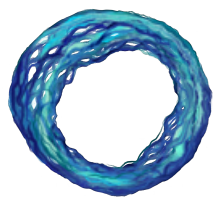


Collaborative Screening

Guidance for Person-
Centered Inquiry



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What is Collaborative Screening?

Collaborative Screening is a person-centered approach to gathering information and following up with referrals in health and social service settings that elevates the perspective, expertise and autonomy of the individual being served, rather than the needs and requirements of the institution.



What is the purpose of Collaborative Screening?

Organizations have good reasons to ask people an increasingly wide array of questions, from personal demographic factors and social circumstances to individual and family health behaviors.^{1,2,3,4} These reasons often stem from organizational goals to improve individual and community health and wellbeing. Other reasons include regulatory requirements, organizational

recordkeeping, evidence-based practice in identifying and responding to individual and structural barriers to health, and building population-level understanding in an increasingly performance-based and data-driven environment.

Yet for every good reason that exists for institutions to ask these questions, people have just as many legitimate reasons to hesitate to disclose personal information to institutions. Patients understand the value of screening, but are also concerned about their privacy and how their information will be used, worry about negative consequences that might result from disclosure, fear judgment from professionals, and may have prior experiences of screening processes that felt meaningless or disrespectful, due to judgmental reactions or lack of acknowledgment of their responses.^{5,6,7,8,9,10}

Although the dynamics of power and distrust can limit engagement in health

and social service settings, professionals and organizations can adopt very concrete attitudes and behaviors to demonstrate respect, build trust and promote engagement with the people they serve.

Collaborative Screening provides design principles, with corresponding behavioral guidance, for creating person-centered screening and referral processes. It offers two sets of design principles, one for individuals and one for organizational systems, that seek to create relational safety, partnership and better information exchange.

Collaborative Screening draws on guidance from people with lived experience of social marginalization, professional experts, and other person-centered methods, including Motivational Interviewing,¹¹ Trauma-Informed Care,¹² Cultural Humility,^{13,14} Empathic Inquiry,¹⁵ and the principles and practices of health equity.^{16,1}



The North Star of this Model Shines out from Four Foundational Ideas:

- Describing social, demographic and behavioral risk screening as critical to providing whole person services, but only asking about and documenting the challenges that people face, both reflects and reinforces a deficit-orientation towards individuals and communities.
- To improve health equity, we need to understand, elevate and connect with the experiences of people who may start out with the greatest levels of distrust.
- Invest in relationships at every step of the way, with the understanding that time is a major currency of this investment. When accompanied by heart-felt curiosity, respect, and social-emotional intelligence, a little bit of time can go a long way.
- System-driven priorities and agendas are an assertion of power relative to the people and communities we serve. Although there is an important role for system-level priorities and strategies, we should also reflect on and reckon with intersectional power dynamics to the best of our ability.

What are Design Principles?

Design principles are “a set of values that act as a compass” for your design process. Shared design principles provide a set of decision-rules to help teams navigate the complex details of a product or process design. In order to be most useful, “design principles should be specific, nuanced, and actionable.”¹⁸

The Design Principles offered here are neither exclusive to Collaborative Screening or comprehensive of all the person-centered ways to design services. Rather, this set of guidelines for designing person-centered screening interactions draws upon nearly 15 years

of experience practicing and teaching person-centered communication, a decade leading technical assistance and training programs for patient-centered health system transformation, direct input from stakeholders, and an effort to synthesize collective knowledge offered by the person-centered methods and North Star ideas listed above.

You are invited to build on these principles, contextualize them to your community and your setting, and brainstorm additional ideas for behavioral guidance.

Take these principles as a starting point and infuse them with your own wisdom about:

- Meeting people where they are, with compassion
- Connecting in a person-to-person conversation
- Listening non-judgmentally to individual, family and community experiences
- Getting out of the way so that people can step forward in the fullness of their humanity and as the experts on their own lives.

Collaborative Screening Design Principles



Person-Centered Screening Conversations

- Recognize and reduce differences in power
- Prioritize transparency
- Demonstrate respect
- Focus on strengths
- Let the client lead



Person-Centered Organizational Systems

- Raise awareness about personal and organizational contexts and power dynamics
- Create a welcoming environment
- Make internal and external partnership foundational to your strategy
- Demonstrate listening
- Commit to consistency

Design Principles

Person-Centered Screening Conversations



Recognize and Reduce Differences in Power

Acknowledge and honor the autonomy and privacy of the people you serve.

Always ask permission, with sincerity, to inquire about people's lives. Offer the option to stop the screening conversation at any point or to decline to answer particular questions. Commit to the belief that it is completely acceptable for people not to answer. Notice and manage your own judgments if they come up when people choose not to.

Ask for individual perspectives and priorities.

Screening questionnaires set a system-driven agenda for personal health, which is not always matched to individual, family or cultural perceptions, perspectives or priorities. Asking what people care about, and inviting them to collaborate in setting the agenda for the interaction, both acknowledges that they are the expert on their own lives and makes better use of time by focusing on the issues important to the individual or family.

Identify subtle behaviors that diminish differences in power.

Introduce yourself using your first name, avoid standing over people who are seated, and observe and respond to the body language and eye contact cues coming from the people you serve.



Prioritize Transparency

Always offer a written and verbal plain language explanation for why you are conducting the screening, how their personal information will be used, with whom it will be shared, and what the options are for next steps.

Communicating clearly about process and expectations both puts people at ease and reduces power differences. Knowing what to expect reduces anxiety about unfamiliar circumstances and is a critical first step to full participation.

In addition, some communities experience high levels of institutional distrust, and some may experience very real harm from disclosing information about personal circumstances, with particular concerns about any information that could relate to immigration status for themselves or people close to them.

Acknowledge that your clinic or agency may not be able to offer resources in response to all needs, and that the

screening process is not an application for resources.

The questions in a social needs screening questionnaire may be similar to the ones asked when applying for assistance. Acknowledge up front that this is not an application for resource assistance, that you may not be able to provide resources for all identified needs, and that you are still interested in learning more about their experience and their perspective as a partner in health.



Demonstrate Respect

Approach your interactions with an awareness of the stigma, shame, and self-judgment associated with many demographic circumstances, social needs, and personal behaviors.

Many of the topics in screening questionnaires are fraught with social judgment. People come into institutional settings with a great deal of self-judgment in place. Exploring your own judgments and learning methods for communicating non-judgmental interest in other people helps to build trust and reduce bias.¹⁹

Notice when you feel shame, guilt or pity

towards the people you serve and avoid responding with the desire to rescue. Shift your pity into admiration through curiosity, relationship, story, and understanding of resilience and strength.

Be careful to avoid the perception of using people's disclosures against them. For example, if someone discloses that they use tobacco, do not provide advice about quitting without first asking for their permission and level of interest in discussing the relationship between tobacco and their health.

Avoid making assumptions about people. Some commonplace assumptions that

diminish people: they don't have much education, they don't care about their health, and they don't have ideas about how to improve their own circumstances.

Ask people how they want to be addressed, for example, their pronouns and preferred name.

Adopt a position of non-judgmental curiosity about the people you serve. Once they tell you how they would like to be addressed, take responsibility for ensuring that your team can respond consistently.

Although you may be consistent in addressing people with respect in conversation, notice whether you give yourself permission to loosen up when talking about people with your colleagues or preceptors.

Compartmentalizing respect in this way both reflects and reinforces disrespect, which may be conveyed in subtle or unintended ways to the people you serve.

Avoid gallows humor as a coping mechanism. Gallows humor may help lessen the discomfort of a challenging moment, but your coping may come at the expense of someone else's dignity.²⁰

Use person-centered and neutral language to convey non-judgment.

Choose language that centers the *people* you serve instead of the *challenges* they face. Clinical language can sometimes prevent the use of judgmental slang, for example, replacing "junkie" with "person with a substance use disorder." In other cases, clinical language may perpetuate harm and should be replaced with language preferred by communities, such as using the term "fat" instead of "obese."^{21,22}

Ask people how culture and identity impacts health and well-being.

Culture, community and identity may be sources of enormous strength and

resilience for people of all backgrounds. Although some might lean toward adopting a position of racial color-blindness,²³ this can have the unintended consequence of minimizing other identities. Instead, approach people with friendly curiosity about who they are and how their identities shape their experience and their health.

Orient yourself towards families and not just individuals.

In some cultures, the unit of experience is the family, rather than the individual. As much as possible, maintain a focus on the family as a whole and offer services that will respond to family-level needs.



Focus on Strengths

Ask people about their interests and hobbies, their strengths and supports, and what brings them joy or makes them laugh.

Most screening tools inquire about risks and deficits. To build relationship and understand people as more than just their conditions or behaviors, professionals should ask people about their strengths, capabilities, and bright spots.²⁴

Provide verbal affirmations.

Provide positive feedback. Positive feedback builds connection, demonstrates strengths-based empathy, and promotes self-efficacy.²⁵ Our society is generally oriented towards catching people doing things wrong; try catching people doing things right!²⁶





Let the Client Lead

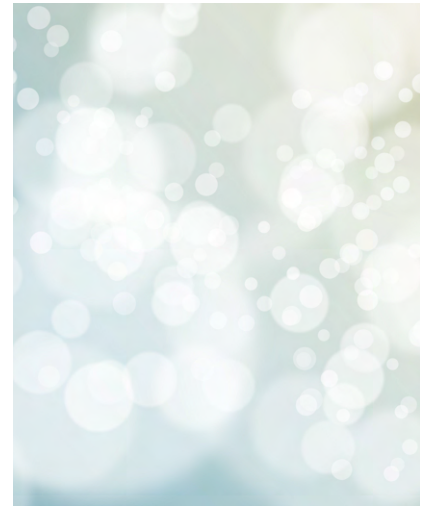
Let people set the pace for disclosure.

Slow down to the speed of trust.²⁷ Reorient towards building your relationship, rather than completing your checklist. You don't have to ask all the questions during the first interaction. If you start by building trust and allow information sharing to happen over time, you may arrive at a much richer understanding of a person's life experience and perspective, with more accurate data.

Adopt the attitude: "We are here to help you at the pace you want to be helped. If this isn't the right time and place, we respect that."

Look for cues and respond to personal circumstances that may impact the conversation.

Notice whether there are issues in the moment that will make it hard for people to respond. For example, it may be the end of a long visit, they may not be feeling well, or there may be another person present who makes disclosure difficult, such as a child or unsafe domestic partner or family member. Remind people that they can stop the conversation at any point.



Design Principles

Person-Centered Organizational Systems



Raise Awareness about Personal and Organizational Contexts and Power Dynamics

Explore and understand professional and organizational positionality.²⁸

The health care system's hierarchical culture produces inescapable power dynamics relating to personal, professional and organizational position. A physician may have grown up with limited resources and thus experience a sense of shared identity with people facing similar challenges, but their role as a physician grants them substantial power relative to almost everyone else in the institution. A community health worker experiences low positional power in a health care setting, but their organizational position grants them power relative to the people they serve, even if they are members of the same community that has experiences of marginalization.

Adopting organizational practices to understand and acknowledge positionality, for both individuals and the

organization as a whole, is fundamental to addressing the power differences that impede person-centered system design and interaction.²⁹

Avoid saviorism.

People have been living and coping with their personal and community experiences for a lifetime, even though your organization may just be learning more fully about the challenges created by poverty, demographic factors, or difficult-to-change behaviors. They have a great deal of expertise on managing these circumstances, and while they may want and need support, people generally do not want and need to be rescued. While the concept of a savior complex generally refers to a personal psychological condition,³⁰ guard against adopting the organizational position of savior. Rather than approaching individuals and communities with solutions and

interventions, re-orient towards listening and partnership.

Notice and shape your organizational attitudes.

The entrenched norms of health care orient us towards data, expediency and population-level thinking. Behind every single data point on your organizational dashboard is a complex, messy, beautiful and tender human life. Notice whether your organization talks only about data when discussing screening workflows and performance metrics. If so, seek methods for reconnecting to the people behind the data set, and for relating to the unknown richness of their life story with empathy and curiosity. Given that performance metrics typically penalize the organization if people choose not to respond to screening questions, find ways to mitigate these impacts.

Attitudes are shaped by culture, and culture is made of rituals and practices. Identify simple, repeatable actions that your organization can take to put the humanity of the people you serve at the center. For example, at the beginning of

team huddles, take turns hearing briefly from one staff member about a patient strength they recently noticed. It is especially important for organizational leaders to repeatedly demonstrate their commitment to person-centered services

in as many ways as possible, including by spending time with the front-line staff and communicating their interest in the people who work for and are served by the organization.



Create a Welcoming Environment

Proactively communicate physical access accommodations for people with disabilities.

Use principles of universal design to make your services more accessible^{31,32}. Universal Design “is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability...This is not a special requirement, for the benefit of only a minority of the population. It is a fundamental condition of good design. If an environment is accessible, usable, convenient and a pleasure to use, everyone benefits.”³³

Although everyone may benefit, some people may be more concerned about facility design than others; communicate with people in advance so that they do not have to worry about whether they might have trouble navigating your building.

Display hospitality towards your clients by demonstrating concern for their comfort.

For example, train staff to offer water, a more comfortable seat (if available), or to ask, “Can I get you anything?”

Consider language access in developing your communication materials and messages.

Use health literacy best practices³⁴ to improve your materials and consider evaluating your approach using the Clear Communication Index³⁵. To make your screening process more accessible to people with a range of language abilities:

- Use an icon-based screening form
- Translate the form into any languages relevant to the community you serve
- Provide on-demand interpreter services, and offer to conduct screenings via interview, rather than self-administration, as needed
- When using interpreter services, be prepared for the interaction to take longer and anticipate that you may not get through the entire screening process in one interaction.

Display visual messages in your facility that communicate a commitment to inclusion.

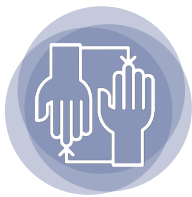
Some examples include placing brochures and signs announcing that your organization welcomes LGBTQ+ people and ensuring that images in your waiting room or materials reflect many dimensions of diversity, including race and ethnicity, ability, age, signifiers of religion, etc. Offer gender neutral bathroom options and invite people to use the bathroom that aligns with their gender identity.

Adopt User Experience (UX) Design methods to test and improve your approach from the user standpoint.

While focusing on process improvement relating to staff efficiency and effectiveness is important, consider using reliable methods³⁶ from the field of User Experience Design to understand and improve the client journey through your services as well.

Equity Call-Out

Make sure to test your approach from the vantage point of users from non-dominant cultures and/or people who may have barriers to access. For example, co-design with a trans person of color, an elderly person who is hard of hearing, a person who experiences low digital literacy, or a person who speaks Farsi rather than English.



Make Internal and External Partnership Foundational to your Strategy

Invest in building relationships with the people you serve.

Most people are more likely to share personal information with someone in the context of a trusting relationship. If you are demonstrating consistent person-centered communication behaviors, a feeling of connection can be established fairly quickly. Nonetheless, it does take time and that investment is unavoidable to create a person-centered approach.

Consider how to engage all organizational stakeholders in developing a person-centered screening strategy.

Administrative leaders must be willing to make the investment in a person-centered approach, which requires the most precious resource of all: personnel time. Engaging administrative leaders

early in the implementation planning process will help to create shared expectations, a collaborative approach to problem-solving on resource allocation issues, and a stronger feeling of leadership engagement or buy-in. Screening workflows often involve many roles, including both clinical and non-clinical staff. For example, the front desk may distribute the forms, while Medical Assistants and Nurses may collect and tally them.

Providers may need to review and respond to screening results. Behavioral health clinicians, community health workers or health educators may be introduced through warm hand-off following a positive screen. Engage all of these stakeholders in the design, testing, and improvement process to model power sharing and increase feelings of shared ownership and commitment to success.

Equity Call-Out

Because of personal or cultural experiences, it can take more time to build relationship and earn some people’s trust. Yet to improve health equity, these are often the people whose trust you most need to earn and sustain.

Build individual and organizational relationships with community-based organizations to which you make referrals.

Make time for staff to build relationships with staff at partner organizations, as these relationships can improve referral processes. In some cultures, relationships are central, and people are more likely to accept a referral if they are connected with a specific person who is known to the referring staff member.

Building organizational partnerships allows organizations to co-design an operational approach that works for both partners, increasing the success of referral workflows. If your screening and referral efforts are effective, this may result in an increased demand for services from your community partners and it is best to plan for that outcome together.

Build partnership and alliances before advocating for community-level change.

Health care organizations are important players in the economic, political and social climate of communities. To avoid unanticipated, unintended, or harmful consequences from advocacy efforts, ensure that you are operating in collaboration and coordination with critical community partners before pushing for specific policy changes. For example, you may advocate successfully for a minimum wage increase, only to find that grocery stores increase their prices to compensate for higher costs, and additional members of the community became food insecure.

Equity Call-Out

Notice who is leading, who is involved and who is missing from a multi-stakeholder design team.

Ensure that people who are in positions with less organizational or social power are supported to actively contribute.



Demonstrate Listening

If someone fills out a screening form, ensure that at least one person on the team is accountable for acknowledging that they have completed the form and communicates that relevant members of the team will follow up with them.

Disclosing personal information can feel uncomfortable or even risky. People do not want to repeat themselves and if they take the time or the risk to share personal information, they want their disclosures to be acknowledged, as appropriate.

When designing a person-centered screening workflow, evaluate which

team members have both the time and the training to connect with people about potentially sensitive topics.

For example, Medical Assistants and providers often experience enormous time pressures on their workflows. While people in these roles might be very capable of conducting empathic screening conversations, they may not have the time.

The commitment to demonstrating listening is important for both the screening conversation and the referral conversation. Screening and

referral conversations may not be conducted by the same person and considerations around time and empathy are relevant across the staff roles involved.

Workflows for recurring screenings can start with a summary of what the person shared at their last encounter, followed by the question, “has anything changed?” This approach eliminates the inadvertent message that the institution was not listening the last time they shared information about their smoking status, exercise habits, or social circumstances.

In addition to using UX methods to improve the client journey, demonstrate listening by sharing information publicly about how patient feedback informs process improvement.

Public communication about patient co-design and improvement efforts broadcasts an organizational commitment to listening, which may help foster trust with the broader patient

community, as well as the people who took the time to share their perspectives.



Commit to Consistency

Develop a universal approach to screening.

Although it can be tempting to assume some of the people you serve will not need social and behavioral risk screenings, a universal approach to screening is recommended. People with jobs, even colleagues at your health system, may have unmet social needs. People with high-income jobs may be struggling with difficult patterns of alcohol consumption. People who look like you may identify differently.

Develop culturally-specific referral options.

Consider whether your whole service pathway is imbued with cultural humility, cultural responsiveness and language access. Explore whether your food insecurity intervention accounts for culturally-specific dietary practices, your drug and alcohol referrals include culturally-specific programs, or your senior center partners offer culturally-specific community spaces.

Invest in training and accountability for everyone on the team.

Although it can take a lot of time to earn trust, it takes very little time to erode it. Consistency and predictability are fundamental to a feeling of psychological safety; all staff members play a role in creating a safe or unsafe environment. Even if some staff are consistently using person-centered norms, a lack of reliability will foster distrust. Training and accountability for person-centered behaviors needs to be distributed across the organization, with clear expectations for people across roles, responsibilities and positions of power.

Avoid switching providers, when possible.

In organizations where provider churn is inevitable, for example, environments where learners such as medical students, residents, and behavioral health interns serve alongside staff, seek additional ways to create consistency in person-centered care for the community. For

example, elevate the relationship building efforts of Medical Assistants and front desk staff.

Make your commitment to trauma-informed practice and cultural competency more explicit.

Use signs, brochures or dialogue with the people you serve to share your organizational intention to offer person-centered services. Communicating transparently educates your stakeholders, prepares people to participate in co-design, and reduces differences in power.

Create person-centered documentation templates.

Support your commitment to asking people about their strengths and interests by creating aligned documentation templates.

Conclusions



An Endless Journey Involving Both Mind and Heart

Mastering person-centered communication is an endless journey that involves both mind and heart. No matter where you or your organization is on this journey, the design principles and corresponding behaviors in this document are intended to support you in taking as many steps forward as suit your circumstances.

You may walk away with one or two new ideas, or you may decide to undertake a thorough person-centered redesign of your approach. Regardless of your starting point, Collaborative Screening can reinforce your own clarity and insight about building relationships that are based in empathy, kindness and respect.

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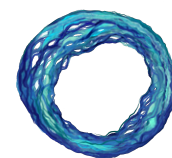
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Citations

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Collaborative Screening | Design Principles Quick Reference Guide

Ariel Singer, MPH

Collaborative Screening is a person-centered approach to gathering information and following up with referrals in health and social service settings that elevates the perspective, expertise and autonomy of the individual being served, rather than the needs and requirements of the institution.

Collaborative Screening provides design principles, with corresponding behavioral guidance, for creating person-centered screening and referral processes. It offers two sets of design principles, one for individuals and one for organizational systems, that seek to create relational safety, partnership and better information exchange. Collaborative Screening draws on guidance from people with lived experience of social marginalization, professional experts, and other person-centered methods, including Motivational Interviewing,ⁱ Trauma-Informed Care,ⁱⁱ Cultural Humility,^{iii,iv} Empathic Inquiry,^v and the principles and practices of health equity.^{vi,vii}

For more details and citations, please refer to the longer version of this document.



Design Principles for Person-Centered Screening Conversations	
Principle	Behavioral Guidance
Recognize and reduce differences in power	<ul style="list-style-type: none"> Acknowledge and honor the autonomy and privacy of the people you serve. Ask for individual perspectives and priorities. Identify subtle behaviors that diminish differences in power.
Prioritize transparency	<ul style="list-style-type: none"> Always offer a written and verbal plain language explanation for why you are conducting the screening, how their personal information will be used, with whom it will be shared, and what the options are for next steps. Acknowledge that your clinic or agency may not be able to offer resources in response to all needs, and that the screening process is not an application for resources.
Demonstrate respect	<ul style="list-style-type: none"> Approach your interactions with an awareness of the stigma, shame, and self-judgment associated with many demographic circumstances, social needs, and personal behaviors. Ask people how they want to be addressed, for example, their pronouns and preferred name. Although you may be consistent in addressing people with respect in conversation, notice whether you give yourself permission to loosen up when talking <i>about</i> people with your colleagues or preceptors. Use person-centered and neutral language to convey non-judgment. Ask people how culture and identity impacts health and well-being. Orient yourself towards families and not just individuals.
Focus on strengths	<ul style="list-style-type: none"> Ask people about their interests and hobbies, their strengths and supports, and what brings them joy or makes them laugh. Provide verbal affirmations.
Let the client lead	<ul style="list-style-type: none"> Let people set the pace for disclosure. Look for cues and respond to personal circumstances that may impact the conversation.

Design Principles for Person-Centered Organizational Systems	
Principle	Behavioral Guidance
Raise awareness about personal and organizational contexts and power dynamics	<p>Explore and understand professional and organizational positionality.</p> <p>Avoid saviorism.</p> <p>Notice and shape your organizational attitudes.</p>
Create a welcoming environment	<p>Proactively communicate physical access accommodations for people with disabilities.</p> <p>Display hospitality towards your clients by demonstrating concern for their comfort.</p> <p>Consider language access in developing your communication materials and messages.</p> <p>Display visual messages in your facility that communicate a commitment to inclusion.</p> <p>Adopt User Experience (UX) Design methods to test and improve your approach from the user standpoint.</p>
Make internal and external partnership foundational to your strategy	<p>Invest in building relationships with the people you serve.</p> <p>Consider how to engage all organizational stakeholders in developing a person-centered screening strategy.</p> <p>Build individual and organizational relationships with community-based organizations to which you make referrals.</p> <p>Build partnership and alliances before advocating for community-level change.</p>
Demonstrate listening	<p>If someone fills out a screening form, ensure that at least one person on the team is accountable for acknowledging that they have completed the form and communicates that relevant members of the team will follow up with them.</p> <p>When designing a person-centered screening workflow, evaluate which team members have both the time and the training to connect with people about potentially sensitive topics.</p> <p>In addition to using UX methods to improve the client journey, demonstrate listening by sharing information publicly about how patient feedback informs process improvement.</p>
Commit to consistency	<p>Develop a universal approach to screening.</p> <p>Develop culturally-specific referral options.</p> <p>Invest in training and accountability for everyone on the team.</p> <p>Avoid switching providers, when possible.</p> <p>Make your commitment to trauma-informed practice and cultural competency more explicit.</p> <p>Create person-centered documentation templates.</p>

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Design Principles for Person-Centered Screening: Conversation Design

1. **Host:** Welcome to *Quadruple Aim Radio*, a podcast about health system transformation. In today's episode we are going to talk about an aspect of health care that has undergone some major changes over the last few decades: health risk factor screening. We are going to ask our reporter to help us answer the question: why is screening in health care important?
2. **Reporter:** For most chronic health conditions - not to mention the important goals of prevention and wellness - what happens outside of medical settings is way more impactful than what happens inside them. For example, people visit their primary care clinic three times a year, on average. We know that where people live and work, what their day-to-day habits are like, and because of systemic bias, even their race, ethnicity, ability, etc. have a tremendous impact on health.
3. **Host:** Interesting. So, it sounds like if we really want to help people improve their health, we have to learn more about their personal circumstances.
4. **Reporter:** That's right. As we adopt a whole-person approach in primary care and other health settings, we have come to ask people about a growing number of potential health risks. Institutions are using standardized tools to ask about tobacco consumption, drug and alcohol use, physical activity, demographic factors, social needs, mental health and more. These screenings enable health systems to do a better job with early detection, interventions to improve health outcomes, and systematic efforts to reduce health disparities.
5. **Host:** Those are all important goals. How could anyone disagree with that?
6. **Reporter:** Absolutely, there are a lot of good reasons to do all these screenings, for both individual and population health. But here's the thing: the culture of health care keeps us very focused on system-driven priorities and system-level needs, such as creating population-level data sets. It's very easy to overlook that every single one of those data points represents an individual person, who may have very good reasons to hesitate before sharing so much personal information with the health care system. We're going to turn to some experts to help shed some light on these dynamics.
7. **Jose Gonzalez (Community Health Worker):** I've seen that some aspects of personal experience, people just don't always share, even with Community Health Workers like me. There might be stigma or shame, and we can get that sense at times when we're talking with the community. I've been able to say, "I've been there, I get it." To get the results with patients, it is a matter of who says it and how it's delivered. It has to be in the context of a safe space, otherwise patients are not going to tell you. Even if you haven't shared their experience, the main thing is to let people know you are really listening to them.
8. **Reporter:** It sounds like *how* we ask people is just as important as *what* we are asking people.

9. **Adam Lee (Physician leader):** I agree that providing whole-person care is very important, but we need to build our approach around trust just as much as we build it on outcomes. Caring for someone is relational, and we can't reduce it to a transaction without causing harm. Our whole approach to system transformation should really be emphasizing person-centered care.
10. **Reporter:** Let's talk about that term for a moment. Person-centered care is the idea that all our services should be "based on deep respect for patients as unique living beings, and the obligation to care for them on their terms." It sounds simple, but it is actually both "essential and revolutionary" to advocate for a truly person-centered system, where "patients are known as persons in context of their own social worlds, listened to, informed, respected, and involved in their care."¹
11. **Host:** That is a powerful message to keep in mind as we turn our attention to what person-centered care means for screening interactions.
12. **Reporter:** There are really two things to consider. What does a person-centered screening conversation look like and what does system design look like to support person-centered interactions? We are going to tackle the first question in today's episode and we are going to answer the second question in our follow-up show. To come up with a set of design principles, we're talking to several patient advocates, as well as an interdisciplinary group of professionals, to hear their recommendations. Let's start by asking some patients how it feels to be asked questions about their life circumstances in health care settings, and how they recommend we approach it.
13. **Irina (Patient Advocate):** It's hard to be honest because you don't want to be judged. If you feel judged, you are less inclined to say something. I'm already judging myself before I even come in. There are long term consequences to what information you share, if it's something that could be frowned upon. It's important to say you don't have to answer every question. You need to put the person in control so they feel empowered to answer or not answer according to their preference.
14. **Reporter:** It sounds like being asked to answer these questions can be pretty challenging for some people. The first important design principle is to recognize and reduce differences in power, which we can do by honoring people's autonomy and privacy, asking permission for people to complete a questionnaire or discuss their screening results, and letting people know that it's ok not to answer.
15. **Maribel Rodriguez (Trauma-informed Care expert):** It's important to remember when asking people sensitive questions that many people have experienced significant trauma in their lives, which might make them very uneasy in a health care setting. It's also good to keep in mind that even people

¹ Epstein, R.M. and Street, R.L. (2011). The values and value of patient-centered care. *The Annals of Family Medicine*, 9(2): 100–103.

who haven't experienced trauma may not be totally comfortable in our institutions. By working to adopt the universal precautions of trauma-informed care, we are not only improving the experience of care for people with a trauma history, but we are also making things better for *everyone*.

16. **Reporter:** Interesting points. What else should we be aware of when thinking about trauma-informed screening?
17. **Maribel Rodriguez:** It's important to remember that the symptoms of trauma exposure are not just "in people's heads." Trauma exposure causes changes in the nervous system and affects people in their bodies. These changes in their bodies may mean that they are always on the lookout for threats and are more sensitive in general. They might have a harder time trusting someone who is asking them personal questions. If they're in a situation that does not feel safe, maybe their hearts start racing or they feel shaky or lightheaded. They might be looking for the quickest route to the door or they might seem kind of "checked out."
18. **Reporter:** Well, it sounds like the good news is that with this idea of universal precaution, we don't actually need to know who has been exposed to trauma in order to create safe spaces for everyone. We can use the principles of trauma-informed care to create person-centered systems that are more welcoming for all people.
19. **Maribel Rodriguez:** That's right. Trauma-informed care offers us several key concepts for creating person-centered care, including the principles of safety; transparency and trust; collaboration and mutuality; empowerment, voice and choice; peer support; and acknowledging the impact of cultural, historical and gender experiences on individuals.² I would suggest adding a design principle for person-centered screening conversations relating to transparency.
20. **Manuel Rivera (Clinical Supervisor):** Transparency is incredibly important. The political climate has created a lot of fear for immigrant communities. We need to always be clear about the purpose of our questions and how information is going to be used. Even for people who are documented, they may feel concerned that the information is going to be used against them or people they are close to.
21. **Tanya (Patient Advocate):** I agree. We always need to understand why you're asking. A lot of the screening questions are just like the ones I get asked when I go to apply for housing assistance. I need to know that this is just a screening and not an application for resources. We also need to get the message, we're interested in how you're doing, even if we can't provide you with all the help you need today.

² SAMHSA's Trauma and Justice Strategic Initiative. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

22. **Karen Johnson (Community Health Worker Supervisor):** As a Community Health Worker program supervisor, I like to remind my staff that it's true: we're not always going to be able to offer something for every problem a patient tells us about. There isn't enough affordable housing and there aren't always enough services for everyone who needs them. But our saying on the team is that even if we can't meet any of their other needs, we can ALWAYS leave them with "being seen, being heard and being respected."
23. **Reporter:** It sounds like we need to add a design principle about demonstrating respect.
24. **Sam (Patient Advocate):** Yeah, and one way you can do that is to make fewer assumptions. I have doctors who have gone to great lengths to explain things to me that I already know. Listen to patients. Just because the doctor has all that training, doesn't mean that they know everything. They definitely don't know what's most important to me.
25. **Carrie Katz (Health Equity Manager):** If you're going to commit to respect, *really* commit to it. I've heard medical residents be perfectly appropriate when they're speaking to the patient, but then they go talk to their preceptor and are very dismissive about the person's concerns. And it's not just medical residents who do things like this. I've also seen a tendency for staff to get too careful. They seem afraid to acknowledge things that people have said about themselves, like they are overcorrecting to avoid assumptions about people who identify as Native American, or as a Somali immigrant, or whatever their experience might be. Once someone has disclosed something, you don't have to side-step it as an aspect of their life. If you avoid it, you might be avoiding a source of great strength and resilience for them, or end up being "color-blind" towards something that is important to their identity and who they are. For example, it might be really powerful to ask: "Is there anything about the values or practices of your culture that you want me to know about or that feels important to your health?"
26. **Reporter:** That comment makes me think about our next design principle, which is: focus on strengths.
27. **Ray (Patient Advocate):** The thing is, the questions aren't difficult, but the answers are. You have to be honest with yourself. That's not the questionnaire's fault, that's me. You don't want to admit to yourself if you are about to fall off the grid. Talking about everything that's going wrong in your life is really tough.
28. **Charlotte (Patient Advocate):** I agree - these conversations always end up being about what I'm missing in my life and what my biggest problems are. What's missing from the conversation is art, gardening, my hobbies, all the things that bring me joy in my life. I'm not just my problems.
29. **Manuel Rivera:** I have one more design principle to end with. Let the client lead. This is really about respecting the wishes of the individual in every opportunity. Try to notice whether it seems like a good time for them to answer your questions and let them set the pace for how much they disclose. Maybe

they're at the clinic because they're sick and just need to do the bare minimum. Maybe there is a person present who they don't want to answer in front of; it could be their kid or a family member who is not entirely safe. Focus on slowing down and building trust. It can't be about productivity and go-go-go all the time, you have to focus on relationship.

30. Reporter: No single recommendation that we've heard today sounds particularly radical, but consistent application of these design principles would create a dramatic change from the health care and social services status quo. None of it sounds complicated, but it does sound counter-cultural. It takes a lot of energy, commitment and collective action to change the culture of a complex system, and the routine operations of all the people operating within it. You've really given us a lot to think about.

31. Host: Thanks for all your contributions and thank for joining us for this episode of Quaduple Aim Radio!

Self-Care Ideas

Past training participants have shared self-care ideas across five categories: physical, psychological, emotional, spiritual, and professional. The biggest recommendation is always to choose self-care habits that work for you and ***practice those self-care habits consistently!***

Physical

- Go on a walk and get fresh air outside
- Listen to music AND dance!
- Exercise before, during or after work (e.g. 40 squats, 30 lunges, 75 second wall sit during breaks between patients; longer exercise session before or after work)
- Keep personal spaces clean and organized
- Pamper yourself with personal care (i.e. take a bath or a nap, get a massage, splurge on a special night out)
- Get enough sleep
- Finish the day enjoying a quiet cup of tea on your own or with a loved one

Psychological

- Create separation between work and personal life. Leave your work at work and away from your personal spaces (i.e. work badges and work phones)
- Choose a releasing visualization that works for you (e.g. visualize setting down luggage and walking away to help release your own and others' baggage; visualize rain shower coming down over you after removing work cell and badge before leaving building to let go of the energy of the day)
- Spend more time doing things that bring you joy
- Create a daily journal of one positive thing that happened in your work day
- Choose a physical object that you take to work with you and then leave in your car when you get home to establish a separation between work and home life
- Recharge by finding time alone

Emotional

- Listen to an audiobook during the drive home
- Listen to your favorite music
- Identify and communicate your boundaries
- Invest in your own therapeutic support or make use of your Employee Assistance Program, as needed
- Create a list of self-affirmations to reconnect you to your strengths
- Watch your favorite TV show or tele-novella

Spiritual

- Spend time in nature
- Practice rituals that help connect you to yourself (i.e. meditation, prayer, and reflections)
- Practice yoga, tai-chi or other relaxing movement disciplines
- Connect with your spiritual community

Professional

- Take short walk breaks or organize walking meetings at work
- Set positive intention during team huddles
- Model and encourage self-care for colleagues (i.e. write affirmations for colleagues)
- Take your paid time off
- Make a task list before leaving for the day to help your brain settle
- Take a dedicated lunchtime and enjoy it!
- Create culture of taking breaks for self-care
- Allow space for reflective supervision and debriefing
- Practice organizational trauma-informed care



Collaborative Screening | Ideas for Empathy and Affirmation

Ariel Singer, MPH

Empathy and affirmation build relationship, trust, and self-efficacy. There are innumerable ways to express empathy. These statements, relevant to conversations about behavioral and social circumstances, are sample ideas to use, adapt and build on.

Reflecting Emotions

- You feel like you could really use some support right now.
- You're feeling really overwhelmed.
- You're keeping your head above water.
- This has gotten really stressful.
- You're not feeling too concerned about this.
- You've really got a lot going on.
- This has been really hard on you.
- You feel like you just can't catch a break.
- You're tired of not being able to keep up.
- I can hear that you are really struggling.
- You have been feeling really alone.
- You feel like you have bigger fish to fry.

Reflecting Values and Priorities

- Improving your health is really important to you.
- Improving your quality of life is really important to you.
- You'd really like to get some help dealing with this issue.
- You'd like to feel you have a handle on the situation.
- Taking care of your family is at the top of your priority list.
- You'd really like to be able to cover the basics more easily.
- Your culture really means a lot to you.
- The support you get from your family and friends is really important to you.
- You're determined not to let this keep you down.
- You are committed to finding a way forward.

Affirming Patient Strengths:

- It takes a lot of strength to deal with these kinds of challenges.
- You are clearly very resilient.
- I can hear how resourceful you are.
- You do a great job of keeping your chin up through all of this.
- Your sense of humor really helps you get through.
- You always find a way to put one foot in front of the other.
- Step by step, you're committed to figuring this out.
- It's clear that you are a very determined person.
- You've been doing a great job of just making things work.
- It takes a lot of courage to even let us know how much you've been struggling.
- I really appreciate your bravery in sharing all this with me.



Collaborative Screening | Conversation Guide

Ariel Singer, MPH

Engage • Listen • Support • Summarize and Plan

Collaborative Screening is a person-centered approach to gathering information and providing referrals in health and social service settings that elevates the perspective, expertise and autonomy of the individual being served, rather than the needs and requirements of the institution.

There are many good reasons to ask about individual and family circumstances in health care settings. Yet for every reason to ask, people may have just as many legitimate reasons to hesitate in sharing personal information.

Although the dynamics of power and distrust can limit engagement in health and social service settings, professionals and organizations can adopt very concrete attitudes and behaviors to demonstrate respect, build trust and promote engagement with the people they serve.

With the goal of person-centered approach to screening conversations seeks to create relational safety, partnership and better information exchange, this Conversation Guide describes core elements of a person-centered screening interaction. The Guide provides sample language that can be used to build scripts, learning or job aids. Using the core elements to establish a framework, the specific language can be adjusted in infinite ways to feel personal and natural to the professional facilitating the screening conversation.

Engaging - Earn Trust and Build Partnership

The foundation for person-centered interactions is relationship. Build trust by creating clear and transparent expectations, share power by emphasizing individual autonomy and choice, and establish partnership by naming your intention to serve in that way.

Engaging	Core Elements	Sample Language
	<p>Introduce yourself and your role at the organization.</p> <p>Explain the “what, why and how long” of the conversation, which may be conducted as a verbal screening interview or as a follow up conversation to a questionnaire that the person has filled out independently. Let people know that these questions are asked of everyone and they have not been singled out.</p>	<p><i>“My name is Stacy and I am a Community Health Worker. I support people in a variety of ways and my goal is to meet you wherever you’re at and be your partner in health and wellbeing.”</i></p> <p>Social Needs Screening Example <i>“We are having these conversations with all our patients/clients so that we can understand better what might be affecting your health and well-being. We may be able to help you get connected to resources, though we can’t guarantee that will be the case. Even where we can’t connect you to assistance, this information will help us partner with you to create a care plan that fits your life. Understanding what the people we serve are experiencing also helps us to be a better advocate for our community.”</i></p> <p>Health Behavior Example</p>

	<p><i>"We like to ask people about habits that may affect your health and well-being, and if it's ok with you, check in about whether there are changes that you want to think about making."</i></p> <p>Demographic Example <i>"We ask people these questions to help us be sure that we are providing everyone with the same quality of care, no matter what their background is."</i></p>
<p>Ask permission to have conversation, acknowledge the potential sensitivity of some questions and give permission to decline at any point.</p>	<p>Social Needs Screening Example <i>"Is it ok if we spend a few minutes talking about your experiences and priorities in your life outside the clinic that might be affecting your health? I want to acknowledge that some of the questions might feel kind of sensitive, so please feel free to let me know if, at any time, you don't want to answer any of these questions."</i></p> <p>Health Behavior Example <i>"Is it ok if I go through this questionnaire with you? Some of the questions may feel sensitive and it is always up to you whether you want to answer or not."</i></p> <p>Demographic Example <i>"I know that for different reasons, some of these questions can feel very sensitive or personal. It's up to you what you share with us today. We respect your right to choose."</i></p>
<p>Affirm autonomy and emphasize partnership.</p>	<p>Social Needs Screening Example <i>"My goal is to always be on your team, and I hope that it feels like I am here as a partner, not a critic."</i></p> <p>Health Behavior Example <i>"These choices are up to you and we are here to offer support if there is anything you want to work on changing."</i></p> <p>Demographic Example <i>"I will follow your lead on what information you want to share. I am here to support you."</i></p>
<p>Ask if the patient has any questions.</p>	<p><i>What questions do you have for me? Is there anything you want to ask me before we get started? Do you have any concerns?</i></p>

Listening – Inquire, Empathize and Convey Understanding

Screening conversations are an opportunity to find out about the perspectives, priorities and strengths of the people we serve, *if* we both ask and listen. Listening with strengths-based empathy demonstrates respect, deepens supportive connection, and prevents screening from focusing only on peoples’ problems, challenges and deficits.

	Core Elements	Sample Language
Listening	If the conversation is conducted as a follow up to a completed screen, briefly summarize the results of the screen and ask the person open-ended question about their priorities.	<p>Social Needs Example <i>"I looked over the questionnaire you filled out and I see that you are experiencing some difficulties with X,Y and Z. What are your top priorities here? What makes these feel important to you?"</i></p> <p>Health Behavior Example <i>"You shared on the questionnaire that you smoke. How does that fit into your priorities for our conversation today?"</i></p> <p>Demographic Example <i>"You shared that you identify as female. Is there anything about your experience we should know about or that you'd like to discuss with us today?"</i></p>
	If the screening process is embedded within the conversation, use open-ended questions to find out about the person’s experiences.	<p>Social Needs Example</p> <ul style="list-style-type: none"> • <i>"How are things going with making ends meet?"</i> • <i>"What, if any, bills are you worried about this month?"</i> • <i>"Tell me about your typical experience. Do you have any concerns about getting access to all the resources you need?"</i> <p>Health Behavior Example</p> <ul style="list-style-type: none"> • <i>"Would you mind telling me about your relationship with tobacco?"</i> • <i>"If it's ok with you, can we talk for a minute about sexual partners to see if there is anything we can do to support safer sex?"</i>
	Use open-ended questions to find out more about the person’s perspectives on their experience.	<p>Social Needs Example</p> <ul style="list-style-type: none"> • <i>"Tell me a little more about what’s going on for you."</i> • <i>"How do you see all this affecting your health?"</i> • <i>"Help me understand how this impacts you?"</i> <p>Health Behavior Example</p>

	<ul style="list-style-type: none"> • <i>"If you're willing to share, I'd be curious to hear how you see alcohol impacting your life?"</i> • <i>"How's it going with taking your medication?"</i> <p>Demographic Example</p> <ul style="list-style-type: none"> • <i>"Is there anything you want to share about how your culture or identity impacts your life?"</i> • <i>Is there anything else you want us to know about your culture or identity?"</i>
<p>Use open-ended questions to ask people about their interests, hobbies, and sources of enjoyment and meaning.</p>	<ul style="list-style-type: none"> • <i>"We've talked about some of the things that might be challenging in your life. I'd love to hear more about what you enjoy. What are your hobbies? What do you find most meaningful in your life?"</i> • <i>"What makes you feel happy?"</i> • <i>"What do you feel proud of in your life?"</i> • <i>"We can be pretty problem-focused in our agency and we are really interested in hearing about what's going well for you also."</i> • <i>"Is there anything relating to your culture or community that lifts you up that you'd like to share today?"</i>
<p>Convey understanding through:</p> <ul style="list-style-type: none"> • Attentive non-verbal listening cues, including eye contact and body language as appropriate. • Acknowledging and appreciating disclosures. • Reflective listening. 	<p>Social Needs Example</p> <ul style="list-style-type: none"> • <i>"You've really just been patching it together and it's getting pretty stressful."</i> • <i>"Getting help with your phone bill sounds like your highest priority."</i> • <i>"You are tired of bouncing around between housing situations."</i> • <i>"Thank you for sharing this information with me today."</i> <p>Health Behavior Example</p> <ul style="list-style-type: none"> • <i>"Thinking about quitting smoking is just too overwhelming right now."</i> • <i>"Talking about medication adherence feels like a priority today."</i> <p>Demographic Example</p> <ul style="list-style-type: none"> • <i>"Your community is a huge source of strength for you."</i> • <i>"Your culture is the foundation for everything in your life."</i> • <i>"Thank you for sharing your preferred name with me. Is it ok if I tell my teammates that this is the name you prefer?"</i>

Supporting - Focus on strengths and person-centered opportunities to inform, as appropriate.

Affirmations re-orient our focus from the challenges people face to the strengths they possess. Positive feedback promotes self-efficacy and self-confidence, and also communicates the shift from a deficit- and problem-focused model to a strengths-based approach.

Supporting	Core Elements	Sample Language
	Provide affirmations of patient’s strength and resilience.	<ul style="list-style-type: none"> • <i>“It sounds like you have been working hard to make ends meet. You are clearly very resourceful and creative.”</i> • <i>“It takes a lot of strength to get through such a tough situation. You really have a lot of grit.”</i>
If it's in scope for your role, offer health or wellness education in a collaborative style using Ask-Tell-Ask.	<ul style="list-style-type: none"> • <i>Ask: Is the person interested in discussing how their behaviors may impact their health and what they already know.</i> <i>“Would you be interested in spending a couple of minutes talking about alcohol and your health?”</i> <i>“What do you already know about safer sex practices?”</i> • <i>Tell: Share small amounts of information. Avoid using acronyms and jargon.</i> • <i>Ask: What they make of the information you shared and what questions they have.</i> <i>“What does this mean for you?”</i> <i>“Hearing this info, I’m curious what you’re thinking?”</i> 	

Summarizing and Action Planning – End with empathy and collaboration

A good summary ensures that everyone is in agreement about the priorities and next steps following the conversation. Using Ask-Tell-Ask to share information about referrals avoids wasting time telling people things they already know, demonstrates respect for personal knowledge and capabilities, and provides conversational structure for hearing more from people about their perspectives and priorities.

Summarizing	Core Elements	Sample Language
	Summarize key points from the conversation to demonstrate understanding. Check to see if you’ve missed anything that the patient considers a priority.	<i>“We’ve talked about a few different challenges you’ve been experiencing today: trouble paying your rent and having enough for food by the end of the month, as well as feeling kind of lonely or isolated. It sounds like getting access to food</i>

Action Planning		<i>resources is the most important to you. Is that right?"</i>
	Use Ask-Tell-Ask to discuss referrals to other team members or community resources, if available and appropriate.	<p><i>Ask: What people already know and/or permission to make referral.</i></p> <p><i>"What do you already know about food resources available in our community?"</i></p> <p><i>Tell: Share small amounts of information. Avoid using acronyms and jargon.</i></p> <p><i>Ask: Inquire about the person's perspective on the information you shared and whether they want additional support in pursuing the referral.</i></p> <p><i>"What questions do you have?"</i></p> <p><i>"What are you thinking might be next for you?"</i></p> <p><i>"If it's useful, we could call the food pantry together. How would you feel about that?"</i></p>
	Acknowledge that for areas where resources are not available, the primary care team will use this information to support care planning and health promotion in partnership with the patient.	<i>"Affordable housing in our community is really tough. We may not be able to help you with this, but we would like to support you in coping with the stress you may feel from these challenges, as well as talking about how changes in housing could affect your medication regimen."</i>
Ask for permission to follow up, if appropriate.	<i>"Would it be ok if I check back in with you in a few weeks to see how you're doing?"</i>	

Collaborating with the Team – Follow up with other members of the team and referral partners about individual priorities

- Communicate with teammates regarding personal priorities to conduct effective warm handoffs, care coordination and seamless team approach to care and services.
- Update organizational documentation with pronouns, preferred name, etc. with individual's permission.
- Initiate referral process, as needed.



Evaluación Colaborativa | Guía de conversación

Ariel Singer, MPH

Cautivar • Escuchar • Apoyar • Resumir y Planificar

La Evaluación Colaborativa es un enfoque centrado en la persona para reunir información y para proveer referencias en entornos de servicios sociales y de salud que eleva la perspectiva, experiencia y autonomía del individuo al que se atiende, en lugar de las necesidades y requisitos de la institución.

Hay muchas buenas razones para preguntar acerca de las circunstancias individuales y familiares en entornos de atención médica. Sin embargo, por cada razón para preguntar, las personas pueden tener cientos de razones legítimas para dudar en compartir información personal.

Aunque la dinámica del poder y la desconfianza pueden limitar la participación en entornos de servicios sociales y de salud, los profesionales y las organizaciones pueden adoptar actitudes y comportamientos muy concretos para demostrar respeto, crear confianza y promover el compromiso con las personas a las que sirven.

Con el objetivo de un enfoque centrado en la persona para la evaluación conversacional busca crear seguridad relacional, asociación y un mejor intercambio de información, esta Guía de Conversación describe los elementos centrales de una interacción de evaluación centrada en la persona. La guía proporciona lenguaje de muestra que se puede usar para crear guiones, ayudas de aprendizaje o de trabajo. Utilizando los elementos básicos para establecer un marco, el lenguaje específico se puede ajustar de maneras infinitas para sentirse personal y natural para el profesional que facilita la evaluación conversacional.

Cautivar - Gane confianza y forje alianzas

La base para las interacciones centradas en la persona es la relación. Cree confianza creando expectativas claras y transparentes, comparta el poder enfatizando la autonomía y elección individual, y establezca una asociación nombrando su intención de servir de esa manera.

Cautivar	Elementos fundamentales	Lenguaje de muestra
	<p>Preséntese y su papel en la organización.</p>	<p><i>"Me llamo Stacy y soy trabajadora de salud comunitaria. Apoyo a las personas de varias maneras y mi objetivo es encontrarme con usted dondequiera que esté y ser su socio en materia de salud y bienestar".</i></p>
<p>Explique el "qué, por qué y cuánto tiempo" de la conversación, que se puede llevar a cabo como una entrevista verbal o como una conversación de seguimiento a un cuestionario que la persona ha llenado de forma independiente. Hágalas saber a las personas que</p>	<p>Ejemplo de Evaluación de Necesidades Sociales <i>"Estamos teniendo estas conversaciones con todos nuestros pacientes/ clientes para que podamos entender mejor lo que podría estar afectando a su salud y bienestar. Podemos ayudarle a conectarse a recursos, aunque no podemos garantizar que así sea. Incluso cuando no podemos conectarlo a la asistencia, esta información nos ayudará a asociarnos con usted para crear un plan de atención"</i></p>	

<p>estas preguntas se les hacen a todos y que no han sido señalados.</p>	<p><i>que se adapte a su vida. Comprender lo que las personas a las que servimos están viviendo también nos ayuda a ser un mejor defensor de nuestra comunidad".</i></p> <p>Ejemplo de Comportamiento de la Salud "Nos gusta preguntar a las personas acerca de los hábitos que pueden afectar su salud y bienestar, y si está bien con usted, preguntarle si hay cambios que desea pensar en hacer".</p> <p>Ejemplo Demográfico "Le hacemos a la gente estas preguntas para ayudarnos a estar seguros de que estamos ofreciendo a todos la misma calidad de atención, sin importar cuál sea su origen".</p>
<p>Pida permiso para conversar, reconozca la sensibilidad potencial de algunas preguntas y de permiso para declinar en cualquier momento.</p>	<p>Ejemplo de Evaluación de Necesidades Sociales "¿Está de acuerdo en pasar unos minutos hablando de sus experiencias y prioridades en su vida fuera de la clínica que podrían estar afectando su salud? Quiero reconocer que algunas de las preguntas pueden ser un poco sensibles, así que por favor siéntase libre de hacerme saber si, en algún momento, usted no quiere responder a alguna de estas preguntas".</p> <p>Ejemplo de Comportamiento de la Salud "¿Está bien si reviso este cuestionario con usted? Algunas de las preguntas pueden ser sensibles y depende completamente de usted si quiere responder o no".</p> <p>Ejemplo Demográfico "Reconozco que, por diferentes razones, algunas de estas preguntas puedan parecer muy sensibles o personales. Depende de usted lo que comparta con nosotros hoy. Respetamos su derecho a elegir".</p>
<p>Afirme la autonomía y dar importancia la asociación.</p>	<p>Ejemplo de Evaluación de Necesidades Sociales "Mi objetivo es estar siempre de su lado, y espero que sienta que estoy aquí como un socio, no un crítico."</p> <p>Ejemplo de Comportamiento de la Salud "Estas opciones dependen de usted y estamos aquí</p>

	<p><i>para ofrecer apoyo si hay algo en lo que quiera trabajar para cambiar."</i></p> <p>Ejemplo Demográfico <i>"Seguiré su ejemplo sobre qué información desea compartir. Estoy aquí para apoyarlo".</i></p>
Pregunte si el paciente tiene alguna pregunta.	<p><i>¿Qué preguntas tiene para mí?</i></p> <p><i>¿Hay algo que quiera preguntarme antes de empezar?</i></p> <p><i>¿Tiene alguna inquietud?</i></p>

Escuchar - Pregunte, Empatice y Transmita Entendimiento

Las conversaciones de selección son una oportunidad para conocer las perspectivas, las prioridades y las fortalezas de las personas a las que servimos, si preguntamos y escuchamos. Escuchar con empatía basada en fortalezas demuestra respeto, profundiza la conexión de apoyo y evita que la evaluación se centre solo en los problemas, desafíos y déficits de las personas.

Escuchar	Elementos fundamentales	Lenguaje de muestra
	Si la conversación se lleva a cabo como un seguimiento de una evaluación completa, resuma brevemente los resultados de la evaluación hágale a la persona una pregunta abierta sobre sus prioridades.	<p>Ejemplo de Necesidades Sociales <i>"Revisé el cuestionario que completó y veo que está viviendo algunas dificultades con X, Y y Z. ¿Cuáles son sus principales prioridades aquí? ¿Qué hace que estos se sientan importantes para usted?"</i></p> <p>Ejemplo de Comportamiento de la Salud <i>"Compartió en el cuestionario que fuma. ¿Cómo encaja eso en sus prioridades para nuestra conversación de hoy?"</i></p> <p>Ejemplo Demográfico <i>"Compartió que se identificaba como mujer. ¿Hay algo sobre su experiencia que deberíamos saber o que le gustaría discutir con nosotros hoy?"</i></p>
	Si el proceso de selección está integrado en la conversación, utilice preguntas abiertas para averiguar sobre las experiencias de la persona.	<p>Ejemplo de Necesidades Sociales</p> <ul style="list-style-type: none"> <i>“¿Cómo van las cosas para ganar lo suficiente para vivir al fin de mes?”</i> <i>“¿Qué facturas, si las hay, le preocupan este mes?”</i> <i>“Cuéntame sobre su experiencia típica. ¿Tiene alguna inquietud acerca de obtener acceso a todos los recursos que necesita?”</i>

	<p>Ejemplo de Comportamiento de la Salud</p> <ul style="list-style-type: none"> • "¿Le importaría hablarme de su relación con el tabaco?" • <i>"Si le parece bien, ¿podemos hablar un minuto sobre parejas sexuales para ver si hay algo que podamos hacer para apoyar una experiencia sexual más segura?"</i>
<p>Utilice preguntas abiertas para obtener más información sobre las perspectivas de la persona sobre su experiencia.</p>	<p>Ejemplo de Necesidades Sociales</p> <ul style="list-style-type: none"> • <i>"Cuénteme un poco más sobre lo que le está pasando."</i> • <i>"¿Cómo cree que todo esto afecte a su salud?"</i> • <i>"Ayúdeme a entender cómo le afecta esto"</i> <p>Ejemplo de Comportamiento de la Salud</p> <ul style="list-style-type: none"> • <i>"Si está dispuesto a compartir, me gustaría escuchar ¿Cómo cree que el alcohol está impactando en su vida?"</i> • <i>¿Cómo le va tomando su medicación?"</i> <p>Ejemplo Demográfico</p> <ul style="list-style-type: none"> • <i>"¿Hay algo que quiera compartir sobre cómo su cultura o identidad impacta su vida?"</i> • <i>¿Hay algo más que quiera que sepamos sobre su cultura o identidad?"</i>
<p>Utilice preguntas abiertas para preguntar a la gente sobre sus intereses, pasatiempos y fuentes de entretenimiento y significado.</p>	<ul style="list-style-type: none"> • <i>"Hemos hablado de algunas de las cosas que podrían ser un reto en su vida. Me encantaría escuchar más sobre lo que disfruta. ¿Cuáles son sus pasatiempos? ¿Qué es lo que encuentra más significativo en su vida?"</i> • <i>"¿Qué es lo que lo hace feliz?"</i> • <i>¿Qué es lo que lo hace sentirse orgulloso? "</i> • <i>"Podemos estar bastante centrados en los problemas en nuestra vidas y estamos muy interesados en escuchar acerca de lo que va bien para usted también."</i> • <i>"¿Hay algo relacionado con su cultura o comunidad que lo eleve y que le gustaría compartir hoy?"</i>
<p>Transmita comprensión a través de:</p> <ul style="list-style-type: none"> • Señales de escucha atentas y no verbales, incluido el contacto visual y el lenguaje corporal, según proceda. • Reconociendo y apreciando las 	<p>Ejemplo de Necesidades Sociales</p> <ul style="list-style-type: none"> • <i>"Realmente lo ha estado intentando arreglar y se está volviendo muy estresante."</i> • <i>"Obtener ayuda con su factura telefónica suena como su máxima prioridad".</i> • <i>"Está cansado de dar vueltas entre</i>

revelaciones. Escucha reflexiva.	<p><i>situaciones de vivienda</i>".</p> <ul style="list-style-type: none"> • <i>"Gracias por compartir esta información conmigo hoy".</i> <p>Ejemplo de Comportamiento de la Salud</p> <ul style="list-style-type: none"> • <i>"Pensar en dejar de fumar es demasiado abrumador en este momento".</i> • <i>"Hablar sobre la adherencia a los medicamentos se siente como una prioridad hoy".</i> <p>Ejemplo Demográfico</p> <ul style="list-style-type: none"> • <i>"Su comunidad es una gran fuente de fortaleza para usted".</i> • <i>"Su cultura es la base de todo en su vida".</i> • <i>"Gracias por compartir su nombre preferido conmigo. ¿Está bien si les digo a mis compañeros de equipo que este es el nombre que prefiere?"</i>
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Apoyar - Centrarse en fortalezas y oportunidades centradas en la persona para informar, según corresponda.

Las afirmaciones reorientan nuestro enfoque de los desafíos que enfrentan las personas a las fortalezas que poseen. La retroalimentación positiva promueve la autoeficacia y la autoconfianza, y también comunica el cambio de un modelo centrado en el déficit y el problema a un enfoque basado en las fortalezas.

Apoyar	Elementos fundamentales	Lenguaje de muestra
	Proporcione afirmaciones de la fuerza y resiliencia del paciente.	<ul style="list-style-type: none"> • <i>"Parece que ha estado trabajando duro para ganar lo suficiente para llegar al fin de mes. Usted es claramente muy ingenioso y creativo".</i> • <i>"Se necesita mucha fuerza para superar una situación tan difícil. Realmente tienes mucho valor".</i>
	Si está dentro del alcance de su función, ofrezca educación sobre salud o bienestar en un estilo colaborativo utilizando Ask-Tell-Ask (Pregunte-Cuente-Pregunte).	<ul style="list-style-type: none"> • <i>Pregunte: Si la persona está interesada en discutir cómo sus comportamientos pueden afectar su salud y lo que ya sabe</i> <i>"¿Estaría interesado en pasar un par de minutos hablando sobre el alcohol y su salud?"</i> <i>"¿Qué es lo que ya sabe sobre las prácticas sexuales más seguras?"</i>

	<ul style="list-style-type: none"> • <i>Cuenta: Comparta pequeñas cantidades de información. Evite usar acrónimos y jerga.</i> • <i>Pregunte: Qué piensan de la información que usted compartió y qué preguntas tienen. "¿Qué significa esto para usted?" "Al escuchar esta información, tengo curiosidad por saber qué estás pensando".</i>
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Resumir y crear un Plan de Acción - Terminar con empatía y colaboración

Un buen resumen asegura que todos estén de acuerdo sobre las prioridades y los próximos pasos después de la conversación. Usando Preguntar-Contar-Preguntar para compartir información sobre referencias evita perder el tiempo diciendo cosas que ya conoce, demuestra respeto por el conocimiento y las capacidades personales, y proporciona una estructura conversacional para escuchar más de la gente sobre sus perspectivas y prioridades.

Resumir y Planificar	Elementos fundamentales	Lenguaje de muestra
	Resuma los puntos clave de la conversación para demostrar comprensión. Compruebe si se le ha pasado algo que el paciente considere prioritario.	<i>"Hemos hablado sobre algunos desafíos diferentes que ha estado viviendo hoy: problemas para pagar el alquiler y tener suficiente comida para fin de mes, además de sentirse un poco solo o aislado. Suena como tener acceso a la comida es el recurso más importante para usted. ¿Eso está correcto?"</i>
	Use Preguntar-Contar-Preguntar para discutir referencias a otros miembros del equipo o recursos de la comunidad, si están disponibles y son apropiados.	<i>Pregunte: Lo que la gente ya sabe y/ o permite para hacer referencia.</i> <i>"¿Qué sabe ya sobre los recursos alimentarios disponibles en nuestra comunidad?"</i> <i>Cuenta: Comparta pequeñas cantidades de información. Evite usar acrónimos y jerga.</i> <i>Pregunte: Pregunte acerca de la perspectiva de la persona sobre la información que compartió y si desea apoyo adicional en la búsqueda de referencia.</i> <i>"¿Qué preguntas tiene usted?"</i> <i>"¿Qué piensa que podría ser lo siguiente para usted?" "Si le es útil, podríamos llamar a la despensa de alimentos juntos. ¿Qué le parece?"</i>

<p>Reconoce que para las áreas donde no hay recursos disponibles, el equipo de atención primaria utilizará esta información para apoyar la planificación de la atención y la promoción de la salud en colaboración con el paciente.</p>	<p><i>"La vivienda asequible en nuestra comunidad es realmente difícil. Es posible que no podamos ayudarle con esto, pero nos gustaría ayudarle a sobrellevar el estrés que puede sentir a causa de estos desafíos, así como hablar sobre cómo los cambios en la vivienda podrían afectar su régimen de medicamentos".</i></p>
<p>Pida permiso para hacer un seguimiento, si es apropiado.</p>	<p><i>"¿Estaría bien si vuelvo en unas semanas para ver cómo está?"</i></p>

Colaboración con el equipo - Hacer un seguimiento con otros miembros del equipo y socios de referencia sobre las prioridades individuales

- Comunicarse con los compañeros de equipo en relación con las prioridades personales para llevar a cabo intercambios efectivos, coordinación de cuidados y un enfoque de equipo sin fisuras para el cuidado y los servicios.
- Actualizar la documentación de la organización con pronombres, nombre preferido, etc. con permiso individual.
- Inicie el proceso de referencia, según sea necesario.



Collaborative Screening | Quick Reference Conversation Guide

Ariel Singer, MPH

Engage • Listen • Support • Summarize and Plan

Collaborative Screening is a person-centered approach to gathering information and providing referrals in health and social service settings that elevates the perspective, expertise and autonomy of the individual being served, rather than the needs and requirements of the institution. This Quick Reference Conversation Guide describes core elements of a person-centered screening interaction.

Engaging - Earn Trust and Build Partnership

The foundation for person-centered interactions is relationship. Build trust by creating clear and transparent expectations, share power by emphasizing individual autonomy and choice, and establish partnership by naming your intention to serve in that way.

Engaging	Core Elements
	Introduce yourself and your role at the organization.
	Explain the “what, why and how long” of the conversation, which may be conducted as a verbal screening interview or as a follow up conversation to a questionnaire that the person has filled out independently. Let people know that these questions are asked of everyone and they have not been singled out.
	Ask permission to have the conversation, acknowledge the potential sensitivity of some questions and give permission to decline at any point.
	Affirm autonomy and emphasize partnership.
	Ask if the patient has any questions.

Listening – Inquire, Empathize and Convey Understanding

Screening conversations are an opportunity to find out about the perspectives, priorities and strengths of the people we serve, *if* we both ask and listen. Listening with strengths-based empathy demonstrates respect, deepens supportive connection, and prevents screening from focusing only on peoples’ problems, challenges and deficits.

Listening	Core Elements
	<p>If the conversation is conducted as a follow up to a completed screen, briefly summarize the results of the screen and ask the person open-ended question about their priorities.</p> <p>If the screening process is being conducted as an interview, use open-ended questions to find out about the person’s experiences.</p>

Supporting	Use open-ended questions to find out more about the person’s perspectives on their experience.
	Use open-ended questions to ask people about their interests, hobbies, and sources of enjoyment, as well as connections between cultural or other identities and health.
	Convey understanding through: <ul style="list-style-type: none"> ● Attentive non-verbal listening cues, including eye contact and body language as appropriate. ● Acknowledging and appreciating disclosures. ● Reflective listening.

Supporting - Focus on strengths and person-centered opportunities to inform, as appropriate.

Affirmations re-orient our focus from the challenges people face to the strengths they possess. Positive feedback promotes self-efficacy and self-confidence, and also communicates the shift from a deficit- and problem-focused model to a strengths-based approach.

Supporting	Core Elements
	Provide affirmations of patient’s strength and resilience.
	If it's in scope for your role, offer health or wellness education in a collaborative style using Ask-Tell-Ask.

Summarizing and Action Planning – End with empathy and collaboration

A good summary ensures that everyone is in agreement about the priorities and next steps following the conversation. Using Ask-Tell-Ask to share information about referrals avoids wasting time telling people things they already know, demonstrates respect for personal knowledge and capabilities, and provides conversational structure for hearing more from people about their perspectives and priorities.

Summarizing and Action Planning	Core Elements
	Summarize key points from the conversation to demonstrate understanding. Check to see if you’ve missed anything that the patient considers a priority.
	Use Ask-Tell-Ask to discuss referrals to other team members or community resources, if available and appropriate.
	Acknowledge that for areas where resources are not available, the primary care team will use this information to support care planning and health promotion in partnership with the patient.
	Ask for permission to follow up, if appropriate.



Evaluación Colaborativa | Guía de conversación de referencia rápida

Ariel Singer, MPH

Cautivar • Escuchar • Apoyar • Resumir y Planificar

La Evaluación Colaborativa es un enfoque centrado en la persona para reunir información y para proveer referencias en entornos de servicios sociales y de salud que eleva la perspectiva, experiencia y autonomía del individuo al que se atiende, en lugar de las necesidades y requisitos de la institución. Esta guía de conversación de referencia rápida describe los elementos básicos de una evaluación conversacional centrada en la persona.

Cautivar - Gane confianza y forje alianzas

La base para las interacciones centradas en la persona es la relación. Cree confianza creando expectativas claras y transparentes, comparta el poder enfatizando la autonomía y elección individual, y establezca una asociación nombrando su intención de servir de esa manera.

Cautivar	Elementos fundamentales
	Preséntese y su papel en la organización.
	Explique el "qué, por qué y cuánto tiempo" de la conversación, que se puede llevar a cabo como una entrevista verbal o como una conversación de seguimiento a un cuestionario que la persona ha llenado de forma independiente. Hágales saber a las personas que estas preguntas se les hacen a todos y que no han sido señalados.
	Pida permiso para conversar, reconozca la sensibilidad potencial de algunas preguntas y de permiso para declinar en cualquier momento.
	Afirme la autonomía y dar importancia la asociación.
	Pregunte si el paciente tiene alguna pregunta.

Escuchar - Pregunte, Empatice y Transmita Entendimiento

Las conversaciones de selección son una oportunidad para conocer las perspectivas, las prioridades y las fortalezas de las personas a las que servimos, si preguntamos y escuchamos. Escuchar con empatía basada en fortalezas demuestra respeto, profundiza la conexión de apoyo y evita que la evaluación se centre solo en los problemas, desafíos y déficits de las personas.

Escuchar	Elementos fundamentales
	Si la conversación se lleva a cabo como un seguimiento de una evaluación completa, resuma brevemente los resultados de la evaluación hágale a la persona una pregunta abierta sobre sus prioridades. Si el proceso de evaluación está integrado en la conversación, utilice preguntas abiertas para averiguar sobre las experiencias de la persona.



Apoyar	Utilice preguntas abiertas para obtener más información sobre las perspectivas de la persona sobre su experiencia.
	Utilice preguntas abiertas para preguntar a las personas sobre sus intereses, pasatiempos y fuentes de entretenimiento, así como las conexiones entre las identidades culturales o de otro tipo y la salud.
	<p>Transmita comprensión a través de:</p> <ul style="list-style-type: none"> • Señales de escucha atentas y no verbales, incluido el contacto visual y el lenguaje corporal, según proceda. • Reconociendo y apreciando las revelaciones. • Escucha reflexiva.

Apoyar - Centrarse en fortalezas y oportunidades centradas en la persona para informar, según corresponda. Las afirmaciones reorientan nuestro enfoque de los desafíos que enfrentan las personas a las fortalezas que poseen. La retroalimentación positiva promueve la autoeficacia y la autoconfianza, y también comunica el cambio de un modelo centrado en el déficit y el problema a un enfoque basado en las fortalezas.

Apoyar	Elementos fundamentales
	Proporcione afirmaciones de la fuerza y resiliencia del paciente.
	Si está dentro del alcance de su función, ofrezca educación sobre salud o bienestar en un estilo colaborativo utilizando Preguntar-Contar-Preguntar.

Resumir y crear un Plan de Acción - Terminar con empatía y colaboración

Un buen resumen asegura que todos estén de acuerdo sobre las prioridades y los próximos pasos después de la conversación. Usando Preguntar-Contar-Preguntar para compartir información sobre referencias evita perder el tiempo diciendo cosas que ya conoce, demuestra respeto por el conocimiento y las capacidades personales, y proporciona una estructura conversacional para escuchar más de la gente sobre sus perspectivas y prioridades.

Resumir y crear un Plan de Acción	Elementos fundamentales
	Resuma los puntos clave de la conversación para demostrar comprensión. Compruebe si se le ha pasado algo que el paciente considere prioritario.
	Use Preguntar-Contar-Preguntar para discutir referencias a otros miembros del equipo o recursos de la comunidad, si están disponibles y son apropiados.
	Reconoce que para las áreas donde no hay recursos disponibles, el equipo de atención de salud utilizará esta información para apoyar la planificación de la atención y la promoción de la salud en colaboración con el paciente.
	Pida permiso para hacer un seguimiento, si es apropiado.



Collaborative Screening | Provider Quick Reference Guide

Ariel Singer, MPH
Acknowledge → Inquire → Connect

Collaborative Screening is a person-centered approach to gathering information and providing referrals in health and social service settings that elevates the perspective, expertise and autonomy of the individual being served, rather than the needs and requirements of the institution. This Provider Quick Reference Guide offers a framework and menu of options for simple, brief communication behaviors that providers can adopt to support and reinforce a person-centered approach to screening.

	Core Element	Sample Language
Acknowledge	Let the person know that you reviewed their screening form.	-I looked over the questionnaire that you filled out. -I looked over the info you shared.
	Thank them for sharing their information.	-Thanks for taking the time to do that. -I appreciate you telling us more about your life outside the clinic.
	Use neutral language to acknowledge positive results.	-There's a couple things I was hoping to check in with you about.

	Core Element	Sample Language
Inquire	Ask permission to briefly discuss their screening responses.	-Would it be ok if we talk for a minute about your answers?
	Ask their perspective on how their screening responses impact their health and well-being.	-What do you think about how this is impacting your health or quality of life? -Which of these things feels like a priority for your wellbeing?
	Ask about their interest in being connected to additional resources, if available.	-Is this an area where you'd be interested in getting additional support? -Would you like any assistance with this?

	Core Element	Sample Language
Connect	Offer a statement of empathy to demonstrate listening. <i>This could be a simple paraphrase of what they've said, or an acknowledgment of underlying values, priorities, concerns or emotions.</i>	-This has been really stressful for you. -You're concerned about how this is impacting your family. -You're not too worried about this. -You feel like it's working ok for you. -You want to think about doing things differently.
	Connect them through warm hand-off to appropriate team members. <i>Examples include community health worker, resource specialist, health educator or behavioral health professional.</i>	-I have some great teammates that I'd love to introduce you to. Would that be ok? -Even if you don't have time to stick around today, I'd like to ask one of my teammates to give you a call in the next few days to follow up. How does that sound?
	Connect their screening results to their care plan.	-Let's think together about next steps so that the care plan we create matches your life circumstances and priorities.

Collaborative Screening Role Play Instructions

Roles:

- **Facilitator:** This role does not rotate. This person serves as the leader for the group and helps to keep the overall process moving along.
- **Practitioner:** This role rotates. Each person takes a turn practicing their Collaborative Screening skills, using the Conversation Guide.
- **Patient:** This role rotates. Each person takes a turn serving as patient so that others may try the other parts.
- **Observer + Timekeeper:** This role rotates. The person in this role uses the Collaborative Screening Observation and Feedback tool to keep track of the Practitioner's communication behaviors.

Materials:

- Collaborative Screening Conversation Guide
- Patient Case Scenarios
- Observation and Feedback Tool
- Sample screening form or results

Instructions for Role Play:

- Determine who will serve as the facilitator. This person will also take turns in the other roles.
- Identify who will start the role play as Patient, Practitioner and Observer.
- For each role play, determine whether the conversation will be conducted in an interview format or as a follow-up conversation, depending on the workflow likely to be used in your setting.
- Choose a patient scenario to use or create a new one. Keep either the sample completed PRAPARE for that patient or a copy of your screening form on-hand.
- In order to create a smooth practice experience, avoid selecting the most complex scenario that you can think of. Even if you are using one of the standard scenarios, select only a few domains to discuss with the patient.

Role-Specific:

- **Practitioner:** Using the Conversation Guide, practice the four processes of Collaborative Screening →
 - Engaging
 - Listening
 - Supporting
 - Summarizing and action planning

- Patient: Try to play a “typical” patient, rather than an outlier. In other words, don’t play the patient as the most hostile or fragile person to walk through the doors in the last two weeks.
- Observer: Use the Observation and Feedback tool to listen carefully to the conversation, while also keeping an eye on the time. Each role play should last for no more than about 10 minutes.

Instructions for Feedback:

- Start by asking the practitioner: How do you think it went?
- Ask the patient: How did it feel for you?
- Ask the observer to share:
 - What went well?
 - Are there any opportunities to strengthen fidelity to the Conversation Guide?
- Keep the feedback conversation to about five minutes.

Engaging - Earn Trust and Build Partnership

Engaging	Core Elements	Observed	Feedback
	Introduce yourself and your role at the organization.		
	Explain the “what, why and how long” of the conversation. Let people know that these questions are asked of everyone and they have not been singled out.		
	Ask permission to have the conversation, acknowledge the potential sensitivity of some questions and give permission to decline at any point.		
	Affirm autonomy and emphasize partnership.		
	Ask if the person has any questions.		

Listening – Inquire, Empathize and Convey Understanding

Listening	Core Elements	Observed	Feedback
	If the conversation is conducted as a follow up to a completed screen, briefly summarize the results of the screen and ask the person open-ended question about their priorities. If the screening process is being conducted as an interview, use open-ended questions to find out about the person’s experiences.		
	Use open-ended questions to find out more about the person’s perspectives on their experience.		
	Use open-ended questions to ask people about their interests, hobbies, and sources of enjoyment, as well as connections between cultural or other identities and health.		
	Convey understanding through: <ul style="list-style-type: none"> ● Attentive non-verbal listening cues, including eye contact and body language as appropriate. ● Acknowledging and appreciating disclosures. ● Reflective listening. 		

Supporting - Focus on strengths and person-centered opportunities to inform, as appropriate.

Supporting	Core Elements	Observed	Feedback
	Provide affirmations of personal strength and resilience.		
If appropriate, offer health or wellness education in a collaborative style using Ask-Tell-Ask.			

Summarizing and Action Planning – End with empathy and collaboration

Summarizing and Action Planning	Core Elements	Observed	Feedback
	Summarize key points from the conversation to demonstrate understanding. Check to see if you’ve missed anything that the patient considers a priority.		
	Use Ask-Tell-Ask to discuss referrals to other team members or community resources, if available and appropriate.		
	Acknowledge that for areas where resources are not available, the primary care team will use this information to support care planning and health promotion in partnership with the patient.		
Ask for permission to follow up, if appropriate.			

Notes

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
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<p>Personal Characteristics</p> <p>1. Are you Hispanic or Latino?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>2. Which race(s) are you? Check all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Asian</td> <td style="width: 50%;"><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Pacific Islander</td> <td><input type="checkbox"/> Black/African American</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please write): _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>4. Have you been discharged from the armed forces of the United States?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>5. What language are you most comfortable speaking?</p> <p>Family & Home</p> <p>6. How many family members, including yourself, do you currently live with? _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>7. What is your housing situation today?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I have housing</td> </tr> <tr> <td><input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</td> </tr> <tr> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other (please write): _____		<input type="checkbox"/> I choose not to answer this question		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I have housing	<input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	<input type="checkbox"/> I choose not to answer this question	<p>8. Are you worried about losing your housing?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>9. What address do you live at? Street: _____ City, State, Zip code: _____</p> <p>Money & Resources</p> <p>10. What is the highest level of school that you have finished?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than high school degree</td> <td style="width: 50%;"><input type="checkbox"/> High school diploma or GED</td> </tr> <tr> <td><input type="checkbox"/> More than high school</td> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>11. What is your current work situation?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Unemployed</td> <td style="width: 33%;"><input type="checkbox"/> Part-time or temporary work</td> <td style="width: 33%;"><input type="checkbox"/> Full-time work</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>12. What is your main insurance?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> None/uninsured</td> <td style="width: 50%;"><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> CHIP Medicaid</td> <td><input type="checkbox"/> Medicare</td> </tr> <tr> <td><input type="checkbox"/> Other public insurance (not CHIP)</td> <td><input type="checkbox"/> Other Public Insurance (CHIP)</td> </tr> <tr> <td><input type="checkbox"/> Private Insurance</td> <td></td> </tr> </table> <p>13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.</p> <p style="text-align: center;">_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input type="checkbox"/> Full-time work	<input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____			<input type="checkbox"/> I choose not to answer this question			<input type="checkbox"/> None/uninsured	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other public insurance (not CHIP)	<input type="checkbox"/> Other Public Insurance (CHIP)	<input type="checkbox"/> Private Insurance		<input type="checkbox"/> I choose not to answer this question
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<p>14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td style="width: 20%;">Food</td> <td style="width: 5%;"></td> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td style="width: 20%;">Clothing</td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Utilities</td> <td></td> <td>Yes</td> <td>No</td> <td>Child Care</td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> <td colspan="5">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Phone</td> <td></td> <td>Yes</td> <td>No</td> <td>Other (please write):</td> </tr> <tr> <td colspan="8" style="text-align: center;">I choose not to answer this question</td> </tr> </table> <p>15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 95%;">Yes, it has kept me from medical appointments or</td> </tr> <tr> <td></td> <td>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td> </tr> <tr> <td></td> <td>No</td> </tr> <tr> <td colspan="2" style="text-align: center;">I choose not to answer this question</td> </tr> </table> <p>Social and Emotional Health</p> <p>16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 20%;">Less than once a</td> <td style="width: 5%;"></td> <td style="width: 20%;">1 or 2 times a week</td> </tr> <tr> <td></td> <td>3 to 5 times a week</td> <td></td> <td>5 or more times a</td> </tr> <tr> <td colspan="4" style="text-align: center;">I choose not to answer this question</td> </tr> </table>		Yes	No	Food		Yes	No	Clothing		Yes	No	Utilities		Yes	No	Child Care		Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)						Yes	No	Phone		Yes	No	Other (please write):	I choose not to answer this question									Yes, it has kept me from medical appointments or		Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need		No	I choose not to answer this question			Less than once a		1 or 2 times a week		3 to 5 times a week		5 or more times a	I choose not to answer this question				<p>17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 40%;">Not at all</td> <td style="width: 5%;"></td> <td style="width: 50%;">A little bit</td> </tr> <tr> <td></td> <td>Somewhat</td> <td></td> <td>Quite a bit</td> </tr> <tr> <td></td> <td>Very much</td> <td></td> <td>I choose not to answer this question</td> </tr> </table> <p>Optional Additional Questions</p> <p>18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 20%;">Yes</td> <td style="width: 5%;"></td> <td style="width: 20%;">No</td> <td style="width: 5%;"></td> <td style="width: 45%;">I choose not to answer this</td> </tr> </table> <p>19. Are you a refugee?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 20%;">Yes</td> <td style="width: 5%;"></td> <td style="width: 20%;">No</td> <td style="width: 5%;"></td> <td style="width: 45%;">I choose not to answer this</td> </tr> </table> <p>20. Do you feel physically and emotionally safe where you currently live?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 20%;">Yes</td> <td style="width: 5%;"></td> <td style="width: 20%;">No</td> <td style="width: 5%;"></td> <td style="width: 45%;">Unsure</td> </tr> <tr> <td colspan="6" style="text-align: center;">I choose not to answer this question</td> </tr> </table> <p>21. In the past year, have you been afraid of your partner or ex-partner?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 5%;"></td> <td style="width: 20%;">Yes</td> <td style="width: 5%;"></td> <td style="width: 20%;">No</td> <td style="width: 5%;"></td> <td style="width: 45%;">Unsure</td> </tr> <tr> <td colspan="6" style="text-align: center;">I have not had a partner in the past year</td> </tr> <tr> <td colspan="6" style="text-align: center;">I choose not to answer this question</td> </tr> </table>		Not at all		A little bit		Somewhat		Quite a bit		Very much		I choose not to answer this question		Yes		No		I choose not to answer this		Yes		No		I choose not to answer this		Yes		No		Unsure	I choose not to answer this question							Yes		No		Unsure	I have not had a partner in the past year						I choose not to answer this question					
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Patient Profile 1: Anthony

- Anthony is a 41 year old man. His primary diagnoses are opioid use disorder and depression.
- He is on Suboxone and has been in recovery for two months.
- He really wants to get his life back on track, but is having trouble finding a job. He used to work installing flooring, but hurt his back and can't go back to that work. His back injury is what got him started on pills in the first place and he knows he can't do manual labor any longer.
- He is staying on his brother's couch. His brother has two young kids and his wife is getting anxious for Anthony to move out. Without an income, he can't get his own place.
- Finding a job has been especially hard because he had his license taken away and it is tough for him to get around.
- He has worked in construction since he dropped out of high school and doesn't have a lot of other job skills.
- He is very frustrated by not having more independence. He likes to go out to the woods and especially likes fishing.



Conversation Guidance Snapshot

Engaging

- Introduce yourself and your role
- Offer a clear explanation for the screening process
- Ask permission, emphasize autonomy and partnership
- Ask if patient has questions

Listening

- Use open-ended questions to ask about patient priorities, perspectives, cultural and other identities, and sources of enjoyment or meaning
- Use reflective listening to demonstrate empathy
- Use non-judgmental language, body language and tone

Supporting

- Affirm patient strengths
- If in scope for your role, offer health education using Ask-Tell-Ask

Summarizing and Action-Planning

- Summarize key points and patient perspectives
- Use Ask-Tell-Ask to offer referrals
- Acknowledge that information will be documented and shared with team
- Ask permission to follow up, as appropriate

Screening Results: Anthony

- Identifies as white
- Indicates that it has been challenging to get the following when needed: telephone
- Indicates that he does not have housing and is worried about losing his housing
- In response to question, *how stressed are you*, selects Quite a Bit
- Indicates that he sees or talks to people he is close to less than once a week
- Has spent more than 2 nights in a row in a jail, prison or detention center

Patient Profile 2: Carlos

- Carlos is a 53-year-old man. His primary diagnoses are Type 2 Diabetes and Hypertension. He was recently diagnosed with Chronic Kidney Disease. He does not yet require dialysis, but he is at risk if his blood sugar control does not improve.
- He had not been engaged in care for his diabetes and wound up with severe complications. He has a lot of neuropathic pain and had to have two of his toes on his right foot amputated three months ago.
- He only speaks a little bit of English and is not eligible for Medicaid because of his immigration status. It is difficult for him to afford the medical supplies and medication that he needs.
- He had been the primary income earner for his family, working in a restaurant. He has not worked since his surgery since he cannot be on his feet all day.
- He has three kids who all live at home, ages 10, 15 and 21. His family is the most important thing in his life.
- His wife and oldest kid work together cleaning office buildings, but they do not earn enough to cover all of the family's expenses.
- They had been living with Carlos' cousins, but they moved back to Mexico last year. The family recently received an eviction notice because their apartment building is being redeveloped.



Conversation Guidance Snapshot

Engaging

- Introduce yourself and your role
- Offer a clear explanation for the screening process
- Ask permission, emphasize autonomy and partnership
- Ask if patient has questions

Listening

- Use open-ended questions to ask about patient priorities, perspectives, cultural and other identities, and sources of enjoyment or meaning
- Use reflective listening to demonstrate empathy
- Use non-judgmental language, body language and tone

Supporting

- Affirm patient strengths
- If in scope for your role, offer health education using Ask-Tell-Ask

Summarizing and Action-Planning

- Summarize key points and patient perspectives
- Use Ask-Tell-Ask to offer referrals
- Acknowledge that information will be documented and shared with team
- Ask permission to follow up, as appropriate

Screening Results: Carlos

- Identifies as Hispanic or Latino
- Indicates that it has been challenging to get the following when needed: food, medicine, phone
- Indicates that he is worried about losing his housing
- Lack of transportation has kept him from conducting both medical and non-medical activities

Patient Profile 3: Evelyn

- Evelyn is a 72-year-old woman. Her primary diagnoses are COPD, hypertension, and arthritis.
- She has three kids, but they all live out of state. She lives by herself with her cat, Oscar. Her husband passed away two years ago.
- She is retired from her job as a receptionist at a construction company and she gets social security payments every month.
- She used to enjoy gardening, but it has been hard to do with her arthritis and breathing problems.
- Her health conditions make it hard for her to get out much. The pain and weakness she experiences makes it hard for her to drive and she hasn't gotten in her car in four months.
- She lives in an old home and on a fixed income, it is getting harder and harder to pay the maintenance costs.
- Her heating bill is very high in the winter and she sometimes struggles to pay it on time.



Conversation Guidance Snapshot

Engaging

- Introduce yourself and your role
- Offer a clear explanation for the screening process
- Ask permission, emphasize autonomy and partnership
- Ask if patient has questions

Listening

- Use open-ended questions to ask about patient priorities, perspectives, cultural and other identities, and sources of enjoyment or meaning
- Use reflective listening to demonstrate empathy
- Use non-judgmental language, body language and tone

Supporting

- Affirm patient strengths
- If in scope for your role, offer health education using Ask-Tell-Ask

Summarizing and Action-Planning

- Summarize key points and patient perspectives
- Use Ask-Tell-Ask to offer referrals
- Acknowledge that information will be documented and shared with team
- Ask permission to follow up, as appropriate

Screening Results: Evelyn

- Identifies as white
- Indicates that it has been challenging to get the following when needed: utilities
- Is worried about losing her housing
- Lack of transportation has kept her from both medical and non-medical activities
- In response to question, *how stressed are you*, selects Somewhat
- Indicates that she sees or talks to people she is close to less than once a week

Patient Profile 4: Jaime

- Jaime is a 34-year-old woman. Her primary diagnoses are fibromyalgia and Type 2 diabetes.
- She has a 14-year-old daughter and a 6-year-old son. Sometimes her son's father comes by and chips in some money for rent, but she has not heard from her daughter's father in 6 years.
- Jaime has been working as a cashier at the local Albertson's, but her pain level has been really high lately, so she has been missing a lot of work.
- Jaime and her kids go to church most Sundays and she likes to paint with watercolors when she is in too much pain to move around really well.
- Jaime worries a lot about having enough money to pay all her bills and although she gets SNAP benefits, sometimes it's hard to make the benefits last all the way through the month. Her son is at that age where he is hungry pretty much all of the time.



Conversation Guidance Snapshot

Engaging

- Introduce yourself and your role
- Offer a clear explanation for the screening process
- Ask permission, emphasize autonomy and partnership
- Ask if patient has questions

Listening

- Use open-ended questions to ask about patient priorities, perspectives, cultural and other identities, and sources of enjoyment or meaning
- Use reflective listening to demonstrate empathy
- Use non-judgmental language, body language and tone

Supporting

- Affirm patient strengths
- If in scope for your role, offer health education using Ask-Tell-Ask

Summarizing and Action-Planning

- Summarize key points and patient perspectives
- Use Ask-Tell-Ask to offer referrals
- Acknowledge that information will be documented and shared with team
- Ask permission to follow up, as appropriate

Screening Results: Jamie

- Identifies as Black/African American
- Indicates that it has been challenging to get the following when needed: food, phone, utilities, clothing, child care.
- Talks to people she is close to 1-2 times per week.
- In response to question, *how stressed are you*, selects *Very Much*.

Patient Profile 5: Kai

- Kai is 28 years old. She came out as a trans woman when she was 26 and started hormone therapy about a year ago.
- She is getting out of a relationship with a man who was verbally abusive and even got violent on a couple of occasions when he was drunk.
- She is enrolled in classes at the community college and is learning how to be a graphic designer. She is also a photographer and spends a lot of time taking and editing pictures.
- She lives with a roommate and has a decent relationship with her parents. She can ask them for help here and there, but she tries not to ask for too much.
- Kai works at a coffee shop and sometimes has a hard time making ends meet. She often gets behind on her phone bill and has a lot of credit card debt. She receives food stamps, which helps a lot with groceries.
- She has a beat-up old car that works most of the time, but she doesn't always have money for insurance and gas.



Conversation Guidance Snapshot

Engaging

- Introduce yourself and your role
- Offer a clear explanation for the screening process
- Ask permission, emphasize autonomy and partnership
- Ask if patient has questions

Listening

- Use open-ended questions to ask about patient priorities, perspectives, cultural and other identities, and sources of enjoyment or meaning
- Use reflective listening to demonstrate empathy
- Use non-judgmental language, body language and tone

Supporting

- Affirm patient strengths
- If in scope for your role, offer health education using Ask-Tell-Ask

Summarizing and Action-Planning

- Summarize key points and patient perspectives
- Use Ask-Tell-Ask to offer referrals
- Acknowledge that information will be documented and shared with team
- Ask permission to follow up, as appropriate

Screening Results: Kai

- Identifies as white and transgender
- Indicates that it has been challenging to get the following when needed: mental health care
- Lack of transportation has kept her from both medical and non-medical activities
- In response to question, *how stressed are you*, selects Quite a Bit
- Indicates that she has been afraid of her partner or ex-partner in the past year

Patient Profile 6: T

- T is 19 years old and recently graduated from high school.
- T identifies as non-binary and queer and uses they/them pronouns.
- T is the youngest child in their family and is a first-generation American. Their parents immigrated from Cambodia.
- After T came out, they got in a big fight with their parents about being queer and left home. That has been really challenging, as they had always been close to their parents.
- They have been staying with friends since then, although they worry about overstaying their welcome and not having anywhere to go.
- They work at an electronics store and pretty much live paycheck to paycheck. Sometimes it's hard to chip in for rent, pay the phone bill and have enough for groceries.
- For fun, T likes to play video games and draw. They especially like to draw comics to share on Instagram, where they have a decent number of followers and a sense of connection to queer community.



Conversation Guidance Snapshot

Engaging

- Introduce yourself and your role
- Offer a clear explanation for the screening process
- Ask permission, emphasize autonomy and partnership
- Ask if patient has questions

Listening

- Use open-ended questions to ask about patient priorities, perspectives, cultural and other identities, and sources of enjoyment or meaning
- Use reflective listening to demonstrate empathy
- Use non-judgmental language, body language and tone

Supporting

- Affirm patient strengths
- If in scope for your role, offer health education using Ask-Tell-Ask

Summarizing and Action-Planning

- Summarize key points and patient perspectives
- Use Ask-Tell-Ask to offer referrals
- Acknowledge that information will be documented and shared with team
- Ask permission to follow up, as appropriate

Screening Results: T

- Identifies as Asian
- Indicates that it has been challenging to get the following when needed: food, phone
- Indicates that they do not have housing and are worried about it
- Lack of transportation has kept them from conducting non-medical activities
- In response to the question about how stressed they are, they answer "Very Much"

Design Principles for Person-Centered Screening: Organizational Systems

1. **Host:** Welcome back to *Quadruple Aim Radio*, a podcast about health system transformation. In our last episode, we discussed design principles for person-centered screening interactions. Today, we are going to talk about design principles for the organizational systems surrounding the screening process. Let's get started by re-connecting to the "essential and revolutionary meaning" of person-centered services, which is that everything we do is "based on deep respect for patients as unique living beings, and the obligation to care for them on their terms."¹ Once again, we are going to turn to our reporter in the field to help us learn from key stakeholders, including both patients and professionals.
2. **Reporter:** Thanks for bringing our attention back to this important topic. Systems-level obstacles can make it very hard to offer person-centered services. If organizations want their staff to provide trauma-informed, person-centered interactions, they really need to look at the system as a whole and evaluate whether system design is helping or getting in the way.
3. **Adam Lee (Physician leader):** If we really want to create change, we need to always be thinking about both systems and individuals. We need to start by asking people to look at their baseline understanding: do you have insight into your individual privilege and power? Even if you're not being aggressive about your power, you need to understand positionality, in terms of both demographics and professional position. As a male physician, I have to look at my power on an individual and structural level. Power is relational and contextual, so a female medical assistant may have less power than I do, but they still have positional power relative to the people we serve.
4. **Ellen (Patient Advocate):** Professionals definitely need to understand how much power they have. If you feel shamed by someone when you are asking for help, you are less inclined to want to talk to anyone. You don't want the authorities showing up at your door just because you have a bad day. You don't want your efforts to solve one problem to lead to another. One bad experience can make you distrust a whole role.
5. **Teresa Chavez (Population Health Director):** Don't try to be the savior. Notice whether you or your organization is jumping in and trying to save people who have been coming to the clinic all these years, and have been dealing with poverty the whole time, just because *you* are suddenly aware of these dynamics and issues. Most people and communities want to be heard and responded to as partners, not to be rescued.
6. **Reporter:** Ok, so the first system design principle is to raise awareness about personal and organizational contexts, so that both the organization and workforce are aware of individual and institutional power dynamics, assumptions and attitudes. The second system design principle is to create a welcoming environment.

¹ Epstein, R.M. and Street, R.L. (2011). The values and value of patient-centered care. *The Annals of Family Medicine*, 9(2): 100–103.

7. **Manuel Rivera (Clinical Supervisor):** Think about how you can demonstrate hospitality from the very first interactions so that you're starting from a place of accommodating and supporting people, rather than the interaction being about your requests and requirements. Train your staff to ask people: "can I offer you some water, can I get you a more comfortable chair, in other words, how can I accommodate you?" Ask yourself what makes you feel welcomed and that you belong. You should also think about people with different kinds of physical abilities. People call our program to ask, "do you have stairs, will there be a ramp, is there somewhere I can park?" I want us to be thinking about how we can go out of our way to avoid creating new barriers for people, and to let them know that we are trying to make ourselves as accessible as possible.
8. **Emily Anderson (Health Equity Manager):** From an equity standpoint, you also need to think about how welcoming and accessible your facility is to people who are not native English speakers. Do you have your screening forms translated? Do you have interpreter services available? Are you prepared for those visits to take longer to account for interpretation? If you want to reach the people who have the greatest obstacles to access, you have to put the extra effort in.
9. **Reporter:** A third important system design principle is making internal and external partnership foundational to your strategy, which as we will hear, shows up in several important ways.
10. **Teresa Chavez:** Bring together a multi-disciplinary implementation team to develop your approach. Make sure you have representatives from all the roles who will be touching the workflow, including the front-desk staff, the medical assistants, the nurses, the community health workers. This type of co-design improves buy-in and models the idea of sharing power. Activate physicians to champion the idea that learning more about their patients' lives is only going to help them offer better care. And finally, make sure to recruit and engage administrative champions, since they play a key role in determining how to distribute organizational resources. The reality is that it does take some time to do any kind of screening, so how can you spend that time really getting it right?
11. **Emily Anderson:** In addition to conducting co-design with staff before standardizing your approach, use methods from user experience design to test your approach to screening with consumers. People have really different ideas about how they would like to share information and the best way to learn what will work in your setting is through consumer testing. Once again, to promote equity, make sure you are testing with people who have additional participation barriers, such as being an elderly person who is hard of hearing or a person who is much more comfortable communicating in Vietnamese.
12. **Natalia (Patient Advocate):** I agree – it's best to be as flexible as possible. I think doing screening in person is better because you can say as much or as little as you want and the interviewer can pick up on whether it's ok to say more. On the other hand, people might feel less bashful if they have a chance to write it down first. It gives you a chance to say it to yourself before you're going to say it to the doctor. There's pros and cons to both ways of doing it, and ideally, clinics would ask people which way they prefer.
13. **Manuel Rivera:** Partnership is not just important for screening, it's also very important for creating good referral pathways. We need to not just provide information, but instead, make referrals that are supported by relationship. We need to be able to make it personal, to say, "we know this

person at this agency and you are going to be talking to John, Jose or Lisa.” Do your homework and know that the phone number still works and that the people will be well received.

14. **Teresa Chavez:** You also need to make sure that you are staying in partnership with the community when you respond to what you learn from screening. In one community where I worked, a health system worked to help get the minimum wage increased, but then the grocery store raised their prices to cover the added cost and more people ended up being food insecure. You have to work in partnership every step of the way to avoid unintended and harmful consequences.
15. **Host:** This is a lot of great input. What else is important for designing person-centered systems?
16. **Reporter:** The next key system design principle is: demonstrate listening.
17. **Anna (Patient Advocate):** If you’re taking the time as a patient to be honest, then you want someone to acknowledge it. Even if there’s no issues, you want them to acknowledge that you shared your information. You want to know that this information is useful, they are doing something with it, it’s not just a time filler. Most of the time, they have me fill things out and then I don’t hear anything else about it. When you think someone’s going to be coming to talk to you about it and then no one does, it makes you wonder, huh? What’s the point of this? Besides, some of these questions are intrusive and you don’t want to be asked them over and over again. You need to show that you’re listening.
18. **Susan Nichols (Nurse practitioner and motivational interviewing trainer):** It’s important to remember that people can get themselves together looking pretty good in a clinic, and appearances don’t necessarily reflect what’s going on at home. I have really learned in my job that if you don’t ask, you won’t find out – so universal screening is really important. But if you’re going to take the time to do the screening, you also need to take the time for listening. Yeah, it takes time, but listening always pays off.
19. **Roger (Patient Advocate):** It’s important for the doctor to say it’s ok to feel how you feel or do what you’re doing. People need to know that not everything has to be perfect. It can be very isolating to have these experiences and the doctor can make you feel more isolated. It’s also good to remember that the doctor and the staff are not robots and they have so much that they have to do, not just with treating the patients, but also with the computer and all the recordkeeping. Creating an opportunity for human interaction is really important.
20. **Host:** We have time for one more design principle. What should we end with?
21. **Reporter:** Our last design principle is: commit to consistency.
22. **Manuel Rivera:** A huge part of building trust is being consistent. Look at every aspect of screening and referral pathways, from how staff are trained to ask the questions, to documentation, and offering referrals. Evaluate how you can share power and demonstrate empathy at every possible point. Think about how you can be culturally responsive not just in how you do the screening, but also in your referral partners.

23. **Luis Hidalgo (Community Health Worker):** If you want to get the most out of screening, the process has to be universal. We recently had someone who is employed by our own health system come to our clinic with social needs. You have to ask everyone about their circumstances if you are going to keep bias from getting in the way. In other words, don't make assumptions.
24. **John (Patient Advocate):** Seeing any health professional can be intimidating. You feel a little vulnerable to start with, and then you think, this is my problem and no one else's. Your pride takes over. It's really hard to ask for help. That's the toughest decision you'll ever make. You feel like you're a burden, instead of an asset. And people want to be an asset. I'd rather go hungry than get food assistance and have people looking at me like I'm a bum. It's also really disappointing when you're needing help and feeling vulnerable and then you're talking to someone on your care team and they express surprise when they find out you went to college. It's like they just don't expect very much of us. If I get to the place where I'm willing to ask for help, it's because your organization has earned my trust.
25. **Reporter:** Thanks for all of these great comments. It's clear that there are both large and small system considerations to creating a person-centered approach, and it really takes commitment across the whole organization to succeed.
26. **Host:** My main takeaway is that person-centered care, which is focused on listening, respect, compassion and partnership, may be simple, but it's not easy. Even though this approach is about connecting, one human to another, the powerful forces driving what happens in health care and social service settings can make that harder than it seems.



Collaborative Screening: Person-Centered Organizational Systems Implementation Planning

Design Principles

- Raise awareness about personal and organizational contexts and power dynamics
- Create a welcoming environment
- Make internal and external partnership foundational to your strategy
- Demonstrate listening
- Commit to consistency

Implementation Planning Questions

- How does person-centered screening connect to your organizational mission?

- What are your highest priorities for person-centered organizational systems design?

- What are the domains included in your screening strategy? Domain examples may include social needs, sexual orientation and gender identity, drug, alcohol and tobacco use, race, ethnicity, language and disability, etc.

- If you already have a workflow in place, how can you make it more person-centered?

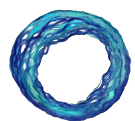
- How can you share information about person-centered screening with key decision-makers and implementers within your organization?

- Are there any major considerations for your EMR documentation and team communication practices?
- How can you engage the relevant stakeholders, including patients, in co-designing your person-centered screening process?
- What are the obstacles you anticipate and how can you overcome them?
- What is your very next step?



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