THE ESSENTIAL ROLE OF THE NURSE IN IMPROVING HEALTH OUTCOMES:

A CORE DETERMINANTS OF HEALTH EDUCATION MODULE AND NURSING ASSESSMENT TOOL, "THE CORE 5"

Ohio **Action** Coalition
Driving the future of nursing and healthcare

OBJECTIVES

Upon completion of this course, you will be able to:

- Discuss Social Determinants of Health (SDH)

- Define key words and concepts related to the SDH

- Recognize the five core determinants of health (CDH) factors selected by The Centers for Medicare & Medicaid Services (CMS)

- Identify examples of the five core CDH factors

- Explain the role of the nurse when caring for patients who have unmet CDH needs
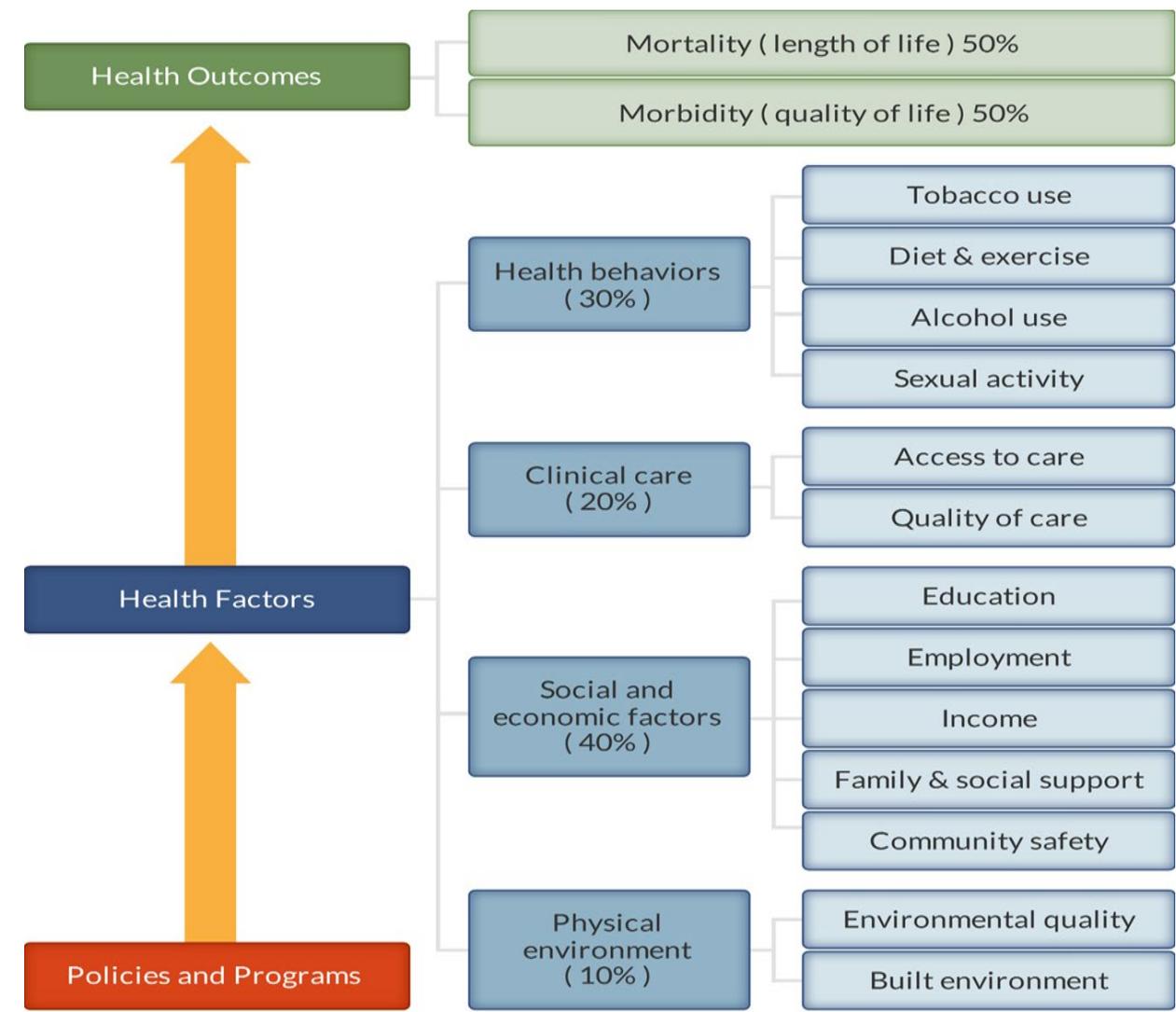
SOCIAL DETERMINANTS OF HEALTH (SDH)

Social Determinants of Health (SDH) influence and predict health outcomes of individuals and populations.

Social factors are greater predictors of health and well-being than clinical status.

  80% of overall health is driven by SDH

  20% of overall health is driven by clinical status

WHAT ARE SDH?

SDH are conditions and resources in the environments in which people are:

Born   Live   Learn   Work   Play   Worship

These six factors affect:

1. Overall Health and Well-Being
2. Quality-of-Life Outcomes
3. Health Risks

These three circumstances, which are influenced by policy, are shaped by the distribution of

money, power, and resources

at

national, state, and local levels

The distribution of SDH across populations determines length and quality of life.

KEY TERMS: SOCIAL DETERMINANTS OF HEALTH (SDH)

Resources
- Safe and affordable housing
- Access to education
- Public safety
- Availability of healthy foods
- Income
- Local emergency services
- Local health services
- Social relationships
- Transportation

Environments
- School
- Place of worship
- Workplace
- Neighborhood
- Green space
- Housing conditions
- Roads
- Climate
- Clean water and air
- Exposure to pollution

Public Policy
- Economic policies and systems
- Development agendas
- Social norms
- Social policies
- Political systems

QUESTION ONE: SOCIAL DETERMINANTS OF HEALTH (SDH)

Which of the following are examples of SDH?
(click arrow next to the correct answer)

▶ Exposure to Violence

▶ Wealth

▶ Discrimination

▶ Housing Condition

▶ All of the Above

QUESTION ONE: SOCIAL DETERMINANTS OF HEALTH (SDH)

CORRECT!

Exposure to violence, wealth, discrimination, housing conditions are all examples of SDH.

QUESTION TWO: SOCIAL DETERMINANTS OF HEALTH (SDH)

80% of overall health is driven by SDH?

(click arrow next to the correct answer)

▶ True

▶ False

QUESTION TWO: SOCIAL DETERMINANTS OF HEALTH (SDH)

CORRECT!

80% of overall health is driven by SDH.

Only 20% of overall health is driven by clinical status.

VIDEO: SOCIAL DETERMINANTS OF HEALTH (SDH)

This video depicting Betty and Leslie provides a description of how the impact of **SDH** on quality-of-life outcomes and health risks may vary and contribute to health inequities.

https://www.youtube.com/watch?v=B3RymMHz-sI&app=desktop

KEY TERMS: SOCIAL DETERMINANTS OF HEALTH (SDH)

Health equity

- When everyone in a community has the ability to achieve the highest level of health possible, regardless of who they are, how much money they have or where they live.

Health disparities

- Measureable differences in the incidence and prevalence of health conditions, health status and outcomes between groups
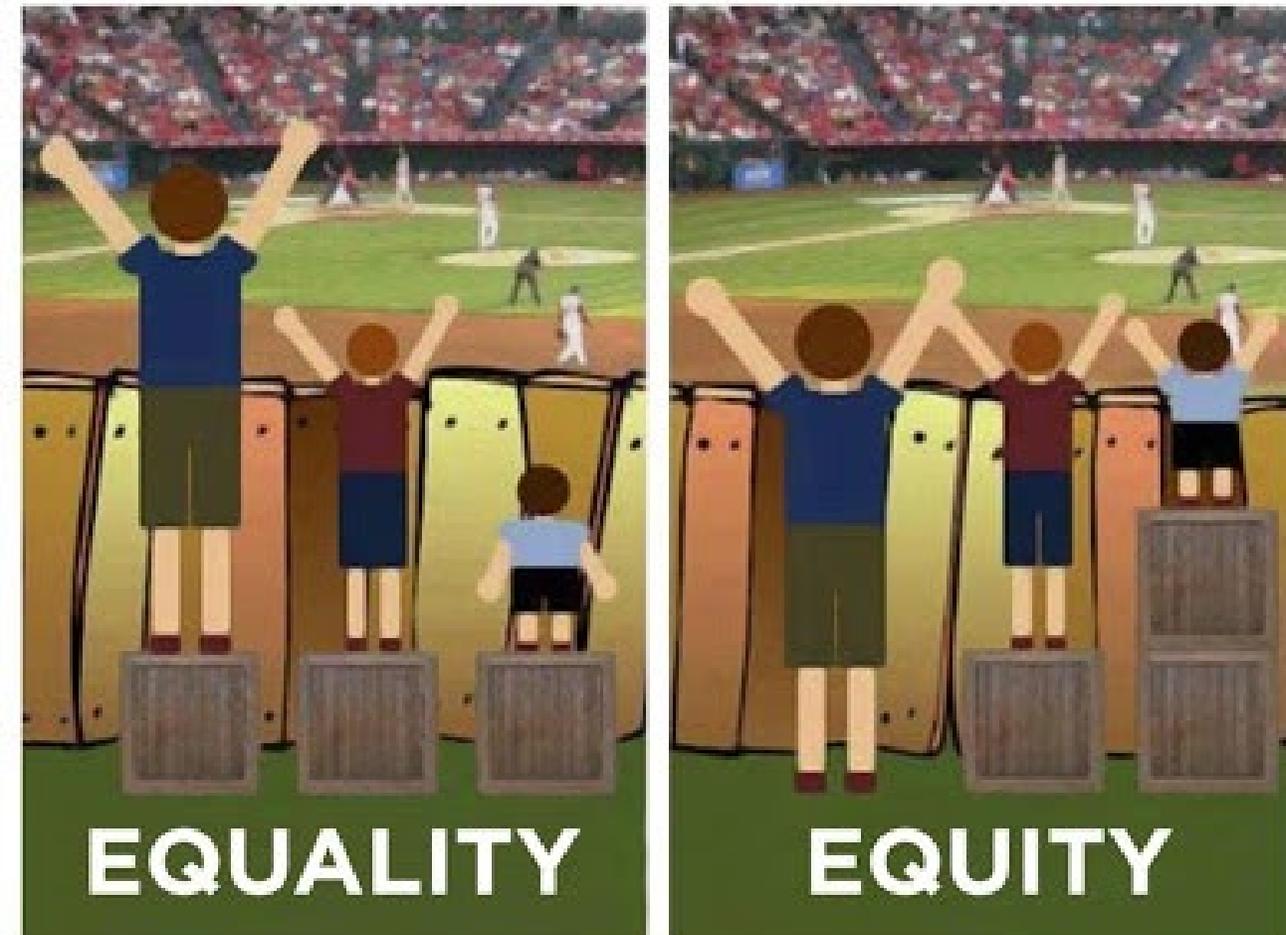
Health inequities

- Health disparities that are the result of the systematic and unjust distribution of life enhancing resources (social determinants).
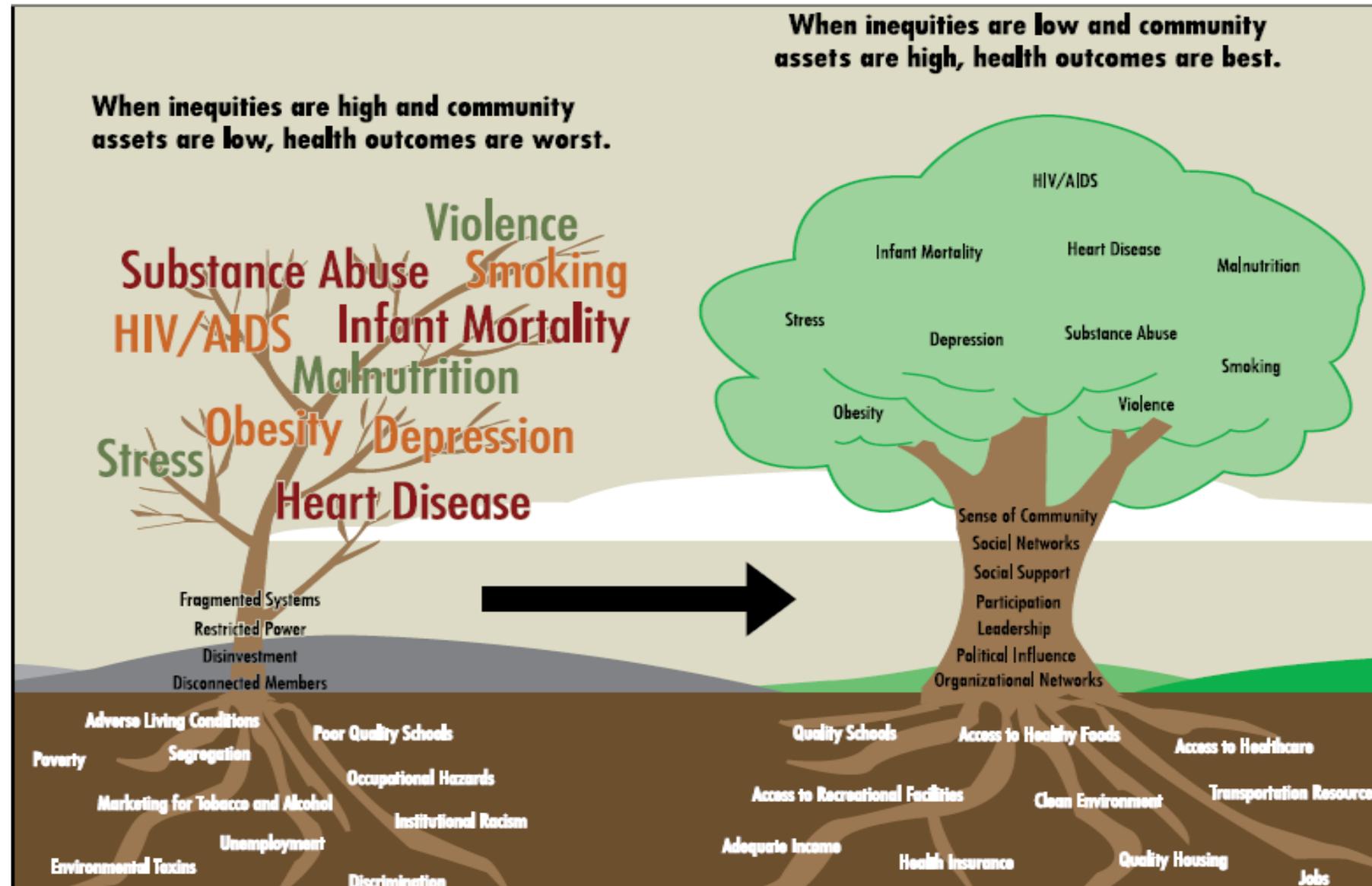
HEALTH EQUITY

EQUALITY

EQUITY

- Health equity is NOT giving everyone the same resources.

- Health equity is distributing resources based on individual and community need

- Gives all individuals the opportunity to achieve the highest level of health outcomes.

OUR ENVIRONMENTS CULTIVATE OUR COMMUNITIES & OUR COMMUNITIES NURTURE OUR HEALTH

QUESTION THREE: SOCIAL DETERMINANTS OF HEALTH (SDH)

Health outcomes are solely determined by the individual choices made throughout life. (click arrow next to the correct answer)

▶ True

▶ False

QUESTION THREE: SOCIAL DETERMINANTS OF HEALTH (SDH)

CORRECT!

While individual behaviors is a health factor, health outcomes are mostly influenced by socio-economic factors and physical environment.

- Clinical status – 20%
- Individual health behaviors – 30%
- Physical environment – 10%
- Socio-economic factors – 40%

QUESTION FOUR: SOCIAL DETERMINANTS OF HEALTH (SDH)

Which SDH did Leslie experience that contributed to her poor health outcomes? (click arrow next to the correct answer)

▶ A. Education

▶ B. Family Support

▶ C. Job Opportunities

▶ D. Income

▶ E. All of the Above

QUESTION FOUR: SOCIAL DETERMINANTS OF HEALTH (SDH)

CORRECT!

Education, family support, job opportunities and income are all SDH that influence health outcomes.

QUESTION FIVE: SOCIAL DETERMINANTS OF HEALTH (SDH)

Leslie developed Type 2 DM due to lack of access to healthy foods and safe physical activity options within her community. Safe activity and healthy food options are examples of what key concept? (click arrow next to the correct answer)

▶ A. Health Equities

▶ B. Health Disparities

▶ C. Health Inequities

▶ D. All of the Above

QUESTION FIVE: SOCIAL DETERMINANTS OF HEALTH (SDH)

CORRECT!

Lack of access to healthy foods and safe physical activity are systematic health inequities that contributed to Leslie's health status including Type 2 DM.

HEALTH-RELATED CORE NEEDS IN CLINICAL SETTINGS

The impact Core Determinants of Health (CDH) have on health and healthcare utilization is well-established.

EXAMPLES

- Access to utilities
- Food insecurity
- Housing instability
- Access to transportation
- Interpersonal violence
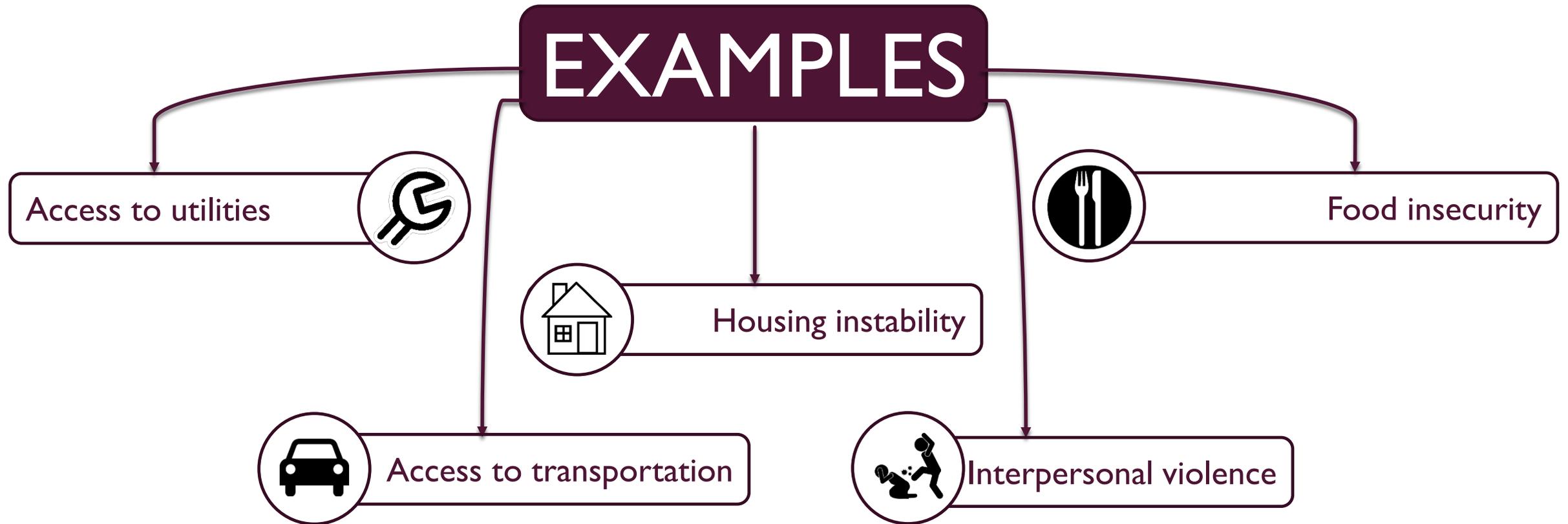
HEALTH-RELATED CORE NEEDS IN CLINICAL SETTINGS

	Food insecurity

	Access to transportation

	Interpersonal violence

	Housing instability

	Access to utilities

These are the five **core** determinants of health (CDH) factors selected by The Centers for Medicare & Medicaid Services (CMS) based on:

1. High-quality evidence exists linking these CDH to poor health and/or increased health care utilization and cost
2. The need can be met by community service providers
3. The need is not systemically addressed by health care providers

HOUSING INSTABILITY

Unmet housing needs consists of:

- Homelessness
    - Includes living on a bus, in a train station, or in an abandoned building
    - Transient living situation i.e. couch surfing with friends/family, frequent moving
- Losing or threat of losing housing
    - Includes the inability to pay mortgage or rent
- Poor housing quality

Housing instability has been shown to be associated with:

- Poor health outcomes
- Decreased access to care
- Increased use of acute-care services

FOOD INSECURITY

Food security is defined as:

> Access by all people at all times to enough food for an active, healthy life.

- Malnutrition has been documented to have adverse affects on health.

- Food insecurity is associated with difficulties receiving healthcare and negatively impacting health outcomes.

ACCESS TO TRANSPORTATION

Unmet transportation needs encompass the lack of transportation to get to any destinations needed for daily living and healthcare

Transportation barriers lead to:

- Inability to access healthy foods
- Decreased employment or educational opportunities
- Rescheduled or missed medical appointments

These consequences lead to poor management of chronic illness and worse health outcomes.

ACCESS TO UTILITIES

Utilities
- Electric
- Gas
- Heat
- Water
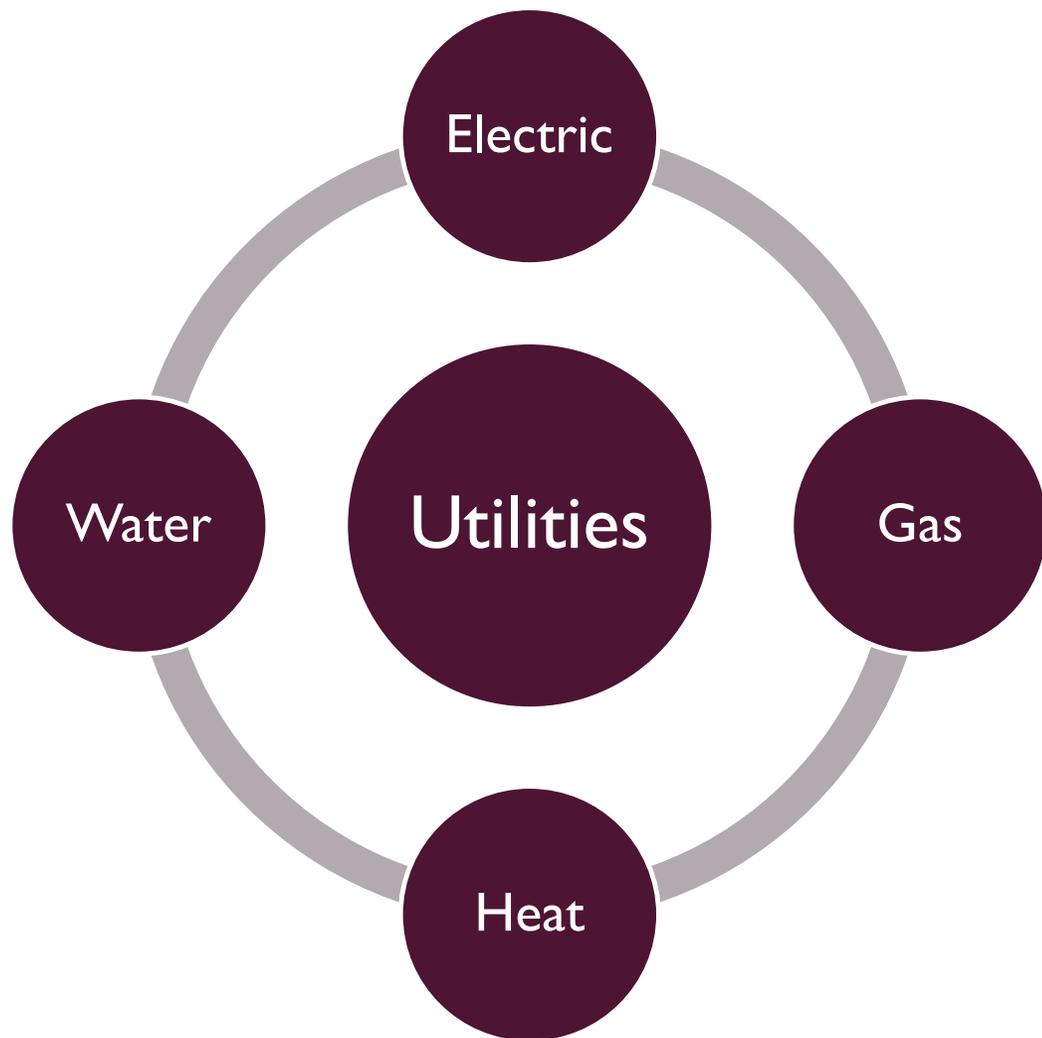
Lack of these services compromise activities of daily living and components of health in the home.

Inability to have or maintain these basic housing services makes living conditions unsafe and prevent healthy living.

INTERPERSONAL VIOLENCE

Interpersonal violence includes:

- intimate partner violence

- elder abuse

- child abuse

- unsafe neighborhood

If people feel comfortable and safe in their environment, they are more likely to thrive physically and emotionally.

QUESTION SIX: CORE DETERMINANTS OF HEALTH (CDH)

According to The CMS, which CDH can help can help reverse damaging health effects:

(click arrow next to the correct answer)

▶ A. Transportation

▶ B. Healthy Food Options

▶ C. Safe Environment

▶ D. Housing Stability

▶ E. All of the Above

QUESTION SIX: CORE DETERMINANTS OF HEALTH (CDH)

CORRECT!

CDH such as housing instability,
food insecurity, access to public utilities,
transportation, and exposure to interpersonal
violence, drive health care utilization and impact
health outcomes

WHAT IS THE NURSE'S ROLE?

As the largest group of health care professionals, nurses witness the impact of CDH on a daily basis.

1. It is vital that nurses appropriately assess CDH that strengthen or impede health outcomes in order to improve health.

2. When nurses identify and address CDH and core needs significant improvements in health could be made.

WHAT IS THE NURSE'S ROLE?

3. Nurses should connect patients and families with appropriate services and/or resources, while building on identified strengths and assets.

   - There may be established relationships with some community resources; therefore, it is important to ask about known resources in their communities.

4. Nurses must know that the referral process requires:

   - Health-related core needs resources

   - Partnerships with community-based services

   - Reliable follow-up system

CORE 5 SCREENING TOOL

The **Core Determinants Abbreviated Screening Tool (Core 5)** is recommended for use as part of routine nurse assessment and/or the intake/admission process.

	YES	NO
1. Do you/your family worry about whether your food will run out and you won't be able to get more?[1, 2]		
2. Are you worried about losing your housing, or are you homeless?[3]		
3. Are you currently having issues at home with your utilities such as your heat, electric, natural gas or water?[4, 5]		
4. Has a lack of transportation kept you from attending medical appointments or from work, or from getting things you need for daily living?[6, 7, 8]		
5. Are you worried that someone may hurt you or your family?[9]		

CORE 5 SCREENING TOOL ALGORITHM

Patient encounter

↓

Will patient be directly back in the community, i.e., after care in an outpatient clinic, emergency department, outpatient surgery center, inpatient hospital unit prior to discharge, community clinical setting, or home care?

NO ↓

No CDH screening at this time

Yes →

RN or nursing student conducts CDH Screening Tool ("Core 5") by asking all five of these questions:
1. *Do you/your family worry about whether your food will run out and you won't be able to get more*
2. *Are you worried about losing your house or are you homeless?*
3. *Are you currently having issues with your utilities such as your heat, electric, natural gas or water?*
4. *Has a lack of transportation kept you from attending medical appointments or from work, or from getting things you need for daily living?*
5. *Are you worried that someone may hurt you or your family?*

↓

Is the answer to any one or more of the CDH questions a "yes?"

NO ↓

No additional CDH screening at this

Yes →

Is RN or nursing student able through knowledge, institutional policy/procedures and available resources to address the patient's CDH needs directly?

Yes ↑

RN or nursing student provides patient with services or direct referral to address CDH gaps

Yes →

RN or nursing student ensures documentation of intervention in client medical record

NO →

RN or nursing student refers patient for sequel CDH assessment by another member of the healthcare team or community partner, and then team member or partner assists client in meeting CDH needs

Yes ↑

RESOURCES

- Every community has unique resources at:
    - non-profit organizations
    - public programs
    - advocacy groups

- Identifying local resources may be accomplished by:
    - contacting local governmental
        - public health departments
    - professional organizations and agencies
        - county and/or state medical or public societies
    - exploring local services via the internet.

- Most clinical settings have people who can help facilitate needed referrals and follow-up:
    - social workers
    - Family/patient advocates
    - Case managers
    - Care coordination and/or community health workers

- Ongoing follow-up can help to prioritize family needs
    - Attempts at addressing all needs at once may be overwhelming for the clinician and the family

QUESTION SEVEN: CORE DETERMINANTS OF HEALTH (CDH)

Leslie presents to her health care provider for uncontrolled diabetes. Upon completion of the CDH assessment the nurse learns that Leslie doesn't have a grocery store in her neighborhood and shops for food at a local gas station. What organization should the nurse refer Leslie to? (click arrow next to the correct answer)

▶ A. Local Food Bank

▶ B. Local Department Job and Family Services

▶ C. Local Health Department

▶ D. All of the Above

QUESTION SEVEN: CORE DETERMINANTS OF HEALTH (CDH)

CORRECT!

The local health department, job & family services and/or food bank would be an appropriate referral for Leslie to obtain help to secure healthy food

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