Session

Public Health Social Work and Social Determinants Roundtable

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APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Abstract

Associations between spirituality, perceived discrimination and breast/cervical cancer screening for muslim American women in New York City

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Background: Muslim American women have lower rates of breast and cervical cancer screenings. We sought to better understand the impacts that perceived discrimination and spiritual beliefs have on the likelihood of obtaining breast and cervical cancer screening for Muslim American women.

Methods: We conducted an intervention study comparing two groups at baseline and at a four-month follow-up, using the Perceived Ethnic Discrimination Questionnaire (PED-Q) and the Spiritual Health Locus of Control Scale. Controlling for education and total number of years in the U.S., logistic regressions were used to predict the likelihood of obtaining (1) a mammogram or (2) a Pap smear at baseline.

Results: Participants were South Asian (64.2%), Middle Eastern (32.3%), and Southeast Asian (3.5%). The majority were foreign-born (98%) and had a household income under $30,000. Most Muslim women preferred to receive medical care from a healthcare provider of their same race, ethnicity or religion (63.34%) or of their same gender (76.47%). Experiencing exclusion/rejection impacted the likelihood of obtaining a Pap smear (p=.020). Passive spiritual beliefs were strong predictors of both mammogram (p=0.029) and Pap test (p=0.019) receipt.

Discussion: Muslim American women hold strong beliefs regarding the link between spirituality and health. These beliefs help explain how and when Muslim women choose to access healthcare. Core social work values highlight the importance of respecting diversity, promoting inclusion, and recognizing the intersectional nature of structural oppression. By bridging the gap between healthcare accommodations and Muslim cultural traditions, we can better address the health needs of this minority community.

> Chronic disease management and prevention Diversity and culture Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs Provision of health care to the public

Abstract

Medication adherence in low-income, minority children with poorly controlled asthma: Predictors of having pharmacy records of child asthma medications

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Background: Asthma morbidity disproportionately impacts low-income minority children. Medication adherence is essential to improve asthma outcomes in this population. The purpose of this study was to examine predictors of having pharmacy records of child asthma medications.

Method: Participants (N=222 families) completed a randomized clinical trial evaluating the efficacy of an environmental control educational intervention for children with poorly controlled asthma who were treated in the Emergency Department for an asthma exacerbation. Binary logistic regression was used to determine individual and family-level predictors of having pharmacy records of child asthma medications in the year before enrollment.

Results: At baseline, the majority of children (mean age=6.3) were African-American (93.7%), impoverished (49.5% below Federal Poverty Level), and 11.2% did not have a record of asthma medications at any pharmacy identified by the mother. Children without pharmacy records of asthma medications had fewer routine asthma care visits in the past 3 months, were less likely to have seen an asthma specialist in the past 2 years, were more likely to have a biological mother with asthma, and to have a mother with more depressive symptoms (Center for Epidemiological Studies-Depression scale). In multivariate analysis, every one-point increase in CES-D score was associated with 5% lower odds of having pharmacy records of child asthma medications.

Conclusions: Maternal depressive symptoms are associated with lower odds of having pharmacy records of child asthma medications. Public health interventions in asthma should address maternal mental health as a factor contributing to poor asthma medication adherence in low-income, minority children.

> Chronic disease management and prevention Social and behavioral sciences

Abstract

The extra costs of vision loss: A mixed methods investigation

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Background. People with vision loss experience many additional costs that individuals without a vision impairment do not incur. This mixed-methods study aims to both quantify the financial impact of low-vision on a person's standard of living and illuminate the kinds of disability-related expenses experienced by working-age adults with visual impairments.

Methods. Secondary analyses are provided of working-age adults from two nationally representative datasets of the US population: the Pulse Survey (N=4,134), and the Health and Retirement Study (N=3,120). Ordered-logistic and logistic regression and the standard of living method previously applied to estimate the extra costs of living with a disability are used. We further conducted interviews and focus groups with 16 individuals with low vision to identify potential drivers of these costs.

Results. The results suggest that adults with low-vision must earn from 22 to 37 percent more income to achieve their standard of living (i.e. pay bills on time and make ends meet financially) than their non-visually impaired counterparts. Findings from the qualitative analysis identified glasses and low-vision devices, travel costs, health care costs, food-related costs, home-related costs and emergencies and unplanned costs as potential drivers of the financial burden identified.

Conclusion. The study contributes to an emerging literature that documents the extra costs of disability and marks the first mixed-methods investigation of the extra costs of living with vision loss. Implications include the need to assess the reliability of poverty measures for this population and to consider how disability-related benefits might mitigate these costs.

Abstract

Best practices for the pre-assessment phase of a participatory rural community needs assessment

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Community needs assessments are important to understanding existing resources and areas for growth. The community assessment process is rooted in community-based models of engagement, however, the literature mostly describes best assessment practices for urban communities. We identify best practices during the pre-assessment phase of a three-phase community assessment in rural areas that can be used by social workers engaged in macro public health practice.

We used general qualitative inquiry to understand best practices in rural community assessment and utilized snowball sampling to find experts in rural community assessment (*n*=18) for phone interviews. Experts were asked about process and best practices for the three phases of community assessments (pre-, active-, and post-). Interviews were recorded and transcribed.

The interviews produced four areas of best practices: (1) identifying the group with whom the assessment was conducted (the community demographic), (2) identifying initial needs, (3) empowering community members to engage in the process, (3) prioritizing needs, and (4) use of tools and frameworks to guide their work. Some specific practices for rural assessment were identified within each of these areas.

Our results bear implications for rural public health social workers who conduct community assessments utilizing a community-based participatory approach -- this project is the first to identify best practices specific to the pre-assessment phase of a comprehensive rural community assessment and can help guide macro social work practitioners working with coalitions/organizations in future community-based assessments. It also provides a systematic approach that social workers can use when conducting community assessments.

Abstract

Culturally relevant mental health service: The "integrated care coordinators" program for Korean immigrants

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Background: The "Integrated Care Coordinators" (ICC) program is a collaborative project between two community-based agencies, each serving Korean and Vietnamese communities. By providing culturally competent navigator services in an integrated health care setting, the ICC program aims to reduce mental health disparities among Asian immigrants. The purpose of this study is to evaluate the effectiveness of the ICC program in reducing psychological symptoms and in enhancing quality of care and access to services. We will focus on the Korean immigrant population in this presentation.

Methods: Surveys were staff-administered in Korean at the time of participants' enrollments into the ICC

program and at discharge (N=57). Survey questions included sociodemographic variables, mental health status, and access to and utilization of mental health services.

Results: Pre and post-test results showed statistically significant reduction in psychological distress among Korean participants: t (56) = 5.41, p <.001. A series of mixed-design ANOVA revealed that main effect of time was significant but not the interaction term with time and other participants' characteristics, such as age, gender and English proficiency: Psychological distress scores of participants were significantly decreased at post-test, regardless of their age, gender and English proficiency. The results indicate that ICC intervention is individually-tailored and effective across participants with different characteristics.

Conclusion: This study provides potential evidence for culturally relevant practice innovation for underrepresented immigrant clients who are at risk of developing mental illness. Implications for social work practice in public health setting will be discussed.

Administer health education strategies, interventions and programs Conduct evaluation related to programs, research, and other areas of practice Diversity and culture Planning of health education strategies, interventions, and programs Public health or related education Social and behavioral sciences

Abstract

The social determinants of health and the electronic health record (EHR): Who is doing what?

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Purpose of Study: The social determinants of health (SDOH) are widely understood to profoundly influence healthcare access and outcomes. Two common SDOH include food and housing insecurity. Minimal research has examined how screening and addressing SDOHs is documented in Electronic Health Records (EHR).

Methods: The Electronic Medical Record Search Engine uses key words to identify specific patient pools using EHRs. Term bundles were developed and tested to identify patient notes related to food and housing insecurity. Analysts pulled 240 EHR notes from a sample of patients from within a large health system. From these, a random sample of notes (n=120) were selected and analyzed.

Key Findings: In 78% of the notes documenting food insecurity, and 65% of notes mentioning housing insecurity, discrete interventions were provided. Social workers were the primary workforce providing interventions; physicians and dieticians were the next most likely groups. Types of interventions varied slightly by SDOH; patients most often received coordination of services, resource provision, and referrals. A list of key words that successfully identified SDOH in notes will be presented. The workforce was obscured by the EHR data, further investigation was required to reveal the professionals attending to a SDOH issue.

Implications: Addressing patient SDOH is a crucial part of providing comprehensive health care. According to EHR data, social workers play a critical role in addressing patients' SDOH. Findings contribute to a broader conversation on SDOH documentation and interventions used in health settings as well as how to conduct workforce research using EHRs.

Other professions or practice related to public health

Abstract

Panel session abstract - community outreach and transitions of care as psychiatric crisis prevention: A new engagement model

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In the evaluation of system-wide outreach and mobile resources available to the acute psychiatric population in an urban environment, we determined a significant gap in the service: there were no services to assist high-need, non-crisis patients in transition from hospital-based care to the outpatient mental health clinic setting and prevent re-hospitalization.

The Mobile Outreach Team (MOT) is a dyad comprised of a licensed masters-level social worker and a credentialed peer counselor, outreaching patients on hospital unit floors, in the community, and via telephone. The MOT's engagement-based intervention supports immediate barriers to attending clients' outpatient mental health care appointments and focuses on motivational interviewing. All adults (18+) discharged from the inpatient and emergency psychiatric units to the hospital's outpatient clinic with accepted insurance are eligible for MOT intervention, including at least one in-community or telephonic session and a warm hand-off, meeting the patient at the clinic.

From June 2018 to January 2020), the MOT has offered services to 200 individuals with 196 initially accepting service (96%). Of those accepting MOT, 165 (84%) accepted an in-community/telephonic outreach session with the MOT. Finally, for those who accepted & were seen by MOT, the first clinic appointment attendance rate was 96% (159), or 81% of all individuals with whom MOT made initial contact (159/196). Second clinic appointment attendance was 90%, 60-day clinic retention of those patients was 96%, and 90-day clinic retention of those was 79%. Likelihood of re-hospitalization for patients who accepted and were seen by MOT within 90-days of discharge is 39%.

> Conduct evaluation related to programs, research, and other areas of practice Program planning Provision of health care to the public Systems thinking models (conceptual and theoretical models), applications related to public health

Abstract

Emotional preparedness: A nuanced approach to disasters and social workers' well-being

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In the disaster literature, there is currently no single term that adequately encompasses the myriad components of addressing one's own emotional needs before disaster strikes. Existing terms broadly address one's own household, physical and psychological needs. However, aspects of emotional well-being, including anxiety, anticipation, and fear of the unknown, are commonly reported but not included. Including a focus on emotional preparedness could decrease rates of mental health and substance abuse concerns among individuals who survive disasters. We propose and demonstrate how "emotional preparedness" differs from other disaster-related terms and should be a significant consideration during disaster preparedness and response because it has a direct impact on social workers' ability to serve their clients during disasters. To assess the facets of emotional preparedness, we collected data from eight social work leaders and two frontline inpatient social work staff at select US Department of Veterans Affairs (VA) facilities that experienced devastating Hurricanes in 2017. Findings were analyzed thematically and based on substantive significance. Our results suggest that emotional preparedness encompasses: 1) emotional anticipation of landfall of the disaster; 2) the individual cyclical response; and 3) the worries about having to provide additional services outside one's scope of practice. Emotional preparedness appears to help social workers' better balance their ability to respond to clients' needs with their own personal and psychological concerns during disasters.

Other professions or practice related to public health Public health or related research Social and
behavioral sciences

Abstract

Achieve equal opportunity and justice: The development of a racial justice profile

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Power is relative, relational and manifests at levels ranging from policy decision-making to local public health
and social work (PHSW) intervention implementation. Although the exercise of power is often considered at
the national level, it's important to recognize those who may be powerful in particular local contexts and how
they influence the equity and universality of policies and programs impacting PHSW. The development of a
racial justice scorecard is one informational resource for PHSW and can provide advocacy for persons of
color. This project shares the development, collaborative partnerships, and barriers and facilitators to
implementation of a cross-sector, cross system PHSW racial justice scorecard in the US South, specifically
Pinellas County, Florida. Using a social justice lens, this racial justice scorecard illuminates local
performance on a wide range of issues, including police accountability, equitable economic investment,
schools, and affordable housing, especially highlighting actions on key policies that either systemically
benefit or harm residents of color. Considering the goal of improving the accountability, transparency and
accessibility of government, this project includes a quantified assessment of the racial justice impact, as well
as PHSW practitioners and policy advocates. Lessons learned and next steps will be provided.

Diversity and culture Other professions or practice related to public health Program planning Public health
or related public policy Social and behavioral sciences Systems thinking models (conceptual and
theoretical models), applications related to public health