

Community Health Center Patient and Provider Perspectives of the Helping Build Healthy Communities Initiative: A Qualitative Study

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PURPOSE

The Helping Build Healthy Communities (HBHC) initiative provides programming to support innovative approaches to ambulatory care provided by community health centers in medically underserved areas. Beginning in 2013, HBHC programming focused on clinical care and pharmacist-provided comprehensive medication management services. In 2020, the HBHC initiative expanded to incorporate responses to social determinants of health (SDOH).^{1,2}

Objective

- The objective of this study was to qualitatively evaluate the expanded HBHC initiative, including facilitators, barriers and patient and provider-recommended priority areas for future programming.

Methods

Data Collection

- A qualitative study was conducted among HBHC program patients and providers across four community health centers in the United States.
- Participant demographics were collected via REDCap™.
- Audio-recorded, semi-structured patient and provider interviews were used to collect data.

Data Analysis

- Descriptive statistics used to characterize study population.
- Audio recordings were transcribed into text documents, reviewed and cleaned for accuracy and clarity.
- Data coded and analyzed using saliency analysis³-- recurrent and notable themes across categories (Box 1)

Box 1. Categories used for collating salient themes

1. Program description
2. Program highlights (facilitators)
3. Program challenges (barriers)
4. Recommended priority areas for future programming

Results

Table 1. Patient participant demographics across community centers (N=10)

Characteristic	Result
Age	Mean average
Age in years: ranging from 45-67	55
Gender	n (%)
Female	6 (60)
Male	4 (40)
Race/Ethnicity	n (%)
Black or African American	2 (20)
Hispanic/Latino/Latina/Latinx	4 (40)
White	2 (20)
Native Hawaiian or Pacific Islander	2 (20)
Engagement	Mean average
Ranging from 1-20 encounters with a program provider	9
Insurance	n (%)
Medicare	3 (30)
Medicaid	5 (50)
Center Insured	1 (10)
Uninsured	1 (10)
Language	n (%)
English-speaking	7 (70)
Spanish-speaking	3 (30)
Health Conditions	Mean average
Number of health conditions: ranging from 1-10	5

Table 2. Provider participant demographics across community centers (N=11)

Characteristic	Result ^a
Age	Mean average
Age in years: ranging from 26-40	33
Gender	n (%)
Female	8 (72.7)
Male	3 (27.3)
Race/Ethnicity	n (%)
Black or African American	0 (0)
Hispanic/Latino/Latina/Latinx	5 (45.5)
White	4 (36.4)
Native Hawaiian or Pacific Islander	2 (18.2)
Engagement	n (%)
Direct engagement with program patients	8(73)
Indirect engagement with program patients	3 (27)
Provider Type	n (%)
Administration/Other Leadership	2 (18.2)
Pharmacist	2 (18.2)
Physician or Nurse Practitioner	4 (36.4)
Patient Navigator, Care Coordinator or Nutritionist	3 (27.3)

^aPercentages might not add precisely to 100 due to rounding.



Results (cont.)

Figure 1. Thematic Findings and Supportive Quotes.

Program Description

- Centers implemented different programs, yet all focused on meeting patient needs beyond the clinical condition
- Majority were multidisciplinary

Program Highlights

- Accommodating patient-provider relationships
- Optimizing medications
- Improving health outcomes
- Meeting patient needs holistically

Program Challenges

- Staff turnover/limited capacity
- Mismatch among providers in prioritization of patient concerns
- Scheduling challenges

Recommended Priority Areas for Future Programming

- Support groups for patient accountability
- Diet
- Paid gym membership
- Patient awareness of provider roles
- More providers

Supportive Quotes:

- "The program...is a **multidisciplinary** team where we meet with our patients in a variety of different ways, whether that's...doctors, pharmacists, dietitians, Nutritionists."
- "I live a better life, more calm, because...I know that my blood pressure is under control, that my blood sugars are low. And **this is thanks to a program that is keeping you in check**"
- "We have two community health workers...it's just, **it's not enough...** I think there's a lot of people who would be interested in the program if we opened it up more"

Additional Quote: "[During the **group diabetes program**] we spoke about **how to eat well**, how to keep a diet...do some exercises, and how to be...more healthy"

Conclusions

- Generally, the expanded HBHC initiative was positively received by patient and provider participants.
- Qualitative findings around SDOH contextualizes clinical outcomes (i.e., A1C reduction) of the HBHC initiative.
- Findings can inform SDOH-centered efforts in community health centers providing care in medically underserved areas.