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Patient Perspectives Resource 9:
What Patients Want Health Care Teams to Know

NEO QI Hub
NORTHEAST OHIO QUALITY IMPROVEMENT HUB

Social Drivers of Health (SDOH)

Developed October 2025 with input from members of the NEO QI Hub Patient Advisory Council to help health care teams provide more patient-centered diabetes care.

Identifying and Addressing SDOH

Try This:

- Screening patients for social needs such as food insecurity, transportation barriers, and social isolation
- Connecting patients with community and government resources (e.g., food banks, SNAP, transportation services, churches, senior centers, and community gardens)
- Recognizing that social factors significantly influence health outcomes and incorporate them into care planning

Instead of This:

- Focusing solely on medical conditions without assessing social barriers
- Assuming patients know how to access available community resources
- Overlooking the impact of unmet social needs on chronic disease management

Communication and Trust

Try This:

- Using plain, easy-to-understand language when discussing health and social needs
- Building trusting relationships through active listening and personalized conversations
- Meeting patients where they are and create a welcoming environment for discussing sensitive issues

Instead of This:

- Using medical jargon that may confuse patients
- Assuming patients will openly disclose social challenges without trust
- Limiting conversations to clinical issues alone

Community Health Worker (CHW) Integration

Try This:

- Incorporating CHWs into screening, referral, and follow-up activities
- Developing clinic-specific resource lists to support referrals
- Investing in CHW training and certification to strengthen community partnerships

Instead of This:

- Relying exclusively on physicians to identify social needs
- Underutilizing CHWs as trusted connectors between patients and health care systems
- Providing referrals without ensuring patients understand how to access services

Patient Advocacy and Engagement

Try This:

- Encouraging patients to actively participate in their care and follow through with referrals
- Involving patient advocates in clinic and community outreach activities
- Creating opportunities for patients to volunteer and contribute to community health initiatives

Instead of This:

- Treating patients as passive recipients of care
- Excluding patient advocates from improvement efforts
- Assuming referrals alone are sufficient without ongoing engagement

Health Literacy and Patient Education

Try This:

- Providing health information using clear, understandable language
- Developing concise educational materials that are easy to access and share
- Reinforcing patient education throughout the care journey

Instead of This:

- Overwhelming patients with complex or lengthy educational materials
- Assuming patients fully understand instructions after one explanation
- Neglecting health literacy when designing patient resources

System Support and Community Partnerships

Try This:

- Maintaining up-to-date information about available community programs and organizational resources
- Communicating operational changes that affect patients and advocates
- Strengthening partnerships between health care organizations and community agencies

Instead of This:

- Allowing outdated resource information to remain in circulation
- Overlooking operational changes that may affect patient access or participation
- Working in isolation from community organizations

This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit NEOQIHub.org.

In partnership with

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