

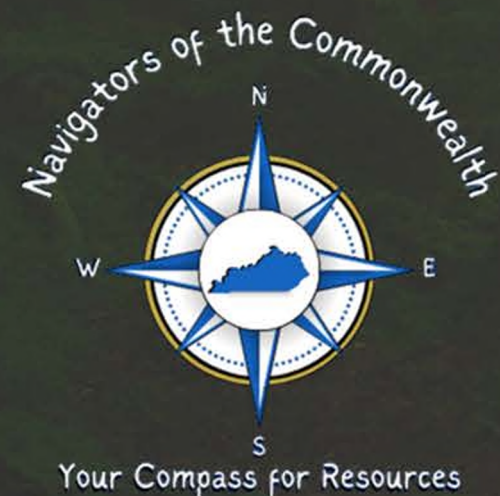
MENTI SLIDE

I FEEL SUPPORTED WHEN...

WORD CLOUD

NAVIGATORS OF THE COMMONWEALTH

YOUR COMPASS TO RESOURCES



College of
Public Health

*Center for Public Health Systems
and Services Research*



Welcome Navigators!

Our main goal is to foster meaningful connections between those who provide services (the helpers) and those who seek them (the help seekers).

Agenda:

- Navigating the Session
- About the new social needs screening requirement in healthcare
- Moving away from checklists: Improving how we administer screeners and assessments
- Breakout Rooms
- Select Next Topic
- Q and A



**NoC Session 5:
Improving How We Administer Screeners and
Assessments**





**Session 1:
Foundation of Effective Engagement**

**Session 2:
Balancing Suspicion of Need Versus
Bias and Assumptions**

**Session 3:
The Power of the First Impression:
How to Greet Every Patient to Lead
to Engagement**



Navigating the Session

Our Commitment to Successful Collaboration:

- Active participation
- Be present
- Stay open and curious but respect confidentiality
- Use technology respectfully
- Have fun



**Up Next:
Meet the NoC Team!**



Insights from Social Needs Screening and Referrals: CHW & CBO Perspectives

Background

- As of Jan. 1, 2024, CMS requires hospitals and health systems to screen for five social risk drivers:
 - Food insecurity, interpersonal safety, housing insecurity, transportation insecurity, and utilities.
- Screenings occur during hospital stays or office visits. Referrals are routed to CHWs who enroll patients in navigation programs.
- UK HealthCare launched CHW-led screening + referral program.
 - CHWs follow patients over time, using EPIC to document progress and coordinate care.

Objectives

- Identify key strengths in the current social needs screening and referral process.
- Examine challenges experienced by CHWs and CBOs when facilitating these referrals.
- Explore opportunities for improvement to enhance care delivery and patient outcomes.

CHW Key Findings & Opportunities to Move from Checklists to Connection

STRENGTHS

- ✓ Increased patient- driven referrals.
- ✓ Effective warm handoffs improved patient engagement.
- ✓ Strong longstanding CHW-CBO partnerships facilitated creative resource solutions.

CHALLENGES

- ⚠ CBO resource constraints + CHW out-of-pocket costs.
- ⚠ Misperceptions of CHW roles by patients and providers.
- ⚠ Communication gaps (vague screening data, and delays).

OPPORTUNITIES

- 🔍 Integrate CHWs to humanize screening and referral conversations.
- 🔍 Standardize communication/referral protocols.
- 🔍 Increase sustainable funding to meet needs without defaulting to standardized processes.

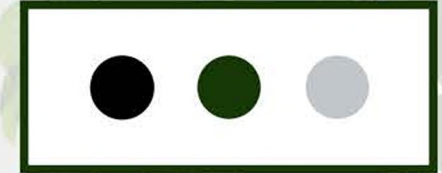
USER EXPERIENCE PANEL



**REBECCA
GRAY**



**ASHLEY
BERSHIRE**



Reflection Breakout: Intentionality and Trust



Think about a time when you were administering a screener or assessment—what did you do (or wish you had done) to make it feel like a conversation rather than a checklist?

How did your approach affect the client's trust or engagement in that moment?



Humanizing Screeners & Assessments for Trust-Building

Why it Matters

“Screened” vs being seen
Transactional vs relational
Information gathering vs intentional engagement

Risks of checklists

Impersonal or clinical
Activate defensiveness or avoidance
Reinforce power imbalance
Reduces opportunities for connection

Tips on getting it right

Conversations, not forms
Relational touchpoints, not tasks
Center the person, not the paperwork

Practical Strategies for Humanizing Assessments

Before you begin

Explain the purpose of the screener in plain language

Ask permission: “Is it okay if we walk through some questions together?”

Normalize the process: “Many people find these questions a bit personal, and it’s okay to go at your own pace.”

While you’re engaging:

Use warm, open body language and tone

Respond empathetically to disclosures, even during structured tools

Pause when needed and invite questions

After the screener:

Thank the client for their openness

Reflect back strengths or concerns you heard

Reaffirm support: “I appreciate you sharing that—it helps me understand how to support you better.”



What NOT to Do When Administering Screeners

Don't....

- Send screeners cold (virtually or in-person) without context or explanation
- Skip telling clients why the screener is being done or how the information will be used
- Assume understanding—don't just hand it over and walk away
- Forget to clarify that responses won't get them “in trouble” or impact their access to help
- Force completion—clients should always have the right to pause or decline
- Rush through—treating it like a task to check off
- Use clinical or jargon-heavy language without translation
- Avoid emotional responses—don't ignore discomfort or distress that arises



ASSESSMENT



MENTI SLIDE

WHAT WOULD YOU DO
DIFFERENTLY/WHAT COULD
IMPROVE?

WORD CLOUD



Final Takeaway

Every screener or assessment is more than a form—it's a powerful opportunity to build trust.

Connection > Checklist

What's one thing you'll try in your next client screening to make it more relational?



**Up Next:
Topic Selection**



MENTI SLIDE

NEXT TOPIC

RANK

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THANK YOU!!!



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