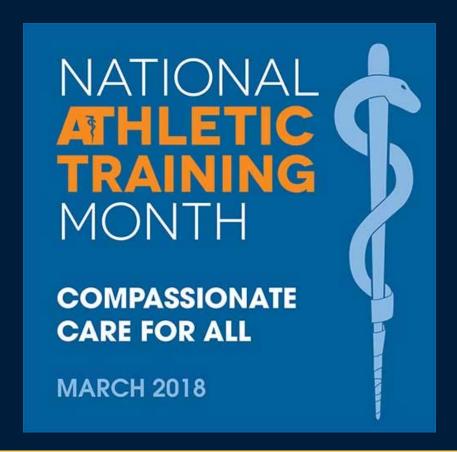
Addressing Health Disparities and the Social Determinants of Health in Athletic Training Clinical Practice and Education

BC Charles-Liscombe, EdD, ATC Department of Athletic Training Associate Professor and Chair

Conflict of Interest Disclosure

- No conflicts of interest to disclose and no financial assistance was received in developing this presentation.
- The views expressed in these slides and today's discussion are mine
- My views may not be the same as the views of my institution or my colleagues.
- Participants must use discretion when using the information contained in this presentation

NATM #2018



Objectives

Following this presentation, attendees should be able to:

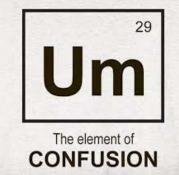
- 1) Describe the social determinants of health (SDH), health disparities, and the International Classification of Functioning, Disability and Health (ICF)
- 2) Examine the Framework for Educating Health Professionals to Address the Social Determinants of Health ¹ in developing curricular changes for AT programs and continuing education;
- 3) Implement individual, organizational and collaborative practices to assess SDH, minimize adverse childhood experiences (ACEs) and mitigate health disparities and downstream impacts.
- 4) Advocate for ATs to be included with other healthcare professionals as key resources in combating health disparities with institutional and community stake holders.

Outline

- Healthcare industry disruption & AT progression
- SDH, health disparities, International Classification of Functioning, Disability and Health (ICF) and the Socioecological Model of Health
- Adverse Childhood Experiences (ACEs) and Health
 - Influences of hypercortisolemia, resiliency/persistence, protective effect of exercise/athletics
- Showcase the National Academy of Sciences' Framework for Educating Health Professionals to Address the Social Determinants of Health
- Discuss strategies that clinicians and educators can implement into
 Clinical practice/education
 Didactic Education
 Advocacy







- Private and Public Transportation
- Retail stores
- Manufacturing
- Travel & Hospitality
- PCs, Mainframes & Servers
- Healthcare?





Industry Disruption



Now:

- Retail based
- School based*
- Worksite based*
- Telemedicine*
- Hospital system consolidation
- Home health*





Then:

- Private practice
- House calls
- Hospitals
- Ambulatory Surgical Centers
- Skilled Nursing Facilities
- Hospice

*ATs are progressive, adaptable, innovative & collaborative.

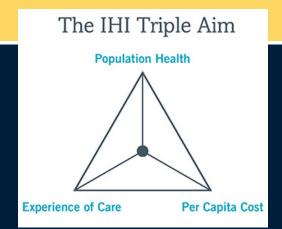


Healthcare Industry Disruption

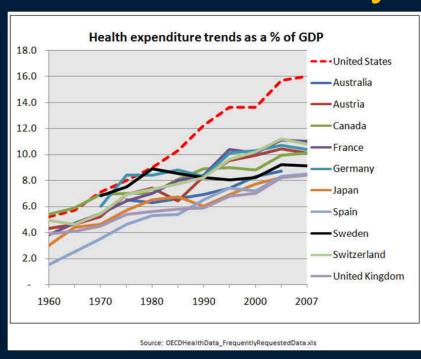
- The Triple Aim
 - Reduce unsustainable costs
 - Improve the experience of care, the outcomes for all, and minimize disparities among patients
 - Improve population health

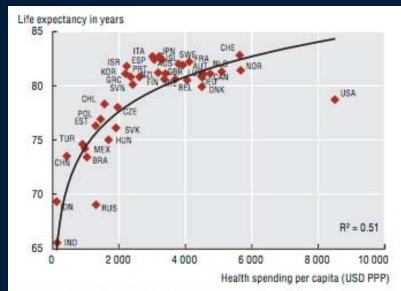
"Health begins well before illness or injury"

"It is better, cheaper, and more sustainable to remain healthy than to provide care and attempt to return from illness or injury."



Health care Industry Disruption

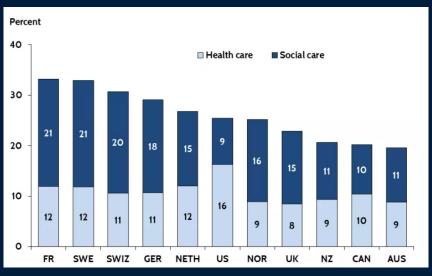




Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en; World Bank for non-OECD countries.

StatLink http://dx.doi.org/10.1787/888932916040

Health care Industry Disruption





adjective Law

 - (especially of goods) being of such nature or kind as to be freely exchangeable or replaceable, in whole or in part, for another of like nature or kind. How do we convince "them" that "we"offer value?





*Mental health and substance use services may be provided within the medical home or in the medical neighborhood.

The vision

A health system that performs optimally in promoting, protecting, and restoring the health of individuals and populations and helps each person reach his or her full potential for health and well-being

Core goals

Better health and well-being

High-value health care

Strong science and technology

Action priorities

- Pay for value
- Empower people

- Activate communities
- Connect care

Essential infrastructure needs

- Measure what matters most
- Madamia alilla
- Accelerate real-world evidence
- Modernize skills
 Advance science

How do we convince "them" that "we" offer value?



Healthcare Specialists

- Prevention Focused
- Acute Incidences of Minor Illness or Injury
- Chronic Disease and Complex Care
- Care at the End of Life

Vital Directions for Health and Health Care

Priorities from a National Academy of Medicine Initiative

In an uncertain time for U.S. health policy, how can we build a shared vision for progress?

#NAMVitalDx

nam.edu/VitalDirections

Health Disparities and the Social Determinants of Health

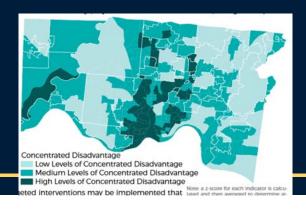
Health inequities, also termed disparities, are

'the unfair and avoidable differences in health between groups of people within countries and between countries" (WHO, 2015).

The social determinants of health are

"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" (WHO, 2015)



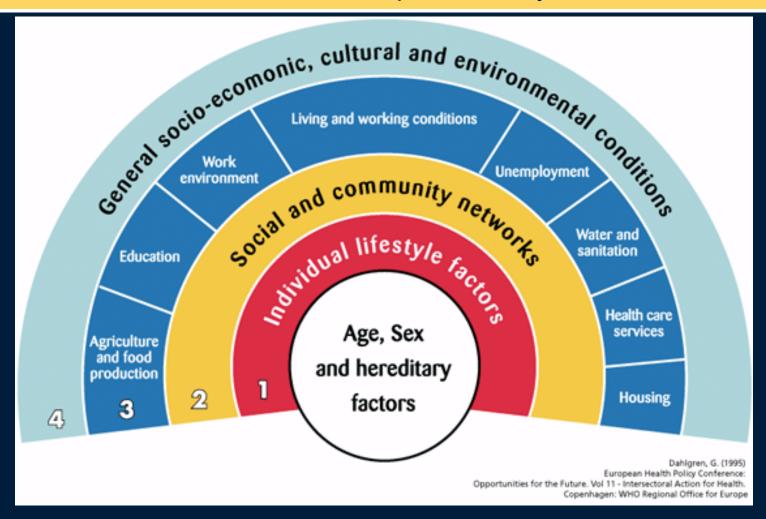


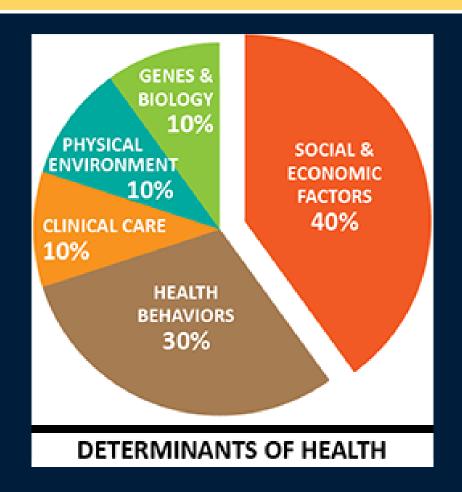


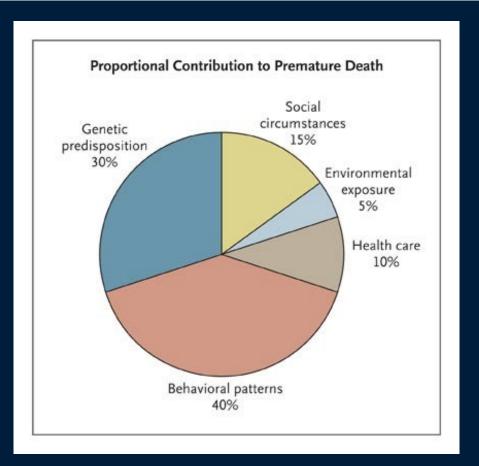
Social Determinants of Health



HealthyPeople2020

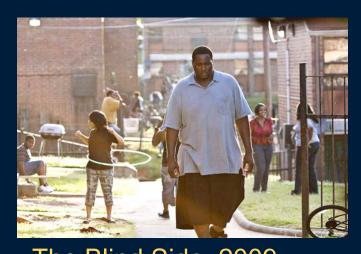






Minnesota Department of Health, 2018

Depictions of the SDH and Health Disparities



The Blind Side, 2009
Poverty, Food Insecurity,
Housing Insecurity,
Education, Discrimination
Social Isolation, Violence



Stand and Deliver, 1988
Poverty, Discrimination,
Housing Insecurity,
Education Disparity,
Violence, Explicit/Implicit Bias

Depictions of the SDH and Health Disparities



The Breakfast Club, 1985 Socioeconomic Status, Verbal Abuse, Education, Social Isolation, Violence, Mental Health



Boys N the Hood, 1991 Poverty, Discrimination Housing Insecurity, Incarceration, Education Violence,

Health Disparities

FUNDAMENTAL FACTORS: Ethnicity, Gender, Age, Race, Disability Status, Identity*

**Levels of Analyses

Environmental

Geographical and Political Factors

Structural Bias Immigration/Documentation Criminalization Residential Segregation Urban/Rural Toxins/Exposures

Socioeconomic

Factors
Education
Income/Wealth
Occupation

Limited English

Health Care

Access Insurance Quality Literacy Numeracy

Sociocultural

Cultural Factors

Prejudice Norms Traditions Religion Collective Responses

Social Factors Institutional Racism

Family Stress Financial Stress Occupational Stress Residential Stress Social Mobility Social Network

Psychological Factors

Self Concepts Stigma Bias Loneliness Stereotypes

Behavioral

Coping Factors

Active Coping
Problem Solving
Stress Management
Cognitive Reframing
Emotional Regulation

Psychosocial Risk/Resilience

Social Support Discrimination Pessimism Optimism Control

Health Behaviors

Smoking Anger/Violence Alcohol/Drug Nutrition Physical Activity

Biological

Physiological Indicators

Co-Morbid ties
Cardiovascular
Sympathetic Nervous System
HPA Axis
Inflammation

Genetic Stability

Telomere Attrition Epigenetic Alteration Loss of Proteostasis

Cellular Function And Communication

Deregulated Nutrient Sensing Mitochondrial Dysfunction Cellular Senescence Cellular Stress Response Stem Cell Exhaustion Intercellular Communication

Lifecourse Perspective



Health Disparities



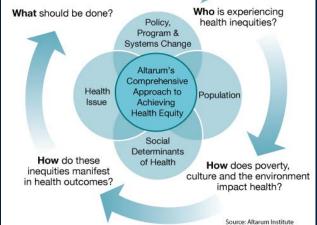
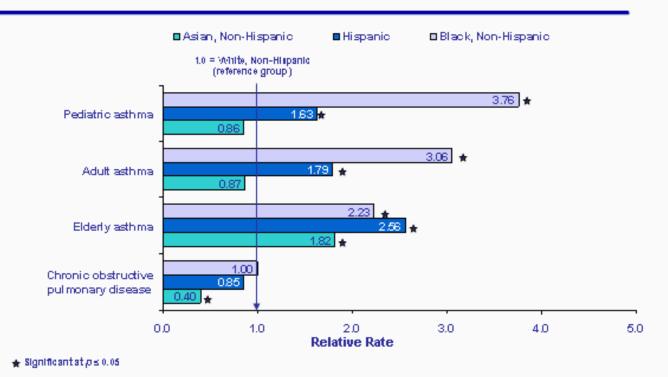






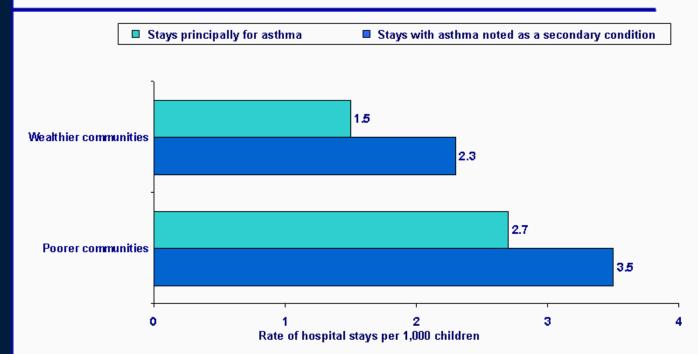
Figure 3. Potentially preventable hospitalization rates for chronic respiratory diseases among minorities relative to whites, risk adjusted, 2003



Source: Age recyfor Healthcare Research and Quality, Center for Delibery, Organization, and Markets, Healthcare Cost and Utilization Project, State Inpatient Databases, disparities analysis file, 2003. This file is designed to provide national estimates on disparities using weighted records from a sample of hospitals from the following 23 states: AZ, CA, CO, CT, FL, GA, HI, FS, MD, MA, MI, MO, NH, NJ, NY, PA, RI, SC, TN, TX, VA, VT, and WI.



Figure 2. Rate of pediatric hospital stays principally for asthma was 76 percent greater in poorer communities compared to wealthier communities, 2006 *



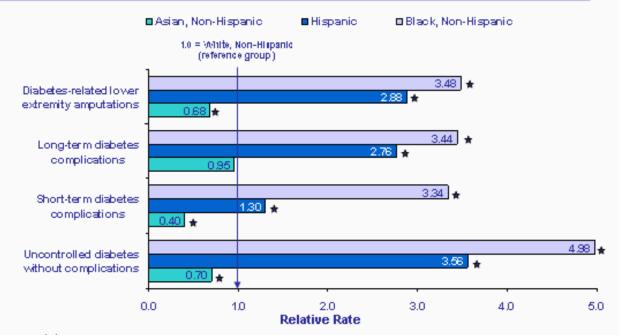
Children were defined as patients younger than 18 years of age. Newborns were excluded.

Note: The denominator for the rates was derived from 2006 Claritas Population Data. "Poorer communities" included zip codes with median income level less than \$37,000; "wealthier communities" included zip codes with median income level greater than or equal to \$37,000.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2006.



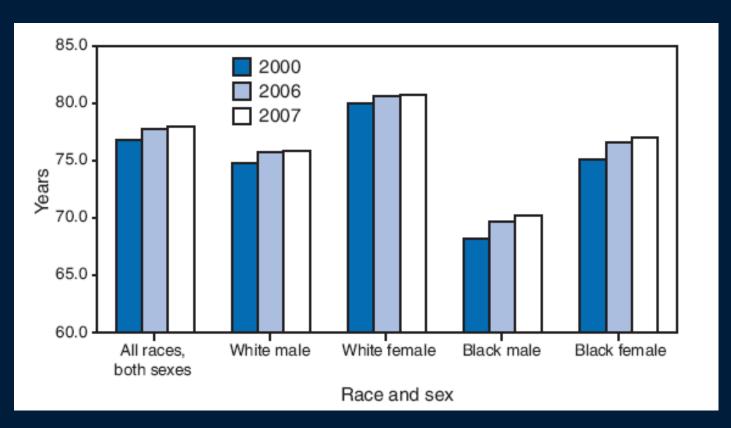
Figure 1. Potentially preventable hospitalization rates for diabetes among minorities relative to whites, risk adjusted, 2003

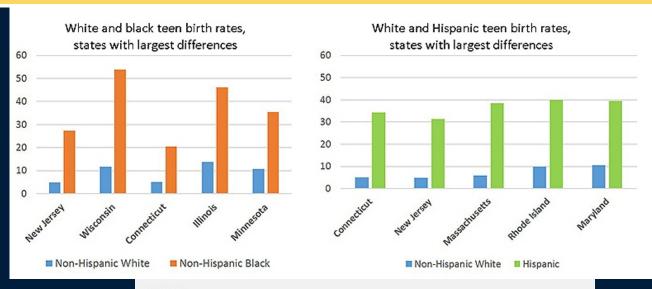


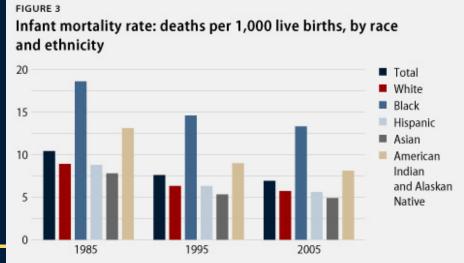
🛊 Significant at p 🛭 0.05

Source: Age roy for Helatticare Research and Quality, Center for Delivery, Organization, and Warkets, Helatticare Cost and Utilization Project, State Inpatient Databases, disparities analysis file, 2003. This file is designed to provide national estimates on disparities using weighted records from a sample of lospitals from the following 23 states: AZ, CA, CO, CT, FL, GA, HI, KS, WD, WA, WI, WO, NH, NJ, NY, PA, RI, SC, TN, TX, VA, VT, and WI.

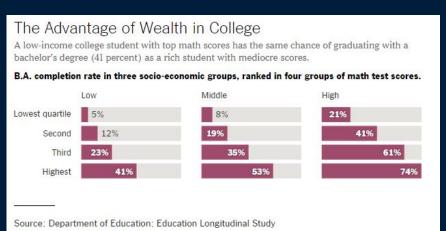
Life Expectancy

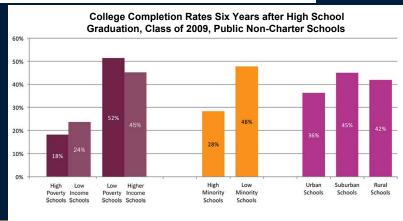


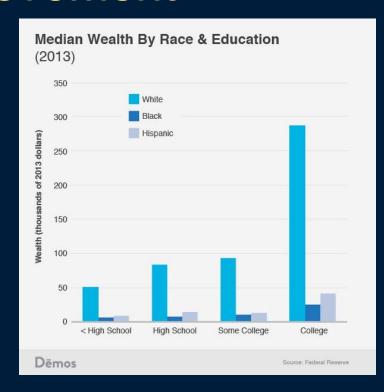




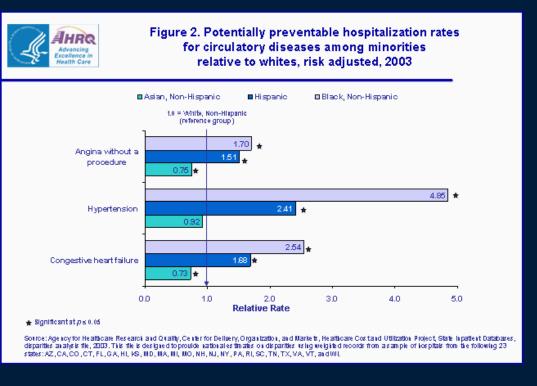
Educational Achievement

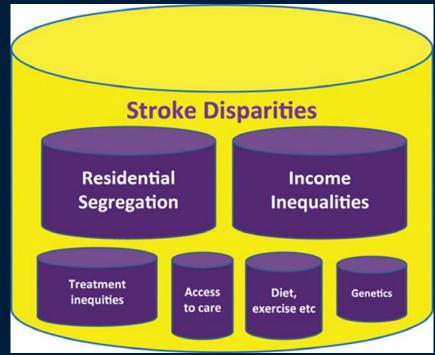






Heart Disease, Stroke, & Hypertension





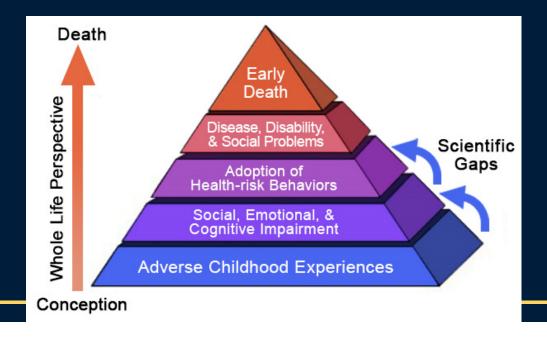
Adverse Childhood Experiences

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence

- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Adverse Childhood Experiences

- ACEs are common.
- ACEs cluster with individuals reporting multiple
- ACEs have a dose-response relationship







Code of Professional Responsibility

- 1: Patient Care
- 2: Competence
- 3: Professional
- 4: Research
- 5: Social
- 6: Business Practices

The Strategic Alliance



2020 Standards

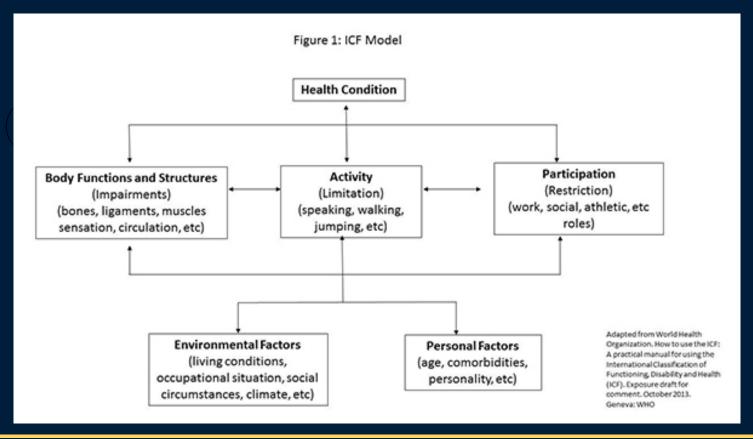
- 2. Frame work
- 8. Interprofessional Education (IPE)
- 17. Patients of varying socioeconomic statuses

56-68 Core Competencies

- 57. Social Determinants of Health
- 60. International Classification of
- Functioning, Disability and Health (ICF)
- 61. Interprofessional Education/Practice



The Strategic Alliance

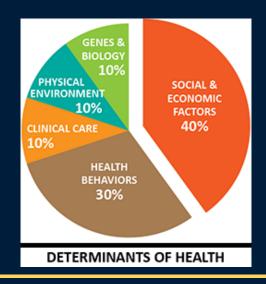




NATA Foundation

Research Funding Priorities:

- Effectiveness and cost-effectiveness
- Patient-oriented and quality-of-life outcomes measures
- Conditions typically managed by ATs
- Education of Athletic Trainers
- Foundations for clinical practice



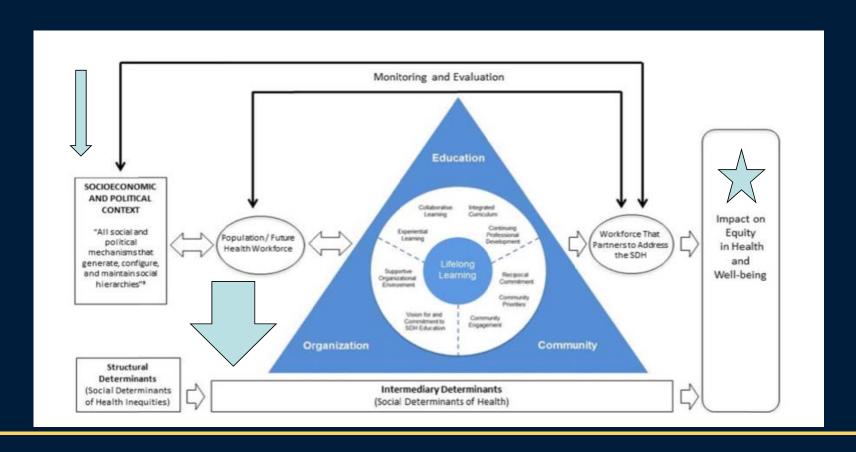
What can we do?

What can I do?

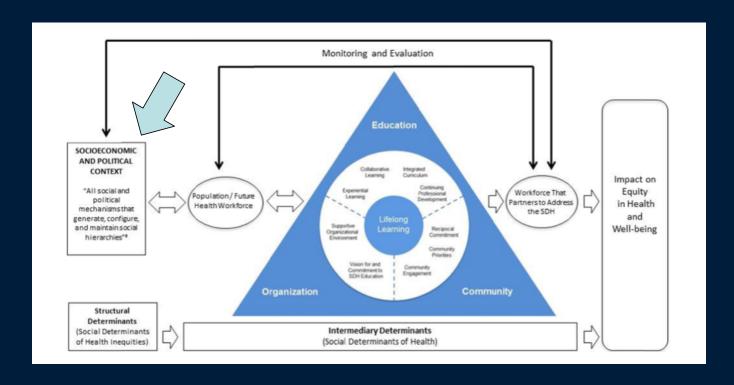




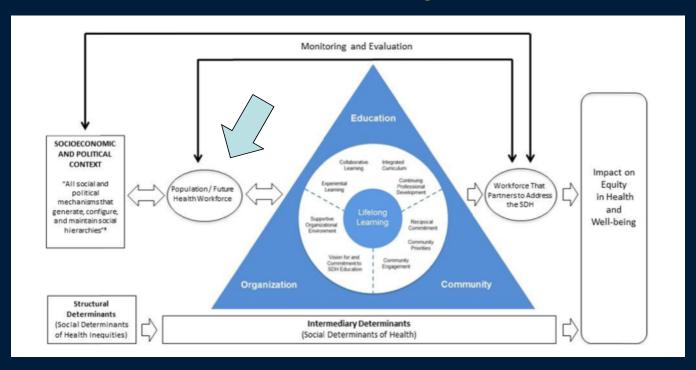
Framework for Educating Health Professionals to Address the Social Determinants of Health¹



Understanding Context: Health in All Policies



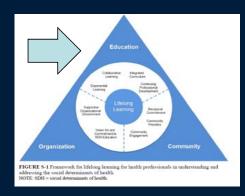
Health Workforce: Recruitment and Representation



Imbedding Social Determinants

Education

- Experiential Learning
- Collaborative Learning
- Integrated Curriculum
- Continuing Professional Development



Institute of Medicine (2016) Framework

Education

Recommendation 1:

Use framework to create...

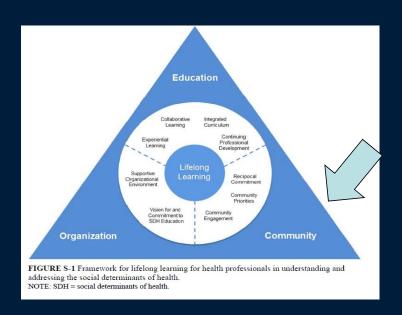


"lifelong learners who appreciate the value of relationships and collaborations for understanding and addressing community-identified needs and for strengthening community assets"

Institute of Medicine (2016) Framework

Community

- Reciprocal
 Commitment
- Community Priorities
- Community
 Engagement



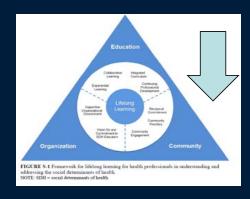
How often do we ask patients and communities - What's important to you as a group? What barriers are in your way?

Institute of Medicine (2016) Framework

Community

Recommendation 2:

"Take action on the SDH in, with, and across communities,"

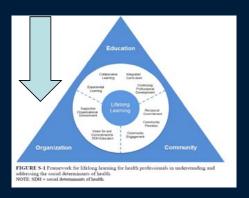


"partnering with communities to increase the inclusivity and diversity of the health professional student body and faculty"

Institute of Medicine (2016) Framework

Organization

Vision and Commitment



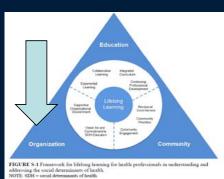
Supportive organizational environment

Institute of Medicine (2016) Framework

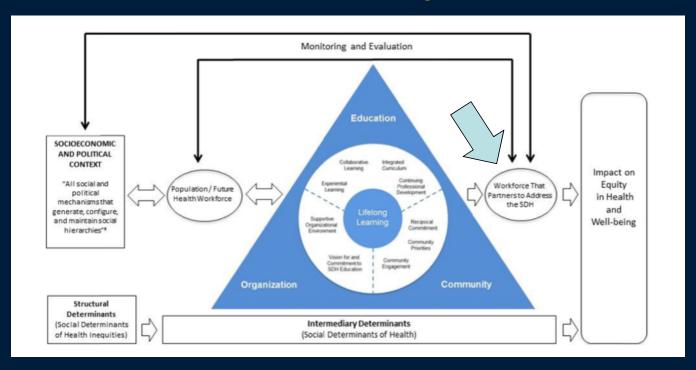
Organization

Recommendation 3:

"foster an enabling environment
that supports and values the integration of the framework's principles into their mission, culture, and work."



Health Workforce: Recruitment and Representation



Community Context

- Cincinnati
- Hamilton County
- Tri-State Region

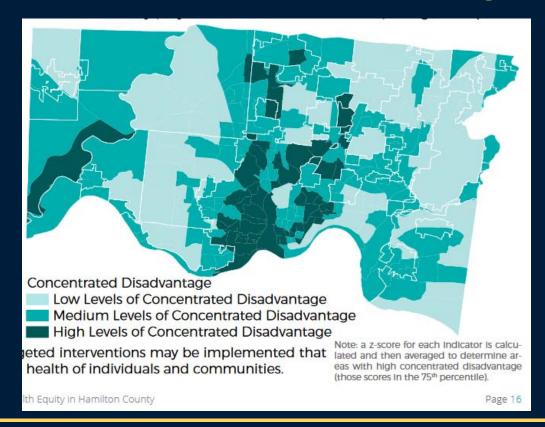








Community Context – Concentrated Disadvantage





Educational Strategies



- Where and how do you address the Social Determinants of Health in your education, continuing education and clinical practice?
- How do students/clinicians come to understand the extent that patients and clients face concerns beyond the biological and as a result of social and environmental factors?
- How do you acquire the knowledge and tools to address patients' needs and access the resources available in the community in which they live, work, and play?

Educational Strategies - Examples

- Community Action Poverty Simulations licensed by the
 - · Missouri Association for Community Action (MACA) and
 - hosted by the Ohio Association of Foodbanks. (IPE)
- OxFam Hunger Banquet (AT/HW)
- Food Insecurity
 SNAP and WIC application and meal planning
- Community Assessment Projects
- Mental Health Hearing Voices Simulation
- Good Samaritan Free Health Clinic Rehab and Diabetes Clinics
- Discovering Opportunities for Outreach and Reflection (DOOR)
 - Service learning trip to urban cities







OXFAM

America







Clinical Strategies

- Where and how do you assess the Social
 Determinants of Health in your clinical practice with patients, families, teams or groups of patients?
- How do you assess the social and environmental factors that patients face and may impede their quality of life, rate of healing, or plan of care?
- Once you have information from and about the patient, how do you support and collaborate with the patient to access resources available in the community OR advocate for additional resources?

Clinical Strategies - Examples

Accountable Health Communities Core Health-Related Social Needs Screening Questions

Housing Instability

Food Insecurity

Interpersonal Safety

Transportation Needs

Utility Needs

HealthLeads

Financial Resource Strain

Exposure to Violence

Sociodemographic information

Social Isoloation & Supports

Need for childcare

Level of Education

Employment

Behavioral/Mental Health

Clinical Strategies - Examples

Recommended Screening Tool Health Leads' screening toolkit is licensed under a Creative Commons CC BY-SA 4.0 license, which means you can freely share and adapt the tool however you like. All we ask is you include attribution to Health Leads and, if you modify the tool, that you distribute the modifications under the same licensing structure. Full details on the Example introductory text: This form is available in other languages. If you do not speak English, call (800) 555-6666 (TTY: (900) 777-8888) to connect to an interpreter who will assist you at no cost. Phone number: Rest time to call-Preferred Language Yes / No In the last 12 months*, did you ever eat less than you felt you should because there A. M wasn't enough money for food? In the last 12 months, has the electric, gas, oil, or water company threatened to shut Y N off your services in your home? Are you worried that in the next 2 months, you may not have stable housing? Y N Do problems getting child care make it difficult for you to work or study? Y N (leave blank if you do not have children) YN In the last 12 months, have you needed to see a doctor, but could not because of cost? In the last 12 months, have you ever had to go without health care because you didn't have YN a way to get there? Y N Do you ever need help reading hospital materials? Y H I often feel that I lack companionship. Are any of your needs urgent? A M For example: I don't have food tonight, I don't have a place to sleep tonight If you checked YES to any boxes above, would you like to receive assistance with any V N of these needs? me frames can be altered as needed

In the last 12 months have you

- Eaten less than desired/needed due to a lack of funds?
- Had your utilities threatened to be turned off?
- Worried about available housing?
- Had difficulty with work/school due to childcare?
- Gone without healthcare due to cost?
- Had difficulty reading/understanding health information?
- Are any of your needs urgent?
- Would you like to receive assistance with any of these needs?

Do we discuss SDH with patients?
When can we?
When should we?

If we do discuss these issues with patients and families, what then?

Should the PPE include more questions about the SDH?

	rent pr	ior to seeing	the provider. The provider should keep this form in the ch	art.)
Date of ExamName			Date of birth	
Sex Age Grade		P-11		
Sex Age Grade		School _	Sport(s)	
Medicines and Allergies: Please list all of the prescription	and ove	er-the-counters	medicines and supplements (herbal and matritional) that you are curren	ly taking
Doysubore myslinger! Yes No 2 yes, please ide	Food		Steging leans	
Explain "Yes" answers below. Circle questions you don't know to GENERAL QUESTIONS	be answe	No.		
Has a disctor eyer denied or restricted your participation in sports for	161	100	MEDICAL QUESTIONS	Yes
	-		26. Do you cough, wherein or have difficulty breathing during or after	
2 Do you have any ongoing medical conditions? If no please identity Ashum Assuma Debetes Infections			over cise? 27. Have you ever used an inhalor or taken asthma medicine?	
Usir	-	-	28. Is there preyone in your family who has authors?	
3. Haveyou ever spent freezight in the hospital? 4. Haveyou everhad surgery?	-		 Were you been without or are you missing a kidney, an eye, a testicle (make), your spleen, or any other or gan? 	
HEARTHEALTH OUSTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a guird all budge or homis in the groin area?	
5 Have you ever passed out or morely passed out DURING or AFTER		17	31. Have you had infectious menonucleosis (mono) within the last month?	
esenciae? 6 Hareyou ever had documint, pain, tightness, or pressure in your		_	Do you have any makes, pressure sorrs, or other skin problems? Hove you had a hospes or MRSA skin infection?	\rightarrow
chast during exercise?	_	_	33. Have you ever had a head injury or concussion?	\rightarrow
 Does your heart ever race or skip beats (progular heats) during exercise? 			35. Have you over had a list or blow to the head that caused confusion,	
8. Has a doctor ever told you that you have any heart problem? If so,			prolonged headache, or memory problems? 36. Do you have a history of seizure disorder?	-
check all that apply:			37. Do you have brackaches with councise?	
High cholesterol			38. Have you ever had montmon, tingling, or weakness in your arms or legs	
Kowaski disease Otter			after being hit or folling? 39. Have you ever been unable to move your arms or logs after being hit or	-
9. Has a doctor ever ordered a test for your heart? (For example,			fulling?	\rightarrow
ECG/EKG, echocardiogram)	-	_	40. Have you ever became ill while exercising in the heat?	\rightarrow
10 Do you get lightheaded or feel more short of breath than expected daring corress?			41. Do you get frequent muscle examps when exercising? 42. Do you or someone in your family have scicle cell trait or disease?	
11. Have you ever had an unexplained sentere?			43. Have you had any problems with your eyes or vision?	
12. Do you get more tired or short of breath more quickly than your friends during exercise?			44. Have you had any eye injuries?	\rightarrow
HEARTHEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	Do you were glasses or contact lemes? Do you were protective exercises such as gaugeles or a face shalid?	
 Has any family member or relative shed of heart problems or had an unexpected sudden shaft before age 50 (including drawning, unexplained corractions or sudden infant death syndromes)? 			47. Do you warry abastyour weight? 46. Are you trying to or has anyone recommended that you gain or lose.	
14. Does anyone in your family have homestrophic cardiomyonathy, loan			weight?	\rightarrow
QU syndrome, shirt QT syndrome, Brugada syndrome, or catecholumin ergic polymorphic ventricular tuch yeard in?			Are you on a special dist or do you aroud certain types of feeds? Have you over had an eating doorder?	\rightarrow
15. Does aroung in your family house a heart mobilem mayornaley, or			51. Have you ever received totams-dightherio-pertuose (Edap) vaccine?	
implicated delite Baser? 16. Has arrone in your family had unexplained facilities, unexplained	-		52. Are you missing any recommended vaccines (such as Tdap, MCV4.	
seiners, or nor drowning?			HPV, Varicella, MMR, Fla, etc. (? 53. Do you have any concern that you would like to docuse with adoctor?	
BONE AND JOINT QUINTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or knobs	Yes	No	FEMALES ONLY	
fluit caused you to miss a practice or a game?			52. Have you ever had a menotonal period?	
18 Here you ever had any broken or fractured bones or dislocated joints? 19 Here you ever had an injury that required x-rays, MRI, CT scan.		+	How old were you when you had your first menstruit period? St. How many periods have you had in the last (2 months?	
mjecture, therapy, a brace, a cust, or crutches?			Explain "yes" a nowers here	
20. Have you over had a stress fracture? 21. Have you over been told that you have or have you had an x-ray for	-		100 100 100 100 100 100 100 100 100 100	
 Have you ever been told that you have or have you had an x-ray for neck instability or atlanto axial instability? (Down syndrome or dwarfson) 		100		
22. Do you regularly use a brace, or batics, or other assistive device?		_	0	
23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do say of your points become paintid, swo len, feel worm, or look.	-	+		
rod?				
25 Do you have any history of juvenile athritis or connective tissue disease?				
			overs to the above questions are complete and correct.	
Signature of athlete	Sign	tabute of parently	purdias Date	

lane				Date of birth	
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Should the PPE include more questions about the SDH?

What is the role of the PPE?

- Promote health and safety of the athlete
- Identify risk factors for preventable death and disability
- Determine clearance for participation

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Should the PPE include more questions about the SDH?

HEEADSSS Psychosocial Interview 3.0 for Adolescents

H Home

E Education and Employment

E Eating

A Activities

D Drugs

S Suicide/Depression

S Sexuality

S Safety

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Should the PPE include more questions about the SDH?

SSHADESS screening:

S Strengths

S School

H Home

A Activities

D Drugs/Alcohol/Substance use

E Emotions/Eating/Depression

S Sexuality

S Safety

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One Example: Food Insecurity

Educate Patients and Families of the Influence of Diet on:

rate of healing comorbidities

energy balance academic/work performance

exercise tolerance athletic/work performance

Resources:

SNAP, WIC, Summer Food Service Sites, Free/Reduced Lunch programs, Food Pantries, Feed American Weekend BackPack program

How and where do you share these resources and minimize stigma?

Organizational Commitment

 How does your organization foster a commitment to the whole person?

How can you contribute as a team member for your patients?

 What changes might need to be considered given your population?



Invitation for Dialogue

Opportunities?

Challenges and Barriers?

Strategies?

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