pediatric) Benioff Children's Hospitals Locations <ul style="list-style-type: none"> • 2 main campuses (San Francisco and Oakland) • 6 satellite clinics 	<ul style="list-style-type: none"> • 24 attending physicians (16 provide diabetes care, ~7 FTE) • 6 fellows (1 med/peds) • 1.2 NP (for diabetes) • 6 RN/CDCESs • 3.6 dietitians/CDCESs • 2.5 social workers • 1 psychologist (pending) • 1 transition coordinator • LVNs • MAs • Office Assistants 	Volume <ul style="list-style-type: none"> • 150-200 newly diagnosed T1D patients seen annually • ~1600 established T1D and ~420 T2D patients Demographics <ul style="list-style-type: none"> • 53% with government insurance (40% in SF, 63% in Oakland) • 30% Latinx, 9% Black, 7% Asian American/Pacific Islander 	West Bay lead Jenise Wong, MD PhD East Bay lead Angel Nip, MD Quality Improvement Advisor, Pediatric Diabetes Barbara Liepman, RN MS CDCES
University of California San Francisco	University of California San Francisco	University of California San Francisco	University of California San Francisco

UCSF Benioff Children's Hospitals



East Bay

2



West Bay

3

Screening for Social Drivers of Health (SDoH) FY25

- **SMART Goal:** Increase annual screening rates for SDoH [food insecurity, transportation] for patients with diabetes seen Cross-Bay using APeX screening tools from an average of 46.3% (FY24 baseline) to > 75% between 7/1/2024 to 6/30/2025.
- **Secondary Impact:** Address SDOH to improve engagement with diabetes care and medical outcomes.

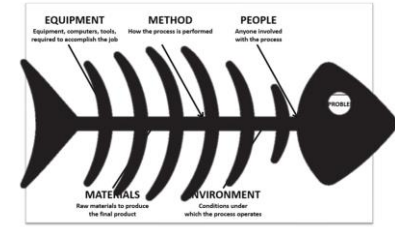


Project Charter



- Project Name
- Charter Date
- SMART GOAL/Global Aim
- Problem Statement and Business Case
- Project Timeline/Key Milestones
- Project Team/Taskforce
- Project Scope
- Project Measures

Fishbone Diagram FY24/25



EQUIPMENT

Equipment, computers, tools,
required to accomplish the job

METHOD

How the process is
performed

PEOPLE

Anyone involved with
the process

Lack of knowledge
of how to do
screening and
provide resources

Belief that
screening is
not necessary

No workflow or
expectations to
screen

Unclear which
SDOH domains
should be
prioritized

Lack of standard
screening questions

Lack of easily accessible
resources specific to patient
needs and locations

MATERIALS

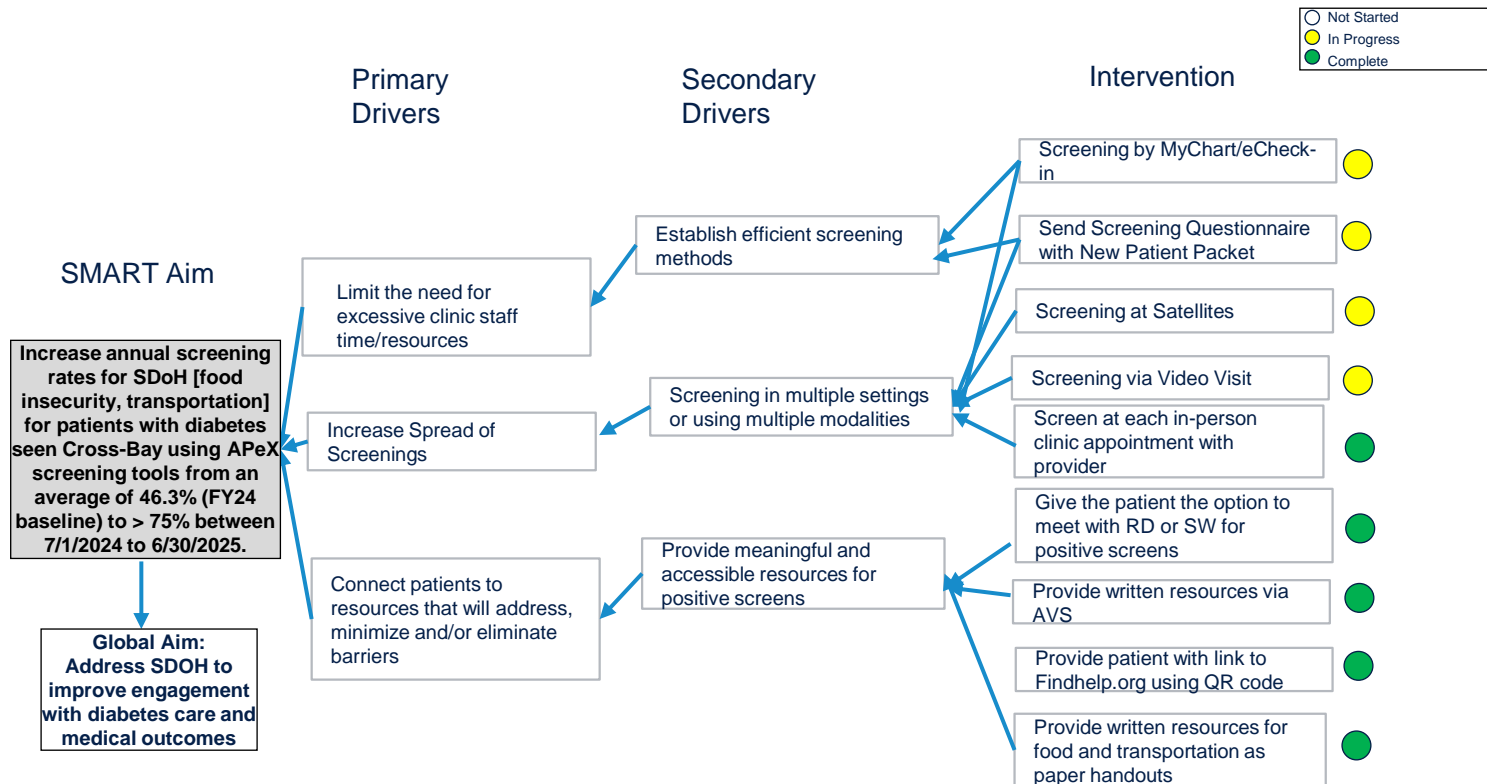
Raw materials to produce
the final product

ENVIRONMENT

Conditions under
which the process operates

**THE
PROBLEM:
Inconsistent
screening for
Social Drivers
of Health
(SDOH) in
patients with
diabetes**

SDoH Screening Project KDD FY25



Measurement/ Data Collection Plan



- **General Report:** number of patients screened per month out of all total eligible visit encounters (virtual and in-person)
- **Project Report:** number of patients screened per month out of total eligible visit encounters (in-person only)
- **Positive Screenings:** number of patients screening positive for food and transportation (add-on)

SDoH Paper Screening Questionnaire

Available in English, Spanish, Russian, Simple and Traditional Chinese



Patient Label

Date: _____

FOOD and TRANSPORTATION

SCREENING QUESTIONNAIRE

We believe that everyone deserves access to resources. It is especially important for people to have enough food and reliable transportation when managing diabetes care. If needed, we are here to assist with finding more support.

Please answer the following questions to help us better understand your current situation.

Questions about transportation	Yes	No	I choose not to answer
1. In the past 12 months has lack of transportation kept you from medical appointments or from getting medications?			
2. In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?			

Would you like to receive a transportation resource information handout? ☐ Yes ☐ No

Please do not write below this line. For staff use only.

Resource information handout(s) provided. ☐

Staff Member name: _____

Resources

Available in English, Spanish, Russian, Simple and Traditional Chinese

Food and Nutrition Resources



**NEED HELP WITH
TRANSPORTATION TO YOUR
MEDICAL APPOINTMENTS?**

**YOUR MEDI-CAL MANAGED HEALTH CARE
PLAN MAY BE ABLE TO HELP!**

Revised 2-Sided General Resource Handout

Smartphrase: .SDOHRESOURCES

General Resources

UCSF Find Help:
<http://communityresources.ucsfhealth.org>

Website matches you to free or reduced-cost resources like food, housing, financial assistance, health-related care, and more.

Type in your zip code and look up the service you need by using the search button.

Food Resources

211: <https://211bayarea.org/>

Website or phone support available. 211 connects you to expert, caring help in the Bay Area. Every call is completely confidential.

Feeding America:
<https://www.feedingamerica.org/need-help-find-food>

Enter your zip code to find a local food bank who can help you find food today.

CalFresh:
<https://www.benefitscal.together.wa/benefits>

Provides food benefits to families with low-income to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.

WIC:
<https://www.myfamily.wic.ca.gov/>
1-888-WIC-WORKS
(1-888-942-9675)

Get access to healthy foods, breast feeding support, nutrition advice and education, and referrals to community health services.



Transportation Resources

Most Medi-Cal managed health care plans now provide **FREE RIDES** home at hospital discharge and **FREE ONGOING HELP** for covered medical appointments.

Health Care Plan	Telephone Number
Alameda Alliance	Modicare: 866-791-4158
Anthem Blue Cross	Transportation line: 877-931-4755
California Health & Wellness	Transportation line: 866-842-0635
Central California Alliance for Health	Transportation line: 800-700-3874 ext. 5577
Cigna	Modicare: 877-440-7433
Contra Costa Health Plan	Transportation line: 855-222-1218
HealthNet Medi-Cal	Transportation line: 855-253-6863
Health Plan of San Joaquin	Customer Service line: 209-942-6320 *Member must call for hospital discharge
Partnership Health Plan of California	Transportation line: 866-828-2303



<p>S11 SF/Bay Area Transit: https://s11.org/transit</p>	<p>Information on Bay Area Bus Lines and discount programs available, as well as transit resources for American Disabilities Act accommodations (discounts includes Paratransit and RTC card information).</p>	
<p>Clipper: https://www.clippercard.com/ClipperKey/discounts.html</p>	<p>Qualified riders can receive reduced fares and access to discounted passes.</p>	
<p>Bart: https://www.bart.gov/tickets/discounts</p>	<p>All discounts must be set up in advance through Clipper. There are no discounts available at the BART vending machines.</p>	

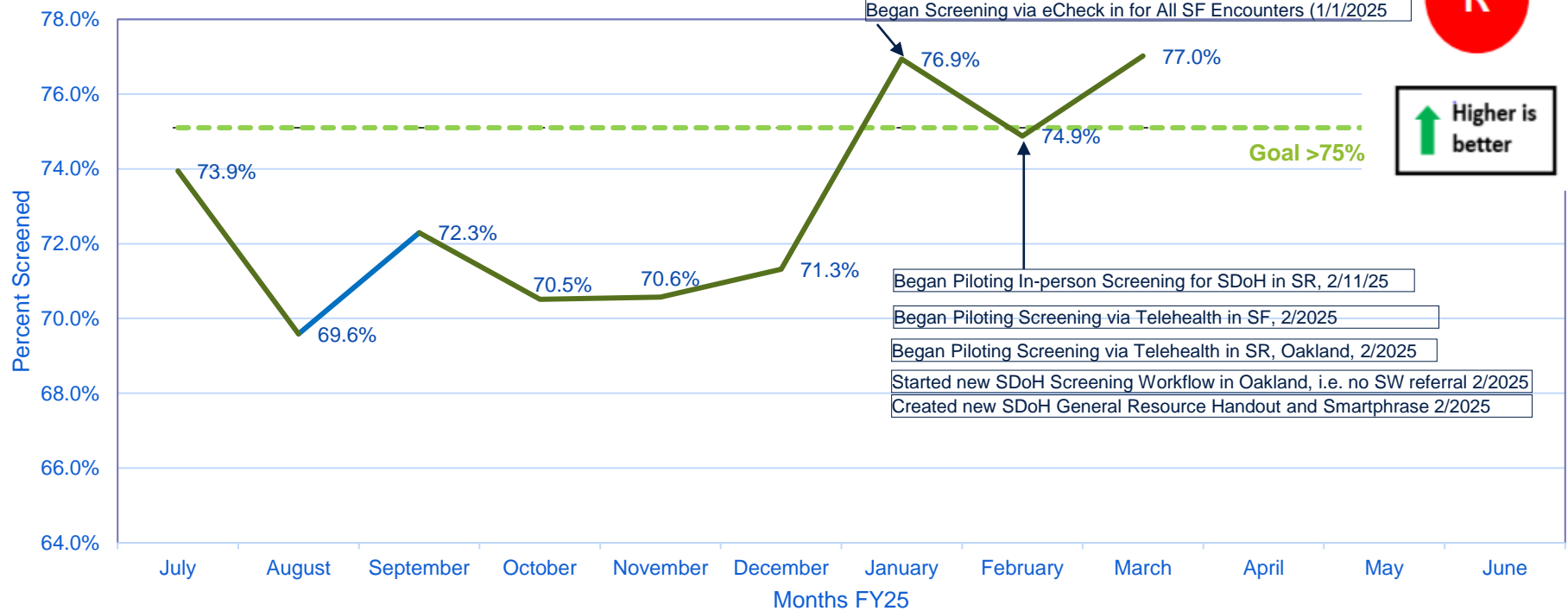


Benioff Children's Hospitals

FY25 SDoH Screening Rates General Population: Cross-Bay Pediatric Diabetes



Higher is better



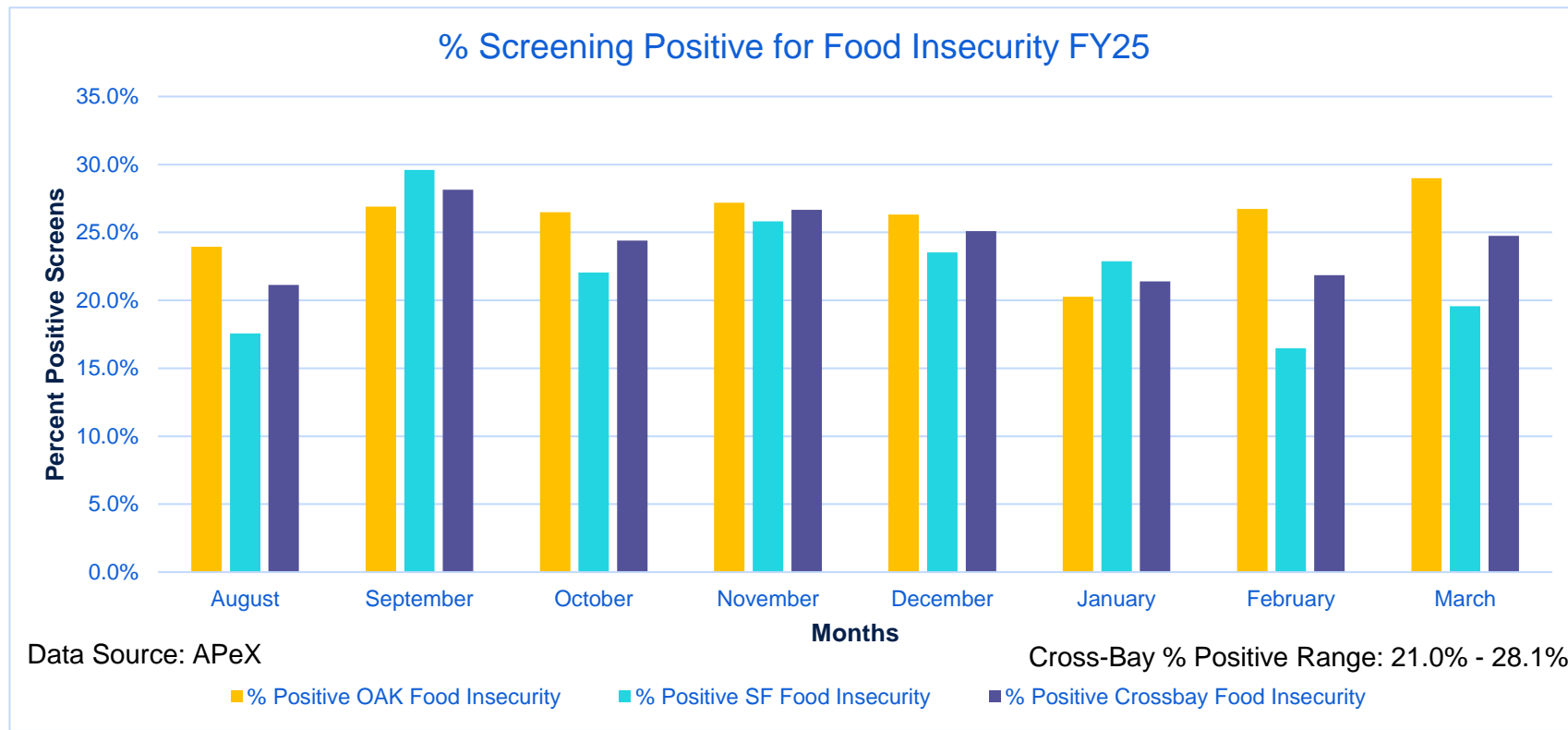
FY24 Baseline: 46.3%

--- Goal >75%

— Crossbay % Screened

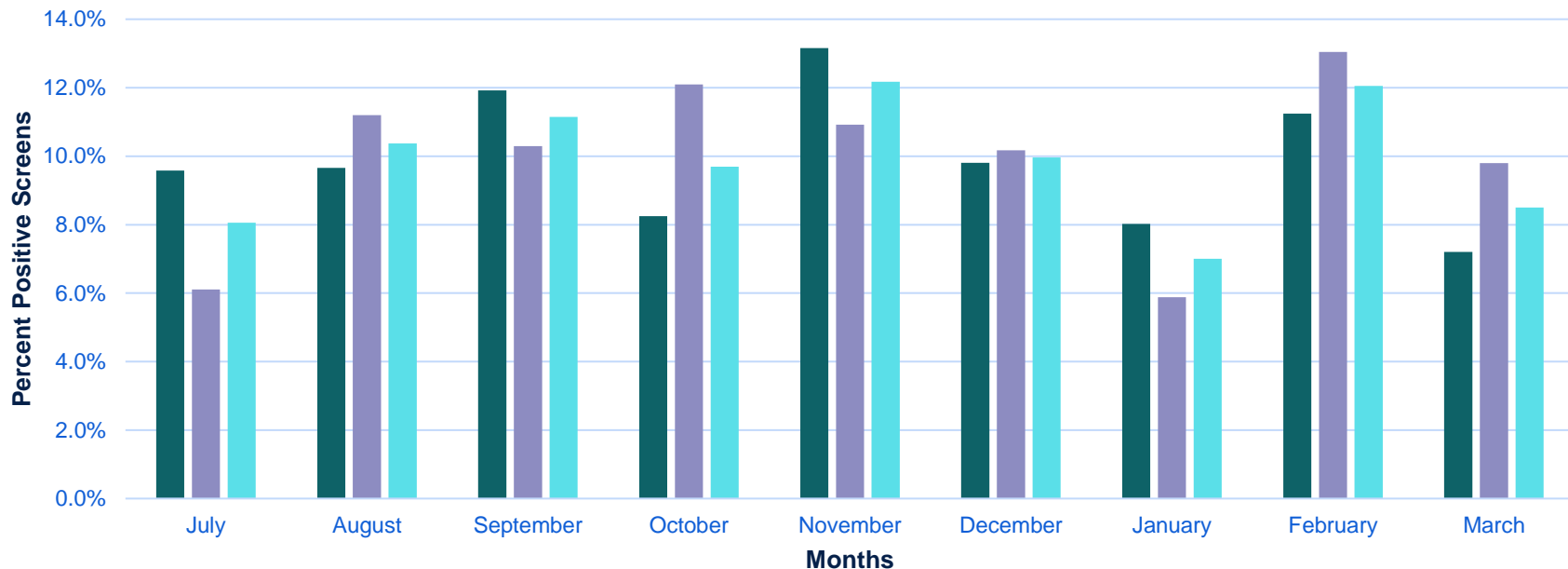
Data Source: APeX **FY25TD(March): 73.1%**

% Screening Positive for Food Insecurity FY25



% Screening Positive for Transportation Barriers FY25

Percent Screening positive for Transportation Barriers FY25



Data Source: APeX

■ % OAK Transport Needs

■ % SF Transport Needs

■ % Positive Crossbay Transportation

Cross-Bay % Positive Range: 7.0% - 12.2%

Interventions in Progress for FY25

- Decrease the Frequency of Screenings to Annually ~ 4/09/25
- Begin Screening for All Domains TBD
- Screening at All Video Visits TBD
- Screening at All Satellite Clinics TBD
- Screening in Main Clinics using Welcome Application on iPad TBD
- Screening via eCheck-in at All Clinics TBD



SDoH Taskforce Members

West Bay

- **Jenise Wong MD PhD**
- **Katie Hynes RD, CDCES**
- **Andrea Nunez SW**
- **Nicole Rotter PNP, CDCES**

East Bay

- **Angel Nip MD**
- **Mackenzie Allen RD**
- **Rocel Gamiao LCSW**
- **Yanming Jiang RD, CDCES**

