NHPCO Project ECHO Equity Where It Matters

Key Takeaways Addressing Social Determinants of Health

March 16, 2023

Key points:

- 5 Domains of the Social Determinants of Health: The Social Determinants of Health (SDoH) are defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that impact one's health and quality of life outcomes. Included within the Social Determinants of Health are 5 domains: Economic Stability, Education Access & Quality, Healthcare Access & Quality, Neighborhood and Built Environment, and Social and Community Context.
- **Emerging Trends:** Research has consistently shown that as people age, they become more economically strapped, specifically in terms of receiving fewer pensions, more debt, and having social security benefits at risk. While the SDoH impact the aging population the most, the social determinants of health affect everyone, especially those with low access to healthcare services and experience systemic barriers. The lack of health insurance, language barriers, lack of health promotion on existing support services all contribute to reduce access to care and are identified as facets of the Social Determinants of Health.
- Barriers to identifying SDoH: There is a lack of recognition of the SDoH in healthcare spaces, and this can impact the diagnosis and quality of care patients experience. Barriers include an avoidance of screening for the SDoH due to lack of adequate follow-up resources of an organization, lack of prioritization to SDoH screening, and an organizational shortage of resources.

Actionable Steps:

- Build a "Community Resources" sheet to include organizations that can provide additional resources to
 address the SDoH of patients, to include a holistic range of organizations such as transportation
 assistance organizations, food banks, low-cost mental health services, etc.
- Work with organization leadership to consider the intentional implementation of SDoH screening for new and returning patients during patient conversations
- Prioritize discussions of addressing the SDoH within your organization, whether it be through including it through EMR or including a separate screening

Conversation Starters:

- How can my organization address the SDoH of patients, even if we may lack adequate resources to combat it directly?
- How can a care coordination effort be implemented within my organization to address a patient's SDoH?
- What existing barriers does my organization have that I can help to create discussions around?



Participant Perspectives:

- Emphasis on dignity and respect for personal choices is critical for all patients, especially those with challenges in the domains of SDoH.
- Healthcare providers should be using SDoH screening tools to identify patients who need assistance much further upstream.
- Often hospice and palliative care providers need to be "chameleons" in order to be able to connect with a wide variety of patients.
- Interdisciplinary groups need to be trained on SDoH so that they are prepared to assess and support patients at the end of life.
- "I think there's tremendous value in building relationships and finding out what the individual and/or family identify as their biggest need(s) and areas that they want support, rather than us coming in and deciding what we think that they need."
- "It is important to ask someone if they are isolated."
- "This has been a wonderful discussion. It brings a lot to the surface"
- "We research and develop resource lists and connect patients and families to additional services and supports. It becomes a mutually beneficial connection for the patient, family, hospice and agencies out there that are mission driven."
- "The Unite Us platform is one of the connector services to help people find those wraparound services they need. https://uniteus.com/"

References:

- Call, K. T., McAlpine, D. D., Garcia, C. M., Shippee, N., Beebe, T., Adeniyi, T. C., & Shippee, T. (2014). Barriers to care in an ethnically diverse publicly insured population: Is health care reform enough? Medical Care, 52(8), 720–727.
- Majerol, M., Newkirk, V., & Garfield, R. (2015). The uninsured: A primer. Kaiser Family Foundation Publication, 7451-10.
- Tolbert, J., Orgera, K., & Damico, A. (2020, November 12). *Key facts about the uninsured population*. KFF. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population
- Ayanian, J. Z., Weissman, J. S., Schneider, E. C., Ginsburg, J. A., & Zaslavsky, A. M. (2000). Unmet health needs of uninsured adults in the United States. *JAMA*, *284*(16), 2061–2069.
- Avila, R. M., & Bramlett, M. D. (2013). Language and immigrant status effects on disparities in Hispanic children's health status and access to health care. *Maternal and Child Health Journal*, 17(3), 415–423.
- NHPCO Diversity Tools and Resources https://www.nhpco.org/education/tools-and-resources/diversity
- Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas
- Leave No One Behind: Equity and Access in Palliative Care https://wfrtds.org/report-on-access-to-palliative-care/
- CMS Framework for Health Equity https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity

