

# Empathy in Action: The Ripple Effect of SDOH Screenings on Patient Care



# Objectives

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- Evaluate the impact of Social Drivers of Health Screenings on patients and communities using qualitative data
- Assess the impact of screening for and addressing Social Drivers of Health on organizational culture



# Health Care Equity

Empathy in Action: The Ripple Effect of SDoH Screenings on Patient Care. SDoH screenings drive meaningful change in patient care.



## Located

Franklin County, 45 minutes southwest of KC

## Serving

26,000 Franklin County

## 44 Beds

Med/Surg, ICU & FBP

## 12,800

Emergency Visits

## 180

Babies Delivered

## 99,000

Outpatient Visits

## Trauma

Level IV Designation

## Accredited

Joint Commission  
Sleep Medicine  
Cardiac Rehabilitation



**AdventHealth**  
recognized as a  
**Great Place  
To Work**

**Great  
Place  
To  
Work.**

**Certified**  
AUG 2024-AUG 2025  
USA



**AH Ottawa Achieved Geriatric Accreditation by the American College of Emergency Physician (ACEP) in 2024 and we are currently working on our Pediatric accreditation.**

**RANKED TOP 20  
RURAL HOSPITAL**  
by the National Rural Health Association



**NAMED TOP 100  
COMMUNITY HOSPITAL**  
by iVantage Health Analytics



**KANSAS TRAUMA  
CENTER DESIGNATION**  
Level IV



**WOMEN'S CHOICE  
EMERGENCY CARE**  
The Voice of Women



**HIGH 5 FOR MOM & BABY  
RECOGNIZED HOSPITAL**  
High 5 Kansas

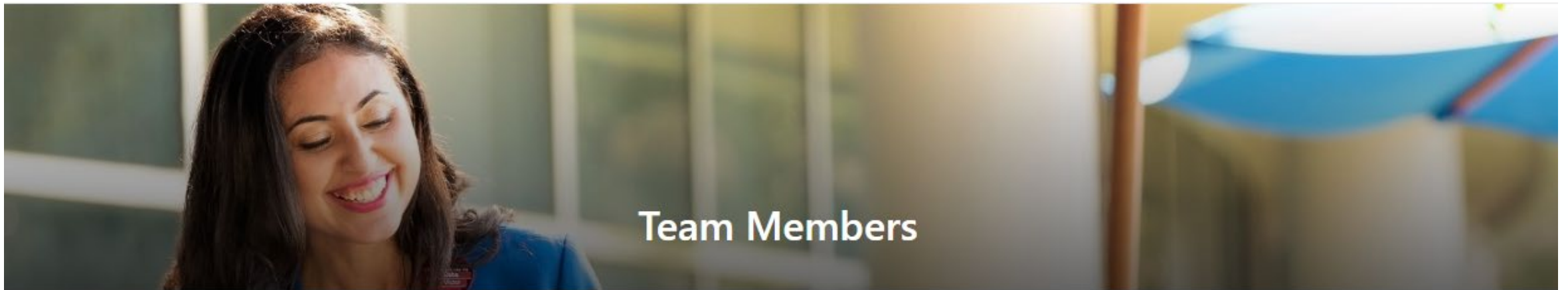



**A safe space for you  
and all you love.**

NATIONALLY RECOGNIZED  
**A**  
2024  
LEAPFROG  
HOSPITAL  
SAFETY GRADE

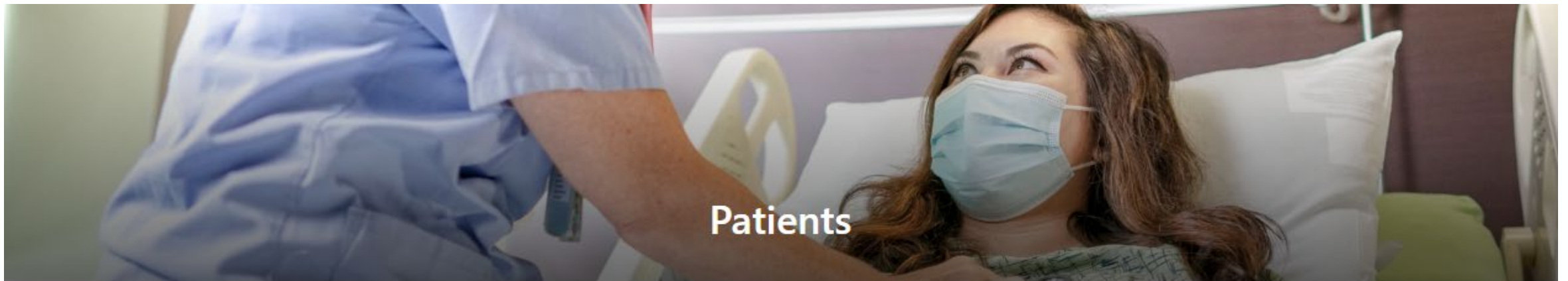
**Leapfrog Grade A**

Congratulations to our amazing Team on receiving a Grade A from the Leapfrog Group! Thank you for all you do to make AdventHealth Ottawa a safe place for patients, their families, and Team Members.



## Team Members

**Our Promise:** Build a diverse workforce at all levels and an inclusive workplace where all team members have opportunities to contribute and thrive.



## Patients

**Our promise:** Advance equity in clinical access outcomes and experiences to empower all patients to experience wholeness — body, mind and spirit.

# A few visuals of work AH is involved with to bring awareness to inequities.



## Take Five: Black History Month

This week, as we prepare to enter the month of February, let's take a moment to acknowledge and celebrate the significance of Black History Month for our hospital and our community. Black History Month is a time to honor the contributions and achievements of African Americans throughout our nation's history and to reflect on the ongoing journey toward racial justice and equity. It is also a time to recognize the diversity and resilience of the black community and to celebrate the rich culture heritage that enriches our society.



**AdventHealth Food Pantry**  
 Supporting Team Members in our Region

- Canned Food
- Boxed Food
- Feminine Products
- Bath Products
- Baby Items
- Body Products
- Dental Products
- Kitchen & Bath
- Paper Products

## AdventHealth Food Pantry

AdventHealth needs your help providing items for our Food Pantry to help team members in our region who are in need. To request pantry assistance or item pick up, please contact

Hispanic Heritage Month | Sept. 15 – Oct. 15

**SHOES THAT FIT**  
 Every child deserves them™

AdventHealth Foundation | Ottawa    AdventHealth Ottawa

## Shoes That Fit

Join us in raising funds so that **EVERY elementary school child in need\*** in Franklin County can get a brand-new pair of shoes, fitted just for them, so they can learn, play and thrive at school.

# Health Equity

Health equity is achieved when every person has the opportunity to attain their full health potential, and no one is disadvantaged from attaining this potential because of social position or other socially determined circumstances

## Equal vs. Equitable Care



Everyone receives the same "one size fits all" approach.



Each individual's needs are addressed in a way that leads to the best outcome.

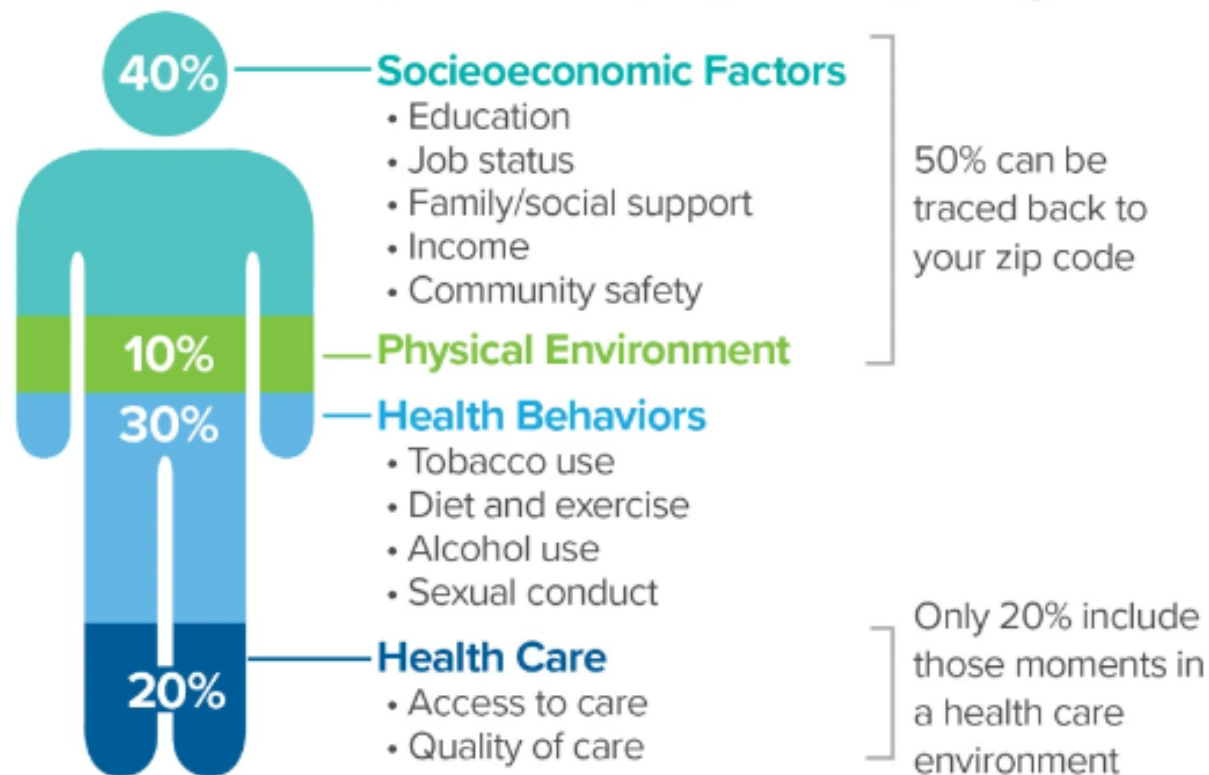


## What are Social Determinants of Health?

Social Determinants of Health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. SDOH can be more impactful on patients' health than the clinical care that they receive.

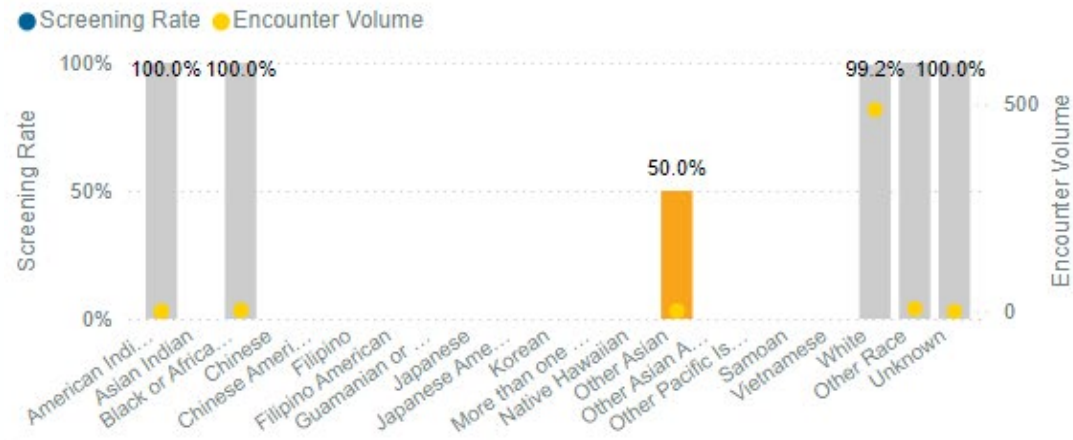
[Learn more](#)

## 80% of health outcome drivers are not health care access and quality

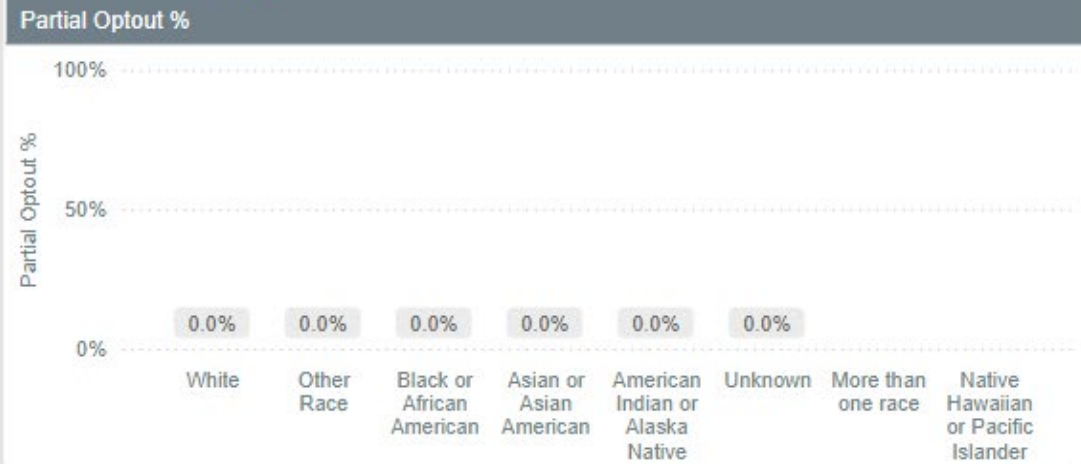


Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014

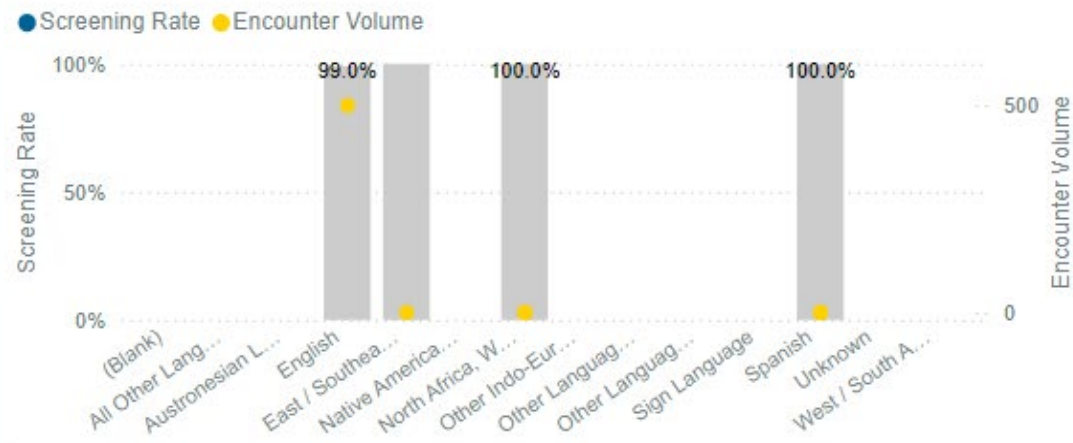
### Race & Ethnicity



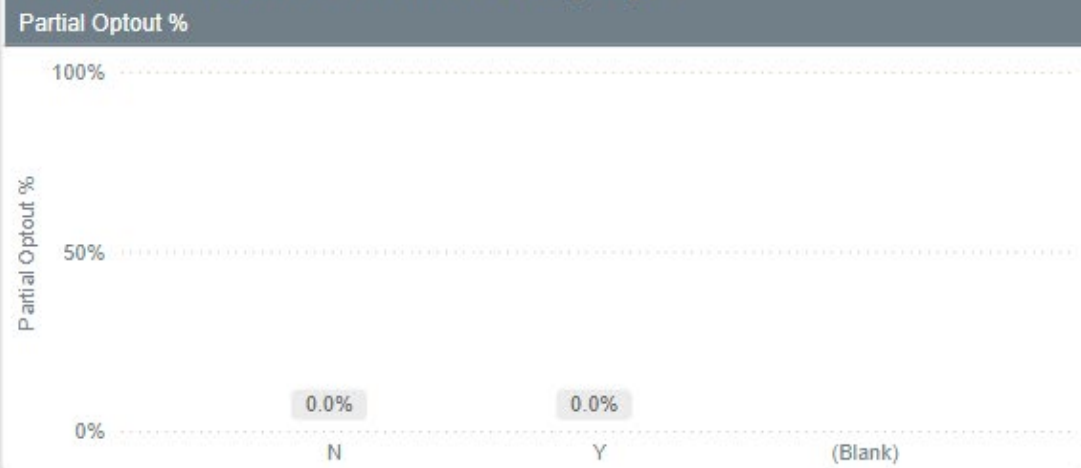
### Race & Ethnicity



### Interpreter Needed & Preferred Language



### Interpreter Needed & Preferred Language



# Inpatient SDOH Screening | AH Screening Summary

AdventHealth Clinical Analytics



## Filters:

### Location

Mid-America (region\_...)

### Account Class

Inpatient

### Age Filter

Adults

### Discharge Date

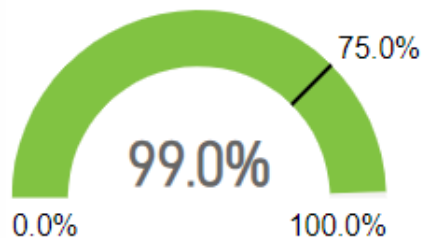
1/1/2024 6/18/2024

Additional Filters

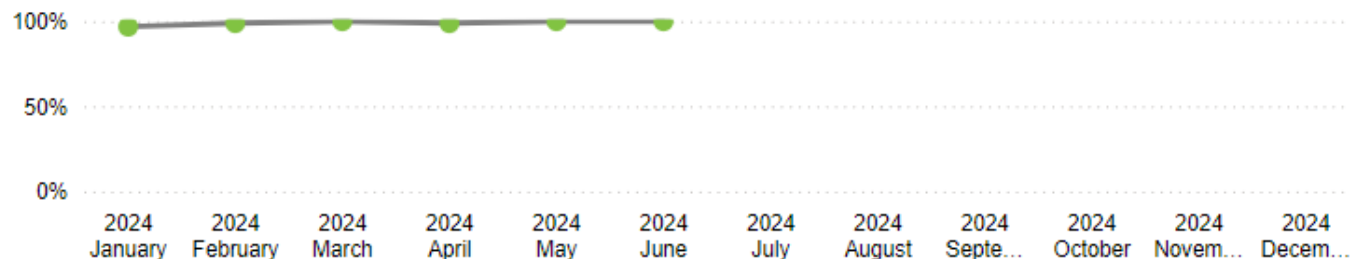
## Social Need

- Food Insecurity %
- Housing Instability %
- Utility Difficulties %
- Transportation Needs %
- Interpersonal Safety %

## Screening Rate



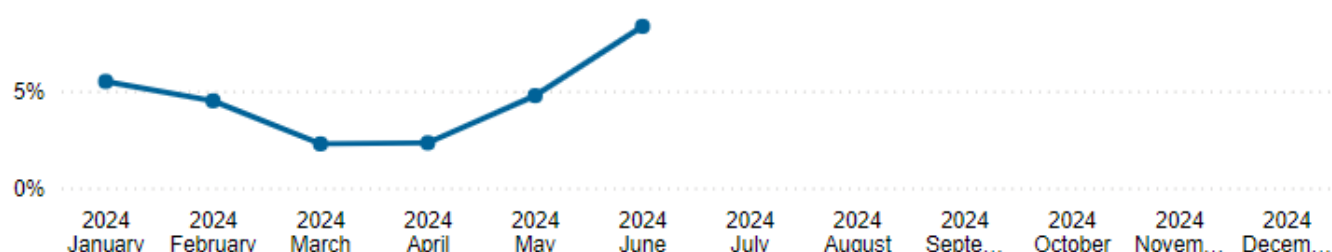
## Screening Rate



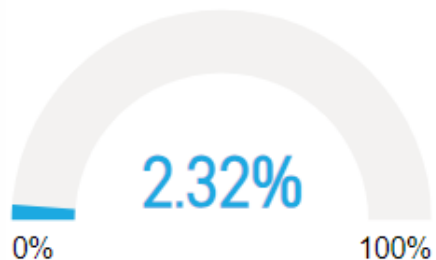
## Positivity Rate



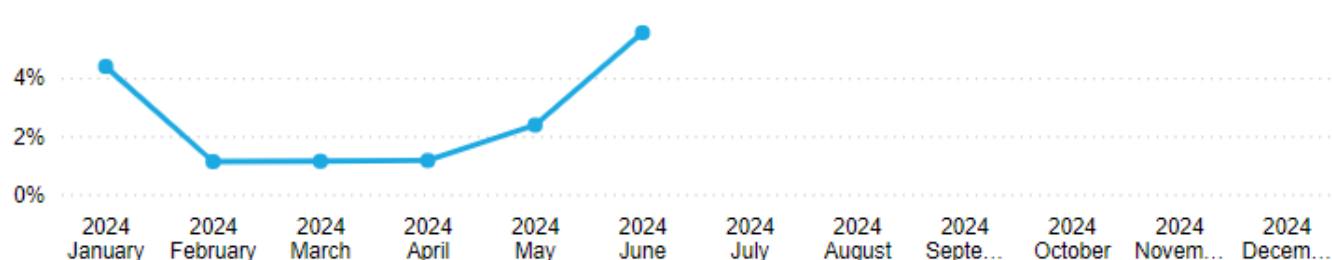
## Positivity Rate



## Food Insecurity %



## Food Insecurity %



## What are Health Disparities?

Health disparities are preventable differences in the burden of disease, rates of injury, exposure to violence or one's ability to live a healthy life. All groups of people experience disease. However, not all groups contract, experience and recover from diseases at the same rates.

### Income & Health

Adults experiencing poverty are **5 times as likely** as their more affluent peers to report **poor levels of health**.

Lower-income Americans have **higher rates of chronic conditions**, including heart disease, diabetes and stroke.

1. Robert Wood Johnson Foundation
2. Khullar, D., Chokshi, D. *Health, Income, & Poverty: Where we are and what could help.* Health Affairs.

### Maternal & Infant Mortality

Black and Indigenous women have **maternal mortality death rates 2 to 4 times higher** than their white counterparts.

**Rates of infant death are twice as high** for non-Hispanic Black and Pacific Islander babies than white and Asian babies

1. Lu, M.C., Halfon, N. *Racial and Ethnic Disparities in Birth Outcomes.*
2. CDC Reproductive Health Data

### Cancer

Black women are disproportionately **more likely to die from breast cancer than women of other ethnicities.**

Black men are disproportionately **more likely to die from colorectal cancer than men of other ethnicities.**

Illustrative examples of health disparities

## Identification

Centered on identifying areas of opportunity to address health disparities, DEI Councils will select Clinical Areas of Focus to target in their Health Equity Plans during this phase.

## Solutions

Focused on forming interventions in this phase, DEI Councils will investigate why the disparity exists and create actionable plans which address underlying factors or to help better understand them.

## Measurement

Implementing, evaluating and measuring the interventions detailed in their Health Equity Plan in this phase, DEI Councils will help construct the foundation for future Health Equity initiatives.

Family & Home

Median Home Value

Avg Household Size

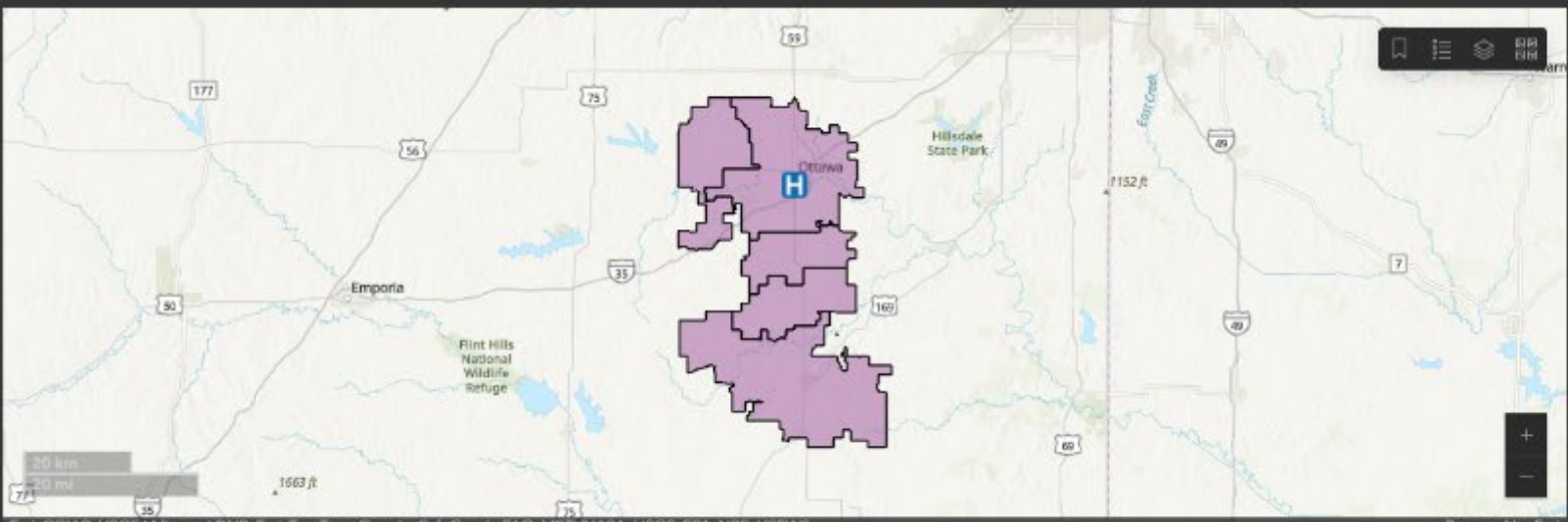
Median Household Income

Population 65+

Total Population



Resources



Personal Characteristics

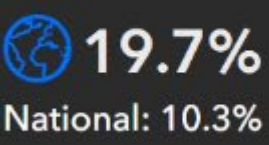
Unemployment



Households w/ no Vehicle



Households w/ no Internet



Racial Composition



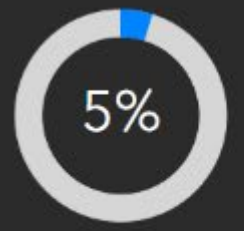
Uninsured Population



At-risk Households



Hispanic Population



## Top Areas of Opportunity for Mid-America

### Alcohol/Drug Dependence - WR

Dimension  
Race  
Population  
White  
Metric  
Readmission

### Cerebrovascular Disease- Medic...

Dimension  
Gender  
Population  
Female  
Metric  
Complication

### GI Hemorrhage - MR

Dimension  
Gender  
Population  
Male  
Metric  
Readmission

### Pneumonia - MC

Dimension  
Gender  
Population  
Male  
Metric  
Complication

### Respiratory Infection - MR

Dimension  
Gender  
Population  
Male  
Metric  
Readmission

### Sepsis - UM

Dimension  
Insured Status  
Population  
Uninsured/Underinsured  
Metric  
Mortality

### Urology- Surgical - FC

Dimension  
Gender  
Population  
Female  
Metric  
Complication

# AH Ottawa DEI Action Plan

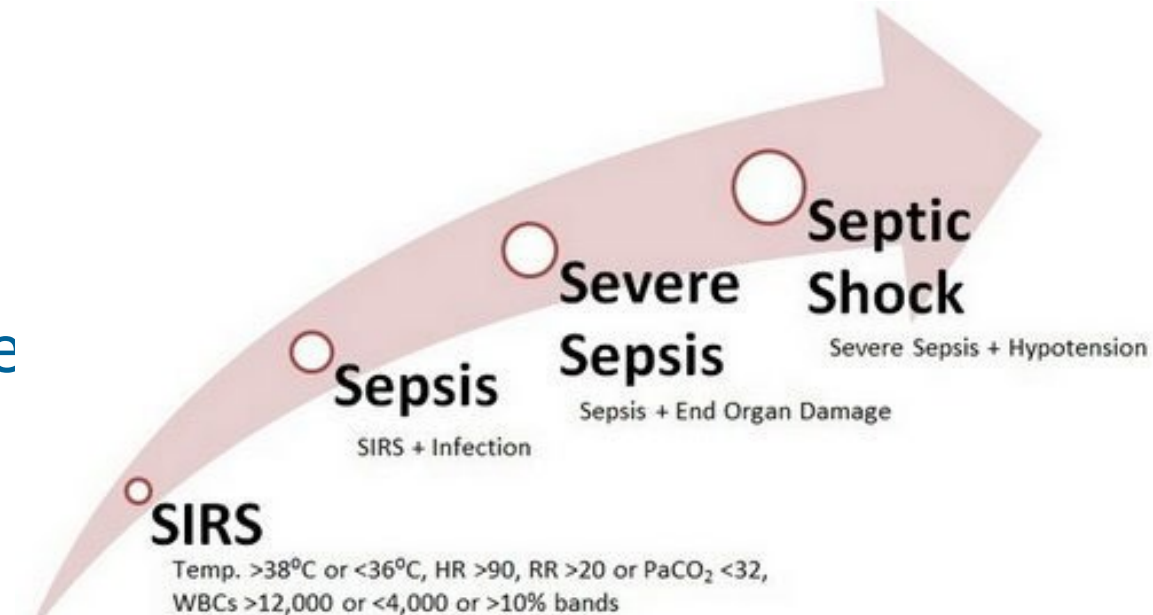
Aim: Reduce O/E sepsis mortality to  $< 1.0$  in the un/underinsured patient population

Goal: 3-hour bundle compliance

Action items:

- Community education/awareness
- Code Sepsis Activation
- Evidence-based order set utilization

Next step: Septic shock 1-hour compliance





*Extending  
the healing ministry of  
Christ*

Thank  
you!

Dorothy Rice

Administrative Director of Quality, Patient  
Safety, Patient Liaison, Case Management &  
Risk Management

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# **Empathy in Action: The Ripple Effect of SDOH Screenings on Patient Care**



Nemaha Valley Community Hospital  
Seneca, Kansas



Nemaha Valley Community Hospital is a small 24 bed critical access hospital. We are centered in Nemaha County, in northeast Kansas, 12 miles from the Nebraska border. Our hospital is currently in the middle of a building addition and remodel.



**SENECA  
FAMILY PRACTICE  
OUTPATIENT CLINIC**

**NEMAHA VALLEY  
COMMUNITY HOSPITAL**

**EMERGENCY**

MAIN ENTRANCE  
ADMISSIONS  
VISITOR PARKING  
RECEPTION

**Racial and Ethnic Diversity in the United States: 2010 Census and 2020 Census**

United States		Kansas		Nemaha County, Kansas	
<b>Population:</b>					
2020 total population 331,449,281		2020 total population 2,937,880		<b>2020 total population</b> <b>10,273</b>	
2010 total population 308,745,538		2010 total population 2,853,880		<b>2010 total population</b> <b>10,178</b>	
<b>Diversity Index</b>					
2020 Diversity Index 61.1%		2020 Diversity Index 45.4%		<b>2020 Diversity Index</b> <b>12.1%</b>	
2010 Diversity Index 54.9%		2010 Diversity Index 37.3%		<b>2010 Diversity Index</b> <b>6.4%</b>	
<b>Largest Racial or Ethnic Group</b>					
2020 White alone      57.8% 191,697,647		2020 White alone      72.2% 2,122,575		<b>2020 White alone</b> <b>93.7%</b> <b>9,622</b>	
2010 White alone      63.7% 196,817,552		2010 White alone      78.2% 2,230,539		<b>2010 White alone</b> <b>96.7%</b> <b>9,843</b>	
<b>Second Largest Racial or Ethnic Group</b>					
2020 Hispanic or Latino      18.7% 62,080,044		2020 Hispanic or Latino      13.0% 382,603		<b>2020 Hispanic or Latino</b> <b>2.6%</b> <b>266</b>	
2010 Hispanic or Latino      16.3% 50,477,594		2010 Hispanic or Latino      10.5% 382,603		<b>2010 Hispanic or Latino</b> <b>1.2%</b> <b>121</b>	

Nemaha Valley stats for patients seen in the past year in our Rural Health Clinic:

Hispanic or Latino is our second highest population.

Race:

White: 5123/5446= 94.1%

Hispanic/Latino: 84/5446= 1.5%

Ethnicity:

White: 4814/5446= 88.4%

Hispanic/Mexican: 115/5446= 2.1%

478 patients declined to answer

Preferred Language:

English: 4925/5446= 90.4%

Spanish: 38/5446= 0.7%

# Meet “Luisa”

Luisa first came for obstetrical care in 2023.

- Established care with one of our providers
- Delivered at a tertiary facility
- Came back to Seneca for breastfeeding assistance and postpartum care.

Assistance programs, WIC  
Babies Best Start Program

“Mrs. Dana is a truly wonderful person. She helped me a lot when my baby was born. I was very depressed, I am very grateful to her.”



## Not sure where to start...



Just start somewhere: listen to what they tell you and learn what their needs are.

Picking back up on Luisa's story, Luisa reached out to the hospital via "Contact Us" on our website.

When I contacted her to give her information on our patient portal, I helped her set up her portal but quickly realized there was a language barrier.

I noticed that she appeared to be Spanish speaking even though our system says her preferred language is English.

I decided to email her and ask a few questions. I told her that the hospital was looking for ideas to make the hospital more "user-friendly" for our Spanish-speaking population and asked her if she would be interested in helping us.



## Collaboration

“It's an excellent idea, yes, I am willing to collaborate and answer any questions you may have. The truth is, it is necessary because there are many people in need. I have received a lot of help from the hospital. I am very grateful to my doctors, and I am very grateful for the help they have given me and even more so in these difficult economic times because I have not been able to work. I am working independently, and the salaries are very low. Communication is very important, especially, because most of us do not speak English and we only speak Spanish or understand very little of the language.”

- She pointed out that our website did not convert to Spanish, so she had a hard time understanding the website.
- She said there were errors with the bill pay that she was coming across.
- We found out that our patient portal was not fully built in Spanish.
- She said there were assistance programs that she could not tell if she qualified for because they were not in Spanish.



## We can and MUST do better

We worked to fulfill her immediate needs. I asked her if I could provide her with more assistance which she was very grateful for.

Google Translate has been very helpful for communicating via email.

I immediately started working on ways to improve her situation as well as making improvements for our Spanish-speaking population.

- Provided her with a list of basic SDOH resources.
- Consulted our Community Health Worker.
- Logged a service request with our EMR to complete the patient portal.
- Discussed ideas with our PFAC.
- Discussed at our Quality meeting as well as with our Board.
- Continuing to educate and look for opportunities to improve and continue to communicate with Luisa.

I later found out that one of our registration clerks had also built a rapport with our Spanish speaking population by using Google translate as well.

In appointments, we have an I-pad for translation services. We are also using this service for scheduling appointments and can add the translators to the phone.



# Thankful and Grateful

- All the resources that I provided to Luisa, she then shared with other Spanish-speaking people in our area. This will continue to build trust and rapport.
- Our CHW hopes to be able to provide more resources to the Hispanic and Latino population and hopes this has opened a door.
- The more we worked together, the more she shared her story. She was very grateful and thankful for the efforts we are making and thanked me for caring about the struggles that they face.
- In Venezuela, Luisa was teaching university-level classes on research methodology. In Seneca, Luisa's making artwork with resin and has recently obtained a license to become a nail technician and provide manicures.
- I am grateful for her willingness to share and have the upmost respect for her and all she has gone through. It has been an eye-opening experience.



- ▶ Tammy Bragdon, RN BSN
- ▶ Director of Quality and Infection Prevention
- ▶ [Tammy.Bragdon@nemvch.org](mailto:Tammy.Bragdon@nemvch.org)

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***Better health outcomes for everyone.***