IMPLEMENTATION STRATEGIES TO ENGAGE A DIVERSE PATIENT POPULATION IN NEXT STEPS ADVANCE CARE PLANNING
Learning Outcomes

1. Lerner will understand the concept and implementation challenges of working with people within the culture of poverty.

2. Learner will describe implementation strategies that can be helpful in connecting with different cultural groups.
Community Regional Medical Center

Flagship facility of 3 hospital system
4 county- 15,000 square mile area
UCSF Fresno Medical Education program
Over 100,000 ambulatory clinic visits per year
Downtown Fresno, California

Fresno, California

- Known as “Appalachia of the West”
Cultural & Socio-economic Profile

**Religious Identity**

- Catholic: 25.8%
- Christian: 20.5%
- Protestant: 2.6%
- Other: 10.0%
- Baptist: 12.5%
- None: 28.5%

Implementation data

**Ethnic-Racial Identity**

- Hispanic: 44.6%
- Non-Hispanic: 55.3%
- Race White: 76.7%
- Race Black: 19.6%
- Race Asian: 0.8%

Implementation Data
Cultural & Socio-economic Profile

US Census Bureau statistics

Cultural & Socio-economic Profile

CMC data
First Wave implementation in out-patient dialysis and CHF clinic
- Low acceptance rate
- High rate of “Not Engaged” patients
  - “Not Engaged” = Patients who didn’t decline ACP, but never started a conversation

**First Wave Implementation**

1st wave data breakdown

- Declined: 43%
- Completed ACP: 41%
- "Not engaged": 13%
First Wave Implementation

"Not Engaged" Themes

- 44% No working phone number
- 16% No healthcare agent
- 27% Not a good time
- 13% Thinking about it

What Happened?

- We spoke with the teams and learned:
  - Frequent use of pre-paid cell phones
  - Poor understanding of ACP concepts
  - Fear about speaking of future decisions
  - Lack of concern about the future
Conceptual model first described in late 1950’s based on study of a small impoverished community in Mexico

Debate in current literature as to the validity of the “culture of poverty”

Our focus is to learn from our patients to optimize their opportunity for care

Very real cultural difference

Impoverished rely on bureaucracies designed with middle-class values

Partner with patients to assist them in navigating the healthcare system
Culture of Poverty

- Lack of education and competency at ‘middle class skills’
- Day to day living > long term consequences
- Lack of resources creates lack of ‘compliance’
- Focus on short term survival

New Strategies for Second Wave

- Connection and Communication
- No Healthcare Agent
- Educate and Engage
New Strategies for Second Wave

1. Attempt to book facilitation during current visit for the next clinic visit
   - Often Healthcare agent had a bad number too
   - Coordinate ACP in the ‘here and now’
   - Confirm best contact number

New Strategies for Second Wave

2. Seek out individuals with no healthcare agent
   - Most Vulnerable population
   - Empower patients
   - Give Ethics something to work with if NDNS
3. Educational Engagement video

• 4 minute video available in English and Spanish
• Engage with theme of Family
• Explain basic ACP concepts

Community Medical ACP Video
Second Wave Outcomes

![Bar chart showing outcomes of the second wave with 23.2% completed, 32.2% declined, and 44.6% not engaged compared to the first wave's 13%, 41%, and 43% respectively.]

Implementation Data

Second Wave Outcomes

![Bar chart showing reasons for 2nd wave not engaged with 57.1% not ready, 12.9% agent issues, 10.0% family dynamics, 7.1% transportation, 5.7% other, and 4.3% bad number.]

Implementation Data
Second Wave Outcomes

Conversations Completed

- ACP Video: 24.6%
- No Video: 12%

Questions?
References