

LO5 Case Study: The Experience of Maria R.

Background

Name: Maria R.

Age: 48

Location: Mid-sized rural town

Occupation: Part-time home-care aide

Insurance: High-deductible employer plan

Family: Lives with two teenage children; recently divorced

Social Determinants of Health (SDOH)

1. Economic Stability

Maria works part-time with unpredictable hours and income. Her wages barely cover rent, utilities, and food. She often must choose between paying bills and filling prescriptions. The high deductible on her insurance means she avoids scheduling appointments until her symptoms feel unbearable.

2. Neighborhood and Built Environment

She lives in a rural area with **limited public transportation**, making it difficult to attend medical appointments. The nearest mental health clinic is 45 miles away. Her car is aging and unreliable, and repair costs have kept her from driving long distances.

3. Education and Health Literacy

Maria completed high school but struggles with medical terminology. She often misunderstands care instructions and feels embarrassed asking clinicians to repeat or simplify explanations. This leads to inconsistent medication use and delayed follow-up.

4. Social and Community Context

Since her divorce, her social support has decreased. She rarely has childcare help, so taking time off for appointments means leaving her teenage children unsupervised or missing a work shift. She feels isolated and reports that “no one really notices if I’m not okay.”

5. Access to Health and Mental Health Care

Primary care appointments are only available during her work hours, and the clinic charges a fee for missed visits—something she fears she can't afford.

Mental health services are even harder to reach: limited availability, long waitlists, and no providers accepting her insurance nearby. Telehealth is difficult because her home internet is slow and unreliable.

Presenting Concerns

Maria visits her integrated primary care clinic complaining of:

- Persistent fatigue
- Difficulty sleeping
- Feeling overwhelmed
- Chronic headaches
- Worsening joint pain

During the visit, she becomes tearful and reveals that she has felt depressed “for months” but didn't know how to get help.

Process for Analyzing the Case

Step 1: Identify SDOH

Step 2: List Presenting Concerns

Step 3: Map SDOH to Health Outcomes

Step 4: Assess Barriers to Care

Step 5: Identify Strengths and Protective Factors

Step 6: Propose Interventions

Step 7: Reflect on BHSS Role

Case Study Worksheet

Case Summary: Maria R.

Use the case details provided to complete the worksheet below. Write short phrases or full sentences as needed.

Section 1: Identify Social Determinants of Health (SDOH)

1. Economic Stability

Maria experiences financial strain because she works _____ and has a _____ insurance plan.

2. Neighborhood & Built Environment

Transportation is a major barrier because she lives _____ and her _____ is unreliable.

3. Education & Health Literacy

Maria struggles with _____, which leads to misunderstanding _____.

4. Social & Community Context

Her social support is limited after _____, and she often lacks help with _____.

5. Health Care Access & Quality

Maria avoids appointments because they occur during _____ and she fears the clinic's _____ fees.

The nearest mental health clinic is _____ miles away.

Section 2: Presenting Concerns

List the symptoms Maria reports:

-
-
-
-
-

Which symptom suggests possible depression? → _____

Section 3: Link SDOH to Health Outcomes

1. **Transportation barriers** contribute to missed _____.
2. **Financial stress** leads to delaying _____ or rationing _____.
3. **Limited mental health access** results in ongoing untreated _____.
4. **Low health literacy** affects her ability to follow _____ and maintain _____.

Section 4: Barriers to Care

Identify whether each statement describes **access** or **utilization** barriers differentiate between access barriers (can't get care) and utilization barriers (doesn't use available care).

1. *Long waitlists for mental health providers:* _____
2. *Not understanding medication instructions:* _____
3. *No childcare during appointments:* _____
4. *Clinic not accepting her insurance:* _____
5. *Feeling embarrassed to ask questions:* _____

Section 5: Strengths & Protective Factors

Fill in at least three strengths Maria possesses:

1. She is employed and committed to _____.
2. She seeks help when symptoms become _____.
3. She is able to express her _____ during the visit.

Section 6: Potential Interventions

Match each problem with a possible intervention. Fill in the blanks:

1. **Transportation challenges** → Connect her with _____ or telehealth _____.
2. **Financial strain** → Refer to _____ or discuss _____ pricing options.
3. **Low health literacy** → Use the _____ method to confirm understanding.
4. **Mental health access barriers** → Provide a warm handoff to _____ if available.
5. **Social isolation** → Offer referral to community _____ or peer support programs.

Section 7: BHSS Reflection

Fill in your responses:

1. One change the clinic could make to reduce barriers:
→ _____
2. One communication strategy to improve trust with Maria:
→ _____
3. How might bias or assumptions affect care?
→ _____

Instructor Answer Sheet

Section 1: Identify Social Determinants of Health (SDOH)

1. Economic Stability

Maria experiences financial strain because she works **part-time** and has a **high-deductible** insurance plan.

2. Neighborhood & Built Environment

Transportation is a major barrier because she lives **in a rural area** and her **car** is unreliable.

3. Education & Health Literacy

Maria struggles with **medical terminology/health literacy**, which leads to misunderstanding **care instructions/medication guidance**.

4. Social & Community Context

Her social support is limited after **her divorce**, and she often lacks help with **childcare**.

5. Health Care Access & Quality

Maria avoids appointments because they occur during **her work hours** and she fears the clinic's **missed-appointment** fees.

The nearest mental health clinic is **45** miles away.

Section 2: Presenting Concerns

Symptoms Maria reports:

- **Fatigue**
- **Difficulty sleeping**
- **Feeling overwhelmed**
- **Headaches**
- **Joint pain**

Symptom suggesting depression → **Feeling overwhelmed / persistent low mood**

Section 3: Link SDOH to Health Outcomes

1. **Transportation barriers** contribute to missed **appointments**.
2. **Financial stress** leads to delaying **care** or rationing **medications**.
3. **Limited mental health access** results in ongoing untreated **depression**.
4. **Low health literacy** affects her ability to follow **treatment plans** and maintain **medication adherence**.

Section 4: Barriers to Care

1. *Long waitlists for mental health providers:* **Access barrier**
2. *Not understanding medication instructions:* **Utilization barrier**
3. *No childcare during appointments:* **Utilization barrier**
4. *Clinic not accepting her insurance:* **Access barrier**
5. *Feeling embarrassed to ask questions:* **Utilization barrier**

Section 5: Strengths & Protective Factors

1. She is employed and committed to **caring for her children/family**.
2. She seeks help when symptoms become **overwhelming/severe**.
3. She is able to express her **feelings and concerns** during the visit.

Section 6: Potential Interventions

1. **Transportation challenges** → Connect her with **transportation assistance** or telehealth **support/resources**.
2. **Financial strain** → Refer to **sliding-scale services**, or discuss **generic medication/discount pricing options**.
3. **Low health literacy** → Use the **teach-back** method to confirm understanding.
4. **Mental health access barriers** → Provide a warm handoff to **integrated behavioral health** if available.
5. **Social isolation** → Offer referral to community **support groups**, parenting groups, or peer support programs.

Section 7: BHSS Reflection (Sample Responses)

1. *One change the clinic could make to reduce barriers:*
→ Offer **extended hours, same-day appointments, or transportation vouchers**.
2. *One communication strategy to improve trust with Maria:*
→ Use **plain language**, avoid jargon, and check understanding through **teach-back**.
3. *How might bias or assumptions affect care?*
→ A clinician might assume she is “noncompliant” rather than recognizing structural barriers, leading to **misplaced blame** and reduced engagement.