

DATA SPEAKS



Part III: Social Determinants of Health

Speakers:

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Course Overview

- Social Determinants of Health SDOH have a direct impact on the health outcomes of those we serve daily. The Center for Medicare and Medicaid Services as such has a renewed focus on SDOH including methods to increase the overall health equity and health literacy for beneficiaries. This course will integrate all three focused areas and provide caregivers practical applicants to implement in their daily practice

Learning Objectives

- Attendees will demonstrate the ability to:
 1. Define Social Determinants of Health, Health Literacy and Health Equity
 2. Explain methods for improving patient care with a focus on specific SDOHs
 3. State techniques which can be used to improve the overall health literacy of those we serve

Tale from a Hospital Bed

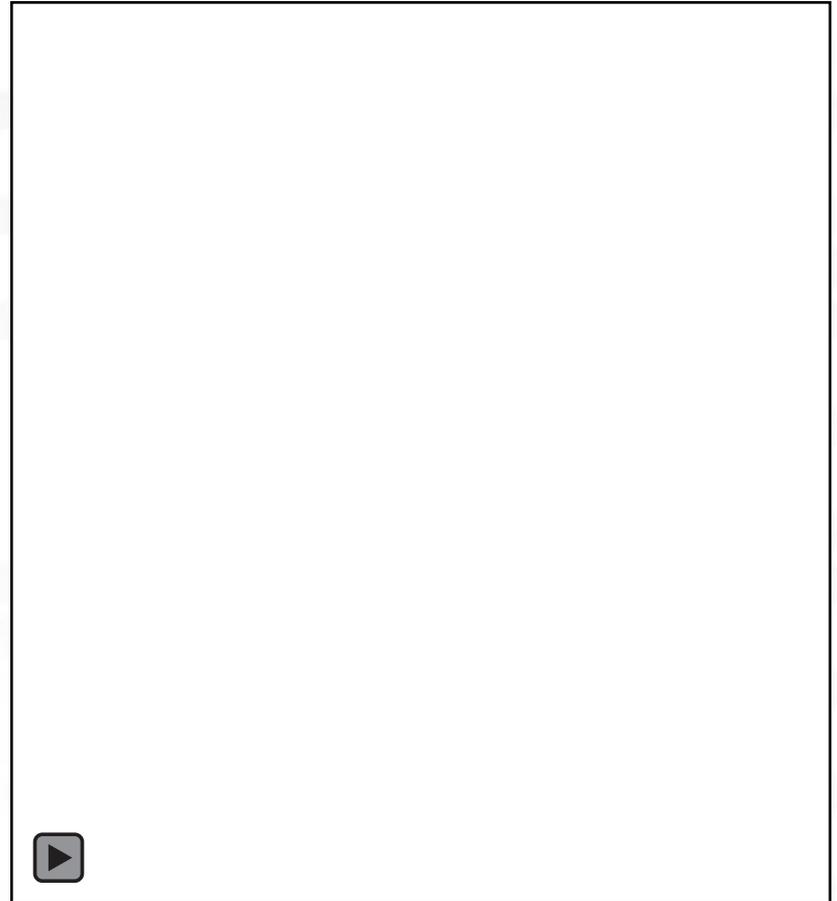
I was recently sent home from the nursing home. They took great care of me. When I was discharged, I was told to make my follow up appointments and told to take some new medications TID, I am not sure what that means. I was given a new inhaler, but the instructions were so small on the package that I couldn't see what it said. I think they told me to take it once or twice a day. I'm on Coumadin and warfarin, I was taking Coumadin at home but then they gave me warfarin at the nursing home. The paper had both names, so I took both.

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Defining Social Determinants of Health

The non-medical factors that influence health outcomes. They are conditions in which people are born, grow, live, and age, and the wider set of forces shaping the conditions of daily life

Source: The World Health Organization



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Local Heroes

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Social Determinants of Health

Social Determinants of Health



Social Determinants of Health
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Healthy People 2030

Five domains

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Healthy People 2030

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Examples of Social Determinants of Health

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life.

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Why address SDOH?

- The United States spends more on health care than almost any other country
- The United States underperforms on key health indicators including life expectancy, reducing chronic heart disease, and maternal and infant mortality rates
- According to the CMS Office of the Actuary, national health spending is projected to grow rapidly and reach \$6.2 trillion by 2028

SNF QRP Standardized Patient Assessment Data Elements (SPADEs) SDOH

Social Determinants of Health

CMS has identified data elements for cross-setting standardization of assessment for seven social determinants of health (SDOH). The data elements are as follows:

1. Race
2. Ethnicity
3. Preferred Language
4. Interpreter Services
5. Health Literacy
6. Transportation
7. Social Isolation

Final Specifications for SNF QRP Quality
Measures and Standardized Patient
Assessment Data Elements, July 2019

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DRAFT MDS Health Literacy Question

B1300. Health Literacy

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

Enter Code

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 8. **Resident unable to respond**

B1300 Example

- Ms. Frier is being interviewed for the MDS. She is in her room with family present. When asked about health literacy (B1300) she is asked “how often do you need to have someone help you read instructions, pamphlets, or other written materials from your doctor or pharmacist?” she responds never! Although she gave permission to be interviewed with family present, she doesn’t want her family to know she is struggling with written instructions but since her latest illness she doesn’t feel as “sharp” as she once was.
- The response on the MDS may not fully uncover Ms. Frier’s health literacy issues. The following week she is discharged and cannot read the instructions for a new medication which indicates she must take the medication on an empty stomach.

Draft Item Ethnicity

Ethnicity

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, Another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Resident unable to respond



Draft Item Race

Race

A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond

Draft Item Language and Need for an Interpreter

A1110. Language	
Enter Code <input type="text"/>	A. What is your preferred language? <input type="text"/>
	B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine



Draft Item Transportation

A1250. Transportation	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
↓ Check all that apply	
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Resident unable to respond

Draft Item Social Isolation

D0700. Social Isolation

How often do you feel lonely or isolated from those around you?

Enter Code

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 8. **Resident unable to respond**

Health Literacy Defined

The U.S. Department of Health and Human Services (HHS) defines health literacy as **“the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions**

Health literacy challenges may impact older adults more than other age groups. On average, adults age 65 and older have lower health literacy than adults under the age of 65. Low health literacy among older adults is associated with increased reports of poor physical functioning, pain, limitations of daily activities, poor mental health status

Prevalence of Limited Health Literacy

<i>POPULATION SUBGROUP</i>	<i>PREVALENCE</i>
Race/ethnicity	
White	28%
Asian/Pacific Islander	31%
American Indian/Alaska Native	48%
African-American	58%
Hispanic	66%
Age (years)	
19–24	31%
25–39	28%
40–49	32%
50–64	34%
65+	59%

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Methods to Improve Literacy

Improvements in health practice that address low health literacy are needed to reduce disparities in health status.

As limited health literacy is common and may be difficult to recognize, “experts recommend that practices assume all patients and caregivers may have difficulty comprehending health information and should communicate in ways that anyone can understand.”

Examples include:

Simplifying communication; confirming comprehension for all patients to minimize risk of miscommunication; making the health care system easier to navigate; and supporting patient’s efforts to improve their health.

Health Equity

- **Health equity** means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

Closing the Health Equity Gap - RFI

Consistent with Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, CMS is committed to addressing the significant and persistent inequities in health outcomes in the United States through improving data collection to better measure and analyze disparities across programs and policies. CMS is working to make healthcare quality more transparent to consumers and providers, enabling them to make better choices as well as promoting provider accountability around health equity.

We are seeking feedback in this RFI on ways to attain health equity for all patients through policy solutions. Our ongoing commitment to closing the health equity gap in SNFs has been demonstrated by the adoption of standardized patient assessment data elements (SPADEs) which include several social determinants of health (SDOH) that were finalized in the FY 2020 SNF PPS final rule for the SNF QRP (84 FR 38805 through 38817).

With this RFI, we are also seeking comment on the possibility of expanding measure development, and the collection of other SPADEs that address gaps in health equity in the SNF QRP.

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National Quality Strategy April 2022 Updates

1. Embed Quality into the Care Journey
2. Advance Health Equity
3. Foster Engagement
4. Promote Safety
5. Strengthen Resilience
6. Embrace the Digital Age
7. Incentivize Innovation & Technology
8. Increase Alignment

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National Quality Strategy and Health Equity

- **Advance Health Equity:** Address the disparities, structural racism, and injustices that underlie our health system, both within and across settings, to ensure equitable access and care for all.

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WHY IS ARISE INTO VEGETABLES?

It is one method of Holistic Therapy we provide to our Veterans~!

➤ Why?

- Discipline – Teaching the Mind, Spirit, Body connection,
- Connects to Mother Earth – Grounding
- Replaces Medicines – Cleansing the Body
- Provides - Food, Pride and Economic gain

Social enterprise driven solutions.



USDA/NIFA Grant

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Health Care Solutions

WHAT CAN ARISE BRING TO THE TABLE?

Social enterprise driven solutions~!

- Education and Training
- Addiction Remediation
- Veteran Integration
- Technology Integration



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EDUCATION COMBINED WITH HERITAGE

- Self Determination – Indigenous People
- Defend – Develop – Decolonize - Discipline
- Defend – Air, Land, Water rights and Community
- Develop inclusive economies that lead to the creation of jobs and develop healthy communities
- Decolonize: teach Indigenous values (languages, ceremonies and life ways)
- Discipline – Teaching the Mind, Spirit, Body connection

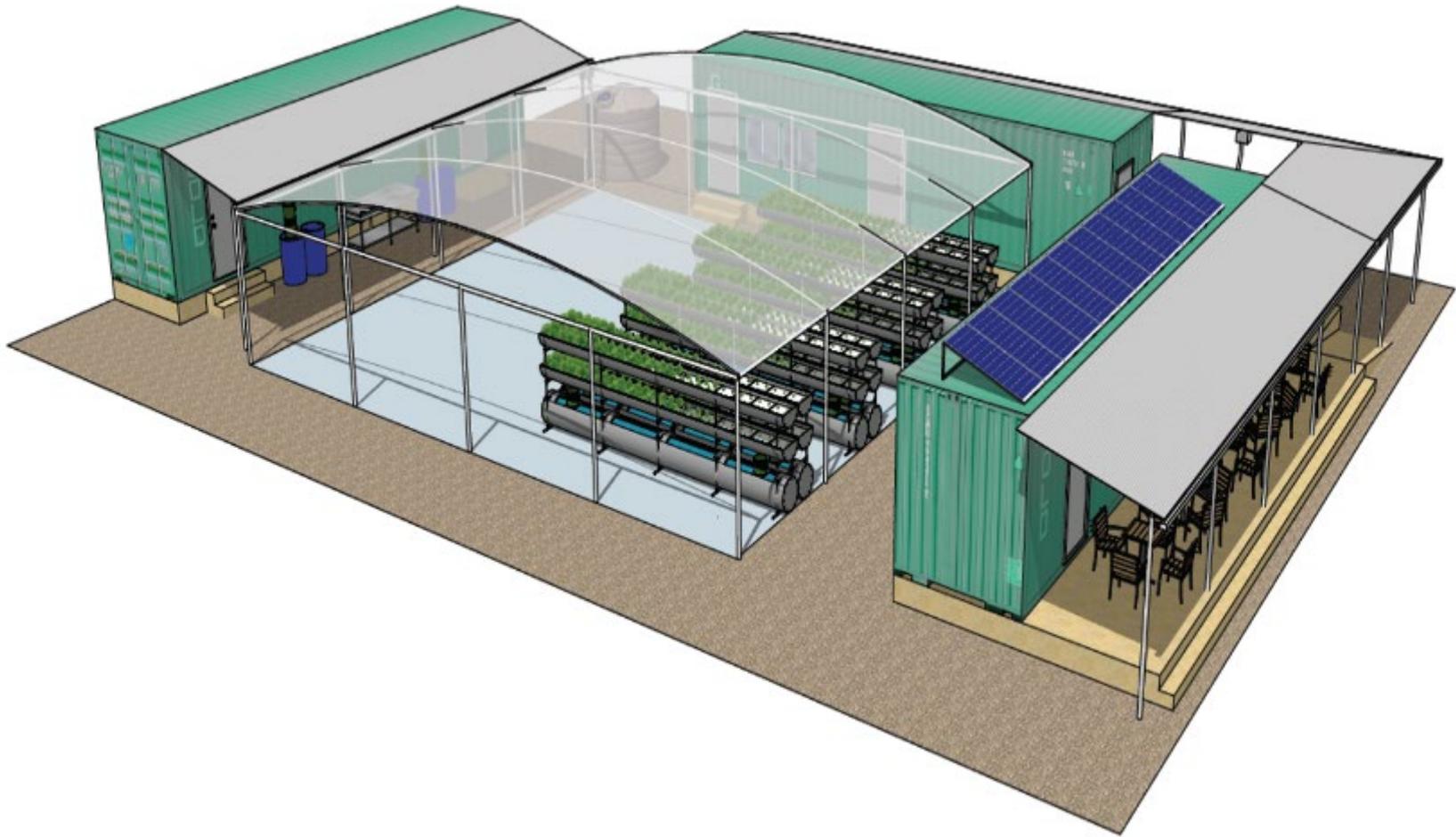
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BRR | **HEAD
TO
HEAD**

GREENHOUSE



EDUCATION COMBINED WITH HERITAGE



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HEALTH CARE ADVISORS

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TO HEAD
REFORM

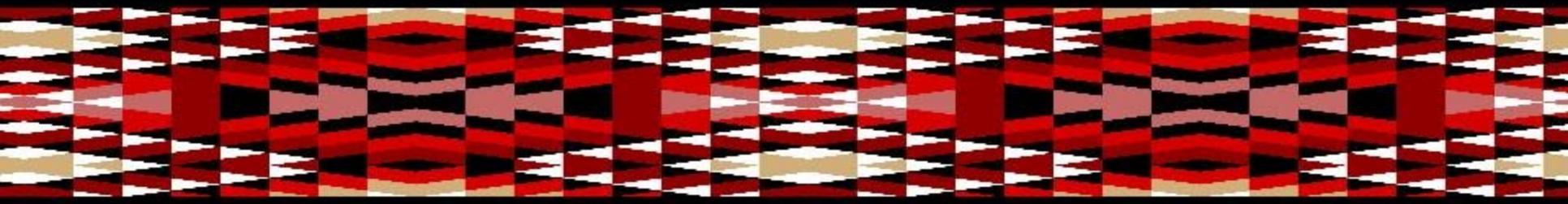


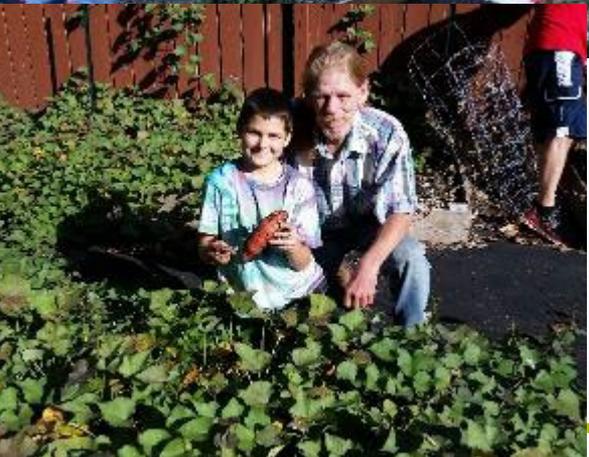
Climate-controlled smart farm



- Each 40 ft. container can grow the equivalent of 5 acres.
- The Greene Powerful LED arrays allow
 - the plants to grow strong without sunlight.
- Grow up to 8,800 plants at once.
- The lightweight and sturdy removable panels are shaped from food-safe polystyrene. All five channels are paired with a reticulated foam growing medium and an anti-drip wicking strip, giving the plants a growing structure and making sure moisture remains at the root.

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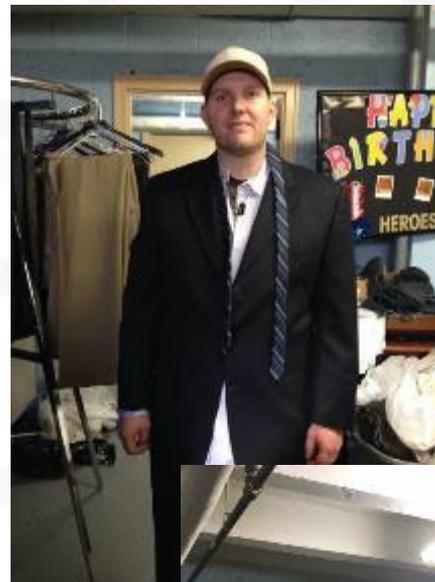
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RELIEF

Arbor Health Journey of removing Medicaid Stigma's through ART

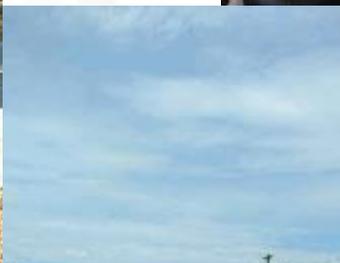


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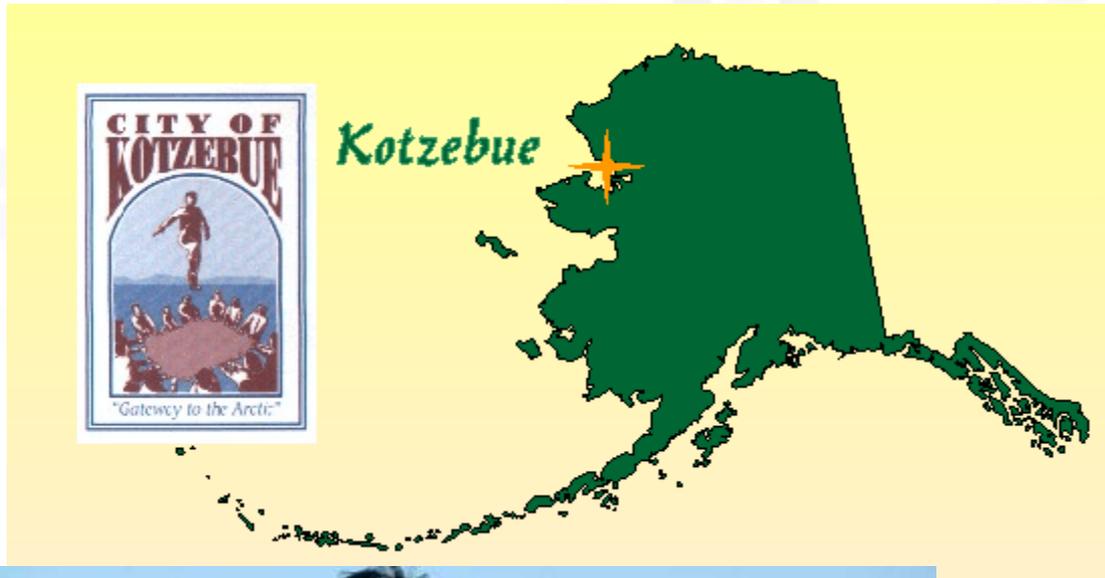
ENVIRONMENT PRESERVATION – ART THERAPY



Empowerment re-engaging community



Tribal Maniilaq association - Alaska



Tribal Efforts - communication



INUPIAQ WORDS, PHRASES, AND CONVERSATIONS

INUPIAQ WORDS/EXPRESSIONS

COASTAL DIALECT

ENGLISH PRONUNCIATION

1. Yes	li	E
2. No	Naaga	Naw/gah
3. Good morning	Uvlaaluataq	Uv/la/low/tuck
4. Thank you	Taikuu	Tay/coo
5. Good	Aarigaa	Ah/ree/gah
6. How are you?	Qanug itpich?	Con/noog/it/pitch?

http://www.providermagazine.com/archives/2013_Archives/Pages/1213/Caring-For-Elders-At-The-Top-Of-The-World.aspx

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Cultural Housing Tribal focused



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Environment Energy – living with nature



From the tundra to the table



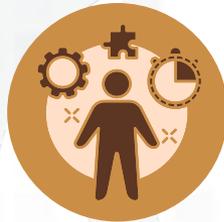
VICTIM & CLINICAL SERVICES



Outreach



Crisis Intervention



Case Management



Clinical Services



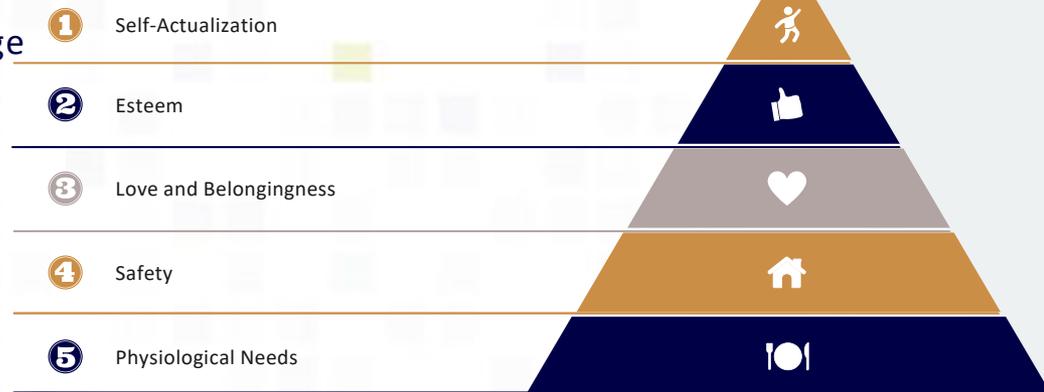
Victim Advocacy

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Housing Initiative

- #1 need victims expressed
- Until the safe housing and food security needs are met for victims of human trafficking, they are unable to consider their other needs.
- Most shelters do not have the knowledge and expertise to provide the level of trauma-informed care RESTORATION61 does.

PROVIDE EMERGENCY HOUSING FOR 6-10 VICTIMS OF HUMAN TRAFFICKING



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Safe housing & Holistic Restorative Programming

SAFE HOUSING

- Emergency/Assessment Housing
- Long-Term Residential
- Transitional Living



HOLISTIC RESTORATIVE PROGRAMMING

- Therapy
- Group Counseling
- Substance Abuse Support/Counseling
- Medical & Dental care through referrals
- Life Skills
- Social Skills
- Employment Skills/Training
- Education Opportunities
- Spiritual Support
- Community Integration

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QUESTIONS?

BRR | BROAD
RIVER
REHAB
"A Knowledgeable and Compassionate partner"

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RIVER
REHAB

Continuing Education Detail

- NAB Hours- Attestation must be completed and will be provided to confirmed attendees after today's session
- ANCC- Verification code will be provided at end of today's session

Resources

- World Health Organization, Social Determinants of Health: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADEs): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Final-Specifications-for-SNF-QRP-Quality-Measures-and-SPADEs.pdf>

Resources

- National Quality Strategy derived from: [What is CMS National Quality Strategy | CMS](#)
- Arise Veterans Foundation, derived from: <https://arise-veteranfoundation.org/waar-grant/>
- Unite Natives, derived from: www.UniteNatives.org