Revisiting Social Needs in ISP and other Health Equity Approaches

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Overview

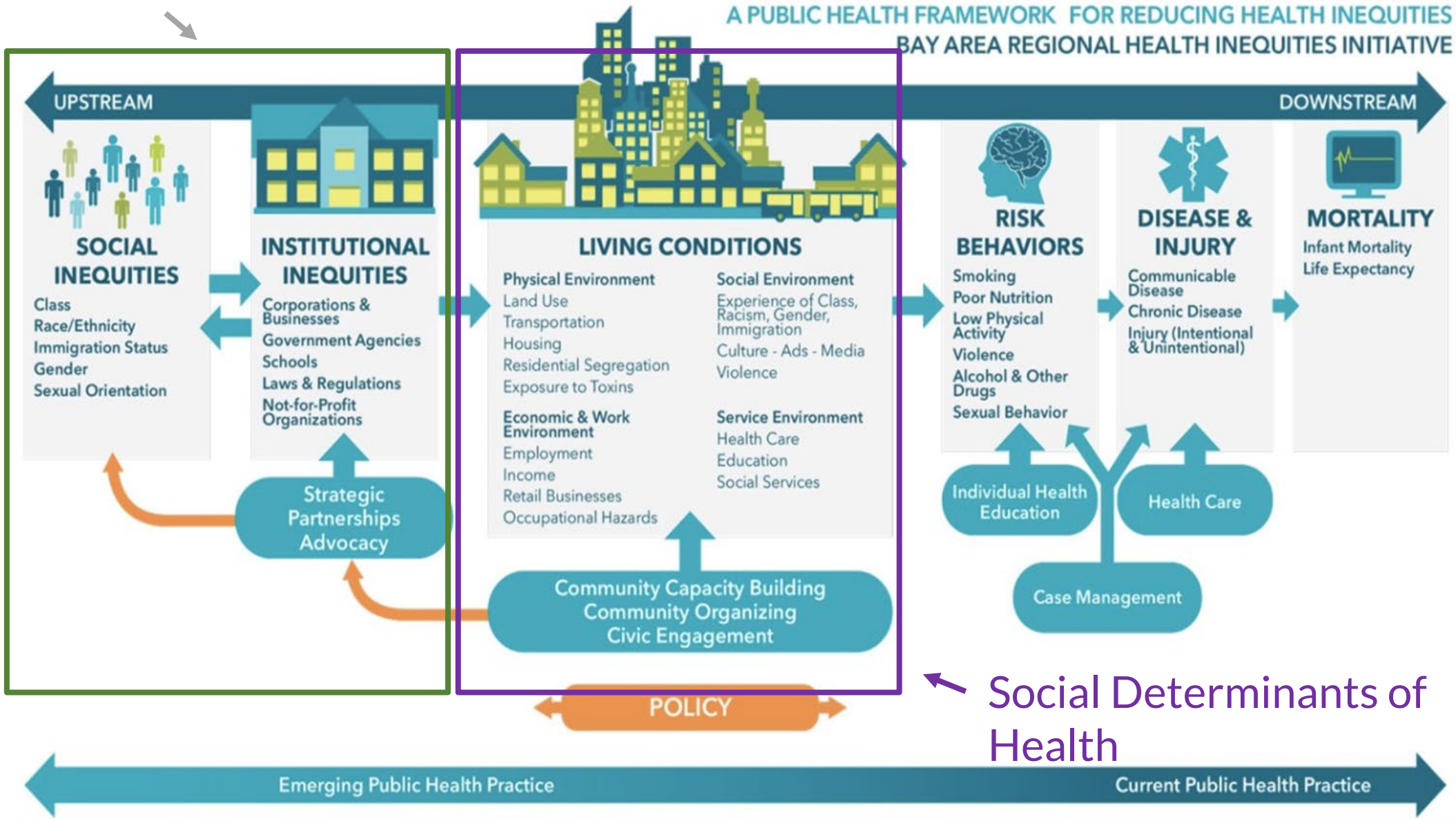
- Quick review of the social needs milestone in ISP
- Approaches to overcoming barriers with practices
- What else can be done to work towards health equity?

Shared Language

Social Needs/ Social Barriers to Health	Social Determinants of Health	Structural Determinants of Health
•An individual's lack of a resource that is needed to support a healthy lifestyle	•The conditions in which people are born, grow, work, live, and age	•The policies, regulations, values, and social hierarchies that lead to unequal access to favorable social determinants of health.

Image credit: NHS Scotland

Structural Determinants of Health



ISP Building Block: Addressing Social Needs of Patients

Goal: Practice routinely assesses patients for social needs and links them to appropriate community resources.

“Practice routinely assesses patients for social needs and links them to appropriate community resources.”

Phase 1	Phase 2	Phase 3
Assess patients’ social needs and focus on ≥1		
Assess community resources		

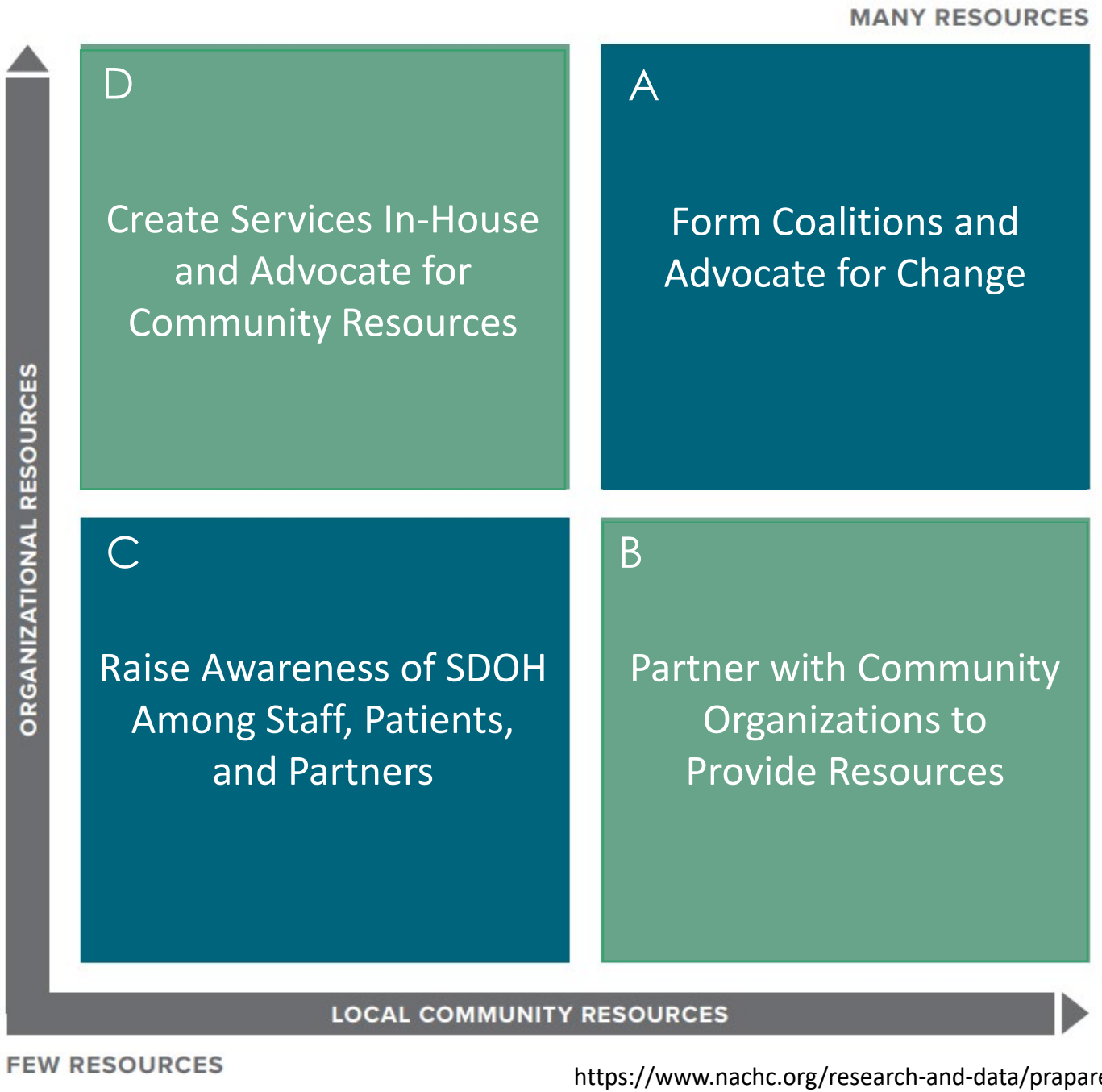
“Practice routinely assesses patients for social needs and links them to appropriate community resources.”

Phase 1	Phase 2	Phase 3
	Develop screening and referral process	
	Develop community partnerships	
	Identify needs that are hard to address	

Practice routinely assesses patients for social needs and links them to appropriate community resources.

Phase 1	Phase 2	Phase 3
		Screen for ≥1 additional need
		Streamline communication with partners
		Advocate for expanded resources

Strategies for Responding to Patient Social Needs



https://www.nachc.org/research-and-data/prapare/toolkit/

Barriers to Social Needs Screening

Tips from the PRAPARE Implementation Toolkit

https://www.nachc.org/research-and-data/prapare/toolkit

COMMON QUESTION

How do we fit screening into our workflow without increasing visit time?

MESSAGING SOLUTION

Use time when the patient is waiting anyway

Incorporate screening into other paperwork

COMMON QUESTION

What If We Do Not Have the Resources or Services to Address the Social Determinant Needs Identified? What Do We Do?

MESSAGING SOLUTION

You have to start somewhere!

Social needs information will help you provide more effective medical care.

This information will help you find partners and opportunities for advocacy

COMMON QUESTION

How Do We Add Another New Initiative to Our Already Full Schedules and Responsibilities?

MESSAGING SOLUTION

Frame SN screening as an extension of other work, not as a BIG, NEW initiative

Move the conversation to SN screening organically

Find opportunities to tack SN screening onto existing processes

Practice Challenge #4: Waning Enthusiasm

CELEBRATE SUCCESSES

Plan a lunch, party, or other reward to recognize the achievement of goals (even small ones!)

ENCOURAGE FRIENDLY COMPETITION

Practice competitions or offering rewards for meeting goals can spark enthusiasm

VISUALIZE THE DATA

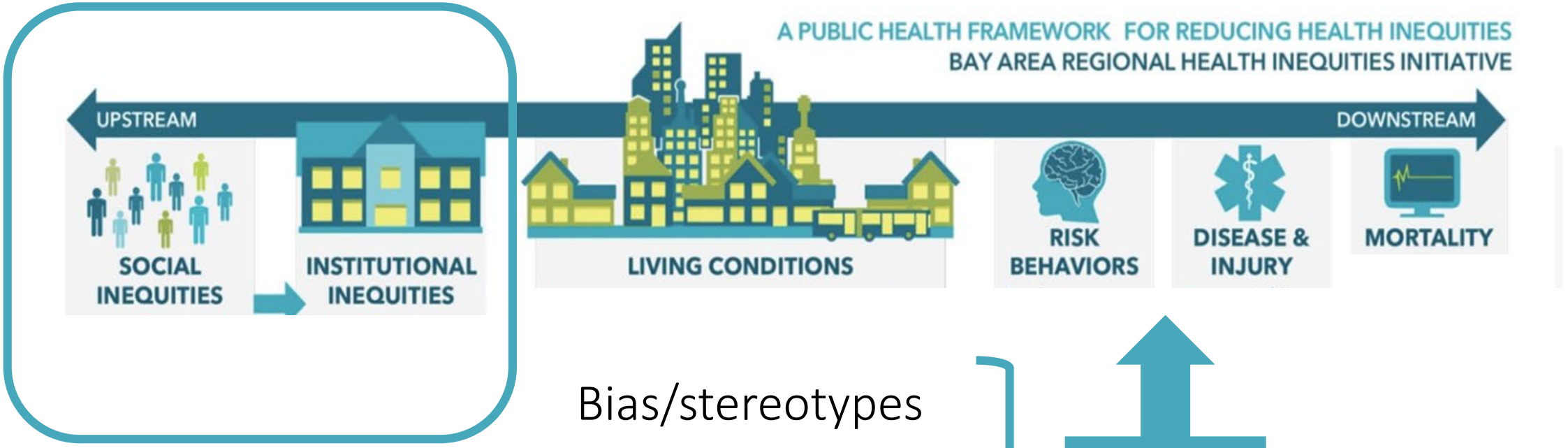
Dashboards, graphs, or infographics about screening results help engage staff, partners, and patients

APPLY LESSONS LEARNED

Making changes to the process based on experience and data keeps the work feeling relevant and fresh

Other Approaches for Health Equity

What Causes Health Inequities?



Mostly this

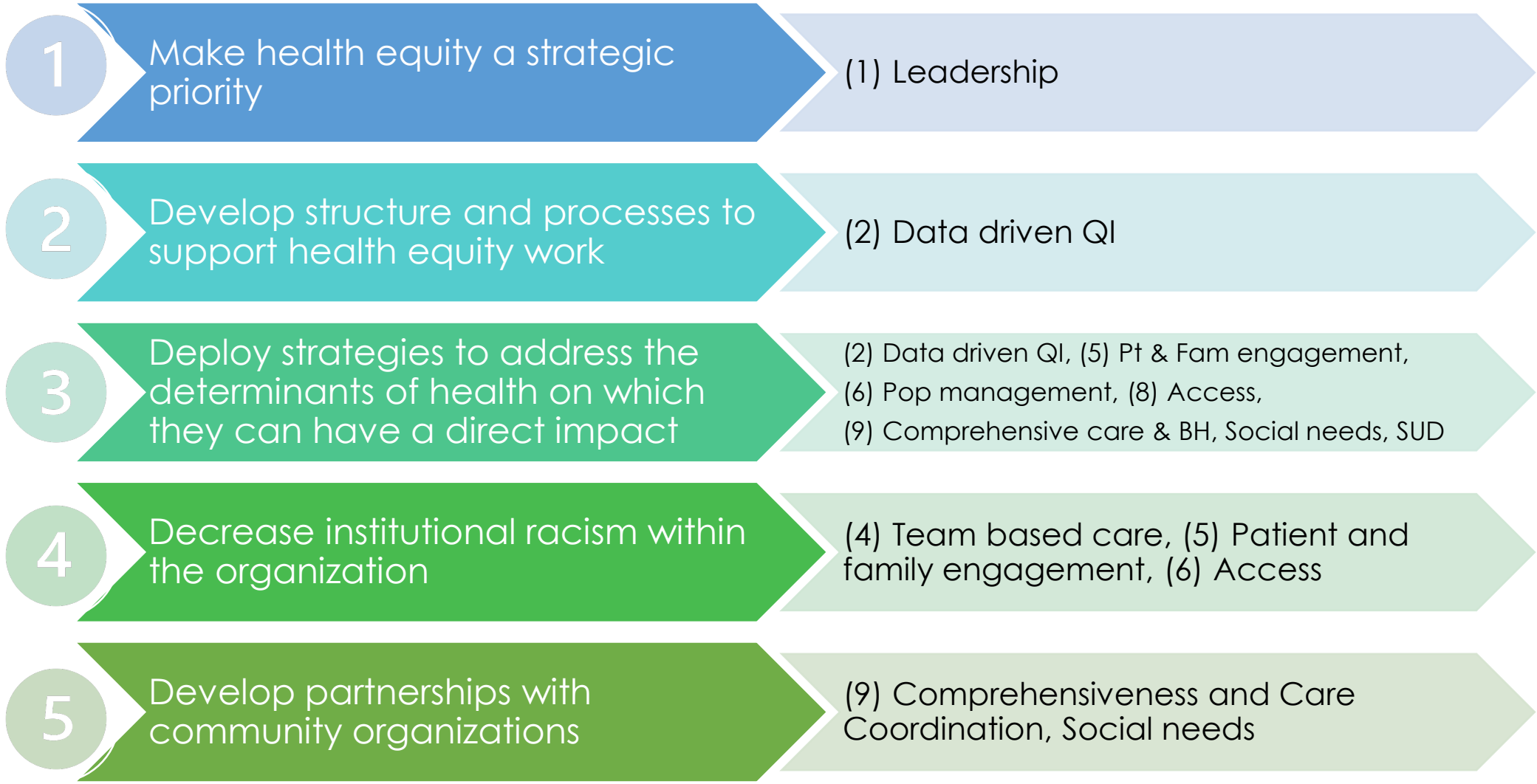
Bias/stereotypes
Barriers to access
Communication/language barriers
Providers' false medical beliefs

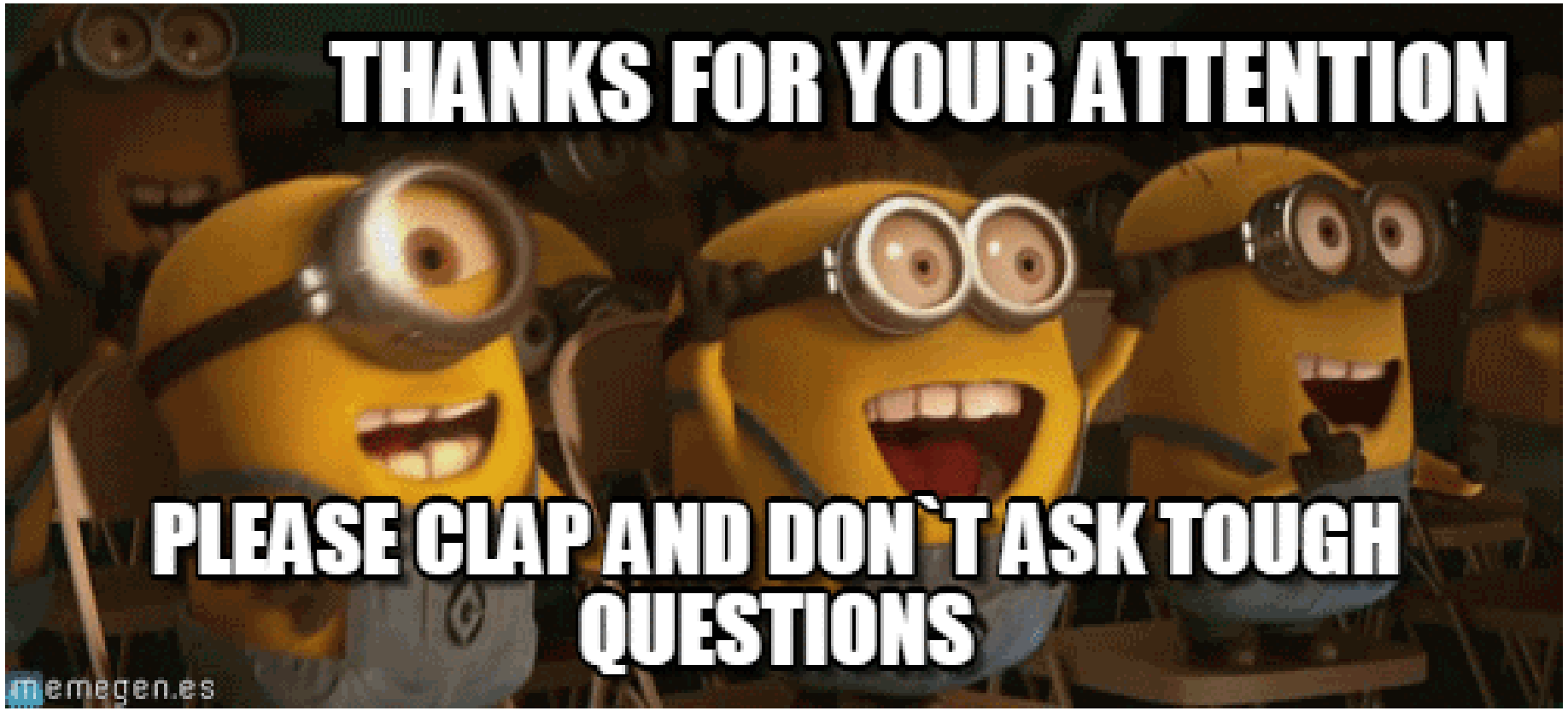
HEALTHCARE

But also this

Institute of Healthcare Improvement Framework for Healthcare Organizations to Achieve Health Equity

Applying the Health Equity Framework to ISP Building Blocks





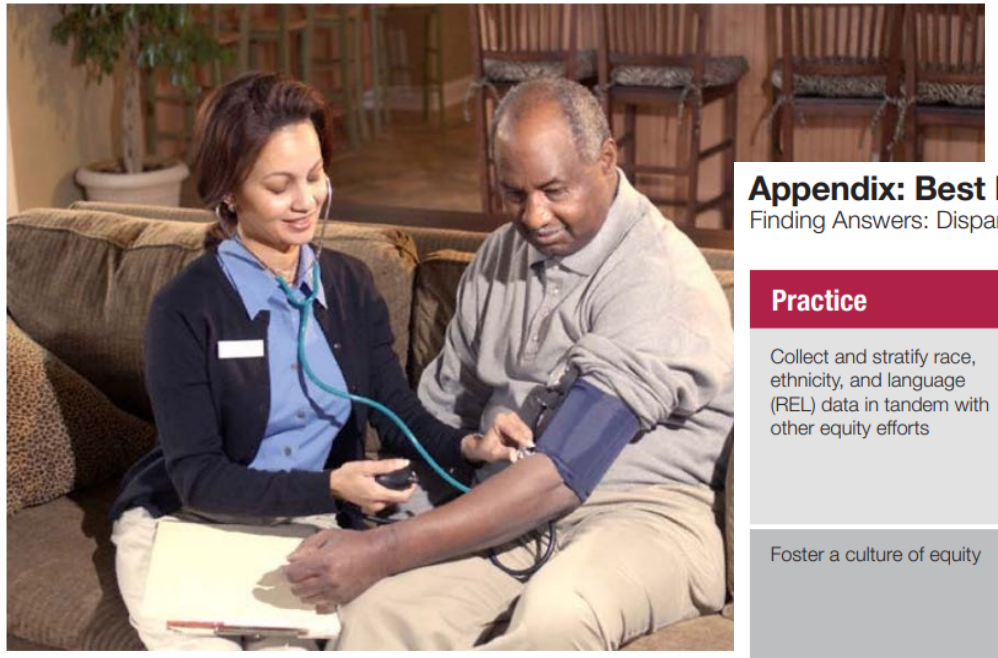
Just kidding…ask away!

Additional Health Equity Resources

http://www.ihi.org/Topics/Health-Equity/Pages/default.aspx

Additional Health Equity Resources

A Roadmap to Reduce Racial and Ethnic Disparities in Health Care



Appendix: Best Practices to Reduce Disparities

Finding Answers: Disparities Research for Change

Finding Answers: Disparities Research for Change

Robert Wood Johnson Foundation

Practice	Rationale	Possible Strategies	Outcome
Collect and stratify race, ethnicity, and language (REL) data in tandem with other equity efforts	REL data is an important part of reducing disparities, but it is not necessary to put all equity efforts on hold until REL data is available.	Use qualitative methods (e.g., surveys, interviews) to identify disparities if quantitative data isn't available. Continue to foster a culture of equity across the organization while REL data collection is in progress.	Disparities efforts are not stalled. The organization is primed to address disparities once REL-stratified data is available.
Foster a culture of equity	Success is more likely if staff recognize that disparities exist within the organization and view inequality as an injustice that must be redressed.	Share feedback with providers and incentivize disparities reduction. Include equitable health care as a goal in mission statements. Build a work force that reflects the diversity of the patient population. Institute a Community Advisory Board and develop ties with community-based organizations.	Staff, patients, and community members share a definition of equitable care and value equity in health care delivery.

https://www.solvingdisparities.org/promote-equity/roadmap-reduce-disparities

Additional Health Equity Resources