Addressing Health Disparities in Primary Care: Reflections from the 2016 ORPRN Convocation
By Maggie McLain McDonnell, MPH

“Small is Beautiful.”
“Ask questions! Avoid assumptions.”
“If care is convenient, patients will be more likely to seek it.”
“The community context dictates the solutions.”

On Thursday March 11, 2016, nearly 150 clinicians, community health workers, practice staff, researchers, state government employees and others joined ORPRN’s 2016 convocation event held in Portland, Oregon. The event was kicked off by Dr. Arthur Kaufman who discussed the “Role of Primary Care Practices in Improving Community Health” and shared his experiences utilizing community health workers in the primary care setting in New Mexico. He also shared the “WellRx” social determinants of health prescription pad that is a simple, yet effective tool to begin connecting patients to the resources they need outside of the clinic walls. Next Elizur Bello, a social worker from The Next Door Inc. in Hood River, Oregon, described his experiences as a community health worker prior to earning his Master in Social Work degree. He shared poignant examples of clients whose previously unfilled social needs kept them from addressing their health concerns. Only when these patients’ personal priorities were acknowledged and they were connected to needed resources were they able to begin addressing their health needs such as uncontrolled diabetes, kidney failure, or multiple sclerosis. Then Dr. Bruce Goldberg led a panel discussion with community workers- two from primary care practices and two from community organizations. The panel offered practical tips for beginning a community health worker program within a primary care practice, as well as how to engage existing community health worker programs. The audience also presented examples of programs in their communities and how their practices were successfully and creatively addressing their patients’ social needs.

The concluding event to ORPRN’s 2016 Convocation was a lively small group discussion led by ORPRN’s ten Practice Enhancement Research Coordinators (PERCs). After an introduction by Dr. Melinda Davis, attendees formed small groups for a deeper dive into topics that emerged from the previous sessions:

- Economic Stability
- Education
- Health and Health Care
- Neighborhood and Built Environment
- Social and Community Context

Attendees shared potential areas for growth and improvement:

- Affordable, safe and “dignified” housing resources
- Transportation, especially in rural areas
- Living wages and their potential to influence education opportunities for individuals and families
- Improved early childhood education and support for parents
- Access to care: urgent care, walk-in hours, and specialty providers

Current programs and initiatives were shared:

- Veggie Rx program: a fruit and vegetable voucher program in the Columbia Gorge Region
- **Safe Routes to School**: a national program that organizes “walking school buses” as well as repairing sidewalks and the built infrastructure to facilitate active commuting.
- High school students shadowing clinicians at Winding Waters. This program hopes to instill interest in the medical field in North Eastern Oregon.
- **Community gardens** located at schools. These projects engage students in physical activity, nature, teach about fruits and vegetables, and some send fruits and vegetables home with children.

Innovative ideas emerged:

- Training high school students to become community health workers
- Community health workers addressing early childhood education
- Utilizing community health workers outside of the medical field, such as health advocates on the local or state level

Potential answers are not clear. For instance, the balance between individual freedoms were contrasted with the need for resources and support. Other ideas raised included that financing for health and education needs to be considered as a unit, and increasing funding for health care may put educational programs at risk. Attendees also expressed the need for more coordination, improved communication between organizations, and not knowing what resources are available in their communities. Community health workers, both within the clinics and in the communities, may be one solution to begin addressing the social determinants of health.

ORPRN’s 2016 Convocation challenged clinicians and practice staff to think outside of the clinic walls and work to become a “Community-Centered Health Home” or “Health Commons”. Addressing the social needs of patients may reduce the time spent by a clinician, as well as improve patients’ health and experience of care.

As Elizur Bello said at the end of his talk, “what will you do to address the social needs of your patients?”

**To learn more about integrating community health workers into primary care, check out these resources:**


Detailed Notes from the “Activating Community Resources for Practice Improvement and Practice Change: A Discussion” Session

*Group 1; Group 2

Social & Community Context
- mental health (provider vs. pt.)
  - housing
  - legal options
  - built-in support
  - isolation
  - individual freedom
  - no coordination
  - unknown resources
  - we need to care
  - incentive
  - employment support
- small is beautiful
- communication between organizations not coordinated
- right info. to right people
- Meaning
  - cultural background
  - housing
  - social groups
  - associations w/locations
  - historical and cultural structures (influence capacity/social capital)
  - family/lack of family support
- Solutions
  - context dictates solutions
  - community is key resource
  - Veggie Rx
  - drug treatment program that begins in prison and follows post-release
  - trauma-informed approach
  - ask questions! avoid assumptions.
  - youth shelters
  - backpack programs
  - family-to-family child care support

Neighborhood & Built Environment
- Meaning
  - children transport to school
  - obesity
  - food desert
  - housing islands
  - schools, buses, recreation
  - crime
- outdoor exercise
- sidewalks, highways, safety
- environmental concerns (exposure to chemicals)
- time for transportation (reliable)
- sanitation, water, proximity to plants, etc.

**Solutions**
- food insecurity – purchase veggie vouchers
- walk & bike to school – community awareness – walking loop
- affordability
- What is important to individuals?
- walk through parks – learn safe routes, social cohesion

**Meaning**
- can communicate priorities
- food access
  - food deserts
- social capital
- public transportation/access
- private transportation
  - driver’s license
  - vehicle
- schools
- environmental impacts
  - contamination
- libraries
- sidewalks
- affects normative behaviors in a community
- affordable housing/dignified housing for self-esteem
  - parks, community centers, gardens
- green spaces
  - for children/families
  - safe
- homelessness in public spaces
  - safety
- environment inside the home
  - safety

**Solutions**
- CCO
- convenience stores providing fresh fruits and veggies
- tobacco-free public policies
- investors/tax credit
- Klamath Trails Alliance
  - Bicycle infrastructure
- safe routes to school – crossing points, bike paths
- active commuting incentives (point-to-point)
- Veggie Rx
- Oregon Healthiest State
- mixed-income housing
Health & Health Care
- getting them covered
- access; accessibility to what patients can have ("rural areas")
  - limited UCC/walk-in clinic
  - many clinics are closed on Fridays (use UC/walk-in to help fill gap)
  - extended hours
  - use FNP/PA to fill these hours
  - whether want to do it or not, do it to help patients needs and increase access
  - use split shift themes
- if care is convenient, more likely to seek it
- navigation and language to be understood (help understand coverage)
- self-diagnosis one way of increasing health literacy
- rural access to specialists
  - transportation
  - telemedicine?
  - Return specialist files
- health literacy: if don’t understand what MD is saying, ask/seek clarification
- many patients struggle to understand
  - try to work w/providers to use different language
- health literacy - use circling videos of health-related topics on waiting room television (visual aids)
  - consider: audiences, words on screen, animated video, how to access health care
  - help with stimulating conversation between patient and provider
  - provider keeps dialogue open with time for Q/A
- utilization of patient portal
  - can send messages, lab results, patients encourage
  - increase provider/patient communication
  - use team approach to patient portal
    - provider MA
- use of CHW will assist increase access to primary care; can also take

Education
- General notes
  - Winding waters
    - shadowing (students in HS follow providers, entry level MA)
  - Good Shepherd
    - SB health wellness centers, county-funded (undocumented population)
- Challenges
  - loss to follow-up
  - bottleneck in higher education
  - lack of living wage jobs
  - providing adult education
- Solutions
  - training HS seniors to be community health workers
  - team-based education
- Working
• medical school as a solution
• early childhood education – attachment, socio-emotional competencies, health start – 3% penetration across state, early literacy – “Roll Out & Read”

• Not working
  o lack of resources like Head Start
    ▪ Can school districts support kids starting @ birth?
  o family dysfunction
    ▪ guaranteed income = guaranteed education
  o % of GDP on education
    ▪ medicalize the needs increase cost
  o baby boomer suckling $ to health care
  o Community Health Worker siloed in medical field is counter-effective
    ▪ can CHW promote health advocacy? Local or state?
      • Prenatal help
      • Early childhood education
    ▪ building healthy families
    ▪ “parent care” – weekly hosted lunch for parent education
    ▪ CHW advocate for patients, competency building
    ▪ CHW take on early childhood education

• Overview
  o education system bogged down by the impoverished community it serves
  o community garden
  o more schools/university per capita
  o PLAY
  o newly educated MDs disregard SDOH
    ▪ Destigmatized SDOH care
  o environmental built for poor outcomes
    ▪ Sit all day learnings/teach about exercise
    ▪ Poorly connected organizational systems
  o school-based health center
    ▪ Safe to share needs/concerns
    ▪ Increased needs identification
  o link health care agencies to schools (where kids are)
    ▪ BH, etc.
    ▪ Peer navigators
    ▪ Connect resources together to focus community (e.g. departments of a university)
  o parent involvement = greater family function
  o self-esteem
  o self-sufficiency
  o increased social inclusion
  o nutrition education
    ▪ Positive health behaviors (eat food, self-grown)
    ▪ Inexpensive ROI
    ▪ In touch with nature – pro-social behavior
  o physical activity
Economic Stability
- poverty
- employment
  - inconsistent
- housing
- food security/hunger
  - vouchers from GG ($40, 1/mo.)
  - OCH cooking classes
  - Extension courses
- challenges from rurality
- CHW key
  - Stack patients for dialysis (???)
- traditional food sources
- out of pocket costs a barrier
- barriers to services
- guilt
- (warming center – OD @ warming canter, ER on xxx nights)

You/Your Community
- employment opportunities
- sustainable pay
- business closures
- affordable housing
  - safe
  - dignified
- homelessness
- transportation
- low income

Oregon
- shift priorities
- sales tax
- housing
- access
  - transport
  - bringing it to the community
- cut out specialists/duplication (health plans)
- livable wages
- continued health care reform
  - universal coverage
  - rolling enrollment
  - improve dental enrollment