

A CLIENT CARE MODULE

Understanding the Social Determinants of Health & Indirect Discrimination

This course provides an overview of the five social determinants of health and indirect discrimination for caregivers. It includes real-world scenarios intended to encourage critical thinking while assessing one's own bias and considerations for improvement.



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About this Course:

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Audience: Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used:

Lecture Group Discussion Other (Specify) _____

CE Credit: 1/2 hour (30 minutes)

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

Disclosures: At Home Care Pulse, we acknowledge and respect all gender identities that exist today. Gender-specific terms and pronouns may be used in order to ease the text flow of our training. The authors, planners, and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, team building activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

Course Objectives

- ✓ Name the five social determinants of health and give an example of each.
- ✓ Name at least three goals of Healthy People 2030.
- ✓ Define indirect discrimination as it relates to marginalized communities.
- ✓ Explain what it means to acknowledge bias and prejudice.
- ✓ Describe at least two ways you can help your clients overcome their challenges in relation to the social determinants of health.

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Course Outline

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- 3 What are social determinants of health?
- 5 Social Determinants of Health and Aging
- 6 Caregiver Challenge
- 7 Indirect Discrimination
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They Say it Takes a Village

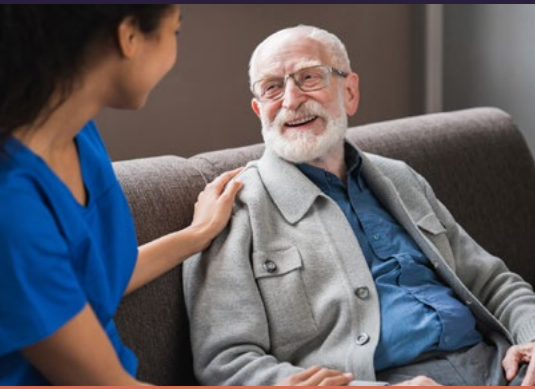
It takes a village to raise a decent human being. At least, that is what Andrew's mother used to say when she was alive. His mother, Sarah, passed away six months ago. They were best friends and housemates. They did everything together and were heavily involved in the community. After Sarah died, Andrew received a small inheritance. He uses the money to move away from his hometown after deciding it was too painful to stay. Recently diagnosed with congestive heart failure, Andrew can not get around like he used to. Going up and down stairs makes him tired. Alone and new to the city, he uses the last of his inheritance money to hire a local caregiver, Jasmine, to help him adjust to his new condition. Jasmine helps him with tasks that have become difficult for him. She accompanies him as he runs daily errands.

"A person's "village" is formally known as their social determinants of health."

Jasmine has been a caregiver for seven years. Never has she seen a client living in such poor conditions as Andrew. His small, one-bedroom apartment is in a new community but his apartment is on the third floor, which is difficult for him to navigate. He has mounds of laundry in every corner. He lives at least 30 minutes away from the nearest shopping center with a laundromat. There are no community halls except for the local city rescue mission. Andrew does not have a local primary care physician, and he is almost out of his prescription medication. He says he cannot afford his medication this month. Recently, Andrew's old car broke down, and he can't afford to get it fixed. He has no local family or friends to turn to for support. Jasmine knows she has her work cut out for her while taking care of Andrew, but she is up to the challenge. She knows that to improve Andrew's quality of life and care, she will need some help from his "village."

As with any traditional saying, one might ask how much truth there is to this "it takes a village" saying. Does our environment (and the people in it) influence the quality of our lives? The answer is a confident and resounding "yes!"

Many years of research have gone into determining how "the village" impacts our lives. Research is also done to see what we can do to change its impact on our lives. These research findings help lawmakers create social policies and healthcare laws. A person's "village" is formally known as their *social determinants of health* (called SDOH, for short).



Think About It:

How does knowing the five SDOH prepare you for your clients' unique challenges in their day-to-day lives?

Andrew's caregiver, Jasmine, has her work cut out for her. Can you identify which social determinants of health Andrew needs help with?

- Andrew cannot afford his medications. His economic stability may need some support.
- Andrew does not have a primary care doctor in his new location. He may need assistance setting up a new appointment.
- Andrew has shelter, and that is great! But his shelter is located far away from services he needs to take care of activities of daily living like laundry and grocery shopping.
- Andrew lost his mother recently, and they were very close. In a new city, he has not yet established new friendships, and no family is close by. Jasmine is his only contact currently.

Social determinants of health are used worldwide to develop new human rights. Government agencies use SDOH to choose communities that need more help during emergencies. Some even use it to estimate life expectancies across the globe!

Why do you need to know about your client's social determinants of health? As a caregiver, you will encounter the trials and triumphs of your client's "village" each shift, just like Jasmine did. You will help them plan for supplies like food, water, and medicine. You may have to talk to emergency staff and providers. If you know the strengths and weaknesses of your client's social factors, you can increase the quality of care you provide. Keep reading to learn more about how the environment and social situations affect your clients and what you can do to help.

What are social determinants of health?

Healthy People 2030

To understand how to help your clients with their social determinants of health, you must first know what those factors are. You can think of SDOH as the condition of the village your clients encounter in their day-to-day lives. Things like where someone was born or where they work, play, or live affect life quality.

The U.S. government handles and promotes the social determinants of health. Because environments differ from person to person, the government started an initiative called Healthy People 2030. The goal of the initiative is to improve the health of everyone in the United States. Every ten years, the government develops new goals for each of the five main areas of SDOH which include:

Economic stability

When people can't afford things like healthy food, health care, and housing, they are less likely to meet their health needs.

Education Access and Quality

People with higher levels of education are likely to live longer, healthier lives than those who do not have access to quality education.

Neighborhood & Built Environment

The condition of a client's neighborhood has a big effect on their health and well-being. The results can be both good and bad.

Social & Community Context

The relationships your client has with others may impact their health and well-being.

Healthcare Access & Quality

When clients don't get the healthcare services they need, they are more likely to experience a poor quality of life.





More about Healthy People 2030

As a professional caregiver, you must meet your clients where they are. You will be expected to help them overcome the challenges created by their environments. Healthy People 2030 has identified five challenges and goals in five areas of SDOH. They are:

Healthy People 2030	Economic Stability	Education Access and Quality	Healthcare Access and Quality	Neighborhood & Built Environment	Social & Community Context
Goal	Help people meet their health needs by assisting them with earning a stable income.	Increase education opportunities that help kids and teens do well in school.	Increase access to comprehensive, high-quality health care.	Create neighborhoods and environments that promote health and safety.	Increase social and community support.
Challenge	<i>Many people who have stable jobs are still unable to afford the shelter and food they need to be healthy.</i>	<i>Some children live in areas where the available education options are poor. Many families cannot afford college or private education.</i>	<i>Some people don't have a primary doctor or healthcare provider. Others live too far away and have little means of transportation.</i>	<i>Many people live in unsafe areas due to violence, air pollution, or dirty water.</i>	<i>Many people are facing social challenges they cannot control.</i>

Fact Check

- ☑ In the U.S., one in 10 people lives in poverty. Many workers in the U.S. have steady work but do not make enough money to buy what they need to stay healthy. As of March 2022, Healthy People 2030 saw little to no improvement in this area.
- ☑ One in 10 people doesn't have health insurance. When clients are without health insurance, they may not have a primary doctor and may not be able to afford the health care and medications that they need.
- ☑ Caregivers play a special role in determining when clients are unable to keep a healthy lifestyle. Reach out to your supervisor if you feel your client is a candidate for services that may be available to help.



Jasmine's Corner

Jasmine takes notes of the challenges Andrew is facing and reaches out for help. As her shift ends, she emails her supervisor her concerns for Andrew's well-being.

Together, they gather resources to assist Andrew with finding a new local doctor. A local community organization who partners with Jasmine's agency offers to provide laundry and transportation services to Andrew. Andrew's new doctor office assigns a social worker to his case. The social worker is able to provide Andrew with discounts on his medication. His social worker also connects Andrew to a congestive heart failure support group that meets every week for a social hour. Andrew thanks Jasmine for her help in getting his new life set up in a new city.

Caregiver's role in mediating SDOH

Social Determinants of Health and Aging

Aging is inevitable, as are the physical and emotional challenges we all will face as we age. Older adults want to keep their independence, familiar surroundings, and way of life as much as possible. The key to your role as a caregiver is helping clients to meet challenges from their favorite location: home.

Older adult clients face unique economic, learning, healthcare, neighborhood, and community challenges. The connections they have had their entire lives are decreasing. As family members, friends, and healthcare providers age, they pass away. Opportunities to gain new skills or knowledge tend to focus on children and young adults. That can be discouraging to older adults interested in learning something new. Your client's finances may be in the hands of family members outside of the home. You can help! Caregivers can reach out to their supervisors for help locating appropriate resources. For example, access to new environments such as senior centers, social halls, and meet-up gatherings can create pathways to a longer, healthier quality of life.



Caregiver Challenge

You have learned about the five social determinants of health. You can understand why knowing a client's home "village" is vital to success as a caregiver. You know that a client's ability to get healthy foods, proper medications, and quality health care depends on their ability to afford it. Your client's access to great resources affects their quality of life. Learning, health care, connected neighborhoods, and safe communities are important for a happy life. A caregiver

equipped with knowledge has everything they need to lead their client toward a long and happy life.

Let's play a game! Below are some challenges your clients might face throughout the social determinants of health. Match the appropriate caregiver solution to each client challenge below:

Client Challenge	Caregiver Solution
<p>MIRABELLE Mirabelle, an 81-year-old client, has been feeling lonely lately. Four months ago, Jenny (Mirabelle's best friend) passed away. Every month, on the afternoon of the 15th, Mirabelle sits at her card table and weeps. In the past, Mirabelle and Jasmine spent those afternoons together, learning a new card game and reminiscing about life.</p>	<p>A One of the Healthy People 2030 goals is to increase social and community support. Knowing that neighborhood connection will boost your client's life quality, you begin to look for local community resources. Remembering that your client is newly disabled, you reach out to your supervisor and ask about community groups that connect and support disabled runners in the area.</p>
<p>ALINE Aline is a 27-year-old client currently undergoing chemotherapy after being diagnosed with breast cancer. Living alone, Aline requests a caregiver to assist her throughout the week with household duties she is too weak to perform herself. You offer to cook a meal for her, and she says, "Oh, that's ok. I don't have much food right now." This isn't the first time Aline has said this to you. Glancing at her pantry, you notice she only has a couple of chicken noodle soup cans.</p>	<p>B Knowing that your clients need to feel safe and connected to their community, you ask your supervisor what resources might exist for older adult community gatherings. Remembering that your client is recently disconnected from learning new things, you ask about community groups that strive to create a learning environment that is engaging and fun.</p>
<p>UMI 67-year-old Umi receives care at home while recovering from a recent stroke. Umi, an avid marathon runner, spends his days at the window, watching the neighbors as they dash by on their morning runs. You offer to take him outside to sit on the porch, and he says, "I can't go out there. I can't keep up with them, and I don't want them to see me like THIS!" Umi exclaims.</p>	<p>C A client's negative idea of health care from past experiences often affects their view of looking for health care in general. Any act of discrimination or denial of services by healthcare staff can become a barrier to care later. Knowing this, you offer the client a safe space to talk about past experiences. You contact your supervisor, who provides a list of healthcare resources with known reputations for inclusive quality care.</p>
<p>CHRISSEY Currently identifying as a woman, Chrissy was born a male child 70 years ago. Chrissy's dementia is worsening, and her partner, Michael, has arranged for a caregiver to come to their home while he is away tending to the family business. Wary of healthcare workers, Chrissy refuses to cooperate with her daily care, telling you, "I don't need you. I don't know why you are here. All you are going to do is make fun of me and call me terrible names."</p>	<p>D Access to quality foods is essential for your client's health and well-being, especially for those undergoing chemotherapy. You address this access to quality food by reaching out to your supervisor and asking about community kitchen resources to help provide your client with quality groceries while undergoing treatment.</p>

Enter the letter of the correct solution: **MIRABELLE** ____ **ALINE** ____ **UMI** ____ **CHRISSEY** ____



Indirect Discrimination

Monitoring for Indirect Discrimination

As a caregiver, you have been trained to treat all clients with dignity and respect, regardless of the societal factors that may be impacting their health. However, clients who face challenges with their SDOH are more likely to become victims of discrimination. Obviously, no client should become a victim of discrimination while in the care of a trusted healthcare provider. Unfortunately, it does occur. A client may experience discrimination when the healthcare provider does not care for a client's skin color, nationality, religion, or sexual orientation. Sometimes, discrimination is blatant and intentional (for example, not assisting a client with bathing because of their skin color). Other times, discrimination is more hidden and challenging to identify. This sneaky discrimination is called "indirect discrimination."

Indirect discrimination occurs when rules or laws unfairly impact a protected community. For example, not allowing headgear in a community where traditional headgear is common is a form of indirect discrimination. Some organizations require high scores before accepting an application from a candidate. However, requiring high scores can be a form of indirect discrimination if the score is too hard to achieve by a racial minority, but easy to achieve for others.

If your clients ever feel unwelcome because of an organization's rule or policy, they may be victims of indirect discrimination. This is true even if the rule wasn't meant to make anyone feel unwelcome. Indirect discrimination is defined by the terrible way it makes a victim feel.

As you care for your clients, especially members of a protected community, take the time to listen to their concerns when they feel mistreated. While you may not be able to change rules and policies, you can still assist your client. Reach out to your supervisor for local community resources that are inclusive and promote equal access for your client.

Consider this:

Yalda, a 68-year-old woman from Pakistan, is visiting her family in Georgia. The family lives in a community with a high population of refugees from her home country. Like all the women in her refugee community, Yalda follows the religious tradition of maintaining modesty by wearing a headdress known as hijab. During a recent trip to a local convenience store, Yalda and her sister, Yara, were not allowed to enter the store. They were confronted by the store manager. He pointed to a sign that read, "No headgear allowed," and asked the ladies to remove their headdresses before entering. Unable to do so, Yalda and Yara returned home without completing their shopping.

What were some points that stood out in this example of indirect discrimination?

1. A high population of refugees. Refugees are often from a much different place, making them likely targets for discrimination.
2. Unlike local women, women in the refugee community wear headdresses to maintain modesty as religious tradition.
3. A "No headgear allowed" business sign in a community with a high population of people who wear traditional headdresses.

While a "No headgear allowed" sign will also require people to remove hats and other accessories, hijab is a part of Yalda and Yara's well-being. Women in their community have been wearing hijab since childhood. Requiring the women to remove their hijab is a form of indirect discrimination.



Myths

1. Poor access to health care is the number one reason people are not living longer. Not true! Kaiser Family Foundation, a nonprofit public charity organization, found that social factors (poor neighborhoods, social isolation, low education levels, and life stressors) are responsible for 1 in 3 deaths in the U.S. annually. For example, helping Andrew get connected with a primary care physician was only one factor in his overall health. He also needed help with transportation, finances, and societal factors to improve his chances of living a long, healthy life.

2. If you know your client's poverty level, you can make pretty accurate predictions about their overall health risk. Focusing on your client's situation as a whole, rather than focusing on individual factors, will better predict their overall health risk. Andrew faced many factors that put his health at risk. He had to overcome social isolation, lack of transportation, and even access to a washer and dryer.

Andrew received great care from Jasmine. She could have focused only on Andrew's immediate health needs. Instead, she made sure to bring all of her concerns forward, including Andrew's social, financial, and home environment needs.

Check your Biases

Do you have biases? Many of us hope not. However, the reality is we each come with our own programmed ideas of how we see the world around us. And you know what? That is entirely normal and not necessarily bad. Researchers disagree about whether bias and prejudice are innate (we are born with it) or learned (shaped by our life experiences). The researchers agree on one point: we must acknowledge our biases and prejudices before we can address them! Once we recognize our own biases, we can begin to see the world around us in a different light.

As a caregiver, it is your responsibility to ensure that every client is treated with dignity and respect. That task can be difficult if your own thoughts and judgments (let's call them barriers) get in the way. How do you recognize your barriers? Take a look inside. Imagine previous instances where you have encountered someone different from yourself. Reflect on your first impressions of that person. Then, reflect on your final conclusion about that person after getting to know them. This practice, called introspection, is a valuable tool in getting to know yourself in the safest space: you! Another effective tool is mindfulness. Meeting someone new under the added pressure of caring for them is a stressor. Stressful situations tend to allow our biases to creep up. Being mindful of this can allow us to take a step back, take some deep breaths and review the situation in a more open light. Let's step up to the challenge:

- Imagine someone approaching you dressed in traditional clothing very different from your own. How does their approach initially make you feel? Uncomfortable? Indifferent? Afraid?
- When that same person warmly greets you and introduces themselves as the husband of your new client, do you feel differently than you did initially? Why, or why not?
- Your client's husband welcomes you to their home and offers to buy you a favorite item from the local coffee shop. After learning that you share a favorite menu item, the friendly stranger leaves you for the coffee shop. As you reflect on the encounter, what might you have learned about your own biases? Are you surprised?





Final Summary

The five social determinants of health help the government make important decisions that protect the health and well-being of communities. The Healthy People 2030 initiative uses SDOH to improve the health of people everywhere. It is updated every ten years with new objectives and challenges. Caregivers familiar with SDOH are prepared to go above and beyond for their clients. They can recognize outside influences that could be negatively impacting a client. Caregivers can help by asking their supervisors for helpful resources for their clients.

Indirect discrimination is a hidden form of discrimination. It hides in rules and policies that often impact minority or protected communities. It does so by indirectly excluding them from access. Being aware of indirect discrimination can help caregivers with clients who may be experiencing this type of exclusion.

As a caregiver, awareness of your own biases and prejudices is important in your quest to give excellent care to every client. Introspection and mindfulness are tools you can use anytime to confront your own barriers to care.

Review What You've Learned

Jot down a couple of things you learned that you didn't know before.

Post Test

1. **Which of the following are focus areas of SDOH?**
 - A. Economic Stability
 - B. Education Access
 - C. Healthcare Access
 - D. All of the above

2. **Which of the following is an example of indirect discrimination?**
 - A. An old rule stating violence will not be tolerated by management under any circumstances.
 - B. A rule that food will not be allowed in treatment areas.
 - C. A rule that headgear will not be allowed inside a facility located in a community where traditional headgear is commonplace.
 - D. A rule that bicycles are not allowed inside the building in an area where bicycles are the main mode of transportation.

3. **One of the areas of SDOH is neighborhood and environment. To monitor this for your clients, you should observe:**
 - A. The relationships a client has with family.
 - B. The neighborhood that a client lives in.
 - C. Access to healthcare services a client needs.
 - D. Whether or not a client can afford food.

4. **Another area of SDOH is economic stability. To monitor this for your clients, you should observe:**
 - A. The ability to pay for groceries.
 - B. Whether or not a client's neighborhood has a community hall.
 - C. Access to public transportation.
 - D. The location of a client's family doctor.

5. **True or False**
Increasing social and community support is a goal of Healthy People 2030.

6. **True or False**
Our personal biases do not affect how we perceive the world around us.

7. **True or False**
Personal biases can be overcome by simply ignoring them.

8. **True or False**
As long as a client is receiving excellent medical care, they will be healthy overall.

9. **True or False**
According to Healthy People 2030, most people are facing social situations that they cannot control, such as the family dynamic they were born into.

10. **True or False**
If your clients ever feel unwelcome because of an organization's rule or policy, they may be victims of indirect discrimination, even if the rule wasn't meant to make anyone feel unwelcome.

.5 Hour CE Credit

Employee Name:

(Please Print)

Date: _____

- I understand the information presented in this inservice.
- I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature:

Supervisor Signature:

Note to supervisors:

File completed test in employee's personnel file.