



AAMC-CDC Cooperative Agreement Webinar Series

Beyond the Bedside: Social Determinants of Health Curriculum and Assessment in the Health Professions

Live Webinar: May 15, 2017

Frequently Asked Questions

This document is a list of unanswered questions from the webinar to assist medical faculty and curriculum deans with teaching and assessing learning for the social determinants of health (SDH).

Presenters

Melissa Klein, MD, MEd

Associate Professor of Pediatrics
Director, Primary Care and Community Pediatrics Pathway of the Pediatric Residency
Director, General Pediatrics Master Educator Fellowship
Cincinnati Children's Hospital Medical Center

F. Joseph Real, MD

Attending Physician, Division of General and Community Pediatrics
Cincinnati Children's Hospital Medical Center

Pamela Slaven-Lee, DNP, FNP-C

Clinical Assistant Professor
Assistant Dean, MSN Program
The George Washington University School of Nursing

Sandra Davis, PhD, DPM, ACNP-BC

Director, Adult-Gerontology Primary Care Nurse Practitioner
Assistant Professor
The George Washington University School of Nursing

Susan Swider, PhD, APHN-BC, FAAN (Moderator)

Professor, Department of Community, Systems and Mental Health Nursing
Rush University

Cincinnati Children's Hospital Medical Center

- 1. To what extent do you address primary prevention of poverty and concepts of social justice? Is there any portion of the curriculum focused on program development to promote social change?**

Our residency program has a separate elective on poverty and social justice. Due to the tight curriculum, we touch on some issues but do not duplicate. All residents complete our introduction to the social determinants and those who are interested have the opportunity to pursue deeper learning through the elective or research.

- 2. Does your curriculum focus primarily on patients/communities who may experience SDH associated with lower socioeconomic status (SES), and/or are learners encouraged to appreciate SDH in all or any patients/communities, regardless of income or education level?**

Because many of our families in clinic come from lower SES, curricula on the SDH at our institution is often focused on risks related to poverty as this is most relevant to our learners. However, we do stress to our learners that screening for SDH is important in every community as the SDH are prevalent and may impact many middle class, suburban families. The American Academy of Pediatrics now formally recommends universal screening.

In our community, at least one suburban practice has started screening for food insecurity due to resident participation in our advocacy curriculum. The resident published her encounter that led to the change in their screening practice and then a manuscript on food insecurity in the suburbs. Her preceptor, a physician in a private practice with mainly insured patients, was a co-author on both publications.

- Jennifer A. O'Malley, MD, PhD, Christopher B. Peltier, MD and Melissa D. Klein, MD. Obese and Hungry in the Suburbs: The Hidden Faces of Food Insecurity. *Academic Pediatrics*, 2012; 12 (3):163–165.
- Jennifer A. O'Malley MD, PhD, Andrew F. Beck, MD, MPH, Christopher B. Peltier MD, Melissa D. Klein MD, MEd. Revealing hidden hunger: Screening for and addressing food insecurity in the primary care pediatric office. *Contemporary Pediatrics*, publish date Jan. 31, 2013.

- 3. How do you ensure this valuable information is shared/passed on with referrals?**

For referrals to our medical-legal partnership (MLP), legal advocates are available to meet with families in the clinic the day of the referral on most days. Therefore, an in-person hand-off often occurs between the provider and the legal advocate. In cases in which an advocate is not present, a release form is signed so that advocates may discuss the pertinent information with the provider. In addition, as part of a quality improvement process, all referrals from the physician side are compared to intakes from the legal side to ensure patients were not missed in the referral process.

- 4. Are undergraduate medical students integrated in the learning?**

A number of undergraduate students have participated in the advocacy curriculum targeted for residents, including the neighborhood tour. Undergraduate students that are present in clinic during the geomedicine teaching sessions are encouraged to participate.

- 5. Please comment on community-centered health homes and how they may contribute to this work.**
Much of our work, outside of what was presented, is in accordance with a community-centered health home. In addition to the partnerships with the Legal Aid Society and the food bank, we have partnerships with job training and housing agencies. We prioritize families' risks according to Maslow with input from the families, social workers, community liaisons, and others in clinic. We then partner with the community agency that is an expert in these needs in the community. We have reorganized our waiting room to be more family friendly and bring in the community resources.
- Adrienne W. Henize, JD; Andrew F. Beck, MD, MPH; Melissa D. Klein, MD, MEd; Monica Adams, MSW, LISW-S; and Robert S. Kahn, MD, MPH. A Roadmap to Address the Social Determinants of Health through Community Collaboration. *Pediatrics*, 2015; 136(4): e993-1001. doi: 10.1542/peds.2015-0549. PMID: 26391941
- 6. Was IRB approval needed prior to arranging student visits with a family?**
We did obtain IRB approval for all curricula prior to implementation. In addition, the residents provide consent prior to participation.
- 7. How do you see telehealth developing in community health/public health work?**
There is tremendous potential for use of technology in primary care and public health. A recent survey at our institution suggested that most of our families had access to smart phones (see reference below). We plan to consider how smart phones and telehealth might be used to improve education that we provide families as well as promote accessibility. We are currently piloting telehealth in nurse triage trying to determine which patients can be safely diagnosed from home. This would allow them to remain at home which is a more convenient option for many families.
- DeMartini et al. Urban Pediatric Primary Care Clinics Access to Digital Technology Among Families Coming to Urban Pediatric Primary Care Clinics. *Pediatrics*. 2013 Jul; 132(1):142-8.
- 8. Were those infants receiving formula from the Keeping Infants Nourished and Developing (KIND) program already active with the Women, Infants, and Children (WIC) program?**
We encourage families to enroll in WIC if eligible. We do not require WIC enrollment as part of the KIND family as we want to feed the hungry baby, however enrollment is one of the teaching points, as well as review of Supplemental Nutrition Assistance Program (SNAP) benefits. Unfortunately, WIC runs out, so most families who receive WIC will run short and some will not have the finances to buy the additional formula to make it through the month.
- 9. For the KIND program, is it at the doctor's discretion to intervene or is there a standard approach?**
We have standardized food insecurity screening of all children presenting to clinic. We utilize the two question screen that was adapted from the USDA screener. Any patient that is identified on that screen is eligible for KIND. In addition, if the provider or staff member (e.g. nurse, medical assistant, dietician, social worker) is concerned about food insecurity (e.g. child needs concentrated formula so WIC supply will run out sooner), KIND formula can be provided.
- 10. Can you share a success story from your medical-legal partnership?**
A mom had a child with complex medical needs and was not able to get Medicaid since the baby was born in a different state. Mom could not afford to buy a copy of the birth certificate. Due to the lack of coverage, the child had missed several subspecialty appointments and had rescheduled surgery.

The child was seen in the primary care center for a well child visit and referred to the MLP. Within the week, the child had Medicaid and Mom was advised she could schedule the surgeries and get any needed medication. The MLP advocate was doing ongoing work to get the child's retroactive coverage.

A family with multiple children had not received food assistance (SNAP) for two months and did not know why. The MLP worked with the mom and benefits agency to arrange a call to verify household members and eligibility. The family received two months of retroactive SNAP (total ~\$1,000) and monthly benefits were then continued. The family food insecurity, when identified, improved and the mom was very relieved once the situation was remedied.

For a neighborhood-based intervention and outcomes, please refer to our manuscript published in *Pediatrics*.

- Andrew F. Beck, MD MPH, Melissa D. Klein, MD, Joshua K. Schaffzin, MD PhD, Virginia Tallent, JD, Marcheta Gillam, JD, and Robert S. Kahn, MD MPH. A Multidisciplinary Intervention to Identify and Respond to a Cluster of Poor Quality Housing Units. *Pediatrics*, 2012; 130(5):831-838

11. How will the KIND program be affected if the new AHCA is passed?

We do not know what will happen with health care reform during this administration. We are fortunate that the KIND program is funded through private donors and grants, so funding will not be affected. In fact, we are looking to expand the program due to concerns that more children will be in need.

The George Washington University School of Nursing

12. Do you ask the nurse practitioner students at GWU about the social determinants of health as a foundation?

Yes, we provide a foundation by teaching SDH in prior courses. In preparation for the Simulation Event, students read an article that Dr. Davis co-authored on SDH. We also have discussions and cases about SDH. The cases are standardized. The standardized patients are trained to perform the SDH encounter in a consistent manner. We created checklists for the students to screen for SDH.

13. How do you create value in the learning while maintaining safety of residents and students who come from diverse backgrounds similar to the target patient population?

We spend time talking about economic, environmental and social conditions and the broader influences (such as policies, politics, economic agendas, and developmental agendas) on health, wellness and disease.

14. Could you network within GWU to include an interprofessional team simulation?

Yes, our next step is to develop interprofessional team simulations.