Milbank Memorial Fund

Fact Sheet

Evaluating the Effectiveness of Policies to Improve Primary Care Access for Underserved Populations

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For More Information

Read the set of five fact sheets summarizing the evidence on policy initiatives in each dimension of primary care access. Or read the complete report, *The Effectiveness of Policies to Improve Primary Care Access for Underserved Populations: An Assessment of the Literature.*

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Part 5: Ensuring Comfort and Communication in the Delivery of Primary Care Services

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True access to primary care cannot be achieved unless patients trust and feel comfortable communicating with their primary care providers. This fact sheet summarizes the state of the evidence supporting two policy interventions directly targeting the comfort and communication gap between communities and providers.

Primary care is a critical tool to prevent illness and death and improve equitable distribution of health in populations. However, access to this important source of care is lacking, especially for many underresourced communities, such as communities of color and those in rural areas. Attempts to improve access to primary care for these populations can be divided into five interrelated dimensions: 1) improving availability of primary care clinicians; 2) accessibility of primary care services geographically; 3) accommodation of primary care services in terms of appointment availability and hours; 4) affordability; and 5) acceptability in terms of comfort and communication between patient and clinician.

Alleviating Mistrust in Health Care Institutions Among Underserved Populations Through the Use of Person-Centered Communication. Studies indicate that patients who are members of underserved populations, including low-income individuals, people of color, and LGBTQ+ individuals, experience difficulty trusting their primary care clinicians. Although researchers have found several causes for patients' mistrust in clinicians, many studies cite negative interactions within health care settings — often due to discrimination against patients — as a particularly important factor.

- ***What Has Been Attempted?*** Evidence shows that trust can be built when physicians make an effort to understand their patients' experiences and go beyond the immediate medical concerns presented to treat the whole person. Many individual providers are trying to better understand the social, emotional, and financial concerns that might affect patients' ability to follow recommended treatment, and to connect their patients with the social services that might be helpful to them. Other providers are requiring cultural competency training for their staff.
- ***How Has It Worked?*** Individual provider efforts have been sporadic and wide-ranging and there have been no publicly available evaluations of their efforts or their impact on patient experience or outcomes. This area is ripe for research and programmatic development.

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Significant evidence has shown that community health workers can help build trust in the health system among vulnerable populations and help reduce racial health disparities in primary care.

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- ***Integrating Community Health Workers into Primary Care Delivery***. While the definition and role of community health workers (CHW) varies widely by state, generally speaking, they are frontline public health workers with an understanding of the communities they serve. This connection enables them to act as a liaison between the community and health or social services. The certification and licensure procedures as well as the scope of work of CHWs varies widely across the country, but significant evidence has shown that CHWs can help build trust in the medical system among vulnerable populations and help reduce racial health disparities in primary care.
- ***What Has Been Attempted?*** As of 2016, seven states had passed laws authorizing Medicaid or other insurer reimbursement for CHW services, while nine states authorized CHW certification and eight states authorized the use of CHWs in managed or team-based care models. Minnesota has taken all three steps and is further along than most states in developing a robust CHW workforce.
- ***How Has It Worked?*** As of 2016, Minnesota had certified only about 600 CHWs; a 2016 Association of State and Territorial Health Officials report attributed this to the need for better understanding CHW roles in care coordination activities, billing complexities, and lack of sufficient insurance coverage of CHW services. Minnesota is now using federal State Innovation Model funding to develop a toolkit for how practices can best integrate CHWs into their teams. It is too early to assess the impact of Minnesota's efforts on patient experience and outcomes. More research is needed to both find the best ways to boost the numbers of CHWs and to integrate them into primary care practice.

Other Policy Solutions that Affect Cultural Competency. A number of other policy solutions discussed in fact sheets 1-4 can also help bridge the comfort and communication gap between primary care providers and underserved communities.

- ***More and Better Distributed Federally Qualified Health Centers (FQHCs)*** (See Part 2). FQHCs generally prioritize connections with the community and cultural competency.
- ***Increasing Diversity in the Primary Care Clinician Pipeline*** (See Part 1). Clinicians recruited from underserved communities are more likely to serve these communities, and to have a better understanding of them.
- ***Creating Graduate Medical Education Programs in Rural Areas*** (See Part 1). Clinicians learn and develop the skills needed to practice in rural communities.