



Special Session 3: Social Determinants of Health: Impact on Cancer Care-How do hospitals/clinics utilize SDoH data?

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### Overview

• Define Social Determinants of Health and describe its relationship to health outcomes.

 Describe clinical strategies to address Social Determinants of Health.



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# AACR

American Association for Cancer Research

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### AACR CANCER DISPARITIES PROGRESS REPORT 2020

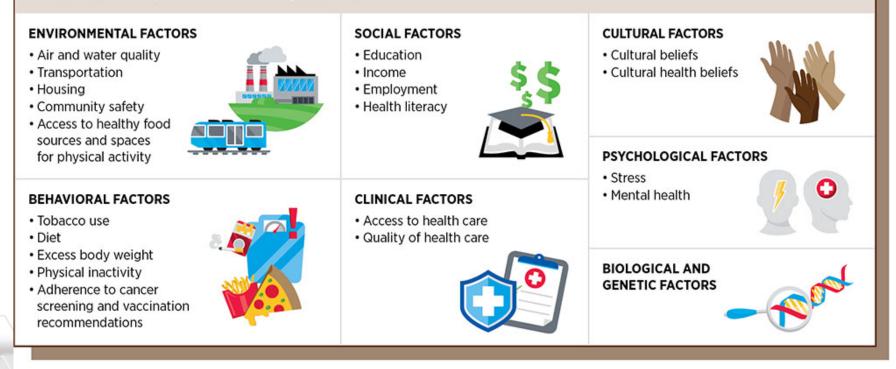
Achieving the Bold Vision of Health Equity for Racial and Ethnic Minorities and Other Underserved Populations

AACR.org CancerDisparitiesProgressReport.org #CancerDisparitiesReport AACER American Association for Cancer Research



### Why Do U.S. Cancer Health Disparities Exist?

Complex and interrelated factors contribute to cancer health disparities in the United States. The factors include, but are not limited to, differences or inequalities in:



Adapted from American Association for Cancer Research (AACR) Cancer Disparities Progress Report 2020

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### National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*					
		Individual	Interpersonal	Community	Societal		
	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure		
ence	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws		
mains of Influer	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure		
Domains of Influence (Over the Lifecourse)	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination		
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies		
Health Outcomes		A Individual Health	Family/ Organizational Health	合 Community 合合 Health	Health		



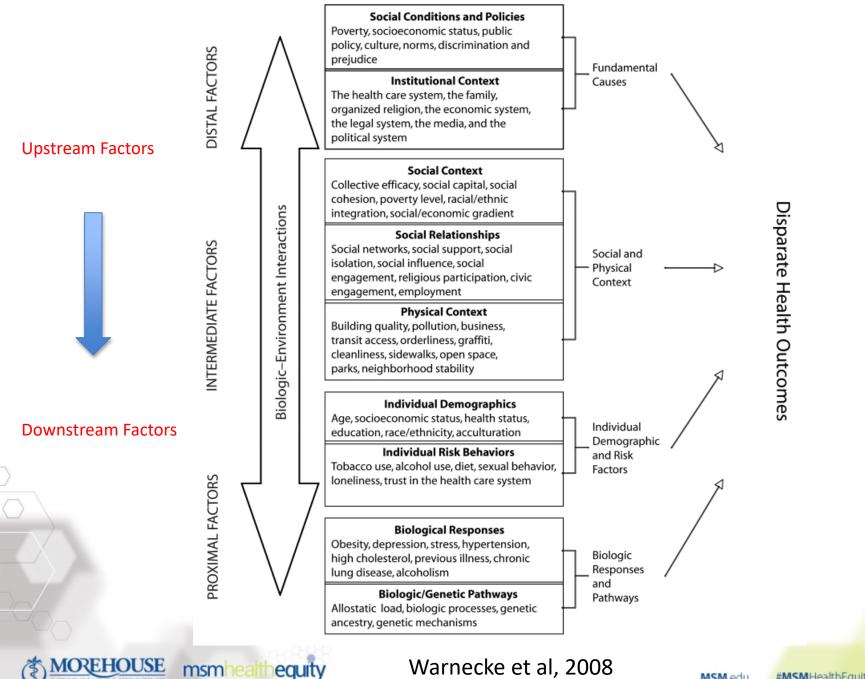
### Social Determinants of Health Education Access and Quality Health Care Access and Quality



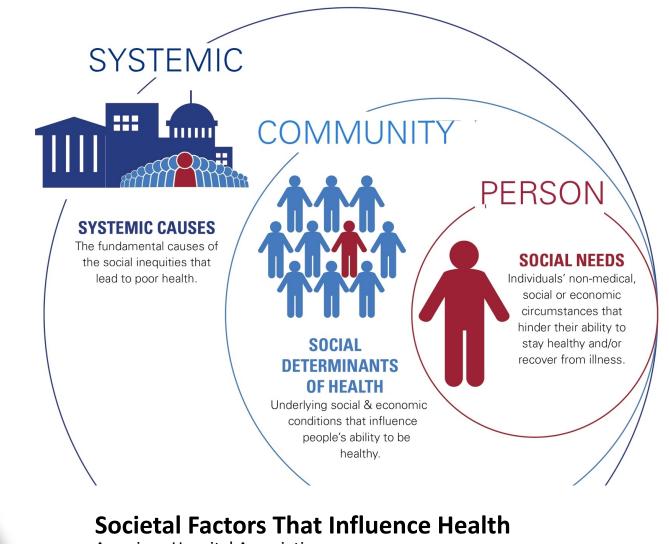
### **Social Determinants of Health**

Social determinants of health (SDOH) are the 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.





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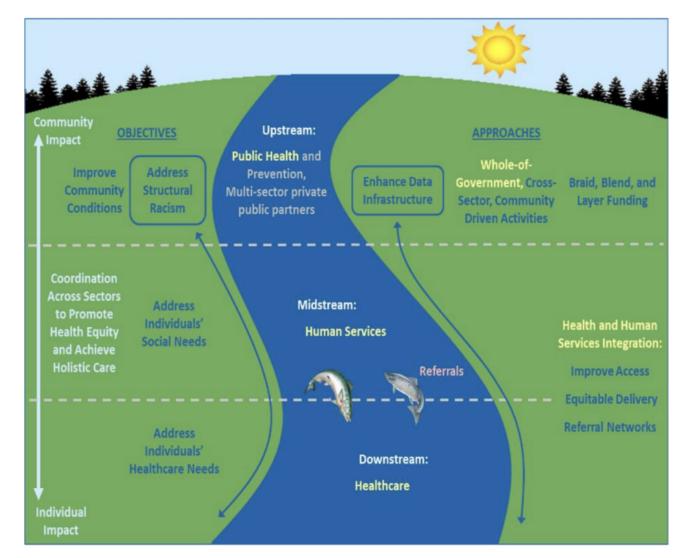


Figure 2. The Social Determinants of Health (SDOH) Ecosystem

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Source: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

 "Estimated 20% of health outcomes can be attributed to clinical care, while Social Determinants of Health account for as much as 50% of the county-level variation in health outcomes."

HHS's Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity – At a Glance





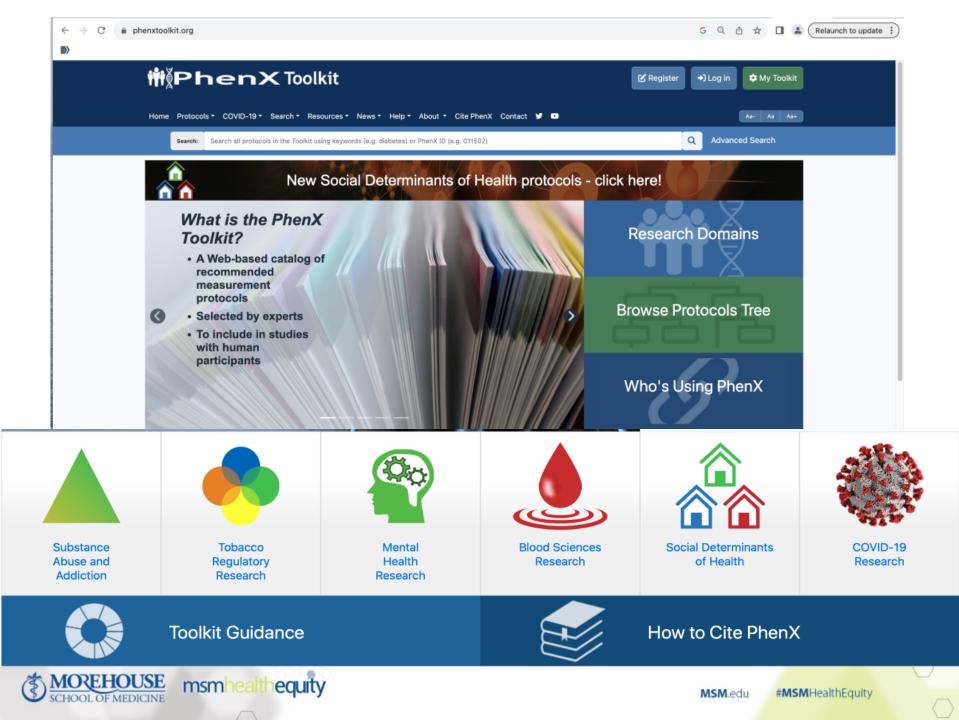
# Social Determinants of Health: Data Collection

social norms work settings neighborhoods literacy. early childhood development access to healthcare job training public safety social support access to nature Social Determinants of Health food security built environment socioeconomic status housing design transportation food security economic stability physical barriers education food availability safe housing

- NIH NIMHD PhenX Social Determinants of Heath Assessments Collection
- National Cancer Policy Forum, National Academy of Medicine, and other sectors of federal government continue to convene stakeholders to develop a consensus on standard language and definitions for social determinants of health and health outcomes.

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#### Social Determinants of Health Collections

#### Social Determinants of Health Project

#### Social Determinants of Health Collection

#### Social Determinants of Health Research 🚕

Release Date: 5/11/20

View Supplemental Information ? View Scope

View Social Determinants of Health WG Roster

#### **Core Collection**

+ Add to My Toolkit Social Determinants of Health: Core

#### **Specialty Collections**

+ Add to My Toolkit Individual Social Determinants of Health

+ Add to My Toolkit Structural Social Determinants of Health



### Advancing Healthcare Equity: Collaborative Strategies to Address Social Determinants of Health at Grady

Acknowledgements: Roland Matthews, MD Pooja Mishra, MBA, MHA, FACHE, LSSGB



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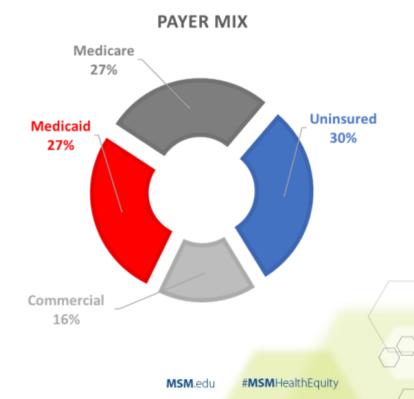
<b>25%</b> OF GEORGIA PHYSICIANS RECEIVED OF THEIR TRAINING AT	35,000 ADMISSIONS			
GRADY EMS RESPONDED TO MORE THAN <b>140,000</b> 911 CALLS		<b>7,000+</b> EMPLOYEES		
<b>1,500+</b> NEW CANCER CASES YEARLY	ED VIS	5 <b>1,000+</b> SITS ANNUALLY 400+/DAY)		
<b>1,000+</b> PHYSICIANS AND RESIDENTS THROUGH EMORY AND MOREHOUSE PARTNERSHIPS				
PARTNERSHIPS				

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HOOL OF MEDICINE





### GEORGIA CANCER



Grady's Cancer Center exists to reduce the number of lives lost to cancer through prevention and screening, treatment, research and education. The center provides services in a patient-focused manner.



## **Understand Community Needs**

### Social Determinants of Health Ranked #2 on list of Grady priorities World Health Organization definition:

"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, including economic policies and systems, development agendas, social norms, social policies, and political systems."

Health Related Social Needs	Primary Care Center
1. Food Insecurity	25%
2. Experienced Homelessness in last 12 mo.	17% *
3. Lack of Transportation	18%
4. Hard to Pay for the Very Basics	17%

\* Surveyed housing insecurity not homelessness

Source: 3 internal studies of SDOH needs among Grady patients,

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## Strategy 1: Seek Local and National Community Partners

- Grant Awards:
  - Merck Foundation
    - Funded support services expansion
      - Nurse Navigators, Dietician, Exercise Physiologist
  - Morehouse School of Medicine Cancer Health Equity Institute
    - Funded NIH Navigation Programs-Cancer Care Connect and Clinical Trials and Cancer Genomic Education Program
  - Komen Atlanta

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 Funded screening services expansion to reach underserved breast population

### **Our Partners**





ALLIANCE TO ADVANCE PATIENT-CENTERED CANCER CARE Supported by













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## Strategy 2: Leverage tech

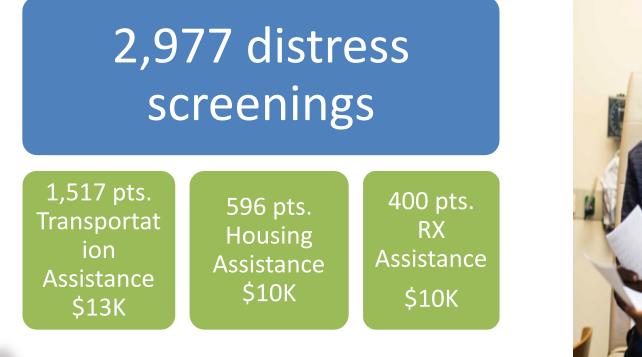
Examples:

- Integrated <u>NCCN distress tool</u> into EHR
  - Same day referral to medical social work team
- Implemented Epic Social Determinants of Health Screen
  - Interventions for transportation, financial assistance, insurance, RX assistance, food insecurity etc.
- Standardized clinic note in EHR
- Predictive analytics to stratify risk
  - Zip code data for targeted digital campaign/outreach

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### 2021 Stats



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## Social Determinant of Health (SDOH) Screening

- Launching SDOH screening as part of social history
  - Tools available in EPIC
  - Rolling Implementation through 2023
- Domains
  - Alcohol Use
  - Tobacco Use
  - Financial Resource Strain
  - Food Insecurity
  - Transportation Needs
  - Living Arrangements
  - Intimate Partner Violence
    - OBGYN Departments Only
  - Post-Partum Depression
    - OBGYN Departments Only

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Currently	Recommended	Community

- Odyssey Family Counseling
- 1919 John Wesley Ave, COLLEGE PARK GA 3033 Phone: Not available
- Resource for: Stress
- Find community resources

Previously Recommended Community Resources

No previous recommendations



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## Strategy 3: Leverage people

- Nurse and Community NavigatorsDietician
- Exercise Coach
- Social Workers
- Screening Navigators
- Patient Family Advisory Council
- Research Coordinators
- Consultants & Partners

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- <u>Planetree</u>
- Georgia State University Center for Adult Literacy
- Unconscious Bias Training

## **RN Navigators**

### 2021 Stats:

- Improved breast treatment adherence by 14%
  - Increased number of encounters by 33%
- Increased adherence resulted in higher volumes

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 Associated with positive operating margins

https://meetinglibrary.asco.org/rec ord/192879/abstract



## Dietician – On Site



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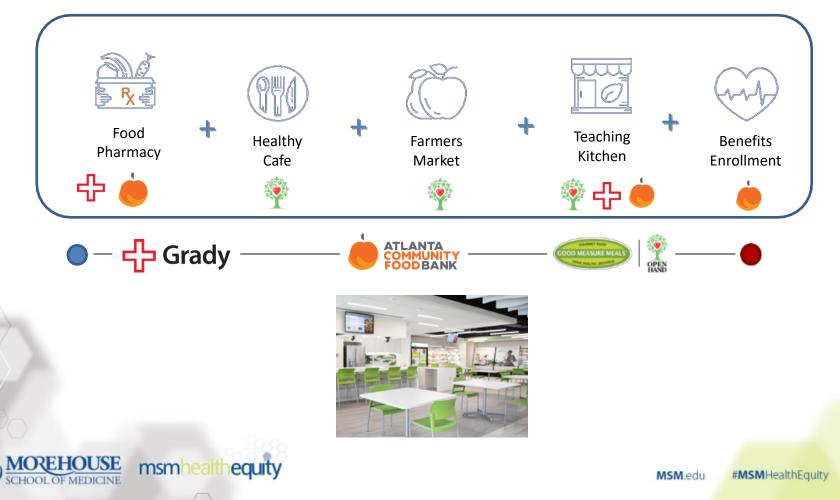
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- Manages side effects, weight change, and food insecurity
- Provides nutrition education
- Connects patients to community food resources

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# Partner to address social needs of individual patients

Spearheaded by Grady, Food as Medicine is a collaborative program involving key partners to address both food insecurity and chronic disease among Grady's patients, with benefits that extend to children, families, visitors and staff.



## Patient Family Advisory Council

• Partners

 What's important?

• Our why

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### **GSU Health Literacy Project**

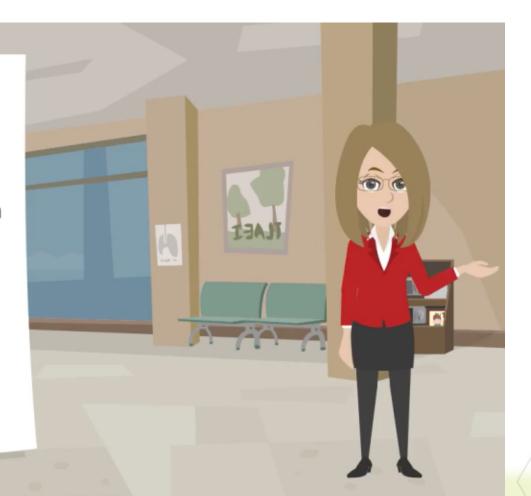


Divide the information into smaller parts

### Check

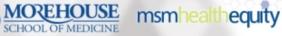
Confirm patient understanding

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### THANK YOU! QUESTIONS?



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