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Transcript

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Hi.

00:00:09 Kelly

Everyone and welcome back to another episode of the Nursing Station podcast.

My name is Kelly Laurent and I'm a nursing quality specialist at NYU Langone Health.

00:00:18 Julie Wan

And my name is Julie. I'm the nurse manager of nursing quality in Brooklyn.

00:00:23 Kelly

In today's episode, we welcome back members of our Diversity, Equity, Inclusion and belonging, otherwise known as DEI + B Committee here at NYU Langone Health. As you may recall, we have featured this Group a few times in the past on our podcast.

Today we are fortunate enough to have them return to discuss social determinants of health with our listeners.

This session is eligible for contact hours and in disclosure in compliance with ANCC Commission of Accreditation. This educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest.

I would like to start our discussion with some introductions from our panelists

00:01:06 Deserie Duran

Hi, I'm Deserie Duran, senior director of management and social work at the Brooklyn campus.

00:01:13 Matin, Khadijah

Hi I'm Khadijah Matin

I'm the title 9 coordinator and manager of inclusion for NYU Langone Health systems.

00:01:22 Khan-Schepis, Shaneeza

Hi my name is Shaneeza Khan

I'm a nurse care manager at NYU Long Island campus.

00:01:29 Jasmin Waterman

Hi, I'm Jasmin Waterman Paris and I'm the nursing professional development specialist at NYU Langone Tisch campus.

Julie Wan

It's nice to meet everyone since we're here today to discuss the social determinants of health.

Can you explain what exactly the term means?

00:01:45 Khadijah Matin

Alright, you know, we have these terms of Sdoh and it becomes this big thing, but basically what they are are the non medical factors that affect a person's health.

They include the conditions in which where people are born.

They live work as well as the systems that shape their lives.

There's actually 5 domains in the social determinants of health.

There's your economic stability, the factors that affect a person's financial well-being, their income, employment and

the access to varied resources, then this education, access and quality, the factors that affect the access to education and how well this comprehension and understanding.

And how it meets their learning needs healthcare, access and quality are the factors that affect a person's access.

To medical care and how well it meets their health needs. And I want you to think about all of these factors across generations as well, neighborhood and building and the environment are where do people live?

What are the resources? Do they feel safe?

What are the elements of transportation?

In which they have access.

And then there's the social and community context for each individual. What's their?

Their immediate family, their friends, the different fears of influence, and then who are the people that are important to them?

Social determinants of health can lead to health disparities because they're different outcomes in different groups of people, and how we can address these social determines will then help us to understand how better.

Do we serve?

How do we reach the needs of every patient that walks the door?

00:03:46 Kelly Laurent

Thank you

And how do social determinants of health impact Health Equity and patient health outcomes?

Khadijah Matin

If someone doesn't understand how to read the prescription directions or if someone hasn't had access to attending regular healthcare appointments, if someone.

Is physically or challenged in one way or another and can't maintain or sustain their healthcare.

These are the kind of factors that go in.

I want our listeners to not look at them as a list and then check off.

I want them to think about who's this person in front of us and what are the very needs that exists within them.

I think then we've taken out of this broad blur kind of understanding.

To bringing it to the very specific.

00:04:45 Jasmin Waterman

Zip code can determine your life expectancy is a powerful reminder of how social factors can impact health outcomes as a nurse.

Many patients first contact with a physician often occurs in the emergency room because they lack a primary care.

Provider others are readmitted for conditions that weren't fully addressed after discharge.

Frequent emergency room visits and hospital readmissions often stem from challenges of one of those five social determinants of health domains that Khadija mentioned.

I think of examples of patients who have may have challenges with Health Equity who are impacted by social determinants of health. So some of those examples that come to mind.

Are patients with obesity who may face barriers like limited access to nutritious food or space that are spaces that are safe for exercise.

Perhaps the LGBTQ plus population, who often encounter health care discrimination.

Stigma or even financial obstacles such as high out of pocket costs for transgender related.

Care others labeled non compliant might simply lock the resources to follow care plans.

Rather, that's due to medication costs, work conflicts, or transportation challenges, to say the least.

I think it's important for all healthcare workers to be patient advocates.

To be non judgmental and to be a partner in the patient's care.

00:06:10 Khadijah Matin

You know, Jasmin, I couldn't have said it any better.

And I would like us to kind of underline, imagine if we were looking at this on a board and let's go to her last sentence.

I think it's important for all healthcare workers to be patient advocates.

Would they want for themselves?

Be non judgmental.

It's not. What do you want.

More importantly, how may I serve you and how does that show up for the different patient with their partner in healthcare? And then finally, let's think about it personally.

Your environment.

What are your healthcare needs?

And what are the experiences you've had and what would could you do better? You know, there's varied ways that the human experience present itself and how each social determinant of health.

Shows up well.

It may be different even within the same family.

Within the same community.

Because of how we all identify ourselves.

So again, it's not some vague thing that's out there.

More importantly, it's how may I serve? And if I was the patient.

What do I need? And then we bring that into our work.

00:07:32 Julie Wan

Thank you

I mean something you both kind of mentioned that resonates with me is really being that partner of the patient

It's not here to just treat, you know, whatever medical condition they're walking in with. But really, how do I partner with you and look at what else do you need to take care of yourself?

I'm going to transition this a little bit, so I just wanted to ask, you know, for Desiree and Shaneeza, what are some of the challenges associated with resource accessibility and utilization that you and your team may face.

00:08:11 Deserie Duran

I think to your point, being partnered with our patients, they have to trust us, right? So when we're giving an assessment, whether it's the nurse, the nurse, case manager, a physician, whatever the provider is, it's gaining that trust so that they know that not only do they have a partner, they have a whole team, a whole team of people that are there for them.

So I think one of the challenges it could be is that trust in when we're making assessments.

If they're answering all of those fdlh questions.

What most forthcoming?

Because then you really can't help anyone if you don't really, truly know.

Going on.

I think health literacy is another obstacle. We're hospital savvy.

Health care workers they are not so really meeting our patients where they're at, so that we really, truly understand that they understand.

Why they're here and what are the social factors besides the medical factors bringing them in?

Making sure that they make their follow up community appointments is something that we don't have control over here.

And the inpatient side.

Be making sure that they close the loop, have the transportation can afford ongoing medication.

Are the things that we kind of would lose.

Because once they leave our doors, they may get a post op care

call and some appointments that we can ensure.

And we haven't been able to ensure that they've made it to all their appointments somewhere they need to be.

Shanaeeza Khan

I agree with all those.

Desiree, as medical professionals, we also have to be savvy and knowing cues and ask and and kind of follow up on questions that you feel the patient may be hesitant to answer or looking at their body language.

Very, very important to notice those changes.

We talked about. Sometimes folks are underinsured even though they have insurance.

Lack of insurance effects. A lot of these challenges to have access to.

Services that they need location, believe it or not, even in New York, it's a huge issue. In some parts of New York, NY City, Long Island, upstate New York, to get the specialty services or even primary care services that we need a lot of times.

Lately, what we've learned is that a lot of providers are fully.

So now patients are waiting and longer for appointments. And sometimes we even need our providers to help patients make those appointments to be able to get seen earlier.

Or timely, you know, this delays and aggravates whatever health care issues going on at the moment.

Transportation, as we mentioned before, can be a huge factor in trying to get to those appointments if necessary, and then also having the resources, the finances for those transportation which we try to assess for those challenges in the hospital.

00:10:53 Kelly Laurent

So you guys did a great job talking all about the challenges.

So can you tell our listeners what are some resources that are available from a care management and social work perspective to help these patients?

00:11:06 Deserie Duan

Well, I think what Shaneeza was saying about the underinsured or even uninsured.

We do offer a lot of charity to our patients, whether it's clothing.

We have a food in a bag like non perishable food that we give.

Depends on what need is identified, right? So medications there are some medications that are covered by emergency Medicaid. We look for coupons.

For patients will ask providers if they can maybe change the medications.

Something that's more affordable or in their coverage range.

So those are things that we do before they lead the hospital.

Little so that there's less of a chance of a readmission because we don't want to just send you out with a script and hope for the best. And then you're in the emergency room because it wasn't covered or because you couldn't afford your co-pay. So those are.

Things that we try to address beforehand to try to close that loop as best as we can, we set up appointments for a lot.

Before they leave and we do have a postage storage follow up team that calls the patients that.

Home the next day, so any problems that?

Maybe after that we wouldn't catch, but anything immediately after discharge we can try to catch an address and then you know there's just different areas that, you know, it's food insecurity.

Transportation helping them set up their MOS for Medicaid transportation, things like that.

You spend patients to the FSS for food stamps legal.

We have nylag if they need help with eviction, things like that that we may have identified during their stay.

So those are some of the things we do.

00:12:44 Shaneeza Khan

We try to identify all these things in our assessment when we first meet patients and ask them a list of such questions, actually to try to find out if patients are struggling, what's going on and try to again build that trust to make sure that they're open and to share some of those challenges.

Seen a lot of folks that are having or feeling worried about sharing some of those private information, but it's very important to make your patients feel very comfortable for that reason. Looking at the nursing piece and the social work piece, you know folks need that home care referral to have a nurse or a physical therapist come to the house or going to a rehab for RECO.

Before they head home, we try to facilitate those transfers.

Obviously these can be challenging based on the family availability. Getting folks into areas or rehabs or home care.

That are accessible to the patients. So some of the challenges we've encountered is the agencies not having staff or the rehab facilities being full in their desired area and it can be challenging, but we certainly try our best to do what we can for all our patients.

00:14:02 Deserie Duran

I didnt mention, but like we offer financial counseling to a lot of our patients.

So. I think that that does help if they are able to get some sort of marketplace insurance. If they have no insurance or apply for Medicaid through our counselors or even emergency Medicaid and also for our victims of domestic violence.

And sexual assault. You know, we have partnered with Cvtc and they send ADV.

Kids say that's good, so they have someone with them during their examinations and during this times we really try to meet people where they're at and give them everything. And sometimes it does take repeat assessments in the summer. We ask you have air conditioning in the winter, we.

Do you have heat? Do you have water?

Those are the types of things that we ask kind of repetitively.

It's annoying to the patient.

But you know, somebody might get a different answer because they asked it just the right way.

I think it's just really us trying to be an interdisciplinary team and let the patients know that we are their team.

00:15:06 Shaneeza Khan

Right. And, you know, kind of piggybacking off of that, keeping in mind language barriers and health literacy like some things folks don't put together that this can affect my.

So it's important to be a little bit repetitive at times when you feel that there's something missing or something, doesn't make sense, follow that instinct and just kind of dig in a little bit.

See what else you can find out to help your patients.

Khadijah Matin

You know, if I could just interject as one of the things I've learned in my experiences as chaplain was that not to make assumptions about where someone is right this minute, that that's the full scope of their life. It could have been a dentist who has been RET.

And he's just whatever. Going through changes or someone who you think may not understand really does, but isn't used to having a whole lot of conversations.

They've been living isolated for awhile. And they've forgotten about some of those simple things, like how to share information.

And then, of course, the generations you might get someone. One who's 90 or?

It's a simple thing they need, or someone who's 21 and just doesn't know that this is something that could be available.

I just wanted those are some of my expenses and also finding out what's important to them in terms of their support?

Not assuming of faith or practice, but having them share with you what it could be.

Because that may tell you some of the links are and what certain things might mean, particularly around diet.

So I just wanted to put that to center.

00:16:45 Shaneeza Khan

You know, looking back at the context of that, is that not every size fits all.

So we have to treat patients like you said, meet them where they are and tailor our care to that.

00:17:00 Deserie Duran

Yeah, it's not cookie cutter care for.

I mean, we can start with like the cookie, but then you have to chip away at it and make its own.

But I think you were speaking about dietary concerns and you know some of the things that we do offer our patients are medically tailored meal.

So that really helps.

With avoiding readmissions, giving you the food that really are tailored to either your heart condition, your diabetic condition, your cancer.

So that's one way to really meet people where they're at and we just have to keep thinking of things right. And when you have find a great resource, you share it with your colleagues across the river across the way because.

This together and I think, you know, we all want to do the same thing.

00:17:46 Shaneeza Khan

All right, sharing is caring.

00:17:48 Kelly Laurent

And speaking of sharing, we can share this with all of the listeners today across all of our campuses. So they feel that they have the tools to help their patients. And then as we close our discussion today, I wanted to turn it over to Jasmin, who has an exercise to do with us.

Jasmin Waterman

Thank you, Kelly.

So now that you've heard from our panel about the five domains of social determinants of health, I'd like to do a quick exercise. If you can raise your hand.

And for each statement that applies to you, I'd like you to lower one finger.

Have you ever worried about paying for food, rent, medication, or medical bills?

If so, lower finger.

Have you ever struggled in school due to a lack of resources like Internet access or textbooks?

Lower fingers. This applies.

Have you ever gone without medical care because you couldn't afford it or didn't have insurance?

Have you lived in a place that you felt unsafe or lacked access to fresh food?

Or a nearby grocery store.

Have you ever felt emotionally unsupported or excluded from a Community group or activity?

Well, look at your hand.

Look at what's left.

Now reflect which of these experiences resonated with you the most.

How do you think that these examples impact health and well-being not just for individuals, but for communities as a whole?

This exercise highlights how everyday challenges can directly influence health outcomes.

As for health care professionals, it's our responsibility to consider these factors in every interaction with patients. By doing so, we can provide care that is equitable and truly patient centered. Thank you for listening.

00:19:43 Kelly Laurent

Thank you.

That was very well said and I would once again like to thank all the members of our DE I + B Committee for joining us today and providing a wealth of knowledge for our listeners.

We hope that the listeners found this discussion helpful and useful for their practice when caring for patients whose outcomes may be impacted by their social status.

You can find links to resources including the DE I + B website on the nursing station's Internet page.

But if you have any questions or comments, please e-mail hashtag nursing station podcast and as a reminder, this session is eligible for .5 contact hours.

A survey will be posted with the recording.

Please access this and complete the evaluation to obtain.

This certificate and thanks again everyone for joining and for such a great discussion.