

E C 17th Annual Physical Therapy Education Leadership Conference October 28-30 | Milwaukee, WI



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ADDRESSING SOCIAL
DETERMINANTS OF HEALTH USING
THE PRECEDE-PROCEED MODEL
THROUGH STUDENT-LED PRO
BONO PHYSICAL THERAPY

17th Annual Physical Therapy Education Leadership Conference

Milwaukee, WI | October 28, 2022





PRESENTERS



Alexandria Wilson PT, DPT, ATC



Morgan Forteith PT, DPT (she/her)

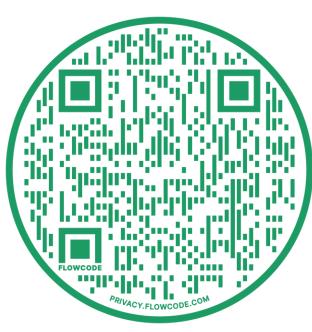


Ryan Pontiff PT, DPT, PhD(c)



GETTING TO KNOW THE AUDIENCE





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OBJECTIVES

Define

Define the SDOH

Describe

Describe the PRECEDE-PROCEED model with utilization of the SDOH

Explain

Explain the benefits and challenges of the implementation of pro bono physical therapy services while focusing on SDOH

Understand

Understand how the SDOH relate to physical therapy practice

Demonstrate

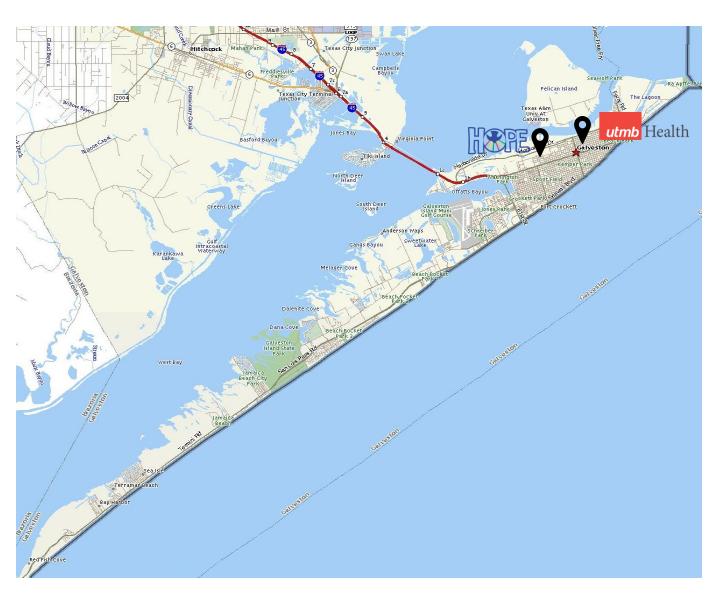
Demonstrate a sustainable model to be used which addresses the SDOH at a pro bono clinic



BACKGROUND

- Purpose: Outline implementation of quality improvement project at St.
 Vincent's Pro Bono Physical Therapy Clinic (STVPT) using PRECEDE-PROCEED Model of Public Health
- Project aim was two-fold:
 - Understand and identify social determinants of health (SDOH) needs
 - Offer resources to mitigate needs
- Guiding question: What are the barriers and facilitators to optimal quality of life (QoL) in the STVPT and Galveston community at large?



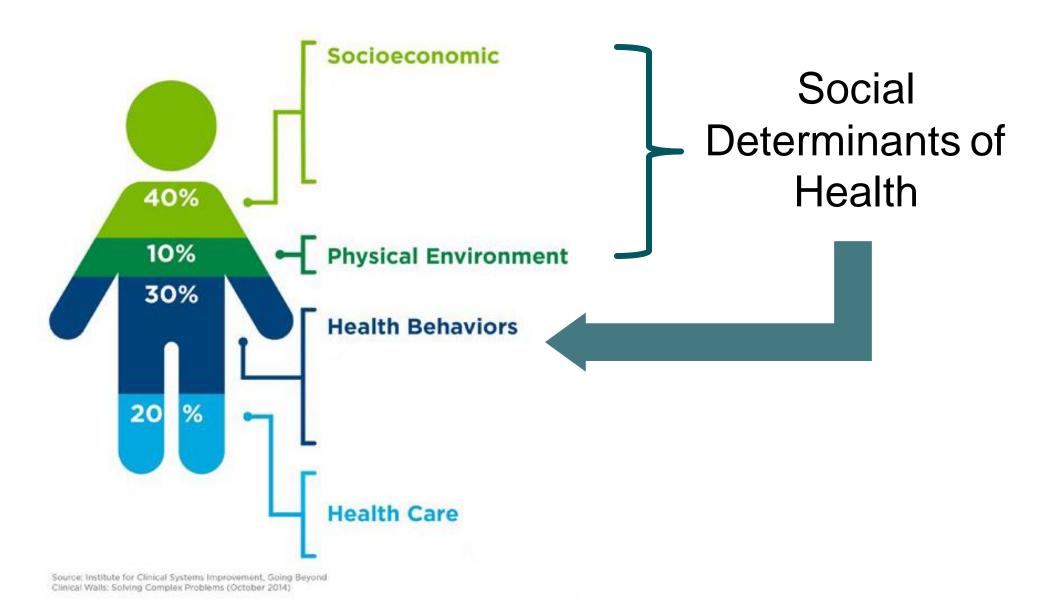








WHAT INFLUENCES HEALTH OUTCOMES?



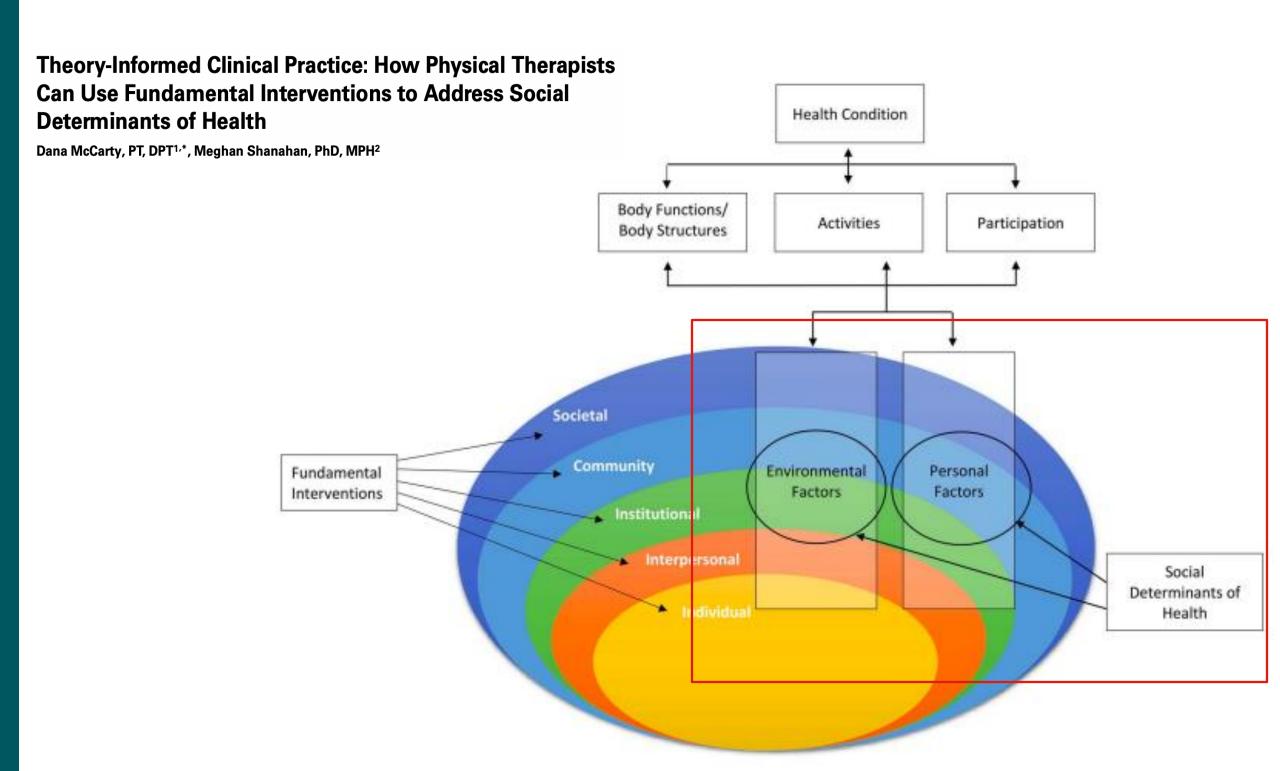


SOCIAL DETERMINANTS OF HEALTH







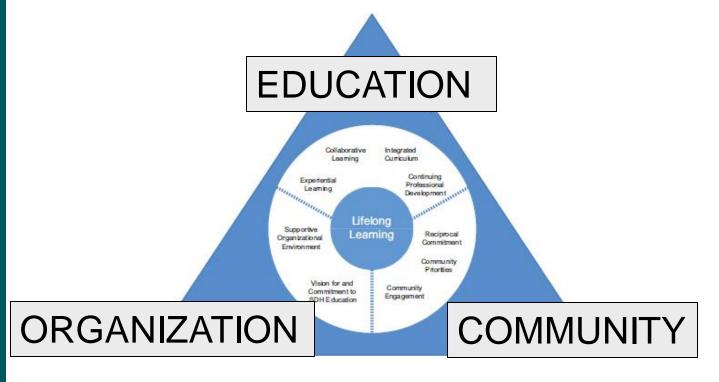




CALLS FOR HEALTHCARE EDUCATION REFORM

A Framework for Educating Health Professionals to Address the Social Determinants of Health

National Academies of Sciences, Engineering, and Medicine. 2016. A framework for educating health professionals to address the social determinants of health. Washington, DC: The National Academies Press.





EXCELLENCE FRAMEWORKfor Physical Therapist Education 2022

Population Health, Prevention, Health Promotion, and Wellness Competencies in Physical Therapist Professional Education: Results of a Modified Delphi Study

Dawn M. Magnusson, Zachary D. Rethorn, Elissa H. Bradford, Jessica Maxwell, Mary Sue Ingman, Todd E. Davenport, Janet R. Bezner 2020



PRO BONO CARE CONSIDERATIONS – THE WHY

- Academic curricula -> building confidence, create positive attitudes and behaviors regarding pro bono Goupil and Kinsinger, 2020
- Students: naturally caring, altruistic -> pro bono and charity activities.
- Pro bono opportunities -> increased affective and psychomotor skill formation + positive impact on the community.
- Pro bono care -> health care accessibility and socioeconomic factors. Identified by the World Health Organization to be related to the SDOH
 - Heath care rationing and patient advocacy can be indirectly affected.
- APTA Code of Ethics: Principle #8 Physical therapists shall participate in efforts to meet the health needs
 of people locally, nationally, or globally
 - (Core Value: Social Responsibility) 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. (2020)



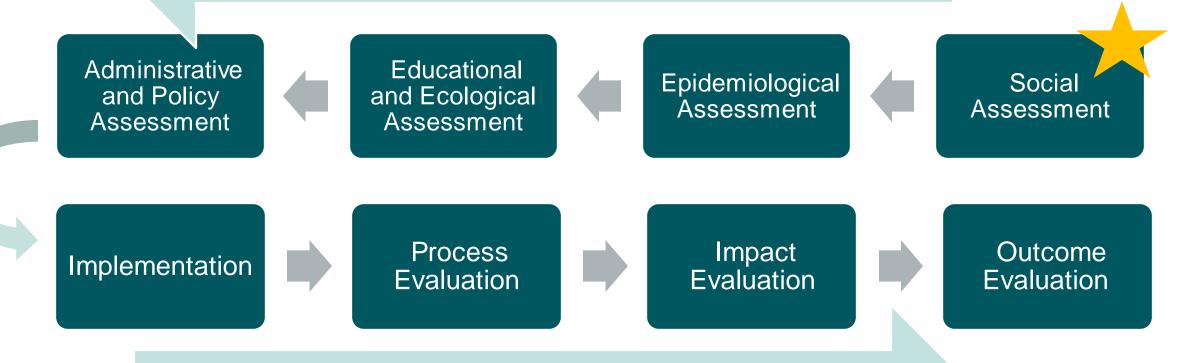
PRO BONO CARE CONSIDERATIONS -THINGS TO KEEP IN MIND

- Legal and ethical issues
 - 9% increase in pro bono work in areas with immunity.
 - The need for insurance
- Staffing
 - Volunteers or staff
- Topography
 - Will affect patient ability to get to clinic but also the patient type

- Funding
 - Free care or minimal pay care
 - Charitable donations, grants, alumni support, institutional operating budget
- Space
- Marketing
- School curricula
 - Can it be a part of a school and 19 where would it fall in the curriculum



PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic





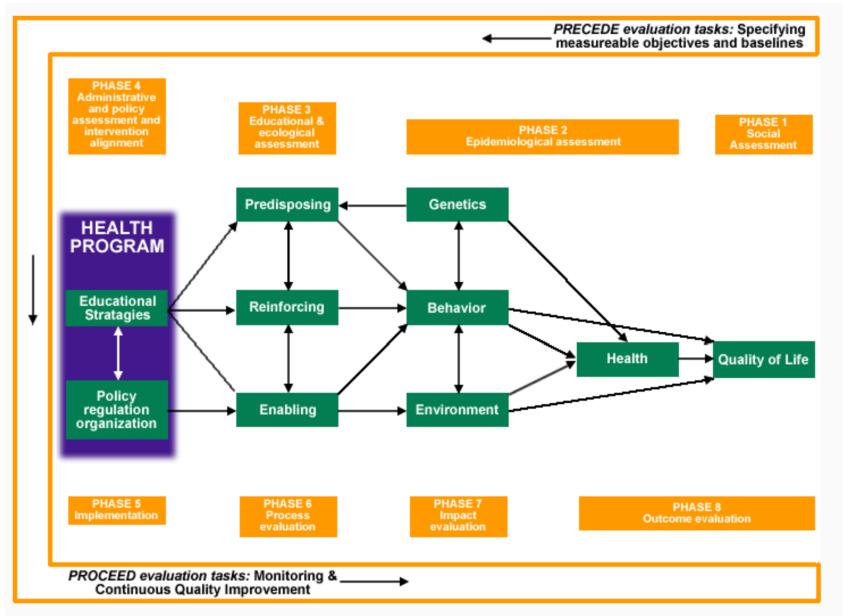


FIGURE 1. GENERIC REPRESENTATION OF THE PRECEDE-PROCEED MODEL. FROM L. GREEN AND M. KREUTER. (2005). HEALTH PROMOTION PLANNING: AN EDUCATIONAL AND ECOLOGICAL APPROACH (4 TH ED.). MOUNTAIN VIEW, CA: MAYFIELD PUBLISHERS.



The Behavioral Matrix

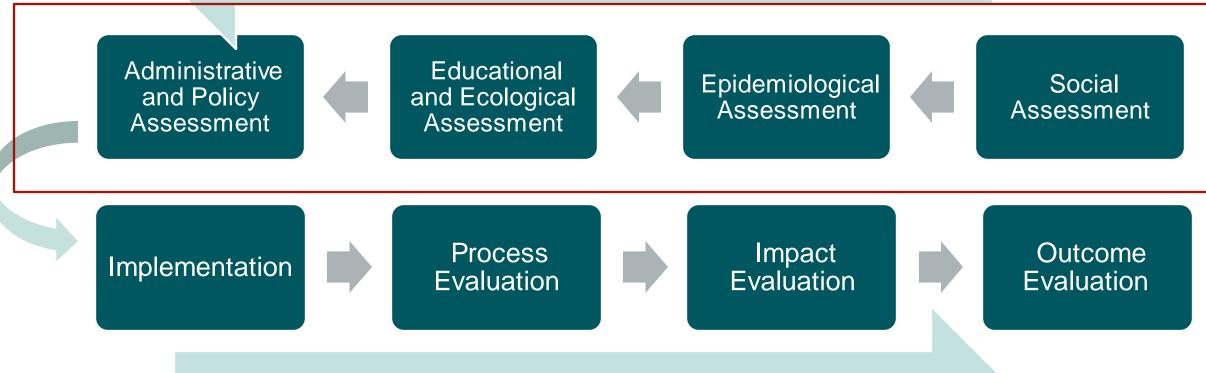
This helps to identify targets where the most effective intervention measures can be applied.

	More Important	Less Important
More Changeable	High Priority Quadrant I	Low Priority Except for
		Political Reasons
		Quadrant III
Less Changeable	Priority for Innovations	No Program Quadrant IV
	Assessment Crucial	
	Quadrant II	

Behavioral Objectives are created from Quadrants 1 and 2 . Quadrant 3 is used more for political reasons



PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic





METHODS - PRECEDE

Social Assessment

 Demographic data collection on STVPT and Galveston community

Epidemiological Assessment

- Survey distribution to STVPT stakeholders
- Thematic analysis of survey results

Educational and Ecological Assessment

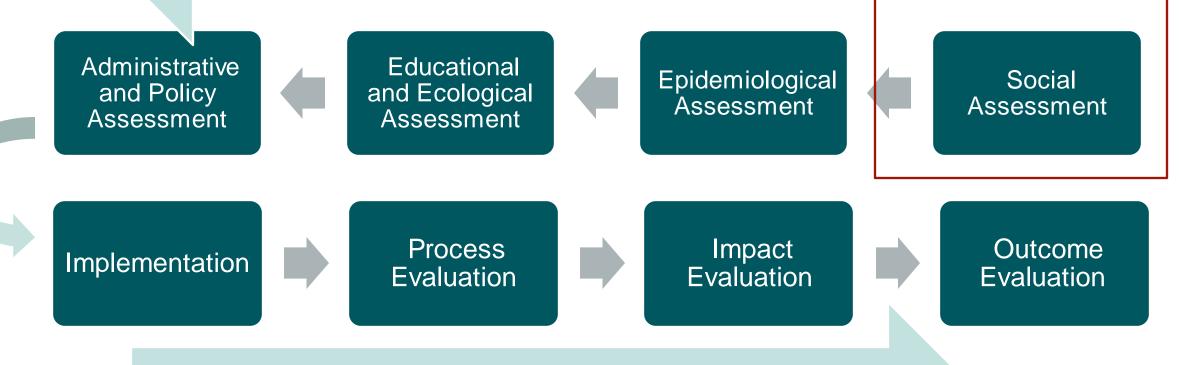
 Identification of predisposing, enabling, and reinforcing factors influencing QoL within community

Administrative and Policy Assessment

Examination of STVPT clinic resources



PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic





SOCIAL ASSESSMENT

Methods

- Demographic data collection on Galveston and STVPT
 - Taskforce of student physical therapists
 - Explored the 5 SDOH domains and their impact on the community

Results

- STVPT Patient Demographics
 - Medically uninsured residents of Galveston County
 - Culturally and racially diverse
 - Wide spectrum of neuromuscular, musculoskeletal, and cardiopulmonary conditions
- Areas of concern relevant to 5 SDOH:
 - Food access and availability, economic stability, built environment



PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic Educational Administrative Epidemiological Social and Ecological and Policy Assessment Assessment Assessment Assessment Outcome Impact Process **Implementation** Evaluation Evaluation Evaluation



EPIDEMIOLOGICAL ASSESSMENT

Methods

- Stakeholder input via open-ended surveys to patients, student volunteers, and faculty of PT/IP clinics
 - 17 patients
 - 35 student physical therapists
 - 7 PT faculty members
 - 3 IP clinic faculty members
- Thematic analysis of survey results

Results

- Emergent Themes of Stakeholder Surveys
 - SDOH limiting factor to optimal QoL
 - Many health conditions are chronic and preventable in nature
 - Poor health literacy
 - Robust social resources available in the community
 - Knowledge of available social resources is lacking

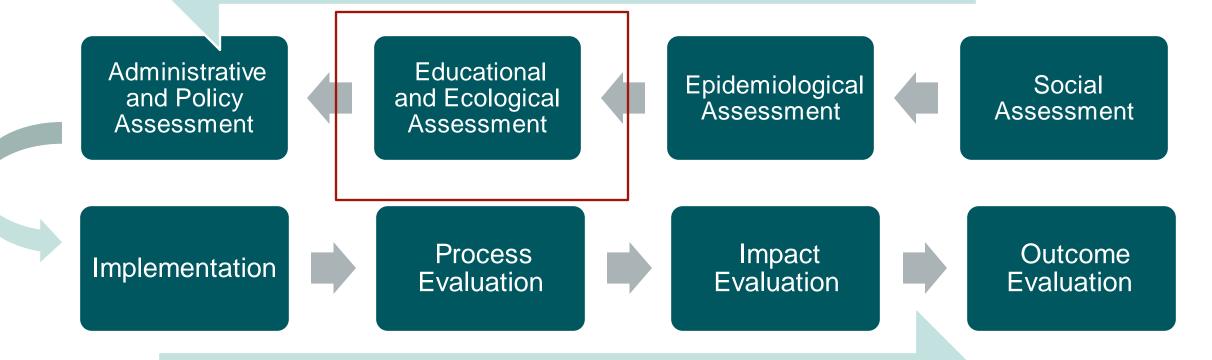


CONCEPT MAP





PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic





EDUCATIONAL AND ECOLOGICAL ASSESSMENT

Methods

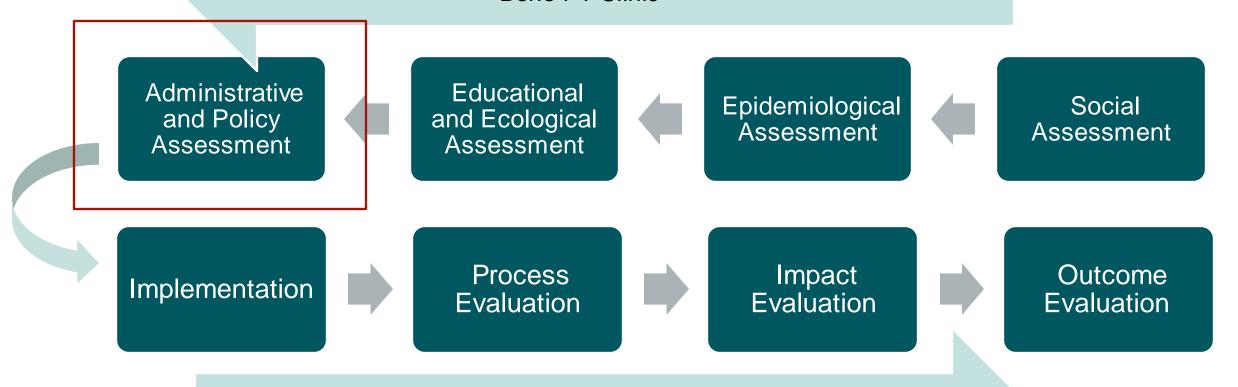
 Identification of predisposing, enabling, and reinforcing factors influencing QoL within community

Results

- Predisposing factors
 - Health literacy within community
 - Poor awareness of STVPT resources
- Enabling factors
 - Lack of access to basic healthcare needs
 - Limited administrative resources
- Reinforcing factors
 - · Lack of follow-up care
 - Return to "island lifestyle"



PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic





ADMINISTRATIVE AND POLICY ASSESSMENT

Methods

 Examination of available clinic resources for development of a sustainable intervention

Results

- Barriers
 - Time
 - Personnel
 - Financial
 - Structural
- Facilitators
 - High-quality care
 - · Available social resources
 - Curriculum integration



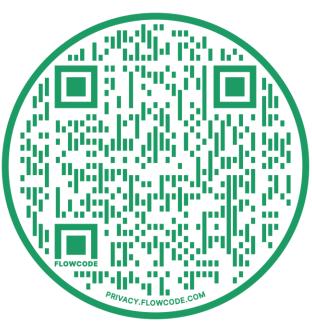
STVPT BEHAVIORAL MATRIX

	More Important	Less Important
More Modifiable	 Limited parks and free recreational facilities for physical activity Lower levels of physical activity than national average Limited resources to improve health literacy 	
Less Modifiable	 Food insecurity Lack of public transportation High school education levels lower than national average Extreme climate conditions High poverty levels, specifically effecting younger individuals Long waitlists for public housing 	 High violent and property crime rates Low rates of home ownership



LET'S HEAR FROM YOU





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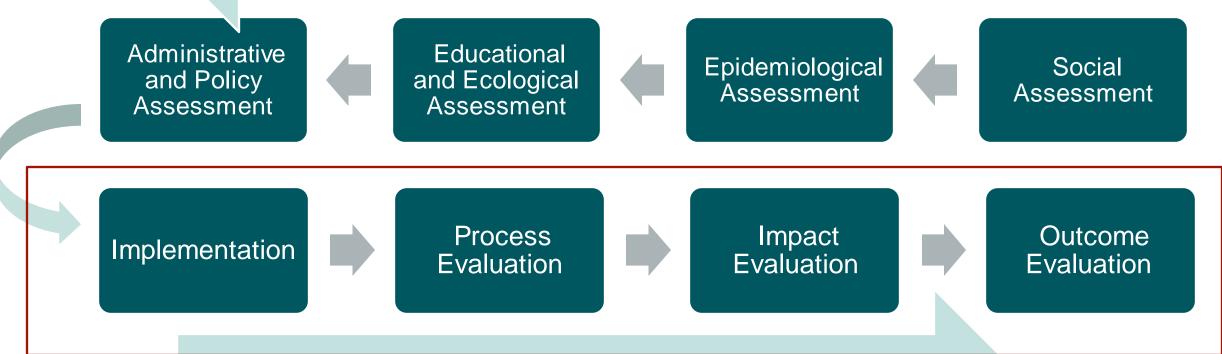






PRECEDE-PROCEED MODEL

PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic



PROCEED (intervention phase): Implementing an intervention to address identified clinic needs



METHODS - PROCEED

Implementation

· Development and pilot of intervention at STVPT.

Process Evaluation

 Is the intervention being implemented and reaching student volunteers and STVPT patients?

Impact Evaluation

 Is the intervention successfully impacting student volunteers and STVPT patients?

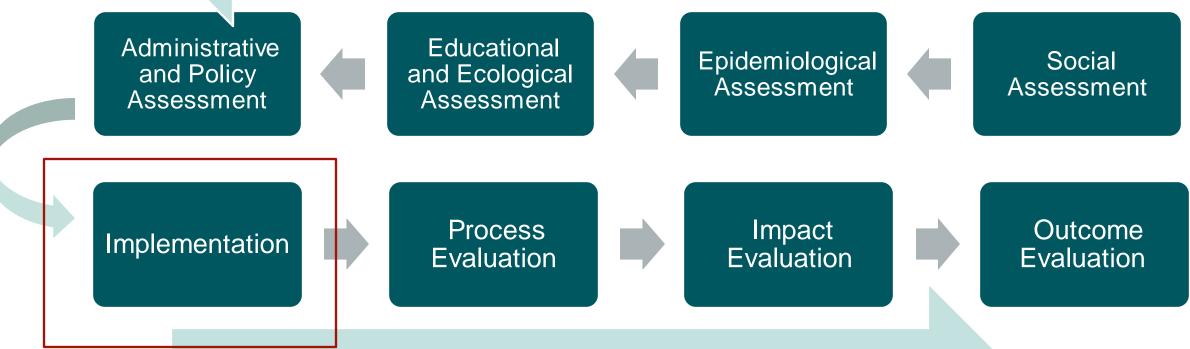
Outcome Evaluation

 Did the intervention address the SDOH that influence our patient's during PT and post-discharge?



PRECEDE-PROCEED MODEL

PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic



PROCEED (intervention phase): Implementing an intervention to address identified clinic needs



IMPLEMENTATION

Methods

- Creation and Implementation of
 - Social Needs Screening Tool
 - ANCHOR Database
 - Resources Instilling Self-Empowerment (RISE Guide)
 - SDOH Student Volunteer Training
 - Two Virtual Zoom Sessions

Results

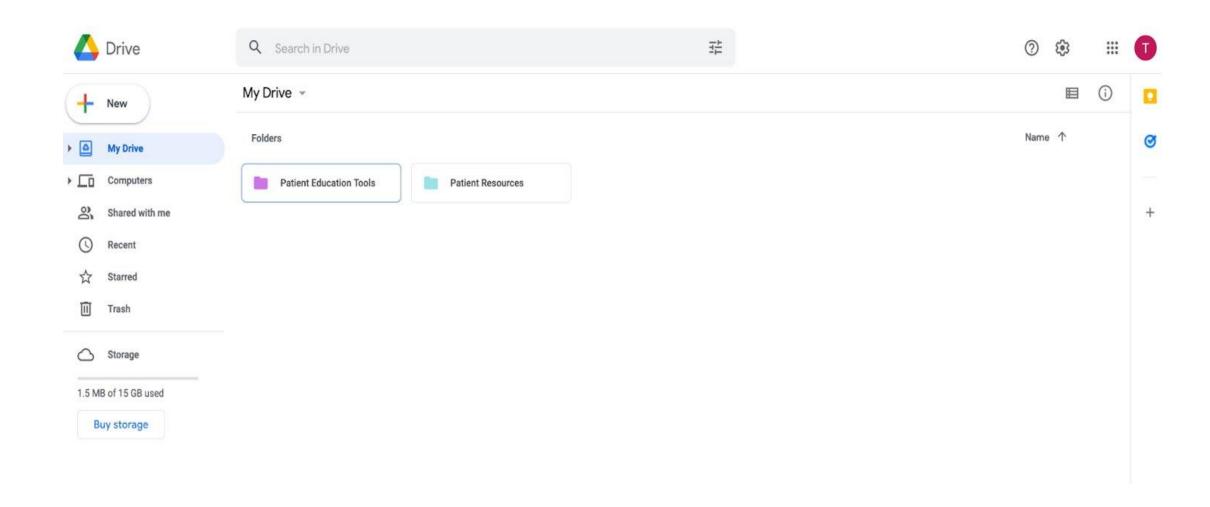
- Social Needs Screening Tool
- Anchor Database
- Resources Instilling Self-Empowerment Guide
- SDOH Student Volunteer Training
 - Attendance 81 student volunteers



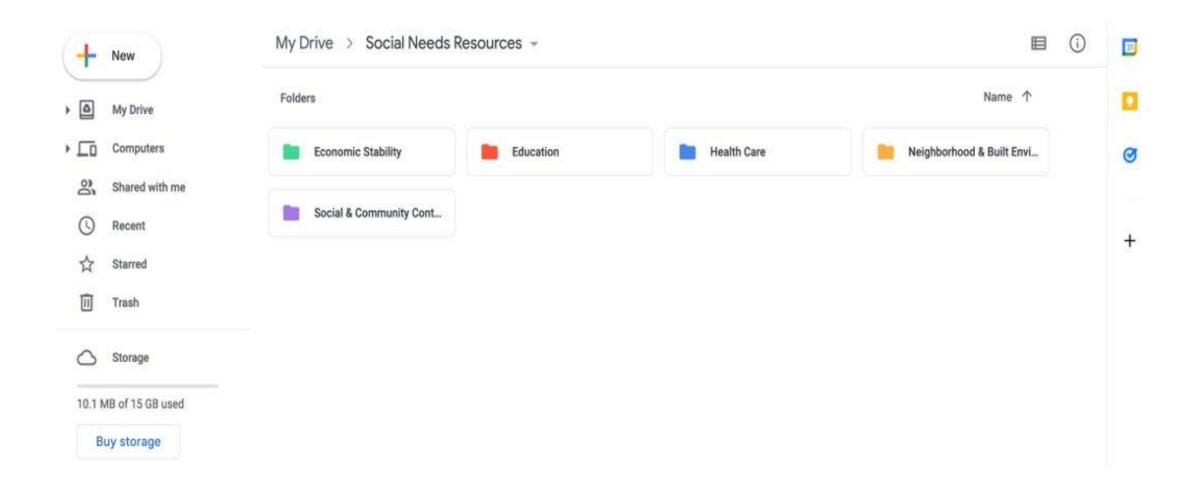
SDOH SCREENING TOOL

Domain	Question	Response	ANCHOR resource provided:
Economic Stability	In the last 12 months, did you ever eat less than	YES	
\$	you felt you should because there wasn't	NO	
	enough money for food?	If yes, would you like	
•	(Health Leads)	help with this?	
		Y/N	
Economic Stability	Do you think you are at risk of becoming	YES	
	homeless? (HLBMC)	NO	
S		If yes, would you like	
•		help with this?	
		Y/N	
Economic Stability	Do you have trouble paying your heating or	YES	
~	electricity bill? (HLBMC)	NO	
S		If yes, would you like	
•		help with this?	
		Y/N	

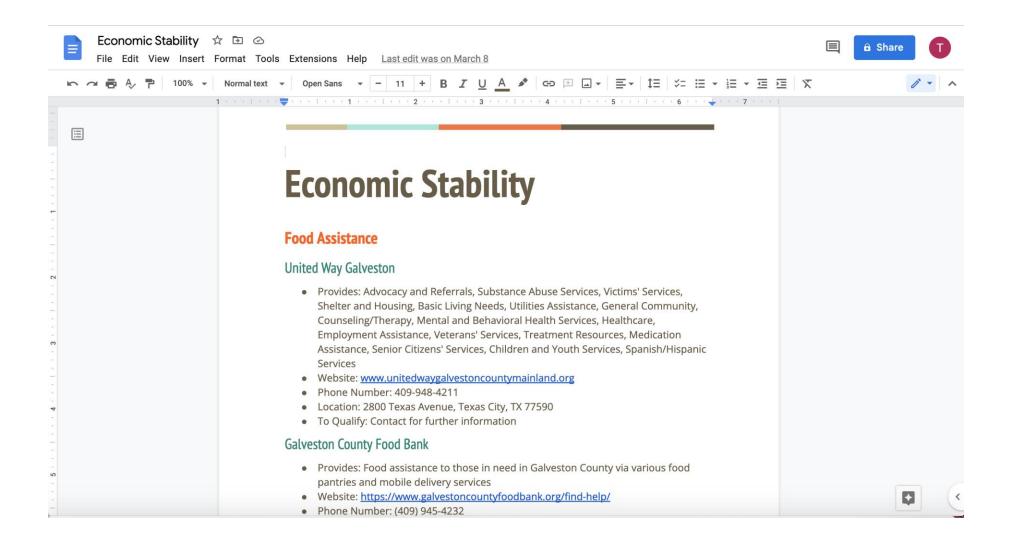




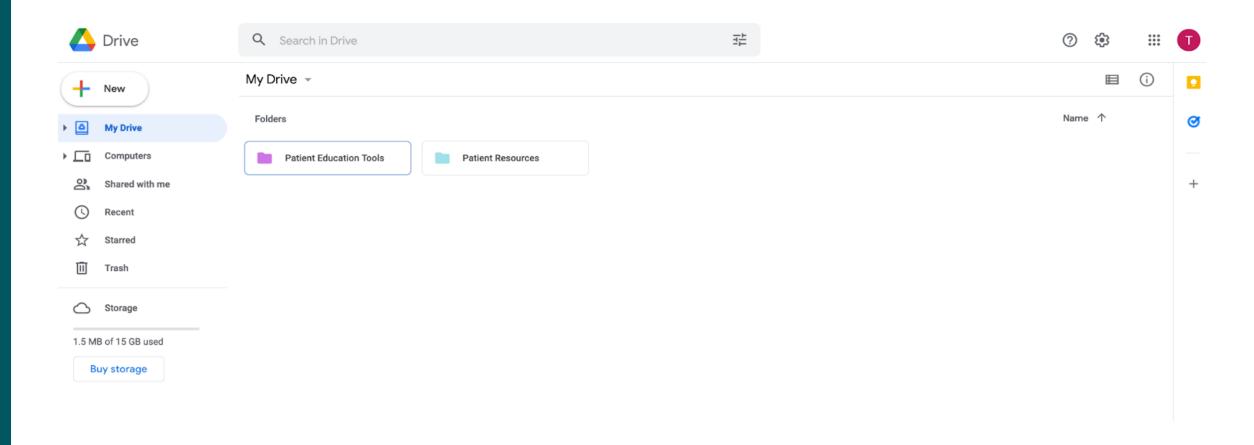




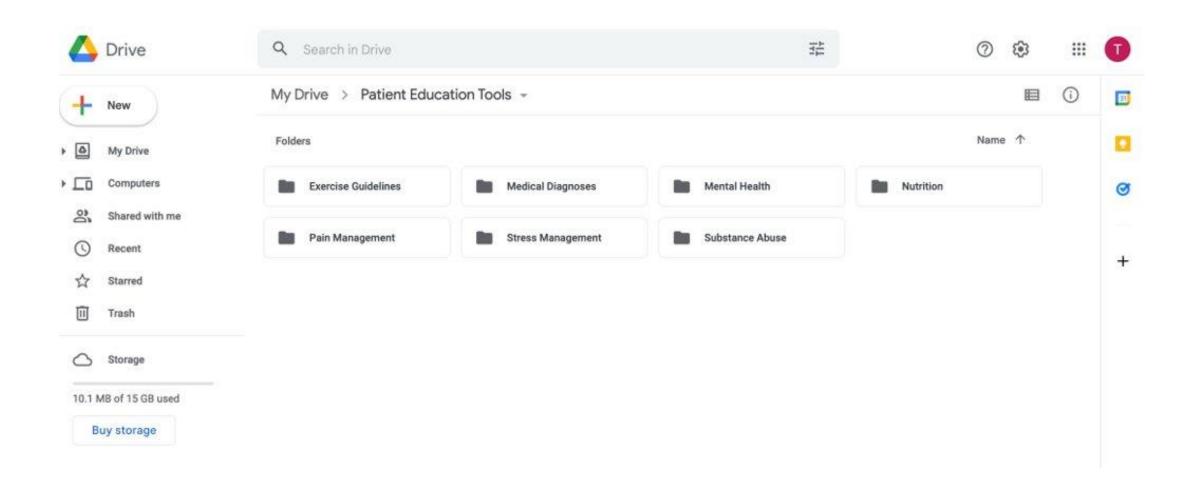




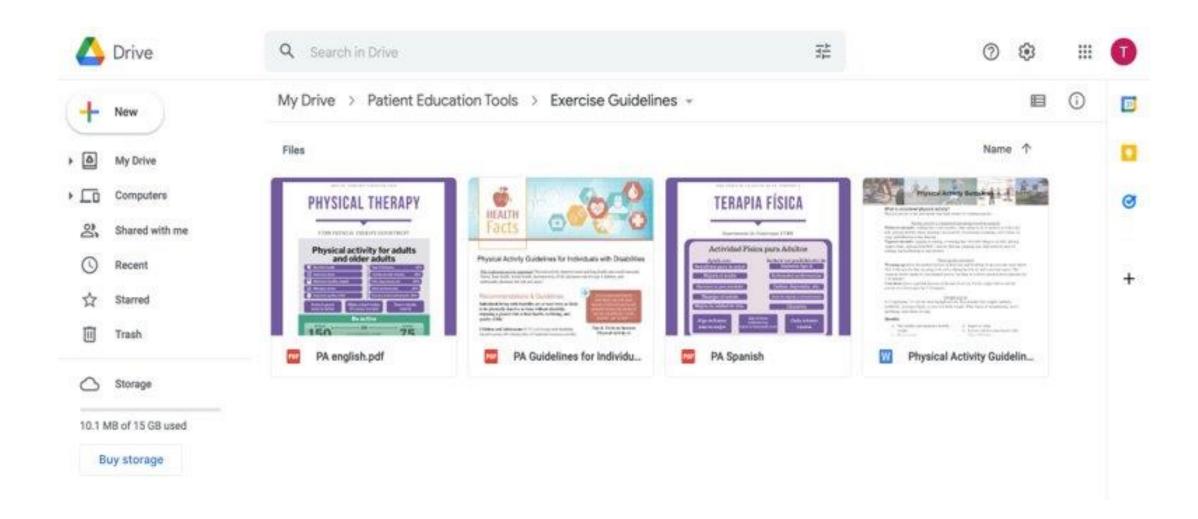














RESOURCES INSTILLING SELF-EMPOWERMENT (RISE) GUIDE









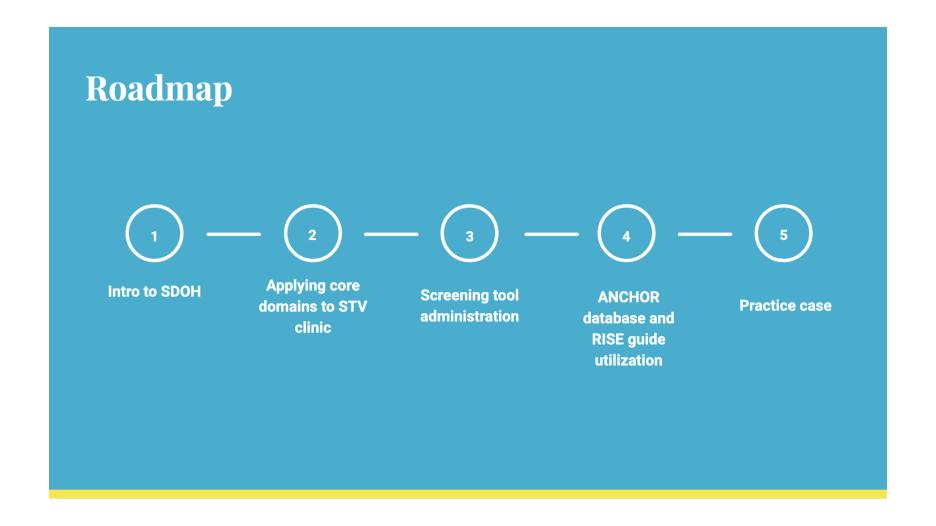


SDOH Resources

Patient Education



SDOH VIRTUAL TRAINING





PRECEDE-PROCEED MODEL

PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic Educational Administrative Epidemiological Social and Ecological and Policy Assessment Assessment Assessment Assessment Impact Outcome Process **Implementation** Evaluation **Evaluation** Evaluation PROCEED (intervention phase): Implementing an intervention to address identified clinic needs



PROCESS EVALUATION

Methods

- Social Needs Screening Tool
 - How many patients screened, how many social needs identified.
- SDOH Student Volunteer Training
 - How many students attended.

Results

- Social Needs Screening Tool
 - 13 patients screened over 11 clinic days
 - 32 total social needs identified
- SDOH Student Volunteer Training
 - 81 Students attended



Social Needs Screening Tools Distributed	13 patients
Total Identified Social Needs	32 needs
Food Insecurity (Economic Stability)	1
Homelessness (Economic Stability)	2
Utility Assistance (Economic Stability)	1
Employment/Job Training (Economic Stability)	1
GED Assistance (Education)	3
Health Care Provider Access (Health)	9
Stress (Health)	8
Safe Space for Exercise (Neighborhood/Built Environment)	4
Immigration Rights (Social/Community Context)	1
Lack of Companionship (Social/Community Context)	2

Social Determinants of Health Domain	Number of Identified Social Needs		
Economic Stability	5		
Education	3		
Health	17		
Neighborhood/Built Environment	4		
Social/Community Context	3		



PRECEDE-PROCEED MODEL

PRECEDE (evaluation phase): Understanding the needs of STV Pro **Bono PT Clinic** Educational Administrative Epidemiological Social and Ecological and Policy Assessment Assessment Assessment Assessment Impact Outcome **Process Implementation** Evaluation **Evaluation** Evaluation PROCEED (intervention phase): Implementing an intervention to address identified clinic needs



IMPACT EVALUATION

Methods

- Social Needs Screening Tool
 - How many patients screened, how many social needs identified.
- SDOH Student Volunteer Training
 - Pre- and post- knowledge assessment survey distributed

Results

- Social Needs Screening Tool
 - 13 patients screened over
 11 clinic days
- SDOH Student Volunteer Training
 - Students displayed significant improvements in SDOH understanding, screening, and awareness of resources



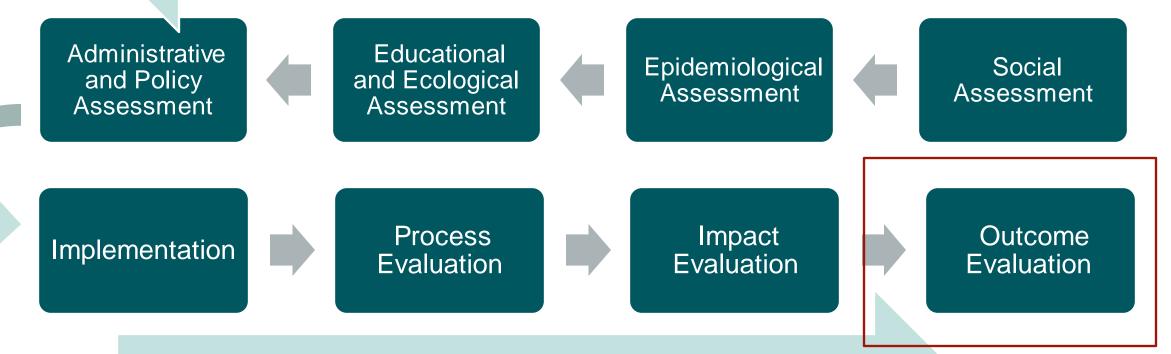
IMPACT EVALUATION

	Pre-Training (n=81)	Post-Training (n=79)	P-value
From 0-10, please rate your current understanding of the social determinants of health.	5.47	8.71	<0.0001
From 0-10, please rate your current confidence level in screening patients for social needs.	4.19	7.95	<0.0001
From 0-10, please rate your current confidence level in addressing identified patient social needs.	4.25	7.80	<0.0001
From 0-10, please rate your current level of awareness of available community resources for patients at St. Vincent's.	3.07	6.86	<0.0001



PRECEDE-PROCEED MODEL

PRECEDE (evaluation phase): Understanding the needs of STV Pro Bono PT Clinic



PROCEED (intervention phase): Implementing an intervention to address identified clinic needs



OUTCOME EVALUATION

Methods

 Observation of continuation of intervention at STVPT

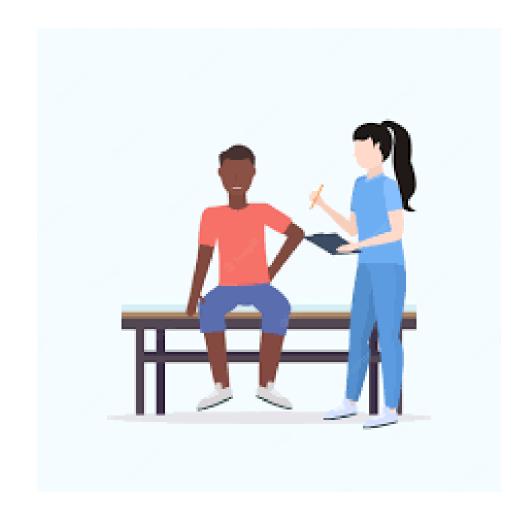
Results

- Student Outcome
 - SDOH screening tool, ANCHOR database, RISE guide, and recording of SDOH training are now part of processes of STVPT
- Patient Outcome
 - In Progress



SUMMARY

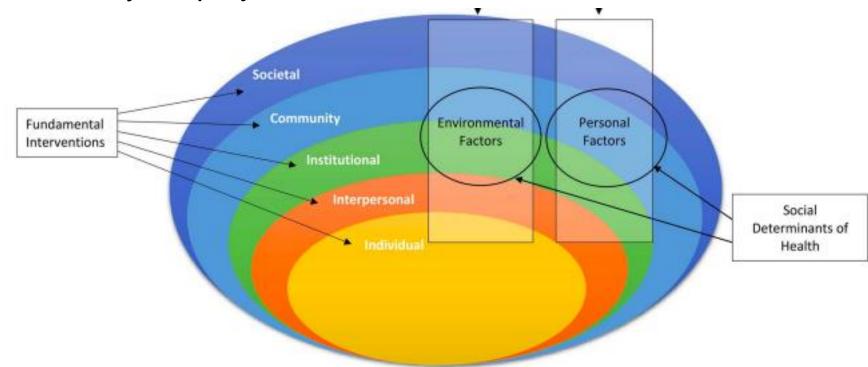
- Intervention aimed at student volunteers and STVPT patients:
 - Understand and identify the SDOH needs at STVPT
 - Offer resources to mitigate those needs
 - Educate students on what the SDOH are and how to address them





GROUP DISCUSSION

- · What types of programming have you all experimented with regarding
 - Healthy People 2030
 - Social Determinants of Health
- How do you feel you could apply the PRECEED-PROCEED or other models to your program or clinic?
 - What barriers or resources do you have access to that could challenge/enable your project?





CONCLUSION

- Utilizing the PRECEDE-PROCEED model allowed for a mindful and community informed quality improvement initiative to be implemented at St. Vincent's.
- What we learned, challenges, and looking forward.
- Potential to serves as a model for other programs and pro bono clinics to help teach, identify, and distribute resources regarding SDOH.



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RESOURCES

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THANK YOU!!

- Dr. Pontiff
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- Taskforce members
 - First Years: Quinn Stewart, Hunter Summers
 - Second Years: Jenna Allen, Chelsea Banawis, Caroline Welch
 - Third Years: Jincy Arthungal, Ryan Berkey, Christine Brown, Alli Reynolds
 - Alumni: Megan Cornelison
- STVPT student volunteers
- STVPT patients
- APTR Paul Ambrose Scholars Program





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