

# SDOH Conversations

Patient Perspectives on Language used in SDOH Screening

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# Let's Start with Stigma

Stereotypes are defined as widely held and often untrue generalized ideas or beliefs about a particular category of people.

Negative stereotypes lead to stigmatizing language through implicit bias. Implicit bias is the automatic activation of stereotypes, which may override deliberate thought and influence one's judgment in unintentional and unrecognized ways.

Stigmatizing language in healthcare can perpetuate negative discriminatory attitudes and influence clinicians' decision making when treating a patient. This impacts the quality of care and contributes to health disparities.

# Patients' Experience in Bias

## Assumptions are often based on:

- Socioeconomic status (income or education)
- Sexual Orientation
- Race
- Gender/ Gender Identity
- Medical Condition

## Commonly-Used Negative Terms:

- Underserved
- Vulnerable
- Marginalized
- Disadvantaged
- Poor



### Informative Survey Data

Baseline data was collected about SDOH screening, who held the conversation, storage of SDOH data and knowledge of SDOH resources



### Data Analysis

Survey responses were compiled and shared with the patient community for conversations about the findings and knowledge gaps



### Guide Development

Development of a targeted set of questions for focus group participants about SDOH needs, screening experience and timing



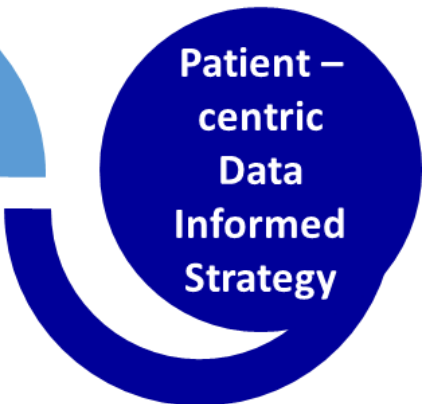
### Focus Groups

Three group sessions were held of 6-10 patients who were stratified by SDOH screening experience and their trust in the storage and use of this information



### Summary Report

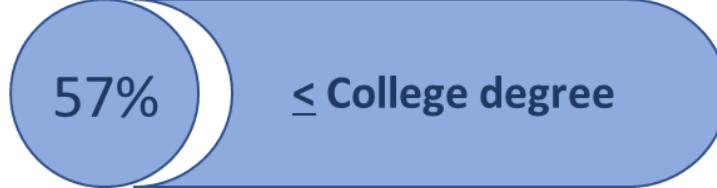
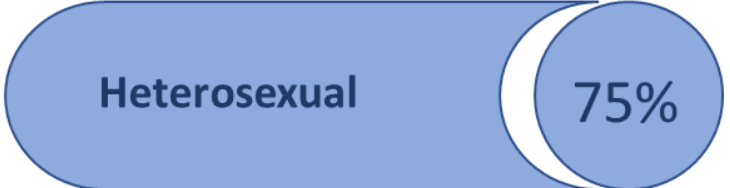
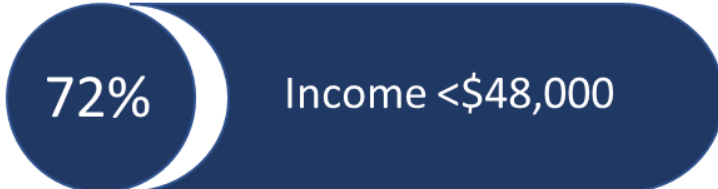
Quantitative and qualitative data were compiled into a summary report to provide insight into the patient's perspective around language used in SDOH screening



## Methods

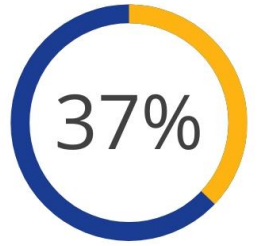
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- ❑ We used a mixed methods approach to gather views on stigmatizing language and terms used towards patients through a survey (N =1,205), focus groups (N =24), and virtual workshops.
- ❑ Focus group participants (N =24) were recruited from a diverse pool of insured patients/caregivers served by PAF representing various medical diagnoses, were racially/ethnically reflective of the population, and experienced some level of healthcare access and/or affordability challenges.



# 68%

of patients reported being asked questions about SDOH during thier treatment journey in the past 12 months



Spoke with their doctor



Spoke with a nurse or PA



Spoke with a social worker

How comfortable are you with SDOH data being stored in you EMR?



# 52%

said they feel **COMFORTABLE**



# 17%

said they feel **NEUTRAL**



# 32%

said they feel **UNCOMFORTABLE.**

## Acceptability Of SDOH Related Language





# Process Matters

## Content of Assessment

- What is being asked
- How it is being asked (wording)

Who

When

Where

Why

What

How



# Process Matters

Content of Assessment

**Who** is doing the assessment?

- Front desk
- Provider or Nurse
- Chatbot

When

Where

Why

What

How



# Process Matters

Content of Assessment

Who

**When** will it take place?

- At every appointment
- Annually

Where

Why

What

How



# Process Matters

Content of Assessment

Who

When

**Where** will it happen?

- Waiting room
- Home (prior to appointment)
- Private space

Why

What

How



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# Process Matters

Content of Assessment

Who

When

Where

**Why** are you asking?

- Acknowledge that some of these questions may seem sensitive
- Normalize the conversation

What

How



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# Process Matters

Content of Assessment

Who

When

Where

Why

**What** will you do with this data?

- Where will this info be stored
- Who will know about it
- Acknowledge research or QI uses

How



# Process Matters

Content of Assessment

Who

When

Where

Why

What

**How** will you respond?

- Acknowledge limitations
- Be honest and open
- Ask permission to help
- Build a relationship



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## Tips for a Successful SDOH Screening Process

- Proper Follow-up
- Trained & Empathetic Staff
- Privacy Protection
- Open Communication
- Tailored Assistance







“I understand why they are done but as a patient I don't see any action when I complete these during my visits, so I don't complete them anymore and I check to see if anyone enters one on my behalf without my permission.”

“Badly handled services is sometimes worse than no service , it's already exhausting as a patient with chronic care issues.”

“Clients are embarrassed  
Clients have mistrust  
Clients feel [embarrassed] asking for a handout  
Clients feel like it is a waste of time”

“Taking any approach that incorporates empathy not sympathy creates a bond between healthcare workers and patients.”

# Key Things to Consider



Scripting and how to introduce assessment



Make it conversational to individualize the experience



Trust matters, take the time to build it



How do you navigate asking if there is not help to give?



Patient  
Advocate  
Foundation

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Thank  
you

