Introduction
Adverse social determinants of health – referred to in this guide as social risks – include contextual factors such as food, transportation, and housing instability, and social isolation. Collecting information on these risks can help ambulatory care teams understand and address how these factors impact their patients’ health.

This pragmatic guide will help your clinic implement social risk screening and (if desired) referral-making, or improve your current practices. It is meant to be used by any primary/ambulatory care staff interested in implementing social risk screening and referral-making.

Overview
This guide uses a five-step roadmap for implementing or improving social risk screening and related activities at your clinic. It provides tools and materials to support each step, and a list of useful resources.

**Step 1: Getting Ready**
*Materials include:* Orientation to social risks; Clinic champion orientation; Draft email from leadership to staff

**Step 2: Identify Clinic Goals**
*Materials include:* Recommendations for setting goals; Goal-setting decision tool

**Step 3: Create a Social Risk Plan**
*Materials include:* Overview of social risk tools in the EHR; Workflow examples; Workflow development tool

**Step 4: Orient Clinic Staff To Your Clinic’s Social Risk Plan**
*Materials include:* Overview; FAQs for staff; Orientation slide deck; Kick-off package (Poster, social risk champion certificate, tips for engaging staff, goals thermometer, etc.)

**Step 5: Roll Out and Iterate**
*Materials include:* Overview; Steps; Considerations and tips; Example; Roll-out template

**Resources to Support Implementing Social Risk Data Collection and Referral-Making**

This guide was developed as part of an NIH-funded study (1R18DK114701) by teams at the Kaiser Permanente Center for Health Research and OCHIN, Inc. The purpose of this study was to test the effectiveness of targeted implementation support at enhancing social risk screening adoption in primary care settings and community health centers.