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**Title:** A novel social determinant of health program integrated into community pharmacy settings

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**Introduction:** Social determinants of health (SDoH) account for up to 90% of health outcomes. Community pharmacies are positioned to play a major role in addressing SDoH, however there is limited literature on the different community pharmacy-SDoH practice models.

**Objective:** To describe the process for implementing a SDoH program in community pharmacy and report on the intervention using the RE-AIM framework.

**Study Design/Methods:** This is a pilot implementation study of two SDoH intervention models within community pharmacies affiliated with the Community Pharmacy Enhanced Services Network (CPESN) from October-December 2020. SDoH intervention models were implemented within 10 community pharmacies in Charleston, MO (n=1) and Albany, NY (n=9), focusing on at-risk adults with limited social resources. The Charleston model primarily used community health workers to carry out interventions and the Albany model used pharmacy staff trained in SDoH as intervention specialists. Both models used the CPESN care model workflow as a basis for their SDoH interventions. Each program reported data on implementation practices, intervention feasibility/fidelity, and post-implementation program acceptability. Quantitative and qualitative data were integrated, and the RE-AIM evaluation framework was used to harmonize indicators.

**Results:** During the start-up phase, the pharmacies transitioned a current staff member to become main facilitator of their SDoH program and a majority focused their interventions on health literacy (89%) and socioeconomic disparities (78%). In the intervention phase, 76 patients were screened with 49 (64%) enrolled among all pharmacies (reach). Common SDoH categories addressed included economic stability (53%) and neighborhood/built environment (26%); with successful referrals executed in 11 (22%) subjects [effectiveness]. Program staff agreed that sufficient resources were provided and that program workflow and staffing was clearly defined (adoption/Implementation). Pharmacy staff reported a lack resources regarding SDoH screening as a major implementation barrier.

**Conclusion:** While these pilot programs demonstrated some success, the community pharmacy-SDoH practice model requires further testing prior to widespread implementation.

**Next Steps within WNY:** Our research group is in the initial stages of transitioning this innovative program to Western New York. We have established partnerships with local organizations including Buffalo Pharmacies, Community Network for Engagement, Connection, and Transformation (CONNECT), Buffalo Urban League, and G-Health Enterprises. Community pharmacies have the potential to play a major role in addressing SDoH and with growing local support, we will test this pilot program in WNY starting in early 2022.