Care, Community, and SDOH: The OT Perspective

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Learning Objectives

1. Define key social determinants of health (SDOH) and describe their impact on client outcomes in post-acute care settings.
2. Analyze the role of occupational therapy practitioners in identifying and addressing SDOH across the continuum of care.
3. Apply practical strategies to integrate community resources and client-centered interventions that promote health equity within post-acute care practice.

Raise Your Hand If….

If you have worked as an OTP for less than a year

If you have worked as an OTP for 5 years or less

If you have worked as an OTP for 10 years or less

If you have worked as an OTP for more than 10 years

Raise Your Hand If….

You work in a SNF

You work in acute

You work in outpatient/home health

You work in pediatrics

What Is Your Comfort Level With SDOH?

Are You Addressing SDOH?

What Do You See?

What Do You See?


"IF YOU THINK YOU'RE TOO
SMALL TO MAKE A DIFFERENCE,
TRY SLEEPING WITH A
MOSQUITO."

Multidisciplinary Partnership

Resident/Patient

Family member, significant other, guardian/legally authorized representative

Physician

Pharmacist

Case manager

Nursing

Admissions

Administrator/
Executive Director

Dietician

Social services

Psychologist

Housekeeping

Maintenance

Occupational therapy practitioners

Physical therapy practitioners

Speech–language pathologists

Respiratory therapist

Activities/life enrichment

Restorative aide

Wellness coordinator

Social Determinants of Health (SDOH)

Health Equity

Health Related Social Needs (HRSN)

Health Related Social Needs

Health-related social needs (HRSN) are an individual's unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age).

https://www.kff.org/medicaid/a-look-at-recent-medicaid-guidance-to-address-social-determinants-of-health-and-health-related-social-needs/

How Do You Define Social Determinants of Health?

Social Determinants of Health

The non-medical 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.

These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

World Health Organization

https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Social Determinants of Health

SDOH can be grouped into 5 domains:

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

Social Determinants of Health

Social Determinants of Health

The following list provides examples of the social determinants of health, which can influence health equity in **positive** and **negative** ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality

Economic Stability

Economic Stability

- Employment
- Income
- Expenses
- Debt
- Medical Bills
- Support

Economic Stability

About one-third of Californians are living in or near poverty.

- In 2023, 34.8% of Californians (13.2 million) were poor or near poor (with resources up to 1.5 times the CPM poverty line), up from 33.3% in 2022. The share who were near poor was slightly lower (17.9% vs. 18.1%).
- A much smaller number of Californians have less than half the resources to meet basic needs—food, clothing, shelter, and utilities—but there was an uptick in 2023: 1.7 million were in deep poverty, compared to 1.6 million in 2022.

Pasadena Key Statistics:

- **Poverty Rate:** 13.2% in the first quarter of 2023.
- **Trend:** This represented an increase from 11.7% in the fall of 2021.

https://www.ppic.org/publication/poverty-in-california/#:~:text=The%20poverty%20rate%20rose%20from%2011.7%25%20in,for%20housing%20costs%20and%20safety%20net%20benefits.

Economic Stability

National Council on Aging:

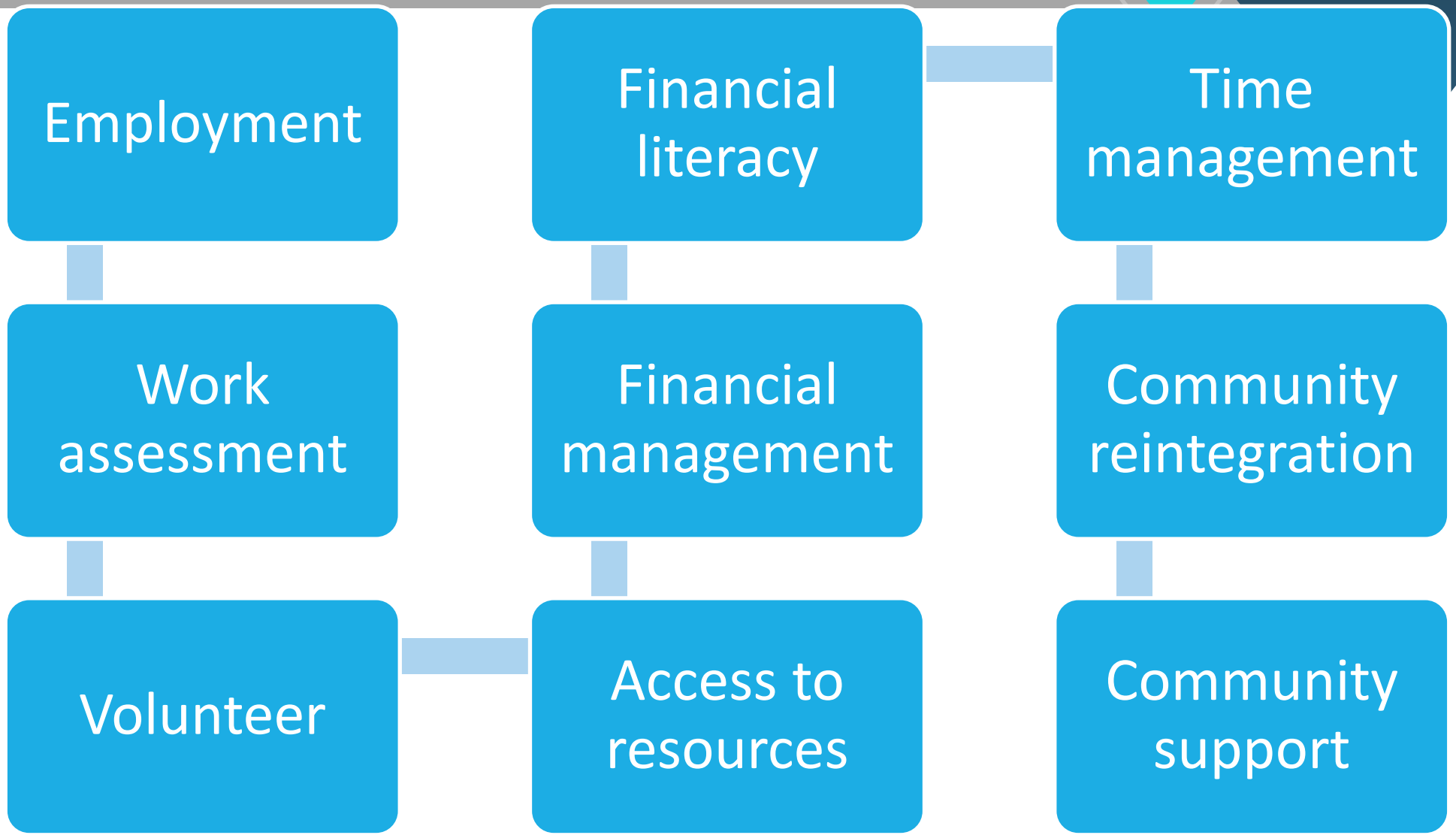
- Poverty is still high among Americans age 65 and older, relatively unchanged from 14.1% in 2022 to 14.2% in 2023, according to the latest U.S. Census Bureau data.
- A problem we MUST address: 70% of eligible older adults (9 million) are not enrolled in programs like food assistance and Medicare Savings Programs.

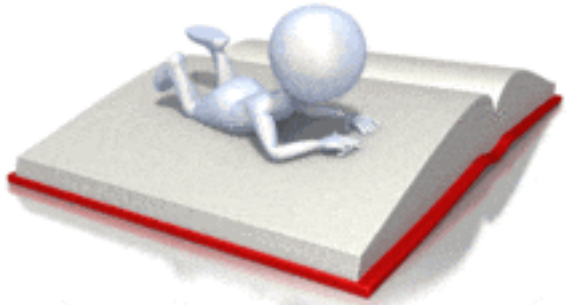
https://www.ncoa.org/article/older-adult-poverty-still-an-unacceptable-14-percent/

Economic Stability

- **Senior debt:** Older adults are carrying more debt than ever. According to the NCOA, the average debt for people aged 65–74 was nearly $135,000 in 2022, and for those 75 and older it was over $94,000. In 2025, a USA Today analysis found that the average credit card balance for seniors aged 66 to 71 was $11,349.
- **Medical debt:** Medical expenses are a significant burden for many. In 2024, the NCOA reported that 9% of all older adults carry medical debt, and this jumps to more than 20% for those with incomes under $25,000.

Economic Stability





Education Access and Quality

Education Access and Quality

- Literacy
- Language
- Early Childhood Education
- Vocational Training
- Higher Education

Education Access and Quality

California Literacy:

- California has one of the lowest adult literacy rates in the United States, with recent data showing approximately 76.9% of adults having basic literacy skills.
    - This means about one in four Californians struggle with fundamental reading and writing, placing the state among the lowest in the nation for literacy.
- Contributing factors include pandemic-related educational disruptions and widening performance gaps.

https://www.nu.edu/blog/49-adult-literacy-statistics-and-facts/

Education Access and Quality

- Functional reading
- Functional writing
- Functional communication
- Work readiness
- Cultural and linguistic considerations
- Modifications/adaptive equipment
- Task analysis

Health Care Access and Quality

Health Care Access and Quality

- Health Coverage
- Provider Availability
- Provider Linguistic & Cultural
- Competency
- Quality of Care
- Health IT

Health Care Access and Quality

- California established the Office of Health Care Affordability (OHCA) in 2022 with a seemingly impossible task to rein in the state's spiraling health care costs and ensure that all its residents have access to quality care that is both affordable and equitable. This ambitious mandate arose from a real health cost crisis.

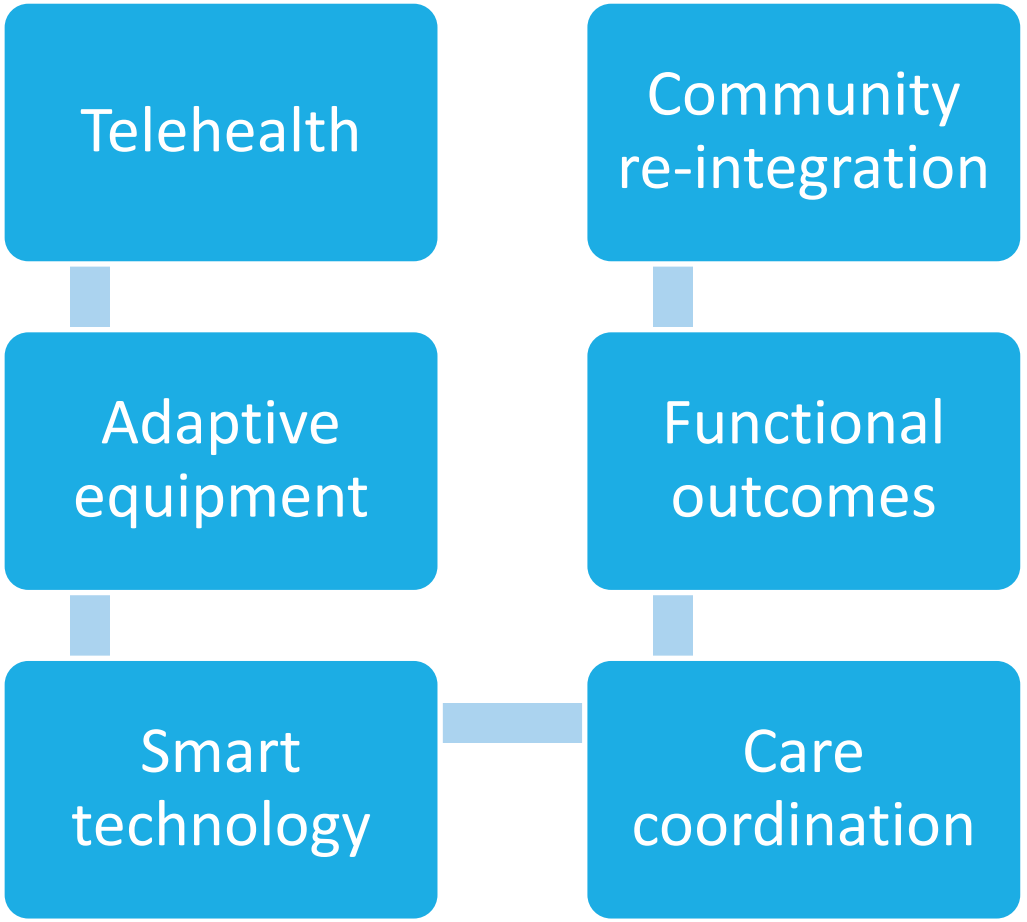
- Health care spending in California reached $405 billion in 2020, a 30% increase from 2015, with nearly half of Californians (and two-thirds with lower incomes) reporting they had delayed or skipped necessary medical care due to cost. OHCA was the state's response to this challenge.

https://jamanetwork.com/journals/jama-health-forum/fullarticle/2836506#google_vignette

Reimbursement reductions that have taken place from 2011 through 2025

Policy/Year	Therapists	Therapy Assistants
MPPR 2011-2012 (initially 25%)	-7%	-7%
Sequestration (2011-2030)	-2%	-2%
MPPR 2013-Current (increase to 50%)	-7%	-7%
Physician Fee Schedule 2021	-4%	-4%
Physician Fee Schedule 2022	-0.75%	-15.75%
Physician Fee Schedule 2023	-1.35%	-1.35%
Physician Fee Schedule 2024	-1.69%	-1.69%
Physician Fee Schedule 2025	-2.83%	-2.83%
TOTAL	**-26.62%**	**-41.62%**

Health Care Access and Quality



Neighborhood and Built Environment

Neighborhood and Built Environment

- Housing
- Transportation
- Walkability
- Safety
- Parks
- Playgrounds
- Zip code/geography

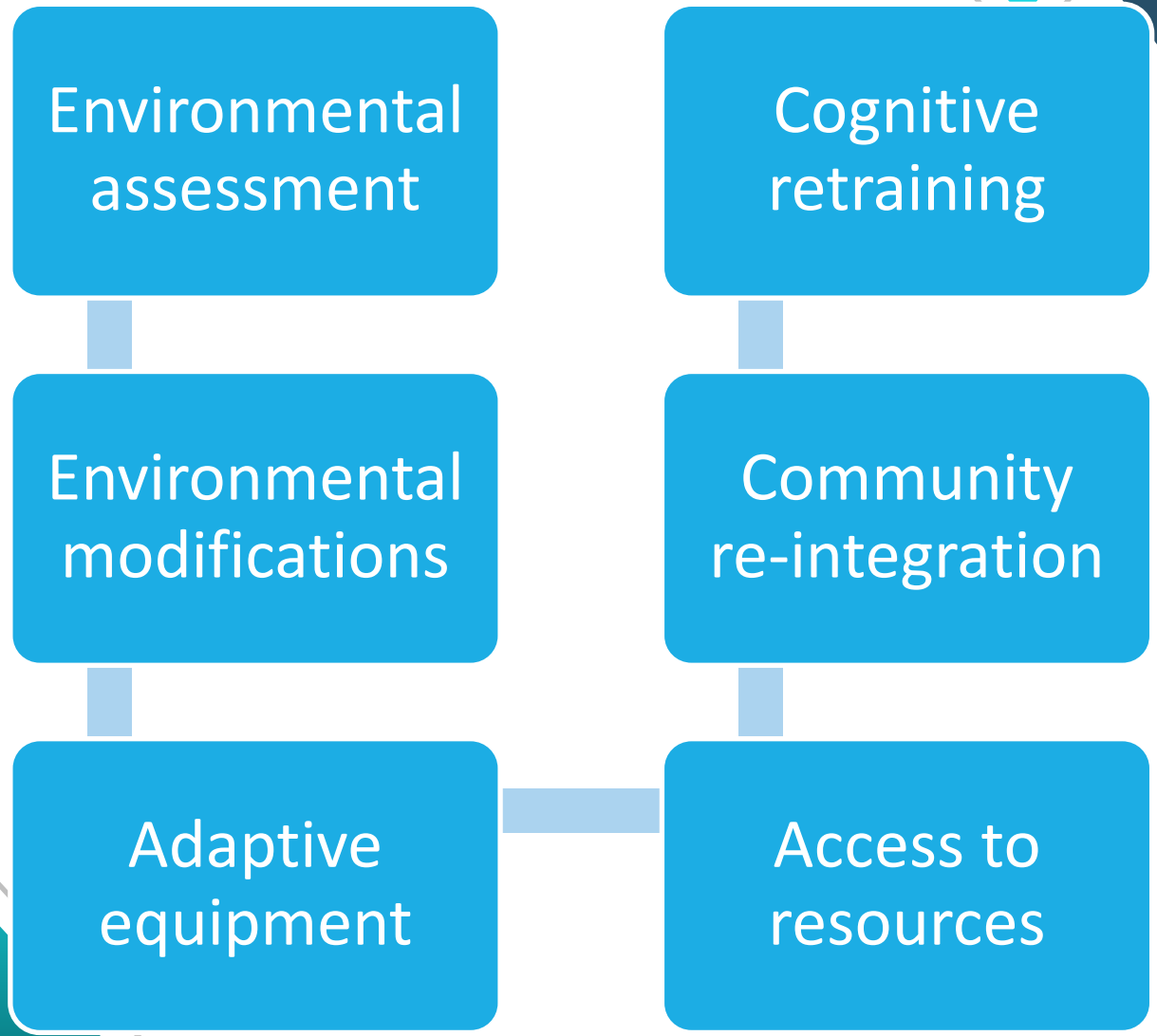
Neighborhood and Built Environment

California Homelessness:

- Californians have consistently cited homelessness as a top issue facing the state, and in 2024, homelessness reached record highs.
- Of the nation's 771,500 people experiencing homelessness, over 187,000 (24%) were in California.
- Two in three were unsheltered, accounting for almost half of the country's unsheltered population.

https://www.ppic.org/blog/homelessness-hits-record-high-in-california-jumps-dramatically-in-rest-of-us/

Neighborhood and Built Environment



Social and Community Context

Social and Community Context

- Social Integration
- Support Systems
- Community Engagement
- Discrimination
- Stress Reduction
- Health IT
- Nutrition & Healthy Eating

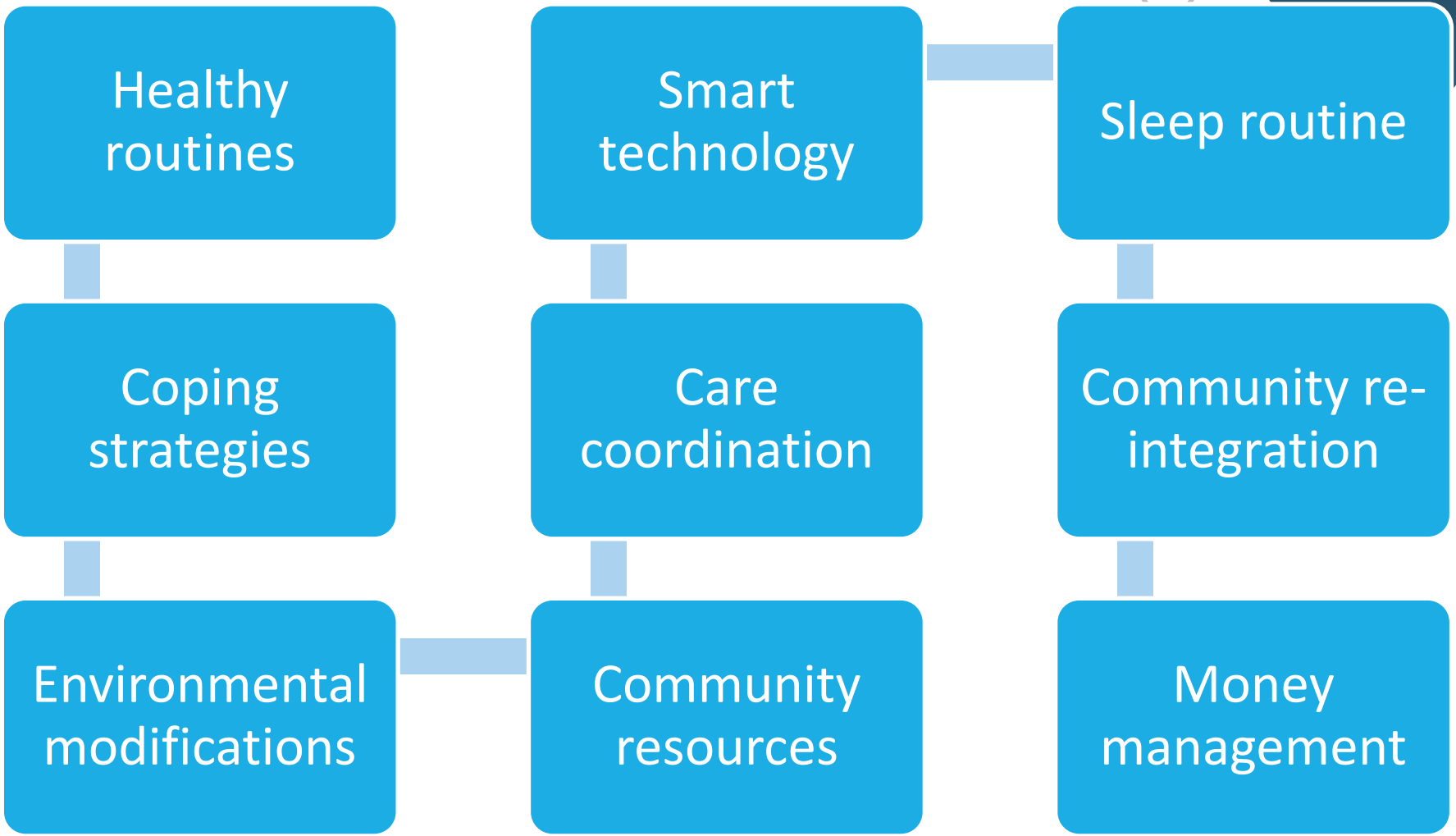
Social and Community Context

California Statistics:

- In 2023, about 17.9% of California households had children and experienced food insecurity, with 9% having only adults affected and 8.9% with both adults and children experiencing it, according to the USDA's Economic Research Service.
- In 2023, 45% of low-income adults in California reported food insecurity.
- Despite producing much of the nation's food, over 1 in 5 Californians, or 8.8 million people, struggle with food insecurity.
- Nutritional challenges persist, with 45.2% of California women and 63.4% of men being overweight or obese.

https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics#:~:text=82.1%20percent%20(29.7%20million)%20of,some%20time%20during%20the%20year.

Social and Community Context



CDC Addressing SDOH

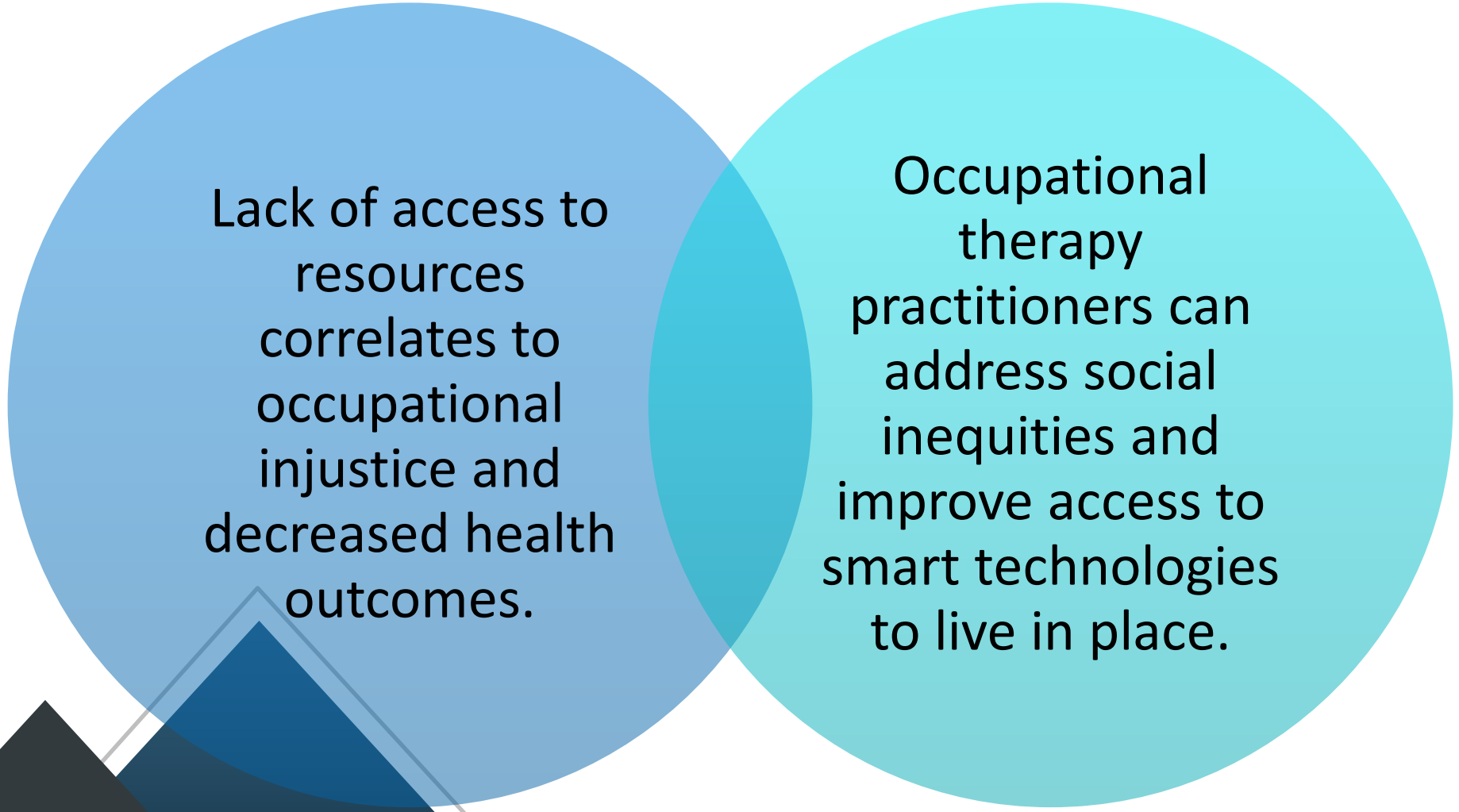
- In fall 2021, CDC leadership started an agency wide process to build and expand cross-cutting efforts to address SDOH.
- This effort was led by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and resulted in a framework of six pillars.

This graphic shows the six pillars of CDC's work to address SDOH, which is depicted as the interplay of social and structural conditions, and that SDOH is one factor that contributes to overall equity.

https://www.cdc.gov/about/priorities/social-determinants-of-health-at-cdc.html?CDC_AAref_Val=https://www.cdc.gov/about/sdoh/cdc-doing-sdoh.html

The Role of the Occupational Therapy Practitioner in Addressing Social Determinants of Health

The Role of the OTP in Addressing SDOH



Comprehensive Evaluations

Go Beyond The Reason For Referral

Observe the patient/resident

Listen to the patient/resident/family/caregivers

Review the medical record

Go Beyond The Reason For Referral

Assess the patient/resident…go beyond the reason for referral

Utilize standardized tests and measures

Expand the tools in your toolbox to demonstrate the distinct value of OT

Occupational Profile

American Occupational Therapy Association

aota.org

AOTA Occupational Profile Template

"The occupational profile is a summary of a client's (person's, group's, or population's) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 21). The information is obtained from the client's perspective through both formal and informal interview techniques and conversation.

The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference a description in the *OTPF-4*.

American Occupational Therapy Association. (2020). Occupational Therapy Practice Framework: Domain and Process (4th ed). *American Journal of Occupational Therapy, 74* (Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

OCCUPATIONAL PROFILE			
Client Report	**Reason the client is seeking service and concerns related to engagement in occupations (p. 16)**	Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)	
	Occupations in which the client is successful and barriers impacting success (p. 16)	In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?	
	Occupational history (p. 16)	What is the client's occupational history (i.e., life experiences)?	
	Personal interests and values (p. 16)	What are the client's values and interests?	
Contexts		What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?	
	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies, etc.)	Supporting Engagement	Inhibiting Engagement
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle, etc.)	Supporting Engagement	Inhibiting Engagement
Performance Patterns	**Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)**	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	
Client Factors		What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?	
	Values, beliefs, spirituality (p. 51)	Supporting Engagement	Inhibiting Engagement
	Body functions (p. 51) (e.g., mental, sensory, neuromusculosketal and movement related, cardiovascular functions, etc.)	Supporting Engagement	Inhibiting Engagement
	Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement, etc.)	Supporting Engagement	Inhibiting Engagement
Client Goals	**Client's priorities and desired targeted outcomes (p. 65)**	What are the client's priorities and desired targeted outcomes related to the items below?	
		Occupational Performance	
		Prevention	
		Health and Wellness	
		Quality of Life	
		Participation	
		Role Competence	
		Well-Being	
		Occupational Justice	

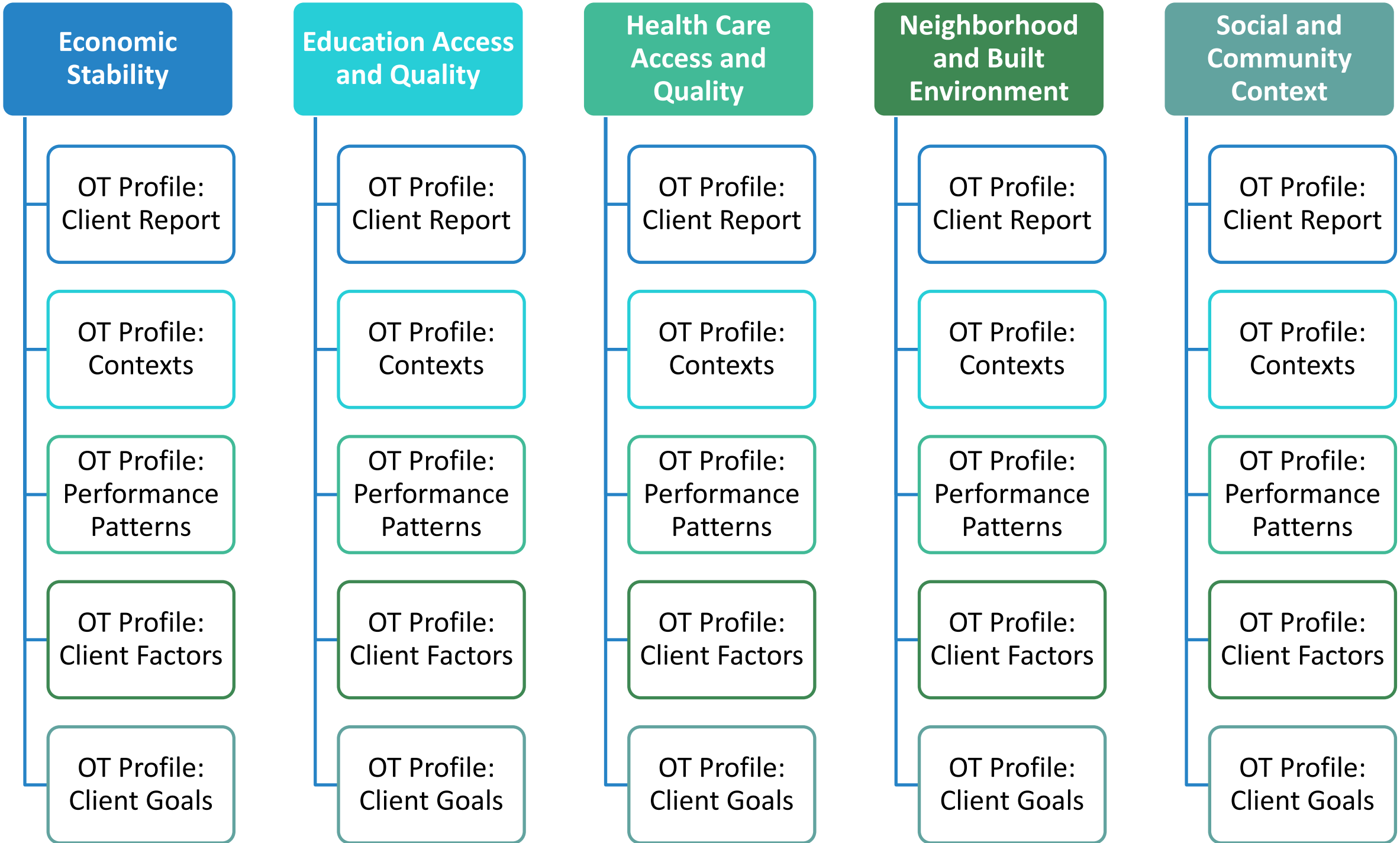
Additional Resources

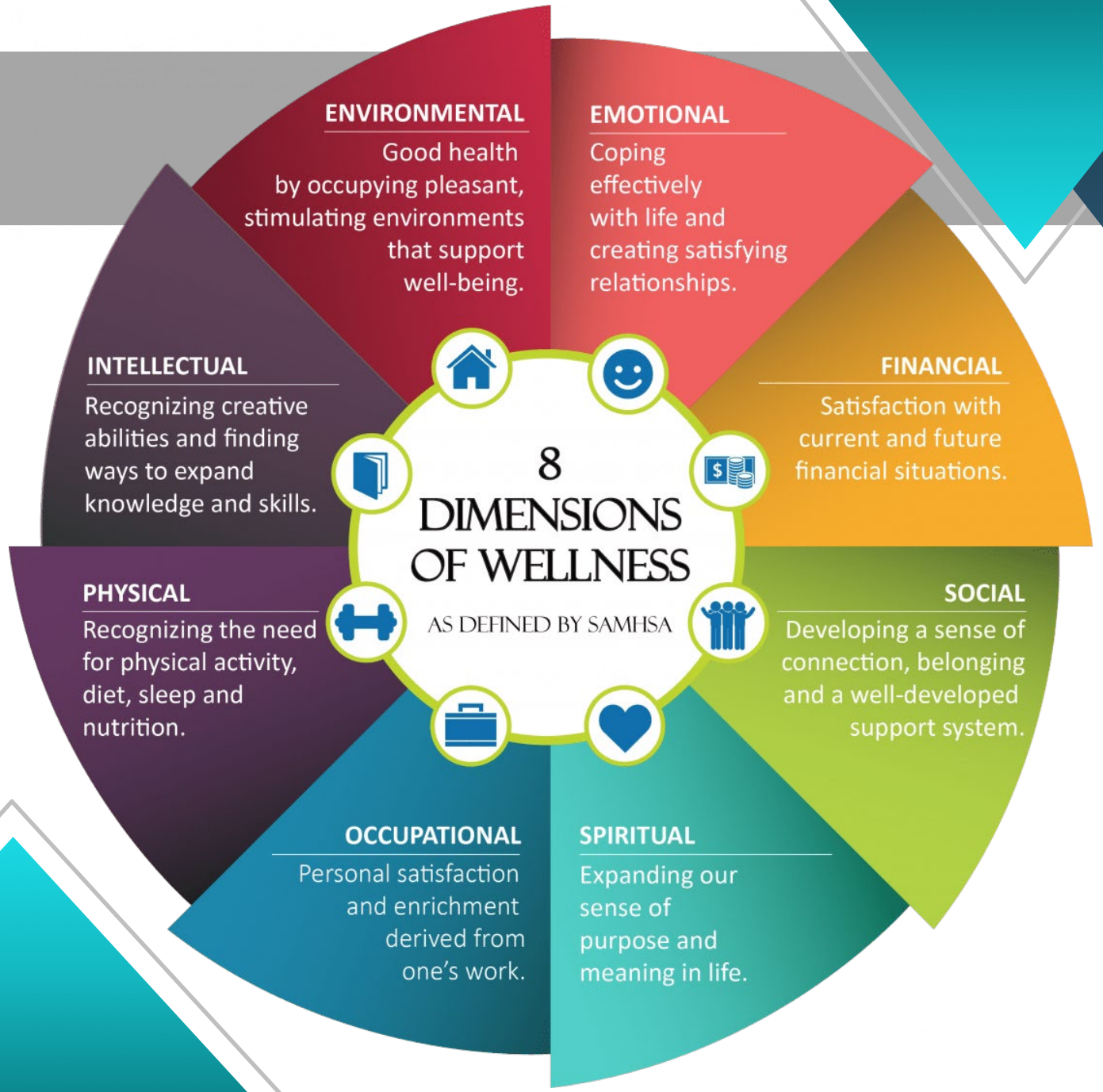
For a complete description of each component and examples of each, refer to the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition*.

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74* (Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

The occupational profile is a requirement of the *CPT*® occupational therapy evaluation codes as of January 1, 2017. For more information visit https://www.aota.org/practice/practice-essentials/coding/occupational-therapy-evaluation-and-re-evaluation-codes.

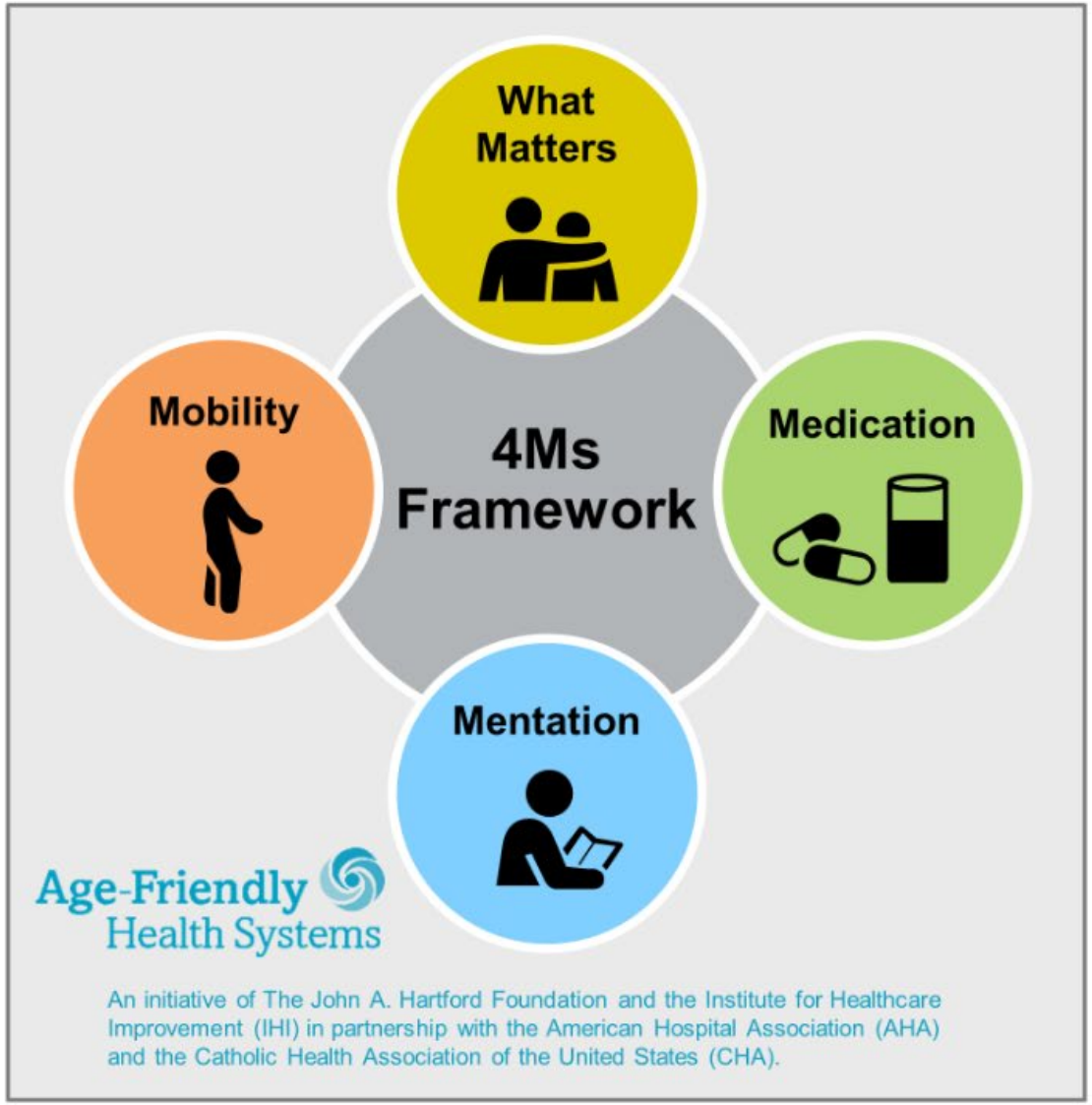
American Occupational Therapy Association. (2021). Improve your documentation and quality of care with AOTA's updated occupational profile template. *American Journal of Occupational Therapy, 75* (Suppl. 2), 7502420010. doi: https://doi.org/10.5014/ajot.2021.752001


Economic Stability
Education Access and Quality
Health Care Access and Quality
Neighborhood and Built Environment
Social and Community Context
OT Profile: Client Report
OT Profile: Contexts
OT Profile: Performance Patterns
OT Profile: Client Factors
OT Profile: Client Goals


ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being.
EMOTIONAL
Coping effectively with life and creating satisfying relationships.
FINANCIAL
Satisfaction with current and future financial situations.
SOCIAL
Developing a sense of connection, belonging and a well-developed support system.
SPIRITUAL
Expanding our sense of purpose and meaning in life.
OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work.
PHYSICAL
Recognizing the need for physical activity, diet, sleep and nutrition.
INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills.
8
DIMENSIONS
OF WELLNESS
AS DEFINED BY SAMHSA

Economic Stability	Education Access and Quality	Health Care Access and Quality	Neighborhood and Built Environment	Social and Community Context
• Environmental (Good health by occupying pleasant, stimulating environments that support well-being)	• Environmental (Good health by occupying pleasant, stimulating environments that support well-being)	• Environmental (Good health by occupying pleasant, stimulating environments that support well-being)	• Environmental (Good health by occupying pleasant, stimulating environments that support well-being)	• Environmental (Good health by occupying pleasant, stimulating environments that support well-being)
• Emotional (Coping effectively with life and creating satisfying relationships)	• Emotional (Coping effectively with life and creating satisfying relationships)	• Emotional (Coping effectively with life and creating satisfying relationships)	• Emotional (Coping effectively with life and creating satisfying relationships)	• Emotional (Coping effectively with life and creating satisfying relationships)
• Financial (Satisfaction with current and future financial situations)	• Financial (Satisfaction with current and future financial situations)	• Financial (Satisfaction with current and future financial situations)	• Financial (Satisfaction with current and future financial situations)	• Financial (Satisfaction with current and future financial situations)
• Occupational (Personal satisfaction and enrichment derived from one's work)	• Social (Developing a sense of connection, belonging and a well-developed support system)	• Social (Developing a sense of connection, belonging and a well-developed support system)	• Social (Developing a sense of connection, belonging and a well-developed support system)	• Social (Developing a sense of connection, belonging and a well-developed support system)
• Physical (Recognizing the need for physical activity, diet, sleep, and nutrition)	• Spiritual (Expanding our sense of purpose and meaning in life)	• Spiritual (Expanding our sense of purpose and meaning in life)	• Spiritual (Expanding our sense of purpose and meaning in life)	• Spiritual (Expanding our sense of purpose and meaning in life)
• Intellectual (Recognizing creative abilities and finding ways to expand knowledge and skills)	• Physical (Recognizing the need for physical activity, diet, sleep, and nutrition)	• Physical (Recognizing the need for physical activity, diet, sleep, and nutrition)	• Physical (Recognizing the need for physical activity, diet, sleep, and nutrition)	• Physical (Recognizing the need for physical activity, diet, sleep, and nutrition)
	• Intellectual (Recognizing creative abilities and finding ways to expand knowledge and skills)	• Intellectual (Recognizing creative abilities and finding ways to expand knowledge and skills)		• Intellectual (Recognizing creative abilities and finding ways to expand knowledge and skills)

4Ms Framework of an Age-Friendly Health System



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

https://www.ihi.org/partner/initiatives/age-friendly-health-systems

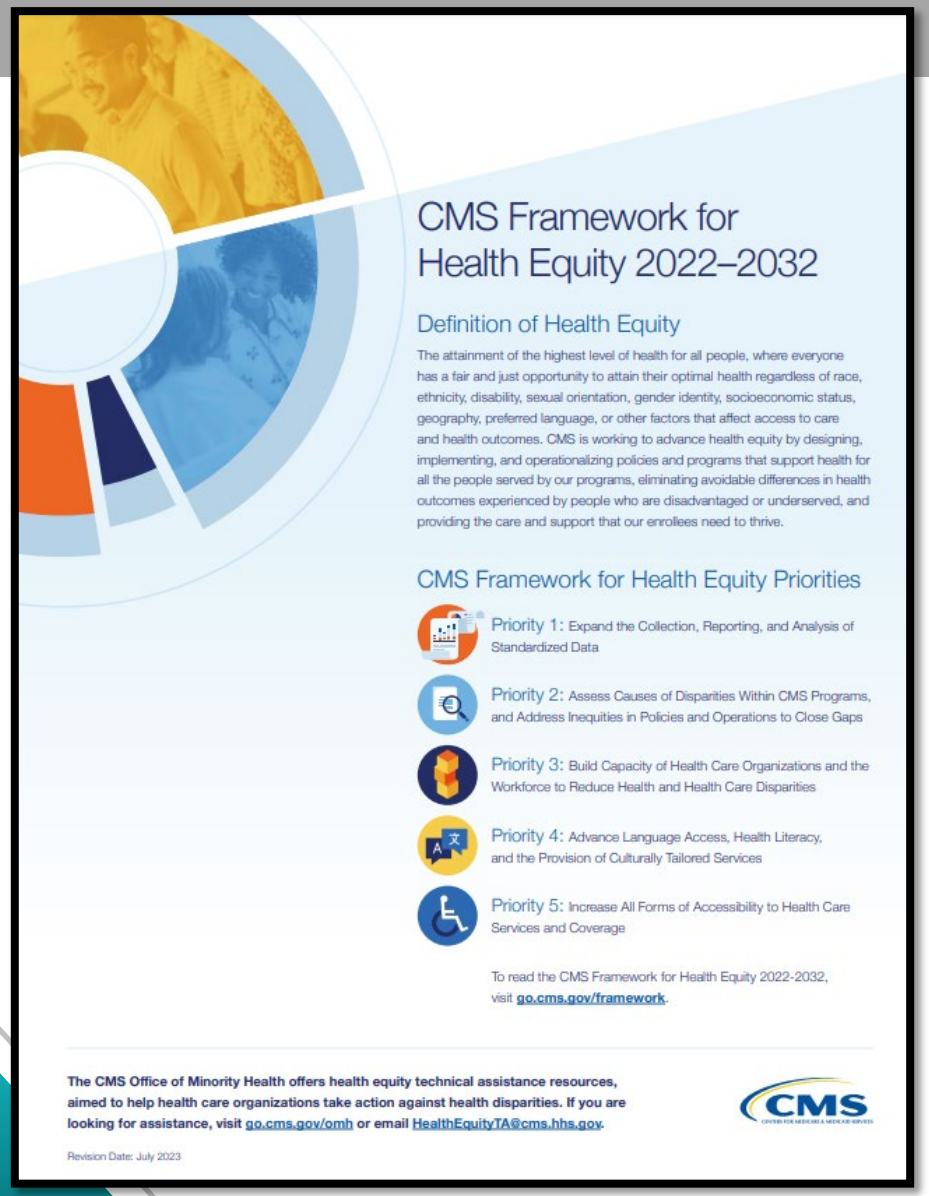
Expand Your Assessment Toolbox

- Pain Assessments (i.e. Wong Baker Faces)
- Katz ADL Index
- Modified Barthel ADL Index
- Timed Up and Go (TUG)
- Berg Balance Scale
- The St. Louis University Mental Status Exam (SLUMS)
- Occupational Profile of Sleep
- Medi-Cog

- The Routine Task Inventory (RTI)
- Geriatric Depression Scale
- Generalized Anxiety Disorder (GAD-7)
- Global Deterioration Scale
- Allen Cognitive Level (ACL)
- Perceived Stress Scale (PSS-10)
- The Delirium Rating Scale (DRS)3
- Brief Trauma Questionnaire
- Trauma Checklist
- Trauma Screening Questionnaire (TSQ)

CMS Framework for Health Equity

The Path Forward: Improving Data to Advance Health Equity Solutions- CMS Framework for Health Equity



CMS Framework for Health Equity 2022–2032

Definition of Health Equity

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

CMS Framework for Health Equity Priorities

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage

To read the CMS Framework for Health Equity 2022-2032, visit go.cms.gov/framework.

The CMS Office of Minority Health offers health equity technical assistance resources, aimed to help health care organizations take action against health disparities. If you are looking for assistance, visit go.cms.gov/omh or email HealthEquityTA@cms.hhs.gov.

Revision Date: July 2023

https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity

Community Resources

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SENIOR RESOURCES CALIFORNIA

Call us for more information:
424-732-0548

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Call Now

Request Help Over 65

Request Help Under 65

Care Planning

Learn more about how we can help you get connected to resources. [Click Here]

Placement and Housing

Learn more about housing resources or senior assisted living or nursing facilities. [Click Here]

Medical Equipment Loaners

Learn more about the different medical equipment available for mobility assistance and safety supervision. [Click Here]

Resource Directory

The following Community Resources are private, government, non-profit, and other organizations providing resources or services to seniors. If you are an agency interested in being listed in this directory, please contact Carmen Macias, Manager of Social Services at (626) 685-6732.

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Ombudsman CRISISline: 1-800-231-4024

OLDER ADULT BEHAVIORAL HEALTH RESOURCES FOR STAKEHOLDERS

MASTER PLAN FOR AGING

Individuals and Families

Transforming Challenges Through Advocacy

People with great passion can make the impossible happen.

Thank You