

SOCIAL FACTORS INFLUENCING CIRCULATORY HEALTH

Keila N Lopez MD, MPH

26th Annual Update on
Pediatric & Congenital
Cardiovascular Disease

Feb, 26 2023



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NO DISCLOSURES



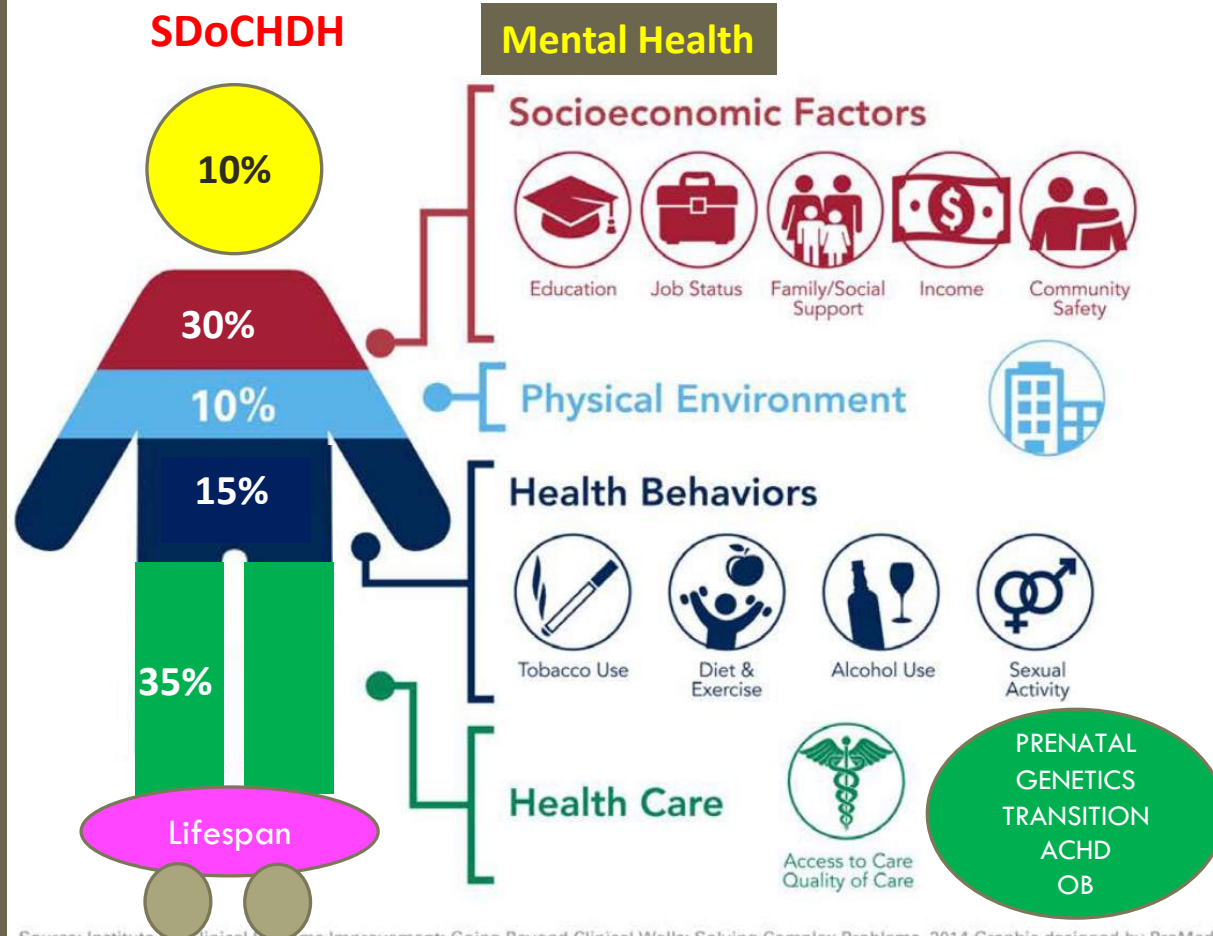
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WHAT WE KNOW: SOCIAL DETERMINANTS OF HEALTH (SDOH)

IMPACT OF SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH HAVE TREMENDOUS EFFECT ON AN INDIVIDUAL'S HEALTH REGARDLESS OF AGE, RACE, OR ETHNICITY.



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.
Source: American Hospital Association – Addressing Social Determinants of Health, 2018



Conclusion

t.

S SDH are significantly associated with adverse outcomes across the lifespan of CHD patients, from prenatal diagnosis to ACHD. The study findings dramatically underscore that SDH are significantly associated with many of the most important and serious CHD outcomes, including a lower likelihood of prenatal diagnosis, increased CHD incidence, higher infant mortality, worse post-surgical outcomes, greater inpatient resource utilization, more missed clinic appointments, increased loss to follow-up, lower performance IQ, worse cognition, decreased grade-level proficiency in literacy and math, reduced family QOL, a higher risk for ACHD endocarditis, more ACHD hospitalizations and hospital readmissions, unsuccessful transfer of care from pediatric to adult congenital cardiology care, and increased odds of complications and death after ACHD surgery. SDH screening and referral to appropriate services has the potential to improve outcomes for CHD patients across the lifespan. RCTs are urgently needed of innovative interventions, such as parent mentors, that might eliminate SDH and achieve better outcomes for children and adults with CHDs and their families.



WHAT WE KNOW: ADVERSE CHILDHOOD EXPERIENCES (ACES)

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

67%

of the population
have at least 1 ACE



1/8 of the population
have more than 4 ACEs

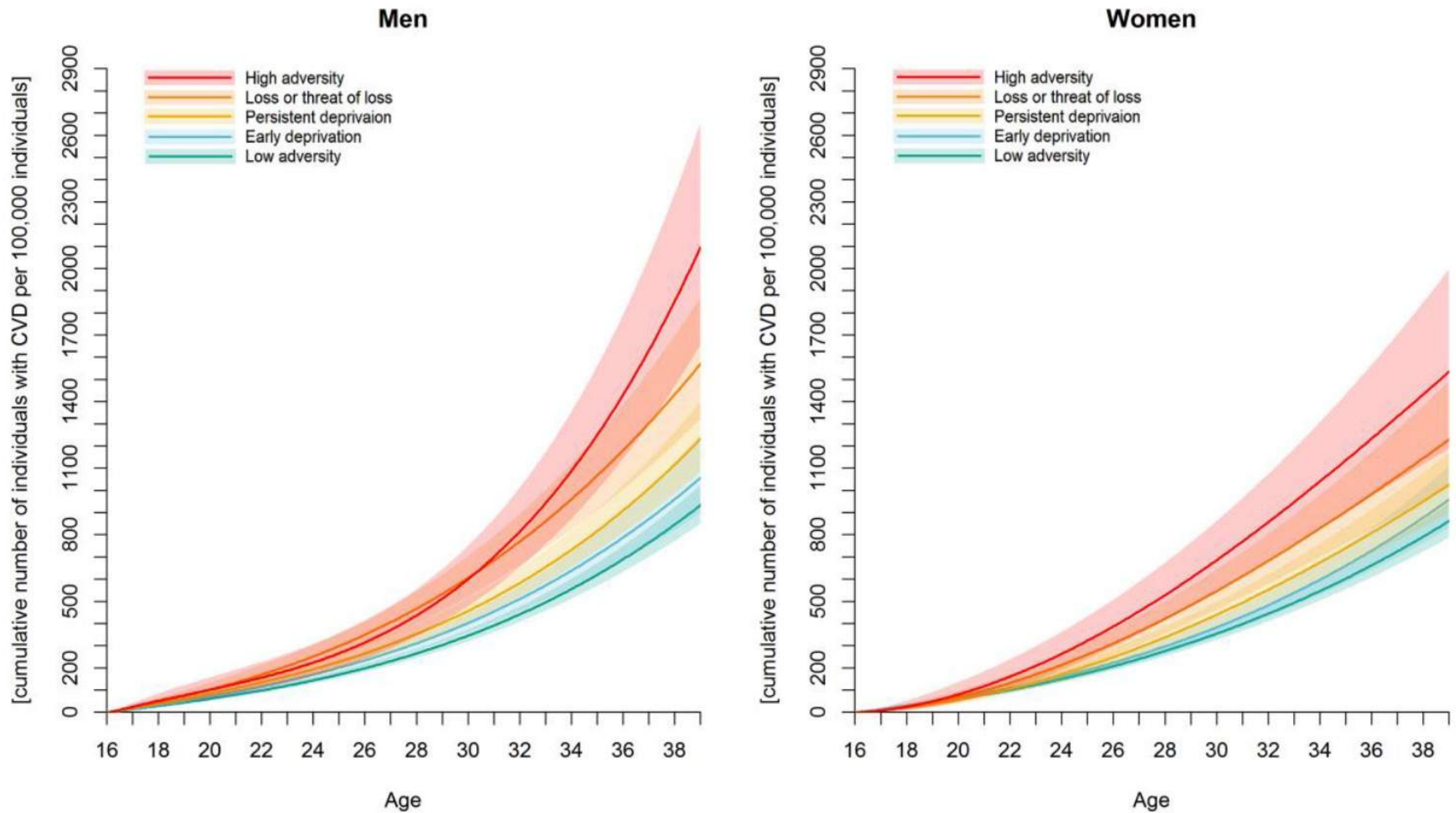
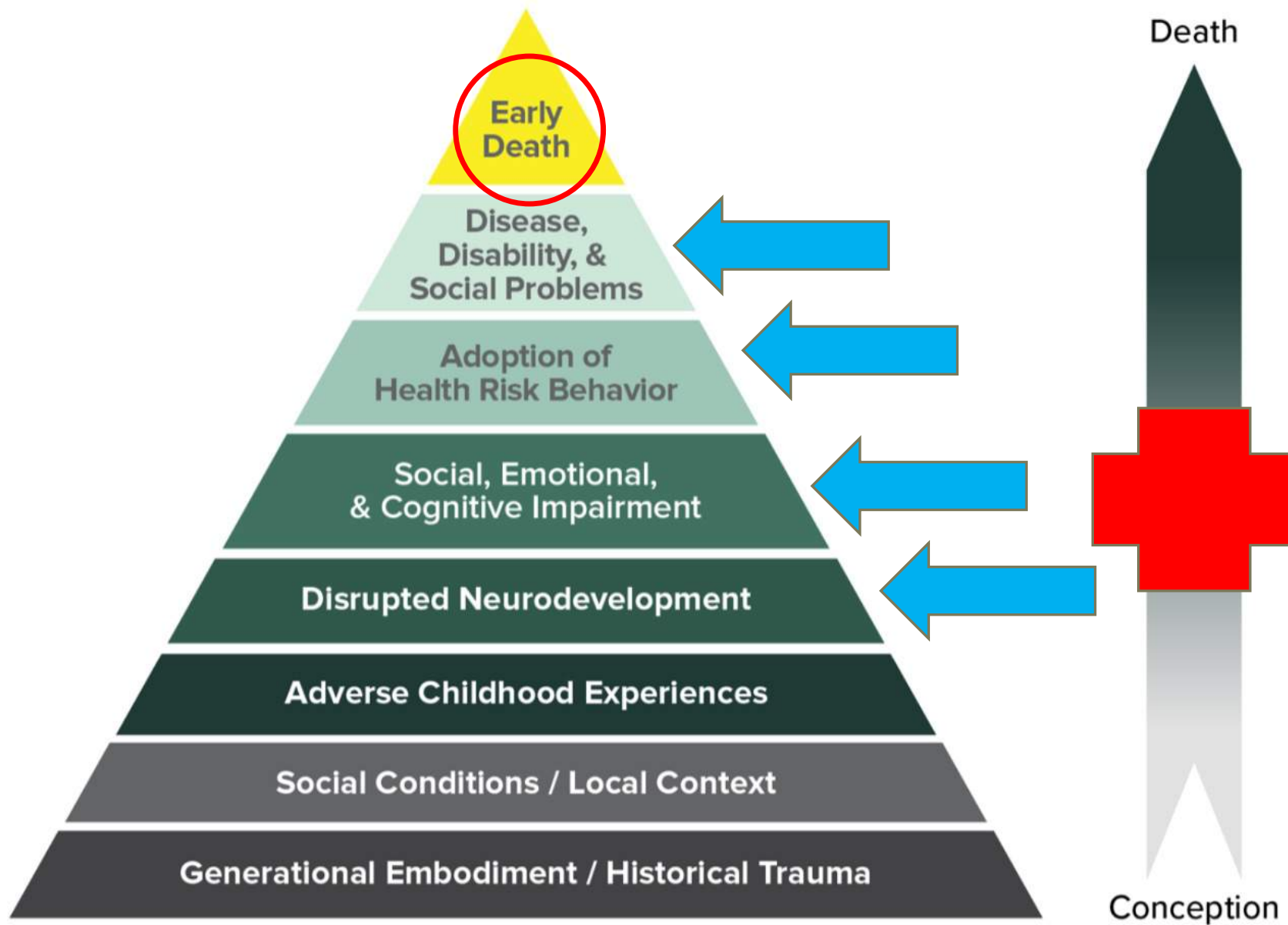
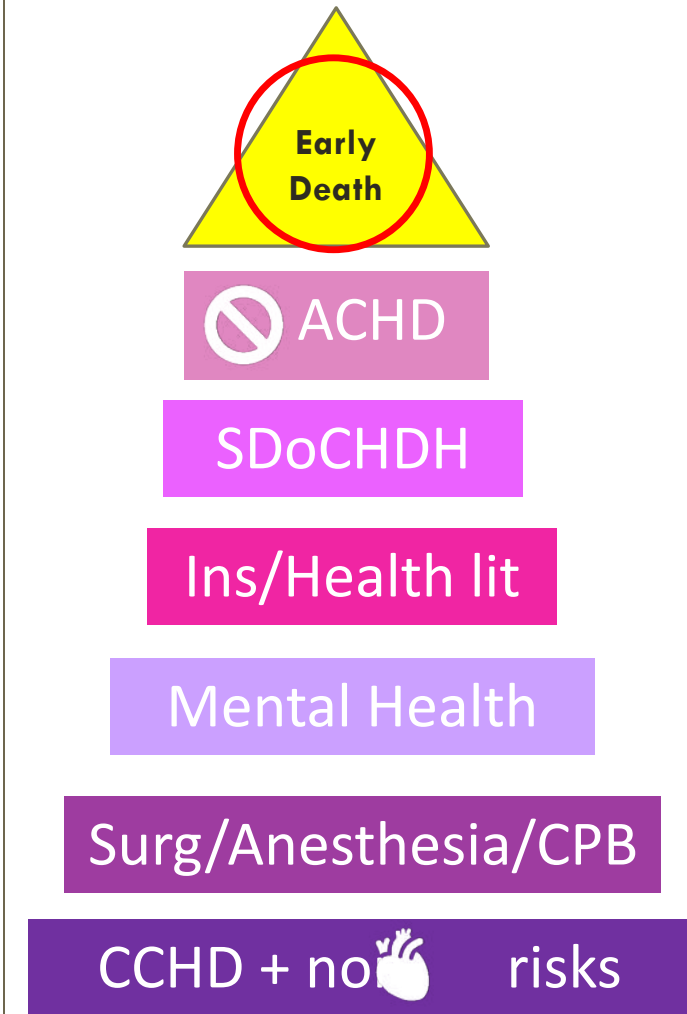


Figure 3 Cumulative risk of cardiovascular disease per 100 000 individuals in the five childhood adversity trajectory groups for men and women, respectively.



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



WHAT WE KNOW: NEED TO IMPROVE COMMUNICATION WITH DIVERSE PATIENTS + THOSE WITH LOW HEALTH LITERACY

No hablo ingles



Themes and sub-themes regarding the nature of
communication errors

Number of
complaints

Non-verbal communication errors

Eye contact

2

Home > Exclusive > Social Psychology

Racial bias may be conveyed by doctors' body language

by [University of Pittsburgh Schools of the Health Sciences](#) — January 4, 2016 in [Social Psychology](#)

Poor quality of information

9

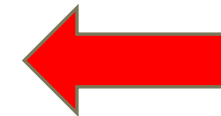
Poor attitudes

Lack of Empathy

14

Lack of Respect

12



WHAT CAN WE
DO TO IMPACT
INEQUITABLE
OUTCOMES?

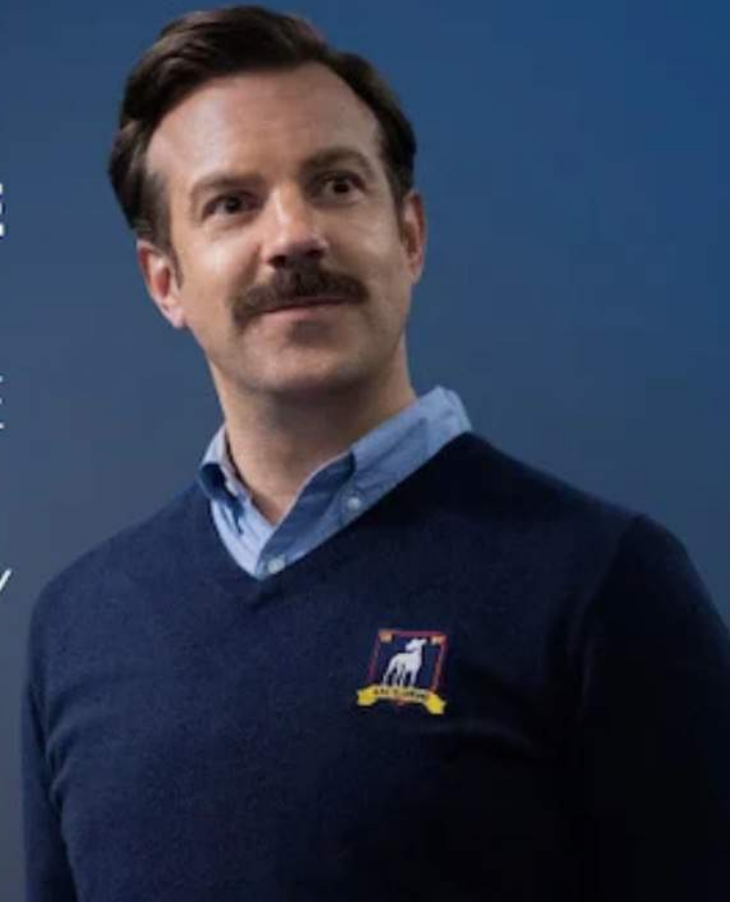


GREAT MINDS THINK DIFFERENTLY



TAKING ON A **CHALLENGE**
IS A LOT LIKE **RIDING**
A **HORSE**, ISN'T IT? IF YOU'RE
COMFORTABLE WHILE
YOU'RE **DOING** IT, PROBABLY
DOING IT **WRONG.**

WWW.MAGICALQUOTE.COM
THEODORE 'TED' LASSO



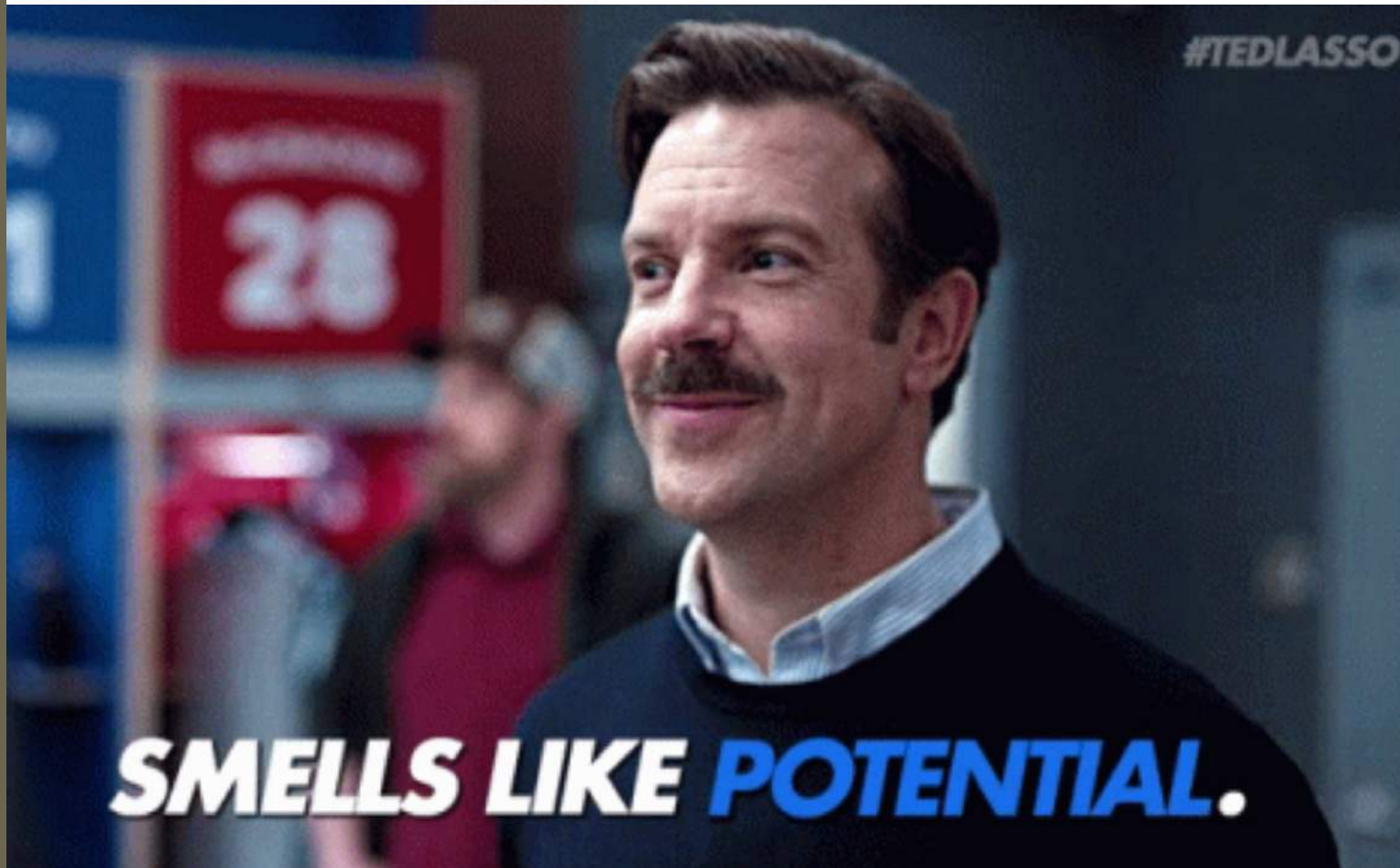
GLOBAL STRATEGY

DEI Desired Outcome

and Words: Leveraging Financial Resources to Improve Diversity, Equity, and Inclusion in Academic Medical Centers

Clark^{1,2} · Alyssa Cohen^{1,3} · Nia Heard-Garris^{1,2,3}

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For institutions to truly show their commitment, a transparent, continuous, and robust financial investment must be made

STRATEGY #1

Think differently about screening and
risk modeling with SDOH and ACES

PRIORITIZE SCREENING FOR SDOH & ACES IN CLINICAL SETTINGS

Requires dedicated resources
(non-MD's) to screen AND act

Requires SDOH flagging in EMR

Requires community partners to
address unequal SDOH

Helps MD: situationally aware

Moving beyond lifestyle: the case for childhood adversity, social determinants of health, and psychosocial factors in cardiovascular risk prediction

Adrienne H. Kovacs ^{1*}, Dominique Vervoort ², and Keila N. Lopez ³

Adverse childhood experiences

- Material deprivation (family poverty, parental long-term unemployment)
- Loss or threat of loss (death or significant physical illness of parent or sibling)
- Family dynamics (foster care, parental or sibling psychiatric illness, parental alcohol or drug abuse, parental separation)
- Household dysfunction
- Abuse (psychological, physical, sexual)
- Neglect (emotional, physical)



Individual behaviours and risks

- Diet
- Physical activity
- Tobacco use
- Weight/adiposity
- Cholesterol
- Diabetes
- Blood pressure
- Sleep
- Alcohol use



Global cardiovascular risk

Social determinants of health

- Education
- Employment and working conditions
- Income
- Housing
- Ability to afford health services
- Neighbourhood safety and walkability
- Access to healthy foods
- Health literacy
- All forms of discrimination



Psychosocial factors

- Psychological distress (depression, anxiety, etc.) and well-being
- Previous health experiences and interactions (both positive and negative)
- Acute and chronic stress
- Optimism, pessimism, hostility
- Coping strategies
- Social capital: network, engagement and support
- Timely mental health diagnoses and access to support services



STRATEGY #2

Utilize a patient navigator to improve patient experience and amplify their voice

PATIENT NAVIGATOR

Help patients navigate complex medical system in linguistically and culturally sensitive way

Often representative from a patient community, culture, experience

- Help patients mitigate differences in health literacy, better coordination between providers
- Serve as a voice to amplify and further convey patient concerns
- Linguistic, cultural, and emotional barriers: low English proficiency, cultural beliefs, mistrust/fear, fatalism


Bilingual patient navigator or healthcare interpreter: What's the difference and why does it matter?

Cogent Medicine, 6:1, DOI: [10.1080/2331205X.2019.1582576](https://doi.org/10.1080/2331205X.2019.1582576)

Ineke H. M. Crezee  & Cynthia E. Roat | Rahman Shiri (Reviewing editor)

Article: 181087776 | Received 21 Sep 2018, Accepted 08 Feb 2019, Accepted author version posted online: 15 Feb 2019, Published online: 01 Mar 2019

 Download citation

 <https://doi.org/10.1080/2331205X.2019.1582576>



Bilingual patient navigators have been more effective than interpreters alone in impacting:

- No-show rates, number of unplanned hospitalizations, average length of stay, and staff/family confidence in the family's ability to care for the patient at home among families who experience difficulty navigating the healthcare system



STRATEGY #3

Specific training in clinical communication
that matters to patients from all communities

PERSPECTIVES

E.M.P.A.T.H.Y.

A Tool to Enhance Nonverbal Communication Between Clinicians and Their Patients

Riess, Helen MD; Kraft-Todd, Gordon

[Author Information](#) ☺

Academic Medicine 89(8):p 1108-1112, August 2014. | DOI: 10.1097/ACM.0000000000000287

E.M.P.A.T.H.Y.—

E: eye contact

M: muscles of facial expression

P: posture

A: affect

T: tone of voice

H: hearing the whole patient

Y: your response



Review

> [J Nurs Manag.](#) 2019 Mar;27(2):286-300. doi: 10.1111/jonm.12670. Epub 2018 Aug 6.

Gratitude between patients and their families and health professionals: A scoping review

[Maria Aparicio](#)^{1 2}, [Carlos Centeno](#)^{1 3}, [Carole Robinson](#)⁴, [María Arantzamendi](#)^{1 3}

Affiliations + expand

PMID: 30084234 DOI: [10.1111/jonm.12670](#)

Patients and family members were grateful for technical skills but above all, for human skills (empathy & individualized care)

Patients want a physician with a good sense of humor, physical presence, and engagement that demonstrates compassion, empathy, friendliness, and honesty



STRATEGY #4

Consider **interventions** on “nontraditional” aspects of CHD care AND measure impact on patient outcomes

SDoCHDH

Communication

Patient navigation of complex medical systems

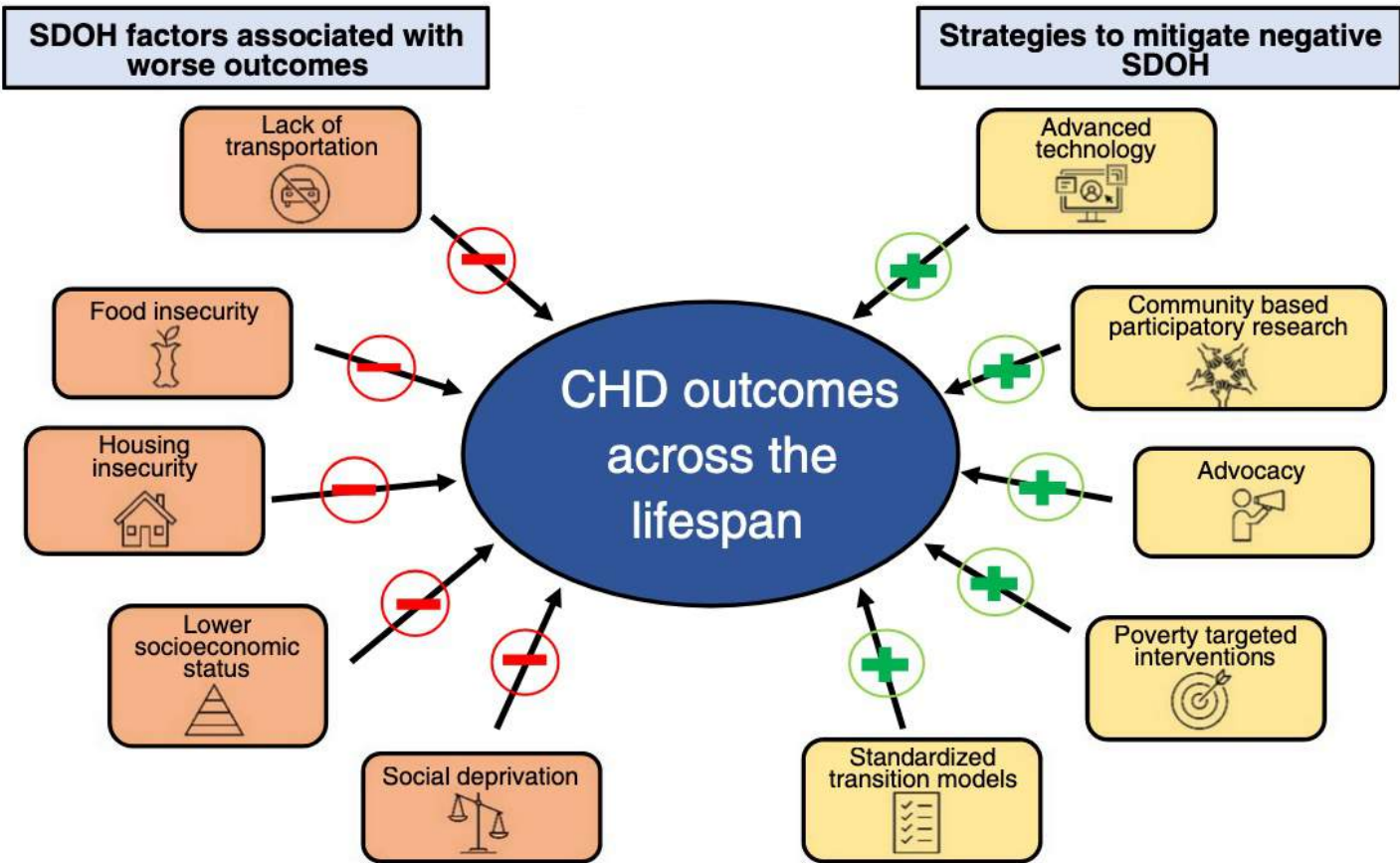
Transition and Transfer of care



Applying Interventions to Address the Social Determinants of Health and Reduce Health Disparities in Congenital Heart Disease Patients

Bianca Cherestal¹ · Zuri Hudson¹ · Keila N. Lopez²

Accepted
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TEXAS CHILDREN'S HOSPITAL CARDIOLOGY TRANSITION PROGRAM INTERVENTION

What patients can expect

Meet cardiology transition team
and learn about the process
and opportunities.

Transition assessment,
individualized education
and teach back, develop
health care skills.

Take ownership of your
health care and identify
lifelong care plan.

Mastery of disease knowledge,
health care skills and
transfer to adult care.

Patient's age

14
years

15/16
years

17
years

18-21
years

What parents can expect

Meet the team,
discuss individual
learning plan and
transition expectations.

Serial education visits,
targeted resources,
encourage shared
decision making.

Transition to a supportive
role and prepare for child's
health care changes
at 18 years old.

Adult planning visit and
prepare for transfer.



OUTCOMES FROM 2019-2021:

Independent of age, serial transition in-person visits are associated with **higher** patient knowledge and transition skills scores

Transition programming may lead to increased patient retention

- Prior to transition program (2012-2016) → 27.8% pts retained
- After initiation of the transition program (2017-2021) → 86.5% pts retained



THANK YOU

Too often health equity is looked at as a vague commitment rather than as a business problem with defined objectives.



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