The social determinants of health affected by Parkinson's disease: What health professionals can do.

**Presenting author:** Li-Chen Lin, PhD, RN, Assistant Professor of Clinical Nursing, The University of Texas at Austin School of Nursing,

**Additional authors:** Sherry Hendrickson, PhD, RN, Associate Professor of Clinical Nursing, The University of Texas at Austin School of Nursing

**Acknowledgements:** Sharon Sweeney, MSN, RN, St. David’s North Austin Medical Center; Jennifer Foster, BSN, RN, St. David’s North Austin Medical Center; Christina Hwang, MSN, RN, St. David’s North Austin Medical Center

**Presentation Style:** Poster

**Problem/Purpose:**
What happens when disease affects the social determinants of health? Depression, disability severity, gait impairment and complications from medications are identified as quality of life markers for populations with Parkinsonism. Clearly, these quality of life markers can affect the work role and economic stability among patients with Parkinsonism. Social and community context can be affected by depression, thus decreasing socialization & civic participation. Further, health literacy deficits can contribute to poor understanding of medications resulting in preventable complications. These variables potentially change the patient's original social determinants of health status, such that a conceptual model would indicate 2-way arrows between quality of life determinants and the social determinants of health. Our poster describes an effort to improve health equity for patients with Parkinson’s disease through a post-discharge phone follow-up focusing on health literacy, specifically medications.

**Background:**
Few studies have focused on the best practice for patient/family teaching on Parkinson’s disease management. One focus of effective discharge teaching based on quality of life predictors for this population should include increasing awareness of the medication side effects and optimal scheduling. Patients then have a better chance of managing and living with this chronic progressive disease.

**Methods:**
The major databases (CINAHL, ERIC, Health Source: Nursing Edition, MEDLINE, PsycINFO) were searched using the following keywords: Parkinson, disease management, patient education. Data collection used questions developed by the project team based on the references reviewed. Project team members called patients and or family/caregivers 1-2 weeks after discharge.

**Findings:**
A structural teaching approach with “bite size” teaching sessions focusing on 2-3 important concepts each session may be most beneficial. Applying teach-back methods, using plain language, and documenting patient/families’ progression of understanding are essential. To date, 10 follow-up calls were attempted, with 7 completed. Respondents reported needing help from caregivers largely with: activities of daily living (57%), and reminders to adhere to medication regiment (71.4%). One respondent reported a lack of understanding of Parkinson’s disease, as well as the purpose of medication and side effects (14.3%).

**Implications and Conclusions:**
Social determinants do drive the welfare of entire populations, but healthcare professionals can collaboratively identify and address the impact of disease on these determinants. The patient responses to phone call discharge questions and literature review will be foundational to our teaching project, including project evaluation.