Health Equity

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Joint Commission Requirement CY 2023
Address healthcare disparities as a quality and safety priority
Assess patients' health-related social needs and provide information about community resources and support services
Identify health care disparities in patient population
Develop an action plan to address at least one identified health care disparity, and act when goals are not achieved or sustained
Annually inform stakeholders, leaders, staff about progress to reduce health care disparities
Objectives: 1. Improve patient/community inequities impacting health and general wellbeing 2. Readiness to align with a new VBR opportunity for PCMH 3. Readiness to align with future CMS requirement (i.e 2024) and associated VBR if applicable

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Structure of Health Equity

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Health Equity Committee

- Committee Leadership: Quality Department
  - Manger of Quality
  - Process Improvement Coordinator
- Members
  - Community Wellness Leader
  - Acute Care Social Worker
  - Care Coordinator(s)
  - Acute Care Leader
  - Care Coordinator Leader
  - VP of Quality and Innovation
  - Nurse Practitioner from SPC-BA
  - Patient Access
  - Joint Commission and Customer Experience Coordinator
- Future Addition
  - Outpatient Social Worker

CHNA

IMPLEMENTATION STRATEGY WORK PLAN

Community Health Needs Assessment Work Plan

	Summer Rec Program	Scheurer Fit Weight Loss Challenge	Let's Go 5-2-1-0	Girls on The Run	Mental Health Awareness Booth
Description	Six-week day camp offered to area youth ages 8-12 to explore wellness through healthy eating, physical activity, education and more	12-week team-based weight loss challenge incorporating 5-2-1-0	In-class program for Elementary students in K-5	8-week after school program to help build confidence and other important life skills through dynamic, interactive lessons and physical activity, Grade 3-5	Informational and educational mental health booth at community events annually

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RN Assessment

Abuse/Human Trafficking

Time taken: 5/10/2023 1055 Responsible Create Note

Show Row Info Show Last Filed Value Show Details Show All Choices

Domestic Violence/Abuse

Has the patient ever been abused?

Yes | No | Other (Comment)

Human Trafficking

Is human trafficking suspected?

Yes | No | Other (Comment)

Social ADL

Do you have a legal guardian — Yes | No

Is English your primary language — Yes | No

Need for an interpreter — Yes | No

Can we support your beliefs/religion — Yes | No

Have you ever been abused — Yes | No

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SDOH Assessment

Financial Resource Strain	
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	
Housing Stability	
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	
In the last 12 months, how many places have you lived?	
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	
Transportation Needs	
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?	
Food Insecurity	
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	

SDOH Responses

Clinics	Financial Insecurities	Food Insecurity	Housing Stability	Transportation Med/Appts	Daily Transportation	Positive Screens
SPC-Sebewaing	40 out of 342	6 out of 336	6 out of 339	1 out of 339	1 out of 304	54
SPC-Pigeon	4 out of 14	1 out of 7	1 out of 6	0 out of 10	0 out of 10	6
SPC-Elkton	10 out of 194	0 out of 115	4 out of 114	1 out of 114	0 out of 116	15
SPC-Caseville	0 out of 3	0 out of 3	0 out of 3	0 out of 3	0 out of 3	0
SPC-Bad Axe	2 out of 5	0 out of 4	0 out of 4	1 out of 5	1 out of 4	4

Inpatient	Financial Insecurity	Food Insecurity	Housing Stability	Transportation Med/Appts	Daily Transportation	Positive Screens
	9 out of 19	2 out of 18	2 out of 18	1 out of 18	0 out of 18	14

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Quality Metrics

Measure: SDOH-1 Inpatients screened for SDOH		Q1 23	Average	Goal
		50%		50%
Numerator: Number of inpatients >18 years of age who were screened for 5 domains (food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety).	18			
Denominator: Inpatients >18 years of age	36			
Evaluation:				
Methodology: Process Improvement Coordinator collects data manually Exclude: patients who refuse screening, patients unable to complete screening during stay and have no legal guardian or caregiver who can do so on their behalf				

100
75
50
Q1 23
Q2 23
Q3 23
Q4 23

Measure: SDOH-2 Inpatients with positive SDOH screen		Q1 23	Average	Goal
		44%		
Numerator: Number of inpatients >18 years of age screened positive for any of the five domains of SDOH	8			
Denominator: Number of inpatients >18 years of age who were screened for all 5 domains	18			
Evaluation: **Financial: 9/19** **Food: 2/18** **Housing: 2/18** **Transportation Meds/Appts: 1/18** **Daily Transportation: 0/18**				
Methodology: Exclude: patients who refuse screening, patients unable to complete screening during stay and have no legal guardian or caregiver who can do so on their behalf				

100
75
50
Q1 23
Q2 23
Q3 23
Q3 22

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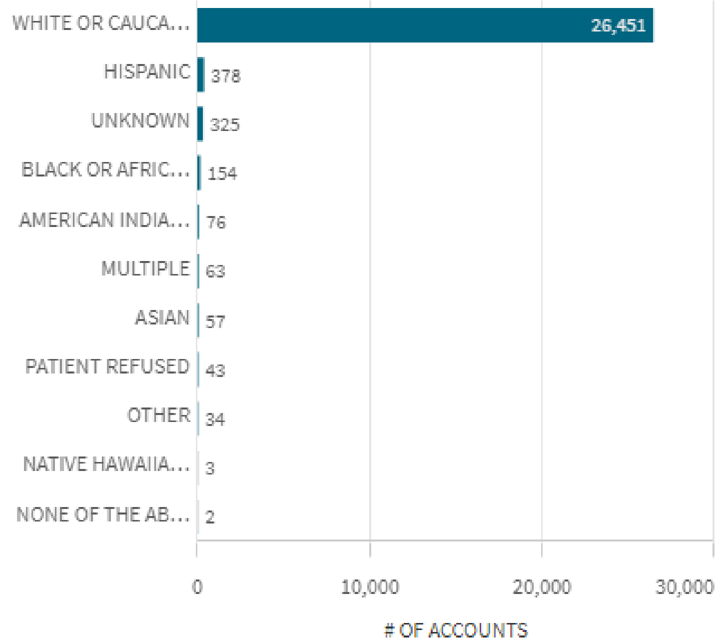
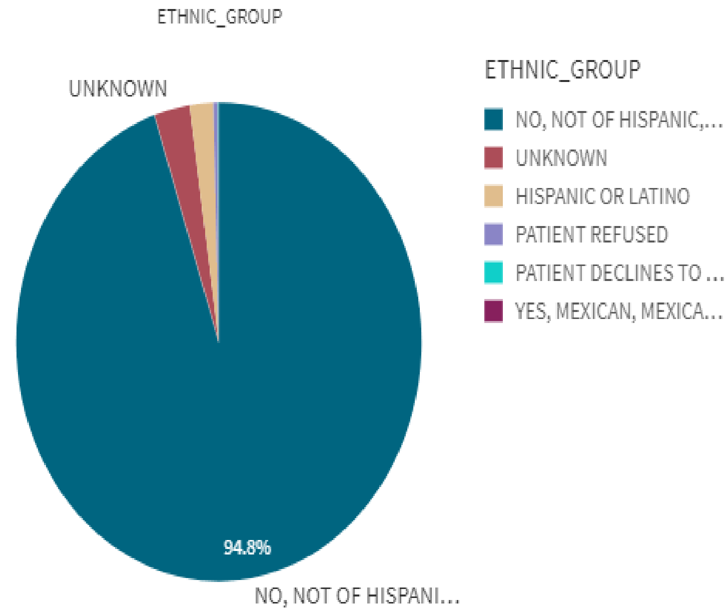
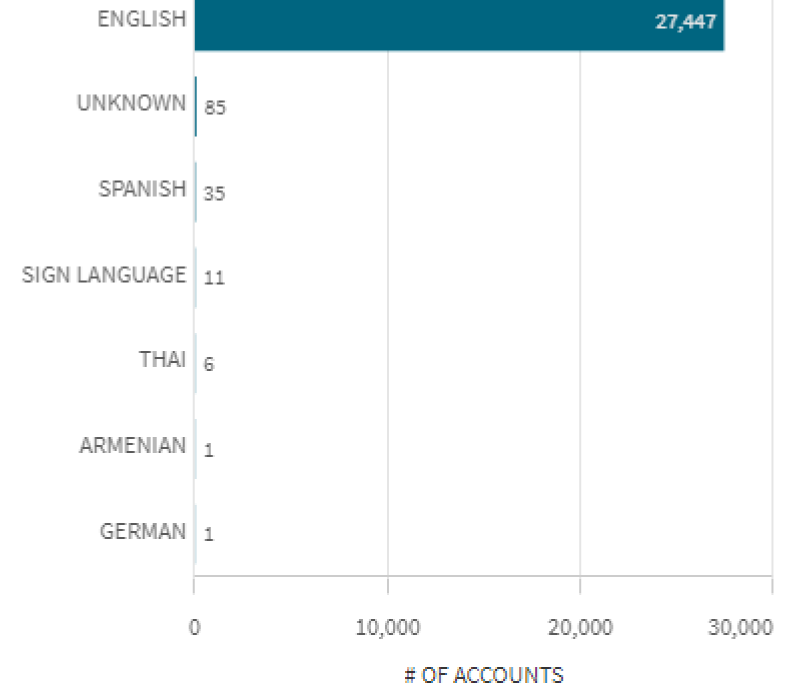
Demographic Assessment







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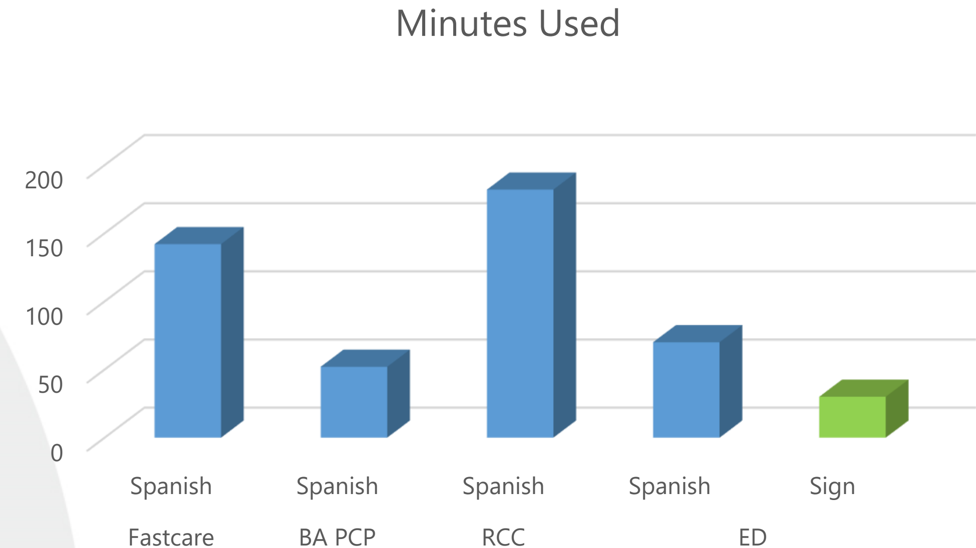
Translation Assessment

- Fast Care: 142 min Spanish
- Bad Axe: 52 min Spanish
- Walk-in: 182 min Spanish
- ED: 70 min Spanish/ 30 min Sign



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Reducing Inequities

- Meals on Wheels
- Low Café cost
- Community Garden
- Financial Assistance
- Access to Specialty Providers
- Community Wellness Programs
- Bridges Out of Poverty

Questions??

"Improve health equity by assessing patients, monitoring data and understand demographics to provide sufficient resources for those facing disparities" – TJC

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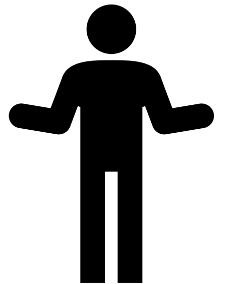

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