Fostering a Healthcare Workforce for Today's Social challenges

Dec 7, 2023 | 3-4:30 pm ET

National Webinar Series: Part 2 of 4

Brought to you by the National Training and Technical Assistance Partners (NTTAPs) of the SDOH Academy

Housekeeping

- All participants are muted on entry to limit background noise
- Use the Q&A or chat box to ask a question during the session
- This webinar is being recorded and materials will be emailed to participants
- We would love to hear your feedback – please fill out our brief evaluation at the end of this session!

SDOH ACADEMY

The Social Determinants of Health (SDOH) Academy

The SDOH Academy is a HRSA-funded virtual training series designed to help staff from health centers, health center controlled networks, and primary care associations develop, implement, and sustain SDOH interventions in their clinics and communities.

The power of The SDOH Academy is that it does not focus on a single intervention. Instead, multiple HRSA-funded national training and technical assistance partners work together to offer a coordinated curriculum on multiple community-based SDOH interventions.

To learn more, visit: https://sdohacademy.com/

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National Training and Technical Assistance Partners (NTTAPs)

- Maximize impact of Health Center Programs
- Increase access to high-quality comprehensive primary health care for underserved populations
- Support HRSA awareness of issues impacting health centers and special populations
- Support HC to identify and implement evidence based and promising practices
- Leverage HC shared experience and data to improve health outcomes for patients

To learn more, visit:
https://bphc.hrsa.gov/technical-assistance/strategic-partnerships/national-training-technical-assistance-partners

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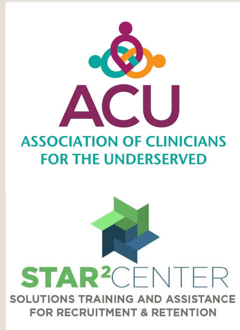

Planning Team

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Today's Presenters

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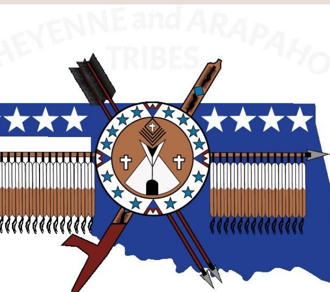

Go to native-land.ca to find out who are the original stewards of the lands you occupy, & to understand how you can disrupt the generational impact of colonization.

Learning Objectives

1. Understand how the healthcare workforce addresses SDOH

2. Understand the various supports and resources available to this workforce

3. Learn tools and strategies to identify current and emerging SDOH needs to continue to support the healthcare workforce as communities change

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How does the Healthcare Workforce Address the SDOH?

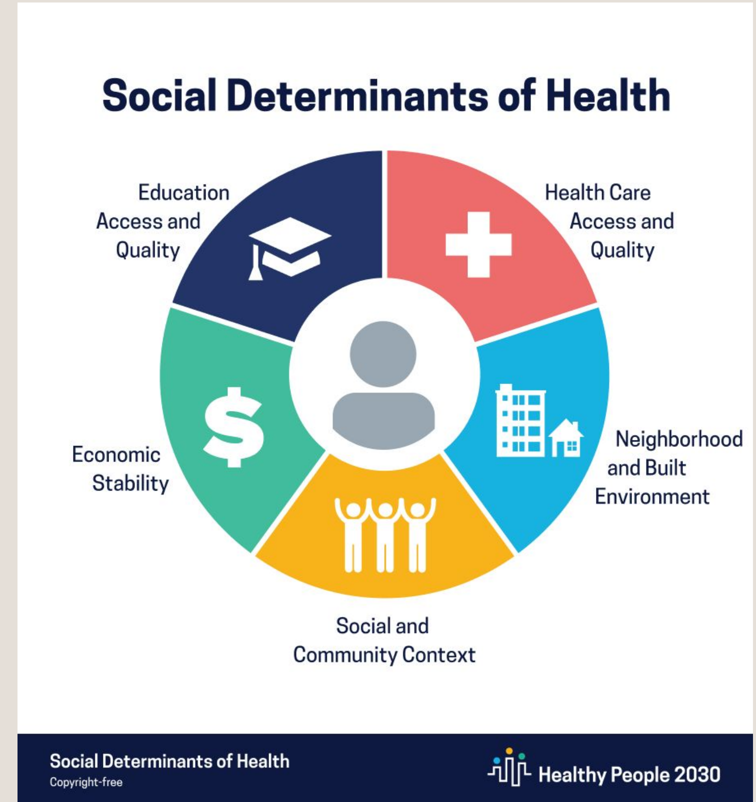
Social Determinants *(or Social Drivers)* of Health

Conditions in the environments where people:

are born, live, learn, work, play, worship, and age

that affect a wide range of:

health, functioning, and quality-of-life outcomes and risks



Community Health Workers

A **Community Health Worker (CHW)** is a **trusted member of the community who empowers their peers through education and connections to health and social resources**. They have proven to be successful at increasing health outcomes for their communities because of their deep understanding of the cultural norms of the people they serve, as they are often members of the community themselves. They educate their peers about disease and injury prevention, work to make health services more accessible, and strengthen their communities to create positive change.

https://mhpsalud.org/our-programs/community-health-workers/

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Community Health Workers

Community Health Workers (CHW) addressing SDOH

- Bridge between the community and health and social services
- CHWs build trust with the community
- CHW have many roles and core Competencies:
    - Cultural mediation
    - Culturally appropriate health education
    - Case management
    - Social support
    - Advocacy
    - Capacity Building
    - Direct Services
    - Assessments
    - Outreach
    - Evaluation & research

The Community Health Worker Core Consensus Project
TTUHSC EL PASO

https://www.c3project.org/roles-competencies

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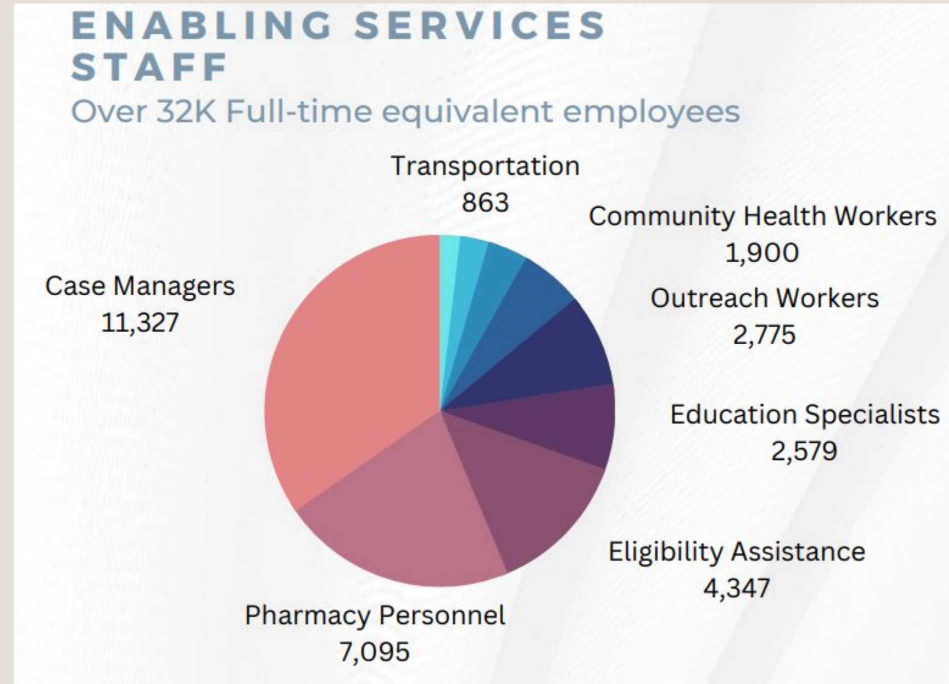
Other Enabling Services Providers

Types of enabling services include:

- Case management
- Transportation
- Translation/Interpretation
- Health Education
- Enrollment Assistance



https://www.nachc.org/resource/health-center-enabling-services-fact-sheet/

Mentimeter:

Who at your organization is collecting SDOH Data?
[Open Box]

Who else might hear about SDOH Needs?
[Open Box]

Beyond CHWs & Enabling Services

- Clinical Staff
  - Doctors, NPs, Nurses, MA/CMAs
  - Behavioral Health
  - Nutritionists
  - Pharmacists
  - Dentist, Dental assistants
- Administrative Staff
  - Front Desk
  - Billing Staff
  - Translation/Interpretation
- Family Caregivers
  - Of older adults, of children, of people with disabilities

***Staff reflective of the community served*

Key Element to Addressing SDOH: Building Trust

- Foster trust
- Ask the right questions
- Document SDOH needs
- Communicate needs with HC team
- Develop plan to address needs

Healthy Team Huddles

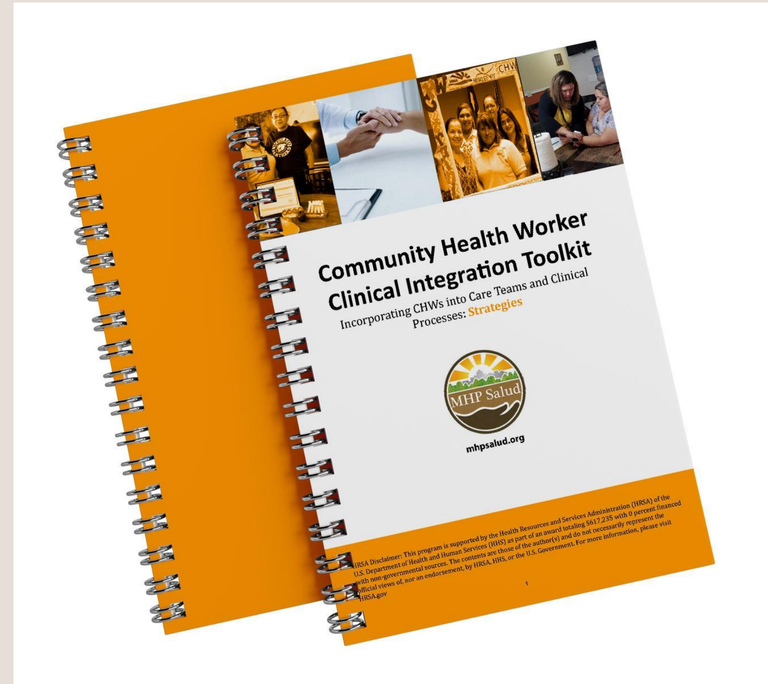
- Short meeting (~10 min)
- Beginning of the workday
- Discuss patient process for the day
- Involve **ALL** team members
- Opportunity to share SDOH needs

https://cepc.ucsf.edu/healthy-huddles

Communicating Needs to HC Team: CHW Integration into HC Team

MHP Salud's CHW Clinical Integration Toolkit

- Components to consider to integrate CHWs:
  - Electronic Health Record
  - Team huddles
  - Telehealth
  - Clinical decision making
- Case studies
- Lessons learned



https://mhpsalud.org/portfolio-items/chw-clinical-integration/

Building a Culture to Support SDOH Needs

Political & Social Drivers of Health

The Social Determinants of Health Academy

Building a Culture to Support SDOH Needs

For Staff

- Psychological Safety & Interdisciplinary Teams
- Adoption of an Equity Mindset
- Navigating Affinity Bias from the care team & Leveraging Patients Affinity Mindset
- Training for Clinical & Admin Staff
- Internal Support Structure & Practices

For Patients

- Cultivating Psychological Safety
- 80– 20 Rule & the need to leverage partnerships
- Navigating Mistrust – Medical & Other Systems
- Health Literacy & Readiness
- Support Structures & Partnerships

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Building a Culture to Support SDOH Needs

Psychological Safety in Interdisciplinary Teams

- A shared belief that a group is safe for interpersonal risk-taking.
- I can ask questions & admit mistakes or knowledge gaps.
- I can offer my perspective & ideas freely regardless of hierarchy.
- I can raise concerns or name conflicts without fear of reprisal.
- I feel seen, heard & valued.

Psychological Safety for Patients

- My care team respects my definition & goals for my health and well-being at this time in my life.
- I don't have to lie to receive the care I need.
- I can trust my care team to help me to meet my medical care needs to the best of their ability
- My care team will be honest & transparent with me
- My care team will advocate for me without judgement

Building a Culture to Support SDOH Needs

Navigating Affinity Bias from the care team & Leveraging Patients Affinity Mindset

- What bias do I hold for this patient population?
- What stereotypes do I impose onto my patients?
- Do I hold bias against best practice for the patient population?
- Example: Elderly, LGBTQIA+, Unhoused, Substance use disorder, Poor, Minimal formal education, Justice Involved, Mental Health, Race, Gender, Disabled
- The superpower of Front Desk staff, CHW,& MA's – street cred to open the door of trust.

Navigating Mistrust Patients Hold for Medical & Other Systems

- "How are we showing patients that we are a safe space for them?"
- How are we acknowledging medicine's legacy of harm for marginalized people?
- How are we addressing medicine's on-going practices that support health inequities in our daily work?
- Are we reinforcing this legacy & current practices of harm, even if unintentionally through our organizational policies & practices?
- AKS, "What has been your experience when receiving care & what are your main concerns when it comes to the care you are receiving or when seeking care?"

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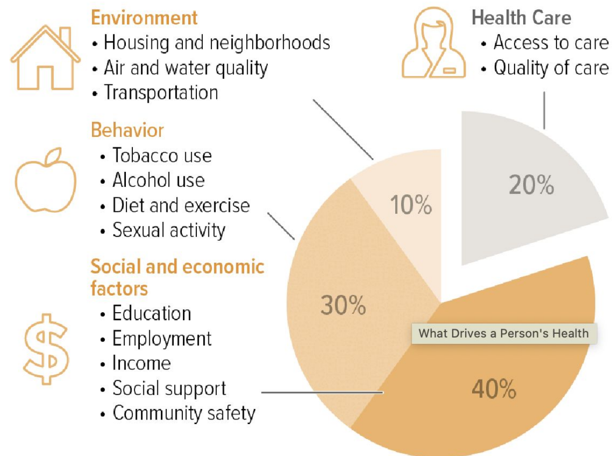
Building a Culture to Support SDOH Needs

Engaging from an Equity Mindset

- “What story of the patient are we telling ourselves & projecting out through our actions/policies/practices?”
- Intentionally Addressing Bias
- Working from a place of Cultural Humility & Safety
- Being Trauma Responsive
- Incorporating Harm Reduction into our care recommendations
- Utilizing an Intersectional lens in our program/service delivery

70 – 30 Rule of Health & Well-being



Building a Culture to Support SDOH Needs

- Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being. (World Health Organization)

- Health care is a fundamental human right. Achieving the highest level of health, wellness & well-being for all people is our goal and north star. Health equity means that everyone has a fair and just opportunity to be as healthy as possible at every stage of the human life cycle. This requires removing obstacles to health such as racism, discrimination, poverty, incarceration, and elder abuse and abandonment while promoting easy and local access to safe housing, clean drinking water, good jobs, quality educational systems, fresh foods, and the natural environment. (PCA R & E Subcommittee)

Building a Culture to Support SDOH Needs

Internal Staff Support Structure & Practices

- Does our organizational culture feel supportive or punitive?
- What resources do we have in place to help manage secondary trauma & burnout?
- How do we support staff when they are dealing with patients responding from a place of trauma or privilege and are abusive?

Supports and Resources Available to the SDOH Workforce

Training

Types of Training:

1. Cultural Humility
2. Trauma-Informed Care
3. Cultural Safety/Medical Mistrust
4. Pain Management
5. Substance Use Disorders
6. Health Equity Mindset

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Cultural Humility

Cultural Humility Is…

- A personal lifelong commitment to self-evaluation and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities
- Recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others
- Institutional accountability

Source: Yeager, Katherine A., and Susan Bauer-Wu. 2013. "Cultural Humility: Essential Foundation For Clinical Researchers". Applied Nursing Research 26 (4): 251-256

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Cultural Humility

Resources & Trainings

- NHCHC:
  - Cultural Humility Online Course
- NCFH:
  - Cultural Competency – Intro
- HOP:
  - Cultural Humility as a Lifelong Practice
- CHAMPS:
  - Cultural Competency Resources for Health Care Professionals
- Colorado School of Public Health, Center for Public Health Practice:
  - Cultural Competency/Humility Trainings
- Cross Cultural Health Program:
  - Equity & Inclusion Training of Trainers
- Office of Minority Health (HHS):
  - Cultural and Linguistic Competency

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Trauma-Informed Care (TIC)

Trauma-informed care seeks to:

- Realize the widespread impact of trauma and understand paths for recovery;
- Recognize the signs and symptoms of trauma in patients, families, and staff;
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization.

Source: Trauma-Informed Care Implementation Resource Center

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Trauma-Informed Care (TIC)

Resources & Training:

- NHCHC:
  - Trauma-Informed Care Webinar Series
  - Trauma-Informed Organizations Change Package
  - Trauma-Informed Organizations
- C4 Innovations
  - Trauma Informed Supervision
- STAR^2 Center:
  - Building A Resilient & Trauma-informed Workforce
  - Self-Care is Quality Care Webinar
  - Trauma-Informed Leadership Webinar
  - Workforce Success Podcast:
    - Episode 18
    - Episode 24

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Cultural Safety/Medical Mistrust

Medical mistrust is a “lack of trust in or suspicion of medical organizations.”

The stakes of medical mistrust are high, including:

- Childbirth
- Childhood vaccination
- Care of patients with HIV, cancer, and SUD

Focus on:

- Improving communication
- Increasing transparency
- Creating welcoming environments
- Attending to access barriers

Sources: Jaiswal J, Halkitis PN. Towards a More Inclusive and Dynamic Understanding of Medical Mistrust Informed by Science. Behav Med. 2019 Apr-Jun;45(2):79-85. doi: 10.1080/08964289.2019.1619511. & The Commonwealth Fund

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Cultural Safety/Medical Mistrust

Resources & Training:

- Join the NHCHC Cohort on this subject that starts in January!
  - Safety & Security Series Online Course
- The STAR² Center:
  - Building an Inclusive Organization Toolkit
- The Commonwealth Fund:
  - Understanding and Ameliorating Medical Mistrust Among Black Americans

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Pain Management

SDOH and chronic pain are linked:

- Patients with a lower level of education were 2.8 times more likely to develop chronic knee pain after knee arthroscopy compared to those with a higher level of education.
- Individuals living in lower socioeconomic status neighborhoods report significantly higher levels of chronic pain one year after a motor vehicle accident.

Source: UW – Social Determinants of Health and Pain Management

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Substance Use Disorders

Resources & Training:

- NCFH:
  - Behavioral Health and the U.S. Agricultural Worker
- NHCHC:
  - Substance Use Disorder Resources
- SBHC:
  - Mental Health
  - Substance Use Prevention
- HOP:
  - Substance Use: Building an Understanding Among Outreach Workers
- CHAMPS:
  - Substance Use Disorder Resources

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Health Equity Mindset

Resources & Training:

- HOP
    - Health Equity Starter Kit
    - Building Partnerships to Advance Health Equity
    - The Structural and Systemic Challenges in Achieving Health Equity
- STAR^2 Center
    - Compensation Equity for the Mental Health Workforce
    - Pay Equity Checklist
- NHCHC
    - Rebuilding Systems: Adapting Housing Assessments to Prioritize Health, Equity, and Belonging
- CHAMPS:
    - Health Equity Resources

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Mentimeter:

Which of these subjects does your organization train on? [Select all that apply]

How often do you engage in organizational training on SDOH subjects? [Multiple choice]

Tools

Types of Tools:

1. Language
2. Accessibility

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Language Tools

- NCFH
  - Health Literacy Intro
  - Language Access Tools:
    - Implementing a Language Access Program
    - Language Competency Checklist
    - Language Access Services Assessment and Planning Tool
- NHCHC:
  - Inclusive Language Guide
- NACHC
  - Guide to Person Centered Communication
- CHAMPS:
  - Health Literacy Resources
  - Spanish Language Resources

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Accessibility Tools

- CMS:
  - Improving Access to Care for People with Disabilities
  - How to Improve Physical Accessibility at Your Health Care Facility
- Digital C_XO:
  - How to Ensure Digital Accessibility in Health Care
- Usability Geek:
  - 8 Free Web-Based Website Accessibility Evaluation Tools

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Policies & Practices

Types of Policies & Practices:

1. Inclusion for Patients & Staff
2. Supporting Staff to Avoid Burnout
3. Partnerships

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Inclusion for Patients & Staff

Inclusion is part of organizational culture.

Promote patient, family, and community involvement in strategic planning and improvement activities.

Health Center Best Practices:

- Develop a mission or vision statement around diversity, equity, and inclusion.
- Establish a task force to lead diversity, equity, and inclusion work. Provide leadership support around task force activities Integrating diversity, equity, and inclusion into professional development.
- Establish affinity groups to offer a safe space for people who have similar backgrounds to share their experiences, receive support, and discuss opportunities to address workforce challenges and needs

Sources: AHRQ – SDOH & Practice Improvement & STAR² Center – Building An Inclusive Organization Toolkit

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Inclusion for Patients & Staff

Tools & Resources:

- ACU
  - Justice, Equity, Diversity, & Inclusion (JEDI) Initiative
- STAR^2 Center:
  - Diversity, Equity, & Inclusion Resources & Training
- NIH:
  - Twelve Tips for Inclusive Practice in Health Care Settings
- AHA:
  - Strengthening the Health Care Workforce: Strategies for Now, Near, and Far – Section 3: Diversity, Equity, and Inclusion

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Supporting Staff to Avoid Burnout

- NHCHC:
  - Provider Burnout Resources
- NCFH
  - Mental Health Resource Hub
- STAR^2 Center
  - Workforce Self-Care Resources
  - Creating An Organizational Culture of Resilience to Manage Stress and Burnout in Health Center Teams
- HOP:
  - Self-Care Resources

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Tools and Resources to Identify Current and Emerging SDOH Needs

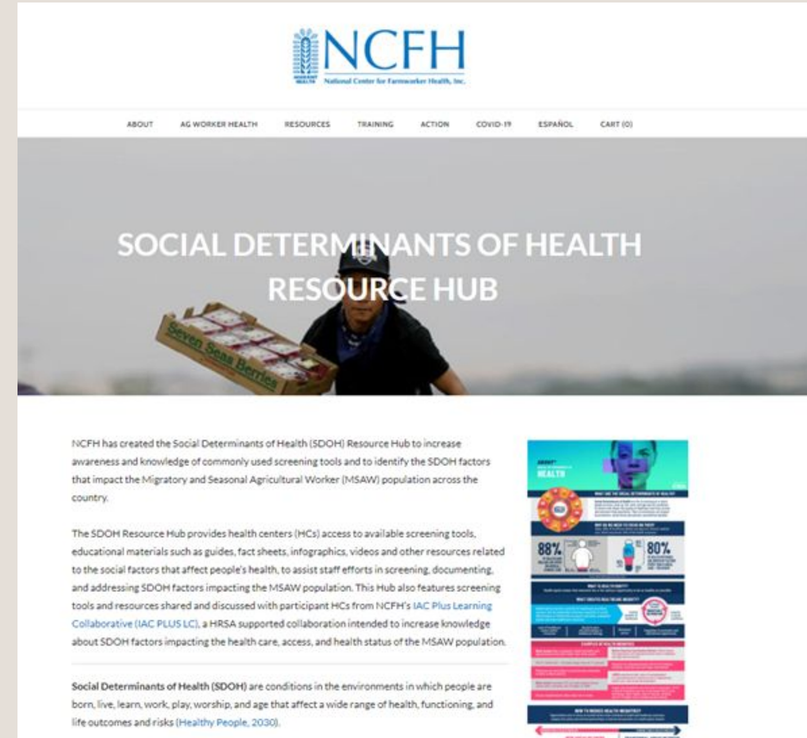
Monitoring Emerging Community Identified SDOH Needs

Why Monitor

- See what's happening for the patient populations we serve within the greater community.
- Help identify gaps in care

SDOH Tools

- **PRAPARE** – Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences
- **WellRx**
- **AHC HRSN** – Accountable Health Communities Health Related Social Needs screening tool (by CMS)
- Many others!!



https://www.ncfh.org/sdoh-hub.html

The Social Determinants of Health Academy

Harms in the Name of QI, Research, Public Interest

Medical System: *"We would like to get some information"*
Patient: *"Why do I need to tell you this information?"*

Data is Power

- Cowpox, Smallpox, Radiation, Tuskegee, HeLa & AZT

Weaponization of Data's Power is in its use & Impact, NOT it's Intent

- Skew perceptions
- Provide justification for acts of harm
- Provides justification to withhold treatment

Monitoring Emerging Community Identified SDOH Needs

QI Efforts via an Equity Lens

- How are using the data you obtain from patients & sharing it back with them?
- How is the data obtain helping to improve the services provided & not just to track implied “failings” of the patient?
- Is grounded in respect for the individuals & acknowledges historical & present-day harm
- Is grounded in not only “good” intention but also meaningful impact for the patient, patient population & their community
- Focus on metrics that achieve equity outcomes
- Ex: collecting REaL, SOGI, housing data to identify inequities present in your program so you can address them
- Ensures community engagement & reinvestment
- AAMC Principles of Trustworthiness
- Institute for Health Care Improvement: Building Infrastructure to Support Health Equity

Addressing Individual Identified SDOH Needs

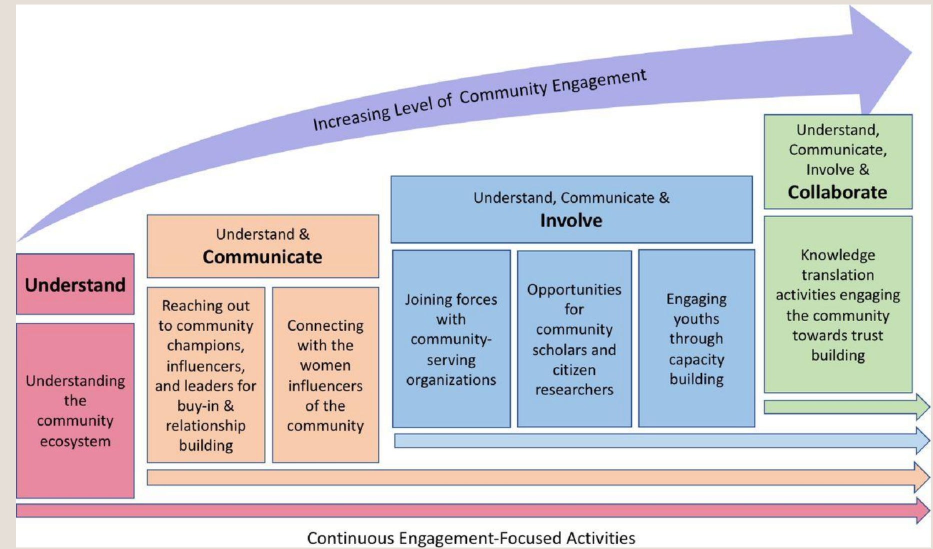
Patient Health Literacy & Readiness

- Meeting people where they are! Remember the 70 -30 Rule! What is in their capacity to do at this time?
- Prioritizing what they deem to be most important before added our recommendations
- PAM – Patient Activation Measure

Addressing Emerging Community Identified SDOH Needs

Developing Community Partnerships

- What are the major barriers your patient populations face in achieving their full potential for health and well-being?
- What are the local justice coalitions in the community that are addressing this barriers?
- What are ways you can partner or have your state PCA partner with this coalitions?



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Addressing Emerging Community Identified SDOH Needs

Patient Support Structures & Partnerships

- Leverage Community Health Workers/ Peer Workers
- Medical Legal Partnerships
- Community Partnerships – Informed by Needs of the Patients
  - Food Banks
  - Support groups & Senior's program
  - Housing Resources Support
  - Medication Management Support
  - Caregiver Support
  - Transportation Support
  - Building Civic Muscle via Community Based Organizations

Ways Health Centers Can Address SDOH to Improve Health Outcomes with Community Partners

1. Refer patients to housing, food security and other SDOH programs.
2. Host events with community partners.
3. Collaborate with community partners to provide health education programs.
4. Be present or provide support for large community events.

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Source: Medecision - The Importance of Community Partners in Addressing SDOH

Questions?

Use the chat box, Mentimeter or Q&A feature!

Part 3

Building Bridges between Healthcare Systems and Community-Based Organizations to Address Health Disparities

Feb. 1, 2024 | 3 - 4:30 PM ET

Register here
https://sdohacademy.com/national-webinar-series

THANK YOU!

Please help us improve future sessions by completing our short evaluation.

https://www.surveymonkey.com/r/767L8Z9