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Staff Education to Improve Provider Knowledge in Addressing SDOH-Related Barriers Affecting Medication Adherence

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Walden University

College of Nursing

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Andrea Latimore

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Walden University
2026

Executive Summary: Staff Education Project

Staff Education to Improve Provider Knowledge in Addressing SDOH-Related Barriers
Affecting Medication Adherence

by

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MSN, Columbus State University, 2021

BSN, Columbus State University, 2019

Executive Summary Submitted in Partial Fulfillment
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Doctor of Nursing Practice

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Summary

This Doctoral of Nursing Practice (DNP) project focused on improving provider knowledge in addressing social determinants of health (SDOH) that contribute to medication nonadherence. There is a gap in provider knowledge in addressing SDOH-related barriers that contributes to poor health outcomes. Increasing provider awareness of SDOH improves patient outcomes. The practice-focused question guiding this doctoral project asked whether an educational module on SDOH improved provider knowledge in addressing SDOH-related barriers to medication adherence among adult patients with chronic illnesses. The program consisted of a pretest, an educational module delivered via a PowerPoint presentation, and a posttest. A total of 20 providers from outpatient primary and specialty clinics at one southeastern hospital participated in the project. Descriptive statistics were used to compare pre- and post-education scores. Nineteen participants improved their scores by over 20 percentage points, and one participant improved their score by 14.4 percentage points. The project concluded that targeted provider education is an effective strategy to improve provider knowledge in addressing SDOH-related barriers to improve medication adherence. It is recommended that the organization incorporate the educational module into ongoing staff training, standardize SDOH screening practices, and strengthen referral pathways to support sustainable, equitable patient care. The project promotes health equity by reducing barriers that disproportionately affect underserved and marginalized populations. The educational intervention supports addressing SDOH to contribute to more equitable health outcomes across the populations served.

Background

The primary objective of this doctoral project was to develop and implement a staff education program to improve provider knowledge in identifying and addressing SDOH-related barriers that contribute to medication nonadherence among adult patients with chronic illnesses. Medication nonadherence among adults with chronic illnesses remains prevalent and is strongly influenced by SDOH, such as food insecurity, housing insecurity, financial strain, transportation challenges, and limited health literacy and is increasingly being implemented in health care settings (Browne, et al., 2021). Although evidence demonstrates that addressing SDOH improves patient outcomes (Vrtikapa et al., 2025), many providers report limited training and confidence in identifying and responding to these factors in routine practice (Glenn et al., 2024).

Project Question

The practice-focused question guiding this doctoral project asked whether an educational module on SDOH would improve provider knowledge in addressing SDOH-related barriers to medication adherence among adult patients with chronic illnesses. The staff education project was aimed at primary and specialty care providers who are a part of the outpatient primary and specialty care areas of a community hospital in southeastern United States to address knowledge gaps related to SDOH-related barriers and impact on medication adherence among patients.

Gap in Practice

After speaking with the director of operations and a few of the primary care and specialty care providers within the organization, I found that providers are currently not

screening patients for SDOH barriers or using screening tools to address SDOH at the project site. Providers verbalized that they were not aware of SDOH screening tools that can be utilized with their patients to address SDOH-related barriers. Therefore, the purpose of the project was to implement an educational intervention to improve provider knowledge SDOH.

Evidence Supporting the Change

Multiple sources of peer-reviewed evidence supported the identified practice gap. I used PubMed, Google Scholar search engine, EBSCO, and Walden University Library to research and gather evidence. Peer-reviewed research articles between 2021 and 2024 were analyzed to identify whether an educational intervention improved provider knowledge on SDOH-related barriers and improved medication adherence. Systematic reviews and implementation studies on SDOH significantly influence medication adherence and chronic disease outcomes, yet providers often lack the training needed to address these barriers effectively (Wilder et al., 2021). Evidence indicated that structured training and implementation support increased referral to community resources, increased provider awareness and screening, and integration of SDOH into care workflows (Gold et al., 2023). The keywords searched included *physician assistants, nurse practitioners, primary care, adult patients, family practice, outpatient clinics, adults, chronic illness, education, educational module, medication adherence, training intervention, social determinants of health, SDOH, health education, provider education, provider knowledge, self-efficacy, and provider confidence*. Key phrases and Boolean strings were also used including *social determinants of health AND provider education, social*

determinants of health AND medication adherence, provider knowledge AND social determinants of health, provider education AND social needs screening, and provider confidence AND social determinants of health.

The gap in practice of providers not screening patients for SDOH barriers or using any screening tools to address SDOH and provider lack of knowledge for addressing SDOH-related barriers which affects medication adherence was the focus of the literature search that was conducted. There was a total of 1,077 articles produced in EBSCO and 185 articles produced by PubMed. Thirty-two were chosen for a comprehensive analysis and eight were included in the final literature review for the project.

The Strength of the Evidence

The strength of the evidence supporting this practice change was moderate to high. I used John Hopkins Evidence-Based Practice Model for Nursing and Healthcare Professionals Individual Evidence Summary Tool (Dang et al., 2022) to rate eight evidence-based articles. The evidence base included multiple high-quality systematic reviews, meta-analyses, and implementation studies demonstrating consistent improvements in provider knowledge, confidence, and screening behaviors following SDOH-focused education. Findings were largely consistent across diverse primary and specialty care settings, strengthening their applicability to clinical practice. Although some studies relied on self-reported outcomes and nonrandomized designs, the overall quality and consistency of the literature provided strong support for implementing an educational intervention to address SDOH-related medication adherence barriers. Three

articles rated Level I, two articles rated level III, one article rate level IV, and two article rated level V.

Staff Education Project Development

The participants for this doctoral project included 20 healthcare providers ($N=20$), from both primary care and specialty care settings that are all part of a local community hospital, who are directly involved in the management of adult patients with chronic illnesses. Participants represented disciplines including nurse practitioners and physician assistants for a team-based perspective on addressing SDOH. Project procedures began with obtaining organizational approval and recruiting eligible providers through email invitations (see Appendix A). Participants completed a pre-education assessment (see Appendix B) to measure baseline knowledge related to SDOH and medication adherence. An evidence-based educational module was then delivered electronically (see Appendix C), followed by a post-education assessment to evaluate changes in knowledge (see Appendix D), of SDOH-related barriers in clinical practice. Data collection occurred immediately before and after completion of the educational module to capture changes attributable to the intervention while maintaining participant anonymity. Collected data were analyzed using descriptive statistic to compare pre- and post-intervention results. Changes in scores were examined to determine trends in improvement in provider knowledge following the educational intervention.

Results

Following implementation of the SDOH educational module, mean provider knowledge scores increased from approximately 72% on the pretest to 97% on the

posttest, demonstrating a substantial improvement. Nineteen participants had over a score increase of over 20 percentage points, and one participant had an increase of 14 percentage points. Table 1 below shows the pretest scores, posttest scores, and percentage point increases for each participant.

Table 1

Pretest-Post Test Scores and Percentage Point Increases

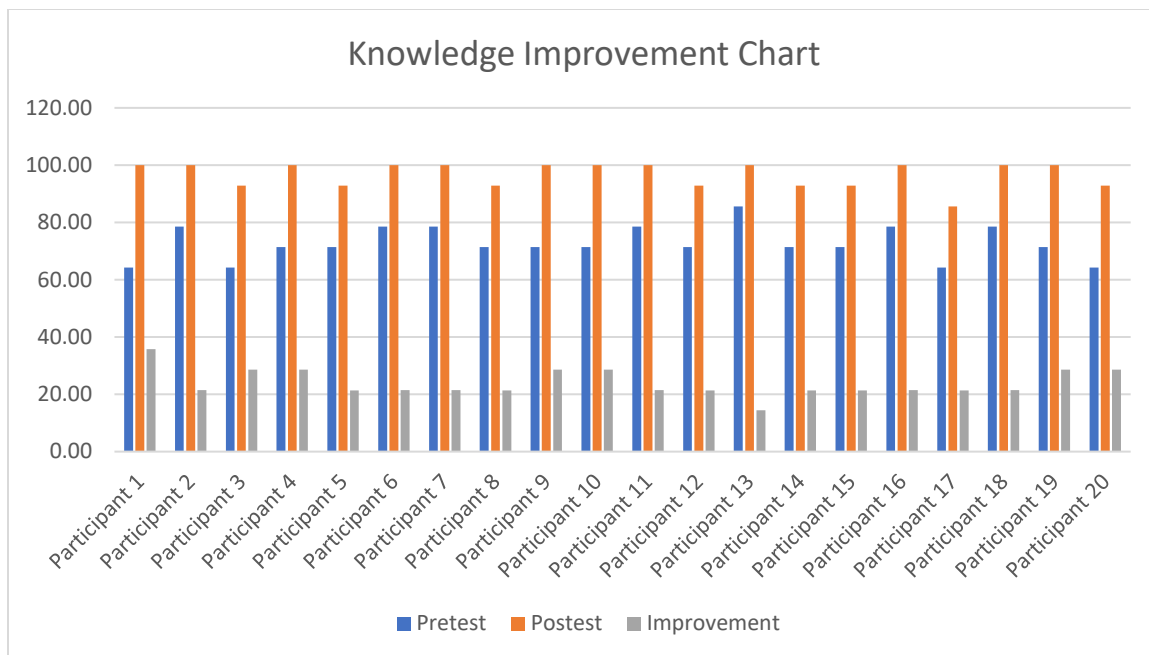
Participants	Pretest score	Posttest score	Percentage point increase
Participant 1	64.2%	100%	35.8
Participant 2	78.5%	100%	21.5
Participant 3	64.2%	92.8%	28.6
Participant 4	71.4%	100%	28.6
Participant 5	71.4%	92.8%	21.4
Participant 6	78.5 %	100%	21.5
Participant 7	78.5%	100%	21.5
Participant 8	71.4%	92.8%	21.4
Participant 9	71.4%	100%	28.6
Participant 10	71.4%	100%	28.6
Participant 11	78.5%	100%	21.5
Participant 12	71.4%	92.8%	21.4
Participant 13	85.6%	100%	14.4
Participant 14	71.4%	92.8%	21.4
Participant 15	71.4%	92.8%	21.4
Participant 16	78.5%	100%	21.5
Participant 17	64.2%	85.6%	21.4
Participant 18	78.5%	100%	21.5
Participant 19	71.4%	100%	28.6
Participant 20	64.2%	92.8%	28.6

A chart displaying a side-by-side depiction of the pretest scores, post test scores, and improvement percentage can be seen below in Figure 1. This figure gives a visual of how well scores improved after the educational module was completed by the participants. Figure 1 also helps to understand the conclusion that a staff education

module on SDOH helps improve provider knowledge and confidence in addressing SDOH barriers that contribute to medication adherence.

Figure 1

Knowledge Improvement



Impact on the Organization

The project positively impacts the organization by increasing provider knowledge and confidence in addressing SDOH that affect medication adherence among adults with chronic illnesses. Improving provider competency supports more comprehensive, patient-centered care and enhanced alignment with organizational goals related to quality improvement, health equity, and value-based care. Standardizing SDOH education and screening practices strengthened interdisciplinary collaboration and promoted more consistent identification of patient barriers across primary and specialty settings.

Additionally, the project supported the organization's commitment to reducing health disparities, improving clinical outcomes, and meeting regulatory and accreditation expectations related to population health and equity initiatives.

Limitations and How They Impacted Results

Several limitations influenced the results of this DNP project. The small sample size of 20 providers and use of a single organizational setting limited generalizability to other primary and specialty care environments. The absence of a control or comparison group limited the ability to attribute improvements in provider knowledge and confidence solely to the educational module. Variability in participants' baseline knowledge, professional roles, and prior exposure to SDOH concepts may have influenced outcomes. The project focused on self-reported knowledge and confidence rather than objective measures of practice change or patient outcomes, such as medication adherence or referral completion. Additionally, the short evaluation period measured immediate changes in knowledge and confidence rather than long-term retention or changes in clinical practice. These limitations may have resulted in overestimation of short-term outcomes and underscore the need for larger studies with longitudinal follow-up.

Importance of the Program Beyond the Local Site

This project is important beyond the local site because SDOH are pervasive contributors to medication nonadherence and poor outcomes among adults with chronic illnesses across diverse healthcare settings. By demonstrating that a structured educational module can improve provider knowledge and confidence in addressing SDOH-related barriers, the project offers a scalable, evidence-informed approach that can

be adapted by primary and specialty practices nationwide. The findings support broader efforts to integrate SDOH education into workforce development, quality improvement initiatives, and value-based care models. Ultimately, this project contributes to advancing nursing practice, interprofessional collaboration, and health equity on a regional and national level.

Conclusions

Implementation of the educational module enhanced organizational capacity by improving provider knowledge and addressing SDOH barriers that influence medication adherence. As Kalsi et al. (2024) stated, “To achieve improved health outcomes, quality of life, and improved community health critical factors such as SDOH must be addressed.” These improvements support higher-quality, patient-centered care and position the organization to reduce preventable disparities among adults with chronic illnesses. Recommendations for health care organizations include integrating the module into mandatory staff orientation, providing periodic refresher training, embedding standardized SDOH screening tools within the electronic health record, and formalizing partnerships with community-based organizations. Implications for nursing practice include reinforcing nurses’ leadership roles in holistic assessment, care coordination, and advocacy. At a broader level, the project advanced positive social change, diversity, equity, and inclusion by addressing structural barriers to care and promoting equitable access to resources essential for chronic disease management.

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Appendix A: Recruitment Email to Providers For Participation

Dear Providers,

I hope this message finds you well. I am reaching out to invite you to participate in a Doctor of Nursing Practice (DNP) project titled:

“Does an Educational Module on Social Determinants of Health Improve Specialty and Primary Care Provider Knowledge and Confidence in Addressing SDOH-Related Barriers to Medication Adherence of Adult Patients with Chronic Illnesses?”

The purpose of this project is to enhance provider knowledge and confidence in identifying and addressing social determinants of health (SDOH) that impact medication adherence. By participating, you will have the opportunity to:

- Complete a brief pre-test assessing baseline knowledge and confidence.
- Review a short educational module on SDOH, SDOH screening, and referrals to improve medication adherence.
- Complete a post-test to evaluate knowledge gained.

Your participation is voluntary, and all responses will remain confidential. The total time commitment is approximately 20–30 minutes.

I greatly value your expertise and contributions, as this project aims to strengthen provider capacity to improve patient outcomes in both primary and specialty care settings.

If you are willing to participate, please reply to this email as soon as possible. You will then receive the pre-test link and module access instructions. Please be honest with answering all pre-test questions as it will make the results of my project accurate. Please rest assure that your answers will be confidential. Please return the pre-test as soon as possible, review the module after the pre-test has been returned, and complete the post-test.

Thank you for your consideration and support in advancing patient-centered care. Please don't hesitate to reach out with any questions.

Sincerely,

Andrea Latimore, RN, BSN, MSN, FNP
DNP Candidate

Appendix B: Pretest and Posttest Questions

The Effects of Social Determinants of Health (SDOH) on Medication Adherence

Name _____

Department and Position _____

1. Which of the following is not a screening tool for Social Determinants of Health (SDOH) medication adherence?
 - A. Screening Tool for Adherence to Medications (15-STARS)
 - B. The Accountable Health Communities Health Related Screening Tool (AHC-HRSN)
 - C. Protocol for Responding to and Assessing Patients Assets, Risk, and Experience (PREPARE)
 - D. The General SDOH Screening tool for Medication Adherence (GSSTMH)
 - E. All of the above are screening tools for SDOH

2. Which screening tool for SDOH was developed by the Centers for Medicare and Medicaid Services?
 - A. The General SDOH Screening Tool (GSSTMH)
 - B. The Accountable Health Communities (ACH) Health Related Screening Tool
 - C. Medication Adherence Report Scale (MARS)
 - D. Screening Tool for Adherence to Medications (15-STARS)

3. Which items make up the Core 5 SDOH Screening Tool?
 - A. Utilities, food, genetics, education, safety needs
 - B. Housing, income, education, race, utilities
 - C. Food, housing, transportation, utilities, safety needs
 - D. Education, income, transportation, genetics, safety needs

4. Mr. Johnson, a 62-year-old patient with diabetes and hypertension, has missed several appointments and reports that he occasionally runs out of his medication. He states that his daughter usually drives him to the pharmacy, but she recently started a new job and is less available.

Question:

Which of the following **SDOH factors** most directly contributes to Mr. Johnson's medication nonadherence?

- A. Limited health literacy
- B. Lack of transportation access
- C. Low medication self-efficacy
- D. Poor provider communication

5. What is the most common reason patients cite for not filling prescriptions?
 - A. Medication side effects
 - B. Lack of transportation
 - C. Fear of addiction
 - D. Financial hardship

6. Which tool is commonly used to assess in a clinical setting?
 - A. Protocol for Responding to and Assessing Patients Assets, Risk, and Experience (PREPARE)
 - B. Patient Health Questionnaire (PHQ-9)
 - C. Screening Tool for Adherence to Medications (15-STARs)
 - D. The General SDOH Screening Tool (GSSTMH)

7. What is the approximate percentage of prescriptions that are never filled in the United States?
 - A. 5–10%
 - B. 10-20%
 - C. 20-30%
 - D. 40-50%

8. Which of the following is not an example of SDOH?
 - A. Access to transportation
 - B. Age
 - C. Education
 - D. Access to Food
 - E. Genetics
 - F. All of the above are example of SDOH

9. Why is it important for providers to address SDOH?
 - A. To help identify non-medical barriers that can be addressed to improve medication adherence
 - B. It is required by the centers of Medicare and Medicaid
 - C. It is required by the Georgia Composite Board
 - D. It eliminates the need to consult pharmacy and social workers

10. After a patient screen positive for food insecurity using the Hunger Vital Sign tool, what is the most appropriate next step for the provider?
- Document the finding
 - Prescribe additional medications such as supplements to compensate for poor nutrition
 - Refer the patient to appropriate community resources and document the referral
 - Discharge the patient with standard instructions
11. A patient admits they often miss doses because they cannot afford their prescriptions what should the provider do first?
- Refer the patient to a pharmacy
 - Refer to a financial or medication assistance programs
 - Change the medication
 - Document with no further action
12. Ms. Lopez, a 58-year-old woman with chronic obstructive pulmonary disease (COPD), is prescribed multiple inhalers but uses them incorrectly. She nods during teaching sessions but later admits she doesn't understand the instructions written in English.

Question:

What is the **most appropriate initial provider intervention** to address the barrier impacting her medication adherence?

- Refer her to a social worker for financial assistance
 - Provide written instructions using medical terminology
 - Assess her health literacy and language preferences
 - Increase the dose of her inhalers
13. Mr. Nguyen, a 50-year-old patient with rheumatoid arthritis, has stopped taking his biologic medication because of high copayments. He expresses distress about choosing between paying for medications or utilities.

Question:

What is the **most effective next step** for the provider?

- Encourage him to budget better for his medications
 - Screen for financial strain and connect him to medication assistance programs
 - Switch him to an over-the-counter alternative
 - Document nonadherence and continue current treatment plan
14. A practical first step for providers to address SDOH in clinical care is to:
- Avoid discussing non-medical barriers
 - Use an evidence-based screening tool such as PRAPARE or AHC-HRSN
 - Only refer patients to social workers when problems arise

D. Focus only on medication-related interventions

Appendix C: SDOH Education Module For Providers




Improving Provider Knowledge and Confidence in Addressing SDOH Barriers to Improve Medication Adherence

Educational Module for Primary and Specialty Care Providers

Doctor of Nursing Practice (DNP) Project


By Andrea Latimore BSN, MSN, FNP



Learning Objectives

By the end of this session, participants will be able to:

- Define social determinants of health (SDOH).
- Recognize SDOH barriers impacting chronic illness management and medication adherence.
- Identify strategies to screen for and address SDOH barriers.
- Identify social resources to refer patients to with SDOH barriers and apply interventions to improve medication adherence.
- Report confidence and knowledge of SDOH barriers, screening tools, and referrals to improve medication adherence.




Purpose of the Educational Module

To improve specialty and primary care providers' knowledge and confidence in addressing SDOH-related barriers to medication adherence among adult patients with chronic illnesses.


Understanding Social Determinants of Health (SDOH)

- SDOH are the conditions where people are born, live, learn, work, and age.
- Key SDOH Barriers:
 - Lack of access to healthcare
 - Economic Stability
 - Educational Attainments
 - Lack of access to transportation
 - Poverty/Living Situation
 - Lack of access to food
 - Social and community context
- These factors collectively influence health outcomes and medication adherence.



Why Address SDOH?

- It is important for providers to address SDOH to help identify non-medical barriers that can be addressed to improve medication adherence
- SDOH barriers like poverty, food insecurity, and transportation directly impact chronic disease management.
- 80% of health outcomes are influenced by social and environmental factors (Ganatra et al., 2024)
- 20 to 30% of medications are never filled (CDC, 2024). The most common reason patients state for not filling prescription is cost and financial hardship.
- Addressing SDOH enhances medication adherence, helps to better manage chronic illnesses, reduces hospital readmissions, improves patient satisfaction, and improves patient outcomes.




SDOH Screening Tool Overview

Identifying Non-Medical Factors
SDOH screening tools help uncover issues such as housing, food access, and employment that impact patient health.

Supporting Providers
These tools enable clinicians to address social barriers, offering holistic care and improving overall well-being.

Standardized Instruments
Widely used tools like PRAPARE and AHC HRSN guide targeted interventions and help improve health outcomes.



SDOH Screening Tools

PRAPARE Tool
The PRAPARE tool assesses social determinants such as housing and transportation to identify patient needs and improve care.

PREPARE is the most used tool.

AHC-HRSN Screening
The AHC-HRSN tool evaluates core social needs in clinical settings to address barriers to health and well-being. The ACH-HRSN was created by CMS (Centers for Medicare & Medicaid Services).

WE CARE for Pediatrics
WE CARE is a pediatric-focused tool that identifies social risks among families and children for targeted support.

SDOH Screening Tools continued...

Food Insecurity Screening
The Hunger Vital Sign Tool helps quickly identify food insecurity with two targeted questions for patients.

Medication Adherence Assessment
MARS and 15-STARs tools measure how well patients follow prescribed medication regimens to support better health outcomes.

Broader SDOH Evaluation
The HealthBegins Upstream tool examines multiple social determinants that influence patients' overall health and wellness.

Core 5 SDOH Screening Tool Items

- The 5 Core SDOH Screening tools are typically assessed during SDOH screening and include food insecurity, housing stability, access to transportation, utility assistance, and safety needs. (Bechtel et al., 2022)

Provider Challenges in Addressing SDOH

- Limited time during visits
- Lack of knowledge or confidence in SDOH discussions
- Absence of standardized screening tools
- Unclear referral pathways
- Fragmented care coordination

Referrals for SDOH Barriers

Community Resource Referrals
Patients struggling with SDOH issues may need referral to local resources for housing, food, or transportation support.

Healthcare Provider Roles
Providers connect patients with social workers, case managers, pharmacist, patient navigators, or community health workers (CHW) to address SDOH barriers efficiently and compassionately.

Improved Health Outcomes
Timely referrals to social resources help resolve underlying challenges, leading to better overall patient outcomes.

Case Study 1: Transportation and Access Barriers

Mr. Johnson, a 62-year-old patient with diabetes and hypertension, has missed several appointments and reports that he occasionally runs out of his medication. He states that his daughter usually drives him to the pharmacy, but she recently started a new job and is less available.

Question: Which of the following SDOH factors most directly contributes to Mr. Johnson's medication nonadherence?

A. Limited health literacy
B. Lack of transportation access
C. Low medication self-efficacy
D. Poor provider communication

✔ **Correct Answer: B. Lack of transportation access**

Rationale: Transportation barriers are a key SDOH that limit access to pharmacies and follow-up appointments, directly influencing adherence. Providers can use screening tools to identify transportation needs and connect patients to delivery or rideshare programs.

Case Study 2: Health Literacy and Communication

Ms. Lopez, a 58-year-old woman with chronic obstructive pulmonary disease (COPD), is prescribed multiple inhalers but uses them incorrectly. She nods during teaching sessions but later admits she doesn't understand the instructions written in English.

Question:

What is the **most appropriate initial provider intervention** to address the barrier impacting her medication adherence?

- A. Refer her to a social worker for financial assistance
- B. Provide written instructions using medical terminology
- C. Assess her health literacy and language preferences
- D. Increase the dose of her inhalers

✔ **Correct Answer: C. Assess her health literacy and language preferences**

Rationale: Understanding the patient's language and literacy needs allows providers to tailor communication, use interpreters, and provide culturally and linguistically appropriate education—critical for improving adherence.

Case Study Question 3: Financial Barriers and Resource Connection

Mr. Nguyen, a 50-year-old patient with rheumatoid arthritis, has stopped taking his biologic medication because of high copayments. He expresses distress about choosing between paying for medications or utilities.

Question:

What is the **most effective next step** for the provider?

- A. Encourage him to budget better for his medications
- B. Screen for financial strain and connect him to medication assistance programs
- C. Switch him to an over-the-counter alternative that is affordable
- D. Document nonadherence and continue current treatment plan

✔ **Correct Answer: B. Screen for financial strain and connect him to medication assistance programs**

Rationale: Providers play a critical role in identifying financial barriers as SDOH and linking patients to assistance programs or social work support to reduce cost-related nonadherence.



• Incorporate into annual staff education.

• Add SDOH screening prompts in EHR.

• Develop referral lists for social and community resources.

• Create feedback loops to track outcomes.

• Encourage multidisciplinary collaboration.

Summary and Key Takeaways

- SDOH significantly affect chronic illness management and medication adherence.
- Screening tools are vital for addressing SDOH barriers.
- It is important to address SDOH to help identify non-medical barriers that can be addressed to improve medication adherence.
- Timely referrals to social resources help resolve underlying challenges, leading to better overall patient outcomes.
- Provider education improves knowledge and confidence.
- Education promotes integration of SDOH practices into daily care.

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Thank You!

- Thank you for participating in this educational module.
- Questions or feedback?
- Contact: Andrea Latimore, DNP Student
- Email: adlatimore@phoebehealth.com