

Looking at Quality Improvement Through a Health Equity Lens

Worksheet

Looking at quality improvement activities through a health equity lens helps us identify health-related social needs (HRSN). HRSNs are individual-level adverse social conditions that negatively affect an individual's health or healthcare.² Social determinants of health (SDOH) are defined by CDC as the *“Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age. And the wider set of forces and systems shaping the conditions of daily life.”*¹ HRSNs are frequently identified as root causes of disparities in health outcomes for individual patients, as opposed to SDOH, which is better suited for describing a population. It is important to identify and address SDOH, which often show up as HRSNs in dialysis settings. This worksheet can assist dialysis facilities with addressing HRSNs for a specific patient and SDOH for a diverse population of people at a facility level in order to improve health outcomes.

Action Steps for Facility Staff

Step 1. Choose the clinical measure or area of care you want to improve (i.e., hospitalizations and readmissions) and then identify the patient population that would be focused on in the Quality Improvement Activity (QIA) (i.e., patients using the hospital for primary medical care).

Step 2. Choose one patient from the QIA population and complete a screening HRSNs using the list provided in the table below or you can use this [Health-Related Social Needs Screening Tool](#). The idea is to identify any health-related social needs that appear to be preventing the patient from achieving optimal dialysis or other health outcomes. Choose the most impactful HRSN to work on with the patient.

Step 3. Discuss the QIA and health equity activities with the Interdisciplinary Team (IDT) during monthly QAPI meetings. Determine interventions and resources to use and complete the worksheet on page 3.

Step 4. Discuss the QIA interventions and resources to address the HRSB with the patient. Apply interventions with the patient's approval. Monitor and check in frequently with the patient. Identify barriers along the way and assist where needed.

Step 5. Maintain the change. Check in monthly with the patient to identify any barriers or concerns. Update the IDT, monitor the QIA for improvements based on the applied interventions and update your worksheet.

Important Note: Addressing one HRSN can impact other HRSNs. For example, helping your patient find transportation could impact food insecurity, access to healthcare and job insecurity.

References:

1. [Social Determinants of Health at CDC | About | CDC](#)
2. [r3 disparities_july2022-6-20-2022.pdf \(jointcommission.org\)](#)
3. [Healthy People 2030 | health.gov](#)

Identification of Health-Related Social Needs

Health-Related Social Need	Definition of Health-Related Social Need
Food Insecurity	Food Insecurity is a household-level economic and social condition of limited or uncertain access to adequate food.
Housing Insecurity	Housing insecurity is an umbrella term that encompasses several dimensions of housing problems people may experience, including affordability, safety, quality, insecurity, and loss of housing.
Transportation Insecurity	A condition in which one is unable to regularly move from place to place in a safe and timely manner because one lacks the material, economic or social resources necessary for transportation.
Racism	Racism can be defined as organized systems within societies that cause avoidable and unfair inequalities in power, resources, capacities, and opportunities across racial or ethnic groups.
Environmental Factors	Environment includes factors such as air quality, water quality, climate change, exposure to hazards, and access to green spaces and parks.
Inadequate Access to Healthcare	The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define access to health care as the “timely use of personal health services to achieve the best possible health outcomes.”
Unsafe Neighborhood	Neighborhood safety is a social determinant of health that affects the physical and mental health of people who live in places with high rates of violence, crime, and other risks.
Job Insecurity	Job insecurity is powerlessness to assure desired continuity of one’s job or job components when either the job or its components are threatened. The term job insecurity can refer not only to the potential loss of the job itself, but also to the threatened loss of key components of the job, such as supervisory activities or pay.
Economic Insecurity	Economic insecurity is living in a household with incomes below 200 percent of the federal poverty level. Today one out of every 3 people in the U.S are economically insecure.
Low Education Attainment	Education is a significant social determinant that influences health over the course of a lifetime. Levels of educational attainment have been directly linked with important health outcomes such as self-rated health, infant mortality, and life expectancy.
Inadequate Health Insurance	Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health.
Limited Health Literacy	Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

References:

[Measuring Housing Insecurity in the American Housing Survey | HUD USER](#)

“Developing a New Measure of Transportation Insecurity: An Exploratory Factor Analysis.” *Survey Practice* 11 <https://doi.org/10.29115/SP-2018-0024>.

[Racism as a Determinant of Health: A Systematic Review and Meta-Analysis - PMC \(nih.gov\)](#)

[Job Security and Insecurity - IResearchNet](#)

SDOH-One-Pager-EconomicStability.pdf (cwla.org)

[Social Determinants of Health: Education - America's Essential Hospitals](#)

Worksheet

Timeline for QI Activity: [Click or tap here to enter text.](#) Date Completed: [Click or tap here to enter text.](#)

Facility Name: [Click or tap here to enter text.](#) CCN: [Click or tap here to enter text.](#)

Person Completing This Form: [Click or tap here to enter text.](#)

Metric or Area of Care to Improve/QIA Topic: [Click or tap here to enter text.](#)

Identified Health-Related Social Need: [Click or tap here to enter text.](#)

Did you discuss this activity in your QAPI meeting this month? Yes No

1. Initial Plan: Describe the interventions proposed and who will be involved in addressing the health-related social need.

Proposed Interventions:

Who will address the identified HRSN:

2. Describe the patient's response to the initial interventions and any related outcome.

3. Monthly updates: What interventions were completed by the facility during the month to address the health-related social need. (Example: I used large-print materials with pictures to teach patient about the importance of missing treatments and reporting symptoms to avoid hospitalizations).

Month 1:

Month 2:

Month 3:

4. Describe any barriers experienced and the facility's plan to address them.

5. Please describe any impact the interventions have had on the patient and the QIA.