

**Table 1**

## Characteristics of the Interviews

<b>Stakeholders</b>	<b>Interview Duration and Number of Meetings Per Person</b>	<b>Source Site and Role in SDH Data Collection</b>	<b>Characteristics</b>	<b>Major Themes Identified in Interviews</b>
Patients ( <i>n</i> = 10)	15 minutes; one meeting	Primary care practice; recipient user of the collection tool	Elderly Medicare 60 percent male 60 percent Hispanic 30 percent African American 10 percent non-Hispanic white	Trust in the organization Ease of the tool Privacy
Staff ( <i>n</i> = 4)	1 hour; two meetings	Primary care practice; assist in collection and use of SDH to improve care	Medical assistants, nurse, and personal navigator 3 females, 1 male Age <40 years	Timing of SDH collection Use of tablets during nurse intake. Navigator: have protocols and processes to refer patients to appropriate services, develop a team approach
Physician ( <i>n</i> = 5)	1 hour; three or four meetings	Primary care practice or ENT practice; users of SDH data	3 males, 2 females 4 board-certified internists	Accountability for the data Separate team (including data evaluators and patient services) to address SDH data or to inform physicians when attention is needed
Leadership ( <i>n</i> = 7)	1.5 hours; one to four meetings	Central; implementers or users of SDH data	Administrative executive officer Division chiefs of population health and General Internal Medicine Information technology officer Chief medical officer for the cancer center Chair of family medicine Chief operating officer of health system Dean of medical school	Need to merge SDH data with other outcome data to understand relationships with performance metrics How to use data to improve relevant process and clinical and utilization outcomes Need to use the SDH data to inform the makeup of innovative care teams, partnerships, and team-based approaches SDH collection does not interfere with operations Inform funders of resources needed to improve outcomes among patients with social risks
Institutional review board ( <i>n</i> = 1)	45 minutes; two meetings	Central; regulatory issues	Chairperson	Need for general consent to use data and to contact again for research opportunities

Management (n = 3)	1 hour; two meetings	Central and primary care practice; implementation and maintenance operations	Primary care practice administrators Health benefits administrators Epic administrators	Do not affect workflow Inform of results that could facilitate implementation of SDH collection strategies
Information technology (n = 4)	1 hour; 10 meetings	Central; development of SDH data collection, implementation of collection processes, integration into the EHR and maintenance operations	IT personnel who developed platforms for SDH collection and integration	Linkage of data from different sources
Privacy office (n = 1)	1 hour; two meetings	Central; implementation	Privacy officer	Need to have Institutional Review Board approval Clear protocols to access data in compliance with regulations
Researchers (n = 2)	1 hour; two meetings	Central; use of data	Full-time faculty with grant funding in areas of health disparities, health services, and precision medicine	Determine most discriminatory SDH variables Merge SDH data to clinical and research databases including genomic Evaluate best statistical approaches to create multivariable models for performance and disparities
Champions of attention to health disparities (n = 2)	1 hour; two meetings	Central; use of data	Full-time faculty with grant funding in areas of health disparities	Use data to understand better mediators of disparities and reduce disparities in process of care Community partnerships to improve social contexts Create firewall for the data to avoid any concern regarding discrimination

Abbreviation: SDH, social determinants of health.