

EXCLUSIVE LIVE WEBINAR

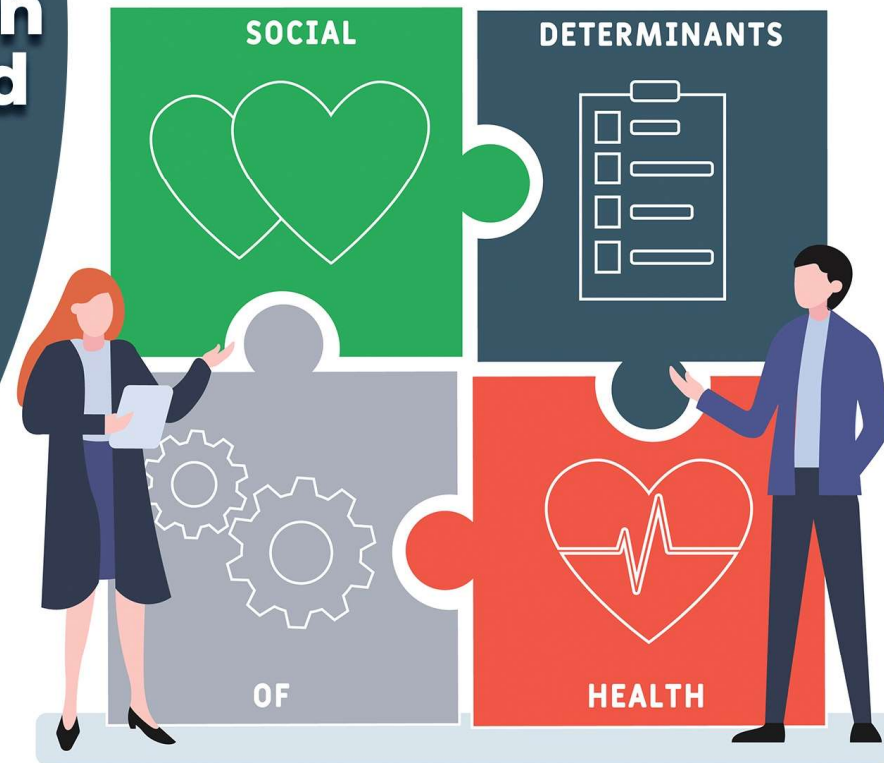
Finding the Intersection Between Counseling, Communication, and Social Determinants of Health

PRESENTED BY

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October 19, 2022
2-3:30 pm ET

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- Kristen Hicks-Roof PhD, RDN, LDN, CLC, FAND, faculty for this event, has no relevant financial relationship(s) with ineligible companies to disclose.
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Learning Objectives

1. Define social determinants of health (SDOH) and explain their impact on the management of personal health.
2. Recognize and use screening tools that can identify SDOH and help care givers and patients overcome barriers to good health practices.
3. Implement inclusive communication skills to improve equitable and person-centered practices.



Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support System	Provider Availability
Expenses	Safety	Early Childhood Education			
Debt	Parks	Vocational Training	Discrimination	Stress	Provider Linguistic and Cultural Competency
Medical Bills	Playground	Higher Education			
Support	Walkability				
	Zip code/ Geography				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Adapted from : Heiman, H. J., & Artiga, S. (2015). Beyond health care: the role of social determinants in promoting health and health equity. *Health, 20*(10), 1-10.

Practical Applications

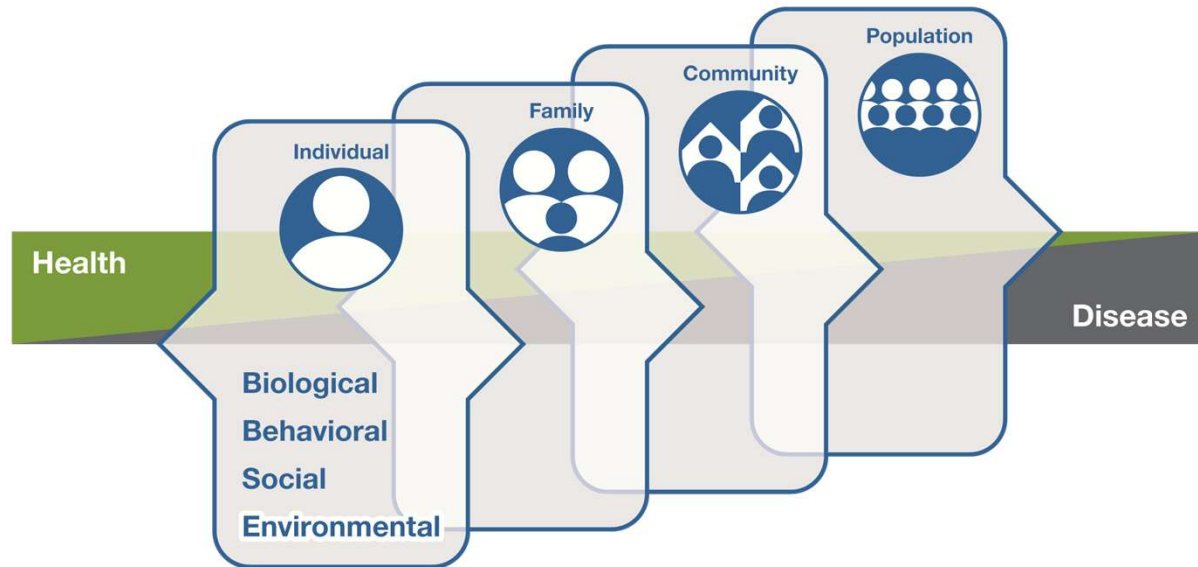


SOCIAL DETERMINANTS OF HEALTH

- Assess different systems that may impact your patient's health needs and/or ability to access care
 - Social factors, environmental, cultural, religious, economic
- Consider financial insecurity and seek to ask questions that may indicate if this is a concern
 - Care access, affordability, purchasing food/equipment/medications
- Be mindful of health literacy
 - Does your patient know what you are saying about/for their conditions?
- Create a list of resources for your patients and/or work with social workers



The Whole Person Model



Summarize	Recognize	Focus
Summarize SDOH and their impact on one's ability to manage personal health and broader health implications	Recognize SDOH screening tools to use in health-related fields	Focus on priority needs and how SDOH influence/impact plan of care

Accelerating Nutrition and Health Equity: Systems Approach





Why is This Important?

Health and disease are interconnected in multiple ways

- Biological
- Behavioral
- Social
- Environmental

**TIME FOR
ACTION!**



Patty

Patty has type 2 diabetes, which has been uncontrolled for over 10 years. She has low health literacy and doesn't understand how to control DM. DM has progressed resulting in nephropathy, neuropathy, and inability to do physical labor work due to countless medical appointments and pain.



Common Screening Tools

* NACHC's Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences Tool (PRAPARE)

** AAFP's The EveryONE Project's Social Needs Screening Tool

*** CMS's Health-Related Social Needs Screening Tool (AHS-HRSN)

HealthBegins Tool

AccessHealth Screening Tool

Virginia Commonwealth Social Needs Assessment

*National Association of Community Health Centers

**American Academy of Family Physicians

***Center for Medicare & Medicaid Services



SDOH - Where do Screenings Occur?

Screening tools and screening research to address each construct of the SDOH are limited

Distribution of Studies				
Social Determinant	Frequency of Studies, n (%)		Number of Screening Tools, n (%)	
Poverty	0	0.0%	0	0.0%
Employment	0	0.0%	0	0.1%
Food Insecurity	5	0.0%	8	21.1%
Housing	3	11.6%	1	2.6%
Transportation	0	7.0%	0	0.0%
Health Literacy	16	0.0%	12	31.6%
Trauma Exposure/History	8	37.2%	6	15.8%
Social Support	7	18.6%	7	18.4%
Multi-Social Determinant Screening Tool	4	9.3%	4	10.5%
Total:	43 Studies		38 Screening Tools	
<i>Note: Employment Poverty, and Transportation were each assessed for at least once within the four multi-social determinant screening tools used.</i>				



Why Interprofessional Teams are Crucial

- SDOH screening across the professions
- Highlight issues related to plan of care
- Provider-Provider communication



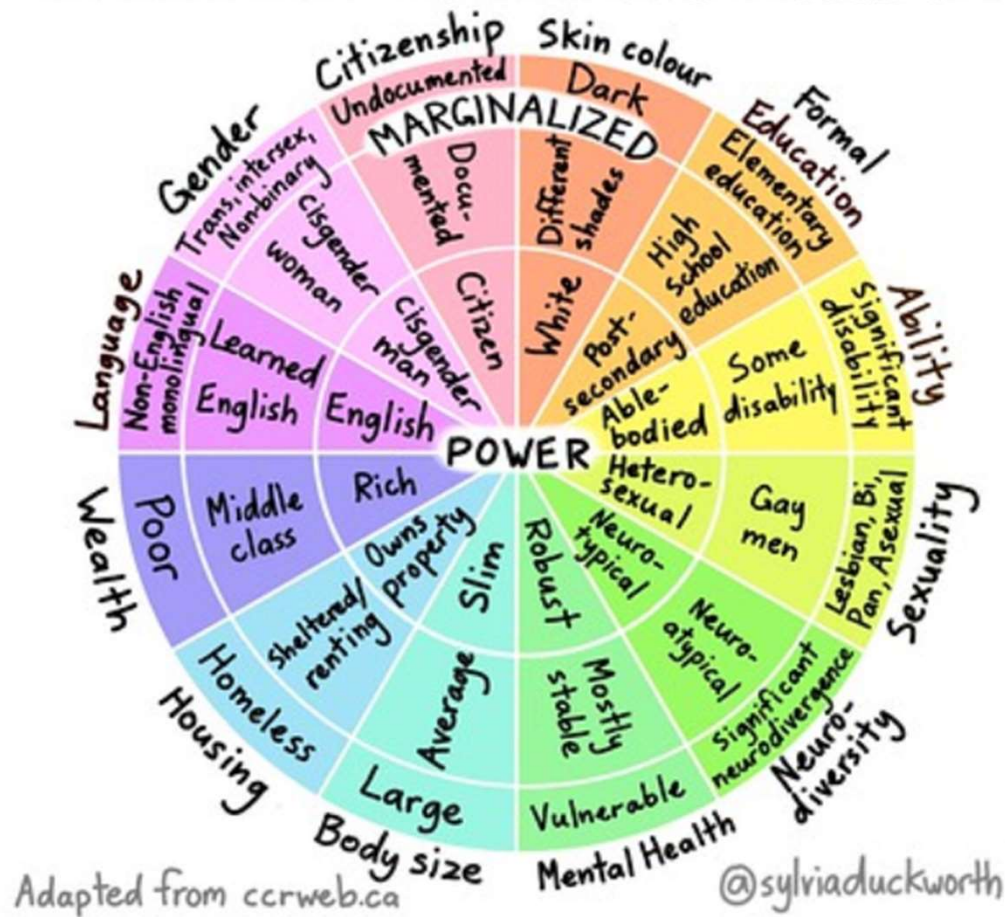


Role Play

Round 1 + Breakout



WHEEL OF POWER/PRIVILEGE



Duckworth, S. (2020, Oct 18). *Wheel of power/privilege* [Infographic]. Flickr. <https://flic.kr/p/2jWxeGG>. Used with permission.

Courageous Conversations



Community Guidelines

We will:

- Create a Brave Space where we can learn, share, and grow
- Listen to understand, not respond
- Grow through our discomfort
- Keep content confidential, while carrying out lessons learned
- Recognize and rephrase statements that are microaggressions

What are microaggressions?

Microaggressions are brief and commonplace indignities that communicate hostile, derogatory, or negative slights and insults to a nondominant group (i.e. racial, gender, sexual orientation, religious minority)

- Often not intended to be harmful
- Usually communicate larger social message that are offensive
- Gain power from cumulative effect

Brantley, M., Castillo, D., Grassi, N., Montgomery, C., Powell, S., Ruiz, R., Spohn, D., & Terrell, K. (2021). University of North Florida Clinical Mental Health Counseling Program: Diversity, Equity, and Inclusion Task Force on Courageous Conversations.



Mental Health Stereotypes

Addressing language that creates stereotypes
around mental health symptomatology

Mental Health Stereotype Language



ADHA

- “I’m so ADHA” “OMG” “Squirrel”

Autism Spectrum Disorder

- “You don’t seem autistic”

Bipolar Disorder

- “I’m so bipolar!” “I’m o manic!”

Post Traumatic Stress Disorder

- “OMG, I have PTSD from that”

Eating Disorders

- “Doesn’t everyone have one these days?”

Schizophrenia Spectrum & other Psychotic Disorders

- “Crazy, Psychopath”

Obsessive Compulsive Disorder

- “I’m so OCD!” “We’re all a little OCD”

Depressive Disorder

- “Stop being so depressing”
- “What do you have to be sad about?”
- “Well, this is depressing” “Just think positively”

Anxiety Disorders

- “Just calm down”
- “There’s nothing to be anxious about”

Personality Disorder

- “Psychopath; Sociopath”

Dissociative Identity Disorder

- “That’s just my other personality”
- “I’m such a Gemini, I have so many personalities”



Importance of Avoiding Mental Health Stereotypes

Stereotypes can:

- invalidate people's experiences
- minimize people's challenges and struggles
- create stigma around mental health disorder
- lead to discrimination and impaired access to resources

- Do not perpetuate common stereotypes that individuals with mental health disorders are all the same, crazy, incompetent, weak, dangerous, faking, or making excuses.

- What might feel like a harmless joke to you can perpetuate devastating challenges for others.



Mental Health Stereotyping Language

Autism Spectrum Disorder

“You don’t seem autistic.”

Bipolar Disorder

“They’re so bipolar!” “I’m so manic!”

Post-Traumatic Stress Disorder

“OMG, I have PTSD from that.”

Personability & Psychotic Disorders

“Crazy, Psychopath, Sociopath”

Obsessive Compulsive Disorder

“I’m so OCD!” “We’re all a little OCD.”

Dissociative Identity Disorder

“I’m such a Gemini, I have so many personalities.”

Do

- Educate yourself and others
- Be mindful of your words
- Reflect on whether your thoughts, words, and behaviors are a result of stereotypes

Don’t

- Speak without thinking of the impact it will have on others (intent versus impact)
- Entertain stereotypical thoughts, behaviors, words from others
 - Ex: Making or laughing at insensitive and inaccurate jokes about mental health



Key Takeaways

- The impact from using stereotypes around mental disorders is strong. What might feel like a harmless joke to you can actually perpetuate devastating challenges for others
- Be mindful of you stereotypes around mental health so you do not perpetuate common myths and misconceptions that individuals with mental health disorders are all the same, crazy, incompetent, weak, dangerous, faking, or making excuses



Disability Etiquette

Addressing language and misconceptions around disabilities



Disability Myths & Stereotypes

Myth: People with disabilities are inspiring or courageous.

Truth: It can be condescending, infantilizing, and presumptuous to call someone brave or inspiring just because they live with a disability.

Myth: You should always say “different ability” rather than “disability.”

Truth: Many people in disability communities have spoken out that the term “differently abled” can feel dismissive of their experiences.

Myth: There is nothing one person can do to help eliminate the barriers confronting people with disabilities.

Truth: Everyone can contribute to change by:

- speaking up when negative language is used about disability
- advocating for barrier-free environments



Importance of Avoiding Disability Stereotypes

Who: Everyone who is, works with, talks to/about, is friends with, is family of, etc. a person with a disability should know disability etiquette.

When: Always!

Disclaimer: There is a difference between speaking up for someone and speaking over someone. Always be sure to listen and learn when a person is sharing their perspective or experience.



Disability Inclusive Language

Instead of: “Disabled people”

Try: “People with disabilities”

Instead of: “They are a cerebral palsy victim”

Try: “They have cerebral palsy”

Instead of: “They are wheelchair bound”

Try: “They use a wheelchair”

Instead of: “They suffer from autism”

Try: “They have autism”

Do

- Use person-first language in professional settings and writing
- Always use the language that people use for themselves and/or the labels and identifiers that they ask you to use

Don't

- Assume everyone prefers either person-first or identity-first language
- Assume you can tell who has a disability by looking at them

Key Takeaways



- Always use the language that people use for themselves and/or the labels and identifiers that they ask you to use.
- While some individuals with disabilities prefer to use identity-first language, proper disability etiquette is to use person first-language when referring to a person with disability unless they use identity-first language for themselves and indicate that you should do so for them as well.
- It is important to use person-first language in professional settings and writing.



Expanding Beyond the Gender Binary

Using inclusive and affirming language



Gender Myths & Stereotypes

Myth: Identifying as gender variant is a phase.

Truth: No one chooses to be transgender or nonbinary. It is just who they are.

Myth: Gender identity can be “cured.”

Truth: Conversion or reparative therapy is unethical and does not work.

Myth: Those who are gender variant are mentally ill.

Truth: Although those who are gender variant do have a greater chance of experiencing depression and suicidal thoughts, simply being gender variant does not mean a person is mentally ill.

Remember: There is a difference between sex, gender identity, gender expression, and sexual orientation.



Importance of Avoiding Gender Stereotypes

- More than a million nonbinary individuals and 1.4 million transgender individuals live in the US.
- Transgender and non-binary people face numerous health disparities, stigma, discrimination, and lack of access to quality care.
- Gender affirming care decreases suicide attempts, substance use, and the use of unsafe interventions to transition.



Gender Inclusive & Affirming Language

Do

- Introduce yourself with your name and pronouns
- Ask in what situations you can use someone's pronouns and name
- Correct yourself if you use the wrong name or pronouns
- Use gender neutral language until you are sure of someone's pronouns

Don't

- Assume someone's gender identity based on their gender expression or the sex they were assigned at birth
- Use someone's deadname
- Ask about a person's reproductive organs
- Believe or follow stereotypes

Key Takeaways

- More than a million non binary individuals and 1.4 million transgender individuals live in the US
- Gender affirming care is clinically sound and the most effective way to alleviate symptoms of gender dysphoria, which can cause serious mental distress, anxiety, and depression when untreated
- Gender affirming care decreases suicide attempts, using unsafe interventions to transition, and substance use. Gender affirming care increases the likelihood of engaging in HIV prevention and medical adherence





Weight Inclusivity

Being mindful of language and attitudes towards
all bodies



Weight Myths & Stereotypes

Myth: BMI is a useful measurement of health.

Truth: BMI is an outdated and inaccurate measure of health.

Myth: Skinny people are active and fat people are lazy.

Truth: People can be healthy AND unhealthy no matter their weight.

Myth: Dieting is an important and helpful part of weight maintenance.

Truth: Weight cycling through dieting compromises physical and psychological health.

Myth: Body weight always co-occurs with other mental and physical conditions.

Truth: Body weight is not a sole causal determinant of other health conditions.



Importance of Avoiding Weight Stereotypes

- It is vital we are mindful of our language and attitudes toward all bodies.
- People of all sizes are deserving of equal access to education, treatment, and places.
- Using weight inclusive language will make those around you feel more comfortable and lead to better outcomes.
- Approaching our work from a weight inclusive lens will make the world a more equitable and safer place.

Weight Inclusive & Affirming Language



Do

- Be honest with your own biases around size diverse people
- Advocate for fat people in your life to ensure they get the care they need
- Educate yourself on size diversity and the discrimination folks face living in a larger body
- If you recommend exercising, ensure you are doing so for the mental benefit and not the physical one, and you are prescribing it to all sized clients

Don't

- Complement weight loss or make comments on someone's body, unless someone has invited a conversation to do so
- Use language like obese or overweight
- Make jokes about what you are eating or monitor what people in large bodies are eating
- Tell someone they are "brave" for simply existing in their body



Key Takeaways

People of all sizes are deserving of equal access to education, treatment, and places. Approaching our work from a size inclusive lens will only make the world a more equitable and safer place

Inclusive, Equitable, & Person-Centered Practice



Reflective Practice

- Commit to personal awareness and become aware of your automatic reactions and prejudices

Establish Relationship

- Non-judgmental, validate feelings, normalize experience, be mindful of non-verbal behaviors

Roadblocks for Communication

- Ordering, threatening, lecturing, judging, criticizing, blaming, shaming, analyzing, interrogating

Opening Skills

- Active listening, non-verbals and facial expressions, attentive silence, voice tone
- Use minimal encouragers, ask client to *share more*, avoid *why* questions and rely on open questions (vs closed questions)



Inclusive, Equitable, & Person-Centered Practice

Reflecting Content

- Confirm or correct what client is sharing
- Stimulate further exploration of client's experience
- Capture relevant aspects of client's message

Reflecting Feelings

- Express understanding of client emotions
- Leads to deeper level disclosures and helps client untangle emotional knots
- Normalizes emotions and deepens relationship
- Try: You feel _____ when _____ or because _____

Summarizing

- Helps client stay on track, directs client to move to next topic, helps identify themes, review progress, bring closure to session

Challenging Skills

- Confront misinformation or inconsistent thoughts, feelings, behaviors
- Challenge must be coupled with support and is not shaming or blaming
- Offer tentatively, use in small doses, emphasize strengths
- Try: On the one hand _____, on the other hand _____



Role Play

Round 2 + Breakout



- 1** Have Courageous Conversations
- 2** Avoid Stereotypes
- 3** Use Inclusive and Affirming Language
- 4** Create an Inclusive, Equitable, & Person-Centered Practice

Questions?



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COMPLIMENTARY LIVE WEBINAR

Teaching Clients the How & Why of a Flexitarian Eating Style

PRESENTED BY

Dawn Jackson Blatner, RDN

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2-3 pm ET

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