



Population Health
DARTMOUTH-HITCHCOCK MEDICAL
CENTER

Breaking Barriers to Health

*Understanding the Social Drivers of Health for
Improved Outcomes*

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Agenda

- What are Social Drivers of Health
- Interplay between SDoH and Health Outcomes
- Tools for Getting to the Root Cause
- Identifying SDoH in Practice

What Are Social Drivers of Health?

Social drivers of health (SDOH) are the nonmedical factors that influence health outcomes.

They are the conditions in which people are born, grow, work, live, and age, and the **wider set of forces and systems** shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

Upstream systems/policies lead to real world inequities



Social Drivers of Health

Social Drivers of Health can either hinder or promote health → inequitable distribution of health outcomes for different populations

- Financial State
- Access to Healthcare
- Social Support Networks
- Education
- Health Behaviors
- Transportation
- Food Security
- Employment *and* Working Conditions
- Housing *and* Neighborhood Conditions
- Social, Cultural, and Community Context
- Environmental Factors

Interplay Between SDoH and Health

These experiences are complex and don't exist independently from one another

Skipping Doctors Appointments



Provider makes a referral to CHW because patient is missing appointments.

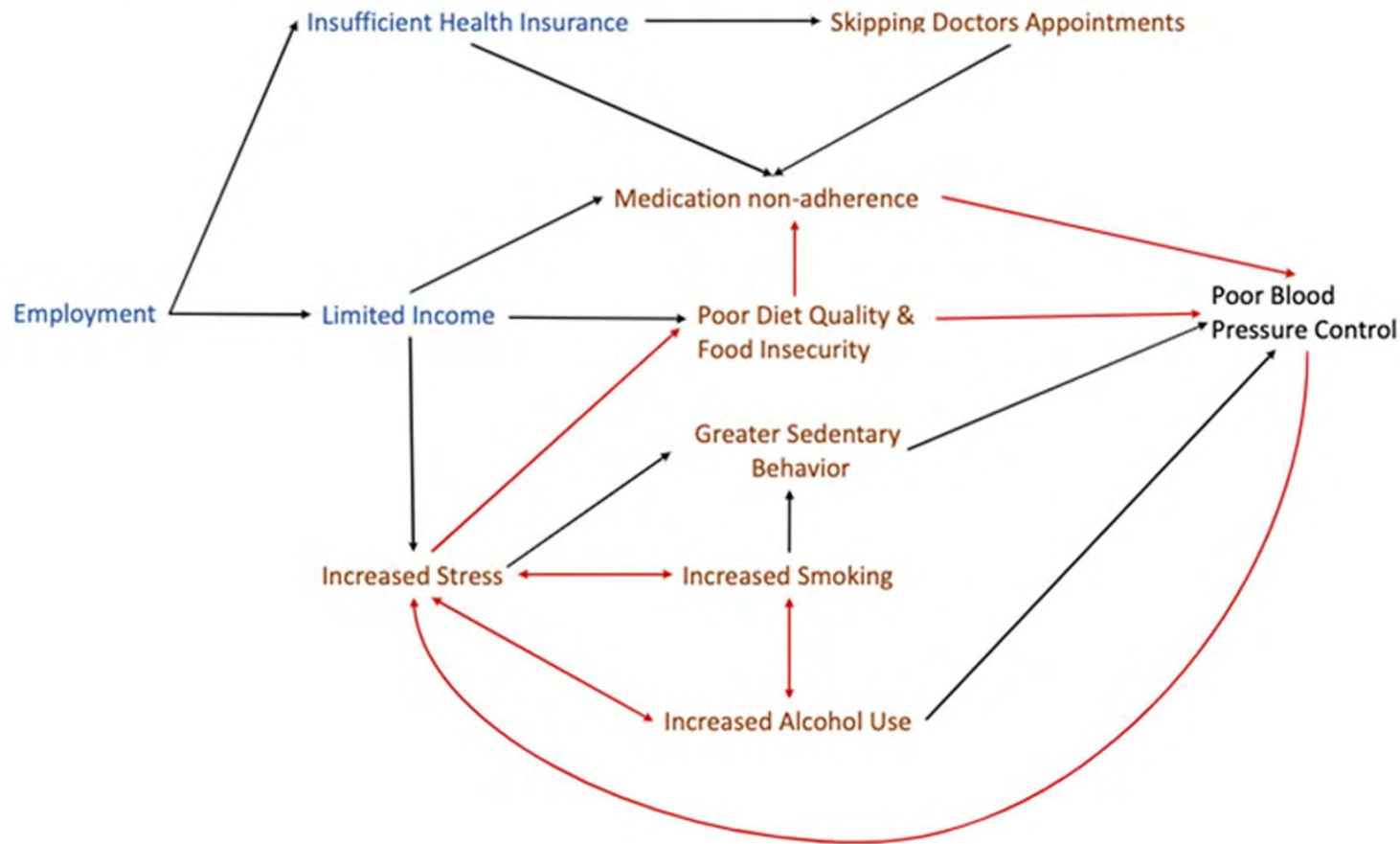
The patient has high blood pressure, which remains uncontrolled.

Poor Blood
Pressure Control

Interplay Between SDoH and Health

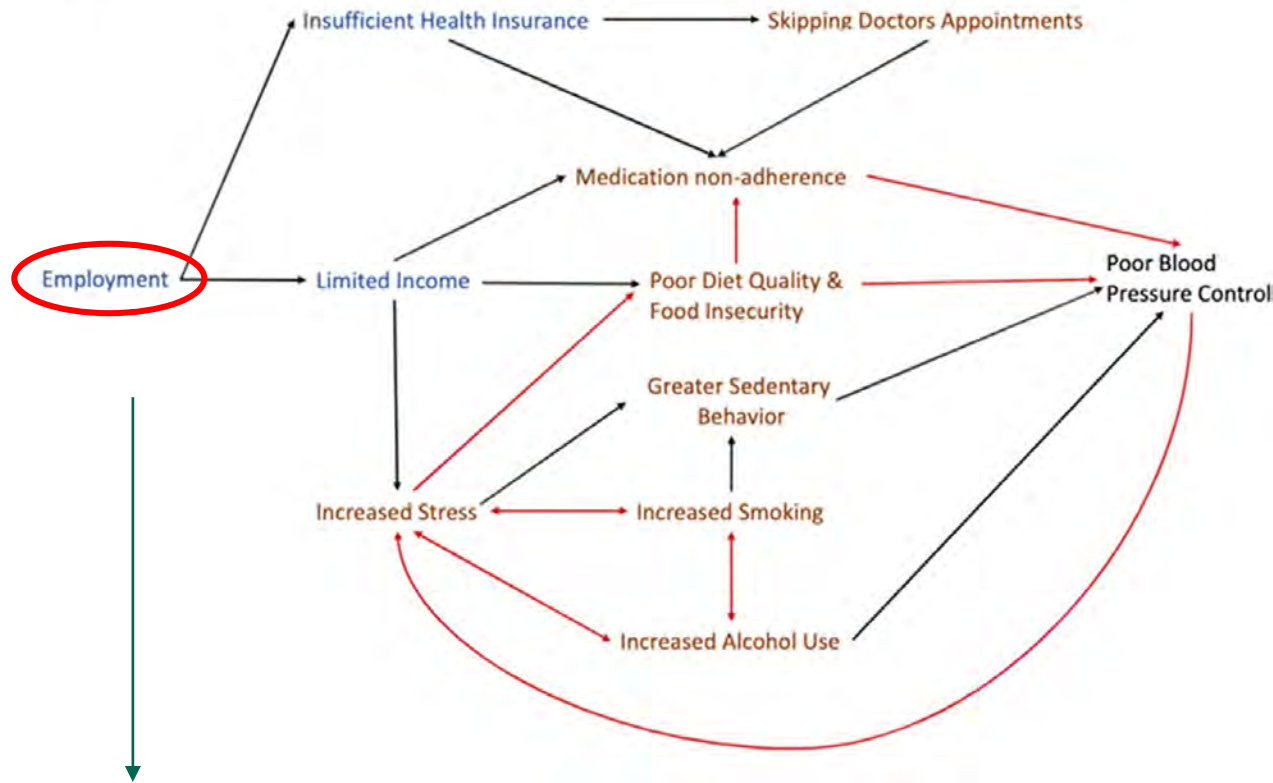
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A LOW INCOME

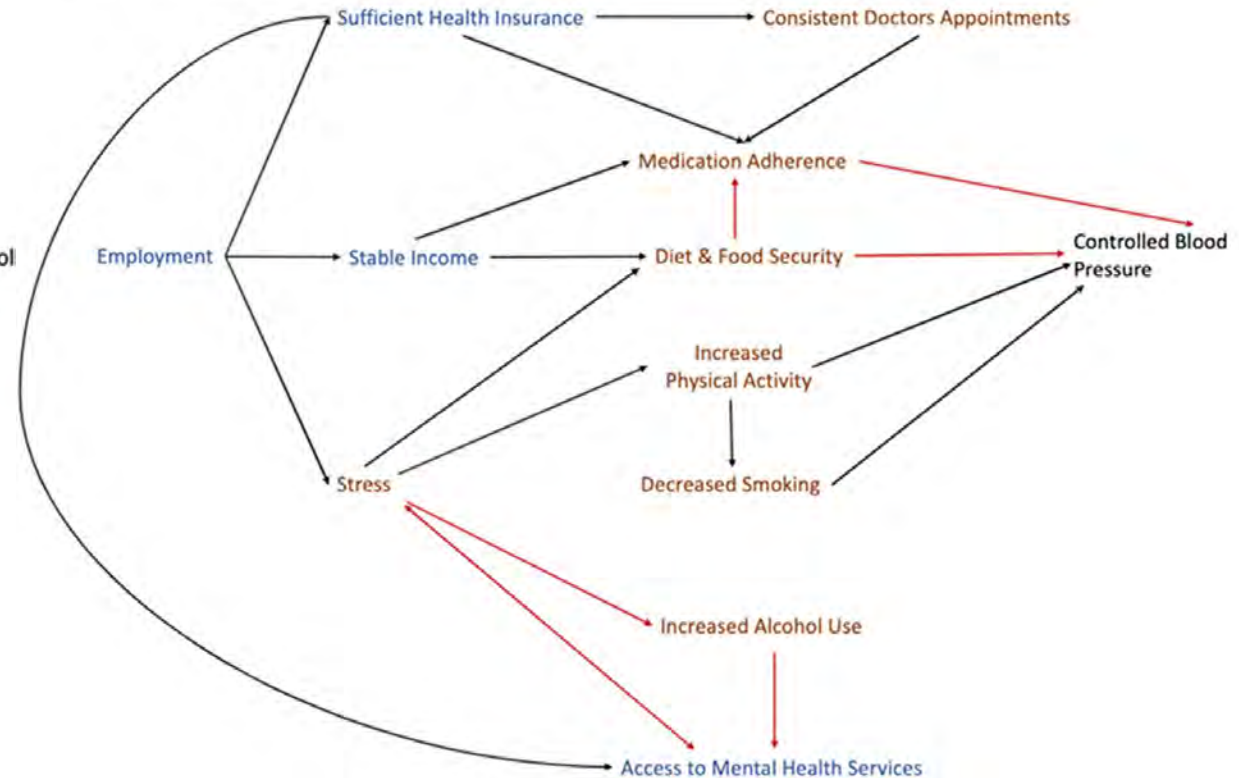


And We Know This Story Could Look Different for Someone With Stable Income!

A LOW INCOME



B HIGH INCOME



Could go even further up stream! What is this persons zip code, what is the community infrastructure that supports growth and ease of mobility, what are the types of employment opportunities that are accessible to people in these zip codes etc.

Tools for Getting to the Root Cause

Adult Screener

For an upcoming appointment with SHOSHANA J HORT, MD on 4/19/2023

We recognize that many things beyond medical care affect your health and wellbeing. We have care team members with special knowledge of assistance programs and community resources.

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Not hard at all Not very hard Somewhat hard Hard Very hard Decline

Within the past 12 months, you worried that your food would run out before you got the money to buy more.

Never true Sometimes true Often true Decline

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true Sometimes true Often true Decline

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

Yes No Decline

In the last 12 months, how many places have you lived?

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

Yes No Decline

How often do you feel isolated from others?

Hardly ever Some of the time Often

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

Yes No Decline

In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?

Yes No Decline

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Never Rarely Sometimes Often Always Decline

Assessing for SDoH; Only One Piece of the Puzzle

Adult Screener

For an upcoming appointment with **Your PCP** on 4/19/2023

Your responses to the last group of items indicate that you may have needs that we can help with. We have care team members with special knowledge of assistance programs and community resources. Help is free and confidential. What kind of help would you like? (Select one)

I do not need help I already have help I would like information about help I would like help

Continue Back Finish later Cancel



Identifying SDoH in Practice; More than a Question

Step 1: Build trust!

- Meet the patient where they are at...
- Active, empathic listening
- Cultural Competence
- Respectful, non-judgmental approach
- Transparent, honest communication
- Clear and simple language
- Follow-up and Follow-through

Step 2: Peel back the layers!

- Ask open ended questions
- Help patient identify their priorities
- Determine what motivates the patient/client
- Partner with the patient to develop patient centered goals related to the SDoH
- Use priorities and motivations to assist patient in working toward and meeting those goals

CHW Role in Supporting Patients/Clients to Meet Their Goal

Community Health Workers can work with patients/clients to:

- Locate and access available resources based on the specific needs, preferences, and situation of the patient
- Make referrals to community supports
- Facilitate access to tangible and supportive services
- Monitor patient progress toward meeting goals and provide extra support, as appropriate
- Work with patients to build capacity, skills, and confidence to manage their needs
- Act as an advocate on behalf of patients and families in obtaining needed services and resources for which they are eligible

Effects of COVID on Social Drivers

- COVID Pandemic brought light to and exacerbated many existing inequities and social needs
- During the pandemic, there was increased funding to support essential needs and protect people at increased risk
 - **Eviction moratorium:** Ended June 2021
 - **Medicaid:** Unwind process began March 2023
 - **SNAP Benefits:** Returning to pre-pandemic allocations March 2023
 - **Access to COVID vaccines/treatments**

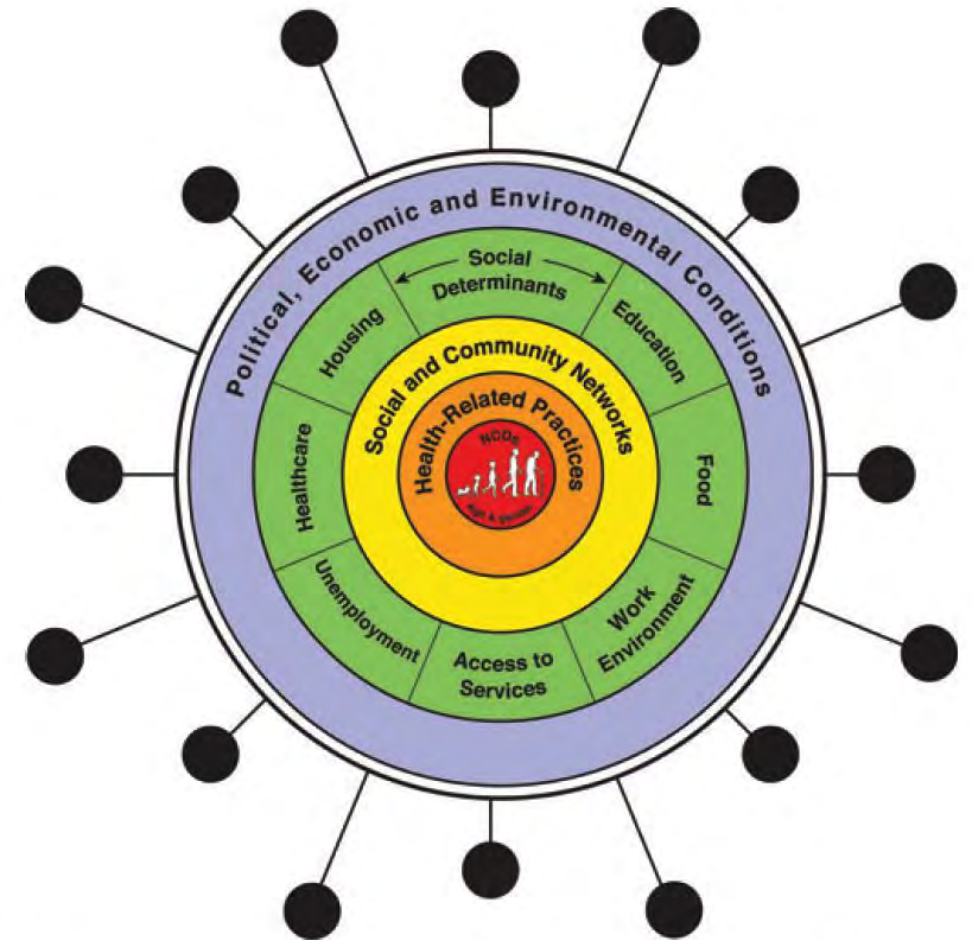


Figure 1 The syndemic of COVID-19, non-communicable diseases (NCDs) and the social determinants of health (adapted from Singer²³ and Dahlgren and Whitehead²⁵).



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Thank you.