



# Highlights from the Newest SDOH Resource Guide

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# Webinar Logistics

- **Send us your questions.** Use the “Q&A” feature at the bottom of the screen to send speakers your questions throughout today’s presentation.
- **Today’s forum is being recorded.** A copy of the slides and recording will be shared with PQA members within a week.
- **Give us your feedback.** A quick survey will launch at the end of today’s webinar.

# Today's Presenters

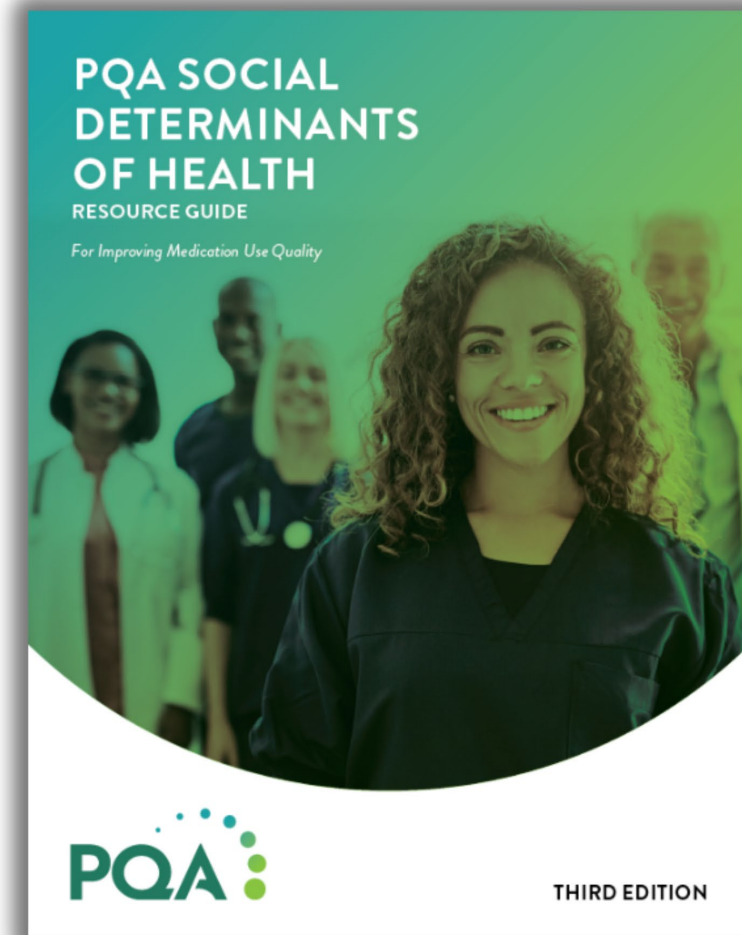


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Pharmacy Quality Alliance



**Faria Asif Chaudhry, PharmD**  
Assistant Professor,  
Purdue University College of Pharmacy

# Third Edition of the PQA SDOH Resource Guide



# Summary

**40 Initiatives**

- **8 New**
- **10 Updated**

# New Features

## Food and Nutrition Security

Eight new initiatives that aimed to increase access to nutritious foods

## Themes of Successful Initiatives

Five tactics employed by successful SDOH programs

## Guide Reorganization

Restructured to group initiatives by setting for easy reader navigation

# SDOH Barriers

Cost of Medications

Cultural or Literacy Barriers

Decent, Safe and Affordable Housing

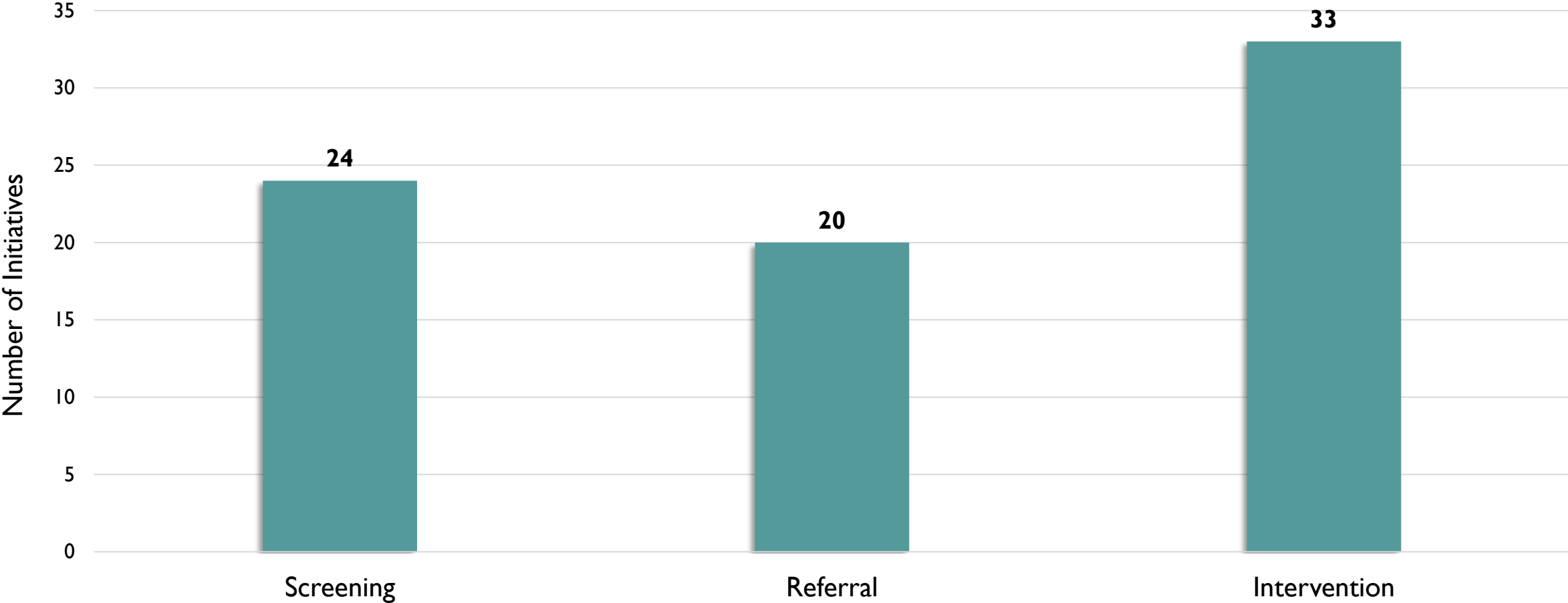
Food Security

Screening for Unmet Needs

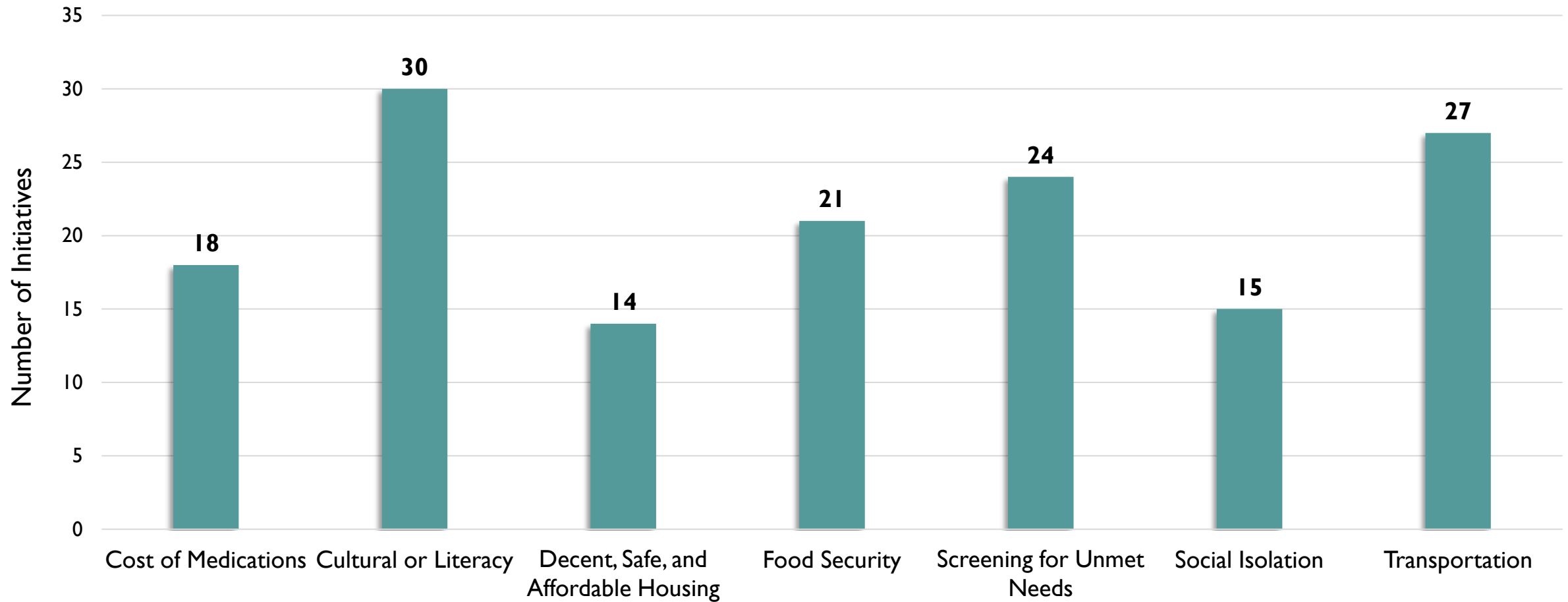
Social Isolation

Transportation

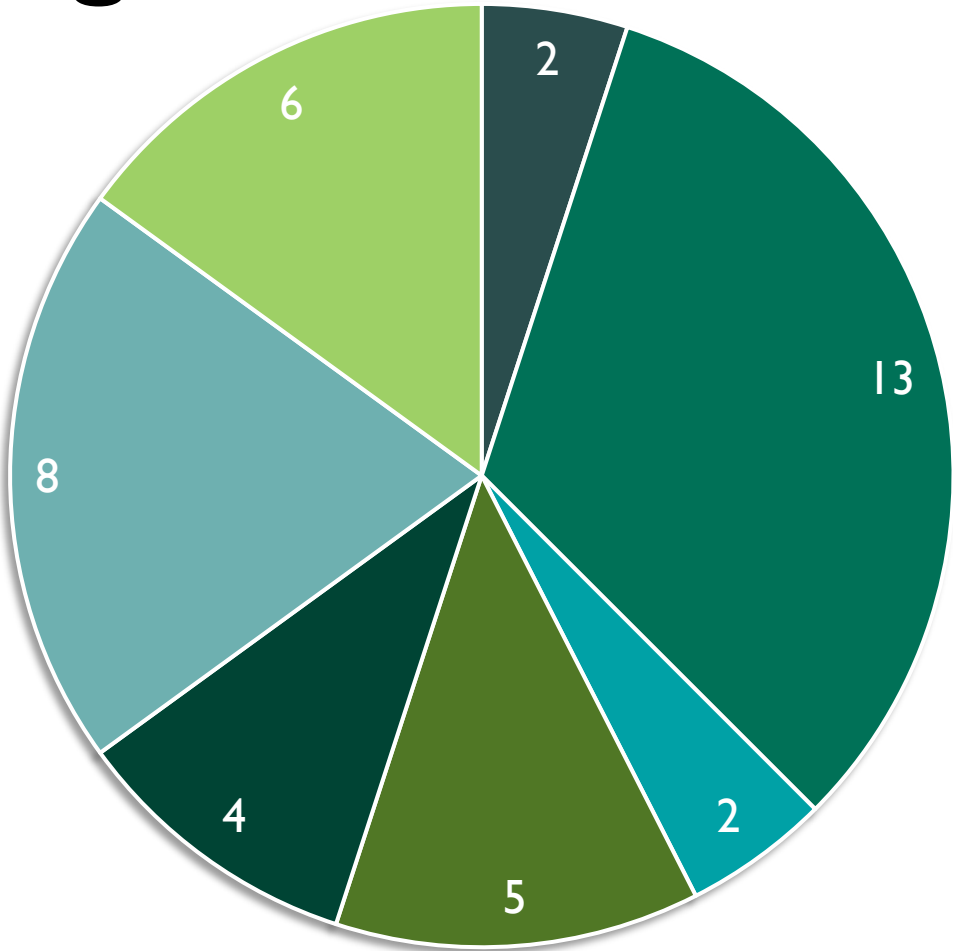
# Type of Service



# SDOH Areas Addressed

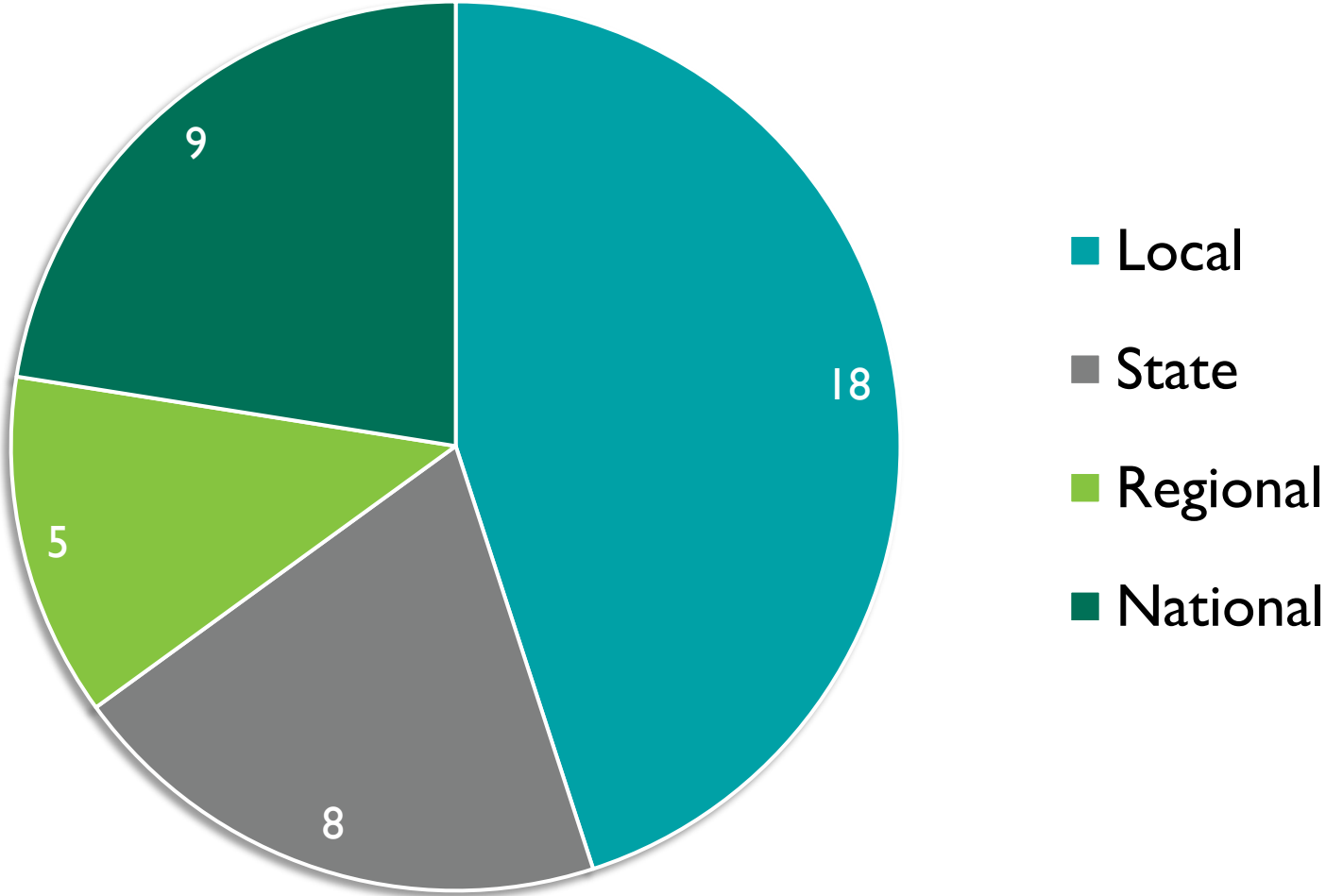


# Setting



- Clinic
- Community Pharmacy
- Grocery Store
- Health Plan
- Health System
- Non-traditional Health Care
- Various

# Scale



# Intervention Details

NEW

## Improving Cardiovascular Care and Medication Access in Indiana

CENTER FOR HEALTH EQUITY AND INNOVATION AT PURDUE UNIVERSITY  
COLLEGE OF PHARMACY, GENNESARET FREE CLINIC, GLEANERS FOOD BANK, INDIANA BLACK EXPO INC., ST VINCENT DE PAUL FOOD SHELTER, WHEELER MISSION

Keywords: Community-based organization, community health worker, hypertension

### BRIEF DESCRIPTION

Purdue's Center for Health Equity and Innovation (CHEqI) is partnering with multiple organizations to improve cardiovascular care and access to medications in Indiana.

### TYPE OF SERVICE

Screening, Referral, Intervention

### KEY TAKEAWAY

CHEqI's community health worker-pharmacist model works to address clinical and social needs in a free clinic housed in a food pantry. CEHqI is also piloting a tool to guide clinicians to the most effective resources for increasing medication access and reducing cost.

### SDOH AREAS ADDRESSED

Cost of Medications  
Cultural or Literacy Barriers  
Food Security  
Screening for Unmet Needs  
Social Isolation  
Transportation

### SETTING

Various

### LOCATION

Indianapolis, IN

### SCALE

Local

### TARGETED POPULATION

Individuals with hypertension or those experiencing difficulty affording medications



# Intervention Details

## INTERVENTION DETAILS

CHEqI was established in 2020 to address the needs of underserved populations, with a vision to reduce health inequity through innovative and proven strategies. Among its current initiatives, CHEqI is optimizing hypertension care and increasing medication access.

Beginning February 1, 2023, CHEqI partnered with Gennesaret Free Clinics (GFC) to optimize cardiovascular care by implementing an innovative pharmacist-community health worker cardiovascular risk reduction clinic model. The GFC in this project is housed within the St. Vincent de Paul Food Pantry in Indianapolis' Martindale-Brightwood Neighborhood, which experiences high poverty rates and short life expectancy. Nearly 70% of the population served is Black or Latinx.

The model incorporates a pharmacist-managed cardiovascular risk reduction clinic with additional support from a community health worker, which includes screening for SDOH barriers, patient navigation and advocacy, benefits enrollment, transportation assistance and translation and interpretation services.

The clinic is measuring SDOH and clinical outcomes. SDOH screenings are performed at each patient encounter, with patient needs and actions to address those needs recorded. Clinical measurements, such as blood pressure and lab values, counseling and education topics, medication therapy problems identified, and clinical interventions.

In a second initiative, CHEqI developed a pilot Medication Access Program to reduce medication costs. The CHEqI team, which includes pharmacists and pharmacy students, offers this intervention in food banks and community centers. Individuals are screened in their preferred language on medication adherence and using a Medication Access Resource Tool, which includes an easy-to-follow process map to help guide clinicians to the most effective resources for each individual based on their insurance status.

Individuals experiencing difficulty affording their medications can receive a pharmacist-developed personalized plan incorporating preferred pharmacy, income, and insurance. The individual is told exactly how much their new medication will cost with the intervention if they choose to use it.

## OUTCOMES

Initial results of the hypertension intervention have been positive, with patients receiving multiple referrals to community resources and additional assistance to address their social and economic needs and medication therapy problems addressed to tailor regimens to patient needs.

Thus far, the medication access intervention has been offered four times. Over 100 individuals have been screened and over \$2,000 have been saved for individuals. More robust statistical analysis will be used in the future to assess this intervention, and CHEqI is exploring the use of the Medication Access Resource Tool by a wider variety of clinicians.

### OUTCOMES BEING MEASURED ARE

1. Identifying the needs of this intervention in the community
2. How much money is saved for individuals
3. Clinician feedback on the usability of tool to help guide cost savings on medications

## RESOURCES

Health Equity Research Lab, Community Health Workers, Gennesaret Free Clinics Pharmacist-Community Health Worker Model, Accessed September 8, 2023.  
WISH TV YouTube Channel, Gennesaret Free Clinic, Accessed September 8, 2023.  
Crescent Healthcare Hub, April 26, 2023, Accessed September 8, 2023.

In addition to their source above, information about this intervention was located through correspondence between PHQA and CHEqI. For more information on CHEqI, visit [cheqipharma.purdue.edu/](http://cheqipharma.purdue.edu/).

# Appendix

Updated Initiatives

New Initiatives

Type of Service

SDOH Areas Addressed

Setting

Scale

Program or Study Status

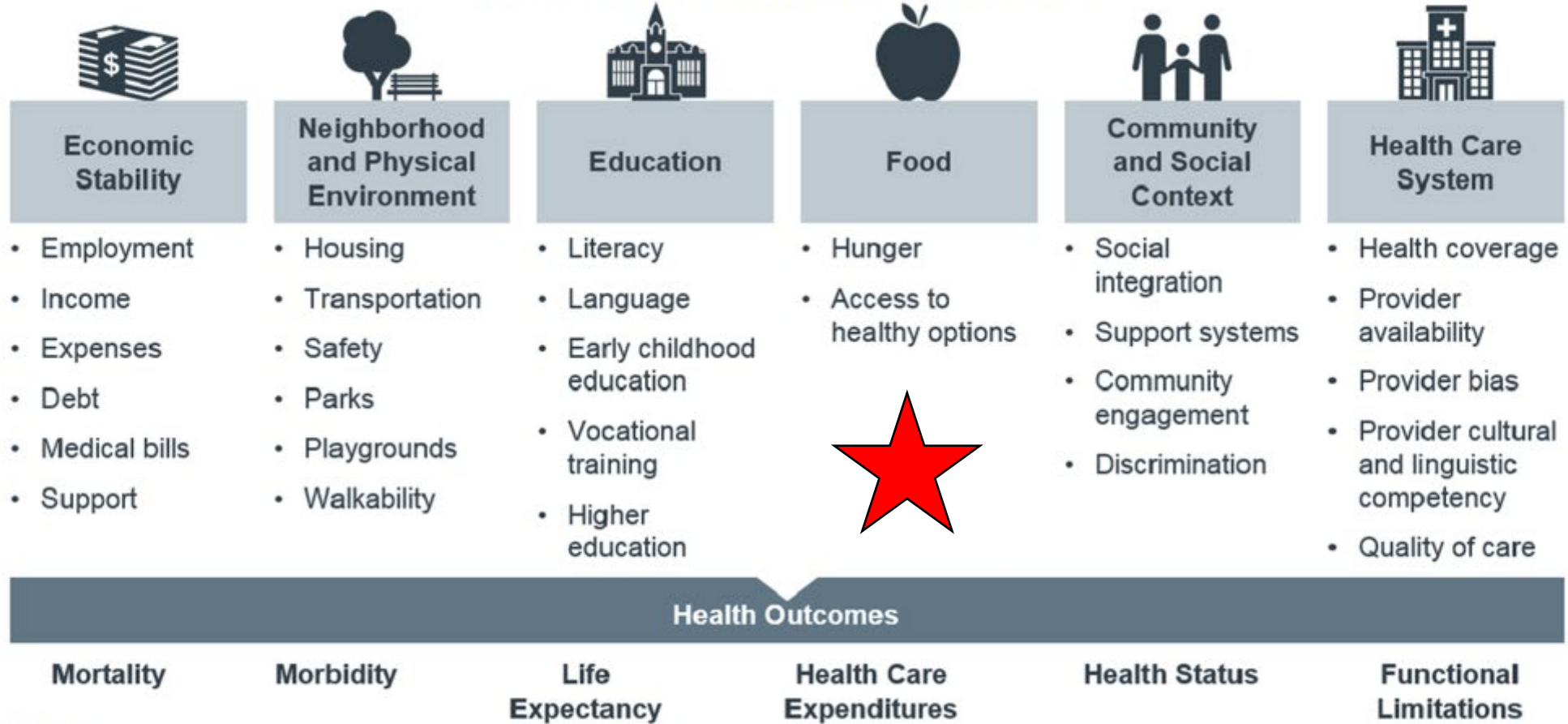
Additional Characteristics

# **Faria Chaudhry, PharmD**

Center for Health Equity and Innovation, Purdue University

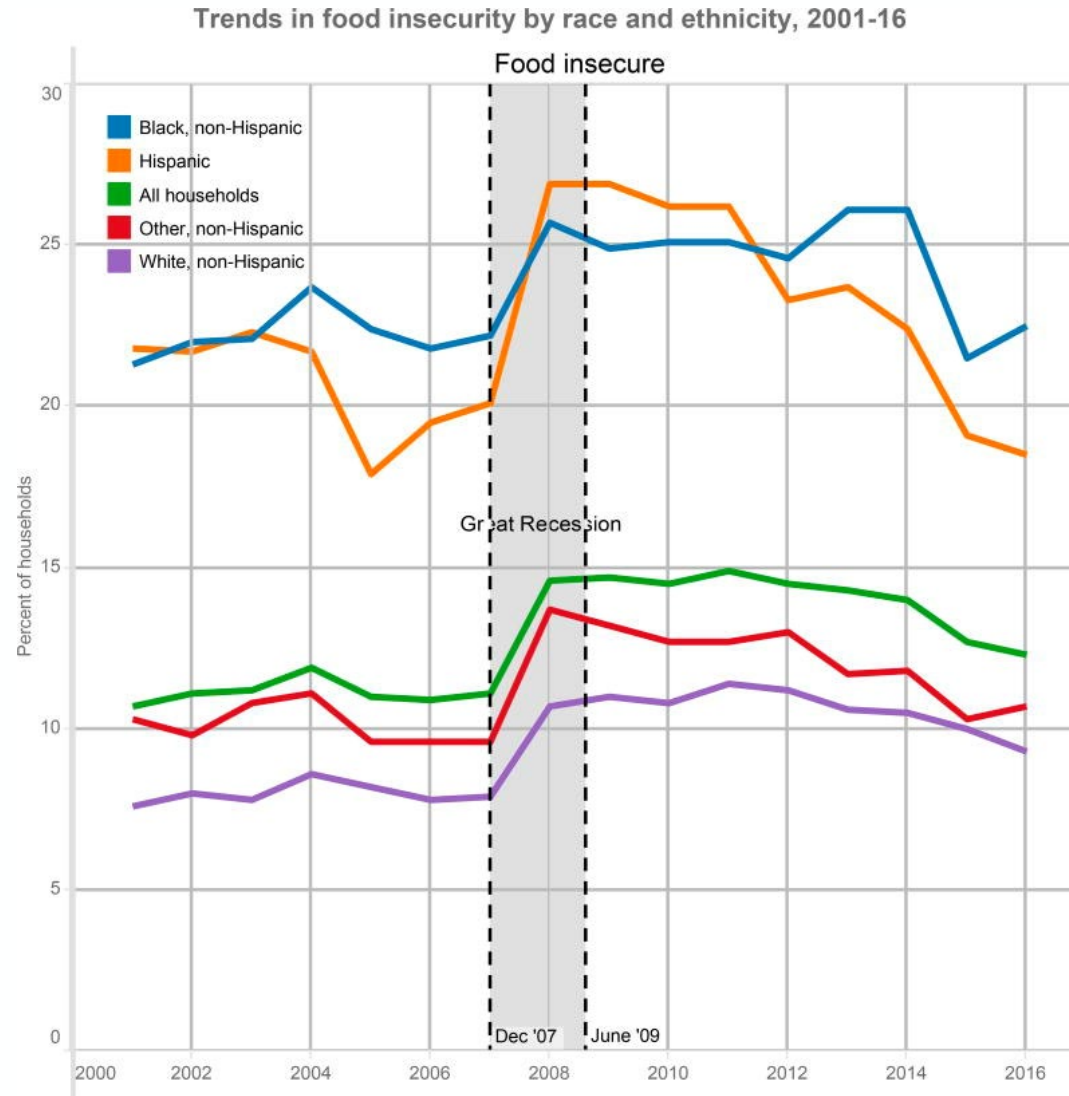
# Social drivers of health

## The social determinants of health



Source: Kaiser Family Foundation

# Disparities in food security



- **730,480** food insecure in Indiana
- **61%** above SNAP threshold of 130% poverty
- **African Americans 2x** more likely to be food insecure

# Landscape

Limited access to nutritious food sources (food desert, food swamp)

Inequities

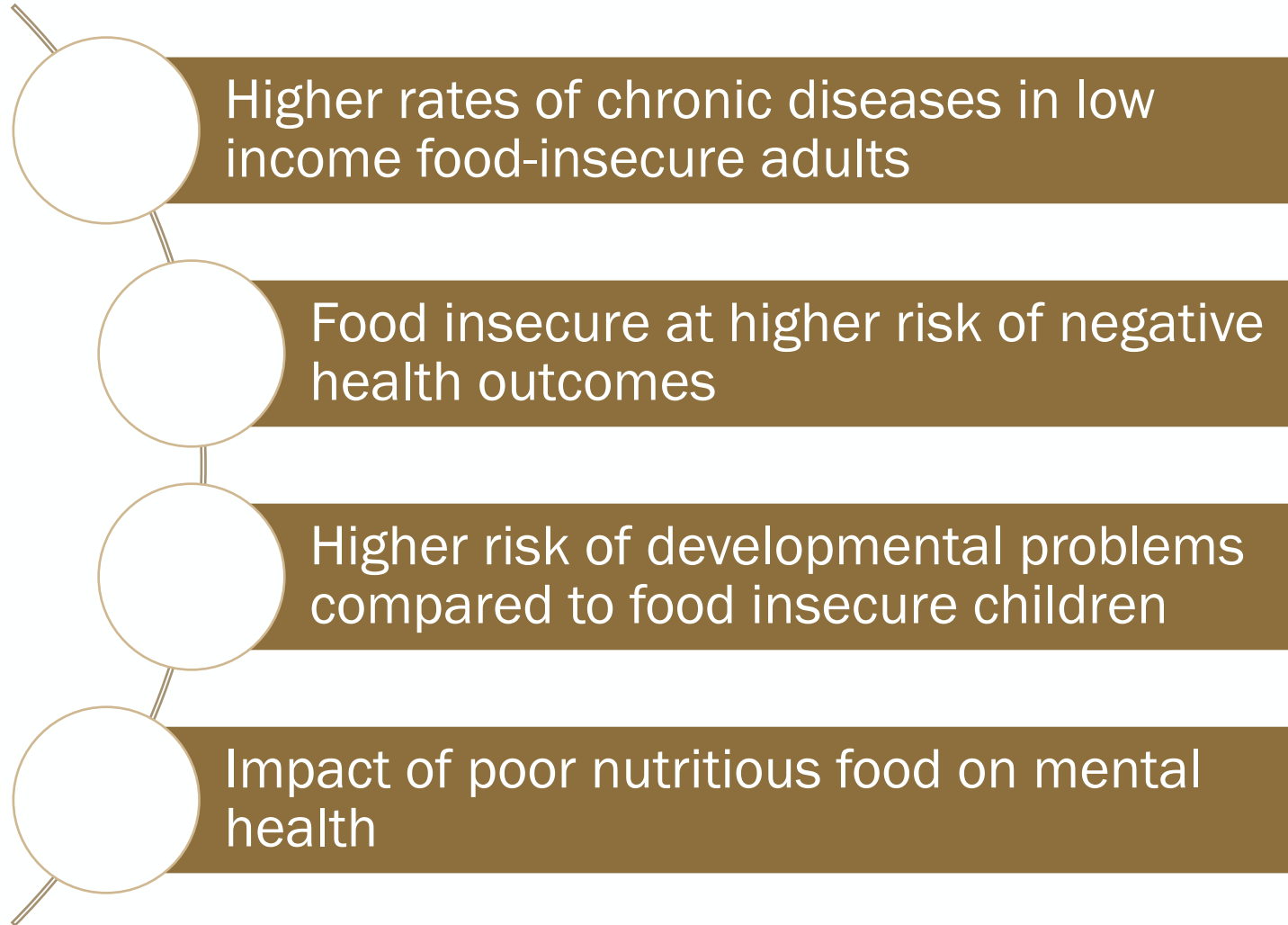
Limited awareness and behavioral support

Inconvenient care

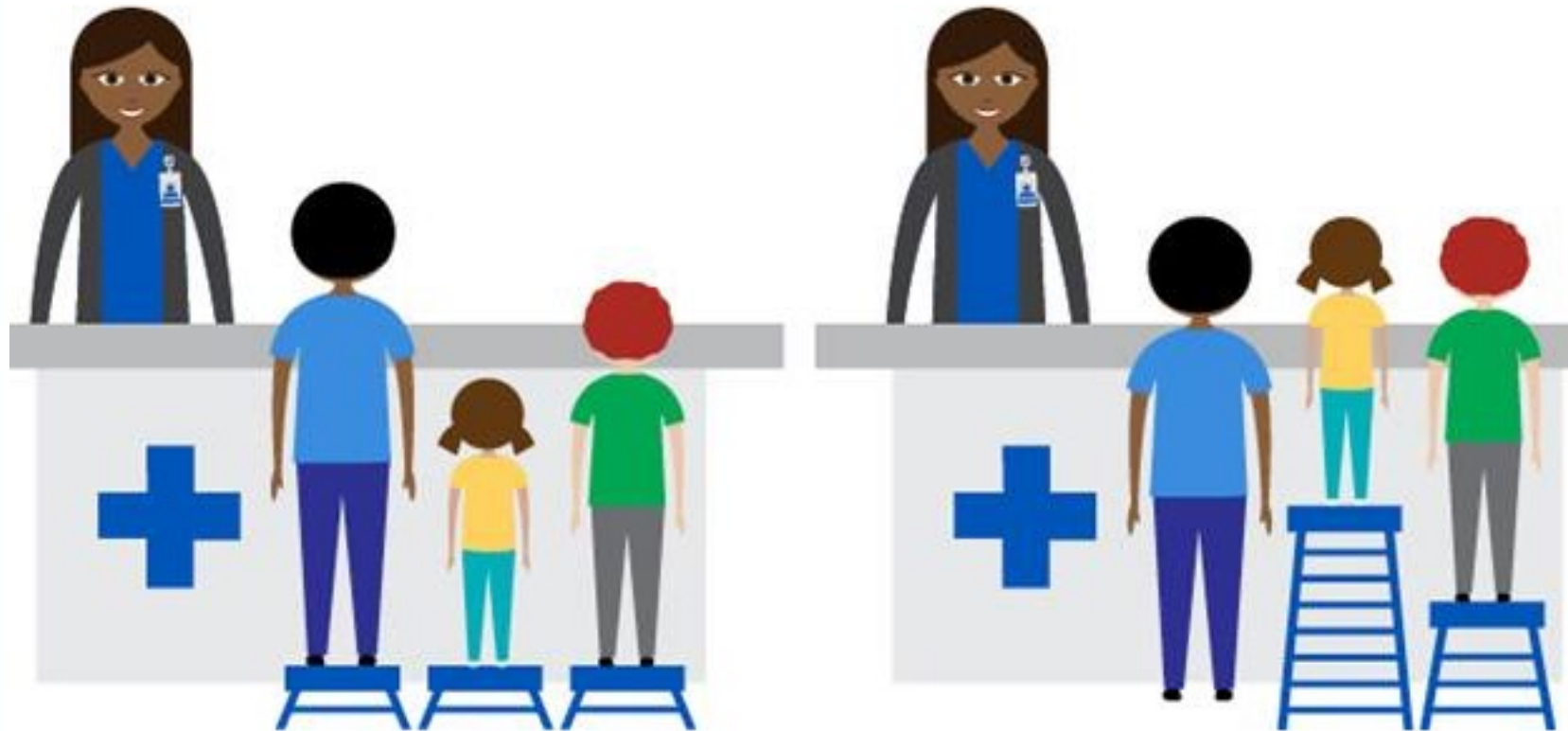
Limited integration

Limited evidence and support

# Food insecurity impact on health <sup>1-6</sup>

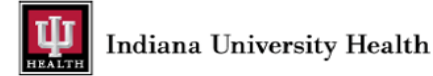


# Whose responsibility is it to close the gap?



Equality/Equity

# Intervention



- **Partner** with key community partners and stakeholders
- Provide **medically tailored** food
- Adjust food for medical history, personal and cultural **preference**
- Provide counseling, health coaching for **longitudinal behavioral changes**
- **Connect** to other resources through Community health workers
- **Influence policy** through evidence based outcomes



# Preliminary outcomes

	Up to two weeks post pilot	Up to 3 months post pilot	Between 3-6 months post pilot	Between 6-9 months post pilot	Between 9-12 months post pilot
<b>Avg Change in A1c</b>	(-) 1.3	(-) 1.4	(-)1.8	(-)2.3	(-)2.4
<b>Avg Change in Systolic BP</b>	-4.86	-4.39	-6.85	-9.64	-11
<b>Avg Change in Diastolic BP</b>	-2.52	-0.35	-2.46	-4.91	-4

# Nutrition security impact

Members showed strong reduction in nutrition insecurity.

Average score changed from 3 to 2 - 33% decrease

Nutrition Security	Intake		End of Program	
	# of Members	% of Members	# of Members	% of Members
Nutrition Insecurity (4-5)	16	29%	5	9%
Low Nutrition Insecurity (3)	26	46%	13	23%
No Nutrition Insecurity (1-2)	14	25%	38	68%
<b>Total</b>	<b>56</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

## Assessing Nutrition Security

### Nutrition Security Screener:

Thinking about the last 12 months, how hard was it for you or your household to regularly get and eat healthy foods?  
[Very hard (5) / Hard (4) / Somewhat hard (3) / Not very hard (2) / Not hard at all (1)]

*Nutrition insecurity defined as a member who answered 4 or 5. Low nutrition insecurity defined as a member who answered 3. No nutrition insecurity defined as a member who answered 1 or 2.*

# Preliminary outcomes

	Mean HbA1c (95% CI)	Mean Difference in HbA1c between results and baseline results
HbA1c at Baseline	9.9% (9.5-10.3%) [75]	N/A
Any Follow-up HbA1c after Baseline	8.1% (7.4-8.8%) [30]	-2.15% (-2.9- -1.4%) [30]
Follow-up HbA1c between day 1-90	8.6% (7.5-9.7%) [18]	-1.4% (-2.3- -0.6%) [18]
Follow-up HbA1c between day 91-120	7.3% (6.8-7.8%) [15]	-2.9% (-3.9- -1.8%) [15]
Baseline HbA1c for patients with any major medication change	10.8% (9.5-12.0%) [7]	N/A
Any follow-up HbA1c after baseline with any major medication change	10.1% (9.5-10.8%) [7]	-3.4% (-5.5- -1.4%) [7]
Baseline HbA1c without major medication changes	10.1% (9.5-10.8%) [26]	N/A
Any follow-up HbA1c after baseline without major medication changes	8.3% (7.6-9.1%) [24]	-1.8% (-2.9- -1.1%) [24]

# Cost effectiveness evaluations

- Findings: **\$1279/5.10 QALYs** [**\$1279 is the cost associated with achieving 1 Quality-Adjusted Life Year (QALY)**].
- Cost (\$1279): Monetary cost associated with the intervention.
- 5.10 QALYs: Measure of the quantity and quality of life gained due to intervention. A QALY of 5.10 means that the intervention results in an expected gain of 5.10 quality-adjusted life years for the patient.
- This analysis is based on a willingness to pay (WTP) of \$50K.
- Net monetary benefit: **\$253,821** is the net monetary benefit or financial gain expected from the intervention.

# Barriers

- Providing convenient services to patients who face numerous barriers
- Enrollment parameters of patients
- Providing a service but Enrollment parameters of patients avoiding scaling up until the model is evaluated
- Connecting health system and community partners without putting patient PHI at risk

# Future directions

Cardiovascular clinic patients

Breast cancer patients receiving chemotherapy

Colorectal surgery patients

Pre-surgical patients

Cardiac rehab

HIV+

# References

1. Hernandez, D. C., Reesor, L. M., & Murillo, R. (2017). Food insecurity and adult overweight/obesity: Gender and race/ethnic disparities. *Appetite, 117*, 373–378.
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6. Cook, J. T. (2013, April). Impacts of child food insecurity and hunger on health and development in children: Implications of measurement approach. In *Paper commissioned for the Workshop on Research Gaps and Opportunities on the Causes and Consequences of Child Hunger*

# *Thank You*

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For more information about the Center for Health Equity and  
Innovation

<https://cheqi.pharmacy.purdue.edu>



# Question and Answer

Please submit your questions using the Q&A feature  
at the bottom of your screen

# PQA Announcements

The logo for the 2024 PQA Annual Meeting. It features a large blue circle on the left containing the white number '24'. To the right of the circle, the letters 'PQA' are written in a large, bold, dark green font. Below 'PQA', the words 'ANNUAL' and 'MEETING' are stacked in a bold, blue font. At the bottom of the logo, the text 'BALTIMORE, MD | MAY 14-16, 2024' is written in a bold, orange font.

**24** **PQA**  
**ANNUAL**  
**MEETING**  
**BALTIMORE, MD | MAY 14-16, 2024**



# **Next Quality Essentials Webinar: The Next Phase to Advance Quality Measurement of Oral Anticancer Medication Use**

**Thursday, April 11, 2024, 1-2 pm ET**



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