

Patient Empowerment, Engagement and Responsibility

Focus on newly insured and remaining uninsured African-Americans



Roots Community
Health Center
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Noha Aboelata, MD
Amy Lentricchia, MA

Report Prepared By:





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I. Executive Summary

Under the Affordable Care Act (ACA), patients previously ineligible for coverage are now presented with the opportunity and obligation to enroll into healthcare coverage. However, due to a variety of factors, many individuals - the so-called "hard-to-reach" - are not taking advantage of this opportunity, presenting a particular concern to healthcare policymakers and community advocates alike. These populations appear to include those with limited English proficiency, the formerly incarcerated, the homeless, immigrant populations, the "young invincibles," and others who may possess general mistrust of the system. While many ACA educational materials explain the importance of engaging in primary care, few of these resources are informed by providers with expertise in engaging the so-called "hard-to-reach."

Roots Community Health Alliance, a non-profit professional association comprised of independent clinics and physicians who play an essential role in the Safety Net, possesses the cultural competency, clinical knowledge, and community-connectedness to help inform discussions on patient engagement and empowerment. Roots physicians convened in an effort to (1) define members of their community who may not be enrolling in healthcare coverage and/or engaging in preventative medical care, (2) identify strategies to empower these individuals to seek out and engage in this care, and (3) design practical suggestions to implement such strategies. These strategies are specifically intended for an audience that includes health care providers, policy makers, stakeholders, and any other individual or entity who interacts with prospective patients in the Safety Net and is invested in helping them ob-



tain a sense of empowerment regarding their own health and the health of their communities.

Among those individuals newly qualified for coverage, Roots Alliance physicians identified specific concerns about single, low-income (Medi-Cal eligible) African-American men ages 18-55 who have never before engaged meaningfully in medical care. Due to historical realities in the United States, general mistrust of the medical system is common among African-Americans. Mistrust and fear contribute to chronic disempowerment, which serves as a distinct barrier to engaging in primary and preventative health care. Among the sub-group who have been incarcerated, marginally housed, and/or in foster or group care, institutionalization and fear of those in positions of

authority are further barriers to engaging in care. Because the number of newly-eligible patients, especially within the underserved African-American male population, is increasing there is a simultaneous increase in demand for culturally competent primary care physicians who are skilled in addressing and sensitive to their particular needs.

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Roots physicians recognize that addressing mistrust in African-American and other marginalized patients is best done by "meeting them on the ground-level" with compassionate care that begins in a patient-centered environment. Within such an environment, patients are able to dismantle emotional barriers to health care and receive the support they need to develop skills in self-advocacy. To this end, Roots developed strategies for assessing cultural competency and situational sensitivity in the medical provider community which consider the anticipated needs of newly-insured and incoming African-American men in particular.

Developing a culturally competent, patient-centered practice is a process that begins when physicians and their staff prioritize authentic and respect-based connections with prospective patients and cultivate an environment in which patients can become empowered. Roots concluded that healthcare providers must take the lead in encouraging the Empowerment, Engagement and Responsibility of African-Americans and other underserved populations in the context of their own health and that of their families and communities. Specifically, the following areas were identified as critical in educating and informing the public on how to maximize the healthcare benefits to which they are now entitled:

Assessing the Physician and Medical Practice

1. Accessibility—identify services that are close to home or work and reasonable to schedule.
2. Reputation and Community Standing—seek word of mouth referrals from trusted friends.
3. Network—choose a provider who relies on a network of colleagues for support and information.
4. Scope of Services—investigate the breadth of services available within a practice.
5. Philosophy—identify a physician whose approach to medicine resonates with the patient's.
6. Medical Office and Staff—seek an atmosphere and customer service model that welcomes and informs.
7. Communication—prioritize locating a provider with whom the patient can communicate.
8. Humility—seek a physician who demonstrates humility in order to connect with and empower patients.

Being Prepared to Maximize Office Visit

Patients should feel empowered to take health matters into their own hands. This means that a patient should prepare to articulate their own goals, priorities, and concerns to the physician.

1. Prioritizing issues—make a list of concerns before the appointment
2. Engaging in Preventive Health Care—seek care before a medical crisis emerges
3. Sharing with the Physician—be thorough, honest, and ask questions

Establishing Routine Care

Patients should be encouraged to locate a primary care doctor and schedule an appointment to establish care, preferably before pressing health issues arise.

1. Proper Utilization of Healthcare Resources—emphasis on preventive care over emergency room visits
2. Informing the Physician—provide detailed family medical history at intake appointments
3. Establishing a Baseline—knowing baseline personal health provides a foundation for care

Roots further concluded that healthcare providers should take the lead not only in informing and educating community members, but also policymakers and stakeholders. The effective use of data, educational materials, and targeted outreach efforts effects change through action on the ground-level and creates healthy communities from within. The following activities should be undertaken as part of a comprehensive strategy to maximize the take-up of healthcare coverage, a critical first step in attempting to reduce health disparities affecting low-income African-Americans in particular:

1. Develop patient-friendly, culturally appropriate educational materials.
2. Undertake a comprehensive community health resource mapping project.
3. Utilize county and consumer data for targeted outreach.
4. Leverage peer "health allies" for outreach and uptake support.
5. Broadcast public service announcements.
6. Host community lectures and Q & A's.
7. Inform policy makers and stakeholders on an ongoing basis.

Patient Empowerment, Engagement and Responsibility

Focus on newly insured and remaining uninsured African-Americans



Roots Community Health Center is a 501(c)3 community clinic dedicated to improving the health of underserved populations. In addition to providing clinical care, Roots develops innovative care models informed by objective research and collaboration, conducts advocacy and advances policy change. Roots Community Health Center is also the founding and managing member of Roots Community Health Alliance, a professional association of similarly Community-Rooted Providers serving the Safety Net of Alameda and Contra Costa Counties.

II. Background

A. Overview

Under the Affordable Care Act (ACA), a large number of previously uninsured patients are now presented with the opportunity and obligation to enroll into healthcare coverage. In California, those who live below 138% of the Federal Poverty Level are now afforded coverage free of charge under the Medicaid expansion, irrespective of their gender or family composition. This means that many low-income individuals, including adults without children (or custody of their children), are now eligible for coverage for the first time. Despite what would appear to be a tremendous opportunity for individuals to access health care, concerns about take-up of the various coverage options, including the “free” Medicaid option, are being actualized as particular populations are not signing up for coverage at the expected rates.

Of particular concern to healthcare policymakers and community advocates alike are the so-called “hard-to-reach” populations who, due to a variety of factors, are not taking advantage of the opportunity for coverage presented to them under the ACA. These populations include those with limited English proficiency, the formerly incarcerated, the homeless, immigrant populations, the “young invincibles,” and others

who may possess general mistrust of the system. Specifically, within this group in California are African-Americans: of those who are eligible for subsidies, a full 82% were still un-enrolled just 10 days prior to the end of open enrollment.¹ In order for these populations to reap the benefits of the primary and preventative care services afforded them by the ACA, they must be willing to engage in this care, and they must be empowered to take advantage of the resources available to them.

B. Expertise

Roots Community Health Alliance is a non-profit professional association comprised of independent physicians and clinics which play an essential role in the Safety Net, serving large numbers of low-income, African-American and other underserved patients. Roots Alliance uniquely possesses the cultural competency, clinical knowledge, and

The Safety Net has been defined by the Institute of Medicine as “those providers that organize and deliver a significant level of health care and other related services to uninsured, Medicaid, and other vulnerable patients.”²

B. Expertise (cont.)

community-connectedness to help inform discussions on patient engagement and empowerment, particularly in regard to the African-American community. This professional network also contains the clinician leadership and unified voice necessary to effect health policy change in collaboration with strategic partners in this era of healthcare reform.

Roots is pleased to be contributing to the development of a national strategy aimed at engaging the newly-insured in health care. Because of the work being done “on the ground” and Roots’ unique contribution in the areas of research, innovation, and policy, CEO Noha Aboelata, MD was invited to participate in a Technical Expert Panel convened by RAND and MITRE corporations. This panel was assembled to assist in developing a federally-funded (CMS, Office of Minority Health) national strategy for engaging the newly insured in health care.

Findings from Roots Alliance’s focus groups were summarized and discussed among members of this Technical Expert panel, thereby helping to inform the materials ultimately produced as a part of this national strategy. While the overall strategy is still being developed, Roots Alliance physicians have been piloting the materials and gauging patient feedback, which is in turn relayed back to the Technical Expert Panel. In addition, Roots continues to participate in discussions around consumer engagement, physician education, and dissemination of relevant patient resources, and believes that a strategy specifically targeted to engaging and empowering the low-income African-American population remains a pressing need.

C. Rationale and Approach

With the Affordable Care Act emerged many media campaigns and massive efforts to educate the general popula-

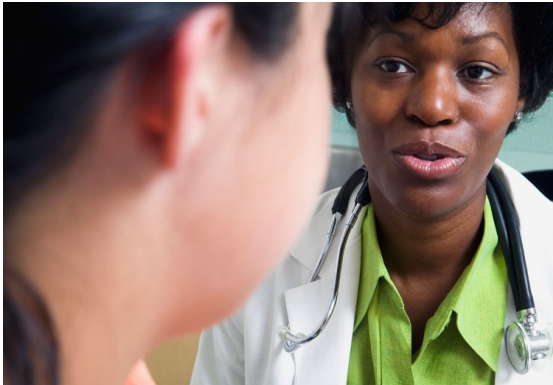
tion about how to enroll in care. Some of the most recent educational materials explain the importance of engaging in primary care, but few of these resources are informed by the health care providers who know how to engage the so-called “hard-to-reach.” In an effort to customize the message given to its community, Roots undertook a multi-step process to inform the preparation of patient engagement and empowerment material from the perspective of community-rooted providers.

First, Roots leadership assembled and participated in multiple resident and patient focus groups comprised of this “hard-to-reach” population, including those not yet enrolled in coverage. Roots leadership then convened a series of focus groups with its physicians to discuss the findings of the patient groups, define members of their community who may not be enrolling in healthcare coverage and/or engaging in preventative medical care, and identify strategies to empower these individuals to seek out and engage in this care.

Among those individuals newly qualified for Medi-Cal, Roots Alliance physicians identified specific concerns about single, low-income African-American men ages 18-55 who have never before engaged meaningfully in medical care. Included in this group are many who have not had medical coverage since childhood, some who have only received care on an emergency basis or while incarcerated, and others who may experience homelessness or unstable housing. African-Americans continue to experience some of the most troubling health disparities when compared to other races, due in part to barriers to primary care. Disproportionate numbers of African-American adults live with hypertension, obesity, diabetes, and physical limitations due to chronic conditions.³ For this reason, Alliance physicians believe that engaging African-Americans in preventive care is a

top priority, as the dire consequences of not doing so will have both immediate and lasting effects.

General mistrust of institutions emerged as a common theme within this population and is even more pervasive among the formerly incarcerated or institutionalized. Roots Alliance physicians agree that in order for this population to meaningfully engage in ongoing primary and preventative care, their initial experiences upon entering the medical system must engender trust and work to overcome the multitude of barriers that exist. Engaging these patients on the ground-level when they enter the system is crucial to ensuring ongoing care.



The medical system must engender trust and work to dismantle the multitude of barriers that exist for incoming patients.

III. Barriers to Engagement in Health Care

A. Mistrust of the Medical System

Due to historical realities in the United States, general mistrust of the medical system and fear of those in positions of authority (as physicians may be perceived to be) are common among African-Americans. Commonly held beliefs about engaging in care such as the in-

evitability of invasive procedures, diagnosis of a terminal condition, and the possibility of being mistreated or undertreated are often passed down from generation to generation. Among the formerly incarcerated, people who have lived in group homes or transitional housing, and those in frequent contact with inpatient mental health settings, institutionalization is common.

Mistrust, fear, and institutionalization all contribute to chronic disempowerment, which serves as a distinct barrier to engaging in primary and preventative health care. While much of the mistrust of the medical community arises from the knowledge of atrocities committed on African-Americans in the name of research, modern day research practices do little to alleviate this mistrust. It is commonly held in the African-American community that academic researchers mine their communities for data while withholding findings and limiting positive outcomes for its research subjects. This leads to the sentiment that such researchers are “using” them to further their own careers. These practices encourage fear and distrust of medical professionals while reinforcing negative realities and perpetuating damaging myths.

The lack of minority participation in clinical trials in turn leads to less knowledge of disease processes and treatments in people of color, leading to often-warranted skepticism about whether the treatments offered will be safe or effective for them. Additionally, low-income African-Americans know that they have poor access to advances in medicine due to their un- or underinsured status, and this knowledge further exacerbates their sense of isolation from medical care services. Within the culture these research projects enable, community members experience a true sense of disempowerment created by a system that does not demonstrate respect or concern for their needs.



Alienation from medical care, exploitation by medical doctors and researchers, and ongoing legacies of mistrust are pervasive barriers which continue to isolate many African-Americans from healthcare benefits.

B. Chronic Disempowerment and Non-Compliance

Roots Alliance physicians recognize that patients from communities of color may be perceived and therefore labeled as passive, not following medical advice, or being “non-compliant” as result of chronic disempowerment. Labeling of this sort serves to further isolate these groups from optimal care. Once a patient is “profiled” as “non-compliant,” there is a distinct possibility that the physician who initially labels the patient—as well as other providers on the labeled patient’s treatment team—will assume that it is futile to educate and advise this patient as they would one who has not been so profiled. In this manner, barriers to engaging in care are perpetuated by the medical system, and patients are more profoundly impeded—or even prohibited—from taking responsibility for their health.

Once a patient is “profiled” as being non-compliant, there is a distinct possibility that physicians will assume that it is futile to educate and advise this patient as they would one who has not been so profiled.

While “non-compliance” is a label that implicates the patient alone, Roots Alliance physicians acknowledge that the solution to this problem involves actions on the part of the physician as well as the patient. The best strategies for engaging patients are rooted in the notion of patient empowerment and responsibility, which are achieved through meaningful engagement with a culturally competent provider.

C. Cultural Competency and the Newly Insured

Roots Alliance providers, who are community-rooted physicians of color with decades of experience treating under-served patients, have considered an applied understanding of cultural competency in regard to incoming, first-time insured patients, particularly those hard-to-reach populations such as African-American men who have not previously engaged in care. Because the number of patients within this group is expected to increase, there will be a simultaneous increase in demand for culturally competent primary care physicians who are skilled in addressing and sensitive to the needs of this particular group.

Due to the limited availability of culturally-relevant services and culturally competent providers, patients who live in under-served communities are often disproportionately affected by cultural beliefs about medical practices and mis-

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.⁴

(Adapted from Cross, 1989)

trust in the medical community. Patients' negative experiences may also impact their attitudes and expectations in regard to care. Therefore, Roots has developed strategies for assessing a medical provider's cultural competency and situational sensitivity which anticipate the needs of the newly-insured and incoming African-American men in particular.

Findings from Roots focus groups indicate that cultural competency and situational sensitivity are demonstrated from the point at which a patient makes initial contact with a prospective physician's office to schedule an appointment to the point at which the patient is satisfied with services provided and can begin a lasting relationship with a primary care doctor. Frontline healthcare workers, while not always representative of the physician, set the tone of the office and provide a first indication of whether the setting will be a "good fit" for the patient.

Initial patient-provider contact that establishes the medical practice as a safe, trustworthy environment enables the best possible outcomes for hard-to-reach patients. Further, a physician who demonstrates competency through hu-

mility and a desire to "meet patients where they are" is one who patients can trust and with whom they can share their concerns and develop a therapeutic relationship. Such relationships can lay a foundation for increased patient engagement, empowered attitudes in regard to the health care system, and improved standards of health within under-served communities overall.



Cultural competency and situational sensitivity are demonstrated from the point at which a patient makes initial contact with the physician's office to the point at which the patient is satisfied with services provided and can begin a lasting relationship with a primary care doctor.

D. The “Patient-Centered Medical Home”

The “Patient-Centered Medical Home” is defined by the American College of Physicians as “a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.⁵ This model assumes that patients—both those with an established primary care doctor as well as those who are screening a prospective primary care provider—feel empowered to advocate for themselves and articulate their needs.

Roots takes the position that it is not possible to meaningfully implement the Patient-Centered Medical Home without first bridging the gap between patients and their primary care doctors that is created when patients feel disempowered and are less likely to advocate for themselves.

The “Patient-Centered Medical Home” model assumes that patients feel empowered to advocate for themselves and articulate their needs.

IV. The Provider’s Role in Patient Empowerment

A. Connecting with Patients

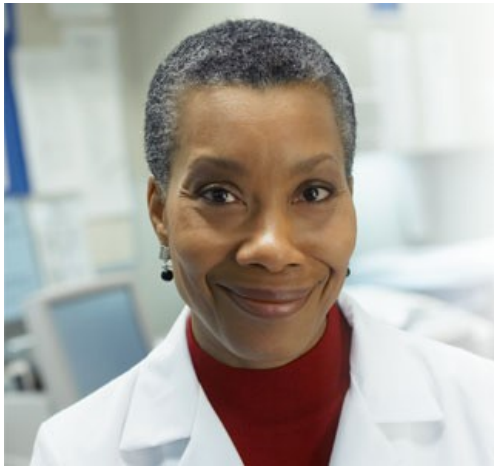
Establishing a culture in which patients can be empowered is a challenge which is best overcome by physicians who seek understanding of the patient’s point of view and who wholeheartedly aspire to

make authentic connections with their patients. In 2012, Blue Shield of California Foundation published a report on the topic of engaging low-income residents titled “Connectedness and Continuity: Patient-Provider Relationships Among Low-Income Californians” in which the necessity of a strong patient-provider alliance is explained from the patient’s point of view. According to the Foundation’s report, “Patients who report a personal connection with someone at their healthcare facility are more likely than others to express satisfaction with the quality of their care, a prime driver of patient loyalty. They also are more likely to exhibit greater health care efficacy – the capacity and confidence to take an active role in their health and health care decisions, two key aims of patient-centered care.”⁶



The “medical home” must cultivate a culture of respect that enables patients to participate in their own care.

These findings indicate that patient-provider relationships are at the crux of effective and ongoing care. Roots' strategy for cultivating an optimal medical home environment supports Blue Shield Foundation's findings and is based on the notion that physicians can assist their patients in developing skills in self-advocacy through trusting relationships in which the patient may indeed experience a sense of personal connection.



Providers who encounter patients from an “eye-to-eye” position encourage patients to disclose more information that can lead to accurate diagnoses as well as realistic treatment strategies and goals.

Relationships such as these foster the patient's ability to advocate for themselves and to engage fully in the care they receive, which can allow for compliance with the medical care plan and, importantly, facilitate the patient's ability to explore options, question protocols, openly express concerns, give honest feedback

to the provider, and engage in meaningful dialogue regarding treatment plans and self-management. And within a trusting, mutual relationship, physicians are better able to motivate their patients to be enthusiastic about taking steps towards optimum self-care.

B. Encouraging Patient Responsibility

The providers among Roots Alliance practices recognize that their role in encouraging patient responsibility and empowerment is crucial. Supporting patients to take responsibility for their health care can occur through various methods during office visits. First, physicians must build trust with patients by establishing real relationships rooted in respect and common goals. Such relationships enable stronger and more effective communication between provider and patient.

Physicians who provide insight into patients' circumstances help them to make correlations between their health and their individual life situations. Providers who encounter patients from an “eye-to-eye” position encourage patients to disclose more information that can lead to accurate diagnoses as well as realistic treatment strategies and goals. Further, doctors who have trusting relationships with their patients are more likely to offer help in regard to the issues their patients care about most.

Empowered patients manage their own personal health and also play an instrumental role in building a medical care system that provides optimal care for all.

Culturally competent medical practices can have impact by educating patients not only about their own health, but also about the health-related concerns within their families and their communities.

C. Patient Self-Advocacy

When physicians show respect for their patients as unique individuals, they not only demonstrate cultural competency and situational sensitivity, but also enable patients to empower themselves. Importantly, respect for patients in the clinical setting can also allow for a necessary shift in the long-standing patient-provider dynamic that has historically alienated patients who lack the experience and skills self-advocacy requires.

With respect at the threshold of this important relationship, the role of the doctor shifts from one of authority or paternalism to one of facilitator and consultant. Within this new dynamic in which patient and physician align themselves as “teammates,” the patient can assume primary responsibility for his or her decisions regarding health and utilize the physician as an advisor. It follows that this advisor will only be as effective as the information provided by the patient.

Respect for patients in the clinical setting allows for a necessary shift in the long-standing patient-provider dynamic that has historically alienated patients who lack the experience and skills self-advocacy requires.

Patient-provider relationships which encourage mutuality of this nature foster a secure environment in which patients are more likely to listen to doctors and receive educational materials with faith and openness. This kind of support further generates patients' motivation to act on behalf of their own health.



Cultural and situational competency facilitates patient empowerment and lays a foundation upon which overall community health can be built.

Roots recognizes that culturally competent medical practices can have further impact by educating patients not only about their own health, but also about the health-related concerns within their families and their communities. In this manner, cultural competency and situational sensitivity facilitate patient empowerment and lay a foundation upon which overall community health can be built.

V. Steps to Patient Empowerment, Engagement and Responsibility

Roots Alliance focus groups, informed by decades of experience as well as the synthesized findings of community engagement sessions, revealed the following areas as being relevant to encouraging the Empowerment, Engagement and Responsibility of African-Americans in the context of their own health and that of their families and communities.

A. Assessing the Physician and Medical Practice

Patient empowerment begins with the individual's understanding that he or she has choice. While it is acknowledged that there are often challenges to accessing primary care in low-income areas, it is still important that patients recognize their option to "vote with their

feet." The following areas on which to assess a physician and their practice are suggested:



Patient empowerment begins with the individual's understanding that he or she has choice.

1. Accessibility

Accessibility to medical care is the foundation of physical health as well as a fundamental aspect of feeling "cared for" within a medical care system. This means that new patients should feel that they can reliably make connections with office staff over the phone and that the time it takes to see the doctor does not jeopardize health or reinforce the historical experience of being under-served. Incoming patients should also seek care in locations that are—ideally—convenient to access and, at the very least, a reasonable distance from home or work.

2. Reputation and community standing

While patients and physicians do not think that a doctor needs to be a local celebrity in order

to demonstrate their competency, they do believe that reputation and community standing are extremely important factors to consider. In fact, when asked about the best way that a newly insured person could go about identifying a new primary care provider, obtaining a referral from a respected friend or community member was seen as the first and most important step.

3. Network

Patients should situate themselves with a physician who maintains connections with other physicians and who routinely demonstrates reliance on a strong referral network of specialists and peers with whom he/she communicates with regularly. The primary care physician and specialist(s) should collaborate when addressing concerns and treatment of a particular patient. Such a relationship enables comprehensive care that best maintains the patient's sense of connection to the primary medical home and also allows the primary care physician to facilitate communication between the specialist and patient and directly support treatment and next steps.

4. Scope of Services

It is important for patients to become knowledgeable about the scope of services available to them through an individual practice. The initial screening process should include an investigation of general and preventative services and areas of specialty pertaining to personal health concerns, including niche practices such as HIV, Hepatitis, mental health, addiction, or any other area relevant to a patient's comprehensive health care needs.

5. Philosophy

Keenly related to a physician's "bedside manner" and levels of cultural competency is his/her philosophy in regard to practicing medicine. Patients should consider the doctor's general approach to diagnosis and treatment, use of medications vs. more "natural" remedies, attitude toward prevention, and especially his/her attitude about patient education.

6. Medical Office and Staff

Patients should begin assessing whether or not a medical practice meets their personal needs during the appointment making process, including staff attitudes, communication style, and accessibility. Importantly, patients can best serve themselves—and gauge a practice's overall cultural competency—by practicing self-advocacy, being honest, and addressing any negative feelings or fears that emerge in preliminary communication with staff. While patients should indeed "follow their instincts" in regard to determining an ideal match, reserving final judgment until meeting with the doctor is recommended.



Patients should begin assessing whether or not a medical practice meets their personal needs during the appointment making process, including staff attitudes, communication style, and accessibility.

7. Communication

In the context of determining a "good fit" between physician and patient, communication emerged as the single most important factor. Consumers expressed the opinion that some doctors lead them to feel uncomfortable in expressing themselves because they seem too authoritative or too rushed to engage in a meaningful dialogue. Roots Alliance physicians emphasized the notion that the doctor-patient relationship is in fact a partnership and that each partner has a critical role to play.

V. Steps to Patient Empowerment, Engagement and Responsibility (cont.)

A. Assessing the Physician and Medical Practice (cont.)

8. Humility

Physicians and consumers alike acknowledge that every physician cannot know everything about the customs and beliefs of even a single racial or ethnic group. According to the work of Melanie Tervalon, MD, knowledge of a culture different from one's own is not, in fact, the key to providing culturally competent care. Dr. Tervalon wisely identifies humility or the willingness to self-reflect and engage in a "lifelong learning process" as fundamental in developing cultural competency. Further, Dr. Tervalon asserts that the ability to be flexible and assess each cultural circumstance with openness and curiosity is essential to providing culturally sensitive care.⁷ Indeed, within the focus groups Roots convened, a physician's ability to exercise humility and take genuine interest in each individual patient emerged as a characteristic that, for some, was more important than simply having a physician of the same race or ethnicity.

B. Being Prepared to Maximize Office Visits

Patients should feel empowered to take health matters into their own hands. This means that a patient should prepare to articulate their own goals, priorities, and concerns to the physician. They should also realize, however, that physicians are experts in their field, and that there may be situations where a physician's concern may take precedent over those of the patient (as in a finding of extremely elevated blood pressure). Patients should present to their physician visits prepared to discuss their own needs while remaining open to hearing the physician's concerns.



Patients should feel empowered to take health matters into their own hands. This means that a patient should prepare to articulate their own goals, priorities, and concerns to the physician.

Patients should also ask about things they can do to stay healthy and prevent illness or injury based on their lifestyle, family history, occupation, or other relevant factors. These questions not only help to demystify preventive health care, but also demonstrate to the physician that the patient is ready to participate in their own care. Physicians indicate that this helps build the relationship as a mutual partnership and relieves them from feeling that they are only needed to "put out fires."

1. Prioritizing Issues

Patients should be prepared with their priority issue. In this way, if there is insufficient time to review all concerns, at least the priority issue will likely be addressed, which can increase the likelihood of patient satisfaction with the visit.

2. Engaging in Preventative Health Care

Patients should be prepared to ask their physician about the proper screenings for their age, gender, ethnicity, etc. They

3. Sharing With the Physician

Physicians want to know what patients consider the most important thing about themselves as well as their assets and barriers to good health. This assists a physician in knowing how to best support patients where they are. For optimum sharing to occur, patients must confront fears and overcome mistrust of the medical system. Thus, an essential component of patient sharing is the physician's mastery of cultural competency, his or her ability to show humility and to demonstrate respect for the patient, which can allow for complex socio-emotional barriers to be dismantled.

C. Establishing Routine Care

Patients should be encouraged to locate a primary care doctor and schedule an appointment to establish care, preferably before pressing health issues arise. Effective routine care is at the threshold of patient empowerment and must be utilized as both a patient resource and provider strategy for optimizing the health care system for doctors and patients alike.

1. Proper Utilization of Healthcare Resources

Physicians must reiterate the necessity of routine care as opposed to emergency room visits while demonstrating understanding for why some patients choose emergency services over primary care. Often, a patient's decision to go to the emergency room is motivated by legitimate concerns such as limited access to services within their communities, the need for after-hours or same day appointments, quality of care, and cost. Yet, patients who utilize the ER for these reasons are often labeled as "ignorant" emergency room "abusers" who merely need to be taught how to appropriately utilize health care options.⁸

Effective routine care is at the threshold of patient empowerment and must be utilized as both a patient resource and provider strategy for optimizing the health care system for doctors and patients alike.

In order to effectively guide their patients to appropriate resources—whether a primary care clinic or an emergency room—physicians must possess knowledge and understanding of their patients' circumstances and points of view. Culturally competent providers will encourage patients to prioritize preventive care over late-stage crisis intervention or misuse of emergency room services in a manner that fosters empowerment, nurtures improvements in health outcomes for at-risk patients, and reduces overall costs of medical care as opposed to reinforcing demeaning stereotypes and barriers to medical care.

2. Informing the Physician

Patients can best serve themselves by setting up an initial visit to "establish care" with a prospective primary doctor. By utilizing this appointment to document family health history, address concerns and current conditions, and assess medications taken, patients can begin planning ahead for preventive care and reduce the need for crisis care. Patients should utilize such appointments to speak honestly with their providers and to address any questions or concerns regarding care that may present barriers to understanding and self-advocacy.

V. Steps to Patient Empowerment, Engagement and Responsibility (cont.)

3. Establishing a baseline

In a well-planned and thorough intake visit with a primary care doctor, patients can achieve the benefits of establishing a baseline for their own personal health. With an established baseline, physicians are better able to serve patients in regard to current needs, to advise regarding prevention, and to anticipate future needs. For patients, understanding their “individual baseline” can be the foundation on which personal empowerment as well as compliance with the medical professional begins.

VI. Education & Dissemination Strategy: Educate, Inform, Connect

The effective use of data, educational materials, and targeted outreach efforts effects change through action on the ground-level and creates healthy communities from within.

The foundation of a healthy, empowered community is rooted in connection—connection to self, connection to others, and connection to resources. Physicians play a key role in facilitating an individual's connection to each of these. Through innovative patient education and peer-support training, large-scale information sharing, and, most importantly, authentic relationships with patients and community-based organizations, doctors and their support staff can offer ongoing prevention and healing long after the office visit.

A. Develop Patient-Friendly Educational Materials

Physicians can best support community engagement and empowerment by utilizing the clinic environment as a community classroom. Developing culturally relevant and culturally sensitive educational resources in a variety of formats—brochures, leaflets, posters, etc.—allows physicians to disseminate valuable information to a large number of patients and community members. Creative, contemporary, and relevant material written in clear, understandable language gives physicians a chance to educate patients while assisting them in “unlearning” fear-based coping strategies of avoidance and self-neglect.

B. Community Health Resource Mapping

Community maps with up-to-date and continually updated health resources such as clinics, labs, doctors, laboratories, and x-ray services not only target areas where outreach is needed, but also assist community members in finding necessary and accessible resources. For this reason, in particular, community maps must be an essential part of what is considered traditional patient educational material and made readily available to patients in the medical home, community organizations and libraries as well as online.



The foundation of a healthy, empowered community is rooted in connection—connection to self, connection to others, and connection to resources.

C. Utilize County and Consumer Data for Targeted Outreach

Outreach and dissemination efforts must reflect the numbers of those who remain uninsured and consider where they live, work, and play. Consideration of this information increases the efficacy of enrollment campaigns and allows for the development of effective, targeted educational materials.

D. Leverage Peer "Health Allies" for Outreach and Uptake Support

With sufficient training and incentive, peer health allies can provide head-to-head support for hard-to-reach patients who are unable or unwilling to utilize the benefits available to them. Often, the accountability, caring, and guidance an experienced peer can offer is the necessary "push" a newly-qualified patient needs to overcome barriers and develop the skills needed to navigate the system. Peer-to-peer support offers both parties a valuable opportunity for empowerment and increased access to primary and wraparound services as well as improved overall health.

Physicians can best support community engagement and empowerment by utilizing the clinic environment as a community classroom.

E. Public Service Announcements

Utilizing the media to send important messages to targeted demographics is a powerful means of educating the general public and also hard-to-reach audiences. This method of transmitting data, medical advice, and strategies for prevention can serve to educate those who are uninformed while re-educating those with faulty beliefs about their own health or the health realities of others.

F. Community Lectures and Q & A

Through free, universally-accessible speaking engagements held in trusted locations, such as churches, schools, health fairs, and other popular locales, community-rooted doctors can provide an opportunity to educate, inform, and, most importantly, connect directly with their patients in a non-threatening environment. Lectures, panels, and Q & A opportunities can bridge the gap many hard-to-reach patients perceive between themselves and medical professionals. Such events provide a venue for patients to receive educational materials, meet physicians, and practice self-advocacy within a familiar setting.



Educating stakeholders on important issues and defining the health continuum as well as any gaps in care is necessary to inform their work and direct their efforts to areas of need.

G. Inform policymakers and stakeholders

Educating stakeholders on important issues and defining the health continuum as well as any gaps in care is necessary to inform their work and direct their efforts and resources to areas of need. Healthcare experts must provide updates in real time to inform the various tables that do this work as well as update policymakers, so relevant courses of action can be taken in a timely manner.■

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Roots Community
Health Center
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9925 International Blvd. #5
Oakland, CA 94603
510.777.1177
www.rootsclinic.org

Noha Aboelata, MD
Amy Lentricchia, MA