

Patient Engagement: A Provider Perspective

Arthur Chen, MD
Senior Fellow/Family Medicine
Asian Health Services
Oakland, CA
artc@ahschc.org

Acknowledgements

- **Asian Health Services Patients**
- Sherry Hirota, Executive Director
- Dong Suh, Associate Director
- John Chiang, CFO
- Julia Liou, Development Director
- Jen Lee, Community Health Services Director
- Susan Huang, MD, Medical Director
- Ben Lui, MD, Associate Medical Director
- Kimberly Chang, MD, Site Director, KC
- Hoang Le, DDS, Dental Director
- Providers, Nursing, Medical Assistants
- Support staff: Front Desk/Reception, Interpreters, Membership services, Medical Records,
- Administrative Staff: HR, Development, Finance/Billing

The Universal Declaration of Human Rights
UN General Assembly, 1948

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care.”

Article 25

WHO 2008: Closing the gap in a generation ---- Health equity through action on the social determinants of health

- Improve Daily Living Conditions
- Tackle the inequitable distribution of power, money and resources
- Measure and understand the problem and assess the impact of action

2009 US Military Budget Compared to other Countries

- \$663 Billion. US
- \$99 B China
- \$69 B UK
- \$67 B France
- \$61 B Russia
- \$48 B Germany
- \$47 B Japan
- \$39 B Saudi Arabia
- \$37 B Italy
- \$37 B India

Source- Stockholm international peace research institute, sf chron pA1 2/7/11. Carolyn lochhead, clochhead@sfchronicle.com



According to the United Nations' Food and Agriculture Organization (FAO), it would only take [\\$30 billion a year to launch the necessary agricultural programs](#) to completely solve global food insecurity.

Mass Transportation Infrastructure

- \$91 billion is needed to modernize and expand all of America's mass transit systems.
- Building and expanding our subways, light rails, trains and buses.

US Federal Budget - 2010

- NIH \$31 Billion
- HRSA 8.1
- CDC 10.1
- SCHIP 10.1
- Office of Minority Health \$56 million

“Our beautiful system of American checks and balances has been thoroughly trashed by the influence of banks and big finance that have made it impossible for the people to speak.”

Marisa Engerstrom, Harvard doctoral student, 10/4/11

I am not mad at the Tea Party. I am not mad at them for being so loud. I'm mad at us for having been so quiet the past two years."

Van Jones
Bay Area Activist
Former White House Green Jobs Advisor
SF Chron 10/9/11

We have reached a disequilibrium between citizen democracy and the concentration of wealth in the hands of a few which has transformed ours to a society of consumers instead of citizen change agents who historically fought to achieve democratic rights.

Bill Moyers , 6/8/11

Patient Engagement: What do we want to accomplish?

- Input: Patient in need of healing/prevention/wellness
- Patient Engagement to achieve Quality of Care
 - Determinants: knowledge, motivation, behavioral change
- Level of Engagement: individual, family, community
- Outcomes: quality & satisfaction & trust

Patient Engagement: What do we want to accomplish?

- Input: Patient as Partner/Peer Support
- Patient Engagement: to promote health/support
- Level of Engagement:
 - individual, family and community,
 - Organizational, geographical
- Outcome: quality, satisfaction, TRUST (volunteerism, new skills, fulfillment & responsibility)

Patient Engagement:

What do we want to accomplish?

- Input: Patient as Partner/Community Leader I
- Patient Engagement: to support CHC
- Level of Engagement:
 - Organizational
 - Local, State, National
- Outcome:
 - Organizational Accountability to Community
 - CHC sustainability and success

Patient Engagement:

What do we want to accomplish?

- Input: Patient as Partner/Community Leader II
- Patient Engagement: to link and align CHC with larger Social Justice/Equity Movements
- Level of Engagement:
 - Organizational
 - Local, State, National, Global(?)
- Outcome:
 - Organizational Accountability to Broader Community
 - Advance Social Justice and Social Equity Gains in Public Policy

Advocacy Definition

- Active support of an idea or cause etc.; especially the act of pleading or arguing for something
- Advocacy by an **individual** or by an advocacy **group** normally aims to influence public-policy and resource allocation decisions within political, economic, and social systems and institutions; it may be motivated from moral, ethical or faith principles or simply to protect an asset of interest
- The practice of supporting someone to make their voice heard

Why Do We Do Advocacy?

- broad and multi-layered understanding
- deep personal beliefs and values regarding health access
- learning and understanding the community health needs
- complexities of public policy
- elevating patient/community voices
- Accountability for public institutions and officials
- building partnerships
- AHS survival/expansion
- Accountability for AHS

Advocacy Definition & Program: Gaps in Understanding

- Rich and Deep awareness – most responses
- uncertainty on how deep the comprehension is across the organization
- cultural challenge to understanding advocacy among mainly immigrant staff.
- lack of a clear vision with specific short and long term goals and objectives;
- lack of a structure and processes to ensure proactive planning, coordination, implementation and evaluation of advocacy

Barriers in the Work Environment

- Lack of clarity on the full dimensions of AHS advocacy
- Lack of proactive planning and coordination of advocacy activities.
- Lack of adequate Advocacy staffing and accountability
- Inadequate organization-wide communication of advocacy campaigns
- Lack of consistent expectations across different work areas
- Lack of time due to the intensity of the daily workload
- High visibility and strong reliance on CLU staff

Barriers (cont'd)

- Inattention to results
- More outspoken and opinionated staff
- Concerns about the dominance and perceived overrepresentation of one ethnic group on staff
- Occasional lapses from customer friendly service standards occur.

ADVOCACY SUCCESS!!!!!!

- General Meetings – 600+ patient attendance
- Patient Leadership Councils (C/M, Khm, Kor, V)
- Policy Influence
 - Pedestrian Safety in Chinatown
 - Measure A
 - Merritt BART Station Development
 - Health Care Reform - Town Hall Meeting(s)
 - ARRA – Frank Kiang MC
 - Expansion: OUSD, Laney College, Alameda College

2006 Advocacy Retreat

- Policy review and analysis
- Community-based research program
- Cultural competence initiative
- Staff orientation program
- Pipeline Program (REACH)
- Interdepartmental exchanges

ACCOMPLISHMENTS (cont'd)

- Accountability of Public Institutions
- Building Partnerships
- Community Liaison Unit (CLU)
- Patient Navigators
- Internal Advocacy
 - Cultural Competence/Compassionate Care
 - In-service topics: LGBT, Customer Service, etc

Support for Taxing the Rich

- Washington Post/ABC News Poll 10/7/11
- Support raising taxes on millionaires:
 - Total 75%
 - Republicans 57%
 - Tea Party Supporters 55%

Movements

- Labor -- 8 hour workday, benefits, minimum wage. workplace safety
- Civil Rights – Title VI
- Consumer – the Chevy Corvair
- Women's Rights
- Anti- Viet Nam War
- Environmental Movement
- Environmental Justice
- Single payer/Medicare for All

Summary

- Patient engagement can help CHC's achieve:
 - High quality care and patient satisfaction
 - Partnerships for Volunteer/peer support
 - Health promotion initiatives
 - Partnerships for Community Leadership
 - Organizational Accountability to Community
 - CHC Success & Sustainability
 - Long Term Movement Building to achieve social equity
- What do we want to achieve?